## Title

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# Stigmatization associated with growing up in a lesbian-parented family: What do adolescents experience and how do they deal with it?

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ABSTRACT

The purpose of the current qualitative study was to investigate whether adolescents in American planned lesbian families experienced negative reactions from their social environment associated with their mothers' sexual orientation, and if so, to explore the nature of these experiences. In addition, the focus was on the coping strategies as described by the adolescents themselves. Results revealed that half of the 78 participating 17-years-olds had experienced homophobic stigmatization. Such experiences usually took place within the school context and peers were most frequently mentioned as the source. The adolescents used adaptive strategies (such as optimism) more frequently than maladaptive strategies (such as avoidance) to cope with these negative experiences. Our results suggest that intervention programs focused on family diversity should be developed for school children of all ages since the stigmatization experienced by the studied adolescents typically happened in that context.



## 1. Introduction

It is often assumed that the U.S. population is largely comprised of married heterosexual couples raising biological offspring. Yet currently, only 22% of American families consist of married heterosexual couples with children (Movement Advancement Project, Family Equality Council, & Center for American Progress, 2011). In the past decade, the number of children who are growing up in alternative families has increased. Currently, about two million children are living in a family headed by lesbian, gay, bisexual, or transgender (LGBT) parents (Movement Advancement Project et al., 2011).

The psychological well-being of children in planned lesbian families—those in which the mothers came out as lesbian before becoming pregnant—has been studied by researchers in various countries, such as the U.S.A. (e.g., Gartrell, Rodas, Deck, Peyser, & Banks, 2005; Gartrell et al., 1996, 1999), the U.K. (e.g., Golombok & Badger, 2010), The Netherlands (e.g., Bos & Van Balen, 2008), Belgium (e.g., Brewaeys, Ponjaert, Van Hall, & Golombok, 1997), Spain (e.g., González & López, 2009), Germany (e.g., Herrmann-Green & Gehring, 2007), and Canada (e.g., Robitaille & Saint-Jacques, 2009). Most of these studies focused on young children, although adolescents are now receiving growing attention. The current study focuses on adolescents in planned lesbian families.

Studies on adolescents reared by same-sex parents have found that they did not differ from adolescents with different-sex parents on psychological well-being, peer relations, school variables (Wainright & Patterson, 2008; Wainright, Russell, & Patterson, 2004), substance use, delinquency, or victimization (Wainright & Patterson, 2006). Golombok and Badger (2010) reported that 19-year-olds who were raised in British planned lesbian families had lower levels of anxiety, depression, hostility, and problematic alcohol use, and higher levels of self-esteem than those raised in heterosexual two-parent families. Similarly, previous studies from the U.S. National Longitudinal Lesbian Family Study (NLLFS) revealed that 17-year-old adolescents in lesbian-parent families have higher levels of social, school/academic, and total competence, and lower levels of social problems, rule-breaking behavior, and externalizing problem behavior than same-age adolescents in the normative sample of American youth (Gartrell & Bos, 2010).

Despite the findings in abovementioned studies, public opinion still holds that it would be better for children to be reared in a traditional mother–father family (Cantor, Cantor, Black, & Barrett, 2006). These attitudes also have a trickle-down effect on the offspring in planned lesbian families: Various studies have revealed that young children (e.g., Bos, Gartrell, Peyser, & van Balen, 2008) and adolescents (Bos & Gartrell, 2010; Gershon, Tschann, & Jemerin, 1999; Welsh, 2011) have experienced stigmatization because they have lesbian mothers. The current study is an in-depth examination of the NLLFS adolescents' experiences of stigmatization and their coping strategies in response to discrimination.

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## 2. Theoretical background

### 2.1. Stigmatization

In 1963, Goffman defined stigmatization (the act or process of negatively labeling or characterizing a person) as an outcome of negative societal attitudes toward those who differ in some way from culturally agreed-upon norms (Goffman, 1963). It is now generally understood that when certain groups of people are undervalued and discriminated against by the general public, the members of these stigmatized groups suffer from social exclusion and status loss (LeBel, 2008). People can be stigmatized for various reasons, such as behavior (e.g., drug use), appearance (e.g., a physical disability), or group membership (e.g., religious preference) (Major & O'Brien, 2005).

