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Victimization, Social Support, and Psychosocial Functioning Among Children of Same-sex and
Opposite-sex Couples in the United Kingdom

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Abstract

To further develop an understanding of psychological and social functioning of children raised by lesbian couples, the current investigation compared 18 students ages 12 through 16 raised in families led by female same-sex couples who were identified from a large school-based survey with 18 matched students raised by opposite-sex couples, and the general student sample. Comparisons were made on factors including victimization, social support, and psychological functioning. Results indicated that those students raised by female same-sex couples did not differ significantly from those raised by opposite-sex couples, or the general student sample in terms of reports of victimization, psychological functioning, experience of common adolescent concerns, or prospective use of support outlets provided by family and peers. However, children of same-sex couples reported significantly less likelihood of using school-based support than children of opposite-sex couples, or the general student sample. Findings indicate the need for school administrators, teachers, and psychologists to be knowledgeable of and provide appropriate support and resources for these children. Additional implications for research and application are discussed.

Victimization, Social Support, and Psychosocial Functioning Among Children of Same-sex and Opposite-sex Couples in the United Kingdom

Various researchers have acknowledged that children raised by same-sex couples can face a number of difficulties during adolescence, and have related such difficulties to experiences of heterosexism at individual and societal levels (Mitchell, 1998; Tasker & Golombok, 1997). Heterosexist attitudes and views have often included questions relating to lesbian and gay parents' suitability to raise children (Blankenhorn, 1995; Clarke, 2002; Mohr, 1988), and much of the research to date has addressed issues such as parental influences on children's masculine or feminine traits, sexual orientation and behavior, social functioning and psychological adjustment (see, for example, Bailey, Bobrow, Wolfe, & Mikach, 1995; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Tasker & Golombok, 1997). However, significantly less attention has been devoted to examining the psychological and social functioning of children raised by same-sex couples beyond the central family unit (Barrett & Tasker, 2001; Speziale & Gopalakrishna, 2004).

For adolescents, the beliefs and attitudes held by other individuals outside the family home hold particular significance as they begin to assert their independence. Acceptance by peers and the formation of larger and more influential peer groups have been identified as significant developmental milestones (Rubin, Bukowski, & Parker, 2006). For the children of lesbian and gay parents, as peer social relationships develop with greater levels of disclosure and, concomitantly, greater awareness of inter-individual differences, it becomes increasingly likely and inevitable that comparisons are made and questions are asked regarding their parents (Golombok & Tasker, 1996; Vanfraussen, Ponjeart Kristoffersen, & Brewaeys, 2002).

As indicated above, much of the research focusing upon children of lesbian and gay parents has sought to understand the role these parents play in influencing gender-typical and gender-atypical traits in their children, sexual orientation and behavior, social functioning and psychological adjustment (see Stacey & Biblarz, 2001 for a review). However, there also exists a need to further expand research on lesbian and gay families to incorporate the study of other psychological and social issues prominent in the lives of children and adolescents (Speziale & Gopalakrishna, 2004). Despite the wealth of data currently existing on the incidence of aggression and violence among students at school (see, for example, Bosworth, Espelage, & Simon, 1999), including that perpetrated against students who identify as lesbian and gay (Kosciw, 2004; Pilkington & D'Augelli, 1995), the victimization of children of same-sex couples has not yet been studied fully. Various studies have demonstrated that victimization among the general student population is associated with numerous psychological and adjustment issues, including depression, rejection, loneliness, and lower self-esteem (Espelage & Holt, 2001; van der Wal, de Wit, & Hirasing, 2003). The psychosocial consequences specific to homophobic victimization and institutional heterosexism have also been examined with many gay and lesbian students reporting multiple types of victimization from peers and school personnel (see Chesir-Teran, 2003; D'Augelli, Pilkington, & Hershberger, 2002; Rivers, 2001a). More recently, researchers have also shown that heterosexual students can be subject to epithets that are overtly homophobic or heterosexist as part of daily banter among peers or when enforcing gender normative behavior (Phoenix, Frosh, & Pattman, 2003; Poteat & Espelage, 2005).

