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Dutch adolescents from lesbian-parent families: How do they compare to peers with heterosexual parents and what is the impact of homophobic stigmatization?



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ABSTRACT

In this study, we compared internalizing and externalizing problem behavior of 67 Dutch adolescents ($M_{\text{age}} = 16.04$) in planned lesbian families who were matched with 67 adolescents in heterosexual-parent families. We also examined whether homophobic stigmatization was associated with problem behavior in adolescents with lesbian mothers after taking into account demographic characteristics, mothers' scores on emotional involvement, and adolescents' earlier problem behavior (measured at age 4–8 years old). Standardized instruments measuring problem behavior were completed by parents and adolescent offspring, and questions about stigmatization were answered by adolescents with lesbian mothers. The results revealed no differences in internalizing and externalizing problem behavior associated with family type. Offspring in lesbian families who reported more experiences of homophobic stigmatization also demonstrated more internalizing and externalizing problem behavior.

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It is well established that children's psychological development is fostered in parent–child relationships that are embedded within the cultural context in which children are raised (e.g., [Maccoby, 1992](#)). For planned lesbian families (i.e., those in which children are born to mothers who identify as lesbian), the more negative the climate regarding lesbian and gay people, the more difficult it is for mothers to ward off hostile attitudes toward nontraditional families, and the more likely it is that offspring will be bullied because of their mothers' sexual orientation or a homophobic culture at school ([Shapiro, Peterson, & Stewart, 2009](#)). Since there is broad agreement in the psychological literature that teasing and bullying are important predictors of internalizing (e.g., toward the self, such as being withdrawn, anxious, or depressed) and externalizing (e.g., toward others, such as breaking rules or being aggressive) problem behavior ([Achenbach & Rescorla, 2001](#); see for an overview: [Reijntjes, Kamphuis, Prinzie, & Telch, 2010](#); [Reijntjes et al., 2011](#)), offspring in planned lesbian families may be more at risk for behavioral problems than their counterparts in heterosexual-parent families.

The minority stress theory (MST) is a theoretical framework that offers an explanation for potential differences in behavioral problems between offspring in lesbian- and heterosexual-parent families. This theory suggests that sexual

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minority individuals may be susceptible to health problems as a result of stress associated with victimization based on sexual orientation (e.g., Meyer, 2003). Studies using this theory have consistently documented mental health disparities between adolescent and adult lesbian, gay, and bisexual (LGB) populations, and heterosexual populations, related to experienced stigmatization in the LGB samples (for an overview, see: King et al., 2008).

Homophobic stigmatization pertains to the negative attitudes that individuals, groups, or communities have toward nonheterosexual identity or behavior, and the discrimination that accompanies these attitudes (Herek & McLemore, 2013). Although the offspring of lesbian mothers mostly identify as heterosexual (Gartrell, Bos, & Goldberg, 2011), they remain vulnerable to rejection and bullying by peers, negative comments about their mothers' sexual orientation, and/or fears of being targeted for their atypical family structure (Gartrell & Bos, 2010)—thus, according to the MST, susceptible to developing behavioral problems.

Despite predictions of the MST, most research on offspring in female same-sex parent families found no evidence that children or adolescents have more psychosocial or behavioral problems than those in different-sex parent families. For example, in the National Longitudinal Study of Adolescent Health (the Add Health study, derived from adolescent self-reports), measures of self-esteem, academic performance, peer relations, depression, anxiety, delinquent behavior, and substance use were similar for adolescents in both family types (Wainright & Patterson, 2006, 2008; Wainright, Russell, & Patterson, 2004). In addition, Rivers, Poteat, and Noret (2008) found no difference in psychosocial functioning between British adolescents living with their mothers and the mothers' same-sex partners, and British adolescents who were living with their heterosexual parents. Furthermore, results of the U.S. National Longitudinal Lesbian Family Study (NLLFS) showed that adolescents in female same-sex parent families rated their quality of life comparably to their matched counterparts in mother-father families from the Washington Healthy Youth Survey (van Gelderen, Bos, Gartrell, Hermanns, & Perrin, 2012). Finally, with regard to substance use, the NLLFS adolescents were no more likely to report problematic use than matched peers from the 2008 Monitoring the Future national probability survey (Goldberg, Bos, & Gartrell, 2011).

