

Minority stress, experience of parenthood and child adjustment in lesbian families

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Abstract *The aim of this study was to explore the relationship of minority stress with experiences of parenthood (e.g. parental stress and parental justification) and child adjustment in lesbian mother families. Three components of minority stress were examined, namely, experiences of rejection as a result of the non-traditional family situation, perceived stigma, and internalized homophobia. A total of 100 planned lesbian families (100 biological mothers and 100 social mothers) were involved in this study. Data were collected by means of a written questionnaire. The lesbian mothers in this sample generally described low levels of rejection, they perceived little stigmatization, and they also manifested low levels of internalized homophobia. However, minority stress was significantly related to experiences of parenthood. Lesbian mothers with more experiences of rejection experienced more parental stress, and appeared to defend their position as mother more strongly (e.g. parental justification). Furthermore, mothers with higher levels of perceived stigma and internalized homophobia felt significantly more often that they had to defend their position as mother. Finally, mothers who reported more experience of rejection were also more likely to report behaviour problems in their children. Our findings emphasize the importance of the effect of minority stress on the lives of lesbian mothers and their children.*

Introduction

Research on two-mother families has mainly focused on the consequences for the child of living in a family with two mothers, compared to families with a mother and a father. In the literature two-mother families in which the child was born into the lesbian relationship are characterized as 'planned lesbian mother families' (Flaks *et al.*,

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1995, p.105). In this relatively new family type, the two lesbian mothers (the biological mother and the social mother) planned their children together, this in contrast to lesbian families where children were born in a formerly heterosexual relationship. Existing research considers planned lesbian families primarily as a homogenous group. There are, however, important differences between planned lesbian families. Heterogeneity might, for instance, result from experiences lesbian mothers encounter with negative attitudes regarding their non-traditional family situation, and one's own attitude toward being lesbian. Such experiences can be assessed as stressors and have been defined as minority stress (Brooks, 1981; DiPlacido, 1998; Meyer, 1995, 2003a,b). The aim of the present inquiry is to examine the relationship of minority stress with experiences of parenthood and child adjustment, among planned lesbian families.

Studies that considered planned lesbian families as a homogenous group have revealed no differences in child outcomes such as social competence, behavioural adjustment, and gender identity between children in lesbian and heterosexual families (e.g. Brewaeys *et al.*, 1997; Golombok *et al.*, 2003). The few studies that have focused on parenting behaviour, found indications that the non-biological mothers (e.g. social mothers) in planned lesbian families have a higher quality of parent-child interaction (Brewaeys *et al.*, 1997; Golombok *et al.*, 1997) and parenting awareness skills (Flaks, *et al.*, 1995) than fathers do in heterosexual families. Furthermore, within the lesbian families there was no difference between the biological mother and the social mother in quality of parent-child interaction (Brewaeys *et al.*, 1997).

Little is yet known, for example, about sources of differences within lesbian families. Patterson (1995) found that when lesbian mothers shared the labour involved in childcare more evenly they reported a greater sense of well-being from their children. Another study reported that lesbian mothers who described their own psychological adjustment and self-esteem in positive terms were also more likely to report that their children were developing well (Patterson, 2001). However, research on diversity in families with lesbian parents and potential effects of such diversity on children is sparse. Nothing is known about the influence of minority stress on experiences of lesbian mothers.

Contextual sources of stress are major determinants of parenting, and these stressors can also both directly and indirectly influence children's adjustment. Research on diversity within heterosexual families has typically involved an assessment of the adverse impact of difficult life circumstances such as low SES (e.g. Werner & Smith, 1982), single parenting (Weinraub & Wolf, 1983) and major negative life changes (Crnic *et al.*, 1983). In sum, these studies found that parents with greater stress are less satisfied with their parenting, and greater stress is associated with lower child adjustment. Research further suggests that daily hassles, as appraised by the individual parent, are important predictors in parental stress and child outcomes (Österber & Hagekull, 2000). In everyday life, mothers in lesbian families experience stigmatization and negative events related to their sexual orientation or non-traditional lifestyle, this in contrast to parents in heterosexual families. These experiences can be seen as important daily stressors for lesbian mothers, and because of its potential negative effects, it should be studied with priority.