Studies focusing upon the psychological functioning of children raised by lesbian and gay parents have surprisingly found evidence of resiliency (Chan, Raboy, & Patterson, 1998; Flaks et al., 1995; Hotvedt & Mandel, 1982; Patterson, 1994; Wainright, Russell, & Patterson, 2004).

For example, Flaks and colleagues (1995) found no significant differences between children raised by lesbian or heterosexual couples on measures of internalizing and externalizing behavioral problems. Similarly, a longitudinal study conducted by Tasker and Golombok (1997) found that children raised by lesbian couples were no more likely to be bullied at school than children of heterosexual couples, and that the quality of peer relationships did not differ among the children of lesbian parents as a function of years raised by those parents. Patterson (1994, 1997) has found that children of lesbian mothers are well-adjusted socially and psychologically, and additional research has also reported comparable levels of psychosocial adjustment among children raised by same-sex and heterosexual couples (Chan et al., 1998; Wainright et al., 2004). Furthermore, using data from the National Longitudinal Study of Adolescent Health (Add Health), Wainright and Patterson (2006) compared reports of delinquency, victimization and substance use among 44 adolescents raised by female same-sex couples with a comparable sample of youth raised by opposite-sex parents. Their findings demonstrated that the youth raised by same-sex couples did not suffer deleterious effects in terms of delinquent behavior, alcohol and drug use, and quality of family relationships.

Findings such as these highlight the similarities among children of same-sex and opposite-sex couples on certain indicators of psychosocial functioning. However, interviews conducted with 10 year olds from the National Lesbian Family Study (NLFS) indicated that just under half of those who participated had experienced homophobia first hand (Gartrell, Rodas, Deck, Peyser, and Banks, 2005). According to Gershon, Tschann, and Jemerin (1999) children who perceive others' attitudes towards having a lesbian mother as negative experience lower self-esteem which had an effect upon other factors such as social acceptance, perceptions of self-worth, behavioral conduct, concerns about physical appearance, and close friendships. Gershon

and colleagues suggested that the development of coping skills to counter negative perceptions was central to the positive development of these children, yet their study indicated that only good decision making skills had a moderating effect upon self-esteem.

Because victimization has been connected with negative psychological and social outcomes, it remains important for research on children raised by lesbian and gay parents to attend to the broad spectrum of psychological and social concerns that can be experienced by adolescents (e.g., academic performance, physical appearance, anxiety and depression, sex, and friendship). Various researchers have noted the importance of social support (D'Augelli et al., 2002; Patterson, 1994), and existing findings suggest that children of same-sex couples do not necessarily experience problematic peer interactions or rejection. However, apart from an assessment of peer and family relationships, there is little research addressing the wide variety of sources of support available to young people (e.g., support from teachers, counselors, youth and social workers, employers, co-workers and medical practitioners). Research is needed that examines the numerous outlets of social support available to and used by these youth, stepping beyond those offered by family and peers, to better identify and understand those external factors that enhance resiliency among children of lesbian and gay parents.

Purpose of Investigation

The purpose of the current investigation was to broaden the examination of the psychological and social functioning of children of same-sex (specifically female) couples to include relevant issues that have received little attention in the current literature. In doing so, several psychological and social factors were examined, including peer victimization, the likelihood of using various sources of social support available, psychological functioning, and

common social concerns among adolescents. Based upon the research summarized above, several hypotheses were tested in this study.

Firstly, past research suggests that children raised by female same-sex couples do not differ in terms of the amount of teasing and victimization they experience at school (Tasker & Golombok, 1997), however it remains unclear whether there are perceptible differences in the nature and expression of that teasing and victimization. For example, do children raised by female same-sex couples in the United Kingdom (UK) experience more name-calling and heterosexist epithets relative to similar children raised by opposite-sex couples, or those in the general population? We hypothesized that levels of victimization experienced by children of same-sex parents would not be significantly different from levels reported by children raised by opposite-sex couples, or the general student population.

Secondly, we hypothesized that children raised by female same-sex couples would report prospective utilization of the support avenues provided by schools, families, and peers at different levels from children raised by heterosexual couples. In particular we tested whether children of same-sex couples would be less likely to report prospective use of those avenues of support provided by schools compared to the control group and general student population.

