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HÉTÉROSEXISME ET LE BIEN-ÊTRE DES ADOLESCENTS DE MÈRES
LESBIENNES

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COMME EXIGENCE PARTIELLE
DU DOCTORAT EN PSYCHOLOGIE

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RÉSUMÉ

Les recherches comparatives entre les familles homoparentales et les familles hétéroparentales ont permis de montrer qu'il n'existe aucune différence statistique entre les enfants de familles homoparentales et hétéroparentales pour l'ensemble des variables développementales examinées. Toutefois plusieurs critiques ont été formulées à l'égard de ce paradigme comparatif qui ne permet pas d'évaluer la contribution de facteurs de risque et de protection propres aux familles homoparentales, comme celle des effets de l'hétérosexisme. La présente thèse s'inscrit donc dans le cadre d'un nouveau paradigme de recherche qui fait suite au large éventail de recherches comparatives (homosexuel vs. hétérosexuel) des 30 dernières années et accorde une place centrale à l'hétérosexisme. S'inspirant du modèle écologique de Bronfenbrenner (1979), la présente thèse avait pour but de modéliser l'association entre l'hétérosexisme vécu et perçu par les mères lesbiennes et par leurs enfants adolescents et le bien-être de ces adolescents. Le deuxième objectif de la thèse consistait à identifier des facteurs susceptibles de protéger les adolescents contre l'effet néfaste de l'hétérosexisme.

Dans le premier article, nous avons développé et validé deux échelles évaluant des expériences uniques aux enfants de mères lesbiennes ou de pères gais. L'échelle d'hétérosexisme perçu (PHS) mesure la perception qu'ont les enfants des attitudes négatives de leurs pairs envers les familles homoparentales. L'échelle de préoccupation avec la divulgation de l'orientation sexuelle du parent (PDPSOS) mesure les préoccupations rapportées par les enfants concernant la divulgation de l'orientation sexuelle de leur parent en milieu scolaire. Soixante-quatre adolescents de mères lesbiennes (29 garçons, 35 filles) ont complété ces échelles. Les deux échelles démontrent une structure factorielle uni-factorielle et une très bonne cohérence interne. Nous avons confirmé la validité de construit des échelles en évaluant leur association avec le bien-être des adolescents. Les niveaux des deux échelles prédisent fortement le bien-être des garçons et partiellement le bien-être des filles. Cet article a été soumis à la revue *Sex Roles*.

Dans le deuxième article, nous avons examiné les liens directs et indirects entre l'hétérosexisme et le bien-être des adolescents de mères lesbiennes dans un échantillon de 50 dyades mères lesbiennes-adolescents. Les résultats indiquent que a) l'expérience d'hétérosexisme de la mère et la perception d'hétérosexisme de l'adolescents sont tous deux négativement associés au bien-être des adolescents, b) la perception de soutien de l'école protège les adolescents de l'association négative entre les expériences d'hétérosexisme et leurs symptômes intériorisés, c) la perception de soutien de l'école, de la mère, et des amis protège les adolescents de l'association négative entre les expériences d'hétérosexisme et leurs symptômes extériorisés et d) la divulgation de l'orientation sexuelle du parent par l'enfant est négativement associée au bien-être de ceux-ci uniquement chez les enfants qui rapportent peu de soutien de la part de leurs amis et de leur école. Cet article a été soumis à la revue *American Journal of Orthopsychiatry*.

La conclusion générale de la thèse résume les principaux résultats des articles, Elle souligne notamment la contribution et les limites de l'étude et propose des pistes de recherche future.

Mots clés : Homoparentalité, mères lesbiennes, adolescents, hétérosexisme, homophobie, victimisation, discrimination, divulgation, coming-out, facteurs de protection, soutien social, milieu scolaire, bien-être.

INTRODUCTION

Au cours de la dernière décennie, le Canada, et plus particulièrement le Québec, ont été témoins de changements importants relativement aux droits des minorités sexuelles¹ et de la famille en général. En effet, en 2002, l'Assemblée nationale du Québec adopte la loi 84 qui permet l'union civile entre partenaires de même sexe et qui est assortie de nouvelles dispositions entourant la filiation. Au Canada, les couples de même sexe peuvent désormais se marier et, au Québec, les conjoints de même sexe peuvent bénéficier des droits de filiation et d'adoption. Ces avancées ont mis fin à toute forme de discrimination légale envers les minorités sexuelles au Canada. Ainsi, les familles avec parents homosexuels biologiques, adoptifs ou sociaux font désormais partie du paysage familial québécois et canadien, ce qui était impensable il y a de cela à peine quinze ans. Dans ce contexte, la présente thèse vise à examiner l'adaptation psychosociale des enfants de mères lesbiennes en fonction de la variabilité des contextes sociaux entourant les familles homoparentales.

Ancrage théorique et empirique

Les premières études sur les familles ayant au moins un parent homosexuel ont été réalisées aux États-Unis dans les années 1980 dans un contexte psycho-légal où l'on cherchait à déterminer si les mères ayant eu des enfants au sein d'un couple hétérosexuel et ayant ensuite déclaré une orientation sexuelle lesbienne (coming out) devaient ou non obtenir la garde de leurs enfants (Bailey, Bobrow, Wolfe & Mikach, 1995 ; Fitzgerald, 1999 ; Hoeffler, 1981 ; Patterson, 2000). Selon les préjugés envers les familles homoparentales, ces enfants présenteraient davantage de troubles d'identité sexuelle, de troubles émotionnels et de problèmes sociaux avec leurs pairs que les enfants de parents hétérosexuels (Bailey et al., 1995 ; Falk, 1994; Patterson, 2000). Par exemple, on craignait que l'absence d'un père, combinée à la présence d'une mère présumée moins féminine et maternelle, engendre de la confusion chez leurs jeunes enfants par rapport à l'identité sexuelle, au rôle de genre (e.g., les filles devenant *tomboy* et les garçons efféminés) et à l'orientation sexuelle à l'âge adulte. Selon d'autres préjugés, les enfants de parents gais et lesbiens vivraient plus de rejet et de

¹ « Minorités sexuelles » est un terme parapluie qui désigne des individus qui s'identifient comme lesbienne, gai, bisexuel, bispirituel, transsexuel, transgenre, intersexuel, queer (LGBTTTIQ) ou qui ont des relations sexuelles avec des personnes de même sexe sans se déclarer d'identité spécifique (référence tirée du dépliant de l'Équipe de recherche Homosexualités, Vulnérabilité et Protection).

victimisation, et souffriraient davantage de troubles relationnels avec leurs pairs pour cette raison. Aujourd'hui, le bilan de près de trente ans de recherches empiriques sur la question aux États-unis, en Grande-Bretagne et en Belgique indique que les enfants élevés par des parents homosexuels ne diffèrent pas de leurs pairs élevés dans des familles hétéroparentales en ce qui a trait à leur développement psychosexuel, social, émotionnel et même cognitif (voir Vyncke, Julien, Ryan, Jodoin et Jouvin, 2008, pour une recension des écrits. Voir aussi Dubé et Julien, 2000; Tasker, 2005; Vecho et Schneider, 2005).

Les recherches comparatives entre les familles homoparentales et les familles hétéroparentales ont permis de montrer qu'il n'existe pas de différence statistique entre les enfants de familles homoparentales et hétéroparentales pour l'ensemble des variables examinées. Toutefois plusieurs critiques ont été formulées à l'égard de ce paradigme comparatif qui ne permet pas d'évaluer la contribution de facteurs de risque et de protection propres aux familles homoparentales, comme celle des effets de l'hétérosexisme. La présente thèse s'inscrit donc dans le cadre d'un nouveau paradigme de recherche qui fait suite au large éventail de recherches comparatives (homosexuel vs. hétérosexuel) des 30 dernières années et accorde une place centrale à l'hétérosexisme. Le terme hétérosexisme est utilisé pour décrire tout système idéologique qui dénie, dénigre et stigmatise toute forme non hétérosexuelle de comportement, d'identité, de relation ou de communauté (Herek, 1991). Il se présente dans les différents environnements fréquentés par les personnes gaies et lesbiennes et leurs enfants, soit dans leurs familles d'origine, leur milieu de travail, et les institutions scolaires et de santé qu'ils fréquentent. L'hétérosexisme se manifeste par des réactions d'ignorance, d'incompréhension, d'intolérance ou de haine (Commission des droits de la personne et des droits de la jeunesse, 2007). Si la plupart des enfants de familles homoparentales ne partagent pas le statut de minorité sexuelle de leurs parents, ils ont à intégrer leur vie privée et publique dans des milieux qui ne sont pas toujours ouverts à l'homosexualité. Ces enfants ne sont pas stigmatisés pour leur propre appartenance à un groupe minoritaire, mais plutôt pour leur association à ce groupe minoritaire par un processus de « stigma associatif » (Goffman, 1963 ; King, 2001; King & Black, 1999a).

Pourtant, bien que la question soit présente dans les grands débats publics sur l'homoparentalité, peu d'études ont examiné empiriquement les expériences de victimisation

et de discrimination vécues par les enfants de mères lesbiennes. Des études menées en Angleterre, en Belgique et aux États-Unis montrent que les enfants de mères lesbiennes ne sont pas plus nombreux que les autres à rapporter des incidents de victimisation (toutes raisons confondues) par les pairs (e.g., Rivers, Poteat, & Noret, 2008; Tasker & Golombok, 1995; 1997; Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2002; Wainright & Patterson, 2006). Cependant plusieurs études montrent aussi que la perception et l'expérience d'hétérosexisme sont négativement associées au bien-être des enfants et adolescents de mères lesbiennes (Bos et al., 2008a; Bos, Gartrell, Van Balen, Peyser, & Sandfort, 2008b; Bos & Van Balen, 2008; Gartrell et al., 2005; Gershon et al., 1999).

De plus, à l'instar de leurs parents, les enfants de familles homoparentales doivent évaluer la pertinence de dévoiler l'orientation sexuelle de leurs mères ou pères ainsi que les risques qu'entraînent ces déclarations dans des environnements et à des individus qui peuvent témoigner de l'hétérosexisme. Les recherches dans le domaine suggèrent d'ailleurs que la divulgation par l'enfant de l'orientation sexuelle de ses parents est une source importante d'anxiété chez certains enfants de parents de minorité sexuelle (Bozett, 1987, Ray & Gregory, 2001), ces enfants craignant l'ostracisme et l'exclusion du groupe de pairs (Pennington, 1987). Des études plus récentes suggèrent d'ailleurs qu'une proportion importante de ces enfants choisissent de ne pas divulguer l'orientation sexuelle de leur mère en milieu scolaire (Gartrell, & al., 2005; Tasker & Golombok, 1995, Vanfraussen et al., 2002). La divulgation de l'orientation sexuelle des parents représente donc encore un défi, source d'appréhension et de malaise pour certains enfants. Ces études montrent donc que les enfants perçoivent des attitudes négatives dans leur environnement social en lien avec leur marginalité familiale, qu'ils sont parfois victimisés en raison de l'homosexualité de leurs parents, et que ces expériences sont négativement liées à leur bien-être.

Cette étude s'est penchée plus particulièrement sur l'expériences des adolescents de mères lesbiennes. L'adolescence constitue une période de transition majeure dans le développement de la sexualité et de l'identité au cours de laquelle le besoin de validation par les pairs acquiert une importance accrue (Harris, 1995). Elle constitue aussi une période pendant laquelle l'influence des valeurs de la société se fait de plus en plus sentir relativement aux valeurs familiales. Il importe donc de mieux connaître les conditions susceptibles

d'exacerber les effets négatifs du rejet des pairs, en lien avec l'homosexualité des parents chez les adolescents de mères lesbiennes.

Nous nous sommes inspirés du modèle écologique de Bronfenbrenner (1988) pour modéliser l'influence des différents contextes sociaux entourant les enfants de mères lesbiennes sur le bien-être de ces enfants. Ce modèle stipule que le développement d'un individu résulte de l'interaction entre, d'une part, les effets proximaux et distaux entourant l'individu, et, d'autre part, les caractéristiques (biologiques, psychologiques, etc.) de l'individu. Il propose une hiérarchie de systèmes comprenant quatre niveaux d'influence environnementale. Le premier niveau, ou « microsystème », inclut les milieux fréquentés directement par l'individu (e.g., famille, école, groupe de pairs). La victimisation en milieu scolaire pourrait par exemple avoir un impact sur le bien-être des enfants. Le second système, ou « mésosystème », comprend les interactions entre les milieux fréquentés par l'individu. Ainsi, l'interaction entre le milieu familial et le milieu scolaire d'un enfant pourrait avoir un impact sur le bien-être des enfants. Le troisième niveau, ou « exosystème », inclut les interactions entre différents environnements, dont au moins un ne contient pas l'individu. Il s'agit, par exemple, de l'effet qu'aura sur l'enfant l'interaction entre la famille et le milieu de travail de la mère. Enfin, le « macrosystème » regroupe l'ensemble des valeurs d'une société ou d'une culture donnée et dicte le climat et les croyances des environnements que l'individu fréquente.

Le modèle de Bronfenbrenner est particulièrement utile pour comprendre l'impact de l'hétérosexisme sur le bien-être des enfants dans ces familles car il permet de conceptualiser la présence de l'hétérosexisme dans toutes les sphères d'influence entourant les enfants et leurs mères (voir figure 1). Ainsi, l'hétérosexisme agit au niveau du macrosystème sous la forme de préjugés et de biais sociaux et culturels à l'égard de personnes de minorités sexuelles. Dans sa forme active, l'hétérosexisme macrosystémique mène à la création ou au maintien de lois et de pratiques discriminatoires envers les individus de minorités sexuelles. Dans sa forme passive, il se manifeste plutôt dans la présomption d'hétérosexualité exprimée dans le discours, les normes et les pratiques sociales (APA Ethics Code, 2000). L'hétérosexisme se présente aussi dans toutes les institutions et dans tous les milieux directement fréquentés par les enfants de mères lesbiennes, à savoir dans les hôpitaux, les services sociaux et dans leur milieu scolaire,

dans leurs relations avec leurs pairs et dans leurs familles d'origine (pour une analyse détaillée de leurs manifestations, voir Commission des droits de la personne et des droits de la jeunesse, 2007), ainsi que dans l'interaction entre ces systèmes (micro-, méso- et exosystèmes).

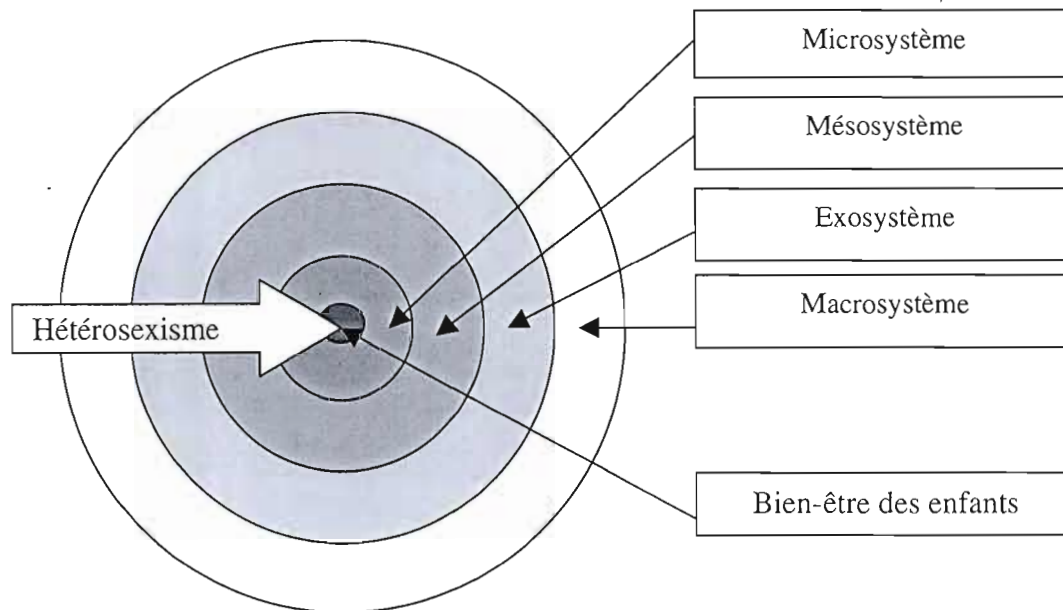


Figure 1: L'impact de l'hétérosexisme systémique sur le bien-être des enfants de mères lesbiennes.

La présente thèse

Cette thèse se penche sur la question du difficile arrimage entre la famille et l'école pour les adolescents de mères lesbiennes. Elle a comme but d'examiner l'association entre l'hétérosexisme dans le milieu scolaire de l'adolescent et son bien-être, ainsi que celle entre l'hétérosexisme présent dans l'environnement de la mère et le bien-être de l'adolescent.

Le premier article de cette thèse décrit le développement et la validation initiale de deux échelles mesurant la perception de l'hétérosexisme et les inquiétudes des adolescents liées au dévoilement de l'orientation sexuelle de leurs mères lesbiennes. Le développement des items de l'instrument sur la perception de l'hétérosexisme est empiriquement basé sur les préjugés communément véhiculés au sujet des mères lesbiennes (Falk, 1989, 1994; Patterson,

1992, 1997). Le développement des items de l'instrument mesurant les inquiétudes liées à la divulgation de l'orientation sexuelle de la mère, quant à lui, a été inspiré par l'étude qualitative de Bozett (1987). Dans cette étude, Bozett (1987) explique que le risque impliqué dans la divulgation de l'orientation sexuelle du parent, ainsi que le confort de l'enfant avec l'orientation sexuelle de son parent dictent, en partie, son choix de stratégie de divulgation, allant de la divulgation complète, à la non-divulgation complète, en passant par la gestion de la divulgation ou de la visibilité partielle. Après avoir évalué la structure factorielle et la cohérence interne de chaque instrument, nous avons évalué la validité de convergence des deux instruments en les mettant en lien avec le bien-être des adolescents. Nous avons ensuite émis l'hypothèse que les niveaux d'hétérosexisme perçus et d'inquiétude liée à la divulgation de l'orientation sexuelle de la mère seraient négativement associés au bien-être des adolescents. Étant donné que les garçons et les hommes sont plus susceptibles d'être victimes d'hétérosexisme comparativement aux filles et aux femmes (Herek, 2002; Morrison, Parriag & Morrison, 1999), nous avons également évalué si les moyennes de ces deux échelles et l'association entre chaque échelle et le bien-être des adolescents différaient selon le sexe de l'adolescent.

Le deuxième article de cette thèse s'inspire du modèle écosystémique de Bronfenbrenner (1988) pour modéliser l'association entre l'hétérosexisme et le bien-être des enfants de mères lesbiennes. Notre modèle stipule que l'hétérosexisme agit à travers toutes les sphères d'influence entourant l'adolescent, et ce aussi bien dans les sphères contenant directement l'adolescent, telles que la famille et le milieu scolaire, que dans les sphères éloignées, sous forme de valeurs sociales et culturelles à propos de l'homosexualité. Dans cette étude, nous nous sommes penchées sur l'hétérosexisme présent dans deux contextes spécifiques impliquant l'adolescent, soit dans sa relation avec sa mère et dans son milieu scolaire. Le premier objectif était d'évaluer le lien entre l'hétérosexisme et le bien-être des adolescents. Nous avons émis l'hypothèse que l'expérience (victimisation, harcèlement, discrimination) et la perception d'hétérosexisme (perception des valeurs et idéologies hétérosexistes des individus, des cultures ou des institutions) de la mère, ainsi que l'expérience et la perception d'hétérosexisme de l'adolescent, seraient négativement associées au bien-être de l'adolescent. Le deuxième objectif était d'identifier des variables susceptibles de protéger les adolescents de l'association négative entre l'hétérosexisme et le bien-être. Nous nous

sommes attardés plus particulièrement à l'effet modérateur du soutien de la mère, des amis et de l'école et à celui de la divulgation de l'orientation sexuelle de la mère par l'adolescent sur les liens négatifs entre l'hétérosexisme vécu et perçu par les adolescents et leur bien-être.

Cette thèse comprend les deux articles présentés plus haut, ainsi qu'une conclusion générale, largement centrée sur le développement des recherches futures. Enfin, notons que les annexes placées à la fin de cette thèse présentent des publications produites au cours de ce cheminement doctoral.

CHAPITRE 1

ARTICLE 1

Running head: PERCEIVED HETEROSEXISM

Development and Initial Validation of the Perceived Heterosexism Scale and the
Preoccupation with Disclosure of Parents' Sexual Orientation Scale

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Abstract

We developed and validated scales that capture experiences unique to children raised by gay or lesbian parents. The Perceived Heterosexism Scale (PHS) measures children's perception of their peers' heterosexist biases towards gay- or lesbian-headed families, and the Preoccupation with Disclosure of Parents' Sexual Orientation Scale (PDPSOS) measures children's preoccupation with disclosure of parents' sexual orientation in a peer setting. Sixty-four adolescents of lesbian mothers (29 boys, 35 girls) completed the scales. Findings showed that the scales displayed a clear one-factor solution and good internal consistency. We confirmed the scales' construct validity by examining their association with adolescents' well-being. Both of the scales' construct validity was strongly confirmed for boys and partially for girls. Further work is needed to assess the experiences that children of gay or lesbian parents have relative to heterosexism, and to explore factors likely to account for differences between boys and girls.

Nous avons développé et validé deux échelles évaluant des expériences uniques aux enfants de mères lesbiennes ou de pères gais. L'échelle d'hétérosexisme perçu (PHS) mesure la perception qu'ont les enfants des attitudes négatives de leurs pairs envers les familles homoparentales. L'échelle de préoccupation avec la divulgation de l'orientation sexuelle du parent (PDPSOS) mesure les préoccupations rapportées par les enfants concernant la divulgation de l'orientation sexuelle de leur parent en milieu scolaire. Soixante-quatre adolescents de mères lesbiennes (29 garçons, 35 filles) ont complété ces échelles. Les deux échelles démontrent une structure factorielle uni-factorielle et une très bonne cohérence interne. Nous avons confirmé la validité de construit des échelles en évaluant leur association avec le bien-être des adolescents. Les niveaux des deux échelles prédisent fortement le bien-être des garçons et partiellement le bien-être des filles.

Development and Initial Validation of the Perceived Heterosexism Scale
and the Preoccupation with Disclosure of Parents' Sexual Orientation Scale

Empirical research conducted over the past 30 years in several countries has shown that children of gay and lesbian parents do not differ from children raised by heterosexual parents in terms of sexual, emotional, social and cognitive development (see Vyncke et al., 2008, for a review). Until recently, studies on homosexuality and the family have focused almost exclusively on differences between children raised by lesbian parents and children raised by heterosexual parents. Less attention has been paid to experiences unique to gay- or lesbian-headed families and the risk and protection factors likely to account for the variability in adjustment in this population. In particular, more research is needed on the prevalence, particularities, and impact of heterosexism experienced by children because of their parents' sexual orientation. Heterosexism is the ideological system that denies, denigrates, and stigmatizes any non-heterosexual forms of behaviour, identity, relationship or community (Herek, 1991). Like their parents, children raised by gay or lesbian parents must manage the ways in which their private and public lives interact in environments that are not always accepting of homosexuality. The development of a research paradigm that focuses on these experiences creates a need for scales that can account for new constructs, such as children's experiences with heterosexism.

The objective of this study was to introduce two scales related to children's experiences with heterosexism and to examine their factorial structure, reliability and validity. The first scale measures children's perception of their peers' heterosexist biases towards gay- and lesbian-headed families, and the second evaluates children's preoccupation with the disclosure of their parents' sexual orientation to their peers. Because same-sex male couples are less likely to live with their child than same-sex female couples (Statistics Canada, 2002) and are therefore more difficult to recruit, we developed and validated this scale for use with children of lesbian mothers initially, although the items in both scales can be easily adapted for use with children of gay fathers.

We developed both scales for use with adolescent children of lesbian mothers in a peer setting. Researchers have noted the paucity of knowledge on adolescents of gay and lesbian parents (Wainright & Patterson, 2006) and have argued that adolescents may have

more difficulty dealing with their parents' sexual minority² status than younger children (Baptiste, 1987; Huggins, 1989). Heterosexism against sexual minority youth and heterosexist language occur regularly within the school setting (D'Augelli, Pilkington & Hershberger, 2002; GRIS, 2005; Otis, Ryan, & Chouinard, 1999). Whereas parents can shelter their younger children from heterosexism by controlling their social environment, this becomes harder as children become independent adolescents (Baumrind, 1995) in middle school and high school.

Perceived Heterosexism

Experiences of heterosexism have a negative impact on the well-being of sexual minority individuals (e.g., Mays & Cochran, 2001; Meyer, 2003). Yet few studies have examined the rates and impact of heterosexist experiences as reported by children of sexual minority parents. The former rarely share their parents' minority status (Patterson, 1997), but they can be stigmatized on the basis of their association with their parents (e.g., King, 2001). Only a handful of studies have attempted to examine whether rates of victimization and discrimination are higher for children of lesbian mothers than for children of heterosexual mothers. In general, children raised by two women do not report higher rates of direct discrimination and victimization than children raised by a man and a woman (Wainright & Patterson, 2006).

Whereas variable proportions of sexual minority individuals are exposed to direct victimization and discrimination as an active and salient form of heterosexism (e.g., Mays & Cochran, 2001), we assumed that all sexual minority individuals and their children are exposed to some degree of indirect heterosexism. Research suggests that by age 10, children can recognise both direct and indirect forms of discrimination and understand that these actions can be caused by others' beliefs (Spears-Brown & Bigler, 2005). In contrast to direct heterosexism, indirect heterosexism is experienced when the *threat* of discrimination or victimization is present and pervasive in the environment. Children of gay and lesbian parents can learn about society's negative attitudes toward homosexuality by observing victimization or discrimination of sexual minority individuals. Given that parents' sexual orientation is not a

² "Sexual Minority" is an umbrella term referring to people's sexual orientation, including a) self-identified lesbian, gay, bisexual, transsexual, transgender, two-spirit, intersexual, queer (LGBTTTIQ) or b) people having sex with people of the same sex without endorsing a specific identity. Some people use the term "Queer" as a generic term for all non-heterosexual identities.

visible attribute, children may choose not to reveal their parents' sexual orientation in order to be protected from direct forms of heterosexism. However, we assumed that all children, regardless of disclosure, will perceive heterosexism in their social environment.