In this paper, the focus is on adolescent homophobic stigmatization experiences that are related to growing up in a lesbian family (a group membership). Bos, Van Balen, Van den Boom, and Sandfort (2004) have shown that social exclusion is one form of stigmatization that children in planned lesbian families experience. Other forms are being ridiculed, being confronted with annoying questions, or being subjected to abusive language or disapproving comments (Bos et al., 2004).

Various studies have shown that increased levels of perceived discrimination are associated with more negative mental and physical health (see for overviews on this topic: Hatzenbuehler, 2009; Pascoe & Smart Richman, 2009). Adolescents are particularly sensitive to the beliefs and attitudes expressed by non-family members – especially those of peers (Rivers, Poteat, & Noret, 2008) – and might therefore be especially vulnerable to social stigma (Baumrind, 1995) and its effects.

Several scholars have investigated the relation between stigmatization and the psychological well-being of young children and adolescents in lesbian-mother families. In a study of 63 Dutch 10- to 12-year-olds who had grown up in lesbian families from birth, Bos and Van Balen (2008) found that higher levels of stigmatization were associated with more problem behavior and lower self-esteem. In the fourth wave of the NLLFS, nearly half of the 78 10-year-old offspring reported that they were treated unfairly because they have lesbian mothers (Bos et al., 2008). These children also had more problem behavior than the NLLFS 10-year-olds who did not report unfair treatment. In 1999, Gershon and colleagues were the first to focus on the relation between psychological well-being and homophobia in adolescents who had been conceived in heterosexual relationships before their mothers came out as lesbian. The researchers found that adolescent self-esteem was negatively related to perceived stigma: those who reported more homophobic reactions had lower self-esteem in five of seven self-esteem areas when compared with their counterparts who reported fewer homophobic reactions.

These studies suggest that stigmatization associated with growing up in a lesbian-parented family can be a risk factor during psychological development. However, studies also show that children and adolescents in lesbian families score as highly on tests of overall psychological adjustment as those from heterosexual families (e.g., Biblarz & Stacey, 2010), despite the fact that the latter are not subjected to stigmatization based on parental sexual orientation, while those in planned lesbian families are. These findings have inspired researchers to investigate the ways in which stigmatized children and adolescents manage or cope with discrimination.

### 2.2. Coping

Coping is considered a central facet of human development (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). In the literature, coping strategies are mostly dichotomized, such as problem-focused versus emotion-focused (Hampel & Petermann, 2005). Another way of defining different coping skills is to make a distinction between those that are adaptive and maladaptive (Hampel & Petermann, 2005; Thompson et al., 2010). The former are considered helpful in overcoming a negative experience, while the latter are less so (Skinner, Edge, Altman, & Sherwood, 2003; Thompson et al., 2010). Examples of adaptive coping strategies are being confrontational, seeking social support, and expressing optimism; examples of maladaptive coping strategies are those that are avoidant, palliative (e.g., denial), or depressive (Mavroveli, Petrides, Rieffe, & Bakker, 2007). Coping has been related to various outcomes during childhood and adolescence such as problem behavior, well-being, and resilience (see for reviews: Compas et al., 2001; Zimmer-Gembeck & Skinner, 2011).

Although some studies on children in planned lesbian families have focused on the role of promotive factors (Bos & Gartrell, 2010) or protective factors (Bos & Van Balen, 2008; Bos et al., 2008), only Gershon et al. (1999) have investigated the mediation role of three subtypes of coping skills, namely decision-making, cognitive coping, and social support coping skills (derived from the Wills Coping Inventory; Wills, 1986), on the relation between experienced stigmatization and self-esteem. Gershon et al. also studied the relation between stigma, self-esteem, and the adolescents' disclosure of their mothers' sexual orientation in six target categories: best friends, friends at school, friends outside school, classmates who were not close friends, teachers, and boyfriends/girlfriends. Decision-making coping and social support coping had moderating effects on the negative relation between stigma and self-esteem. Decision-making coping was found to moderate the relation between perceived stigma and self-esteem in a positive way: The adolescents with more decision-making coping skills had higher self-esteem after experiences of stigmatization than their counterparts with lower scores on decision-making coping skills. The results were the reverse for social support coping: Stigmatized adolescents with higher scores on social support coping had lower self-esteem. Finally, when confronted with stigmatization, adolescents who disclosed more about their mothers' sexual orientation had higher self-esteem on the subscale of close friendship than those who disclosed less.