Minority stress can be distinguished into several dimensions, such as actual negative experiences, expectations of rejection and discrimination, and internalized homophobia. Researchers have shown that lesbians and gay men are frequently exposed to prejudice events, including antigay/lesbian violence, discrimination, subtle

forms of exclusion, and confrontation with negative attitudes regarding their non-traditional lifestyle (De Graaf & Sandfort, 2000; Mays & Cochran, 2001; Sandfort *et al.*, in press). In addition to negative experiences that gay men and lesbian women experience in general, lesbian mothers have to deal with less favourable attitudes towards lesbian motherhood. In the Netherlands, where the present study is conducted, public opinion holds that a traditional family (i.e. family headed by a heterosexual couple) is the ideal environment to raise children—in contrast to a lesbian or gay family (van der Avort *et al.*, 1996)—and dominant public opinion is not in favour of equal rights for lesbians when it comes to adopting children (van de Meerendonk & Scheepers, in press). King and Black (1999) show that college students in the US expect children of lesbian mothers to have more behaviour problems than other children. Lesbian mothers learn to anticipate such negative attitudes by perceiving that other people in society do not really accept them and do not want to make contact with them. As a consequence, lesbians and gay men might think that society in general, and specifically heterosexual people, disrespect them because of their non-traditional lifestyle. To characterize these expectations of negative treatment, the term *perceived stigma* has been used (Herek & Glunt, 1995; Meyer, 1995; Ross & Rosser, 1996).

Long before lesbian women begin to realize their same-sex feelings, some have internalized societal antihomosexual attitudes (Shildo, 1994). This is called internalized homophobia, and represents a form of stress that is internal. Even in the absence of negative events, and even if one's minority status is successfully concealed, lesbians may be harmed by directing negative social values towards the self (Meyer, 2003a,b). Internalized homophobia can be seen as the homosexual opposite of self-esteem (Sandfort, 2000). Internalized homophobia consists of negative attitudes towards one's own homosexuality, as well as negative attitudes toward other homosexual persons (Shidlo, 1994; Szymanski *et al.*, 2001).

The influence of minority stress on lesbian women and gay men has been examined in various studies. Several studies in the US and the Netherlands demonstrated a relationship between homo-negative experiences and adverse psychological health status (Sandfort & Bos, 2000; Sandfort *et al.*, in press; Waldo, 1999). In the workplace, for example, lesbian women who reported more rejection attributed to their homosexuality were less satisfied with their job (Sandfort *et al.*, in press). The internalization of negative attitudes towards lesbian women and gay men has been found to be related to an array of mental health problems, including depression, alcoholism, and sexual dysfunction (see for review: Meyer, 2003a). Lesbian families, however, have not previously been examined from the perspective of minority stress.

In the present study we examined the extent to which lesbian mothers experience minority stress. We also tested various hypotheses regarding the associations between minority stress, and experiences of parenthood and child adjustment. Our hypotheses were based on the idea that being a member of a differently valued minority group, negatively affects the lives of the members of that group (Goffman, 1963) and on prior research about the influence of minority stress on the lives of lesbians. We hypothesized that lesbian mothers who experience more rejection and have higher levels of perceived stigma and internalized homophobia would experience parenthood as more stressful. These mothers also feel a stronger need to justify the quality of their parenthood. It was further hypothesized that children with lesbian mothers who experience more minority stress would be less well adjusted.

Method

Participants

Eligibility and recruitment of families. Lesbian families were considered eligible to participate in this study if the children were raised in two-mother lesbian families from birth. One of the children in the families had to be between 4 and 8 years old, and with respect to this child (i.e. target child) parental experience of parenthood and child adjustment is examined in the present study. In cases where there were more children between 4 and 8 years old, one of them was randomly picked out as a target child by the researchers of this study.

Recruitment was carried out using four different strategies. We used the patients' files of the Medical Centre for Birth Control (MCBC), a centre providing assisted reproductive services to clients regardless of sexual orientation or having a relationship. In addition, families were recruited with the help of the largest interest group for gay and lesbian parents. Furthermore, lesbian families were selected with the help of individuals with expertise in the area of gay and lesbian parenting. We also placed an advertisement in a lesbian magazine.

A letter of invitation was sent to 178 lesbian families. These families were selected because they met our criteria for participation. Of the 178 lesbian families contacted, 43 came from the MCBC, 60 from the interest group and 75 from experts in the area of gay and lesbian parenting. The total response rate was 99 (55.6%), for the medical centre 18 (41.9%), for the interest group 47 (78.3%) and for the experts 34 (45.3%). One family responded to the advertisement.