Two studies have assessed whether perception of heterosexism is associated with children's well-being in lesbian-headed families. In the first, an analysis of interviews with 74 10-year-old children of lesbian mothers revealed that 43% of them experienced "homophobia". This group also displayed more adjustment problems (Gartrell, Deck, Rodas, Peyser, & Banks, 2005). Using a group of 76 adolescent girls of lesbian mothers, Gershon, Tschann, & Jemerin (1999) confirmed that perception of stigma related to mother's sexual orientation was negatively associated with girls' self-worth. Gershon's scale of perceived stigma consisted of 10 items describing generic situations applicable to any minority status (e.g., "Most kids would willingly make friends with a person who has a lesbian mother"). However the items in this scale were not grounded in empirical literature on lesbian mothers and their children, and did not take into account the common biases against this population.

The first objective of this study was to develop a content-valid scale of perceived heterosexism for use with children of lesbian mothers and gay fathers, taking into account the common biases against gay- and lesbian-headed families. We developed our items based on Falk's (1989, 1994) observation of the existence of 5 commonly held biased assumptions against lesbian mothers and gay fathers: 1) lesbian and gay parents are unfit parents; 2) children of lesbian and gay parents will have emotional problems; 3) the children of lesbian and gay parents will become gay or lesbian themselves; 4) they will be victimized; and 5) they will be abused by their parents. Furthermore, there is also a common assumption that being raised without a father or mother will lead children to grow up feeling confused about their gender identity (Patterson, 1992, 1997).

A second objective of this study was to examine the factorial structure and the internal consistency of this perceived heterosexism scale. We also evaluated construct validity by examining the scale's convergence with a construct theoretically associated with perception of heterosexism (Anastasi, 1988). Based on previous research findings (Gartrell et al., 2005; Gershon et al., 1999), we expected higher levels of perceived heterosexism to be associated with lower levels of adolescents' internalizing and externalizing symptoms.

Preoccupation with the Disclosure of Parents' Sexual Orientation

Because children of gay and lesbian parents can be victimized and discriminated against due to their association with their parents, they must manage the disclosure of their parents' sexual orientation to their friends and peer group. Like their parents, these children must assess the advantages and risks associated with such disclosures in environments that are sometimes hostile to homosexuality. Therefore, children's preoccupation with the disclosure of parents' sexual orientation is an important variable to consider when examining their experience with heterosexism. In a small-scale study, peers' discovery of the father's sexual orientation, and the potential consequences of this discovery, were a source of concern for children of gay fathers (Bozett, 1987). Furthermore, interviews with children of lesbian mothers revealed that children often feared being ostracized by and isolated from their peers if their mother's sexual orientation was known (Pennington, 1987). They reported becoming anxious, withdrawn, secretive and hyper-vigilant. Some also started shying away from friends and refused to bring friends home. These two studies suggest that children can be preoccupied with disclosure of their parents' sexual orientation and that this preoccupation can affect their well-being. To our knowledge, no scale is available to measure this experience unique to children of gay and lesbian parents.

The third objective of this study was to develop a content-valid scale measuring the intensity of children's preoccupation with disclosure of parents' sexual orientation. Development of the items for this scale was based on Bozett's (1987) observation that children of gay fathers often use "social control strategies" to manage their public image and the interactions between their father(s) and the rest of the world. Some children were comfortable with complete disclosure, whereas others disclosed nothing of their father's sexual orientation. Others navigated between these two options by controlling their *parent's* behaviour (e.g., public displays of affection), *their own* behaviour in relation to their parent (refusing to be seen in public with their parents, distancing, etc.) or by controlling *others'* relation to their parent (e.g., by not inviting friends home). In this study, we developed items that evaluated the extent to which children felt comfortable and identified with different types of disclosure strategies in a peer setting.

A fourth objective of the study was to examine the factorial structure, internal consistency and construct validity of this new scale. Construct validity was examined by

assessing its convergence with adolescents' internalizing and externalizing symptoms, a theoretically related construct.

Because higher levels of peer heterosexism can increase adolescents' worries and preoccupation with disclosure, we also examined the association between levels of perceived heterosexism and levels of preoccupation with disclosure of maternal sexual orientation. We also evaluated the unique variance in children's well-being accounted for by each scale. Finally, given that the prevalence of heterosexism is higher in men and boys than in women and girls, and higher when directed against men and boys than against women and girls (Herek, 2002; Morrison, Parriag & Morrison, 1999), we assessed gender differences in both scales.

Method

Participants

We conducted *a priori* power analyses to determine the sample size needed to evaluate three main effects and one interaction within a hierarchical regression. These analyses revealed that we needed 55 participants to reach a power of .80 and a moderate effect size of .15 with an alpha level of .05 (Cohen, 1988).

Sixty-four adolescent children of lesbian mothers (29 boys, 35 girls) were recruited across Canada for a project looking at the impact of homophobia on the well-being of adolescent children of lesbian mothers. They were contacted primarily through community organisations for lesbian mothers and word-of-mouth. Participants ranged in age from 12 to 18 ($M = 15.43$, $SD = 1.71$) and were evenly distributed in grades 7 through 12. The majority came from the provinces of Quebec (33%) and Ontario (24%). The remaining 43% came from British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Nova Scotia and New Brunswick. Thirty-eight participants answered the questionnaire in English and 26 completed it in French. Fifty-seven percent lived in a large city or suburb, whereas the rest lived in rural areas, small or medium-sized towns. The vast majority (90%) of respondents were Caucasian, and half of them (52%) lived in households with annual family incomes above \$60,000 CDN. Ninety percent of the teens were born in a heterosexual context before their mothers disclosed a lesbian identity. No differences were found between girls and boys or between English- and French-speaking participants on any of the demographic variables except for age, $t(1, 62) = 2.23$, $p < .05$). French-speaking adolescents were older than English-speaking adolescents, M

= 14.87, $SD = 1.34$ and $M = 15.82$, $SD = 1.85$ for French and English, respectively. This difference may be due to the fact that high school in Quebec (where the great majority of French speakers resided) ends at age 17, whereas high school in every other province ends at age 18. No further differences were found between French- and English-speaking respondents on any of the study variables and none of the demographic variables were significantly associated with the predictor or outcome variables.

Procedure

The present study is part of a larger pan-Canadian project on lesbian-headed families (Julien & Chamberland, SSHRC). Initial contact was made with community organisations, which helped in the development of questionnaires and in the recruitment of families. All mothers were initially sent a letter briefly explaining the study and informing them that a member of the research team would contact them in the near future to answer their questions and find out whether they were interested in participating. Mothers were then asked to explain the study to their children and find out whether they would be interested in participating as well. A telephone appointment was booked with the participating teen, and a consent form and an answer key were sent by mail. Every participant had read the consent form before the telephone appointment and could see the answer choices for every question asked during the tele-administration of the questionnaire. At the time of the appointment, teens were called and asked to make sure that they had some privacy during the call. The researcher then went over every point on the consent form with the participant and upon verbal agreement, proceeded with the structured questionnaire. In two cases, teens refused to complete the survey by phone, but agreed to complete it by mail. Both surveys were completed and returned. At the end of the call, participants were asked to make sure that they returned the signed consent form to the researcher. Each participant received a \$20 gift certificate as thanks for their participation in the study.

Measures

Perceived Heterosexism Scale (PHS). Six items were created to represent each of the assumptions outlined by Patterson (1992, 1997) and Falk (1989, 1994) and two items were created to represent more general negative attitudes towards lesbian families (see Appendix 1 for a copy of the PHS). Items were developed in English, then translated into French by a native French-speaker, and back-translated into English. Both the French and English versions

of the items were used in the validation of this scale. Participants were asked to indicate, on a 4-point Likert-type scale, whether *most students* in their school would (a) strongly disagree, (b) disagree, (c) agree, or (d) strongly agree with each of the assumptions listed. The interviewer read every opinion (assumptions 1 through 8) and reminded the participant about the answer choices for every assumption. The instructions given for the PHS were the following:

In this question, we want to find out what *most kids* in your school think about lesbian mothers and their families. Please tell us how much *most kids* in your school would disagree or agree with each of the opinions I will read to you. Please remember that we want to know what other kids in your school think, and not what *you* think about these opinions. Finally, you may never have heard anyone say one or more of the opinions below. If that's the case, we'll ask you to just give us your best guess based on what you know about them.

The scores for item 2 ("Lesbian mothers are as good as heterosexual mothers") were reversed for the analyses. An average score was calculated for each teen by summing all the item scores and dividing by the total number of items. Mean scores were normally distributed.

Preoccupation with Disclosure of Parent's Sexual Orientation Scale (PDPSOS). Nine items were created to represent adolescents' preoccupation or lack of preoccupation with the disclosure of their mother's sexual orientation (see Appendix 2 for a copy of the PDPSOS). Items were developed in English, then translated into French by a native French-speaker, and back-translated into English. Both the French and English versions of the items were used in the validation of this scale. Participants were asked to indicate, on a 4-point Likert-type scale, whether each item on the scale was (a) very much like me, (b) somewhat like me, (c) not really like me, or (d) not at all like me. The interviewer read every item and reminded the participant about the answer choices. The instructions given for the PDPSOS were the following:

For this next question, I'd like to find out more about some of the ways you may feel or the things you may do because you are being raised by a lesbian mother (mothers). Please tell me how much like you each of the items I'm going to read you is. It can be very much like you, somewhat like you, not really like you or not at all like you.

The scores for items 3 (“I don’t mind answering people’s questions about my mother”), 5 (“I think there are a lot of good things about being raised in a family like mine”) and 9 (“At school, people know about my mother and it’s not a big deal”) were reversed for the analyses. Item 7 (“I tell people at school that my mother’s partner/girlfriend is a friend or a family member”) was excluded from the final version of the scale because this item only applied to adolescents whose mother was in a relationship with a woman at the time. Thirteen mothers did not return their questionnaire so their relationship status was unknown, and an additional 8 mothers were not in a relationship at the time, which would have reduced our sample by a third. An average score was calculated for each teen by summing the scores of the remaining items and dividing by the total number of items. Mean scores were normally distributed.

Adolescent wellbeing. We used the Youth Self-Report (YSR; Achenbach, 1991) to measure adolescents’ well-being. The YSR is a self-report version of the Child Behavior Checklist (CBCL) that can be used with children ranging in age from 11 to 18 years. For French-speaking adolescents, we used a validated French-Canadian version of the YSR (Wyss, Voelker, Cornock, & Hakim-Larson, 2003). The YSR consists of 112 items that describe adolescents’ behavioural, emotional and social functioning (e.g., “I worry a lot”, “I hurt other people”, “I have headaches”). Respondents rate each item as (a) not true, (b) somewhat or sometimes true, or (c) very true or often true. The items from each subscale are summed. The YSR shows good internal consistency (subscale $\alpha = .71$ to $.84$ and overall $\alpha = .95$). The criterion validity of the YSR was demonstrated by its ability to significantly discriminate between referred and non-referred children. The YSR’s construct validity has also been evaluated by correlating the various scales to DSM diagnoses, the Connors Scales, and the Behavior Assessment System for Children Scales (BASC). One-week test-retest reliability of the YSR scales varies between $r = .67$ and $.91$. In this study, only the internalizing and externalizing symptoms scales of the YSR were used. The internalizing scale consists of items that denote anxiety, withdrawal, depression and psychosomatic symptoms, whereas the externalizing scale consists of items that denote aggressive and rule-breaking behaviour. Scores on the YSR internalizing scale were positively skewed and were therefore square rooted to correct the skewness (Tabachnick & Fidell, 2001). In this study, the internal consistency of both scales was good ($\alpha = .84$ for the internalizing scale and $\alpha = .89$ for the

externalizing scale).

Results

Factorial Structure.

A principal component analysis with varimax rotation was performed on the 8 items of the PHS and the 8 items of the PDPSOS to investigate the underlying structure of the scales and to determine whether the two scales constituted unique constructs. After rotation, the analysis and the scree plot confirmed the existence of 2 orthogonal factors. Every item of the PDPSOS loaded on the first factor whereas every item on the PHS loaded on the second factor. Using a cut-off of .45 (Comrey & Lee, 1992), we found that no item loaded significantly on both scales. The first factor (PDPSOS items) displayed an eigenvalue of 4.69 accounting for 29.31% of the variance, whereas the second factor (PHS items) displayed an eigenvalue of 3.39 accounting for 21.16% of the variance. Table 1 shows the item loadings for each factor.

Insert Table 1 about here

Internal Consistency.

The 8 PHS items showed good internal consistency for both boys and girls, $\alpha = .84$ and $\alpha = .85$ for boys and girls, respectively. All items contributed strongly to the internal consistency and no item was excluded. The 8 PDPSOS items also showed good internal consistency for boys and girls, $\alpha = .84$ and $\alpha = .86$ for boys and girls, respectively. All items contributed strongly to the internal consistency and no additional items were excluded.

Construct Validity

To evaluate the construct validity of the PHS and the PDPSOS, we examined their convergence with adolescents' internalizing and externalizing symptoms. Table 2 presents the means and standard deviations of each variable for boys and girls. Means of the PHS, PDPSOS, internalizing symptoms, and externalizing symptoms did not significantly differ between boys and girls. Table 3 presents the bivariate correlations between the predictors and the outcome variables for the total sample, and separately for boys and girls.

Insert Table 2 and Table 3 about here

We conducted two sets of regressions: the first evaluating the unique contribution of the PHS and the PDPSOS to adolescents' internalizing symptoms and the second to adolescents externalizing symptoms. The relationship between internalizing and externalizing symptoms was controlled for by entering externalizing symptoms as a first step in the regression predicting internalizing symptoms, and vice-versa. The PHS and PDPSOS were entered together in step 2, along with adolescent sex. We then examined whether the associations between, on the one hand, the PHS and the PDPSOS and, on the other hand, adolescents' internalizing and externalizing symptoms, differed significantly for boys and girls. We tested this moderation by entering the interaction between the PHS and adolescent sex and the interaction between the PDPSOS and adolescent sex as third steps in the two regressions. Given the small sample size, each interaction term was entered individually, removing the first interaction term before entering the second (step 3a and 3b).

Unique contribution of the PHS and the PDPSOS to adolescents' internalizing symptoms The R^2 for the first step of the regression was significant, $F(1, 61) = 7.16, p = .01$. Adolescent externalizing problems accounted for 9% of unique variance in internalizing symptoms. The change in R^2 was also significant for the second step, $F(3, 58) = 5.51, p = .00$. The PHS accounted for 12% of unique variance in adolescent internalizing symptoms but the PDPSOS and adolescent sex did not. Adolescent sex did not significantly moderate the relationship between the PHS or the PDPSOS and adolescents' internalizing symptoms.

Unique contribution of the PHS and the PDPSOS to adolescents' externalizing symptoms The R^2 for the first step of the regression was significant, $F(1, 61) = 7.16, p = .01$. Adolescent internalizing problems accounted for 9% of unique variance in externalizing symptoms. The change in R^2 was not significant for the second step of the regression. The PHS, the PDPSOS and adolescent sex did not account for unique variance in externalizing symptoms. However the change in R^2 was significant for the interaction between the PDPSOS and adolescent sex, $F(1,58) = 4.84, p = .03$. The association between the PDPSOS and externalizing symptoms was significantly stronger for boys than for girls.

Insert Table 4 about here

Discussion

This study was the first to develop and conduct initial validation of two scales designed for use with adolescent children of gay and lesbian parents, a population long under-represented in research (Allen & Demo, 1995). The new scales reflect experiences unique to these adolescents and provide tools that capture the variability of adolescents' outcomes in these families. To this end, the Perception of Heterosexism Scale measures adolescents' perception of their peers' negative biases towards lesbian mothers and their families. The Preoccupation with Disclosure of Parents' Sexual Orientation Scale measures adolescents' level of preoccupation and worry concerning the disclosure of their family structure in environments that are not always open to, or tolerant of, homosexuality. These concerns and worries have been discussed by a number of authors and researchers (e.g., Bozett, 1987; Pennington, 1987), but no scale had been developed to capture this phenomenon.

Psychometric Properties and Baserates

In order to increase our scales' content validity, we based the development of a number of items on available literature on gay- and lesbian-headed families. Furthermore, the content of the questionnaire was developed with community organisations targeted at lesbian mothers. These steps ensured that the scales would measure concepts that were recognised by the community in a way that reflected their experiences. Overall, the psychometric properties of both scales were sound. They both demonstrated clear one-factor structures and very good internal consistencies. The bivariate correlations demonstrated that the PHS and the PDPSOS were weakly correlated ($r = .24$, $p < .10$) however the clear 2-factor solution found in the factor analysis confirms the independence of these constructs.

Our findings also captured good variability in adolescents' perception of heterosexism and in their preoccupations about disclosure. Homosexuality has become more tolerated and accepted in the past 20 years in Canada, but children still perceive varying levels of heterosexism from their peers, and they express varying degrees of worry about disclosing their mothers' sexual orientation. It should be noted that this study was completed in the summer of 2006, barely a year after the legalization of same-sex marriage in Canada. It would be interesting to examine whether legal recognition of gay and lesbian individuals and families has had any repercussions on their children's experience with heterosexism since 2005.

Contrary to expectations, we did not find differences between boys and girls on mean

level of the PHS. Because boys tend to socialize more with other boys and because boys are more likely to display heterosexism, we expected that boys in our sample would report higher levels of perceived heterosexism. The fact that participants reported on peers' heterosexist attitudes, regardless of peer sex, may explain why our female and male adolescents reported similar levels of peer heterosexism. Future work on this scale could evaluate the effect of peer gender on adolescents' perception of heterosexism, as well as possible interactions between gender of the perceiver and gender of peers. It is possible that adolescents report higher levels of male peers' than female peers' heterosexism, and that boys of lesbian mothers witness more heterosexism from their peers than girls of lesbian mothers.

We expected boys to report higher levels of preoccupation with disclosure of parents' sexual orientation than girls, yet this hypothesis was not confirmed. As most of the PDPSOS items denote anxiety or worry about some aspect of disclosure, it is possible that these findings reflected boys' tendency to under-report anxiety symptoms (e.g., Perrin & Last, 1992). Alternatively, it is also possible that boys do not worry about disclosure more than girls but that similar levels of preoccupation have a differential impact on boys' and girls' well-being.

Construct Validity

We confirmed the scales' construct validity (convergent validity) by examining their association with adolescents' well-being. We expected both scales would account for variance in adolescents' internalizing and externalizing symptoms. The PHS and PDPSOS were particularly effective at accounting for variance in boys' internalizing and externalizing symptoms. For girls, the PHS was associated with internalizing symptoms but there were no significant associations between the PDPSOS and girls' well-being. Thus, there seems to be a general trend for the PDPSOS to account for boys' externalizing symptoms more successfully than girls'. Therefore, as expected, worries about disclosure seem to have a stronger impact on the well-being of boys. This is consistent with the fact that boys and men are more likely to endorse heterosexist attitudes, but also more likely to be the victims of heterosexism, than girls and women (Herek, 2002; Morrison, Parriag & Morrison, 1999). Martino (2000) also argued that "homophobia" is used to police masculinity among high school boys, which may also explain why evaluating experiences of heterosexism is particularly important in explaining the experiences of lesbian mothers' sons. As for girls, future work on these scales

will need to examine whether the PHS, and particularly the PDPSOS, are related to other aspects of girls' well-being. For example, they may be associated with more social variables, such as friendship quality, social support or number of friends.

The association between perceived heterosexism and adolescents' well-being also needs to be further investigated, and the conditions and situations in which heterosexism has an impact on well-being need to be identified. For example, this study confirmed that accounting for gender partly explained why heterosexism has a greater impact on some adolescents' well-being than on others. Quality of parent-child relationship, or levels of parent support, peer support and school support could further qualify the association between heterosexism and children's well-being. In the same way, it is important to identify the conditions in which managing disclosure of parental sexual orientation has more or less of an impact on adolescents' well-being. One possibility is that levels of worry are associated with the extent to which adolescents feel like they have control over the disclosure process. Worries about disclosure could be associated with variables such as the visibility of the mothers' sexual orientation (relationship status, appearance, political/social involvement) or mothers' support and understanding.

Limitations

First, given the cross-sectional nature of this study, we were unable to determine the directionality of results. For example, based on previous studies, we stipulated that perceived heterosexism would have a negative impact on the wellbeing of adolescents. However it is also possible that adolescents who have lower levels of wellbeing perceive more heterosexism or are more anxious about disclosure.

Second, further work is needed to examine both scales' convergent and divergent validity, as well as further indices of reliability (e.g., stability). For example, our sample of adolescents was recruited from across Canada, which means that we were unable to gather direct observations of adolescents' school environments. Objective observations of the level of heterosexism in each participant's school would have allowed a stronger test of the PHS's convergent validity. Qualitative interviews with teens would also have helped target other theoretically relevant variables to increase the convergent validity of the two scales.

Conclusion

As gay- and lesbian-headed families and their children become more common and visible (Tasker, 2005) , and as research in the area of lesbian parenting seems to move away from a homosexual-heterosexual comparison-based paradigm toward a paradigm targeting diversity and explaining variability within these families, the need for population-specific, valid and reliable instruments becomes evident. The development of our scales pointed to significant variability in the experiences of boys and girls of lesbian mothers and opens several new paths of inquiry in this area. Future studies may want to examine the experiences of children living with gay fathers. Given that gay men report higher rates of discrimination and victimization than lesbians (e.g., D'Augelli, Grossman, & Starks, 2006), it would be important to examine whether their children report higher levels of perceived heterosexism or greater worries about disclosing their fathers' sexual orientation. Lastly, given the scales' ability to account for variance in adolescents' well-being, these instruments could also be used as templates for developing similar scales to be used with other at-risk populations, such as children of any minority status and children of multiple minority statuses, such as children of lesbian mothers within ethno-cultural communities.

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Table 1

Factor Loadings for the PDPSOS and the PHS

Items	Factor 1	Factor 2
PDPSOS		
2. I don't want friends to come to my house in case they find out that my mother is a lesbian	.82	
1. I worry that people will find out that my mother is a lesbian	.81	
9. At school, people know about my mother and it's not a big deal	-.73	
3. I don't mind answering people's questions about my mother	-.72	
4. I am careful whom I tell about my mother	.69	
6. When my friends come to my house, I make sure to hide things that are too lesbian or gay	.63	
8. I am sometimes self-conscious about being seen in public with my mother and worry about what people will think	.60	
5. I think there are a lot of good things about being raised in a family like mine	-.48	
PSH		
8. Lesbian families aren't normal		.85
4. Children in lesbian families are more likely to have problems		.79
6. Children in lesbian families are going to be teased and bullied more at school		.76
2. Lesbian mothers are as good as heterosexual (straight) mothers		-.72
3. Children in lesbian families are probably going to grow up gay or lesbian themselves		.68
1. It's better for children to be brought up in a heterosexual family		.59
5. Children in lesbian families don't have a proper male role-model		.49
7. Children in lesbian families are more likely to be abused		.45

Table 2.

Means and Standard Deviations for Perception of Heterosexism, Preoccupation with Disclosure and Well-Being.

	Boys n=29		Girls n=34	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Perception of heterosexism	2.40	.53	2.37	.48
Preoccupation with disclosure	3.03	.63	3.00	.70
Internalizing symptoms	9.50	6.29	10.77	7.04
Externalizing symptoms	14.11	8.04	10.86	7.68

Table 3.

Bivariate Associations Between Study Variables, for the Total Sample, for Boys and for Girls.

	PDPSOS	PHS	Internalizing	Externalizing
PDPSOS	1			
PHS	-.24*	1	Total Sample (n = 64)	
Internalizing	-.29**	.48***	1	
Externalizing	-.14	.35***	.32***	1
PDPSOS	1			
PHS	-.32*	1	Boys (n= 29)	
Internalizing	-.47**	.49***	1	
Externalizing	-.49***	.50***	.61***	1
PDPSOS	1			
PHS	-.18	1	Girls (n = 35)	
Internalizing	-.17	.49***	1	
Externalizing	.11	.20	.16	1

* $p < .10$; ** $p < .05$, *** $p < .01$

Table 4

Hierarchical Regression Analysis Predicting Boys' and Girls' Internalizing and Externalizing Symptoms with the PHS and the PDPSOS

Step and predictor variables	R^2	ΔR^2	β
Internalizing symptoms			
Step 1. Externalizing symptoms	.11**		
Step 2.	.30**	.17**	
PSH			.38**
PDPSOS			-.16
Adolescent sex			-.14
Step 3.			
a. PSH X adolescent sex	.31**	.01	-.09
b. PDPSOS X adolescent sex	.31**	.00	-.06
Externalizing problems			
Step 1. Internalizing symptoms	.11**		
Step 2.	.20**	.09	
PHS			.22
PDPSOS			-.03
Adolescent sex			.22
Step 3.			
a. PSH X adolescent sex	.22**	.02	.15
b. PDPSOS X adolescent sex	.26**	.06*	-.26*

* $p < .05$, ** $p < .01$

Appendix 1

The Perceived Heterosexism Scale

In this question, we want to find out what *most kids* in your school think about lesbian mothers and their families. Please tell us how much *most kids* in your school would disagree or agree with each of the opinions I will read to you. Please remember that we want to know what other kids in your school think, and not what *you* think about these opinions. Finally, you may never have heard anyone say one or more of the opinions below. If that's the case, we'll ask you to just give us your best guess based on what you know about them.