Research has also focused on coping strategies of adolescents from other minority groups. For example, Pendragon (2010) studied the challenges and coping strategies of young female adults (age 18 to 23) with a minority sexual orientation. The most common negative challenges were isolation, lack of acceptance, harassment and violence. In response to these challenges various coping strategies were used: all participates relied on social support, and some mentioned perseverance, repetitive efforts over time, and appraisal/reappraisal. Maladaptive coping skills such as avoidance were also mentioned (Pendragon, 2010).

Thus far, though, no studies have investigated how adolescents who have been raised in lesbian families from birth, in contrast to those who were born into a previous heterosexual relationship, cope with negative experiences from their environment associated with their mothers' sexual orientation. Adolescents who were born into previous heterosexual relationships have fathers, and therefore their experiences may be different from adolescents in planned lesbian families. In addition, no studies have focused on the experiences of stigmatization as described by the adolescents themselves. Although Gershon et al. (1999) focused on the coping strategies of adolescents, these strategies were measured by quantitative rather than qualitative research methods. Qualitative research is useful when exploring the nature and context of under-studied phenomena, such as the experiences of stigmatization and the coping strategies of adolescents in planned lesbian families (e.g., Boeije, 2005).

## 3. Research objectives

Previous studies have shown that adolescents in lesbian families experience negative reactions from their environment because of homophobia. It has also been found that stigmatization has a negative association with psychological adjustment, and that coping skills may ameliorate this relation. However, these studies were all based on quantitative research and/or focused on adolescents conceived in

previous heterosexual relationships. The aim of the current study was to investigate whether adolescents in planned lesbian families experience negative reactions from their social environment associated with their family type, and if so, to explore the nature of these experiences. In addition, the focus was on coping strategies as described by the adolescents themselves. The data for this study was obtained through the fifth wave of the NLLFS, when the adolescents were 17 years old.

## 4. Method

### 4.1. Recruitment

The NLLFS (Gartrell et al., 1996, 1999, 2005) was initiated in 1986 to follow a cohort of families with children conceived by donor insemination from the time that their lesbian mothers were inseminating or pregnant until the children reach adulthood. Between 1986 and 1992, lesbians who were inseminating or pregnant by a donor, and partners who planned to share in the parenting, were recruited as study participants via announcements at lesbian events, in women's bookstores, and in lesbian newspapers throughout metropolitan Boston, Washington, DC, and San Francisco. Prospective participants were asked to contact the researchers by telephone, whereupon the nature of the study was discussed. All interested callers became study participants. A sample of 154 lesbian women in 84 families (70 birth mothers, 70 co-mothers, and 14 single mothers) enrolled in the study before it was closed to new participants in 1992 (Gartrell et al., 1996). Data were collected when the prospective mothers were inseminating or pregnant with the index children (T1), and when the index offspring were 2 years old (T2), 5 years old (T3), 10 years old (T4), and 17 years old (T5). At T5, 78 families were still participating in this ongoing study (93% retention). One family did not return all portions of the T5 survey instruments. Therefore, the total number used for analyses was 77 families with 78 children, including one set of twins (Gartrell & Bos, 2010). Approval for the NLLFS was granted by the Institutional Review Board of the California Pacific Medical Center.

### 4.2. Final sample

The final sample comprised 78 adolescents (of whom two were twins): 39 girls and 39 boys, with a mean age of 17.05 years ($SD = .36$; range 16–18 years). Eighty-seven percent ($n = 68$) had a white/Caucasian ethnic background. The remaining adolescents had the following ethnic backgrounds: Latina/o (3.8%; $n = 3$), African American (2.6%; $n = 2$), Asian/Pacific Islander (2.6%; $n = 2$), Armenian (1.3%; $n = 1$), Lebanese (1.3%; $n = 1$), and Native American (1.3%; $n = 1$). Twenty-eight (36%) had been conceived using known sperm donors and 50 (64%) using unknown donors. Of the unknown donors, 31 (62%) were permanently unknown and 19 (38%) could be identified when the adolescent reached the age of 18.

Most (82%) of the adolescents came from middle- or upper–middle class families, based on the Hollingshead Index and using the parent with the highest occupational and educational level (e.g., Gartrell & Bos, 2010). Ninety-one percent of the adolescents planned to attend college. The adolescents originally resided within 200 miles of Boston, Washington DC, or San Francisco, but many families had relocated. At T5, the families were residing in large urban cities, mid-sized towns, and rural areas in the northeastern (47%), southern (9%), Midwestern (1%), and Western (43%) regions of the United States.