Participating families. A total of 100 two-mother families took part in the study. The biological mother of the target child in this study (e.g. the child that the mother kept in mind when she was answering the questionnaire) was designated as biological mother, and the other mother was designated as social mother.

Social mothers were older than biological mothers, although the difference was not significant (biological mothers: mean age 40.80, $SD=3.22$; social mothers: mean age 42.10, $SD=5.90$). Most biological mothers and social mothers were well educated (e.g. 75.5% of all mothers studied at a higher professional or academic level), and both mothers did not differ significantly from each other on educational level. The age at which biological and social mothers openly identified themselves as a lesbian (e.g. coming out) was 21.43 ($SD=4.86$) and 21.08 ($SD=5.30$), respectively. Biological and social mothers did not differ significantly from each other on this aspect. The lesbian couples had been together for an average of 14.9 years ($SD=3.87$). Most families (91%) lived in an urban environment. The mean number of children in the families was 2.0 ($SD=0.48$). In each family, the target child was between 4 and 8 years of age ($M=5.8$; $SD=1.37$); there were 48 girls and 52 boys.

Materials

Participants completed a written questionnaire that contained items on minority stress, experience of parenthood, and child adjustment. Both parents completed the questionnaire independently. Almost all variables were measured with scales, most of which had been used in other studies or were derived from scales successfully used by others. Standardized instruments with good psychometric properties were used.

Minority stress. The occurrence of *rejection* was assessed with a seven-item scale, based on the 'Leidse Mobbing Schaal' (LEMS; Hubert, 1996) and the Leymann Inventory of Psychological Terrorization (LIPT; Leymann, 1990). The LEMS and LIPT are two very large scales that measure experience of rejection at work. Because the length of these scales, we had to reduce the number of items and decided to select those items that specifically referred to ridiculing, marginalizing, or exclusion. Furthermore, we reformulated the selected items in such a way that they applied to experiences from parents with rejection in the social environment. Examples of items are: 'People called you names in relation to being a lesbian mother' and 'People asked annoying questions about your non-traditional family situation'. Respondents were asked to indicate on a 3-point scale (1=never and 3=regularly) how frequently the various forms of rejection had occurred in the previous year. Cronbach's alpha for rejection was good ($\alpha=0.72$).

The 'Samen of Apart' questionnaire (SAP; Sandfort, 1997), a Dutch questionnaire about how lesbian and gay men think about being gay or lesbian, was used to measure perceived stigma and internalized homophobia. This assessment was developed by Sandfort (1997) and derived from existing instruments (Herek & Glunt, 1995; Herek *et al.*, 1997; Ross & Rosser, 1996). In several studies (Bos & Sandfort, 1999; Sandfort, 1997) the validity and internal consistency of these scales were judged as good. With respect to *perceived stigma*, assessment of expected social stigma and assumptions about heterosexual's attitudes towards homosexuality (i.e. assumed heterosexuals' attitudes) were measured. Examples of statements are 'Repression of homosexuality still occurs, even in the Netherlands' (expected social stigma) and 'Most straight people disapprove of homosexuality' (assumed heterosexuals' attitudes). In the present study Cronbach's alpha for expected social stigma was good ($\alpha=0.77$; four items) and Cronbach's alpha for assumed heterosexuals' attitudes was sufficient ($\alpha=0.69$; six items).

The *internalized homophobia* (IHP) scale includes negative attitudes and feelings against one's own homosexuality as well as negative attitudes and feelings against other lesbians and gay men (Nungesser, 1983; Shildo, 1994; Szymanski, Chung & Balsam, 2001). In the present study both forms of IHP were assessed. The scale that measured negative attitudes toward one's own homosexuality (IHP directed to the self) consisted of five items. Respondents had to indicate on a 5-point scale their agreement with the statement, ranging from 1 (fully disagree) to 5 (fully agree). Examples of items are 'Because I am a lesbian, I cannot really be myself', and 'I rather would not be lesbian'. The alpha for this scale was in this study 0.67. The scale that measured negative attitudes towards other lesbians and gay men (IHP directed to others) consist of six items, for example: 'When I see certain lesbians on television, I don't want to belong to them' (1=fully disagree to 5=fully agree). The reliability of this scale was 0.73.