Finally, we hypothesized that if there are perceptible differences in the nature of the teasing and victimization experienced by children of same-sex couples, and if they utilize avenues of support differently, then there may be subtle and, as yet, unobserved differences in current levels of psychological functioning and distress when compared to children raised by opposite-sex couples.

Method

Participants

As part of a large-scale investigation conducted in the United Kingdom (UK), students from fourteen schools currently enrolled in classes equivalent to grades seven through nine were recruited to participate in a study of adolescent behavior. For the purpose of this investigation, children who reported that they lived with a mother and same-sex partner/girlfriend or father and same-sex partner/boyfriend were considered children of same-sex couples. Of the 2,002 students who participated, 21 students reported living with two same-sex parents. These parents included 18 female same-sex couples and three male same-sex couples. Because of the low representation of male couples, analyses were performed only for the children currently being raised by female couples. Descriptive data for each of the comparison groups in this investigation are presented in Table 1. Of the children of lesbian couples, ten identified as male and eight as female, with ages ranging from 12 through 16 years ($M = 13.56$, $SD = 1.10$) in classes equivalent to grades 7 through 9 ($M = 8.06$, $SD = 0.97$). Data relating to students' paternity, or whether they were conceived with the intention of being raised by a female same-sex couple were not collected. The sample was predominantly Caucasian (89%). A comparable control group of 18 students who reported living with two parents of the opposite-sex were then selected, with each individual matched to a respective individual in the same-sex-parent group based on seven criteria variables: school, school year, age, sex, race, allowance (a proxy for SES), and sexual orientation. Random selection was used where more than one student was identified as an appropriate match for a student from the same-sex-parent group. Seventeen of the eighteen students from same-sex parents identified as heterosexual and one male identified as gay. To further ensure overall equivalence on the matching variables, independent t tests were conducted with the two groups as the independent variable and the matching variables of school year (same-sex couple group: $M = 8.06$, $SD = 0.97$; opposite-sex couple group: $M = 7.74$, $SD = 0.73$),

age (same-sex couple group: $M = 13.56$, $SD = 1.10$; opposite-sex couple group: $M = 13.72$, $SD = 1.07$), and allowance (children of same-sex couples: $M = £4.67$, $SD = 5.01$; children of opposite-sex couples: $M = £4.56$, $SD = 5.26$) as dependent variables. No significant differences emerged between the two groups based on these matching criteria. An equal balance was also attained for the sex (10 males, 8 females), sexual orientation (17 heterosexual, 1 gay male) and racial composition (89% Caucasian) of both groups.

The remaining participants representing the general student sample included 1,966 individuals (55.1% males, 44.9% females), ranging from 12 to 16 years of age ($M = 13.57$, $SD = 1.06$) in grades 7 to 9 ($M = 7.50$, $SD = 0.71$). The overall sample was also predominantly Caucasian (91%), with approximately 96% identifying as heterosexual. On average, participants reported an allowance of £3.52 ($SD = 2.44$).

Insert Table 1 About Here

As the data were already collected, we used *GPOWER* (Faul & Erfelder, 1992) to determine the power of the study. To observe medium effect sizes at $\alpha = .05$, compromise power analysis indicated that the total N in this study was adequate for one- and two-tailed tests using χ^2 (Power .75) and analyses of variance (Power .69).

Measures

Demographics. Participants were asked to indicate their age, race, sex, school year, allowance, individuals with whom they lived, and to which sex they felt sexually attracted. The attraction item was a measure of sexual orientation, with response options including: boys only, girls only, both boys and girls, boys more than girls, girls more than boys, not attracted to anyone at the moment, haven't thought about this, and unsure of who I am attracted to. For the purpose

of this investigation, males indicating attraction to 'girls only' and females indicating attraction to 'boys only' were identified as heterosexual. Analogous criteria were used for identifying gay and lesbian individuals, where males indicating attraction to 'boys only' and females indicating attraction to 'girls only' were identified as gay or lesbian, respectively. Response options for the item assessing with whom the participant lived identified children raised by same-sex parents (mother and mother's same-sex partner/girlfriend, or father and father's same-sex partner/boyfriend) and opposite sex parents (mother and father).