### 4.3. Data collection

Once informed consent had been obtained from the NLLFS mothers and assent obtained from their adolescent offspring, the adolescents were asked to complete a confidential, password-protected questionnaire on the study's website. The questionnaire contained both multiple choice standardized questions and open-ended questions.

Information about experiences of stigmatization was obtained by asking the adolescents the following question: "Have you been treated unfairly because you have a lesbian mom?" (*no* or *yes*). If so, the adolescents were asked to describe two or three of these experiences, including what happened, how they felt, what they said or did, and whom they told about it. To investigate what the adolescents did to cope with these experiences, they were asked what they did to avoid having these kinds of experiences, and how they coped with the way they had been treated because of growing up in a lesbian household. Answers to other open-ended questions were also screened for information about stigmatization and coping.

### 4.4. Data analytic strategy

The answers to the open-ended questions were read repeatedly by the principal investigator and the co-investigators. Overarching themes with content specific to negative experiences and coping strategies were formulated by the first author. Some of the codes were informed by previous studies on different forms of stigmatization (e.g., Bos & Van Balen, 2008) and on different coping strategies (e.g., Mavroveli et al., 2007). Other codes were grounded in the data after the repeated readings of the adolescents' answers.

The first author and a trained researcher tested the coding system by assigning codes to the text segments of the first 10 questionnaires. The codes were then reviewed by the principal author and the trained researcher, and some subtle modifications in the categories were made. All the answers to the questions about stigmatization and coping were then coded by both researchers. Discrepancies in codes were discussed in order to determine consistency and agreement of coding, as well as reactions and interpretations. More subtle changes were made and some definitions of the codes were refined. Previously coded answers were recoded, if necessary. This iterative process led to a set of working codes and a structure that described and summarized the adolescents' experiences of stigmatization and their reactions to these experiences (see Table 1 for the major coding categories used in the analysis). The transcripts were coded using the software program MAXQDA 2007 for data management.

To present the findings here, we apply numerical and operationally specified verbal counting as described by Sandelowski (2001). Words such as "few," "some," and "many" are used to operationally define verbal counting. Based on the definitions of van Rooij, van Balen, and Hermanns (2009), we use "few" if a certain theme or finding appears in more than 1 but 4 or fewer transcripts, "some" if it is in 5 to 9 transcripts, "several" if it is in 10 to 12 manuscripts, "many" if it is in 13 to 17 manuscripts, and "most" or "the majority" if it is in 18 or more manuscripts. It is important to note that generalization to a larger population should not be made from these adjectives.

## 5. Results

Of the NLLFS adolescents, 41.1% ($n = 30$) answered "yes" to the question "Have you been treated unfairly because you have a lesbian mom?" However, when taking the answers to the open-ended question into account, an additional nine adolescents reported experiences of stigmatization. Altogether, 50% ($n = 39$) of the adolescents had experienced negative reactions because they come from families in which the mothers are lesbian. Only these adolescents (24 girls, 15 boys) were included in further analyses. The adolescents with and without experiences of stigmatization differed in gender, Pearson's chi-square $(1,78) = 4.15$, $p = .035$, with girls reporting more stigmatization than boys. The stigmatized and non-stigmatized adolescents did not differ in educational background, Pearson's chi-square

**Table 1**
Number and percentages of codes and sub codes evoked in answers.

| | | n | %[a] |
|---|---|---|---|
| Stigmatization | | | |
| Who | Adults | 8 | 20.5 |
| | Peers | 23 | 59.0 |
| Location | Elementary school | 12 | 30.8 |
| | High school | 10 | 39.0 |
| Form | Abusive language | 8 | 20.5 |
| | Disapproving comments | 13 | 33.3 |
| | Annoying questions | 8 | 20.5 |
| | Exclusion | 8 | 20.5 |
| | Being teased/ridiculed | 17 | 43.6 |
| Coping | | | |
| Maladaptive | Depressive reaction | 2 | 5.1 |
| | Palliative | 0 | 0.0 |
| | Avoidant | 21 | 53.8 |
| Adaptive | Optimistic | 17 | 43.6 |
| | Confrontational | 11 | 28.2 |
| | Social support | 10 | 25.6 |

[a] Number of NLLFS adolescents used for analyses was 39 (only those who had experienced stigmatization).

