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Lesbian Mothers: Perceived
Stigma and Disclosure Issues

by

Mary Ann A. van Dam

DISSERTATION

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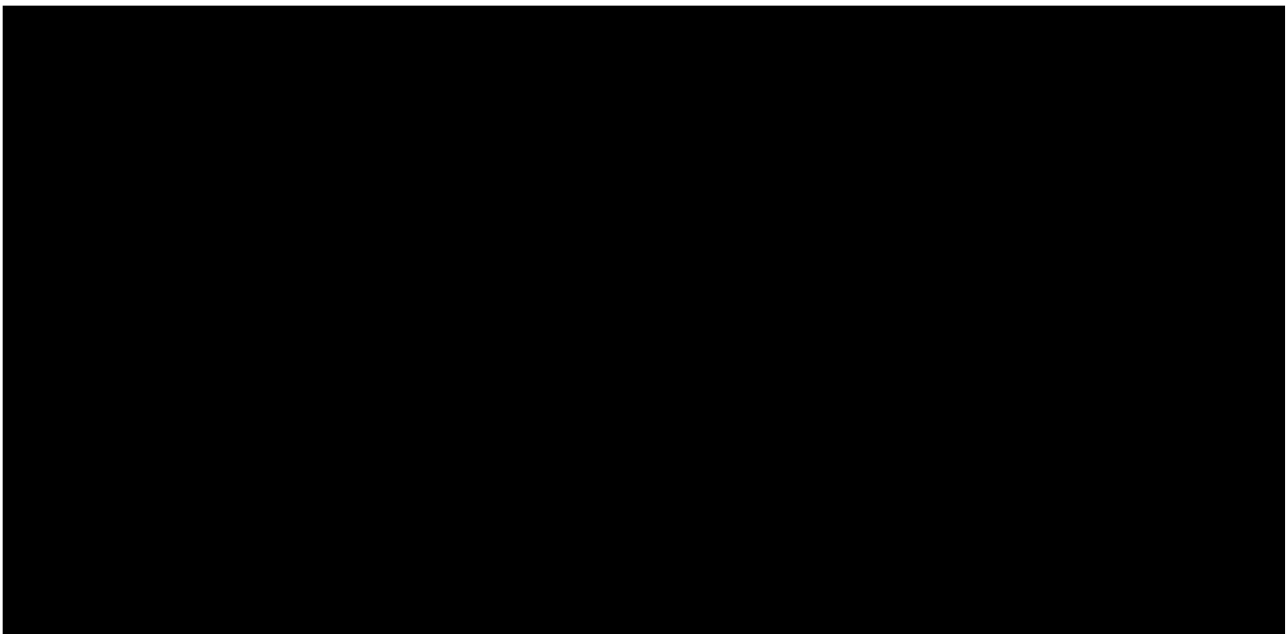
Nursing

in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO



**LESBIAN MOTHERS:
PERCEIVED STIGMA AND DISCLOSURE ISSUES**

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by
Mary Ann A. van Dam**

DEDICATION

For my beloved life partner,

Melissa Ann Ballard

whose daily expressions of love
provided me with energy,

and to our sons,

Kenneth J. van Dam-Ballard
and
Gabriel J. van Dam-Ballard

who provided consistent reminders
about the joys of family life.

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I am indebted to many friends and family, all of whom had the knack for expressing their faith in my abilities at my most frail moments. I thank Cinder Warren, my friend for the past 32 years, who has provided multiple forms of support along the convoluted path of my life, all of which are appreciated. I thank Dr. Kenneth Ballard, my father-in-law, for his interest, discussion and support throughout this process. His various roles in my

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ABSTRACT

Lesbian Mothers: Perceived Stigma and Disclosure Issues

Mary Ann van Dam RN, Ph.D

This study explored three dimensions of stigma for lesbian mothers: internalized homophobia; the expectation to be stereotyped; and the willingness of lesbians to disclose personal information.


Survey methodology by mail was utilized to collect data from 252 lesbian mothers representing 32 US states. Mothers completed written surveys that included 3 instruments measuring demographic and outcome variables. This sample provided two groups for analyses: a) 130 individual lesbian mothers and b) 100 couples for pair-wise analyses.

Demographic variables and scores on the Internalized Homophobia Scale (IHS), Stigma Consciousness Questionnaire (SCQ), and Self Disclosure Situation Survey (SDSS) were not statistically different between mothers in dyads. Lesbian mothers' scores on the IHS, SCQ, and SDSS did not differ with regard to their geographic regions of residence, however, mothers who perceived more stigma in their state of residence had higher internalized homophobia ($t = 2.07$; $p = .041$) and were less willing to disclose their sexual identity ($t = 2.35$; $p = .020$). Lesbians of color had less internalized homophobia than did white lesbians ($t = 3.37$; $p = .001$), and lesbians who were involved in lesbian politics had less internalized homophobia than did those not involved in lesbian politics ($t = 2.42$; $p = .018$).