Anti-bullying Questionnaire. The 15-item anti-bullying inventory was adapted from the English version of Olweus Bullying Questionnaire (see Smith & Sharp 1994) which assessed various forms of victimization. Response options (1 = yes, 0 = no) allow participants to indicate whether they have or have not experienced, perpetrated, or observed a specific form of victimization over the current term. As suggested by researchers, bullying was defined for students as "being hurt by someone or a group of people on more than one occasion." The stem "In what way or ways have you been bullied at school this term," preceded the available victimization options (e.g. I haven't been bullied this term, I have been called names about my race or color, I have been hit or kicked, I have been called other names, rumors have been spread about me, no one speaks to me, I have been frightened when a particular person looks or stares at me, I have had my belongings taken, I have been threatened with violence, my homework had been taken or destroyed, I have seen graffiti written about me, I have been pressured to smoke cigarettes, I have been pressured to drink alcohol, I have been pressured into taking drugs). Test-retest reliability for this inventory indicates general stability of recall over periods of up to 12-14 months ($\phi = .21-.58$; Rivers, 2001b).

Brief Symptom Inventory. The 53-item Brief Symptom Inventory (BSI; Derogatis, 1994) assessed ten sets of symptoms of psychological distress over the past week including: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, and post-traumatic stress. Response options range from 1 (*not at all*) through 5 (*extremely*), with higher scores on each subscale reflecting higher levels of the respective distress. Extensive construct validity of the scale has been documented (Derogatis, 1994). Reliability coefficients for the subscales for the current study ranged from $\alpha = .71$ (Psychoticism) through $.85$ (Depression). Three global indices include the Global Severity Index (GSI) assessing the overall level of distress, the Positive Symptom Distress Index (PSDI) assessing the intensity of the distress, and the Positive Symptom Total (PST) assessing the number of symptoms reported. Reliability coefficients for the global indices were $\alpha = .80$ (PST), $.87$ (PSDI), and $.90$ (GSI).

Individual and Social Concerns. To examine additional individual and social concerns that can become increasingly salient during the adolescence, 17 items were collated for this investigation by the authors to assess for non-clinical concerns that have been reported by adolescents and are of interest to adolescent researchers (e.g., school work, physical appearances, sex, friendship). Students were asked to place a checkmark next to each item about which they were currently concerned, which were scored 1 = yes, 0 = no ($KR - 20 = .60$). See Table 4 for a complete list of items. Items were preceded with the stem “Is there anything you are currently concerned about?”

Social Support Outlets. Students were provided with a list of 18 individuals, which was constructed for this investigation by the researchers to represent three broad categories of people likely to be approached for support: family members (e.g. parent/primary care-giver,

grandparent, sibling, aunt, uncle, or cousin), peers (e.g. friend, peer mentor/buddy, boy-/girlfriend, older student, or prefect), and school faculty members/staff (e.g. teacher, Personal, Social, and Health Education (PSHE) co-ordinator/teacher, school nurse, counselor, teaching/classroom assistant, youth worker, Connexions (careers, work, housing, health, relationships and travel advisors), or non-teaching staff member). Participants were provided with the question, “If you were in trouble or concerned about something personal, who would you confide in?” Students were asked to place a checkmark next to each of the individuals to whom they would go for support which were scored 1 = yes, 0 = no.

Procedure

Fourteen secondary schools out of a total of 47 were contacted and invited to participate by the Local Education Authority (LEA; School District) over a three month period in 2003. The schools were representative of this particular region in terms of students’ social-economic background, gender, and ethnicity and chosen by a team of educational advisors appointed by the LEA who ensured that the appropriate mix of urban and rural, co-educational and single-sex schools was obtained. Members of the research team visited each school and were introduced to students who were offered the opportunity to ask questions, or seek clarifications on any of the issues raised in the questionnaire. Questionnaires were completed independently in class and took 40-60 minutes to complete. Each class was supervised by a member of the research team supported by a teacher. Students with learning difficulties were able to seek assistance from members of the research team, including one-to-one support. On completion, researchers sealed questionnaires in envelopes in front of the students. Following data analysis each school received an individualized report to assist them in the further development of anti-bullying/social support interventions.