Experiences of parenthood. The *Nijmegen questionnaire regarding child-rearing circumstances* (Nijmeegse vragenlijst voor de opvoedingssituatie NVOS; Robbroeckx & Wels, 1989) for the measurement of family stress was used to measure parental stress. Two dimensions were selected: parental burden (feeling burdened by the child) and parental competence (being able to handle the child). Examples of statements are 'Others (my partner) get too little attention because of my child' (parental burden) and 'I feel I'm slowly losing grip on my child' (parental

competence). The items of both scales have response categories ranging from 1 (fully disagree) to 5 (fully agree). Wels and Robbroeckx (1991) have shown that the validity, internal consistency and stability of these subscales is good. Cronbach's alpha for parental burden was good ($\alpha=0.82$) and for parental competence just sufficient ($\alpha=0.50$).

Small qualitative studies about lesbian motherhood (Kaese & Gillespie, 1999; Morningstar, 1999; Rothuizen, 2001; Seyda & Herrera, 1998; Slater, 1999; Warmerdam & Gort, 1998) showed that lesbian mothers frequently reported that they feel pressure to justify the quality of their parenthood toward other people in their social environment. Because a scale to measure these feelings of *parental justification* was not available, we developed one to assess these feelings. The scale consists of four items (for example: 'In anticipation of negative reactions from others, I give my children more attention than other parents do'). Each item is scored on a 6-point scale, ranging from 1 (fully disagree) to 6 (fully agree). Cronbach's alpha for this scale was 0.68.

Child adjustment. Children's emotional/behavioural problems were used as indices of children's functioning and were assessed by using a Dutch translation of the Child Behaviour Checklist for age's 4–18 years (CBCL/4–18; Achenbach, 1991; Verhulst *et al.*, 1996). The CBCL is a widely used and well-validated instrument for assessment of children's emotional/behavioural problems on the basis of the reports of their parents. The CBCL includes 118 behaviour problem items, and each is scored '0' if not true, '1' if somewhat true, and '2' if very true of their child. The emotional/behavioural problems consist of two broadband scales (namely, internalizing, and externalizing), and a total behaviour problem scale. The CBCL also includes items on social competence, although Verhulst and his colleagues (1996) showed that this scale has limited reliability for children younger than 6 years old. Therefore, the social competence scale was not used in this study. The alphas for the internalizing, externalizing and total behaviour scale were 0.78, 0.87, and 0.89, respectively.

Results

Descriptive statistics

Table 1 presents the means and standard deviations of biological and social mothers' scores on the different dimensions of minority stress, experiences of parenthood, and child adjustment. To examine if biological mothers and social mothers differ on the studied variables, paired *t*-tests were carried out. Table 1 also presents the results of these paired *t*-tests.

Minority stress. Biological mothers and social mothers did not differ significantly from each other on actual negative experiences. Nor were significant differences obtained between biological mothers and social mothers on expected social stigma and assumed heterosexuals' attitudes. With respect to negative attitudes toward their own homosexuality and negative attitudes against other lesbians and gay men, biological mothers and social mothers also did not differ significantly from each other.

Table 1. *Minority stress, parental experiences of parenthood, and emotional/behavioural adjustment of children (mean and standard deviations) for biological mothers and social mothers.*

	Biological mothers (<i>n</i> = 100)		Social mothers (<i>n</i> = 100)		<i>t</i> ^a
<i>Minority stress</i>					
Rejection:					
Experiences of rejection	1.21	(0.23)	1.20	(0.21)	0.29
Perception of social stigma:					
Expected social stigma	4.04	(0.72)	3.93	(0.72)	1.41
Assumed heterosexuals' attitudes	2.43	(0.62)	2.47	(0.62)	0.59
Internalized homophobia:					
IHP directed to the self	1.37	(0.51)	1.36	(0.48)	0.22
IHP directed to others	1.89	(0.67)	1.95	(0.67)	-0.77
<i>Parental experience of parenthood</i>					
Parental burden	2.03	(0.78)	2.05	(0.81)	-0.31
Parental competence	4.44	(0.39)	4.47	(0.38)	-0.80
Parental justification	1.83	(0.78)	1.88	(0.93)	-0.42
<i>Emotional/behavioural adjustment of children</i>					
Internalizing behavioural problems	5.99	(4.64)	5.86	(4.17)	0.32
Externalizing behavioural problems	8.15	(6.58)	8.69	(6.62)	0.20
Total behavioural problems	19.26	(11.73)	19.5	(11.55)	0.80

^aPaired *t*-test.