Lesbian mothers who had children older than 17 years ($t = 2.47$; $p = .025$), had a "femme" sub-identity (compared with a "butch" sub-identity) ($F = 4.05$; $p = .02$), or if

their siblings did not approve of their sexual identity ($t = 2.58$; $p=.011$) had a higher expectation to be stereotyped .Lesbian mothers were less willing to disclose if their children were young adolescents ($t= 2.99$; $p=.003$) and if they worried about their children being harassed because of the mothers' sexual identity ($t= 2.08$; $p=.040$). Internalized homophobia was inversely related to willingness to disclose ($r = -.30$; $p=.003$).

Multiple regression models indicated that disclosure, race and stereotyping expectation accounted for 12% ($p<.0005$) of IHS variance; lesbian identity acceptability to siblings and disclosure to father accounted for 14.9% ($p=.001$) of stereotyping expectation variance; and IHS score, state tolerance for lesbian identity and having young adolescent accounted for 13.4% ($p<.0005$) of the disclosure variance. Suggestions to improve the health of lesbian mothers and their families are included in the dissertation.

 7/9/02

Sally H. Rankin RN, Ph.D.

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CHAPTER 1

Introduction

Discussions and research about the concept of lesbian identity are appearing more frequently in scientific journals, as some social environments have become more tolerant and research support has taken root. Although some research has been done on the differences and similarities between lesbian and heterosexual women, very little quantitative research has been done in the area of stigma and disclosure of lesbian identity. Living with stigma and evaluating the cost-benefit of disclosure decisions for many important relationships in daily life may create some level of chronic stress in lesbians. Health care providers recognize that living with chronic stress may create physical, emotional and social health issues for their clients and dampen the experience of well-being. Therefore, living with lesbian stigma and contending with disclosure issues is a concern for health care providers that has not yet been well described.

The dimension of stigma and disclosure decisions changes with lesbians who have children and live with their co-mothers in the family context. Their perceptions of stigma and their decisions about disclosure affect not only themselves but also the members of their family of generativity. The additional relationships with teachers, coaches and children's peers create potential situations in which stigma and disclosure issues may become increasingly important. Historically, homosexuality and the creation of family life, inclusive of children, were considered incommensurable. Today, although increasing numbers of people are accepting gay and lesbian relationships, there are a significant number of these people who would prohibit them

from raising children (Crawford & Solliday, 1996; Eliason, 1996; McLeod & Crawford, 1998). Therefore, the stigma experience for lesbian families may be qualitatively different than that of the childless lesbian, and lesbian families may lack social support from multiple sources. Family health care providers require knowledge about the dimensions of perceived stigma and its interaction with disclosure issues to accurately assess and intervene for the health and well-being of both the individuals in the family and the family constellation itself.

Lesbian Families

Lesbian families represent a unique family system that is becoming more visible and common in North America. In recent years, lesbian childbearing has experienced such growth that one researcher has referred to this time as the “lesbian baby boom” (Patterson, 1992). Although one third of all lesbians have been heterosexually married and half of these unions created children (Kirkpatrick, 1987), newer patterns of lesbian family formation, including adoption, foster care, artificial insemination by a known or unknown donor, and heterosexual intercourse for the sole purpose of procreation, have been reported (Falk, 1989). Much of the research done with children born to lesbians in the late 1970s and early 1980s involved studies of children born into a heterosexual family in which the marriage ended in divorce and the woman subsequently identified herself as lesbian. Today, many lesbians, whether single or in committed relationships, are becoming parents after they have self-identified as lesbians (Flaks, Ficher, Masterpasque, & Joseph, 1995; Pies, 1990; Rohrbaugh, 1989); the majority of these children are conceived through donor insemination (DI) (Patterson, 1992).

Despite the lack of legal and social status, lesbian couples and single lesbian mothers with children are creating, maintaining and enjoying family life. Although it is difficult to accurately count a population that is often reluctant to be visible, it is estimated that 8% to 12% of the female population in the United States are lesbians (Patterson, 1995b) and there are 1.5 to 5 million lesbian mothers (Falk, 1989) with six million to 14 million children (Patterson, 1992). This constitutes a sizable minority worthy of further investigation (King & Black, 1999; Parks, 1998).

Questions regarding the effects of a mother's lesbianism on her child's well-being, many of which have been raised by family courts during custody issues, have stimulated the creation of studies starting in the late 1970s and 1980s. As a group, these studies have found the negative assumptions about lesbian mothers to be erroneous, although many of these studies have methodological limitations (Belcastro, Gramlich, Nicholson, Price, & Wilson, 1993; Patterson, 1992). The legal system posed concerns about gender and sex role identification of children in lesbian families, implying that there are inherent "problems" and "deviance" with children who grow up to be homosexual or differ from the "normal" gender and sex role identification. Quantitative studies were designed in response to these questions (Golombok, Spencer, & Rutter, 1983; Green, Mandel, Hotvedt, Gray, & Smith, 1986; Hoeffler, 1981; Kirkpatrick, Smith, & Roy, 1981), using instruments commonly used in child psychiatric evaluations. Later studies, also having similar limitations with small sample sizes, focused on the behavioral and relationship aspects of children with lesbian parents (Braeways, Ponjaert, Van Hall, & Golombok, 1997; Flaks et al., 1995; Patterson, Hurt, & Mason, 1998).