<i>MOST KIDS IN MY SCHOOL WOULD...</i>	Strongly disagree with this	Disagree with this	Agree with this	Strongly agree with this
1. It's better for children to be brought up in a heterosexual family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Lesbian mothers are as good as heterosexual (straight) mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children in lesbian families are probably going to grow up gay or lesbian themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Children in lesbian families are more likely to have problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Children in lesbian families don't have a proper male role-model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Children in lesbian families are going to be teased and bullied more at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Children in lesbian families are more likely to be abused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Lesbian families aren't normal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 2

The Preoccupation with Disclosure of Parents' Sexual Orientation Scale

For this next question, I'd like to find out more about some of the ways you may feel or the things you may do because you are being raised by a lesbian mother (mothers). Please tell me how much like you each of the items I'm going to read you is. It can be very much like you, somewhat like you, not really like you or not at all like you.

	Very much like me	Somewha t like me	Not really like me	Not at all like me
1. I worry that people will find out that my mother is a lesbian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I don't want friends to come to my house in case they find out that my mother is a lesbian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't mind answering people's questions about my mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am careful whom I tell about my mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I think there are a lot of good things about being raised in a family like mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When my friends come to my house, I make sure to hide things that are too lesbian or gay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I tell people at school that my mom's partner/girlfriend is a friend or a family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am sometimes self-conscious about being seen in public with my mother and worry about what people will think	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. At school, people know about my mother and it's not a big deal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPITRE 2

ARTICLE 2

Running head: HETEROSEXISM AND ADOLESCENTS' WELLBEING

Heterosexism and the Wellbeing of Lesbian Mothers' Adolescent Children

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Abstract

This study examined the direct and indirect associations between heterosexism and the wellbeing of adolescents in a sample of 50 lesbian mothers-adolescent dyads in Canada. Participants completed questionnaires on experienced and perceived heterosexism, perceived social support, coming out and wellbeing. Results indicated that a) mothers' experienced heterosexism and adolescents' perceived and experienced heterosexism were negatively associated with adolescent wellbeing, b) perceived school support buffered the negative association between adolescent experienced heterosexism and internalizing symptoms, c) perceived support from mother, friends, and school buffered the negative association between adolescent experienced heterosexism and externalizing symptoms and d) coming-out to school peers was more negatively associated with adolescent wellbeing for adolescents who reported less perceived social support from friends and school. Congruent with previous research on younger children of lesbian mothers, these findings highlight the role of schools in protecting children of sexual minority individuals.

Dans cette étude, nous avons examiné les liens directs et indirects entre l'hétérosexisme et le bien-être des adolescents de mères lesbiennes dans un échantillon de 50 dyades mères lesbiennes-adolescents. Les résultats indiquent que a) l'expérience d'hétérosexisme de la mère et la perception d'hétérosexisme de l'adolescents sont tous deux négativement associés au bien-être des adolescents, b) la perception de soutien de l'école protège les adolescents de l'association négative entre les expériences d'hétérosexisme et leurs symptômes intériorisés, c) la perception de soutien de l'école, de la mère, et des amis protège les adolescents de l'association négative entre les expériences d'hétérosexisme et leurs symptômes extériorisés et d) la divulgation de l'orientation sexuelle du parent par l'enfant est négativement associée au bien-être de ceux-ci uniquement chez les enfants qui rapportent peu de soutien de la part de leurs amis et de leur école.

Systemic Heterosexism and the Wellbeing of Lesbian Mothers' Adolescent Children

Until recently, research on lesbian-headed families has been mostly driven by comparative research paradigms that aimed to establish whether children raised by gay and lesbian parents differ from children raised by heterosexual parents. A substantial body of research now shows that children's emotional, cognitive, sexual and social development does not differ according to parents' sexual orientation (see Tasker, 2005, for a review). Despite the large-scale dissemination of these research findings and despite the recent advances regarding the rights of sexual minority individuals, gay and lesbian individuals and their children still live in heterosexist environments that can "deny, denigrate, and stigmatize any non-heterosexual forms of behaviour, identity, relationship or community" (Herek, 1991). Heterosexism is a stressor and a risk factor for the health and wellbeing of sexual minority individuals (Meyer, 2003), yet little is known about the impact of heterosexism on the children of sexual minority individuals. As children can be stigmatized for racial, political or religious characteristics of their families (e.g., Quintana & McKown, 2008), children of lesbian mothers can be stigmatized because of their association with homosexuality (Goffman, 1963; King, 2001; King & Black, 1999a) despite the fact that they rarely share their parents' sexual minority status (Tasker, 2005). Moreover, children may be particularly vulnerable to heterosexism because they are dependent on adults to ensure their safety in environments over which they have little control, such as schools.

This study examined the impact of heterosexism on the wellbeing of adolescents raised by lesbian mothers. Recent research has focused on younger children who were born to mothers who identified as lesbians before the birth of their child (e.g., Bos, Van Balen, & Van den Boom, 2007; Golombok et al., 2003), but there is a paucity of research on adolescents of lesbian mothers (e.g., Gershon, Tschann, & Jemerin, 1999; Wainright, Russel, & Patterson., 2004). Given the importance of peers in adolescence and given the role of the peer group in socializing gender norms and in punishing non-conformity through exclusion and victimization (Harris, 1995), we think heterosexism is especially important to consider during this stage of development.

Using a systemic framework inspired by Bronfenbrenner's (1988) ecological systems theory, our model stipulates that heterosexism acts through all levels of systemic influences that interact with adolescent wellbeing (AWB), both in the form of further-removed negative

societal and cultural attitude about homosexuality and in the form of institutional and relational heterosexism present in adolescents' most immediate settings. The first goal of this study was to examine the association between heterosexism and AWB in two settings surrounding the adolescent. We assessed the association between adolescents' perceived and experienced heterosexism in the school setting and AWB and the association between mothers' perceived and experienced heterosexism and AWB. A second goal was to identify factors likely to protect adolescents from the negative impact of heterosexism on AWB. Figure 1 presents the model for this study.

Insert Figure 1 about here

Adolescents' World and Adolescents' Wellbeing

Heterosexism and wellbeing. Young children's direct experience of heterosexism is negatively associated with their wellbeing (Bos et al., 2008a; Bos, Gartrell, Van Balen, Peyser, & Sandfort, 2008b; Bos & Van Balen, 2008). In this study, we expected adolescent experienced heterosexism to also be negatively associated with levels of AWB. However, whether adolescents' experience heterosexism directly or not, their *perception* of heterosexism concerning their family is negatively related with higher levels of internalizing symptoms and self-esteem (Gartrell et al., 2005; Gershon et al., 1999) and with their ability to accept their mothers' sexual orientation (Tasker & Golombok, 1995, 1997). In this study, we anticipated that both experienced and perceived heterosexism would be negatively associated with AWB.

Coming out about mothers' sexual orientation (COMO). Adolescents of lesbian mothers who come out about their mothers' sexual orientation can develop increased intimacy and integrity with peers in the school setting, but they can also expose themselves to victimisation and harassment. In Canada (where this study took place) and elsewhere, researchers have argued that schools are among social institutions with the highest prevalence of heterosexism (e.g., Elia, 1993; Girard et al., 2002). A large majority of sexual minority youth report hearing derogatory remarks about homosexuals in the school setting, and being harassed and victimized because of their sexual orientation (Girard et al., 2002 ; Kosciw, Diaz, & Greytak, 2008). Gay- and lesbian-headed families are also generally ignored and unsupported in the school settings (Ryan & Martin, 2000). Whereas children raised by lesbian

parents are no more likely to be victimized than children raised by heterosexual parents (e.g., Rivers, Poteat, & Noret, 2008; Tasker & Golombok, 1995, 1997; Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2002; Wainright & Patterson, 2006), a number of qualitative studies reported that these children worry that peers' knowledge of their mothers' sexual orientation would lead to harassment and exclusion (e.g., Gartrell, Deck, Rodas, & Peyser, 2005; Ray & Gregory, 2001). For this reason, large proportions of children choose not to come out to school peers (e.g., Gartrell, & al., 2005; Tasker & Golombok, 1995, Vanfraussen et al., 2002). One study has shown no association between young children's COMO and their wellbeing (Bos, Gartrell, Van Balen, Peyser & Sandfort, 2008), yet no study has examined this association among adolescents. Given adolescents' increasing understanding of sexuality and independence from the family, it is possible that levels of COMO and its association with wellbeing may be different in adolescence. In this study, we explored the association between adolescents' COMO and AWB, but because of the double-edge impact of coming out, we did not predict a direction for this association. Consistent

Mothers' coming out in the school setting. Beyond teens' COMO, lesbian mothers' own coming out in their adolescent's school setting may also be associated with AWB because adolescents' control over the coming out process may represent an effective strategy against the risk of victimization (e.g., Bozett, 1987). Mothers who come out in their child's school setting can model acceptance and pride for their children (e.g., Almack, 2007, Bliss & Harris, 1998; Gartrell, Rodas, Deck, Peyser, & Banks, 2006), but coming out could also put children at greater risk of victimization. In this study, we further explored the association between mothers' coming out in her adolescents' school and AWB, but again we did not predict a direction for this association because of the double-edged impact of coming out.

Lesbian Mothers' World and Adolescents' Wellbeing

There is empirical evidence showing that experiences of heterosexism, such as victimisation and discrimination, are negatively associated with sexual minority individuals' mental health (e.g., D'augelli, Pilkington, & Hershberger, 2002; Mays & Cochran, 2001). Therefore, we expected lesbian mothers' experienced heterosexism would be negatively associated with their wellbeing. There is also empirical evidence that lesbian mothers' higher levels of perceived stigma are associated with higher levels of stress in parenting their primary-school-age child, lower levels of perceived competence in parenting skills, greater needs to defend their role as

mothers, and increased concerns that their child would be a victim of heterosexism (Bos, Van Balen, Sandfort, & Van den Boom, 2004; Van Dam, 2004). Therefore, in this study, we predicted that both experienced and perceived heterosexism would be associated with the wellbeing of lesbian mothers.

Research has also shown that lesbian mothers who report higher levels of perceived stigma report higher levels of behaviour problems in their primary-school age children (Bos et al., 2004). Thus, in this study with adolescents of lesbian mothers, we predicted that mothers' experienced and perceived heterosexism would be negatively associated with AWB. Also, because past studies in child development have shown a reliable association between mothers' wellbeing, mothers' capacities to protect their child against stress, and child outcomes (Garber & Martin, 2002; Serbin & Karp, 2004), we predicted a mediation model whereby a) higher levels of experienced and perceived heterosexism by mothers would be associated with lower levels of mother wellbeing, and b) lower levels of mother wellbeing would be associated with lower levels of AWB.

Moderating the Impact of Heterosexism on Adolescents' Wellbeing

The second goal of this study was to identify factors likely to provide protection from the negative association between heterosexism and AWB. We identified three potential sources of protection: support from mother, support from school and support from friends. Empirical evidence suggests that adolescents' perception of their mothers' sensitivity regarding adolescents' difficulties in dealing with their family's minority status in heterosexist settings are positively associated with adolescents' acceptance and comfort with their mothers' sexual orientation. In addition, adolescents' difficulties in coming to terms with their mothers' lesbianism are positively associated with their experience of teasing and these differences appear to be qualitatively stronger when adolescents feel that their mother is not aware of, or sympathetic, to their difficulties (Tasker & Golombok, 1995, 1997). Thus, we expected that adolescents' perception of their mothers' support, particularly in dealing with negative reactions from peers, would buffer the negative impact of experienced and perceived heterosexism on their wellbeing.

At another level, because parents delegate the care of their children to schools during class hours, school inclusiveness of sexual minorities could protect adolescents from the negative impact of experienced and perceived heterosexism on their wellbeing by encouraging

a climate of acceptance and inclusiveness (e.g., Bos et al., 2008). Similarly, because friendship quality and support from friends have been associated with AWB within the general population (Bukowski, Brendgen, & Vitaro, 2007), the negative impact of experienced and perceived heterosexism on AWB may be weakened when adolescents experience high levels of support from friends.

Finally, because coming out about their mothers' sexual orientation in school increases adolescents' vulnerability to victimization, the negative association between adolescents' coming and AWB was expected to be stronger for adolescents who report less perceived social support from mother, friends and school.

Method

Participants

We conducted *a priori* power analyses to determine the sample size needed to evaluate the bivariate associations between the independent variables and adolescents' internalizing and externalizing symptoms. The analyses revealed that to attain of power of .80 with a moderate effect size of .30 (Cohen, 1988) and an alpha level of .05, we needed 64 participants. We conducted another analysis to determine the sample size needed to evaluate the unique contribution of each of our 11 predictors to adolescents' internalizing and externalizing symptoms within a hierarchical regression. These analyses revealed that to attain a power of .80 with ten independent variables, a moderate effect size of .15 (Cohen, 1988) and an alpha level of .05, we would need 55 participants.

Sixty-four Canadian mother-child dyads were initially recruited. Whereas all adolescents completed their participation in the project, 14 mothers did not return their questionnaires. The final sample therefore consisted of 50 mother-child dyads. They came mostly from the provinces of Quebec (33%) Ontario (24%). The remaining 43% came from British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Nova Scotia and New Brunswick. Thirty-nine mother-child dyads were English-speaking and 11 were French-speaking.

Mothers were primarily Caucasian (88%), very educated (56% had university degrees), and half lived in households with annual family incomes above \$60,000 CDN. Sixty percent of mothers were in a same-sex relationship at the time of study, for an average of 7.53 years ($SD = 5.00$). Adolescents ranged in age from 12 to 18 ($M = 15.43$, $SD = 1.80$) and were

evenly distributed in grades 7 through 12. All went to public schools. Most teens (86%) were born in a heterosexual context before their mothers disclosed a lesbian identity.

Mothers' relationship status was associated with their psychological distress. Single mothers reported higher levels of psychological distress than mothers in relationships, $t(48) = -2.2$, $p = .03$. This relationship was controlled in further analyses. No other demographic variable was associated with mother or adolescent wellbeing. Girls and boys and English- and French-speaking participants did not differ on the demographic variables except for age, $t(48) = 2.37$, $p = .02$. English-speaking adolescents were older than French-speaking adolescents ($M = 14.35$, $SD = 1.55$ and $M = 15.73$, $SD = 1.76$ for French and English, respectively). French speakers were in Quebec, where high school ends at age 17 whereas it ends at age 18 in other provinces, which may explain this difference.

Procedure

The present study is part of a larger pan-Canadian project on lesbian-headed families (Julien & Chamberland, SSHRC). Initial contacts were made with community organisations which helped in the development of questionnaires and in the recruitment of families. All mothers were initially sent a letter briefly explaining the study and informing them that a member of the research team would contact them in the near future to answer questions and find out whether they were interested in participating. Mothers were then asked to explain the study to their adolescents and find out whether they would be interested in participating as well. A telephone appointment was booked with the participating teen, and a consent form and an answer key were sent by mail. Every participant had read the consent form before the telephone appointment and could see the answer choices for every question asked during the tele-administration of the questionnaire. At the time of the appointment, teens were called and asked to make sure that they had some privacy during the call. The researcher then went over every point on the consent form with the participant and upon verbal agreement, proceeded with the structured questionnaire. In two cases, teens refused to complete the survey by phone, but agreed to complete it by mail. Both surveys were completed and returned. At the end of the call, participants were asked to make sure that they returned the signed consent form to the researcher. Mothers were sent a paper questionnaire, along with a consent form and a return envelope. They were asked to complete and return the questionnaire by mail. Each participant (mothers and adolescents) received a \$20 gift certificate as thanks for their participation in the

study.

Measures

Adolescents' experienced heterosexism. We measured adolescents' experienced heterosexism with the instrument developed by Girard and her colleagues (2002). Adolescents were asked how often they have been 1) teased, 2) bullied, 3) threatened with violence, or 4) physically hurt, because of their mothers' sexual orientation. Responses were given on a 5-point scale (1 = *Never*, 5 = *Very often*). In the present study, only the "teasing" item was used because no adolescents reported being threatened with violence or physically hurt and only 6 of the 50 participants reported having been bullied (5 reported "rarely" and 1 reported "sometimes"). Because the distribution of the scores was skewed and not statistically correctable, participants were classified into "some teasing" (2-3-4) and "no teasing" (1) groups.

Adolescents' perceived heterosexism. The Perceived Heterosexism Scale (PHS; Vyncke, Julien, Jodoin & Jouvin, submitted for publication) was used to measure adolescents' perception of peer heterosexism. Participants indicated the extent to which their peers would endorse 8 items, each representing a common bias against lesbian-headed families (e.g., children of lesbian mothers will probably turn out to be gay or lesbian themselves), on a 4-point Likert-type scale (1 = *Strongly agree*, 4 = *Strongly disagree*). In this study, the Cronbach alpha was $\alpha = .86$.

Adolescent coming out to school peers. Adolescents reported the extent to which they had disclosed their mothers' lesbianism to school peers using four choices (1 = *I'm sure they know it and we have talked about it*, 2 = *I'm sure they know but we have never talked about it*, 3 = *They probably know or have suspicions*, 4 = *They don't know and don't suspect*) (D'Augelli, 1991). Scores were reversed so that a higher score would indicate a higher level of disclosure. Adolescents' scores were negatively skewed and were not statistically correctable. Scores were dichotomized into "no coming out" (4) and "some coming out" (1, 2, and 3).

Adolescents' perceived support from mother and friend. Adolescents' perceived social support from mother and friends was a validated 7-item shortened version PSS-Fa and of the PSS-Fr (Rice & Longabaugh, 1996). The PSS was designed to measure the extent to which an individual perceives that his needs for support, information, and feedback are fulfilled by friends (PSS-Fr) and by family (PSS-Fam) (Procidano & Heller, 1983; Sarason, Livine,

Basham, & Sarason, 1983) using a 5-point scale (1 = *Strongly agree*, 5 = *Strongly disagree*). In this study, the “Family” version of the scale was modified to measure perceived social support from the biological mother instead of family members in general. The Cronbach alpha for the PSS-Mother was $\alpha = .74$ and $\alpha = .86$ for the PSS-Fr. Means for the PSS-Mother were positively skewed but not statistically correctable. The variable was therefore dichotomized using a median split into less support from mother (< 4.43) and more support from mother (> 4.43).

Adolescent perceived school support of sexual minorities. We asked participants to report whether or not: 1) their school had a club or association for gay, lesbian, bisexual or questioning youth, 2) their school library had books on gay or lesbian topics or on gay/lesbian families, 3) their school had GLB-inclusive sex education, 4) some teachers made a point of mentioning if historical, political or literary figures were gay or lesbian and 5) official school documents did not assumed that parents were heterosexual. The perceived school support score was the sum of “yes” for the 5 items.

Mothers’ coming out in her adolescent’s school. Mothers were asked to indicate the extent to which 1) their child’s teacher and 2) their child’s friends were aware of their sexual orientation. We used the same answer choices as in the adolescent measure of coming out. Because mothers’ coming out to her child’s friends and to her child’s teachers were highly correlated ($r = .76$), a composite score was calculated to merge the two variable.

Adolescent wellbeing. AWB was measured using the Youth Self Report (YSR), a measure completed by youth to describe their functioning in a number of areas (behavioural, emotional and social problems) (Achenbach, 1991). Respondents rate the occurrence of each problem item on a 3-point Likert-type scale (0 = *Not true*, 2 = *Very true or often true*). We also used a validated French-Canadian version of the YSR (Wyss, Voelker, Cornock, & Hakim-Larson, 2003). In this study, we used the internalizing and externalizing symptoms subscales of the YSR. Both showed good internal consistency ($\alpha = .85$ and $\alpha = .89$ for internalizing and externalizing, respectively). The distribution of the internalizing scale was positively skewed. We corrected the asymmetry by computing the square root of each participant’s mean.

Mothers’ perceived heterosexism. The Modern Homonegativity Scale (MHS; Morrison & Morrison, 2002) was used to measure mothers’ perception of heterosexism. In

this study, mothers indicated the extent to which they perceived that people *in their community* endorsed each of 13 negative attitudes toward homosexuality (e.g., the media devote too much attention to the topic of homosexuality) on a 5-point scale (1 = *Strongly disagree*, 5 = *Strongly agree*). In this study, the Cronbach alpha was $\alpha = .93$.

Mothers' experienced heterosexism. We used Mays & Cochran's (2001) measure of day-to-day discrimination to measure mothers' experienced heterosexism. Mothers indicated how frequently they experienced each of nine types of day-to-day discrimination (e. g., you are treated with less courtesy than other people because of your sexual orientation) because of their sexual orientation on a 5-point Likert-type scale (1 = *Never*, 5 = *Often*) (Mays & Cochran, 2001). In this study, the Cronbach alpha was $\alpha = .91$.

Mothers' wellbeing. The PDMS (Massé et al., 1998a) was used to measure mothers' manifestations of various cognitive, physical, behavioural and emotional forms of distress. The scale is made up of 23 items (e.g., I belittled myself, I put myself down) to which participants respond on a 5-point scale (1 = *Never*, 5 = *Always*). In this study, the Cronbach alpha was $\alpha = .95$. Because the distribution of the scores was positively skewed, we corrected the asymmetry by computing the square root of each participant's mean.

Results

Analytical Strategy

The analyses proceeded in four steps. First, bivariate associations between each system variable and AWB (internalizing and externalizing symptoms) were examined. Because the sample was small and we were unable to retain the 64 participants needed to reach a power of .80, an alpha level of .10 was used to test all directional hypotheses.

Second, the mediation models were tested according to the conditions outlined by Baron and Kenny (1986). We examined a) whether experienced and perceived heterosexism accounted for variance in mothers' well-being, b) whether mothers' well-being accounted for variance in AWB and c) whether accounting for these two relationships significantly diminished or erased an existing direct relationship between mothers experienced and AWB, or between mothers' perceived heterosexism and AWB.

Third, two hierarchical regression models explored which variables accounted for unique variance in AWB, the first accounting for variance in adolescents' internalizing symptoms and the second accounting for variance in adolescent's externalizing symptoms. For

each model, the relationship between internalizing and externalizing symptoms was controlled for in the first step. In the second step of the regressions, systemic variables that demonstrated a significant relationship with outcome measures were entered. In the third step, we entered the interaction terms to test the moderation of perceived social support. We first tested whether perceived social support from mothers, friends or school moderated the relationship between experienced and perceived heterosexism and internalizing or externalizing symptoms. Because only adolescents whose peers are aware of their mothers' sexual orientation can be victimized for this reason, the analyses on experienced heterosexism were conducted only on participants who had reported at least some level of disclosure about their mothers' sexual orientation to school peers.

Finally, we tested whether perceived social support from mother, friends, and school moderated the association between adolescent coming out and adolescent internalizing and externalizing symptoms. Given the small sample size, each interaction term was entered individually, removing the previous interaction term before entering the next. The order was: the interaction terms for perceived mother, school and perceived friend support X experienced heterosexism (step 3a, 3b and 3c), perceived mother, school and friend support X perceived heterosexism (step 3d, 3e and 3f), and perceived mother, school and friend support x coming out (step 3g, 3h and 3i). Variables that did not contribute significantly to the model were removed, starting with the ones that showed the weakest relationship with the outcome measures.

Findings

Table 1 presents the means, standard deviations and proportions for the study variables. Separate *t*-tests examined whether the base rates of each variable were different for boys and girls. Girls reported significantly higher levels of support from friends than boys, $t(48) = 2.62, p = .01$. Also, mothers of girls reported significantly higher levels of perceived heterosexism than mothers of boys, $t(48) = 2.87, p = .01$. No other base rate differences were found between boys and girls.

Insert Table 1

Bivariate associations between study variables. Table 2 presents the associations between the predictor and outcome variables, as well as the associations among the systemic variables. First, as expected, higher levels of adolescent perceived heterosexism and higher levels of mothers' experienced heterosexism were significantly associated with higher levels of adolescent internalizing symptoms. Second, higher levels of adolescents' experienced heterosexism, and perceived heterosexism and lower levels of perceived support from school were associated with higher levels of adolescents' externalizing symptoms. Contrary to expectation, however, perceived mother and friend support and adolescent and mother coming out were not associated with adolescents' internalizing or externalizing symptoms. Similarly, mothers' perceived and experienced heterosexism were not associated with their own wellbeing.

Insert Table 2 about here

Mediation of mother's wellbeing. The associations between mothers' experienced heterosexism and mothers' wellbeing or between mothers' perceived heterosexism and adolescents' internalizing and externalizing symptoms were not significant; therefore condition a) of the test for mediation was not met. In addition, condition b) of the test for mediation was not met because mothers' wellbeing was not associated with AWB. As a result, the mediating effects of mothers' wellbeing on the relationship between experienced heterosexism and AWB, and on the relationship between perceived heterosexism and AWB were not tested (Baron & Kenny, 1986). Given the size of the association between mother's perceived heterosexism and adolescents' internalizing and externalizing symptoms ($r = .16$ in both cases) and between mothers' perceived heterosexism and adolescent wellbeing ($r = .21$), we evaluated whether these results could have been due to low power. We conducted posthoc power analyses to determine the sample size required for the association to be significant. The analysis revealed that for an effect size of .16 and .21, and an alpha level of .05, we would have needed a sample of 301 and 173, respectively. It is therefore possible that, given sufficient power, the relationship between mothers' perceived heterosexism and AWB ($r = .21$) could have been significant.

Unique contribution of study variables to adolescents' internalizing symptoms. Table 3 presents a summary of the final regression predicting adolescents' internalizing and externalizing symptoms and Table 4 presents the full regression. We entered externalizing symptoms, and adolescents' sex and age as control variables in the first step of the regression predicting internalizing symptoms. The R^2 for the first step of the regression was significant, $F(1, 48) = 4.07, p = .05$. After discarding variables that did not contribute significantly to the model, adolescent externalizing problems accounted for 7.8% of unique variance in internalizing problems. Adolescent's perceived heterosexism and mothers' experienced heterosexism were then entered in the second step. The change in R^2 was significant, $F(1, 46) = 11.24, p = .00$. After discarding variables that did not contribute significantly to the model, adolescent perceived heterosexism accounted for 17.80% of unique variance. The complete model accounted for 25.6% of the variance in adolescent internalizing symptoms.