Results

Peer Victimization

Chi-square analyses were employed to identify differences in the proportion of students from each group who endorsed each form of victimization. One marginally significant difference emerged for the item, “I have *not* been bullied this term”, for which a greater number of children of same-sex couples endorsed than did children of opposite-sex couples ($\chi^2 (1, N = 36) = 3.01, p = .08$; children of same-sex couples = 14, children of opposite-sex couples = 9). No significant difference was documented between children of same-sex couples and the general student sample. When comparing the overall levels of victimization (i.e., total victimization scores) experienced, no significant differences emerged between children of same-sex parents and the opposite-sex parent control group ($F (1, 34) = 0.67, ns$) or between children of same-sex parents and the general student sample ($F (1, 1962) = 0.54, ns$).

Use of Social Support Outlets

Items assessing social support outlets were grouped according to three subcategories for this investigation, including peers, family members, and school resources. Separate repeated-measures analyses of variance (ANOVAs) were conducted for children of same-sex couples, children of the opposite-sex couples control group, and the general student sample group to test for differences within each group in their prospective use of support outlets across subcategories. Significant results were recorded for children of same-sex couples (Wilks’s $\Lambda = .46, F (2, 16) = 9.56, p < .01, \eta^2 = .55$) and for the general student sample group (Wilks’s $\Lambda = .62, F (2, 1951) = 605.70, p < .01, \eta^2 = .38$) but not for children of the opposite-sex couples control group (Wilks’s $\Lambda = .81, F (2, 16) = 1.84, p > .05$). Follow-up Tukey post-hoc pairwise comparisons for children of same-sex couples indicated that these children were more likely to report going to peer or

family sources of support than to those offered at school (peer-school pair: $t = 3.34, p < .01, \eta^2 = .40, 95\% \text{ CI} = .22, 1.00$; family-school pair: $t = 4.12, p < .01, \eta^2 = .50, 95\% \text{ CI} = .33, 1.01$). No significant differences were found between use of peer or family support. Follow-up pairwise comparisons for participants in the general student sample group indicated that these children were more likely to report going to family sources of support than peer or school sources (family-peer pair: $t = 5.87, p < .01, \eta^2 = .02, 95\% \text{ CI} = .10, .20$; family-school pair: $t = 30.51, p < .01, \eta^2 = .32, 95\% \text{ CI} = .67, .76$), and more likely to go to peer sources than school sources (peer-school pair: $t = 26.51, p < .01, \eta^2 = .27, 95\% \text{ CI} = .53, .61$). Comparison of effect sizes indicated significant differences were more distinct for children of same-sex parents relative to children in the general student sample group.

To test for significant differences between the children of same-sex parents and the children of the opposite-sex parents control group in their use of each support outlet, univariate analyses were computed with the two groups as the independent variable and scores for each subcategory as the dependent variable (see Table 2). No significant differences emerged for endorsement of family support ($F(1, 34) = 0.48, ns$) or peer support ($F(1, 34) = 0.06, ns$). However, a significant difference emerged between the two groups on use of school support outlets, with children of same-sex couples less likely to endorse items within this subcategory than children of opposite-sex couples ($F = 4.14, p < .05, \eta^2 = .11, 95\% \text{ CI} = .01, 1.00$). No significant differences were documented between children of same-sex parents and the general student sample group on family support ($F(1, 1969) = 0.89, ns$), peer support ($F(1, 1969) = 0.38, ns$), or school support ($F(1, 1969) = 0.81, ns$).

Insert Table 2 About Here

Psychological Functioning and Social Concerns

Descriptive data for each group on the BSI subscales and global indices are provided in Table 3. To test for significant differences on symptoms of psychological distress, a multivariate analysis of variance (MANOVA) was computed to test for differences between the two groups on the BSI subscales. The overall MANOVA was nonsignificant (Wilks's $\Lambda = .67$, $F(10, 23) = 1.16$, *ns*), indicating that children in each group reported similar levels of current psychological functioning on the subscales (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, post-traumatic stress). Differences between the two groups were also nonsignificant on the BSI global indices of overall distress (GSI), intensity of distress (PSDI), and number of symptoms reported (PST) (Wilks's $\Lambda = .93$, $F(3, 26) = 0.61$, *ns*). Similarly, a MANOVA test for differences on the BSI subscales between children of same-sex parents and the general student sample group was nonsignificant (Wilks's $\Lambda = .99$, $F(10, 1855) = 1.08$, *ns*), as were tests for differences on the global indices (Wilks's $\Lambda = .99$, $F(3, 1789) = 1.64$, *ns*).