$(1,78) = 2.14$, $p = .500$, or ethnic background, Pearson's chi-square $(1,78) = 1.84$, $p = .155$.

### 5.1. Description of experienced stigmatization

Information about three distinct themes was derived from the answers to a selection of the open-ended questions given by the stigmatized adolescents. These themes were: the sources of these negative reactions, the location where the adolescents had experienced stigmatization, and the content of these experiences.

#### 5.1.1. Sources

For the majority of the adolescents, peers were the only mentioned perpetrators of their negative experiences within their social environment: "It was usually some kids who were being mean to us" (respondent #11, girl). A few described negative experiences associated with family members: "Both my parents' families disowned them because they were gay, so I don't know anything about my extended family, save one of my uncles" (respondent #68, boy). A few spoke about people at work, teachers in school, or people they did not know.

With regard to the perpetrators of stigmatization, girls were more explicit than boys about who these people were: 79.2% of the girls said at least once that they had been treated unfairly by a peer and/or an adult. In contrast, only 46.7% of the boys mentioned a perpetrator in their descriptions of experiences of stigmatization. Both girls and boys cited peers as the most frequent perpetrators of unfair treatment. None of the boys reported that they had been treated unfairly by adults only. When boys mentioned adults, it was always in combination with stigmatization by peers. In contrast, some of the girls had experienced homophobia only from adults.

#### 5.1.2. Context

School settings were mentioned by many participants as the places where they had experienced stigmatization. Several adolescent boys and girls reported that they had been treated badly in elementary school. Several others had also experienced negative reactions during high school. Boys were more likely than girls to cite high school as the place that the incidents occurred (20% vs. 12.5%). A few adolescents reported that they had been stigmatized during both elementary school and high school; more girls (12.5%) than boys (6.7%) reported this.

Although most adolescents talked about elementary and high school in general, a few adolescents reported difficulties specifically during language classes. One girl recounted a negative experience she had had during a Spanish class: "I had to read aloud in Spanish class and I had written that my moms and I did something. My teacher kept trying to get me to say 'one mom' and didn't believe at first that I have two moms" (respondent #35, girl).

#### 5.1.3. Forms of stigmatization

The majority of the adolescents described their experiences in detail, revealing that they had experienced forms of stigmatization that are described in the literature, namely exclusion, ridicule, and rejection. Being teased and/or ridiculed was mentioned by the adolescents most often:

> "By sixth grade, I had moved to a different school district. I made friends with this guy and one time he came over, discovered that I had gay moms, and acted really funny about it. Then he went back to school and told all of our other friends, and then later most of our class." (Respondent #68, boy)

Most NLLFS adolescents were confronted by strangers with disapproving comments regarding their family situation:

> "My only real encounter with homophobia was when I was researching gay and lesbian parenting in my local library. I was telling a friend of mine some stories about my family, and I guess a woman sitting next to us overheard me. At one point she got up from her table to leave, and as she walked by us she turned to me and said with a straight face 'You are the spawn of Satan'." (Respondent #44, girl)

> "I hate reading things in which people say that I'm not being raised with correct values. Those people represent what makes our country look bad." (Respondent #72, boy)

Three other types of stigmatization were also expressed by the NLLFS adolescents. Some were offended by the derogatory use of the words "gay" or "lesbian":

> "A co-worker recently said that something was 'gay' and I told him that he couldn't say that around me, or I would stop talking to him. I said that it was immature and I didn't like it. He is aware that I have two moms and I'm still not sure why he feels he has to use gay as a derogatory term."(Respondent #53, girl)

Others reported that they had been asked questions that they found annoying, citing experiences of being excluded:

> "At a restaurant, the waiter said 'Mother, grandmother?' My mom said 'No, two moms.' The waiter went silent and didn't want to serve us. It was sad." (Respondent #39, girl)

> "Every Christmas my cousins – two girls my age – go shopping the day after Christmas with their dads. I've never been invited because I don't have one." (Respondent #54, girl)

Girls were more extensive in their answers than boys: 95.8% of the girls reported at least one form of stigmatization, in contrast to 86.7% of the boys. In addition, girls were more likely than boys (50% vs. 27%) to describe several forms of stigmatization. There was no clear pattern of stigmatization associated with NLLFS adolescent gender.

The aforementioned results provide an overview of the stigmatization experienced by adolescents in lesbian-parent families. Our

next question was how the NLLFS teenagers coped with these experiences.