In the third step of the regression, we evaluated whether the interaction terms accounted for any further variance in adolescent internalizing symptoms. We first tested the moderating effect of perceived social support on the association between adolescent *experienced* heterosexism and AWB (step 3a, 3b, 3c). School support significantly moderated the relationship between adolescents' experienced heterosexism and internalizing symptoms (step 3b). The change in R^2 for the interaction was significant, $F(1, 11) = 7.02, p = .02$ and explained 14.4% of the variance in internalizing symptoms. The association between experienced heterosexism and internalizing symptoms was significantly stronger for adolescents who reported less support from their school (score < 3) than for adolescents who reported more support from their school (score > 4). Perceived mother and friend support did not further moderate the association between experienced heterosexism and adolescents internalizing symptoms.

We then tested the moderating effect of perceived social support on the association between adolescent *perceived* heterosexism and internalizing symptoms (step 3d, 3e, 3f). As predicted, maternal support moderated the association between perceived heterosexism and internalizing symptoms (step 3d). The change in R^2 for the interaction was significant, $F(1, 45) = 7.27, p = .01$ and explained 10% of the variance in internalizing symptoms. However, contrary to our hypothesis, the relationship between perceived heterosexism and internalizing symptoms was significantly stronger for adolescents who reported high maternal support ($r =$

.75) than for adolescents who reported low maternal support ($r = .17$). Figure 3 shows that a cluster of participants within the low perceived mother support group had higher mean levels of internalizing symptoms than the remaining participants in either the low or the high perceived mother support groups. However the strength and the direction of the relationship between adolescent perceived heterosexism and internalizing symptoms was similar in all groups ($r = .76$, $r = .81$, and $r = .75$, for low support-high internalizing symptom, low support-low internalizing symptoms and high support, respectively). The existence of the two subgroups in the low perceived mother support significantly reduced the size of the correlation between perceived heterosexism and internalizing symptoms in this group, compared to the high support group, suggesting that perceived mother support did not, in fact, moderate this relationship. We attempted to identify variables that could further characterize the low support-high internalizing symptoms group by examining whether these adolescents differed on levels of experienced heterosexism, coming out, child or mother age, child sex, province of residence, mothers' wellbeing or family income, however no significant differences were found. Perceived school and friend support did not further moderate the association between perceived heterosexism and adolescents internalizing symptoms.

Finally, we tested the moderating effect of perceived social support on the association between adolescents' coming out and adolescents' internalizing symptoms (step 3g, 3h and 3i). The negative association between coming out and internalizing symptoms was significantly stronger for adolescents who reported lower levels of support from their school (score < 3) (step 3h) than for adolescents who reported higher levels of support from school (score > 4). The change in R^2 for the moderation was significant, $F(1,44) = 3.72$, $p = .06$ and explained 5.8% of the variance in internalizing symptoms.

Insert Table 3 and 4 about here

Unique contribution of study variables to adolescents' externalizing symptoms. Table 2 presents a summary of the final regression predicting adolescents' externalizing symptoms and Table 4 presents the full regression. We entered internalizing symptoms, and adolescents' sex and age in the first step of the regression predicting externalizing symptoms. The R^2 for the first step of the regression was significantly different from zero, $F(1, 48) = 4.07$, $p = .05$.

After discarding variables that did not contribute significantly to the model, externalizing problems significantly explained 7.8% of the variance in internalizing problems. Adolescent perceived school support and adolescent perception of heterosexism were entered in the second step. The change in R^2 was significant, $F(1, 47) = 4.42, p = .04$. After discarding variables that did not contribute significantly to the model, school support accounted for 7.9% of unique variance. The complete model accounted for 15.7% of the variance in child externalizing symptoms.

In the third step of the regression, we evaluated whether the interaction terms accounted for any further variance in adolescent externalizing symptoms. Contrary to expectations, mother, friend and school support did not moderate the association between perceived or experienced heterosexism and adolescent externalizing symptoms. Given the size of the effects ($sr^2 = .06-.08$), we suspected that our inability to detect a significant contribution of the moderating effect of mother, friend and school support on the association between adolescents' experienced heterosexism and adolescents' externalizing symptoms may have been due to the small sample size ($n = 17$). We therefore conducted posthoc power analysis and determined that the power for these analyses was very low, ranging from $1-\beta = .14$ to $.16$ (for a regression analysis with 11 predictor and an effect size ranging from $sr^2 = .06$ to $.08$). The same analysis revealed that a sample of $n = 126$ would have been sufficient to detect all three effects. We analysed the associations to interpret these moderation and found that the association between experienced heterosexism and adolescents' externalizing symptoms was higher for adolescents who reported less support from their mothers (score < 4.23) and less support from friends (score < 4.15). It was also lower for adolescents who reported more support from their school (score > 4).

We also tested the moderating effect of perceived social support on the association between adolescents' coming out and adolescents' externalizing symptoms (step 3g, 3h and 3i). As expected, school support significantly moderated the relationship between coming out to school peers and externalizing symptoms (step 3h). The negative association between coming out and externalizing symptoms was significantly stronger for adolescents reporting lower levels of support from school. The change in R^2 for the interaction was significant, $F(1,44) = 5.01, p = .03$ and explained 8.4% of the variance in externalizing problems. Support from friends also significantly moderated the relationship between coming out to school peers

and externalizing symptoms (step 3i). The negative association between coming out and externalizing symptoms was significantly stronger for adolescents who reported lower levels of support from their friends. The change in R^2 for the interaction was significant, $F(1,44) = 3.62, p = .06$ and explained 6.4% of the variance in externalizing symptoms.

Insert Table 5 about here

The final model of the direct and indirect associations between heterosexism and adolescent wellbeing is presented in Figure 2. Only confirmed associations were included.

Insert Figure 2

Discussion

Inspired by Bronfenbrenner's ecological systems theory (1988), this study presented findings on the associations between mothers' and adolescents' perceived and experienced heterosexism and the wellbeing of adolescents raised by lesbian mothers. Given our expectation that heterosexism would be negatively associated with wellbeing, another aim of this study was to determine whether perceived social support from mother, friends and school would buffer the impact of heterosexism on adolescent wellbeing. Finally, we expected that coming out about mothers' sexual orientation would be associated with higher levels of teasing. We expected that levels of support from mother, friends, and school would act to protect adolescents in this context of increased vulnerability.

Is Lesbian Mothers' World Associated with Adolescent Wellbeing?

As expected, mothers' experienced heterosexism showed a significant association with adolescent wellbeing. However, after accounting for heterosexism in settings that were closer to the adolescent, such as school, heterosexism in mothers' social environment did not further explain adolescent wellbeing. As the associations between mothers' and adolescents' experienced and perceived heterosexism suggest, mothers and adolescents share a common experience of societal heterosexism, making mothers' experiences redundant with adolescents' experiences.

Our findings showed that levels of mothers' wellbeing were generally high and, contrary to expectations, were not associated with adolescent wellbeing. Our findings concerning mothers do not seem to be related to We have to underline that the families recruited for the purposes of this study were well-educated, middle- to upper-class families, and were composed of mothers who were well integrated within lesbian community organizations. As well-resourced adults, mothers in our sample had the opportunity to choose supportive and safe environments for themselves, and to distance themselves from individuals or settings that were too heterosexist (Miller & Kaiser, 2001; Shih, 2004). Well-resourced lesbian mothers may be more resilient than lesbian mothers who are lesser-resourced, more socially isolated, or who belong to more than one minority group, such as ethnic or religious minority lesbian mothers.

In general, it seems unlikely that the overall results concerning influences of mothers' world variables were due to low power as large samples of participants would have been needed to detect an effect for all but one relationship (between mothers' wellbeing and mothers' perceived heterosexism). However, future research should recruit more representative and larger samples of lesbian mothers and their children so that the experiences of the most vulnerable subgroups can be examined and potential issues of power can be addressed.

Is Adolescents' World Associated with Adolescent Wellbeing?

Experienced and perceived heterosexism: Direct effects. Consistent with previous studies showing that children and adolescents of lesbian mothers do not report higher rates of general victimization than children raised by heterosexual parents, rates of experienced heterosexism reported by the adolescents in this study were low (e.g., Rivers et al., 2008; Wainright & Patterson, 2006). However, as expected, adolescents who reported higher levels of experienced heterosexism reported lower levels of wellbeing. Similarly, adolescents who reported higher levels of perceived heterosexism reported lower levels of wellbeing. Witnessing heterosexist attitudes through peers' jokes, comments, or harassment of other peers, may affect adolescents' self-esteem and positive feelings about their family, and give adolescents a strong sense of the risks involved in disclosing their mothers' sexual orientation. Our findings with adolescent children of lesbian mothers are coherent Meyer's (2003) and Almack's (2007) position that both the experience and the *threat* of victimisation have a

negative impact on the wellbeing of sexual minority individuals. Meyer (2003) also suggested that sexual minority individuals internalize society's negative attitudes about homosexuality. It is possible that children of sexual minority parents could also internalize society's negative attitudes about their families. Future research should examine the specific pathways in which heterosexism can impact adolescents' wellbeing.

Experienced and perceived heterosexism: Indirect effects. We examined whether perceived support from mothers, friends and school could act as a buffer against the negative association between experienced and perceived heterosexism and adolescents' internalizing and externalizing symptoms.

First, for perceived heterosexism, we found a significant moderating effect of perceived mother support on the association between adolescent perceived heterosexism and adolescent internalizing symptoms. Exploration of subgroups suggested that this moderation effect was an artefact of a subgroup of adolescents within the low perceived mother support group who differed from other participants by displaying higher levels of internalizing problems. These adolescents did not differ from other adolescents on age, sex, or mothers' income, psychological distress, relationship status or province of residence. It is possible that a combination of variables explains why some adolescents in the low support group report higher levels of internalizing problems, specifically variables that can explain why mothers are seen as less supportive and adolescents report more internalizing symptoms. Perceived friend and school support were not found to moderate the relationship between perceived heterosexism and adolescents' wellbeing and given that, according to our a priori power analyses, our sample size was almost sufficient and that the effect sizes were small, these results are probably not due to low power. Future research therefore needs to identify further factors that specifically protect adolescents from the association between perceived heterosexism and wellbeing. For example, previous studies have shown that the association between adolescent girls' perception of stigma related to their mothers' sexual orientation and their self-esteem is moderated by their coping style (Gershon et al., 1999). It is therefore possible that person-specific factors could be a source of protection, such as gender, physical characteristics or personality characteristics.

Second, we found that the association between experienced heterosexism and internalizing symptoms was smaller for adolescents who reported higher levels of perceived

support from their school. These results are coherent with studies showing that children and adolescents who attend schools that actively represent and support sexual minority families develop a sense of security, knowing they will be protected and supported by school staff in the event of harassment or victimization. They may also feel more confident that they can manage their family's minority status in the school setting (Bos et al., 2008a; Kosciw, Diaz & Greytak, 2008). Future studies may want to assess the specific dimensions of school support that are effective, for example, teacher or school staff responses to heterosexist victimisation, jokes, or name-calling. It would also be important to know whether schools have specific policies against discrimination and bullying and whether these policies include sexual orientation, whether other resources, such as counsellors or psychologists are available to adolescents, and whether teachers receive special training on family diversity. These variables may have a significant impact the school experiences of children of sexual minority parents, but also of sexual minority youth themselves. Ultimately, there is also a need for a systematic evaluation of programs available to schools in dealing with heterosexism. Perceived friend and mother support did not further moderate the association between experienced heterosexism and adolescents' internalizing symptoms. Given the low effect sizes ($sr^2 = .00$ and $.03$ for perceived mother and friend support, respectively), these findings were not likely due to low power.

Beyond the ability of school support to buffer adolescents from the association between experienced heterosexism and internalizing symptoms, our findings also suggested that perceived friend support may play a particular role in moderating the association between adolescents' experienced heterosexism and adolescents' externalizing symptoms. These findings were not confirmed statistically given our low sample size ($n = 17$), however given the robust empirical evidence showing the association between peer relationship and adolescents' wellbeing (Bukowski, Vitaro & Brendgen, 2007), and previous findings showing the ability of friendship to protect children from victimization (Hodges, Boivin, Vitaro & Bukowski, 1999; Lamarche, et al., 2007), it would be important for future research to reproduce these analyses with a larger sample. It is also possible that other aspects of adolescents' peer relationship, such as popularity, or peer group status could be associated with adolescent wellbeing or act to shield adolescents from the negative impact of

heterosexism. Future studies should therefore also examine several dimensions of adolescents' peer relationships, especially those that are particularly significant to the school setting.

Similarly, our analyses also suggested that perceived mother support may protect their adolescents against the association between experienced heterosexism and externalizing symptoms. Given that previous research has also shown that perceived mother support may protect children from the stigma associated with their mother's sexual orientation (Tasker & Golombok, 1999), future studies need to explore these relationships further with larger samples, and should also attempt to determine whether other aspects of lesbian mothers' behaviour may act to protect their adolescents. For example, some mothers work to prevent, explain and lessen their child's exposure to, and experience of, heterosexism (e.g., Almack, 2005; Dalton & Bielby, 2000; Short, 2007).

Coming out to school peers. Contrary to predictions, we did not find a direct association between mother or adolescent coming out to school peers and adolescent wellbeing. However our analyses confirmed that coming out was negatively associated to wellbeing for adolescents who reported lower levels of support from school and from friends. Because only adolescents whose peers were aware of the mother's sexual orientation could have been victimised for this reason, our findings showed that adolescents who are more "out" reported higher rates of victimisation. In this context of increased vulnerability, support from both friends and school may be especially important in enabling adolescents to cope and insure their protection.

Several aspects of the coming out process that may also be important were not evaluated in the present study due to our sample size. For example, we were unable to discriminate adolescents who actively and willingly disclosed their mother's sexual orientation from adolescents whose peers were aware of the mother's sexual orientation despite the adolescents' non-disclosure. Future studies should examine whether the conditions of the disclosure, for example, willing versus unwilling disclosure, rather than the act of disclosing itself, may be related to adolescents' wellbeing. Furthermore, it would be important to examine the reasons that adolescents chose to disclose, or the individual, school, family, or peer characteristics that facilitate or hinder this process. It would also be important to examine the aspects of the coming out process that are positively associated with wellbeing,

acceptance, relationship intimacy and increased support or, conversely, which are associated with victimisation and social exclusion.

Limitations

Some limitations should be noted in generalizing our results. First, our sample was large for a sample of children of lesbian mothers, who are notoriously difficult to recruit given their family's invisibility and stigmatized minority status. However, ideally, our study would have benefited from the additional power afforded by a larger sample, specifically when evaluating factors that are only pertinent for subsets of the population, such as experienced heterosexism.

Second, given the cross-sectional nature of this study, we were unable to determine the directionality of results. For example, based on previous studies, we stipulated that perceived heterosexism would have a negative impact on the wellbeing of adolescents. However it is also possible that adolescents who have lower levels of wellbeing perceive or experience more heterosexism, or less support from their social network. Third, our adolescent measures were self-reported, which may have inflated our correlations. Given that our sample was recruited from across Canada, the need for self-report measures was in great part motivated by geographical limitations. Obtaining independent measures of adolescent wellbeing and peer heterosexism (from teachers, for example) would increase our ability to draw conclusions about the impact of peer heterosexism on these adolescents' wellbeing.

In addition, the vast majority of mothers recruited in this study had their children prior to identifying as a lesbian. Mothers in these families report receiving less support and perceive more stigma than mothers who had children after identifying as lesbians (Van Dam, 2004). However, we did not have sufficient power to analyze differences in experiences between adolescents from these families and adolescents who were born to lesbian mothers. Caution should therefore be used in generalizing our results to other sub-groups of lesbian mothers. Further research is needed to determine whether children born to self-identified lesbian mothers experience heterosexism differently than adolescents who have to cope with their parents' separation and mothers' coming out. For example, studies could explore whether children born to lesbian mothers are differently prepared to face heterosexism than children of divorced mothers who are older at the time of their mothers' coming out, or whether the age of the child at the time of the mothers' coming out could have an impact on the child's ease in

accepting their mothers' sexual orientation and coping with heterosexism. Similarly, we do not know if these results can be generalized to gay fathers and their children. Given that the prevalence of heterosexism against men is higher than against women (Herek, 2002; Morrison, Parriag & Morrison, 1999), and that gay men must also cope not only with heterosexism but with sexism that assumes women make better primary caregiver (L'Archevêque et Julien, in press), their experiences may be different.

Finally, future research should also examine whether adolescents' individual characteristics could be associated with adolescents' experienced and perceived heterosexism, or coming out. Previous research has shown that boys may be more vulnerable to heterosexism than girls (Bos *et al.*, 2008b; Vyncke et al., submitted), perhaps because the prevalence of heterosexism is higher in men and boys than in women and girls, and higher when directed against men and boys than against women and girls (Herek, 2002; Morrison, Parriag & Morrison, 1999). Other characteristics may also be associated with adolescents' experienced and perceived heterosexism. For example, adolescents who do not conform to gender stereotypes (D'Augelli, Grossman & Starks, 2006), adolescents with lower self-esteem, or adolescents who accumulate more than one minority status may be more vulnerable to heterosexism.

Conclusion

We conceptualized the association between heterosexism and adolescents' wellbeing within a systemic model and focused on heterosexism in two levels of this system (mother and school), as well as the interaction between these two systems, in our attempt to explain variance in adolescent wellbeing. We suggest that future research attempt to build on this model to further describe the complexity of environmental influences acting on adolescent wellbeing. For example, other proximal levels of systemic influence could be included, such as heterosexism in families of origin (grandparents, etc), from biological fathers, or from teachers. Similarly, more distal influences could also be added, such as education policies, cultural values about homosexuality, or legal recognition of same-sex relationships and families. Finally, as Bronfenbrenner's (1989) chronosystem model suggests, we need to understand how these effects and interactions change over time.

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Table 1.
Means and Standard Deviations of Predictors and Outcomes.

	Boys (n = 22) <i>M(SD)</i>	Girls (n = 28) <i>M(SD)</i>
Perceived heterosexism (M)	2.11 (.54)***	2.52 (.47)***
Experienced heterosexism (M)	-.14 (.91)	.11 (.83)
Psychological distress (M)	1.35 (.60)	1.29 (.18)
Coming out (M)	2.64 (1.05)	2.86 (.97)
Experienced heterosexism (A)	9 (41%)	7 (25%)
Perceived heterosexism (A)	2.40 (.60)	2.38 (.49)
Coming out (A)	12 (55%)	21 (75%)
Support from mother (A)	14 (64%)	14 (50%)
Support from friends (A)	3.79 (.73)**	4.31 (.66)**
Support from school (A)	2.23 (1.11)	1.86 (1.24)
Internalizing symptoms (A)	9.64 (6.80)	11.00 (7.15)
Externalizing symptoms (A)	13.36 (7.47)	11.00 (8.07)

* $p < .05$, ** $p < .01$

Table 2.

Bivariate Associations Between Mothers' World Variables (M) and Adolescents' World Variables (A)

	1	2	3	4	5	6	7	8	9	10	11
1. Perceived heterosexism (M)											
2. Experienced heterosexism (M)	.31**										
3. Psychological distress (M)	.21	.12				(n=50)					
4. Coming out (M)	-.10	.07	-.12								
5. Experienced heterosexism (A)	-.07	.11	-.14	.30**							
6. Perceived heterosexism (A)	.24*	.42**	-.04	-.03	.39***						
7. Coming out (A)	-.13	.15	.18	.60***	.23	.18					
8. Support from mother (A)	.01	.07	-.23	.13	-.18	-.03	.13				
9. Support from friends (A)	-.24*	-.16	-.20	.37***	-.19	-.25*	.05	.01			
10. Support from school (A)	-.37***	-.24*	.05	-.03	-.09	-.19	-.05	-.15	.02		
11. Internalizing symptoms (A)	.16	.34**	-.01	.08	.14	.49***	.09	-.18	-.05	-.07	
12. Externalizing symptoms (A)	.16	.13	-.02	-.03	.26*	.32**	.08	-.18	.04	-.27*	.28**

* $p < .10$, ** $p < .05$, *** $p < .01$

Table 3

Summary of Hierarchical Regression Analysis for Variables Predicting Adolescents Internalizing and Externalizing Symptoms (N = 50)

Step and predictor variables	R^2	ΔR^2	β
Internalizing symptoms			
Step 1. Externalizing symptoms	.08	.08**	.28**
Step 2. Adolescent perceived heterosexism	.26	.18***	.44***
Step 3.			
b. School support X experienced heterosexism	.77	.14**	-.42**
d. Mother support X perceived heterosexism	.38	.10***	.32***
h. School support X coming out	.32	.06*	-.30*
Externalizing problems			
Step 1. Internalizing problems	.08	.08*	.28*
Step 2. School support	.16	.08*	-.28*
Step 3.			
h. School support X coming out	.24	.08**	-.35**
i. Friend support X coming out	.23	.06*	-.31*

* $p < .10$, ** $p < .05$, *** $p < .01$

Table 4

Hierarchical Regression Analysis for Variables Predicting Adolescents Internalizing Symptoms

(N = 50)

Step and predictor variables	R^2	ΔR^2	β	sr^2
Internalizing symptoms				
Step 1.	.10	.10		
Externalizing symptoms			.30**	.08**
Adolescent sexe			.05	.00
Adolescent age			-.14	.02
Step 2.	.29	.19***		
Adolescent perceived heterosexism			.38**	.11**
Mother's experience of heterosexism			.14	.02
Step 3.				
a. Experience heterosexism X mother support (n= 17)			.00	.00
b. Experience heterosexism X school support (n= 17)			-.43**	.13**
c. Experience heterosexism X friend support (n= 17)			.33	.03
d. Perceived heterosexism X mother support			3.02***	.12***
e. Perceived heterosexism X school support			-.17	.03
f. Perceived heterosexism X friend support			.21	.03
g. Coming out to school peers X mother support			.17	.01
h. Coming out to school peers X school support			-.34**	.07**
i. Coming out to school peers X friend support			.04	.00

* $p < .10$, ** $p < .05$, *** $p < .01$

Table 5

Hierarchical Regression Analysis for Variables Predicting Adolescents Externalizing Symptoms (N = 50)

Step and predictor variables	R^2	ΔR^2	β	sr^2
Externalizing symptoms				
Step 1.	.12	.12		
Internalizing symptoms			.30**	.08**
Adolescent sexe			.09	.01
Adolescent age			-.19	.03
Step 2.	.23	.11		
Adolescent experienced heterosexism			.14	.01
Adolescent perceived heterosexism			.11	.01
School support			-.24*	.05*
Step 3.				
a. Experience heterosexism X mother support (n= 17)			-.35	.07
b. Experience heterosexism X school support (n= 17)			-.70	.08
c. Experience heterosexism X friend support (n= 17)			-.34	.06
d. Perceived heterosexism X mother support			-1.75	.03
e. Perceived heterosexism X school support			-.10	.03
f. Perceived heterosexism X friend support			-.10	.03
g. Coming out to school peers X mother support			.06	.00
h. Coming out to school peers X school support			-.30*	.05*
i. Coming out to school peers X friend support			-.39**	.09**

* $p < .10$, ** $p < .05$, *** $p < .01$

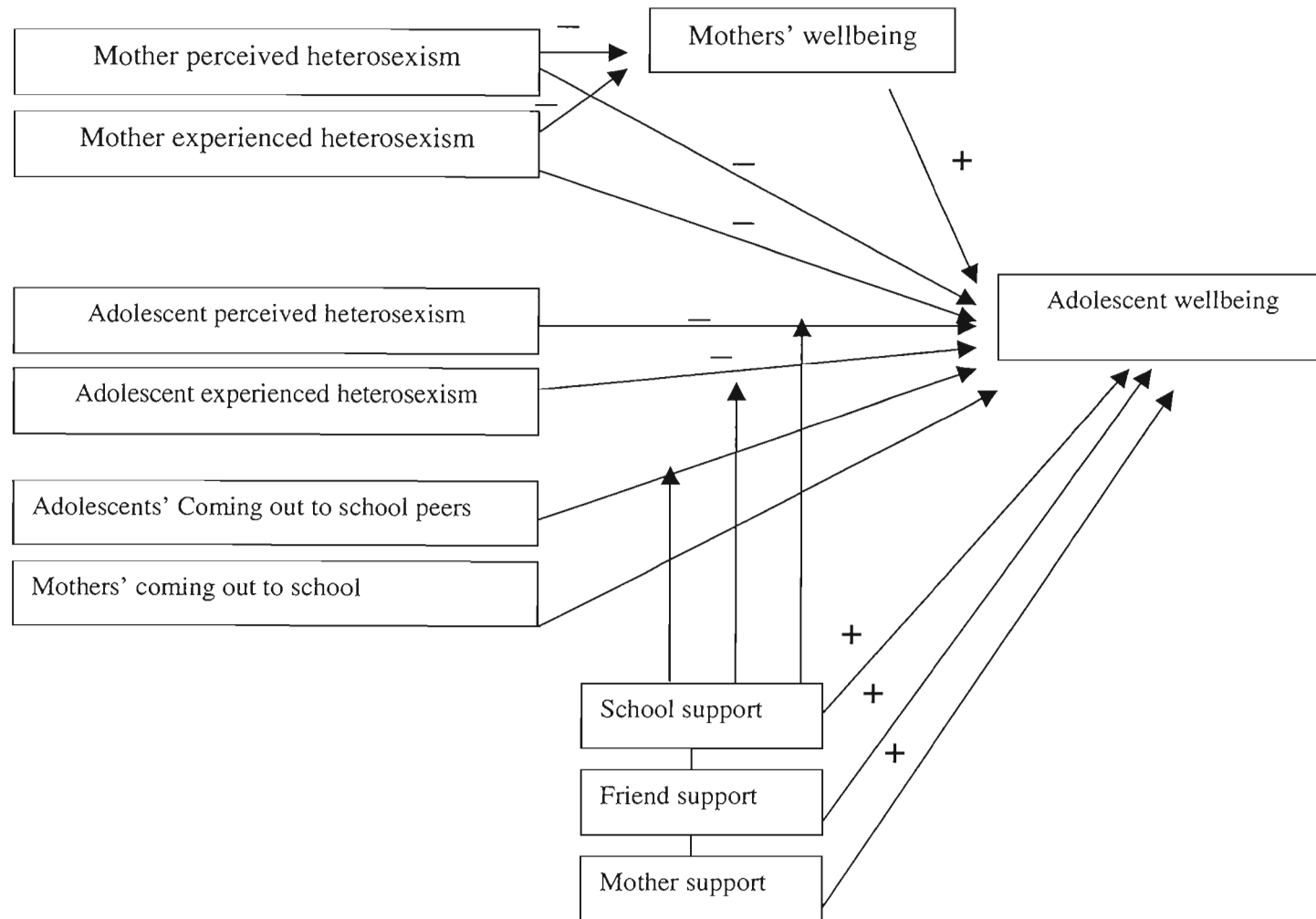


Figure 1. Model of predicted direct and indirect associations between heterosexism adolescent wellbeing