To test for significant differences in the proportion of individuals from the same-sex parent and opposite-sex parent control groups who reported experiencing social concerns common among adolescents, chi-squares were computed for each item (see Table 4). No significant differences emerged on the included items, with the exception that a greater proportion of children from same-sex parent-led households endorsed the item indicating they were not currently concerned about anything than children from opposite-sex parent-led households ($\chi^2(1, N = 36) = 3.71$, $p < .05$). Notably, no significant differences between groups were found in the endorsement of concern relating to *sexual orientation* or *feeling different*. An

ANOVA indicated no difference in the total number of concerns between the two groups ($F(1, 34) = 0.01, ns$). Similar tests indicated no differences between the children of same-sex parents group and the general student sample group in the proportion of individuals indicating specific concerns, or in the total number of concerns indicated ($F(1, 1864) = 0.20, ns$).

Insert Tables 3 & 4 About Here

Discussion

Results from this investigation indicate that, in line with previous findings, children raised by female same-sex couples and opposite-sex couples do not differ significantly in their experiences of victimization, their prospective use of sources of social support among peers and family, or current psychosocial functioning. Although the children of same-sex couples reported various forms of victimization by peers, the children of opposite-sex couples reported similar experiences. No differences were found in terms of the nature and expression of the victimization experienced by the children of same-sex and opposite-sex couples, nor the general student population. The absence of any evidence suggesting a qualitative difference in the nature and expression of victimization at school offers a partial explanation as to why we found comparable levels of psychological and social functioning, using multiple indicators of clinically-related issues (e.g., anxiety, depression, somatization). Similarly, the absence of any significant differences in reports of social concerns among these young people suggest that children of same-sex couples share many similar psychological and social experiences and challenges during this stage in their development when compared to peers raised by opposite-sex couples, or those in the general population.

We believe that the active encouragement and support of the LEA (school district) in promoting this research may have had a qualitative effect upon the lives children of same-sex couples in terms of challenging homophobic victimization and promoting healthy psychological functioning. It seems likely that school climate and the policies of local education authorities and school districts actively contribute to and influence the social experiences and self-perceptions of children raised by lesbian and gay parents, and should be directly studied in future research (Gershon et al. 1999; Murdock & Bolch, 2005). Nevertheless, although children raised by same-sex couples were just as likely to report using peer and family sources of social support as children raised by opposite-sex couples, they were less likely to report prospective use of those sources of support found at school (teachers, school nurses, counselors, teaching/classroom assistants, youth workers, and non-teaching staff). Mindful of the findings of Gartrell et al. (2005) and Vanfraussen et al. (2002), reticence in approaching school administrators, faculty and staff may constitute a protective strategy, guarding against possible experiences of homophobia, and promoting psychological well-being. This is an argument supported in part by qualitative research by Perlesz, Brown, McNair, Lindsay, Pitts, and de Vaus (2006) who have shown that in lesbian-led families where the children are the product of a previous, often heterosexual, relationship they are more cautious about disclosure than those raised solely by lesbian parents. Unfortunately, data concerning whether some or all of the children raised by same-sex couples were born into previous heterosexual relationships were not permitted to be collected for this investigation, however, this factor should be considered directly in future research.

Visibility of Children of Same-Sex Couples

As noted by Ryan and Martin (2000), families headed by same-sex couples often go unacknowledged and unsupported by education systems that regard traditional heterosexual

parenting as the only valid reference point for raising children. As a consequence, lesbian and gay parents and their children may feel marginalized and stigmatized by those systems. Both subtle and overt messages provided by the school administration and the lack of acknowledgement by teachers, administrators, and school counselors of families headed by same-sex couples may discourage students from taking full advantage of these educational, recreational, and support resources available to them (Duncan, 1999).

Several writers have discussed the need for counselors and administrators to take proactive measures to support and protect lesbian, gay, bisexual, and transgender (LGBT) students in their schools (Henning-Stout, James, & Macintosh, 2000; McFarland & Dupuis, 2001). Our findings highlight the need for these same professionals to be mindful of the messages that are conveyed to children of same-sex parents in effort to assure them of their safety and full access to the resources available.