### 5.2. Coping with stigmatization

As described in the method section, the adolescents' answers were screened for two types of coping: adaptive and maladaptive coping. Results revealed that 25 adolescents (64%) used adaptive coping skills in response to homophobic stigmatization, and 22 (56%) used maladaptive coping skills.

#### 5.2.1. Adaptive coping skills

Most adolescents, especially girls, tried to comfort themselves in response to experiences of stigmatization—a form of optimistic coping: "I put them in the past and take each new experience as it comes" (respondent #53, girl), "I just tell myself that other kids are jealous that I have two moms and they don't" (respondent #56, girl), and "I don't think anything of it, there are people who are less fortunate and can't understand different aspects of society, and I'm fortunate to have the audacity to meet these people who affect my life head on" (respondent #67, boy). A few of the adolescents told themselves that they must not take it personally, while some had decided that people who are not respectful toward their families are not worth their attention: "I'm definitely at a point in my life where I feel clear about the fact that if there's someone who could give me crap about my mothers, then that's not a person I care to spend time with anyway" (respondent #21, boy).

Several adolescents used confrontational strategies – that is, disentangling the situation and working in a goal-oriented way – to cope with situations in which they had been treated badly. After experiencing homophobia associated with their mothers' sexual orientation, some adolescents confronted the perpetrators in a way that made it clear that such commentary was unacceptable: "I let people know when they have said or done something that I do not believe is acceptable or appropriate, and I make sure they know why I think so" (respondent #54, girl). A few other adolescents said that they ensure that everybody knows that they come from a lesbian family, and a few had made an effort to enlighten their peers about differences among people: "I now understand that there are people in this world who, for religious or other circumstantial reasons, have very different beliefs from mine. I always try to get them to understand my ideals, but always try to respect their beliefs as long as they respect mine" (respondent #27).

The final answers related to adaptive coping skills were centered on the support of people in the social environments of the NLLFS adolescents. The results revealed that the adolescents looked for social support in two ways. First, some adolescents tried to avoid negative experiences by surrounding themselves with supportive people:

> "I surround myself with people who care about who I am, not where I came from or who my family is." (Respondent #54, girl)

Second, some adolescents, mostly girls, had sought social support after they had experienced stigmatization. These adolescents mostly went to their teachers or mothers:

> "One boy said that he thought that I had stupid lesbian mothers. I told my mom. I was upset. She went to him, spoke in Spanish and told him that she wasn't stupid." (Respondent #29, girl)

#### 5.2.2. Maladaptive coping skills

Of the 22 adolescents who had used a maladaptive strategy to cope with experienced stigmatization, 21 adolescents had chosen to avoid the problem. Most adolescents who had used avoidant coping skills had decided to keep their mothers' sexual orientation secret:

> "I soon learned to keep my mouth shut and use the term 'parents' instead of 'moms'." (Respondent #5, girl)

> "I haven't told all my friends about my parents. I sometimes lie about the houses I go to; for example, I might say I'm going to my dad's house, when I'm really going to my other mom's house." (Respondent #20, boy)

Some adolescents who employed an avoidant strategy ignored the situation: "Never really consciously put thought into it. I'm used to it. Basically just ignored it and internalized it" (respondent #46, boy). A few others mentioned that they did nothing about it, or used an avoidant strategy that did not fit into any of the above-mentioned categories; for example: "I have become more anti-social" (respondent #19, boy) and "I just try to avoid having them in the first place" (respondent #30, girl).

None of the adolescents described a reaction that fit the palliative category of maladaptive coping skills. However, a few boys said that they were overwhelmed by the stigmatization and could not imagine a response: "I don't know how I would" (respondent #22, boy).

#### 5.2.3. Adaptive coping skills versus maladaptive coping skills

The NLLFS adolescent girls ($n = 22$; 92%) more often used coping skills than the NLLFS adolescent boys ($n = 13$; 80%). Of the adolescents using coping skills, girls were more likely than boys (45.8% versus 13.3%) to use adaptive strategies. In addition, boys (40%) were more likely than girls (16.7%) to respond in ways that were coded as maladaptive; boys were also more likely to use a combination of adaptive and maladaptive coping skills (73.3 %) than girls (45.8%).