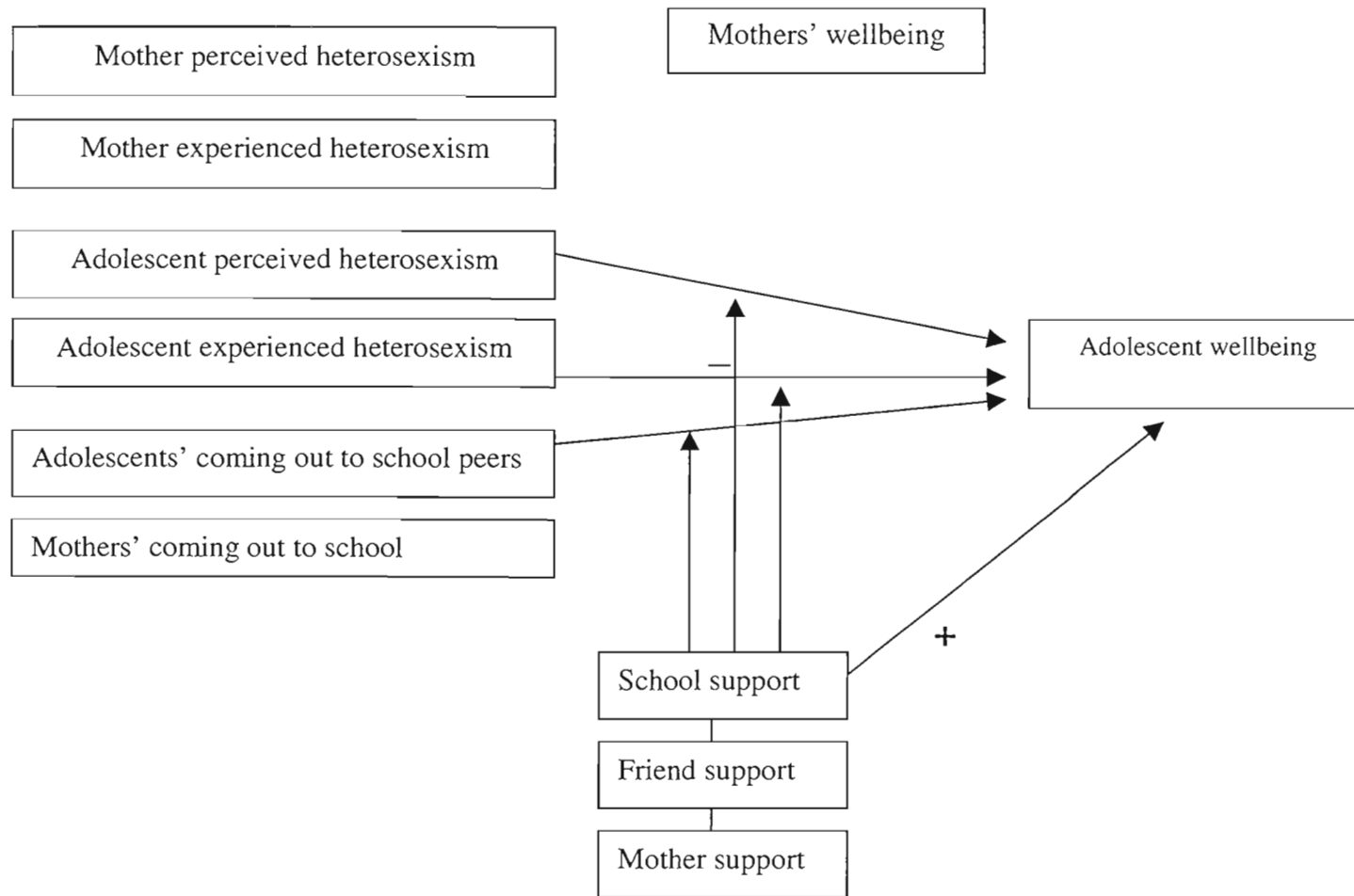


Figure 2. Final model of the direct and indirect associations between heterosexism adolescent wellbeing. The dotted lines between friend support and AWB indicate that the direct association between friend support and AWB was not significant, but that coming out to school peers moderated this relationship.

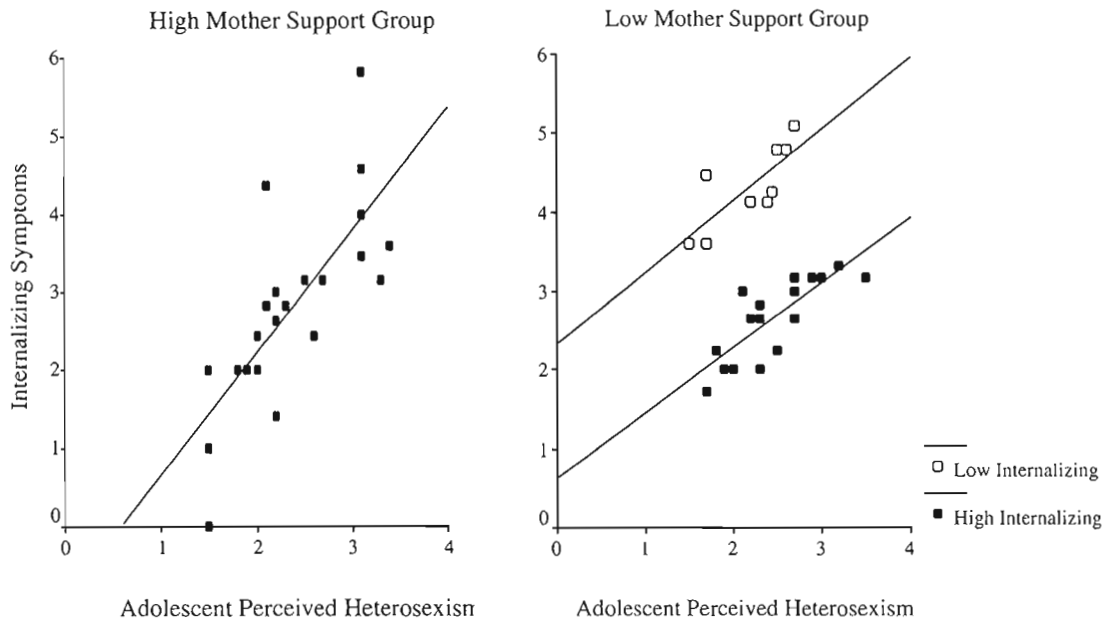


Figure 3. Association between adolescent perceived heterosexism and adolescent internalizing symptoms, in the high and low mother support groups.

CHAPITRE 3
DISCUSSION GÉNÉRALE

DISCUSSION GÉNÉRALE

3.1 RAPPEL DES PRINCIPAUX RÉSULTATS

Le premier objectif de cette étude consistait à développer deux instruments de mesure adaptés aux réalités propres aux enfants et adolescents de mères lesbiennes. Une première échelle mesurait la perception qu'ont les adolescents de l'hétérosexisme véhiculé par leurs pairs et un deuxième mesurait les inquiétudes qu'ont les adolescents au sujet de la divulgation de l'orientation sexuelle de leur mère. Les résultats de la validation initiale de ces instruments démontrent qu'ils ont tous deux une structure uni-factorielle et une bonne consistance interne.

De plus, la validité de convergence de ces deux instruments a été testée et, comme prévu, les niveaux d'hétérosexisme perçu sont associés au bien-être des filles et des garçons, et les niveaux de préoccupation concernant la divulgation de l'orientation sexuelle de la mère sont associés au bien-être des garçons.

Un deuxième objectif de cette thèse consistait à conceptualiser et tester l'impact de l'hétérosexisme sur le bien-être des adolescents de mères lesbiennes selon un modèle inspiré du modèle écosystémique de Bronfenbrenner (1988). Notre modèle s'est penché sur l'hétérosexisme présent dans deux contextes impliquant l'adolescent, soit dans sa relation avec sa mère et dans son milieu scolaire. Un autre but important de cette thèse était l'identification de variables de protection capables de protéger les enfants de l'association négative entre l'hétérosexisme et leur bien-être.

Les données recueillies par l'entremise de questionnaires administrés aux mères et aux adolescents confirment plusieurs de nos hypothèses quant à l'association entre l'hétérosexisme et le bien-être des adolescents de mères lesbiennes. En effet, les niveaux d'hétérosexisme vécu et perçu par les adolescents dans leur milieu scolaire sont significativement et négativement associés à leur niveau de bien-être. De plus, les niveaux d'hétérosexisme vécu par la mère sont aussi associés au niveau de bien-être de l'adolescent. Concernant les variables de protection et de risque, nos résultats confirment que le soutien du milieu scolaire protège les adolescents de l'impact négatif de l'hétérosexisme vécu sur le

bien-être. De plus, les garçons semblent plus vulnérables aux inquiétudes liées à la divulgation que les filles. Finalement, nous avons aussi confirmé que le lien négatif entre le coming-out et le bien-être est significatif uniquement pour les enfants qui rapportent moins de soutien de la part de leur mère, de leurs amis ou de leur école.

Certaines hypothèses n'ont pas été confirmées lors de nos analyses. Ainsi, outre l'hétérosexisme vécu, les caractéristiques de la mère évaluées dans le contexte de cette étude ne semblent pas caractériser les expériences scolaires de son adolescent en matière d'hétérosexisme. De plus, contrairement à nos attentes, la divulgation de l'orientation sexuelle de la mère par les adolescents n'est pas directement reliée à leur bien-être.

3.2 CONCLUSIONS ET RECHERCHES FUTURES

D'abord, ces résultats soulignent l'importance de développer des instruments de mesure valides et fiables pour que les résultats d'études sur la question des enjeux propres aux familles de minorités sexuelles soient eux-mêmes fiables et comparables. Les études présentées dans cette thèse ont, entre-autres, souligné le besoin de développer une mesure du coming out qui départage l'acte de divulgation des enfants de la connaissance de cette information par les pairs. En effet, les pairs peuvent avoir appris l'orientation sexuelle du parent sans que l'enfant n'ait divulgué lui-même l'information. Une telle mesure tiendrait compte du contrôle qu'ont les enfants dans le processus de divulgation. De plus, on sait peu de choses sur les motivations des enfants à divulguer cette information, sur l'identité des personnes à qui ils la divulguent, et sur les réactions de ces personnes.

Ces résultats soulignent aussi le besoin de développer une mesure de la victimisation vécue par les enfants qui rend compte de toute la subtilité des différents types de victimisation, ainsi que des différences possibles entre la victimisation vécue par les filles et par les garçons (Bos et al., 2008). Plusieurs autres questions concernant la victimisation restent sans réponse : qui sont les acteurs d'acte d'intolérance dans leur milieu? Où ces incidents se passent-ils? Quelle en est la fréquence? L'intensité? Comment les enseignants réagissent-ils?

Finalement, ces résultats soulignent les limites des mesures auto-rapportées et l'importance d'obtenir des mesures objectives de ces construits. Étant donné le statut

minoritaire de ces familles, leur petit nombre, leur invisibilité, et la variabilité de divulgation chez les mères et chez les enfants, le développement de mesures objectives de construits observables reste un défi de taille pour les chercheurs dans ce domaine. Au delà des questions purement logistique, il faut aussi considérer les questions d'éthique liées à l'utilisation de tels instruments puisque l'observation in vivo de construits comme l'hétérosexisme en milieu scolaire, pourraient mettre en avant la visibilité des enfants et adolescents qui participent à l'étude.

Utilité des modèles systémiques. Les résultats de cette thèse soulignent la pertinence de conceptualiser l'impact de l'hétérosexisme sur le bien-être des enfants à l'aide d'un modèle systémique et la richesse d'y intégrer les modèles de stress minoritaire (Meyer, 2003) et de stigma associatif (Goffman, 1963). La recherche dans le domaine doit se pencher davantage sur les variables distales jouant un rôle important pour le bien-être de familles jusqu'à maintenant peu représentées dans les études, de même que les variables proximales reliant le monde de la mère et de l'enfant.

L'intégration des résultats des deux articles présentés dans cette thèse et des deux articles réalisés au cours de mon cheminement doctoral traitant des facteurs liés au bien-être des mères lesbiennes (Annexes D et E) offre des pistes de réflexion sur cette question. Le tableau 4 offre un modèle de cette intégration. Premièrement, les deux articles en annexe démontrent que des variables institutionnelles (variables distales), tel que la présence de lois discriminatoires envers les couples de même sexe présentes (France/Canada), sont associées au coming out des mères dans leur environnement proximal et que le coming-out est associé au niveau de soutien reçu par le couple par son réseau social. Comme les deux articles réalisés pour la thèse ne comprennent pas de variables distales, il serait important d'évaluer l'association entre l'hétérosexisme institutionnel (tel la présence de lois discriminatoires privant un enfant de lien de filiation avec sa mère non-biologique, ou de politiques scolaires n'adressant pas la discrimination envers les personnes de minorités sexuelles), et le bien-être des enfants de mères lesbiennes. Une comparaison d'enfants de mères lesbiennes aux Pays-Bas (où les lois concernant les minorités sexuelles sont très progressistes) et aux États-Unis (où les lois sont moins progressistes) a d'ailleurs déjà démontré que le pays de résidence

explique en grande partie les écarts de bien-être entre les enfants de mères lesbiennes américaines et les enfants de mères lesbiennes néerlandaises (Bos et al., 2008).

Deuxièmement, quant aux effets proximaux de l'environnement et des expériences des mères, seuls l'hétérosexisme vécu par la mère et la perception de soutien de sa mère par l'enfant semblent lier le monde de la mère et celui de son enfant dans nos travaux. Cependant, outre le revenu familial, nous n'avons trouvé aucune variable susceptible d'expliquer la variance dans le soutien de la mère ou dans ses expériences d'hétérosexisme. Aussi, contrairement à nos hypothèses, le bien-être des mères ne semble pas lié au bien-être de leurs enfants. Étant donné que plusieurs variables semblent reliées à l'ajustement conjugal des mères (aussi bien des variables propres aux familles homoparentales, tel l'hétérosexisme, que des variables non-spécifiques aux familles homoparentales, tel le revenu familial) il se pourrait que l'ajustement conjugal de la mère soit un meilleur prédicteur du bien-être des enfants que le bien-être des mères. De façon générale, ces résultats soulèvent donc la question de la nature des variables directes, modératrices et médiatrices susceptibles de rendre compte de l'impact des caractéristiques de la mère et de son monde sur le bien-être de son enfant.

Les études futures devront tenir compte des autres sources d'influence systémiques, tel l'hétérosexisme du père biologique, de la famille d'origine, des enseignants ou de la belle-famille des adolescents. Ces résultats soulèvent aussi la question de l'effet cumulatif de la présence de l'hétérosexisme dans plusieurs systèmes entourant l'enfant et des interactions possibles entre les différents systèmes. Par exemple, l'homophobie et les craintes du père biologique pourraient-elles exacerber les craintes de l'enfant et avoir un impact sur sa capacité à gérer l'hétérosexisme de ses pairs? Également, les politiques sociales canadiennes et québécoises ayant éliminé les sources légales de discrimination, les expériences des enfants canadiens et québécois sont-elles différentes de celles des enfants des études américaines ou européennes (Bos et al., 2008)? Finalement, des études longitudinales sont nécessaires afin d'évaluer l'évolution dans le temps de la gestion de l'hétérosexisme par les jeunes, de l'association entre l'hétérosexisme et le bien-être, et de l'hétérosexisme des personnes présentes dans les différents milieux fréquentés par l'enfant. Par exemple, comment les capacités à gérer les expériences hétérosexistes évolueront-elles pour un enfant

entre 13 ans et 18 ans? Comme l'hétérosexisme des pairs évolue-t-il du secondaire 1 au secondaire 5?

Protection et vulnérabilité. Dans cette thèse, nous avons examiné la question de la vulnérabilité de certaines familles face à l'hétérosexisme. Notre étude est parmi les premières à explorer les facteurs de protection contre l'hétérosexisme. Les études futures pourront aussi explorer les fonctions protectrices des dynamiques familiales, dont la qualité des relations parent-enfant, l'implication plus importante du deuxième parent dans les familles homoparentales ou présence d'une fratrie. De plus, il y a un besoin important de recherches sur la contribution des caractéristiques individuelles des enfants. Nous savons que les garçons semblent plus vulnérables à l'hétérosexisme, mais plusieurs autres caractéristiques pourraient interagir avec l'hétérosexisme présent dans les milieux des jeunes et avoir pour effet d'augmenter ou de diminuer la vulnérabilité des enfants. On pense ici à la conformité aux rôles de genre, la popularité, l'apparence physique, l'estime de soi, l'intelligence, l'âge. Pour répondre en partie à ces questions, il serait utile de comparer les frères et sœurs d'une même famille. Pourquoi certains jeunes sont-ils harcelés au sujet de leur mère alors que leur frère ou leur sœur ne l'est pas? Il importe aussi d'évaluer l'impact du double statut minoritaire. Qu'en est-il, par exemple, des familles homoparentales de minorités ethniques? Quel sont les enjeux pour les familles qui vivent cette double discrimination?

Les réponses à ces questions permettraient d'alimenter le contenu des formations aux intervenants (scolaires, sociaux, médicaux) oeuvrant auprès de ces familles, ainsi que des campagnes de sensibilisation. Il importe, en effet, de s'éloigner de la question de l'orientation sexuelle et du genre des parents, de se centrer plutôt sur les besoins spécifiques de ces familles, de valoriser ces connaissances au sein des institutions concernées, de mettre sur pied des outils de formation pour les acteurs au sein des institutions, et d'évaluer l'impact de ces programmes.

APPENDICE A

Associations bivariées entre les variables socio-démographiques et les prédicteurs et variables dépendantes des articles 1 et 2.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 Revenu familial																
2 Age de la mère	,24*															
3 Région habitée (grande ville=1, autres =0)	,20	-,02														
4 Province habitée (QC-ON-BC = -1 ; autres =1)	-,17	,06	-,20													
5 Situation conjugale (en relation =-1 ; pas en relation =1)	-,41***	,19	-,13	,05												
6 Âge de l'enfant au moment de la séparation	-,13	-,07	-,20	-,17	,24											
7 Détresse psychologique de la mère	-,17	-,15	-,14	-,12	,30**	,16										
8 Hétérosexisme vécu par la mère	,06	,21	,16	,02	,25*	-,17	,01									
9 Hétérosexisme vécu par l'adolescent	,00	,08	,06	,17	-,21	-,36*	-,12	,17								
10 Hétérosexisme perçu par la mère	-,08	-,04	-,09	,02	,28**	,06	,19	,12	-,07							
11 Hétérosexisme perçu par l'enfant (PHS)	,06	,08	,11	,05	,13	-,22	-,05	,36**	,39***	,24*						
12 Inquiétudes divulgation de l'OS de la mère (PDPSOS)	,11	-,07	,01	-,01	-,17	,36*	-,05	-,05	-,06	-,15	-,26*					
13 Soutien de la mère	,37***	,15	,01	-,05	-,07	,02	-,10	,09	-,30**	-,09	-,19	,50***				
14 Soutien des amis	,23	,11	,15	-,08	-,10	-,00	-,19	-,10	-,19	-,24*	-,25*	,21	-,02			
15 Soutien de l'école	,12	,26*	-,15	-,11	-,05	-,09	,10	-,03	-,20	-,09	-,33**	,27*	,44***	,26*		
16 Adolescent internalizing symptoms	,07	,26	,15	-,07	,17	-,15	-,01	,29**	,14	,16	,49**	-,28*	-,21	-,05	-,25	
17 Adolescent externalizing symptoms	-,04	-,17	,15	,00	-,06	-,08	-,01	,01	,26*	,16	,32**	-,09	-,33**	,04	-,31**	,28**

* $p < .10$, ** $p < .05$, *** $p < .01$

APPENDICE B

Titre du projet: Dynamique familiale, environnement social et bien-être des familles

**Département de psychologie
Université du Québec à Montréal**



Formulaire de consentement des parents pour les questionnaires

Les familles lesbiennes étant peu connues, la présente étude vise à décrire les expériences conjugales, parentales et familiales de vos familles. Votre participation implique que vous remplissiez, à la maison, des questionnaires sur votre vie familiale. Cette activité demandera environ une heure de votre temps. Ces questionnaires comportent des questions sur votre dynamique familiale, votre expérience et perception de l'homophobie, votre relation avec votre famille d'origine et vos amis, ainsi que votre bien-être.

La participation à cette étude vous permet de partager votre expérience de mère lesbienne. Si jamais vous ressentez un malaise pendant que vous répondez au questionnaire et que vous désirez obtenir de l'aide relative à votre statut de mère lesbienne, vous pouvez contacter Johanna Vyncke (514-987-3000, poste 3932 ou vyncke.johanna@courrier.uqam.ca). Cette personne vous donnera de l'information sur les services publics et privés disponibles dans la communauté. De même, vous pouvez contacter Mme Jouvin si vous désirez avoir davantage d'informations sur le projet de recherche.

Les résultats de cette recherche porteront sur l'ensemble des familles participantes et seront accessibles via les bulletins d'information et le site internet des différents organismes oeuvrant auprès des mères lesbiennes.

Afin d'assurer la confidentialité, les questionnaires n'auront aucune information d'identification, sauf un numéro attribué pour la recherche. Les questionnaires seront conservés sous clé et ne seront utilisés qu'à des fins de recherche. Les questionnaires seront détruits lorsque l'analyse des données sera terminée. Ce projet de recherche a reçu l'approbation du Comité institutionnel d'éthique de la recherche avec des êtres humains de l'UQAM. Si vous désirez obtenir des informations sur les responsabilités des chercheurs au plan de l'éthique de la recherche avec des êtres humains ou formuler une plainte, vous pouvez contacter le Président du Comité, Dr. Joseph Josy Lévy au numéro 987-3000, poste 4483 ou poste 7753.

« J'ai lu la description ci-dessus de l'étude et je comprend ce qu'on attend de moi dans cette recherche. Je désire participer à cette étude et je n'ai présentement aucune question à propos de mes tâches à accomplir. »

Signature : _____

Date : _____

Signature du chercheur : _____

Date : _____

Département de psychologie
Université du Québec à Montréal

Formulaire de consentement

Je comprends que:

- Pour participer à cette étude, je vais répondre à des questions sur moi-même, ma famille et mon école pendant une entrevue téléphonique de 30 à 45 minutes.
- Ma participation est tout à fait confidentielle (secrète). Les questionnaires ne portent pas mon nom ni toute autre information qui peuvent m'identifier (à part un numéro).
- Les questionnaires sont conservés sous clé pour la durée de l'étude. Ils seront détruits quand l'étude sera terminée.
- Je suis libre d'arrêter de participer à tout moment durant le projet et j'ai le droit de refuser de répondre à une question si je ne me sens pas à l'aise.
- Je comprends que la personne responsable du projet devra prévenir les autorités responsables si je lui dis que je suis victime d'abus à la maison ou si je suis dangereux (dangereuse) pour moi-même ou pour les autres.
- Je vais recevoir un certificat-cadeau de 20\$ pour me remercier d'avoir participé.

Si tu voulais avoir plus d'informations ou si tu as des questions à propos de ce formulaire, toi (ou ta mère) pouvez contacter Johanna et elle se fera un plaisir de vous aider (tél : 514-987-3000 poste 3932 ou vyncke.johanna@courrier.uqam.ca).