Strengths, Limitations, and Future Research

The findings from the current investigation contribute to the existing literature primarily by expanding the examination of the issues that are relevant to children of same-sex parents. This study is the first of its kind in the United Kingdom to use matched samples and, as such, builds upon the pioneering work of Tasker and Golombok (1997) conducted a decade earlier. In particular, the strengths of this investigation rest upon (a) the use of multiple matching criteria to select children for the opposite-sex parent control group, and (b) the method by which children raised by same-sex couples were selected, specifically, through a school-based survey. Furthermore, the results from this study complement and add support to those of Wainright and Patterson (2006) in that the students in this study did not exhibit any difficulties in psychological functioning. An identified limitation of existing research has been the use of snowball and word-

of-mouth referrals or convenience sampling through various LGBT organizations and establishments in effort to recruit participants (Rothblum, 1994; Stacey & Biblarz, 2001).

However, comparable to Wainwright and Patterson's Add Health data, our participants were drawn from a more inclusive sample, and more likely to be representative of children of lesbian couples in the United Kingdom.

Several limitations should also be highlighted. Participants in the current sample and in other existing studies are predominantly Caucasian, and there is a significant lack of research among Black and minority ethnic (BME) same-sex couples and their children. Increased efforts are needed in future research to include these families to identify both common and unique experiences, protective factors, and concerns based on specific cultural resources or multiple minority statuses. Research has shown that individuals with multiple minority identity statuses (e.g., BME gays and lesbians) often experience unique challenges and must contend with multiple forms of discrimination, while also having access to various multicultural resources for support (Bowleg, Huang, Brooks, Black, & Burkholder, 2003). The age range of the children in this study (12-16 years) should also be taken in account when interpreting findings. It is clear that this period in development marks a series of significant changes, including physical maturation, self-discovery, the development of more significant and intense relationships with peers of both sexes, and greater social and political awareness. For the younger children of same-sex couples, awareness of others' negativity towards their parents may not as acute as it is for those approaching 16, although data from the NLFS suggest otherwise (see Gartrell et al., 2005).

In terms of sample size, caution should be made in generalizing the findings from this exploratory investigation. It is imperative that data from larger and more representative sample be collected to provide a clearer understanding of the experiences of youth raised by female

same-sex couples as identified in this investigation, and, indeed, male same-sex couples. The current data are limited in terms of the ability to perform more advanced quantitative analyses that compliment or provide support for existing qualitative findings.

Finally, this study relied upon self-report data of children of same-sex couples. It may be the case that some of the children have downplayed the difficulties they have faced at school and, thus, they have under-reported victimization levels or potential social concerns. Having said that, there is little evidence of any difficulties in terms of underlying psychological functioning which suggests that under-reporting was not a problem in this study. Nevertheless corroborative evidence from teachers, parents or peers would have significantly strengthened our findings.

Future research would benefit from increased collaborative efforts among researchers to identify larger and more diverse samples of participants. Finally the degree to which students disclosed their parents' sexual orientation to their peers was not assessed in this investigation. It is likely that reticence by students raised by same-sex couples to disclose may moderate levels of victimization. Further exploration of this issue may identify those conditions under which children feel safe to disclose this information to peers or school administrators.

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Table 1

Demographic Characteristics of Children of Same-sex Parents, Matched Children of Opposite-sex Parents, and Total Sample Groups

Demographic Factor	Children of		Total Sample
	Same-sex Couples	Opposite-sex Couples	
School Year	$M = 8.06, SD = 0.97$	$M = 7.74, SD = 0.73$	$M = 7.50, SD = 0.71$
Age	$M = 13.56, SD = 1.10$	$M = 13.72, SD = 1.07$	$M = 13.57, SD = 1.06$
Sex	Boys: 55.56%	Boys: 55.56%	Boys: 55.10%
	Girls: 44.44%	Girls: 44.44%	Girls: 44.90%
Racial Identity	Caucasian: 89%	Caucasian: 89%	Caucasian: 91%
	Racial Minority: 11%	Racial Minority: 11%	Racial Minority: 9%
Allowance	$M = \text{£}4.67, SD = 5.01$	$M = \text{£}4.56, SD = 5.26$	$M = \text{£}3.52, SD = 2.44$
Sexual Orientation	Heterosexual: 94.44%	Heterosexual: 94.44%	Heterosexual: 95.73%
	LGB: 5.56%	LGB: 5.56%	LGB: 4.27%

Note. $N = 18$ for both same-sex and opposite-sex couple groups; $N = 1,966$ for total sample group, which does not include from the same-sex and opposite-sex couples control groups.