## 6. Discussion

### 6.1. Summary of results

This study was based on adolescent self-reports from the fifth wave of the longest-running and largest prospective investigation of lesbian mothers and their children in the United States. The aim of the study was to explore adolescents' perceptions of negative reactions from their social environment that are related to growing up in a lesbian-headed family, and to document their responses to these experiences. Analyses of answers to open-ended questions revealed that almost half of the adolescents had experienced negative reactions, such as disapproving comments and teasing about their lesbian families, and that these negative reactions were mostly from peers and in the school context. In response to this type of stigmatization, the NLLFS adolescents used adaptive and maladaptive coping strategies, with adaptive coping skills mentioned most often.

It is noteworthy that there was a discrepancy between the adolescents' answers to multiple-choice and open-ended questions about experiences of stigmatization: Ten percent of the adolescents who acknowledged experiences of homophobic stigmatization on open-ended questions reported on the forced-choice question that they had not been treated badly as a result of having lesbian mothers. This discrepancy can possibly be explained by a social desirability bias that motivated these adolescents to present themselves and their nontraditional families in the best possible manner (MacCallum & Golombok, 2004). Another possibility is that the NLLFS adolescents did not interpret their stigmatization experiences as a reflection of being treated badly. These results suggest that to ensure that all experiences are included when measuring stigmatization, it is important to gather the information through multiple and varied questions.

Our results revealed that peers are the most frequent perpetrators of stigmatization. When interpreting this finding, we should keep in mind that the NLLFS adolescents most often reported negative experiences that happened at school. This is not surprising, since classmates play central roles in the lives of developing adolescents (Harris, 1995; Wilkinson & Pearson, 2009). With regard to the school context, Ray and Gregory (2001) found that offspring in lesbian-headed families were bullied more often in elementary school than

in high school. This is in line with our results: There was a higher percentage of reported stigmatization in elementary school than in high school. Research has also shown that there is a decrease in overall bullying between elementary school and high school (see for example: Pellegrini & Long, 2002). The higher percentage of stigmatization in elementary school might also be explained by a positive change in attitudes toward lesbian and gay people. In general, these attitudes have become more positive over the years (Bos & Gartrell, 2010), which could have led to less reported stigmatization when the NLLFS adolescent were in high school.

The type of stigmatization reported most often by the NLLFS adolescents was being teased about their mothers' lesbianism. Earlier studies revealed that, although the type of teasing varied, the overall rates of teasing experienced by adolescents and young adults in lesbian-mother families did not differ from those reported by their counterparts in heterosexual families (MacCallum & Golombok, 2004; Rivers et al., 2008; Tasker & Golombok, 1997). In a study of younger children in Belgium, Vanfraussen, Ponjaert-Kristoffersen, and Brewaeys (2002) found that children in lesbian-mother and heterosexual-parent households reported being laughed at, excluded, and called names. The rates of teasing in both groups were equal; however, only the children in lesbian-mother families said that they were teased for family-related reasons (Vanfraussen et al., 2002). These results suggest that although the reason for being teased might differ, children are teased with the same frequency regardless of family structure (Goldberg, 2010).

Opponents of lesbian and gay parenting have argued that children raised in non-traditional families are vulnerable to negative reactions from their peers because of their parents' sexual orientation, and as such, these offspring will experience difficulties in social relationships (see for an overview of such arguments: Clarke, 2001). Our results revealed that more than half of the NLLFS adolescents had not been stigmatized by their peers or any other person. In addition, previous studies have shown that the peer relations of children and adolescents who are growing up in same-sex-parent families do not differ from their counterparts in heterosexual families (MacCallum & Golombok, 2004; Vanfraussen et al., 2002; Wainright & Patterson, 2008).

The final aim of our study was to describe how the NLLFS adolescents coped with the stigmatization they experienced. The results revealed that these adolescents used a broad range of coping skills, more often using adaptive strategies (e.g., optimism, confrontation, selecting good friends, or seeking social support) than maladaptive (e.g., depression or avoidance). Ray and Gregory (2001) reported that in response to bullying associated with their parents' sexual orientation, younger children in primary schools tended to seek social support and explained that their parents were just the same as heterosexual parents. Secondary-school children were more likely to use avoidant and confrontational coping strategies and less likely to talk to parents, peers or teachers about the experienced stigmatization.