« J'ai lu la description de l'étude et je comprends ce qu'il faut faire pour participer au projet de recherche. J'accepte de participer à cette étude et je n'ai plus de questions à propos de ma participation pour l'instant. »

Ta signature : _____ *Date :* _____

Signature de ta mère légale : _____ *Date :* _____

Signature du chercheur : _____ *Date :* _____

APPENDICE C

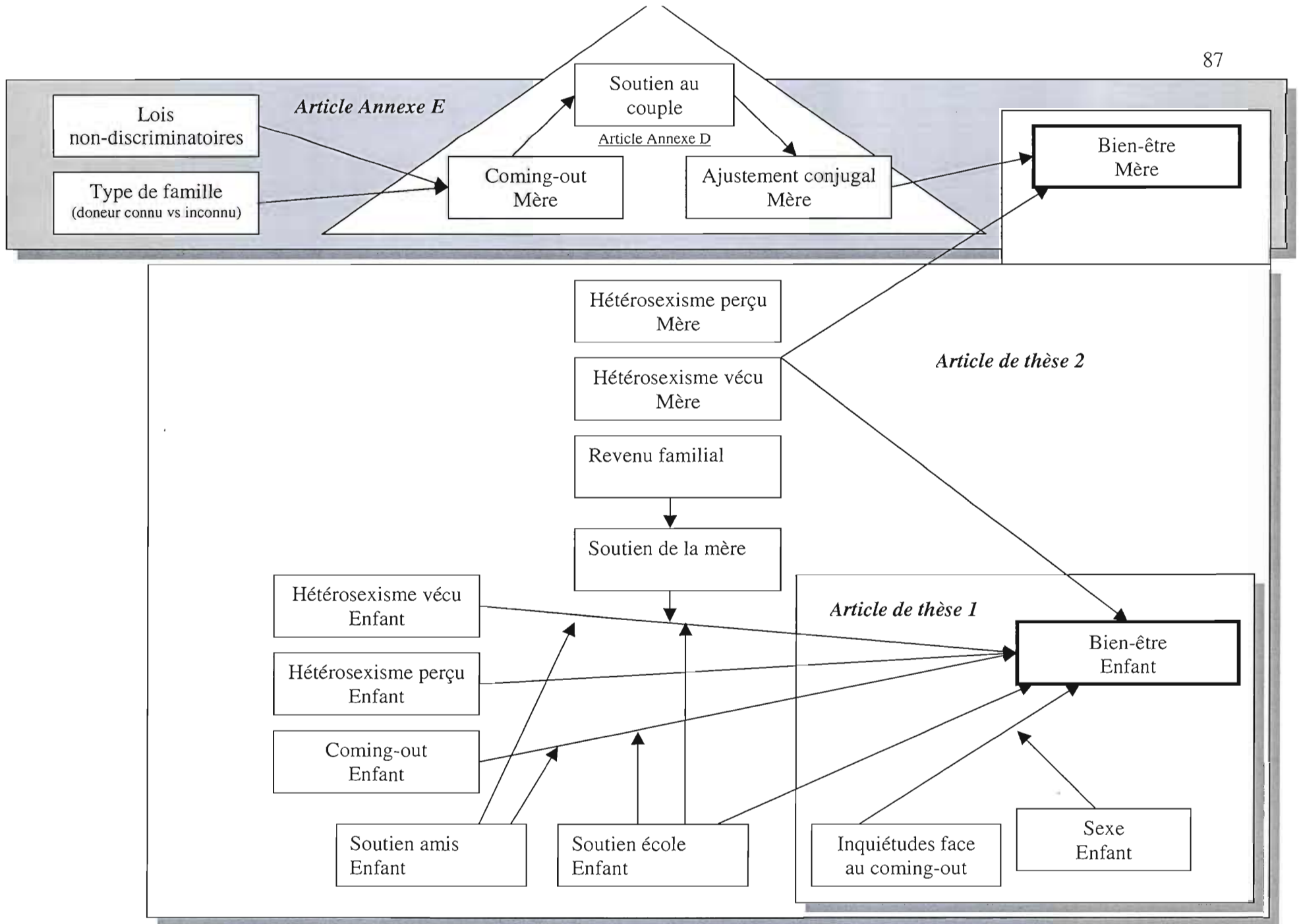


Figure 4. Résumé des principaux résultats de la thèse et intégrations des résultats de la thèse et des articles rédigés en parcours doctoral (Annexe F et G).

APPENDICE D

TITRE COURANT : Adaptation conjugale des mères lesbiennes

Divulgence de l'orientation sexuelle, soutien de la famille d'origine
et adaptation conjugale chez des mères lesbiennes ayant eu leur(s) enfant(s) dans le contexte
d'une relation hétérosexuelle : Étude exploratoire.³

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Note d'auteurs :

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³ Vyncke, J. D., & Julien, D. (2005). Divulgence de l'orientation sexuelle, soutien de la famille d'origine et adaptation conjugale chez des mères lesbiennes. *Revue Santé Mentale au Québec*, 2, 121-138.

Résumé

Les couples lesbiens se distinguent des couples hétérosexuels par le fait qu'ils sont contraints de développer leurs relations de couple dans un contexte de sanctions sociales, ce qui pourrait augmenter l'importance de la qualité des liens avec l'entourage. De plus, la divulgation de l'orientation sexuelle représente une caractéristique de cette population qui agit sur l'ajustement psychologique et qui pourrait influencer le soutien familial. Cette étude examine l'effet du coming-out et du soutien familial sur l'ajustement conjugal des mères lesbiennes ayant eu leur(s) enfant(s) dans le contexte d'une relation hétérosexuelle. Nous nous attendons à ce que le soutien familial soit un médiateur du lien entre le coming-out et l'ajustement conjugal. Cinquante-cinq mères lesbiennes en couple ont rempli des questionnaires portant sur la perception du soutien familial, le coming-out et l'ajustement conjugal. Les résultats révèlent un lien positif entre le coming-out et le soutien familial et entre le soutien familial et l'ajustement conjugal, mais aucun lien entre le coming-out et l'ajustement conjugal. Le modèle de médiation n'est pas confirmé. Les implications de ces résultats sont discutées.

Lesbian couples differ from heterosexual couples in that they must develop their relationship within an environment that is generally unsympathetic to homosexuality, a fact that could accentuate the importance of family support. Furthermore, the disclosure of their sexual orientation by lesbian couples could also affect the support given by family members. The present study examines the effect of coming-out and family support on the relationship adjustment of lesbian mothers whose children were born within a heterosexual context. It was expected that family support would mediate the relationship between coming-out and relationship adjustment. Fifty-three lesbian mothers currently in a relationship answered questions about their perception of family support, on their coming-out behaviour and their relationship adjustment. Results revealed a positive relationship between coming-out and family support, and between family support and relationship adjustment, however no association was found between coming-out and relationship adjustment. The mediation model was therefore not confirmed. The implications of these results are discussed.

Divulgence de l'orientation sexuelle, soutien de la famille d'origine
et adaptation conjugale chez des mères lesbiennes

Un bon nombre d'études portant sur l'ajustement conjugal montrent que le contexte social dans lequel les partenaires de couples interagissent exerce un rôle important dans le développement et le maintien de la relation des couples hétérosexuels. Généralement, le soutien offert par le réseau social semble avoir l'effet d'augmenter le bien-être, de diminuer la détresse et d'amortir les effets négatifs du stress chez l'individu et dans la relation conjugale (Cohen & Willis, 1985; Procidano & Smith, 1997; Julien et al., 2000). Toutefois, le réseau social d'un couple peut agir à la fois comme source de soutien et comme source d'interférence dans le couple (e.g., Julien & Markman, 1991; Julien, Markman, Léveillé & Chartrand, 1994). Par exemple, l'interférence parentale, mesurée au début des relations pré-maritales, augmente la probabilité de détérioration de la relation, alors que le soutien des parents envers la relation est positivement associé à l'engagement des enfants dans leurs relations amoureuses et à la stabilité des jeunes couples à travers le temps (e.g. Johnson & Milardo, 1984; Parkes, Stan & Eggert, 1988). Le type de soutien offert par le réseau dépendrait aussi de l'identité du soutenant. En effet, bien que les parents et les amis proches soient généralement tous perçus comme offrant du soutien par des couples en conflit, le rôle des parents est perçu comme étant plus ambivalent : ils sont une source importante de soutien, mais aussi souvent une source de critique (Klein & Milardo, 2000). Ces données empiriques ont été obtenues auprès de couples hétérosexuels et on ne sait pas si elle se généralisent aux couples de même sexe.

Les couples de même sexe se distinguent des couples hétérosexuels par le fait qu'ils se développent dans un contexte social hétérosexiste et qu'ils sont souvent reçus avec hostilité dans leur entourage social. L'hétérosexisme est définie par Herek (1991) comme un système idéologique qui dénie, dénigre et stigmatise toute forme non hétérosexuelle de comportement, d'identité, de relation ou de communauté. Bien qu'il y ait eu un grand nombre de changements sociaux et légaux au Québec en ce qui concerne la reconnaissance des droits des couples de même sexe au mariage et à la parentalité, il demeure que les attitudes sociales et culturelles envers les minorités sexuelles restent généralement négatives. Il est donc possible qu'en l'absence du soutien social et culturel dont profitent les couples hétérosexuels, la fragilité des liens avec l'entourage social immédiat affecte l'adaptation conjugale des partenaires homosexuels. De plus, on sait que la divulgation de leur orientation (coming-out) représente une caractéristique unique aux gais et lesbiennes qui pourrait influencer le soutien de leur famille d'origine. En effet, en ne dévoilant pas la nature de leur orientation sexuelle, les gais et lesbiennes sont privés de

l'opportunité d'être soutenus dans leur relation conjugale par leur entourage social. Par ailleurs, chez ceux qui ont fait leur coming-out, une réaction négative à une telle divulgation pourrait influencer négativement la qualité de la relation entre un individu et son partenaire de couple.

La plus grande visibilité des couples homosexuels permet de vérifier si les relations observées chez les couples hétérosexuels se généralisent aux couples de même sexe, ainsi que d'examiner les variables uniques à l'ajustement des couples dans cette population. La présente étude vise donc à examiner l'impact du soutien social de la famille d'origine et du coming-out sur l'adaptation conjugale des couples lesbiens.

L'ajustement des couples homosexuels

Peu de recherches empiriques existent sur les couples homosexuels. Comparées à l'ensemble des études sur les relations conjugales, les recherches sur l'ajustement conjugal de ces couples et sur les liens entre la relation conjugale et le réseau social des partenaires demeurent encore rares. Pourtant, les résultats de recherche sur les personnes gaies et lesbiennes vont à l'encontre du stéréotype voulant qu'elles ne soient impliquées que dans des liaisons occasionnelles. En général, les couples de même sexe sont plus semblables aux couples hétérosexuels à plusieurs niveaux. En effet, de manière similaire aux hétérosexuels, les personnes homosexuelles ont des relations conjugales stables et rapportent des niveaux de satisfaction semblables (e.g., Peplau & Gordon, 1983; Peplau et al., 1996; Green, Bettinger & Zacks, 1996; Kurdek, 1988, 1995). De même, les facteurs associés à la satisfaction conjugale chez les couples gaies et lesbiens sont comparables à ceux que les couples hétérosexuels identifient (e.g. percevoir que la relation apporte beaucoup d'avantages et peu de coûts, accorder une grande valeur au partage d'activités et à l'unité du couple, entretenir peu de croyances irrationnelles face à la relation, avoir un niveau élevé de confiance mutuelle, manifester de bonnes habiletés de communication et de résolution de problèmes, percevoir un pouvoir équivalent et être satisfait par rapport au soutien social) (e.g., Kurdek, 1995; Peplau, 1991). Les couples de même sexe développent le sentiment amoureux de manière similaire, allant de la passion à la sécurité et la confiance (e.g., McWhirter & Mattison, 1984) et ils ont des degrés comparables d'intimité (e.g., Gentile, 1987). Lors de conflits, les couples de même sexe et les couples hétérosexuels consultent pour des motifs semblables, soit des difficultés de communication, la gestion de la distance entre les partenaires, les différences de valeurs, le pouvoir, les finances, le travail, la sexualité, la jalousie ou la possessivité et les difficultés rencontrés avec les membres de la famille d'origine (e.g., Peplau et al., 1996; Bepko & Johnson, 2000). Enfin, les partenaires vivent des relations

comparables aux hétérosexuels suite à un séparation de couple (e.g., Kurdek, 1991) et suite aux évènements stressants (e.g., Julien, Chartrand & Bégin, 1995).

Toutefois, la divulgation de l'orientation sexuelle à l'entourage est une caractéristique unique des gais et lesbiennes qui peut avoir un impact sur la qualité de leur relations conjugales. Il est généralement accepté que la non-divulgation de l'orientation sexuelle par les personnes homosexuelles peut avoir un effet négatif sur leur ajustement psychologique. Dans la mesure où l'incapacité ou la non-volonté de divulguer son orientation sexuelle (coming-out) reflète un certain niveau de négation ou d'inconfort avec sa propre orientation sexuelle, les études dans le domaine ont établi des liens entre le coming-out et un grand nombre de variables d'adaptation psychologique (e.g., Jordan & Deluty, 1998; Rosario, Hunter, Maguen, Gwadz & Smith, 2001). En effet, les personnes homosexuelles ayant un niveau peu élevé de coming-out rapportent des niveaux plus élevés de dépression et d'anxiété, ainsi que des niveaux plus faibles d'estime de soi (Ayala & Coleman, 2000; Jordan & Deluty, 1998). Le degré de coming-out peut aussi influencer l'adaptation conjugale des couples homosexuels puisque la non-divulgation indique une certaine dévaluation des individus envers eux-mêmes et leur couple. La nécessité de maintenir le secret de leur orientation sexuelle et de leur statut de couple pourrait constituer un stress additionnel pour ces couples (Berzon, 1988).

Par ailleurs, le fait de vivre ouvertement leur homosexualité est un autre facteur qui ouvre des possibilités d'influences directes du réseau sur le couple. Le coming-out est un facteur à double tranchant pour les personnes homosexuelles. En effet, la divulgation de l'orientation sexuelle ou d'une relation homosexuelle offre l'opportunité au réseau social de soutenir le couple dans sa relation, mais elle peut aussi constituer un risque d'exposition à des réactions sociales négatives. Les études d'échantillons non-probabilistes auprès des jeunes gais et lesbiennes indiquent qu'environ 70% d'entre eux divulguent leur homosexualité à leur mère, 29% à 50% la divulgue à leur père et environ 60% à leur fratrie (D'Augelli, Hershberger, & Pilkington, 1998). Cependant, il est important de noter que les études non-probabilistes sur-estiment fréquemment les taux de coming-out puisque la participation à de telles études requiert un certain degré de coming-out. D'autres études ont démontré que la divulgation de l'orientation sexuelle est positivement associée à l'adaptation conjugale. En effet, les hommes gais et les femmes lesbiennes sont plus heureux en couple lorsque tous les membres de leur famille sont informés de leur orientation sexuelle (Chartrand & Julien, 1996; Jordan & Deluty, 2000). Ces données montrent l'importance, pour ces individus, de vivre ouvertement leur homosexualité au sein de leur famille. Les partenaires qui affichent leur relation de couple au même titre que les couples hétérosexuels

laissent ainsi aussi la possibilité d'être renforcés dans leur identité de couple par les membres de leur famille.

L'adaptation conjugale des mères lesbiennes

Bien qu'un certain nombre d'études aient été réalisées dans ce domaine, aucune n'a pu, jusqu'à présent, tenir compte du fait que les individus en couples hétérosexuels étaient souvent parents mais que les individus en couple homosexuel l'étaient rarement. Selon le Recensement canadien de 2001, environ 0,5% des couples de l'étude se sont identifiés comme des couples de même sexe. Parmi ceux-ci, 45% sont des couples de femmes lesbiennes, dont 15 % vivent avec des enfants, soit 5 fois plus que les couples masculins qui sont seulement 3 % à vivre avec des enfants (Statistique Canada, 2002). De façon similaire, une analyse des données de l'Enquête Santé Québec (1998) confirme que 21% des femmes lesbiennes québécoises sont mères biologiques d'un enfant (on obtient un plus grand nombre si on inclut les femmes impliquées auprès d'un enfant d'une conjointe) alors que 6.9% des hommes gais sont pères biologiques d'un enfant dont ils ont la garde (Julien, Chartrand, Jouvin, & L'Archevêque, soumis). Bien que le développement psychosexuel et social des enfants issus de familles homoparentales ait été examiné dans plusieurs études (e.g., Patterson, 1996; Golombok et al., 2003), les facteurs influençant l'adaptation conjugale des couples homosexuels ayant un enfant n'ont pas encore été explorés. La présence d'un enfant dans toute famille risque de modifier l'effet et l'importance des variables susceptibles d'influencer l'ajustement conjugal (Erel & Burman, 1995). Ainsi, le fait d'avoir un enfant pourrait augmenter l'importance du soutien familial ou l'impact d'un manque de soutien pour les mères lesbiennes ou les pères gais. Par exemple, les grand-parents en particulier jouent un rôle important auprès de leurs enfants et petits-enfants. Ils sont une source d'influence et de soutien pour la famille sur une base quotidienne, et ceux-ci peuvent jouer un rôle de protection contre les effets négatifs de situations difficiles ou de crises familiales ou lors de périodes de transition, comme une grossesse (Tinsley & Parke, 1984; Cherlin & Furstenberg, 1992; Eggebeen, 1992; Zarit & Eggebeen, 1995). Le statut parental des couples gais et lesbiens pourrait aussi influencer le niveau de coming-out du couple puisque le fait d'avoir un enfant et de vivre en famille peut rendre l'orientation sexuelle d'un individu plus visible auprès des institutions (hôpital, école, etc.) et vraisemblablement auprès de sa famille d'origine.

Le présente étude vise à évaluer le lien entre le coming-out, le soutien familial et l'adaptation conjugale de mères lesbiennes vivant en couple. On retrouve une variabilité importante dans le type de familles homoparentales lesbiennes. Ces familles sont souvent classifiées selon

l'orientation sexuelle de la mère à la naissance de l'enfant. On retrouve de cette façon deux grands types de familles : celles où l'enfant est né d'une mère ex-hétérosexuelle qui a fait son coming-out après la naissance de son enfant, et celles où l'enfant est né d'une mère qui s'identifiait comme lesbienne au moment du projet parental. Les familles lesbiennes ex-hétérosexuelles ont souvent vécu un divorce du père biologique de l'enfant, une période d'adaptation à la divulgation de l'orientation sexuelle et, dans bien des cas, la reconstitution de leur famille avec une nouvelle conjointe. La multiplication des sources de stress pourrait rendre les familles lesbiennes ex-hétérosexuelles particulièrement vulnérables et pourrait accroître l'importance de soutien de la famille d'origine ou de son rejet. Pour cette raison, et pour minimiser la variabilité intra-groupe dans les types de famille, cette étude s'intéressera plus particulièrement au cas des familles lesbiennes ex-hétérosexuelles.

Nous émettons l'hypothèse selon laquelle le degré de coming-out et le niveau de soutien familial au couple seront positivement associés (hypothèse 1), et qu'ils seront chacun positivement associés à l'ajustement conjugal (hypothèse 2 et 3). De plus, nous nous attendons à ce que le lien entre le coming-out et l'ajustement conjugal soit médiatisé par le soutien familial ou, en d'autres mots, que le lien entre le coming-out et l'ajustement conjugal soit en partie expliqué par le soutien social (hypothèse 4).

Méthode

Participant·es

Les participant·es de cette étude ont été recrutées dans divers groupes de soutien pour mères lesbiennes à travers le Canada et grâce au bouche à oreille dans le cadre d'une étude canadienne sur les familles lesbo-parentales (Julien & Chamberland, CRSH). L'échantillon total recruté de cette façon est composé de 252 familles lesbo-parentales représentant une grande variété de structures familiales. Pour la présente étude, 55 mères biologiques présentement en couple avec une femme et mères d'au moins un enfant né dans le contexte d'une relation hétérosexuelle avant le coming-out de la mère ont été retenues. Ces mères sont présentement en relation conjugale avec une femme depuis en moyenne 4.69 ans (ET=3.62) et sont mères biologiques d'en moyenne 1.8 enfants (ET = .86). Les participant·es proviennent de plusieurs provinces à travers le Canada, soit le Québec (32.7%), l'Ontario (27.3%), la Colombie-Britannique (12.7%), l'Alberta (10.9%) ou d'une des autres provinces ou territoires (17.4%). Soixante-seize pourcent d'entre-elles vivent dans des villes de moyenne ou grande taille et 24% dans des petites villes ou de villages. La majorité des mères sont d'origine nord-américaine ou européenne (93%) et ont en moyenne

39.51ans (ET= 5.5). Cinquante-cinq pour cent d'entre-elles ont complété un diplôme universitaire.

Procédure

Les mères ont d'abord été contactées par téléphone ou courriel. Toutes les mères, qu'elles soient seules ou en couples, mères biologiques ou co-mères, étaient invitées à participer à une étude sur les familles homoparentales. Les questionnaires, une lettre d'introduction et d'instruction, une feuille de consentement et une enveloppe de retour pré-affranchie étaient ensuite envoyés à toutes les mères intéressées à participer. Les questionnaires comprenaient des questions sur un grand nombre de variables conjugales, parentales et psycho-sociales des mères lesbiennes et de leurs enfants. Seules trois variables ont été utilisées dans la présente étude (coming-out, soutien social et ajustement conjugal). À la réception du questionnaire complété, chaque participante a reçu une rétribution de 35\$ en guise de remerciement.

Mesures

Divulgarion de l'orientation sexuelle (*coming out*). Ce questionnaire est inspiré d'un instrument développé par Otis, Ryan & Chouinard (1999). Pour une liste de membres de la famille, amis et collègues et autres personnes dans l'entourage des mères (ex : mon père, ma mère, la majorité de mes ami(e)s), on demande à la participant jusqu'à quel point chacune de ces personnes est au courant de son orientation sexuelle. Le choix de réponse, traduction de D'Augelli (1991), comprend quatre énoncés : 1 « je suis certaine qu'il(elle) le sait et nous en avons parlé », 2 « je suis certaine qu'il(elle) le sait mais nous n'en avons jamais parlé », 3 « probablement qu'il(elle) le sait ou s'en doute », 4 « il(elle) ne le sait pas ou ne s'en doute pas ». Dans cette étude, la moyenne du niveau de coming-out aux différents membres de la famille (mère, père, fratrie, famille élargie) est utilisée.

Soutien au couple. Le questionnaire sur le soutien au couple, inspiré du Social Reaction Index (Lewis, 1973), évalue le soutien au couple par l'entourage social (famille et amis). Le soutien des membres de la famille, est évalué avec cinq questions de soutien (e.g., « à quelle fréquence êtes-vous invitée avec votre partenaire par les membres de votre famille pour un repas ou autre réunion familiale ») et une question d'interposition au couple (« à quelle fréquence les membres de votre famille critiquent votre partenaire »). La participante répond aux questions au moyen d'une échelle de type Likert allant de 1) jamais à 5) très souvent. Une première étude montre une cohérence interne et une validité convergente satisfaisante (Chartrand & Julien, 1996). Une

analyse factorielle de cet instrument révèle l'existence de 3 facteurs, dont un premier contenant des items de soutien positif de la part de la famille (5 items), un deuxième contenant des items de soutien positif de la part des amis (4 items) et un troisième contenant des items de soutien négatif des amis (5 items). Dans cette étude, seuls les items de soutien positif de la famille sont utilisés. Cette échelle a une cohérence interne satisfaisante ($\alpha = 0,75$).

Adaptation conjugale. La qualité relationnelle est mesurée à l'aide d'une version adaptée du Marital Adjustment Test (MAT; Locke & Wallace, 1959). Il comprend une question d'ajustement global, huit questions mesurant des zones possibles de désaccords et six questions mesurant la résolution de conflit, la cohésion et la communication. Le test possède un niveau de consistance interne élevé et une validité prédictive bien étayée dans le domaine de recherche sur le couple, y compris auprès de la population québécoise. Aux fins de son application auprès de la population homosexuelle, la formulation des questions a été modifiée de manière à neutraliser les différences de genre. De plus, les scores de l'item 10 ont été modifiés comme suit : dans la version hétérosexuelle, un score 1 est donnée à la conjointe et un score 2 est donnée au conjoint lorsqu'il rapporte être la personne qui cède lors de désaccord dans le couple. Dans la version homosexuelle, un score de 2 est donné à l'un ou l'autre partenaire qui cède. Une première étude des qualités psychométriques de l'instruments avec les couples hétérosexuels montrent un degré acceptable de validité convergente avec les données d'observation d'interactions de couples américains (IDCS; Julien et al., 1989) et québécois (SODI: Chartrand & Julien, 1994; Julien et al., 1991). La version homosexuelle montre un degré élevé de cohérence interne (α de Cronbach de 0,79) et un bonne validité convergente avec une mesure observationnelle de communication conjugale (Julien, 1995).

Résultats

Nous avons d'abord examiné les distributions des trois variables d'intérêt. Les données de la variable « coming-out » n'étant pas normalement distribuées, elles ont été regroupées en deux catégories comprenant respectivement un premier groupe de participantes ayant divulgué leur orientation à 100% des membres de leur famille (62%) et un second groupe ayant tout autre niveau de divulgation (38%). De même, la variable soutien social de la famille ($M = 4,28$; $ET = 0,77$) n'étant pas normalement distribuée, les scores ont été inversés et transformés en obtenant la racine carrée de chaque valeur. La variable d'adaptation conjugale est normalement distribuée et est gardée dans sa forme initiale ($M = 112,9$, $ET = 25,4$). Le tableau 1 présente les moyennes et écarts types du soutien social de la famille et de l'ajustement conjugal selon l'appartenance au groupe ayant fait complètement ou partiellement leur coming-out.

Dans le but de tester les hypothèses de médiation, nous avons retenu les critères de médiation de Baron et Kenny (1986). La première étape du test de médiation consiste à s'assurer que les corrélations entre les trois variables sont significatives. Le cas échéant, on peut ensuite évaluer si l'association entre la variable indépendante et la variable dépendante est réduite à zéro ou diminue significativement lorsque la variable médiatrice est introduite dans le modèle.

La première condition (hypothèse 1) stipule l'existence d'un lien positif entre le niveau de coming-out à la famille d'origine et le soutien social de la famille d'origine. La corrélation bivariée (test unicaudal) entre ces deux variables a été calculée. Les analyses montrent une corrélation significative ($r = 0,45$, $p < 0,05$). La première hypothèse est donc confirmée.

La deuxième condition (hypothèse 2) stipule l'existence d'un lien positif entre le soutien social de la famille d'origine et le niveau d'adaptation conjugale. La corrélation bivariée (test unicaudal) entre ces deux variables a été calculée. Les analyses montrent une corrélation significative ($r = 0,23$, $p < 0,05$). La deuxième hypothèse est donc confirmée.

La troisième condition (hypothèse 3) stipule l'existence d'un lien positif entre le niveau de coming-out et le niveau d'adaptation conjugale. La corrélation bivariée (test unicaudal) entre ces deux variables a été calculée. Les analyses montrent une corrélation non-significative ($r = n.s$) entre les deux variables. La troisième hypothèse n'est donc pas confirmée.