The most frequently reported form of rejection was that other people asked annoying questions that were related to the lifestyle of the lesbian mothers (see Figure 1). Sixty-eight percent of the biological mothers and 72% of the social mothers reported this. Another frequently reported experience was that other people gossiped about a non-traditional family lifestyle of the respondents (27.3% of the biological mothers and 32.7% of the social mothers). Somewhat less frequently reported experiences were disapproving comments related to their family situation (13% of the biological mothers and 12.1% of the social mothers) and exclusion by other people (12% of the biological mothers and 9.1% of the social mothers). Smaller proportions of respondents reported other forms of experiences with rejection. Biological and social mothers did not differ significantly from each other on the different forms of rejection.

Experience of parenthood. There were no significant differences between biological mothers and social mothers on parental competence, parental burden, and parental justification.

The emotional/behavioural adjustment of children. On average, children in the present sample were well adjusted. There were no significant differences between the biological mothers' report of the child's emotional/behavioural adjustment functioning and the social mothers' report.

N

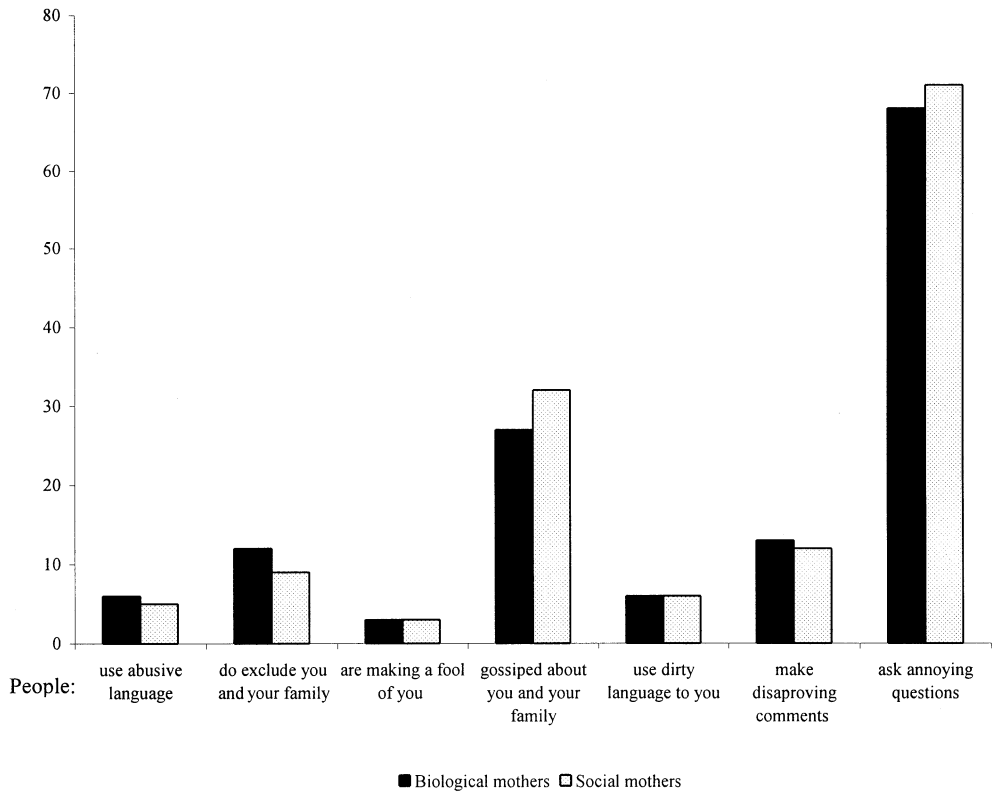


Figure 1. Lesbian mothers' (biological and social) experiences with various forms of rejection.

Minority stress, experience of parenthood, and child adjustment

To assess the relationship of the different dimensions of minority stress with parental experience of parenthood and child adjustment, correlation coefficients (Pearson's product-moment correlation *r*) were calculated. Correlations were conducted on the total group of lesbian mothers, because biological mothers and social mothers did not differ significantly from each other on minority stress, experiences of parenthood, and child adjustment.