### 6.2. Limitations

Several limitations of our study need to be discussed. The first are sample limitations: The NLLFS adolescents are primarily White/Caucasian (87.1%). The inclusion of more lesbian families from non-majority cultures might have led to more diverse experiences and perhaps even higher rates of stigmatization in groups that are less tolerant of homosexuality (Ahrold & Meston, 2010; Nelson Glick & Golden, 2010). In addition, this cohort of first-generation planned lesbian families has a socio-economic status (SES) that is primarily middle- to upper–middle class. Therefore, the inclusion of more lesbian families with a lower SES might have led to a higher rate of stigmatization, because children in lower SES lesbian families have been shown to be even more likely to be targeted (Tasker & Golombok, 1997). Second, the data were gathered by means of an online questionnaire. Verbal interviews might have provided even more information, because additional questions could be asked if an answer was unclear or incomplete. In addition, the adolescents were asked to describe only two or three negative experiences, which might have led them to select only the most salient rather than list all that had occurred. Due to these limitations, as well as the qualitative nature of the study, generalizations can only be made with caution.

### 6.3. Implications and future research

Our results have some implications for clinical practice. Because of increasing numbers of children growing up in lesbian families (Movement Advancement Project et al., 2011), mental health professionals are likely to be consulted by such families when problems occur. To offer adequate support, clinicians must be aware that these children are vulnerable to stigmatization—typically by peers, during school. Training in helping children and their families cope with and respond to stigmatization should be included in the graduate curricula of all mental health disciplines.

Awareness of different family forms, including same-sex-parented families, should also be incorporated into the curricula of bachelor's and master's programs for teachers and school administrators. Since some teachers were cited as sources of the stigmatization reported in the current study, educating them about various types of families and the importance of using inclusive language in the classroom would enable them to provide more effective support.

Because most stigmatization took place in the school context, schools can also be useful in teaching children and adolescents to appreciate differences among people, including those from nontraditional families. In recent years, there has been a growing public and scientific attention to fighting homophobia in school settings (Russell, 2011). Several strategies have been developed to reduce homophobic stigmatization at school and to promote safety and well-being for LGBT youth in schools. Such strategies include nondiscrimination and anti-bullying policies focusing on actual or perceived sexual orientation, gender identity or expression; school-based support groups or clubs (e.g., Gay–Straight-Alliances); and the inclusion of LGBT issues in school curricula (Russell, 2011). Intervention programs such as these could include role-playing constructive responses to teasing, bullying and other hostile behaviors. In addition, public education campaigns along the lines of the Trevor Project, providing crisis intervention services to LGBT youth, and “It Gets Better”—a series of YouTube videos that reach out to targeted LGBT youth—make it clear that help is available to those who are being bullied.

Along with the aforementioned practical implications, the findings from this study give rise to several topics for future research. For example, only half of the adolescents in this study experienced homophobic discrimination. Yet, we do not know which factors distinguish the adolescents who were stigmatized from those who were not. Future research could examine the associations between environmental factors, such as neighborhoods, school climates, and social support groups, and the likelihood of being stigmatized. Individual factors such as the willingness to disclose one's mothers' sexual orientation, or having multiple minority status (for example, being of a religious, minority and having lesbian parents), might also play a role in whether or not an adolescent experiences stigmatization. Because the NLLFS girls answered questions about perceived stigmatization more extensively and in more detail than did the NLLFS boys, future quantitative research could investigate whether there is a significant difference between the stigmatization experiences of girls and boys. In addition, since studies have shown that internalization of negative societal beliefs can produce feelings of shame or fear of being judged defective (Scheff, 2000; Shweder, 2003), a more in-depth investigation of actual versus anticipated stigmatization is warranted.

Researchers could also focus on the effectiveness of the coping strategies used by stigmatized adolescents. Although previous studies have shown that adaptive coping strategies are more useful than maladaptive in overcoming a problem (Skinner et al., 2003; Thompson et al.,

2010), the functionality of both types of coping strategies has not been studied in stigmatized adolescents with same-sex parents. In addition, it would be interesting to determine whether the negative relation between stigmatization and the psychological well-being observed in the NLLFS offspring could be ameliorated by the use of specific coping strategies. Furthermore, research is needed to establish whether there are any clear links between different forms of stigmatization and various types of coping strategies.

## 7. Conclusion

This paper offers a glimpse into adolescent experiences of and responses to negative reactions from their social environments that are associated with growing up in lesbian-parented families. The outcomes reported in this study were that half of these offspring encountered homophobic stigmatization. Since most of these experiences took place in the school context, our findings suggest that educational systems could play an important role in preventing such incidents by discouraging homophobia in their anti-bullying programs.

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