Puisque l'hypothèse 3 n'est pas confirmée, nous ne pouvons procéder au test de médiation. L'hypothèse 4 stipulant l'effet médiateur du soutien social sur le lien entre le coming-out et l'ajustement conjugal n'est donc pas confirmé.

Discussion

Cette étude avait pour but d'évaluer le lien entre le soutien social, la divulgation de l'orientation sexuelle (coming-out) à la famille d'origine et l'ajustement conjugal dans un groupe de mères lesbiennes. Puisque la famille d'origine ne peut offrir de soutien au couple que si elle est au courant de l'existence de ce couple, nous nous attendions à ce que les mères qui rapportent un niveau plus élevé de coming-out à leur famille d'origine rapportent aussi un niveau plus élevé de soutien social familial. Les résultats sont en accord avec notre hypothèse. De plus, les couples rapportant un niveau élevé de soutien social au couple de la part de leurs familles rapportent un plus haut niveau d'adaptation conjugale. Ces données sont cohérentes avec celles d'études menées auprès de populations hétérosexuelles (e.g., Julien et al., 1994; Johnson & Milardo, 1988). Il est probable que le soutien au couple renforce le développement et le maintien d'une

identité conjugale et facilite une meilleure gestion des difficultés conjugales chez l'ensemble des couples. Il faut cependant noter que la taille d'effet de cette association est relativement faible ($r=0,23$) dans notre échantillon. Ceci pourrait être dû à un manque de variance dans les scores puisque les taux rapportés de soutien social ($M= 4,28$) et d'ajustement conjugal ($M= 112$ avec une moyenne de 100 dans la population générale) étaient très élevés dans cet échantillon. Il serait intéressant d'examiner la contribution du soutien au couple en conjonction avec d'autres variables conjugales mesurant les processus de la dynamique intra-dyadique.

La troisième hypothèse stipulait un lien entre le coming-out et l'adaptation des couples de mères lesbiennes. De nombreuses études ont démontré l'effet positif du coming-out sur divers indices de santé psychologique tels l'anxiété et la dépression (e.g., Ayala & Coleman, 2000; Jordan & Deluty, 1998). Cependant, jusqu'à présent, seule deux études ont tenté d'évaluer le lien entre le coming-out et un indice d'ajustement conjugal. Ces études ont démontré l'existence d'une association positive entre le niveau de coming-out et la satisfaction conjugale (Berger, 1990; Jordan & Deluty, 2000). Contrairement à ces études toutefois, notre étude ne rapporte aucun lien entre le niveau de coming-out et l'adaptation conjugale. Il est possible qu'en l'absence de divulgation à la famille d'origine, les mères s'entourent d'une 'famille d'adoption' composée d'amis qui joueraient le rôle attendu des familles d'origine. Des études antérieures montrent en effet que le réseau social commun aux partenaires de couples de même sexe est plus grand que celui des couples hétérosexuels (Julien, Chartrand, & Bégin, 1999) et que, chez les couples de même sexe, le réseau d'amis est le plus important soutien au couple, suivi de celui du partenaire et ensuite de celui de la famille (Kurdek, 1988). Il faudrait donc examiner à nouveau la contribution du coming out à la variabilité de l'adaptation conjugale en considérant le réseau social élargi des partenaires de couple, c'est-à-dire une caractéristique de réseau social propre aux couples de même sexe. Toutefois, comme les mères recrutées pour cette étude rapportent un niveau d'adaptation conjugale supérieur à la moyenne de population, il est aussi possible que la faible variabilité des mères de cet échantillon explique cet absence de convergence des résultats avec ceux d'autres études.

Alternativement, il est aussi possible que le coming-out ne soit pas un bon indice d'adaptation conjugale. Certains chercheurs ont d'ailleurs avancé que la symétrie entre les deux membres du couple dans leur comportement de coming-out est un facteur plus important de santé conjugale (Roth, 1985). En d'autres mots, le manque de divulgation ne serait pas nécessairement problématique si les deux membres du couple démontrent cette tendance. Par contre, les couples

démontrant un niveau élevé d'asymétrie dans leurs comportements de divulgation témoigneraient d'une certaine différence d'acceptation de leur lesbianisme, ce qui pourrait entraîner des tensions dans le couple.

L'objectif final de cette étude consistait à tester un modèle voulant que le coming-out ait un impact sur l'adaptation conjugale des mères lesbiennes par l'entremise de son association avec le soutien social : Ainsi, les mères qui font plus de coming-out profitent d'un plus grand accès au soutien à leur couple, et ce soutien a un effet positif sur l'adaptation conjugal. Comme les règles de médiation élaborées par Kenny et Baron (1986) n'ont pas été satisfaites, il était impossible de tester ce modèle. Cependant, le lien existant entre le coming-out et le soutien social, ainsi qu'entre le soutien social et l'adaptation conjugale laissent supposer que le modèle de médiation proposé comporte une certaine validité. En effet, le soutien au couple de la part des familles d'origine contribue à l'adaptation conjugale, et les individus qui ne dévoilent pas leur identité de couple sont privés de ce soutien. Murphy (1989) a d'ailleurs démontré qu'une réaction positive envers le couple lesbien de la part des parents avait pour effet d'améliorer la qualité de la relation conjugale. Toutefois, comme nous l'avons vu, il est aussi vraisemblable que les couples qui ne divulguent pas leur orientation homosexuelle à leur famille d'origine puissent contrer le manque de soutien de celle-ci avec un plus grand soutien social de la part de leur réseau d'amis.

Les résultats de cette étude doivent être interprétés avec prudence. Notre échantillonnage de convenance mène à une sur-représentation de participante qui vivent en relations de couple stables et relativement bien adaptés, et qui ont des niveaux de soutien social et de coming-out élevés. Il est probable que le rôle du soutien au couple est doublement important pour des mères vivant un niveau de détresse psychologique plus élevé ou une relation de couple en difficulté. De plus, la nature corrélationnelle des données implique aussi une certaine prudence dans l'interprétation des données. Il est donc vraisemblable que le coming-out mène à un plus grand soutien de la part de la famille d'origine, mais que la perception de soutien de la part de la famille d'origine encourage le coming-out de la part des couples.

En dépit de ses limites, cette première étude sur les facteurs associés à l'adaptation conjugale des mères lesbiennes offre des pistes de recherche sur cette population. Plus particulièrement, les études futures devraient considérer le rôle du soutien par le réseau d'amis et le rôle du niveau de symétrie dans le comportement de coming-out des mères lesbiennes vivant en couple.

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Tableau 1 : Moyennes et écarts-types du soutien social de la famille et de l'ajustement conjugal en fonction du coming-out.

	Coming-out		Test-t
	<100% n=20	100% n=34	
Soutien positif de la famille	3.51(.92)	4.34(.67)	t(1, 50)=-3.77*
Ajustement conjugal	105.20(24.91)	116.94(25.30)	t(1, 50)=-1.65

* $p < 0.05$

APPENDICE E

RUNNING HEAD: Social Support

Social Support, Coming-out, and Adjustment
of Lesbian Mothers in Canada and France: An Exploratory Study⁴

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Abstract

This study examined the factors associated with individual and relationship well-being, social support, and coming-out of lesbian mothers. We stipulated the existence of three important sources of variations: legal recognition of lesbian families in two distinct countries (Canada and France), mothers' biological status and donor identity. Sixty-one Canadian couples and 53 French couples completed questionnaires on coming-out, support by family and friends, relationship adjustment and individual well-being. Coming-out and mothers' relationship adjustment were positively associated with social support. Levels of coming-out were higher for mothers in Canada and mothers in unknown donor families. The implications of these results are discussed.

Keywords: Lesbian Mothers; Cross-Cultural; Social Support; Coming-Out; Relationship Adjustment; Well-Being

Social Support, Coming-out, and Adjustment of Lesbian Mothers in Canada and France:
An Exploratory Study

Gay- and lesbian-headed families have become increasingly visible in the past 20 years. Their prevalence in any country is difficult to estimate, partly because population surveys have only recently started to include measures of sexual orientation, and partly because some individuals and couples choose not to disclose their sexual orientation. Some have estimated that 20-25% of lesbian women are mothers and 6-8% of gay men are fathers (e.g., Julien, 2002). Thus far, studies on these families have focused almost exclusively on the well-being of children and on comparisons between children raised by lesbian mothers and those raised by heterosexual mothers (for review, see Tasker & Patterson, 2007). The well-being of mothers, however, and the factors associated with their well-being have received little attention. Furthermore, to date, the majority of research on lesbian-headed families has been carried out in Anglo-Saxon countries (United States, United Kingdom, and English Canada). There is a paucity of research examining lesbian families in other cultural contexts.

Homosexuality has become an increasingly visible and accepted reality in most Western societies. Despite recent advances in attitudes, laws, and public policies, however, gay men, lesbian and bisexuals individuals (GLB) still suffer from the negative impact of heterosexism. Herek (1995) defined heterosexism as "the ideological system that denies, denigrates, and stigmatizes any non-heterosexual forms of behaviour, identity, relationship or community" (p. 321) constitutes a stressor and risk factor for GLB individuals, which is likely to impact their psychological adjustment and health (Meyer, 1995, 2003). Clinicians and researchers alike have attempted to determine how the life experiences and development of gay, lesbian, and bisexual individuals are affected by developing in a heterosexist environment.

The systemic approach developed by Bronfenbrenner (1988) is a useful framework to conceptualize the impact of heterosexism on the development of GLB individuals (Figure 1). Bronfenbrenner's model stipulates that influences from environments that are both close and further removed from the developing organism can have an impact on an individual's development. This approach proposes a hierarchy of systems comprising of four progressively more comprehensive levels of environmental influence. The first level,

or microsystem, reflects the environmental influences operating in the most immediate setting to the person (e.g., family). The second level, or mesosystem, comprises the links between two or more microsystems in which the individual is embedded (e.g., family and school). The third level, or exosystem, comprises the links between two or more settings, at least one of which does not ordinarily include the developing person (e.g., for a child, his family and his mother's work setting). Lastly, the macrosystem represents the overarching patterns of ideologies and organization of social institutions common to a particular culture or sub-culture. Cultural values, governments, and religions all have an effect on the overall atmosphere and belief system in which organisms develop.

Insert Figure 1 about here

We assume that systemic heterosexism acts on all levels of GLB individuals' environment. It acts at the macrosystem level in the form of reduced civil, political and legal rights that negatively impact quality of life to create an environment ripe with stressors and risk factors for health problems. In its active form, it results in openly discriminatory laws and practices in various settings (e.g. family, work, school) and victimization (threats, verbal and physical abuse). In its passive form, heterosexism manifests itself in the presumption of heterosexuality, in the use of heterosexist language, and in denials of culture-specific experiences (American Psychological Association Ethics Code, 2000). Countries and cultures vary greatly in their acceptance of homosexuality, so that GLB individuals will be exposed to varying degrees of heterosexism depending on where they live and which culture they belong to.

Heterosexism can also impact psychological adjustment through the other systems. For example, it can act at the child's exosystem level in the form of discriminatory workplace policies that impact lesbian mothers' psychological adjustment, which can in turn affect children's psychological adjustment. Similarly, heterosexist attitudes held by members of GLBs' social network can affect psychological adjustment through the meso- and micro-systems. At the microsystemic level, social networks' heterosexist attitudes

can affect GLB individuals' psychological adjustment directly through the interactions with members of their social network. For example, grandparents' attitudes towards homosexuality can impact their willingness to offer support to children of their lesbian daughter.

Using a systemic framework, the general objective of the present study is to examine the factors associated with individual and relationship well-being, levels of perceived social support by family and friends, and coming-out (disclosure of sexual orientation) of lesbian couples who have a child. Our model stipulates that three important sources of variations will be associated with these variables: Legal recognition of same-sex partnership and parental rights for non-biological parents, mothers' biological status (whether they are or not biologically related to the child), and donor identity (whether the child was conceived with a known or an unknown donor).

Legal Recognition of Same-Sex Couples and Non-Biological Parents in Canada and France

Before the legalization of same-sex marriages in 2006, Canada saw a number of federal and provincial changes in legislations regarding sexual minority rights and recognition of same-sex parents. These changes have had an impact not only on the legal recognition of same-sex unions, but also on the legal recognition of same-sex co-parents. As a result, in Canada, in the absence of a second legal parent (for example, in a lesbian couple who used an anonymous sperm donor who waved all paternal rights and obligations), children born to or adopted by lesbian mothers can now have legal ties to their biological or adoptive parent's partner when couples are legally married, in a civil union, or cohabiting. It should be noted, however, that the above case refers only to lesbian couples who have used adoption or an unknown donor who relinquished his parental rights and responsibilities before childbirth. In the case of known donors, biology still predominates in determining parental rights, and known donors, most often gay men, can choose to demand these rights even when at the onset of the lesbian parenthood project they originally agreed not to be legally involved. In this case, just as is the case for heterosexual step-families, the partner of the biological mother has no legal ties to the child.

In France, same-sex couples do not have access to legal marriage because marriage is still defined as the union between a man and a woman. However, a civil partnership does exist: the PaCS (*Pacte Civil de Solidarité*) confers similar rights as those conferred to heterosexually married couples, such as inheritance rights, but it does not give adoption or parental rights to non-biological parents. Furthermore, France does not grant access to sperm banks for single or lesbian women (many lesbian women use the services of Belgian sperm banks). A 2002 law granted delegation of parental authority that allowed any parent, regardless of sexual orientation, to share parental authority. However, the law did not grant filial or custodial rights.

The differences in legal recognition of same-sex unions and parental rights found in Canada and France raise a number of questions. Our first question was: Are differing levels of institutional heterosexism associated with different levels of well-being for lesbian couples? A first objective of the current study was to examine whether lesbian mothers from France differed from lesbian mothers from Canada on measures of relationship and individual outcomes. Our second question was: Given that lack of recognition targets non-biological parents specifically, and given that choice of donor (unknown or known donors) can provide different access to parental rights for the non-biological parents, are different biological status and different donor identities associated with different levels of non-biological mothers' well-being? A second objective of the current study was to examine whether donor identity and mothers' biological status were associated with mothers' relationship adjustment and individual well-being and whether country of residence moderated these effects. Because families' social environment is likely to carry the effects of institutional heterosexism, a third objective of the study was to examine the effects of country of residence, biological status and family structure on the social support given to couples by their social networks and on couples' ability to be open about their lesbian relationship to family members and the wider social network. In addition, we examined the associations between social support, coming-out, relationship adjustment and individual well-being and the moderating effect of country of residence, biological status and family structure on these associations.

Social Support and Well-Being

Perceived social support plays the role of both a risk and a protective factor in the health of GLB individuals. For individuals who experience high levels of social stress, such as members of marginalized minorities, social support can have a buffering effect by

reducing isolation and offering resources, a sense of security, and a sense of identity. However, social support can also be used as an instrument of social control. Indeed, through the manipulation of social support, such as selectively providing or withdrawing support, respect, or emotional assistance, an individual's social network can reinforce or punish certain types of behaviours or identities. Because the homosexual identity is often devalued and discriminated against, GLB individuals can face social networks' negative reactions or complete or partial withdrawal of support (Vincke & Bolton, 1994). Differences in levels of perceived social support among GLB individuals can contribute to variability in outcomes within this population: Gay men with low levels of social support have been found to experience feelings of depression (e.g., Vincke & Bolton, 1994), and lesbian women reporting lower levels of social support from family and friends, and lesbian women living alone also report higher levels of depressive symptoms (Oetjen & Rothblum, 2000). The present study will examine the impact of perceived social support on the individual well-being of lesbian mothers.

Besides the paucity of research on lesbians' social support and well-being, little empirical research has been done on same-sex couples. Compared to research on relationships in general, research on relationship adjustment of same-sex couples or the links between relationship adjustment and partners' social networks remains rare. The available evidence, however, counters the stereotypes that homosexual individuals engage in more occasional and casual relationships. In general same-sex couples are more similar to heterosexual couples than they are different on a number of variables, including relationship stability and satisfaction (for review, see Herek, 2006).

A significant number of studies on relationship adjustment highlight the role of social contexts in the development and maintenance of heterosexual romantic relationships. In general, social support given by social networks acts to increase well-being, to decrease psychological distress and to lessen the negative impact of stress both on individuals and on romantic relationships (Cohen & Wills, 1985; Procidano & Smith, 1997; Julien et al., 2000). A couple's social network, however, can be a source of both support and interference for the couple (e.g., Julien & Markman, 1991; Julien, Markman, Léveillé & Chartrand, 1994). For example, parental interference, measured at the

beginning of the couple's relationship, increases the probability that the relationship will deteriorate, whereas parents' support for the relationship is positively associated with their children's commitment to their relationship and to the stability of this relationship across time (e.g., Johnson & Milardo, 1984; Parkes, Stan & Eggert, 1988). The type of support given by couples' network also depends on the identity of the supporter. Whereas parents and close friends are both seen as offering support to couples, parents' role is perceived as being more ambivalent: they are both a source of support and judgement (Klein & Milardo, 2000). These data, however, were obtained from heterosexual couples. It is not known whether they can be generalized to same-sex couples.

Same-sex couples, unlike their heterosexual counterparts, must develop their relationship in a heterosexist social context and are often greeted with hostility or disapproval by their social networks. It is therefore possible that in the absence of social and cultural support available to heterosexual couples, the fragility of ties with their immediate network could impact the relationship adjustment of same-sex couples. In addition, the presence of a child in any family can modify the impact and the importance of social support (Erel & Burman, 1995). In other words, having a child could increase the importance of family support or the impact of a lack of social support for lesbian mothers. For example, grand-parents in particular can play an important role with their daughters and their grandchildren. Grand-parents can offer mothers practical, logistic, financial and emotional support. They are therefore a source of influence and support for the family on a daily basis and can have a protective role during difficult situations or during transition periods, such as pregnancy (Tinsley & Parke, 1984; Cherlin & Furstenberg, 1992; Eggebeen, 1992; Zarit & Eggebeen, 1995). One study to date has examined the link between social support to the couple and relationship adjustment for lesbian mothers. This study found that levels of perceived social support were positively related to relationship adjustment in a sample of lesbian mothers in Canada (Vyncke & Julien, 2006). The present study will examine the association between social support and lesbian mothers' individual and relationship adjustment within the context of two cultures that vary in the legal discrimination of same-sex couples.

Disclosure of Sexual Orientation, Social Support and Well-being.

Given the importance of considering social support for the individual and relationship well-being of lesbian mothers, we have to consider the fact that disclosure of one's sexual orientation (coming-out), an attribute unique to sexual minorities, can influence the level of support given by family members. Coming-out behaviour is defined as the act of disclosing one's sexual orientation to others. It is a mistake to assume that "coming out" is a single major life event. Instead, it should be viewed as a life-long process, and therefore a potential life-long source of stress, that may need to be repeated every time a GLB individual comes into contact with a new person or new environment. Coming-out is thought to play an important role in the health of gay, lesbian and bisexual individuals for several reasons. First, disclosure about any aspect of the self acts as an important factor in relational intimacy through the expression of significant private experiences, emotions, and impulses (Cole, Kemeny, Taylor, & Visscher, 1996). Disclosure is also strongly associated with an individual's access to social support since it is in great part through the disclosure of needs and experiences that an individual can gain access to others' validation, sympathy, resources and coping strategies. It is generally accepted that non-disclosure of sexual orientation by GLB individuals can have a negative impact on psychological adjustment. Inasmuch as the inability or unwillingness to disclose one's sexual orientation reflects a certain level of discomfort with one's sexual orientation, studies on this topic have found links between coming-out and a number of negative outcomes (e.g., Jordan & Deluty, 1998; Rosario, Hunter, Maguen, Gwadz & Smith, 2001). Homosexual individuals who report lower levels of coming-out also report higher levels of depression and anxiety, as well as lower levels of self-esteem (Ayala & Coleman, 2000; Jordan & Deluty, 1998).

Levels of coming-out can also influence same-sex couples' relationship adjustment because non-disclosure can result from self-devaluation and same-sex relationship devaluation. The necessity to conceal one's sexual orientation and relationship status can also be an additional stressor for same-sex couples (Berzon, 1988). Studies have shown that disclosure of sexual orientation is positively associated with relationship adjustment: Gay and lesbian individuals are happier in their relationships when all the members of their families are aware of their sexual orientation (Chartrand & Julien, 1996; Jordan & Deluty, 2000). However, couples that are more open about sexual

orientation are also more exposed to both positive and negative direct influences from social networks. On the one hand, disclosure of sexual orientation or of a same-sex relationship makes it possible for individuals' social networks to support the relationship. Partners who are able to live their relationship openly within their social network have the opportunity of being reinforced in their identity as a couple by members of their family. On the other hand, it can also put couples at greater risk of receiving negative social reactions. The current study will examine the association between disclosure of sexual orientation and individual and relationship well-being for lesbian mothers in Canada and France.

Donor Identity, Biological Status of Mothers, Support, and Well-being

Levels of individual and relationship well-being, as well as social support and disclosure of sexual orientation may also vary according to the way in which children were conceived, recognition of the non-biological parent and the presence of more than two parents. Consequently, it is important to consider the variability in lesbian families. Until recently, the majority of lesbian mothers were women who had conceived their children in a previous heterosexual relationship before discovering and disclosing their lesbian identity. Motherhood was less accessible to women who had "come-out" at an earlier age given that access to methods of assisted procreation, such as fertility clinics and the use of sperm banks, was not available to lesbian women and couples. In the past 20 years, however, increasing acceptance of homosexuality and recognition of rights for homosexual individuals and same-sex couples has led to a significant rise in the numbers of lesbian couples choosing to be parents through assisted procreation, a phenomenon that has been termed "gayby boom" (Patterson, 2000). Lesbian couples who wish to become parents have three choices: They can choose to adopt or foster a child, they can choose to have a child using the sperm of an anonymous donor obtained through a sperm bank, or they can ask a man in their social network to be a known donor and involved parent. These choices have different implications in terms of affiliation between mothers and their child and in terms of the number of parents involved in the upbringing of the child.

The decision to use a known or an unknown donor is an important one for lesbian couples as it determines the legal and social ties of each mother to her child. The roles

and rights of biological mothers are pre-determined and socially prescribed. The roles of co-mothers, however, are not. Depending on the laws and values in place in the province or country of residence and on the presence or absence of a known donor, the legal recognition of co-mothers can vary greatly. For example, in Quebec (Canada), the biological mother's partner is recognised as the second parent at the child's birth if an unknown donor was used. In this case, the names of both mothers are on the child's birth certificate as the two legal mothers.

Several reasons lead lesbian couples to choose insemination by a known donor over an unknown donor. Choosing a known and involved donor represents certain advantages, such as increased resources for the child and for the parents (more parents to share child-rearing) and the presence of a male role model (e.g., Ryan-Flood, 2005; Tourni & Coyle, 2002). Some couples want an involved third parent (the father), whereas others want the father to be known by, but not involved with the child. In either case, the role of the co-mother could be a difficult one to define. The parental involvement of two biological parents, legal or not, may reduce the co-mother's social recognition for her role, and sometimes precludes legal recognition. Furthermore, managing a multi-parental family can involve a greater number of stressors. Dealing with differences in values, with changing relationships between parents, but also with potential changes in expectations or desires when it comes to the involvement and responsibilities of each parent, can make multi-parent families difficult to negotiate. For example, a known donor who had agreed to have no parental role with the child could decide, after the child is born, to become more invested in this role. We know very little about the differences between these types of family structures. Interviews with lesbian couples planning their first child revealed that couples who had chosen a known donor reported higher levels of psychological distress than couples using an unknown donor (Leblond-de Brumath, Julien, Fortin, Vyncke & Fortier, manuscript in preparation). Stress associated with the increased complexity of involving a third parent, even before the child is born, may affect the individual and relationship well-being of mothers.

No study thus far has examined whether the choice of donor type is associated with differences in levels of coming-out to family members, social support given by these family members, and individual and relationship outcomes. It may be the case that co-

mothers in families where a known biological father is present receive less recognition and support for their parental role. Also, the presence of a biological father makes the same-sex nature of the mothers' relationship less obvious and visible. It is therefore possible that mothers who have chosen a known donor have lower levels of coming-out than mothers who have chosen an unknown donor. This study will examine whether, relative to couples who have chosen an unknown donor, couples who have chosen a known donor have different levels of disclosure to family members, social support received from family members, higher levels of psychological distress, and lower levels of relationship adjustment. This study will also examine whether mothers' country of residence and mothers' biological status moderate the above associations.

Method

Participants

Sixty-two lesbian couples from Canada and fifty-three lesbian couples from France were recruited for the purposes of this study. All couples were mothers to at least one child born in the context of the current couple's relationship. In both countries, families were recruited through community organizations for lesbian-headed families. In Canada, 35 of the 62 families were created using the sperm of an unknown donor and 27 with the sperm of a known donor. In France, 40 families were created by using the sperm of an unknown donor and 13 using the sperm of a known donor. Chi-square analysis confirmed that proportionately more families were created using the sperm of an unknown donor in France, $\chi^2(1, N=230) = 10.91, p = .00$. Children in Canadian families were significantly older than children in French families, $t(159) = 2.81, p = .00$, however mothers' average age did not differ between Canada and mothers' education level was dichotomised to make comparisons between Canada and France easier (less than 12 years versus 13 years or more). The majority of mothers in both countries had completed 13 years of education or more (90% in Canada and 83% in France, n.s.). Mothers' revenues before taxes were dichotomised (less than 40,000\$ a year versus 40,001\$ or more). Mothers did not differ as a function of country of residence. Finally, there was no difference in the proportion of mothers living in a large city between Canada and France (40% in Canada and 49% in France).

Analyses were then conducted to examine whether biological mothers and co-mothers were different across the variables mentioned above. Biological mothers and co-mothers did not differ in age, education level, number of hours spent at work or in their yearly salary. Finally, families with known donors and unknown donors were compared and analyses confirmed that they did not differ on any demographic variable except age of child, $t(113) = -2.173, p < .03$. Given that age of child was only associated with relationship adjustment and that relationship adjustment did not differ among the different groups, age was not entered as a covariable in further analyses. Table 1 displays the means and standard deviations for all dependent variables according to country of residence, mothers' biological status and donor identity.