Minority stress, and experience of parenthood. As shown in Table 2, almost all dimensions of minority stress were significantly correlated with parental justification. Lesbian mothers who reported more experiences with rejection felt more often pressed to justify the quality of their motherhood towards others. Furthermore, lesbian mothers who more strongly agreed that heterosexuals think negatively about homosexuality also felt they had to justify the quality of their motherhood more often. Mothers with high levels of negative feelings toward their own homosexuality (e.g. IHP towards the self) and mothers with high levels of

Table 2. Pearson's product-moment correlation r between minority stress, parental experience of parenthood, and child adjustment.

	Parental experience of parenthood			Child adjustment		
	Parental burden	Parental competence	Parental justification	Internalizing behaviour problems	Externalizing behaviour problems	Total behaviour problems
Experiences of rejection	0.15**	-0.13**	0.23***	0.15**	0.18***	0.21***
Expected social stigma	0.04	-0.04	0.09	0.01	-0.02	0.01
Assumed heterosexuals' attitudes	-0.01	-0.08	0.24***	0.10	0.03	0.09
IHP directed to the self	0.08	-0.09	0.22***	0.03	-0.04	-0.01
IHP directed to others	-0.06	0.04	0.14*	-0.05	0.01	-0.01

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$.

negative feelings towards other lesbian women and gay men also felt that they had to justify the quality of their parenthood more often.

In order to examine the unique contribution of the dimensions of minority stress on parental justification, we conducted a multiple regression analysis. In his analysis, parental justification was the dependent variable. Those dimensions of minority stress related to parental justification were used as predictors, namely: rejection, assumed heterosexuals' attitudes, IHP directed to others, and IHP directed to the self. Rejection ($\beta = 0.17$, $p < 0.05$), assumptions about straight people's attitudes toward homosexuality ($\beta = 0.17$, $p < 0.01$), and IHP directed to the self ($\beta = 0.15$, $p < 0.05$) were found to make significant and independent contributions to the explained variance in parental justification ($r^2 = 0.12$, $p < 0.001$).

There was also a significant correlation between rejection and parental burden. Lesbian mothers who experienced more rejection also felt more burdened by the child. In addition, rejection was also significantly correlated with parental competence. Lesbian mothers who experienced more rejection also felt themselves less competent as a parent. The other aspects of minority stress and parental burden were not related, nor were there significant associations between these other dimensions and parental competence.

Minority stress and child adjustment. Table 2 also shows correlations between minority stress and the mother's report of child adjustment. Lesbian mother's experiences with rejection was the only minority stress variable that was significantly related to child adjustment (see Table 2). Lesbian mothers who reported more experiences with rejection reported higher levels of children's externalizing and internalizing behaviour problems and also reported higher levels of total number of children's problems. No significant associations were found between the other aspects of minority stress and child adjustment.

Discussion

To explore diversity among lesbian families, the present study examined several dimensions of minority stress, and the relationship of minority stress with experiences of parenthood and child adjustment. The lesbian mothers in this sample generally

reported low levels of rejection, perceived stigma, and internalized homophobia. In spite of the low levels of minority stress, higher levels of rejection were, as expected, associated with more parental stress and a higher need to justify the quality of the parent-child relationship. Having negative assumptions about straight people's attitudes toward homosexuality, and having higher levels of internalized homophobia, were also associated with more parental justification. Levels of rejection were associated with more emotional/behavioural problems in children.

Some of the relationships we expected to find were not supported by the findings. There is not, for example, any support for the idea that perceived stigma and internalized homophobia lead to more parental stress (parental burden and parental incompetence). Lesbian mothers' levels of perceived stigma and internalized homophobia also did not lead to less adjustment among the children. Other aspects that are not related to lesbian parenthood and minority stress, of course, would be more related to parental stress and child adjustment. It has been shown that mothers with a high workload, with more children in the family, or mothers who perceived their child as fussy/difficult, report more parental stress (Österber & Hagekull, 2000). Such aspects were not included in our study, because the purpose of the study was to analyse the impact of factors that are related to minority stress.