When differences have been found between adolescent offspring in female same-sex and different-sex parent families, they usually have favored the former group. In the Add Health study, for example, adolescents in same-sex parent households felt more connected to their schools (Wainright et al., 2004). In a British study by Golombok and Badger (2010), the offspring in female-headed households showed higher levels of self-esteem and lower levels of anxiety, depression, hostility, and problematic alcohol use than those in opposite-sex parent households. In the NLLFS, the 17-year-old adolescent offspring of lesbian mothers had significantly lower scores on social problems, rule-breaking behavior, and aggressive behavior, and higher scores on social competence, than age- and gender-matched adolescents in heterosexual-parent families (Gartrell & Bos, 2010).

The NLLFS is one of the few studies that looked at differences in psychological well-being within the group of offspring in lesbian-headed households. According to their mothers, 47.5% of the adolescents experienced stigmatization, which was associated with more internalizing and total problem behavior (Gartrell & Bos, 2010). In addition, results based on adolescent reports revealed that those who experienced stigmatization had less life satisfaction and more psychological health problems than the NLLFS group that had not been stigmatized (van Gelderen, Gartrell, Bos, & Hermanns, 2012).

Regarding these prior investigations, some methodological issues should be noted. Neither the Add Health studies (Wainright & Patterson, 2006, 2008; Wainright et al., 2004) nor the Rivers et al.'s study (2008) included questions about the mothers' sexual orientation and/or family constellation at the time of the adolescents' birth. Therefore, it is unclear whether the reports pertain to adolescents who were raised by lesbian mothers since birth; it is possible that the adolescents in both studies had experienced their mothers' coming out, and the consequences of that coming out. In the Golombok and Badger study (2010), adolescents conceived through donor insemination (DI) in single- and lesbian-mother families were merged in the comparison with those born to two heterosexual parents (without DI). Furthermore, none of these studies used multi-informant data on adolescent problem behavior, despite evidence showing that adolescents are better at identifying their internalizing problems, while other related persons – such as parents – are better at specifying adolescents' externalizing problems (e.g., Kosterman et al., 2010). Finally, no previous study has investigated whether the relation between stigmatization and adolescent problem behavior can be explained by other confounding variables, such as offspring gender, parental educational level, parental relationship status (still together or separated), parenting style, or childhood problem behavior—factors shown to be related to adolescent problem behavior (e.g., Amato, 2001; Bolkan, Sano, De Costa, Acock, & Day, 2010; Bongers, Koot, van der Ende, & Verhulst, 2004; van Oort, van der Ende, Wadsworth, Verhulst, & Achenbach, 2011). For example, parental relationship dissolution or uninvolved childrearing can contribute to psychological distress and/or behavioral problems in offspring regardless of the parents' sexual orientation (Amato, 2010; Amato & James, 2010; Perrin, Cohen, & Caren, 2013).

To address the above mentioned methodological issues, the current study compares the internalizing and externalizing problem behavior of adolescents in Dutch planned lesbian families with those of matched teenagers in Dutch heterosexual-parent families through data gathered from the mothers and their adolescent offspring. Based on the MST, we hypothesized that adolescents in lesbian-parent families would show more problem behavior than their counterparts in heterosexual-parent families. In addition, we examined whether experiences of homophobic stigmatization were associated with problem behavior in the adolescent offspring of lesbian mothers after controlling for adolescent gender, maternal educational background, maternal relationship status, parenting style, and problem behavior measurements when these offspring were 4–8 years old. As our data are drawn from a longitudinal study, it was possible to control for these potential confounding variables at two time intervals—childhood and adolescence. Consistent with previous research, our second hypothesis was

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