Insert Table 1

Procedure

The current study is a part of a larger study on lesbian families in Canada and France (Julien & Chartrand, Social Sciences and Humanities Research Council of Canada). Contact was made with community organisations catering to lesbian mothers in both Canada and France. These community organisations were asked whether they would agree to contact their members on the researchers' behalf. Community organizations in both countries agreed to send letters to all their members inviting them to participate in a project on lesbian families. Mothers were asked to contact the researchers if they were interested in participating. Given that lesbian mothers are part of a stigmatized minority and that some of the members of the group may not have disclosed their sexual orientation to their children, it was important to leave mothers the choice to contact the researchers. Interested mothers were sent a questionnaire, a consent form and a return envelope. Couples were sent their questionnaires separately and were asked not to discuss their answers until the questionnaires were sent back. Participants received 35\$ for returning a completed questionnaire.

For the purposes of this study, participants who met the following criteria were included: 1) couples who were cohabiting, in a civil partnership or married, and 2) who

had a child/children born using insemination with the sperm of an unknown or known donor.

Measures

Social Support to the Couple. The questionnaire on social support given to the couple was inspired by the Social Reaction Index (Lewis, 1973). Our measure of support to couples evaluates the support given by family and friends. Support given by family members is evaluated with 5 items measuring support (e.g., "How often are you invited for a family dinner or reunion with your partner?") and one item measuring interference (e.g., "How often do members of your family criticize your partner?"). Support and interference by heterosexual and GLB friends was measured in separate items. Each question was asked first for heterosexual friends and then for GLB friends. Support was measured by two items (e.g., "How often do you receive invitations from your heterosexual/GLB friends who assume that you will very probably come with your partner?") and interference was also measured by two items (e.g., "How often do your heterosexual/GLB friends critique/put down your partner or relationship?"). Participants respond on a likert-type scale ranging from 1) never to 5) very often. This instrument demonstrated satisfactory internal consistency and validity (Chartrand & Julien, 1996). A principal component analysis with varimax rotation confirmed the existence of 3 factors. The first containing positive support from family items (5 items), the second containing positive support from friends (4 items) and the last containing negative interference from friends and family items (5 items). Internal consistency was satisfactory ($\alpha = .75$). Given that the principal component analysis did not reveal the existence of separate factors for GLB and heterosexual friends support/interference, heterosexual and GLB friends were grouped under "friends".

For the purposes of this study, the family positive support and the friends positive support factors were used. Whereas positive support from friends was normally distributed, positive support from friends was negatively skewed as most scores centered around 4 or 5 on the 5 point-scale. All scores were therefore inversed and squared.

Disclosure of Sexual Orientation: Disclosure of sexual orientation was measured using a questionnaire in which respondents were asked to indicate the extent to which

each individual or group of individuals in a list (mother, father, the majority of brothers and sisters, the majority of other family members, heterosexual friends, work colleagues, employer, the majority of doctors, neighbours, child's daycare workers, child's school teachers, child's friends and child's friends' parents) are aware of their sexual orientation (Otis, Ryan & Chouinard, 1999). Response choices, as used by D'Augelli (1991), include four choices: (1) "I'm sure he/she knows it and we have talked about it", (2) "I'm sure he/she knows but we have never talked about it", (3) "He/she probably knows or has suspicions but we have never talked about it", (4) "He/she doesn't know and doesn't suspect". The list of individuals was divided into two groups: family members and wider social network. The distribution of scores for coming-out to family members and coming-out to friends and other members of the social network were positively skewed with over half the participants answering 1 (knows and we've talked about it). This variable was therefore dichotomized (1 = 100% disclosure, 2 = < 100% disclosure).

Relationship Adjustment. Relationship adjustment was measured with an adapted version of the Marital Adjustment Test (MAT; Locke & Wallace, 1959). This instrument includes a question on global adjustment, eight questions measuring the intensity of eight sources of discord between partners and six questions measuring conflict resolution, cohesion and communication. The cut-off score between distressed and non-distressed couples on the MAT is 100. The MAT has demonstrated a high level of internal consistency and validity and has been used extensively in research on marital adjustment (Interactional Dimension Coding System; Julien et al., 1989). In order to use this instrument with a lesbian population, unsuitable gendered terms were corrected. Furthermore, the scores on item 10 were modified as follows: in the heterosexual version, a score of 1 is given to the female partner and a score of 2 to the male partner if they report being the one who « gives in » during conflict. In the homosexual version, a score of 2 is given to either partner. The homosexual version of the test also demonstrates a high level of internal consistency (Cronbach's alpha = 0,79) and good convergent validity with observational measures of conjugal communication (Julien, Chartrand, & Bégin, 1999). For the purposes of this study, a relationship adjustment score was obtained for each participant.

Psychological Distress (Échelle de Mesure des Manifestation de la Détresse Psychologique (ÉMMDP); Massé et al., 1998b). This measure of psychological distress is made up of 4 factors: anxiety/depression, irritability, self-deprecation and social disengagement. The psychological distress scale is made up of 23 items (overall $\alpha = .93$; subscales $\alpha = .81$ to $.89$) along these 4 factors, relating to the manifestation of various cognitive, physical, behavioural and emotional forms of distress in the previous month. Participants respond to the items on a 5-point Likert-type scale indicating if the manifestation or signs of psychological distress had occurred never (1) to always (5). The subscales have been shown to have good construct validity and internal consistency (Massé et al., 1998b). For the purposes of this study, an average score of the 23 items was obtained for each participant.

Results

Means, Standard Deviations and Associations

Table 1 presents the means and standard deviations of the continuous dependent variables and the proportions for the dichotomous variables of this study. Table 2 presents the correlations between the dependent variables. As expected, coming-out to family was associated with social support from family, and coming-out to the wider social network was positively associated with social support from friends. Coming-out to family and coming-out to wider social network were not associated with relationship adjustment and individual well-being. However, as expected, social support from family and social support from friends were both positively associated with relationship adjustment.

Insert Table 2 about here

The effect of Country of Residence, Mothers' Biological Status and Donor Identity on Base rates and Association Between Variables.

To test the effect of country of residence, biological status, and donor identity on the dependent variables, a 2 Countries (France/Canada) X 2 donor identity (unknown/known donors) X 2 Status (biological/non-biological) multivariate analysis of variance was performed on the continuous variables (social support from family, social support from friends, relationship adjustment and individual well-being). The Box M test of sphericity was significant, which confirmed that we could enter all the dependent variables in the analysis. Because partners' scores in a couple were interdependent, mothers' biological status was entered as a within-subjects factor. For the dichotomous variables (coming-out to family and coming-out to the extended network), loglinear analyses were conducted using the same factorial design.

The MANOVA yielded no multivariate main effects for country of residence, biological status, and donor identity on the social support and adjustment variables. There were also no interaction effects on the continuous variables. However, the loglinear analyses revealed a main effect of country of residence and a main effect of donor identity on coming-out. Canadian lesbian mothers were more likely to have come-out completely to their wider social network than French mothers, $\chi^2 = 20.46$ (1, N= 230), $p = .00$. Mothers who used an unknown donor were more likely to have come-out completely to their family than mothers who used a known sperm donor, $\chi^2 = 8.33$ (1, N= 230), $p = .00$. No other main effects or interaction effects were found.

In order to examine whether the strength of the associations between the dependent variables varied according to country of residence, biological status and donor identity (see Tables 3, 4 and 5), we conducted tests of differences between the correlations. There was an effect of donor identity on the strength of the association between coming-out to family and relationship adjustment. The correlation between coming-out to family and relationship adjustment was significantly stronger in known donor families than in unknown donor families, $r = .20$, $p < .05$ versus $r = -.13$, n.s. No other differences in strength of correlations were found.

Discussion

The present study was one of the first to compare lesbian families from two distinct countries and to account for both the biological status of mothers and donor identity.

We examined the associations between, on the one hand, the social, biological and family contexts of lesbian-headed families and, on the other hand, the social support received from family and friends, coming-out, relationship adjustment and individual well-being. Our analyses compared lesbian couples in two countries with differing levels of legal recognition of same-sex relationships and non-biological parents' rights, biological versus non-biological mothers, and couples who had conceived a child using the sperm of a known versus an unknown donor.

The associations found between the dependent variables generally confirmed our predictions. Social support from both family and friends was positively related with lesbian relationship adjustment across all groups. The association between social support and relationship adjustment had been established for heterosexual and lesbian couples, but to date only one study had examined this association in lesbian mothers' couple relationship (Vyncke & Julien, 2006). Much as is the case for heterosexual couples, then, social support to the couple can serve to strengthen the identity of the couple, to increase relationship well-being and to lessen the negative impact of stress on established couple relationships. For this reason, future studies should focus on the factors likely to affect the level of support given to same-sex couples and to their families. The fact that no association was found between social support and well-being is probably due to our measure of social support, which specifically targeted support to the couple and not to the individual.

Our results also confirmed the existence of a link between coming-out and social support. Mothers who reported higher levels of coming-out also reported higher levels of social support. This result is not particularly surprising given that it is difficult for a family or friends to support a couple whose existence they are not aware of. However given the correlational nature of these data it is impossible to confirm whether individuals who have better social support are more likely to come-out or if individuals who have come-out receive more support. The measure of social support used in this study, however, specifically evaluated support to the couple which means support to the couple could not predate the existence of the couple. It is therefore likely that in this case, coming-out increased a couple's chance of being supported.

As mentioned earlier, coming-out can have both positive and negative consequences for individuals. Our data do not give information on levels of support prior to coming-out so that it is impossible to estimate whether some mothers lost support following their coming-out. This question is an important one, as loss of support could put lesbian mothers and their families particularly at risk. Future retrospective or longitudinal studies would be needed to evaluate both the positive and negative impact of coming-out on the support given to lesbian mothers and their children.

Moderating Effects of Country of Residence, Mothers' Biological Status, and Donor Identity

As hypothesized, mothers in Canada were more likely to have disclosed their sexual orientation to their wider social network, irrespective of donor identity or biological status. Coming-out to the wider social network may be influenced by a legislative context that recognizes the legitimacy of same-sex relationships and families and protects these individuals against homophobic rhetoric and hate crimes. Whereas there is no guarantee that couples in Canada will not face homophobia and discrimination, they are nonetheless guaranteed full and equal protection under the law and have legal recourses in the event of discrimination. Furthermore, Canada has added sexual orientation to its hate crime laws, which means that crimes committed because of a person's sexual orientation are more severely punished, as is the case for crimes committed on the basis of race or religion. Individuals, couples, and families in Canada can expect recognition in all governmental institutions, including schools, courts and hospitals and do not have to fear that they will not be recognized as a parent or that they will lose financial or legal rights, for example. It is therefore possible that coming-out for lesbian couples in Canada is easier and safer than for couples in France. Alternatively, there may be cultural differences in the barriers between the private and public self in France and Canada that could also explain these differences. Individuals in France may simply disclose less private information to individuals outside of their immediate social circle.

Interestingly, a large proportion of the sample of French mothers had used an unknown donor, despite the difficulty for mothers to gain access to fertility clinics and sperm banks. It is impossible to determine whether our sample is representative of lesbian

mothers in France but it would be interesting to examine whether perhaps couples in France feel safer using the sperm of an unknown donor who cannot claim parental rights over the child. The relative lack of recognition of non-biological mothers in France may mean that the presence of a biological father makes their role all the more precarious and difficult to define.

Contrary to what we expected, mothers in France and Canada did not differ in coming-out to their family. It is possible that lesbian couples who have a child are quite visible as a lesbian couple in their immediate family circle. Therefore legal recognition of their relationship might not play an important role in determining their levels of disclosure to family members. Alternatively, perhaps the need for support from the family of origin is very high for couples with children given the additional emotional, financial and emotional load involved in raising children, which may encourage mothers to come-out to their families. A recent qualitative study showed that, in some cases, parents of lesbian women reconciled themselves with their daughter's homosexuality when they learned that she was pregnant, realizing that her lesbian identity did not exclude the possibility of grand-children, as often feared (Leblond-de Brumath et al., 2006). Coming-out to family may therefore be more related to individual and family factors than to societal factors.

Irrespective of country of residence and biological status, coming-out to family was also different between known and unknown donor families. More specifically, mothers in unknown donor families were more likely to have come-out completely to their family than mothers in known donor families. It is possible that the presence and parental involvement of a biological father may lower the need of lesbian mothers to be out. It is also possible that the complexity of procedures involved in conceiving a child with the sperm of an unknown donor (the use of sperm banks and fertility clinics, for example) may make couples choosing this option more visible to their families before the child is even born. The added absence of a biological father may make it very difficult to these couples not to come-out. Alternatively, some mothers may choose a known donor in part because they are not comfortable being out or not in a safe position to do it. Contextual factors could make coming-out difficult or impossible, for example, if mothers have grounds to fear losing their child, their job, or their family's help. In these

cases, choosing a known donor may allow mothers to have a child while also allowing them to maintain a certain amount of discretion about their sexual orientation.

Finally, we examined whether associations between the dependent variables varied according country of residence, mothers' biological status and donor identity. The relationship between coming-out to family and relationship adjustment was significantly stronger for couples who had used a known donor than for couples who had used an unknown donor. One possible explanation for these results is that coming-out to family was very high for the unknown donor group (108 had completely come-out and 41 had not completely come-out), which could have led to a lack of variability and hence made it difficult to detect an effect. Alternatively, the additional stressors involved in managing a known-donor family may increase the importance of social support and its relationship with relationship adjustment. Another possibility is that mothers who are less happy in their relationship are less likely to talk about this relationship with their family and may not feel the need to disclose their sexual orientation in this way. It would be important to consider the contextual factors associated with coming-out for mothers in known-donor families given the stronger association between coming-out and relationship satisfaction in this group. It is impossible to say, however, whether encouraging mothers to come-out would lead to better relationship adjustment as it is possible that other factors predict both of these variables. For example, it may be the case that mothers who are living in more heterosexist environment (for example in their workplace) would be less likely to come-out and that their experience of heterosexism would also have an impact on their relationship adjustment and their choice of a known donor. Further research on this topic is therefore necessary.

Our study is not the first to have shown a difference between lesbian mothers who choose a known versus an unknown donor. The fact that two of the three significant group differences in this study are associated with family structure suggests a need to further unpack family structure variables. Previous research has shown that lesbian couples who were planning to conceive with a known donor reported higher levels of psychological distress than couples who were planning to conceive with an unknown donor (Leblond-de Brumath, et al., 2006). To date, research on lesbian families rarely differentiated between known and unknown donor families, partly because large samples

are difficult to recruit. However our results suggest that the choice of donor entails specific protective and risk factors that need further research attention. For example, we were not able to account for the involvement of biological fathers in known-donor families in this study. In some families, biological fathers were involved third parents, whereas in other families, biological fathers acted more like a distant family relative that the child saw very infrequently. The involvement of a biological father could, in some cases, act as a source of stress by increasing the potential sources of discord and making the non-biological mother's role a difficult one to negotiate. Alternatively, the presence of pre-existing individual and relationship factors, such as inability to come-out or relationship difficulties, may be associated with a higher likelihood of choosing a known donor.

We hypothesized that differing levels of legal recognition found in Canada and France would be associated with social support for couples and would interact with mothers' biological status given that the lack of legal recognition targets non-biological mothers more specifically. We also expected that mothers in known-donor families, and especially non-biological mothers in known-donor families, would report lower levels of individual well-being, relationship adjustment and social support. Contrary to what we hypothesized, therefore, biological and nonbiological mothers did not differ on any of the social support, coming-out and well-being measures. Other research has also revealed no differences between biological and non-biological mothers in Canada on measures of psychological distress, quality of relationship with grandmothers or support for parental role (Leblond-de Brumath et al., 2006). In a study published in this issue, Hermann-Green (in press) also found no difference in relationship adjustment between biological and non-biological mothers in Germany. Previous research on lesbian mothers has shown that co-mothers are very involved in child-care tasks and that child-rearing is often equally divided between mothers (Patterson, 2000). It is possible, therefore, that parental involvement, rather than legal recognition, determines how co-mothers feel about their status as the non-biological parent.

A number of limitations may explain this lack of findings. First, it is possible that Canada and France do not differ enough in their recognition of same-sex couples and in their general acceptance of homosexuality to adequately measure the impact of

institutional heterosexism. Debates over same-sex marriage in France are progressing and recent poles have shown high levels of support for a change in the marriage law (Same-sex marriage in France, 2006). Future studies should compare countries or cultures that are more dissimilar in their stance on homosexuality. Also, another measure of heterosexism may have yielded different results. Laws and legislations may be associated with cultural and social acceptance of homosexuality in a country, but in many cases, wide-spread legislative changes precede wide-spread acceptance. For example, in Canada, same-sex marriage received between 45 and 55% support since 2003 despite the change in legislation (Same-sex marriage in Canada, 2006). A measure of societal heterosexism may therefore be useful, either as perceived by respondents themselves or as measured in the general population.

Second, the present study's most important limitation is in its use of a highly educated and community-involved convenience sample of lesbian mothers. As is the case in almost all studies on lesbian mothers and on gay, lesbian, and bisexual individuals in general, it is an inescapable fact that individuals who have not come-out do not participate in studies on lesbian mothers. We therefore studied samples of mothers that show high levels of relationship adjustment, individual well-being, social support and coming-out. The lack of variability and ceiling effects especially in social support and relationship adjustment, made the detection of effects difficult. The use of representative samples in studies on these populations would be needed. A few population studies have started to include sexual orientation measures and these studies generally show that a larger proportion of GLB individuals report psychological adjustment difficulties such as psychological distress, suicide, suicidal ideation and drug use (for a review, see Julien, & Chartrand, 2003). For example, an analysis of the 1998 Quebec Health Survey showed that women who reported same-sex sexual behaviour and also reported having a child were more likely to report psychological health problems such as psychological distress and high-risk life habits compared to heterosexual mothers (Jouvin, Julien, & Chartrand, 2002). These types of studies are therefore needed to increase the probability of identifying subsets of population that are more at risk. It should be noted, however, that the complexity and cost involved in lesbian couples' attempts to have a child could naturally select for couples who are of higher socio-economic status and educational

level, as well as couples who have a high level of relationship adjustment and stability, and high levels of social support.

Third, we used a social support measure that focuses solely on support to the couples. We expected that non-biological mothers would report lower levels of support than biological mothers. Ideally, the measure of support should have targeted respondents' role as mothers. The use of support measures tailored to parenthood may have yielded different results.

Fourth, we found that our measure of coming-out was not associated with relationship adjustment. For a gay or lesbian individual who has not come-out, starting a same-sex romantic relationship increases the pressure for disclosure. Partners must therefore negotiate their level of disclosure and dissymmetry in this disclosure could lead to conflict or tension. Studies have shown that couples who report higher dissymmetry in their levels of coming-out are less satisfied with their relationship than couples who report more similar levels of coming-out (Jordan & Deluty, 2000; MacDonald, 1998). Future research on disclosure of same-sex couples may therefore want to examine this aspect of coming-out rather than individual partners' level of coming-out, as dissymmetry may be more associated to relationship adjustment.

Despite its limitations, the present study displayed several strengths. It is the first study to not only to have examined factors involved with lesbian mothers' relationship adjustment and individual well-being, but also to do so in two countries, which allowed us to evaluate the impact of legal discrimination. Most importantly, we were able to account for both donor identity and mothers' biological status and found that the impact of donor identity warrants further attention in future studies on lesbian-headed families.

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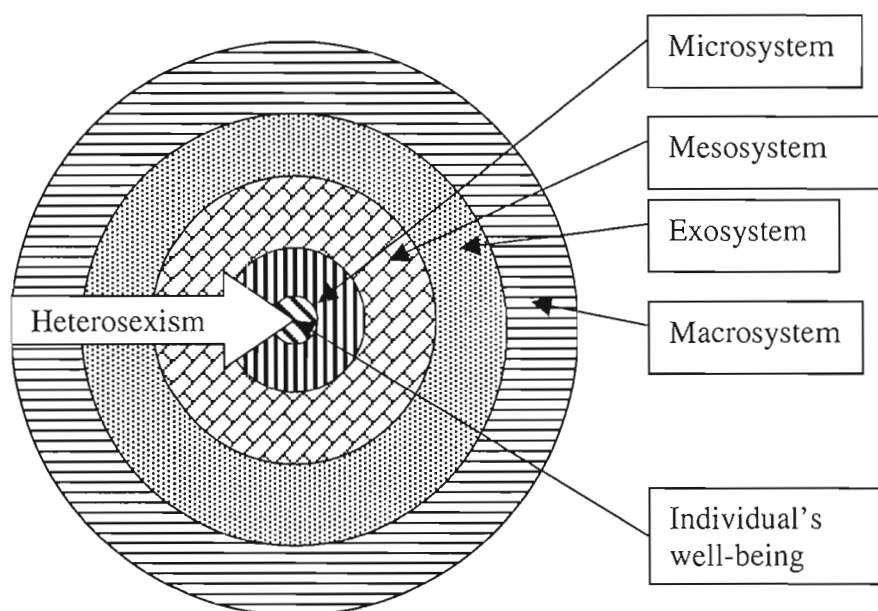


Figure 1

Heterosexism and its Effect on Well-Being Through the Four Systemic Levels. Adapted from Bronfenbrenner's (1988) Theory of Interacting Systems in Human Development, pp. 38-39.

Table 1

Means and Standard Deviations of Dependent Variables by Country of Residence, Mothers' Biological Status and Donor Identity

	Number of couples	Mean age of mothers	Mean age of children (in years)	Mean number of children	Social support (family)	Social support (friends)	Frequency of coming-out to family [100% (less than 100%)]	Frequency of coming-out to extended network [100% (less than 100%)]	Psychological distress	Relationship adjustment
France	53	36.87 (3.50)	1.65 (1.87)*	1.15 (.41)	4.53(.56)	3.63(.85)	74(32)	72(34)*	.76(.63)	120.81(17.99)
Canada	62	36.32 (4.59)	2.99 (2.99)*	1.21 (.45)	4.51(.52)	3.69(.83)	75(47)	108(14)*	.87(.62)	114.02(21.95)
Biological mothers	N/A	36.57(4.11)	2.37(2.61)	1.18(.43)	4.54(.52)	3.72 (.85)	78(37)	70(45)	.87(.62)	116.46(21.30)
Non-biological mothers	N/A	37.71(5.29)	2.37(2.61)	1.18(.43)	4.50(.56)	3.60 (.83)	71(42)	79(34)	.78(.47)	117.85(19.64)
Unknown donor	75	37.13(4.88)	1.99(2.13)*	1.23(.48)	4.55(.53)	3.68(.83)	108(41)*	99(50)	.75(.48)	119.11(20.18)
Known donor	40	37.15(4.56)	3.08(3.25)*	1.10(.30)	4.47(.55)	3.62(.85)	41(38)*	50(29)	.97(.64)	113.52(20.58)

*p < .05

Table 2

Intercorrelations between dependent variables across all groups (country, mothers' biological status and Donor Identity)

	1	2	3	4	5	6
All mothers (n = 228)						
1. Coming-out : wider social network						
2. Coming-out : family	.05					
3. Social support-family	-0.04	.19**				
4. Social support-friends	.24**	.02	.17*			
5. Relationship adjustment	.08	.10	.16*	.25**		
6. Individual well-being	.01	-.13	.09	-.04	-.43**	

Two-tailed analysis, **p < .01, *p < .05

Table 3

Intercorrelations Between Dependent Variables as a Function of Country of Residence.

	1	2	3	4	5	6
Mothers in Canada (n = 122)						
1. Coming-out : wider network						
2. Coming-out : family	.10					
3. Social support-family	-.11	.20*				
4. Social support-friends	.24**	.05	.14			
5. Relationship adjustment	.22*	.08	.24**	.29**		
6. Individual well-being	-.08	-.15	.11	.02	-.43**	
Mothers in France (n=106).						
1. Coming-out : wider network						
2. Coming-out : family	.05					
3. Social support-family	-.01	.19				
4. Social support-friends	.25**	-.02	.20*			
5. Relationship adjustment	.04	.10	-.04	.22*		
6. Individual well-being	.07	-.05	.05	-.14	-.43**	

Two-tailed analysis, **p < .01, *p < .05

Table 4

Intercorrelations Between Dependent Variables as a Function of Mothers' Biological Status.

	1	2	3	4	5	6
Biological mothers (n=115)						
1. Coming-out : wider network						
2. Coming-out : family	.17					
3. Social support-family	-.04	.17				
4. Social support-friends	.24**	.13	.16			
5. Relationship adjustment	.03	.17	.17	.22*		
6. Individual well-being	.02	-.08	.14	-.09	-.43**	
Non biological mothers (n=115)						
1. Coming-out : wider network						
2. Coming-out : family	-.06					
3. Social support-family	-.05	.21*				
4. Social support-friends	.27**	-.10	.17			
5. Relationship adjustment	.13	.03	.15	.28**		
6. Individual well-being	-.01	-.16	.05	.01	-.46**	

Two-tailed analysis, **p < .01, *p < .05

Table 5

Intercorrelations Between Dependent Variables as a function of Donor Identity

	1	2	3	4	5	6
Known donor (n = 150)						
1. Coming-out : wider network						
2. Coming-out : family	.01					
3. Social support-family	.03	.25**				
4. Social support-friends	.29**	.21*	.27**			
5. Relationship adjustment	.05	.20*	.20*	.25**		
6. Individual well-being	.01	-.19*	.14	-.16*	-.43**	
Unknown donor (n = 80)						
1. Coming-out : wider network						
2. Coming-out : family	.11					
3. Social support-family	-.17	-.07				
4. Social support-friends	.16	.30**	.00			
5. Relationship adjustment	.12	-.13	-.06	.23*		
6. Individual well-being	.03	.04	-.01	.15	-.41**	

Two-tailed analysis, **p < .01, *p < .05

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