Before discussing and interpreting the results, it should be mentioned that the low levels of minority stress experienced by lesbian mothers in the present study may be explained by the relatively positive climate regarding homosexuality in the Netherlands (Sandfort, 1998; Waaldijk, 1993; Widmer *et al.*, 1998). Lower levels of social acceptance of homosexuality includes higher levels of rejection, and therefore the observed level of negative treatment might be greater in other Western countries than in the Netherlands. Furthermore, it might be that due to the decision to become a mother within a lesbian relationship, participants in the present study probably had a higher self-acceptance than many other lesbians. Morris *et al.* (2002), for example, found that lesbians who had children before 'coming out' were more likely to have had mental health counselling than those who had children after coming out.

One should also bear in mind that the educational level of participants in this study is relatively high. On the other hand, several studies have shown that lesbian women tend to be more highly educated (Flaks *et al.*, 1995; Johnson *et al.*, 1994; McCandlish, 1987; Patterson, 1994; Sandfort, 1998; Steckel, 1987). It seems that children from lesbian low-SES mother families are more likely than those from middle-class lesbian mother families to experience peer stigma about issues related to the lesbian identity of the mother (Tasker & Golombok, 1997).

Other studies on minority stress show that experiences with discrimination and violence are major roadblocks to well-being for many lesbians (Garnets *et al.*, 1990; Herek *et al.*, 1999). Negative reflection from others might be internalized and might lead to uncertainty towards how to cope with being a mother in a non-traditional family. Garnets *et al.* (1990) described the psychological mechanism that could explain the effect of discrimination and violence on well-being among lesbian women. According to Garnets and her colleagues (1990), victimization interferes with a perception of the world as meaningful and orderly. Lesbian women who have experienced negative treatment try to restore order to their perception of the world and often respond with self-devaluation. This psychological mechanism might also explain the associations between minority stress, especially negative treatment, parental justification and the parent's report of child adjustment. Emotional/behavioural problems in children may be more determined by factors that are not

related with growing up in a lesbian family. In several studies it was found that the psychological adjustment of children in planned lesbian families did not differ from children in a two-parent heterosexual family (Golombok, 2001). In our study, however, we studied differences within planned lesbian families and our results suggest that minority stress indeed may have a negative impact on mothers and children.

From anecdotal stories and interview studies, it is known that the main concerns of lesbian women who are thinking about having children are the possible negative implications of raising a child in a non-traditional family in a heterosexist and homophobic society (Gartrell *et al.*, 1996; Leiblum *et al.*, 1995; Weeks *et al.*, 2001). Lesbian women are concerned about their children's possible disadvantage in their relationships outside the family caused by the prejudice they would encounter from their peers (Touroni & Coyle, 2002). However, research conducted among young adults who grew up in a lesbian mother family in the United Kingdom has found that as children they were no more likely than the children of a heterosexual mother to have been teased or bullied by peers (Golombok, 2000; Tasker & Golombok, 1997). Vanfraussen *et al.* (2002) reported that children in lesbian families were not frequently more likely to be teased than children in heterosexual families in terms of their clothes, and physical appearance; however, family-related incidents of teasing were only mentioned by children from lesbian families. It would be interesting to examine how children themselves in planned lesbian families cope with being a member of a minority group.

A limitation to the present study is that some of the scales were used for the first time in a study among lesbian mothers and have not been validated yet for this specific group. Furthermore, since we relied on self-report, it could be that some measures, such as negative experiences and child adjustment, are affected by a tendency of lesbian mothers to give socially desirable answers. As a consequence, some of the perceptions of the respondents might not accurately reflect the actual situation. Finally, the design used in this study was cross-sectional, which implies that one has to be cautious in interpreting the causal direction of the established relationships.

The present study is one of the first studies on lesbian parenthood to examine the relationship between minority stress and parental experience of parenthood and child adjustment. It is also the largest study to date of lesbian families. Our findings underscore the importance of the effect of minority stress on the lives of lesbian mothers and their children. Health care providers working with lesbian families, but also teachers with children from lesbian mothers in the classroom, should appreciate the effect of minority stress and should learn to support those coping and dealing with minority stress. On the other hand, granting legal rights and respect to lesbian parents and their children should lessen the stigma some of them now suffer. In that case it is necessary to pay attention to the level of societal acceptance of planned lesbian families as a critical factor that can either facilitate or disrupt the successful adaptation of children in these families.

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