Table 2

Group Differences on Prospective Use of Social Support Sources and Overall Victimization for Children of Same-sex and Matched Opposite-sex Couples

Variable	Children of	Children of	ANOVA	
	Same-sex Couples	Opposite-sex Couples	<i>F</i>	η^2
	<i>M (SD)</i>	<i>M (SD)</i>		
Total Victimization	0.44 (0.70)	0.67 (0.91)	0.67	.02
Total Concerns	1.83 (2.79)	1.89 (1.57)	0.01	.00
Peer Support	0.78 (0.65)	0.83 (0.71)	0.06	.00
Family Support	0.83 (0.79)	1.06 (1.11)	0.48	.01
School Support	0.17 (0.38)	0.67 (0.97)	4.14*	.11

Note. $N = 18$ for both same-sex and opposite-sex couple groups. Values in parentheses represent standard deviations (*SD*) from the mean responses (*M*) for each group. Peer Support = average use of support provided by peers; Family Support = average use of support provided by family members; School Support = average use of support provided by the school system; Total Victimization = average anti-bullying inventory score for victimization.

* $p < .05$

Table 3

Descriptive Data for Comparison Groups on BSI Subscale and Global Indices Scores

BSI Subscale/Index	Children of	Children of	Total Sample
	Same-sex Couples	Opposite-sex Couples	
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>
Somatization	0.81 (0.95)	0.97 (1.06)	0.64 (0.73)
Obsessive-Compulsive	1.18 (1.15)	0.98 (1.07)	0.86 (0.85)
Interpersonal Sensitivity	0.75 (0.67)	0.76 (0.82)	0.75 (0.83)
Depression	0.80 (1.07)	0.98 (1.15)	0.73 (0.88)
Anxiety	0.79 (1.18)	1.04 (1.26)	0.67 (0.80)
Hostility	1.43 (1.27)	1.43 (1.28)	1.06 (1.01)
Phobic	0.52 (1.03)	0.71 (1.10)	0.44 (0.67)
Paranoid Ideation	1.07 (0.98)	0.88 (1.17)	0.87 (0.85)
Psychoticism	0.86 (1.12)	0.70 (1.10)	0.59 (0.75)
Post-traumatic stress	0.92 (1.03)	1.10 (1.31)	0.91 (0.95)
Overall Level Distress	1.02 (0.97)	1.06 (1.11)	0.75 (0.71)
Intensity of Distress	0.51 (0.24)	0.60 (0.21)	0.65 (0.26)
Number of Symptoms	22.94 (14.68)	24.57 (16.22)	20.11 (13.76)

Note. $N = 18$ for both same-sex and opposite-sex couple groups; $N = 1,966$ for total sample group. Overall Level of Distress = GSI global index; Intensity of Distress = PSDI global index; Number of Symptoms = PST global index.

Table 4

Social Concerns for Children of Same-Sex and Opposite-Sex Couples

Item	Children of Same-sex Couples	Children of Opposite-Sex Couples	χ^2
School Work	3	5	0.64
Appearance	2	2	0.00
Sex	2	1	0.36
Health	1	1	0.00
Being Gay or Lesbian	2	2	0.00
Pregnancy	1	2	0.36
Drug Use	1	0	1.02
Alcohol Use	2	1	0.36
Smoking	2	2	0.00
Being Alone at Home	0	1	1.02
Body Weight, Size	6	3	1.33
Parents or family	3	0	3.27
Friends	2	4	0.80
Picked on by Teacher	3	3	0.00
Bullying	0	2	2.13
Problems at Home	2	2	0.00
Feeling Different	1	1	0.00
Nothing	7	2	3.71*

Note. $N = 18$ within both same-sex and opposite-sex couple groups. Data reflect the number of students from each group indicating “yes” to the respective item.

* $p < .05$