Until recently, no studies have reported any significant differences between children raised in heterosexual families and children raised in lesbian families. However, there are few studies, and many have been limited by small sample size and sampling design issues (Braeways et al., 1997; Flaks et al., 1995; Gartrell et al., 1996; Golombok et al., 1983; Green et al., 1986; Hare & Richards, 1993; Hoeffler, 1981; Huggins, 1989; Kirkpatrick et al., 1981; Miller, Jacobson, & Bigner, 1981; Patterson et al., 1998). In a report that reviewed quantitative homosexual parenting studies, Belcastro and colleagues (1993) found that “the most impressive finding...is the lack of external validity.” However, a meta-analysis of homosexual parenting studies reflected no differences between children of homosexual and heterosexual parents (Allen & Burrell, 1996). Recently, Stacey and Biblarz (2001) reported that their review of 21 studies done since 1980 showed that children of lesbians are more likely to depart from traditional gender roles and are more open to same-sex relationships compared with children of heterosexual parents. The authors contend that these and other differences often favor the children of lesbian parents, are neutral characteristic differences or are the secondary effects of social stigma (Stacey & Biblarz, 2001).

Decisions about disclosure of sexual identity occur frequently. Lesbian parents must make decisions about disclosing their sexual identity to their child’s teacher and principals at school, neighbors, the child’s peers and their families, neighbors, new potential friends, fellow students and others (Pollack, 1995; Slater, 1995). Disclosure of sexual identity for the lesbian has been associated with greater self-esteem, less anxiety (Jordan & Deluty, 1998, 2000) and greater relationship satisfaction (Jordan & Deluty, 2000). When lesbians choose not to disclose their sexual identity due to their

perceived potential for heterosexist attitudes, child custody issues and victimization, the need to lie and hide becomes necessary to maintain non-disclosure (Eliason, 1996; Jordan & Deluty, 1998; Lyons, 1983; Steinhorn, 1983). Along with questions regarding personal integrity (Jordan & Deluty, 1998), the lesbian's non-disclosure interferes with development of supportive, congenial and intimate relationships with family, friends, health care professionals, colleagues, and acquaintances and also with the psychological sense of community within the larger community (Brown, 1995; D'Augelli & Garnets, 1995; Gonsiorek, 1995; Jordan & Deluty, 2000; Kurdek, 1995; Lyons, 1983). Lesbian families, therefore, may lack support systems that all families need.

Lesbian stepfamilies may have a more complicated disclosure process (Lynch & Murray, 2000). Not only must they contend with disclosure of lesbian family identity, but they also go through the process of becoming a family similar to that of heterosexual stepfamilies. These processes often occur simultaneously, and parents may need to disclose their sexual identity to their children for the first time (Lynch & Murray, 2000). Unlike heterosexual families, there are no socially sanctioned rituals and legal recognition to validate their family formation (Baptiste, 1987; Benkov, 1994; Lynch & Murray, 2000). Stepfamilies have more custody fears since legal ex-spouses may threaten the family (Hartman, 1996). Blended families in which both partners have children, and often have ex-spouses, may double the disclosure burden and concerns for the consequences of disclosure.

Lesbian mothers have been reported to be concerned about raising their children in a heterosexist and homophobic world (Gartrell et al., 1996; Wright, 1998). They fear

that their children will experience ridicule and discrimination because of their parents' sexuality (Gibbs, 1989; Kirkpatrick, 1987). They have reported that a common reason for nondisclosure is to protect their children from criticism (Hare, 1994; Lewin, 1993; Lott-Whitehead & Tully, 1993), thereby making the family vulnerable to the issues of nondisclosure. Lesbian mothers who feel the need to avoid disclosure may increase their stress by the constant need to maintain a complex facade about their daily lives (Ainslie & Feltey, 1991; Jordan & Deluty, 1998; O'Connell, 1993; Slater, 1995; Slater & Mencher, 1991) and may share this stress with their children, even if these children have not experienced overt homophobia (Wright, 1998). Much energy is spent maintaining this socially constructed lie (Jordan & Deluty, 2000). The children may be unable to have a variety of their friends come to their home because only a select few know their secret, and the lesbian mothers, in turn, may feel guilt because of this. Lesbians and their children must engage in a continuous cost-benefit analysis about disclosure, which may lead to greater stress in daily life (DiPlacido, 1998).

Statement of the Problem

Although the effects of perceived stigma and disclosure of sexual identity for lesbian families have been described in some qualitative research, the frequency and variables that correlate with these perceptions and behaviors have not yet been identified. This lack of knowledge limits the health care provider's ability to assess, understand and intervene on behalf of lesbian families for their social health care needs.

Purpose of This Study

The purpose of this study is to describe dimensions of perceived stigma and disclosure behavior of mothers with a lesbian sexual identity, the relationship among these dimensions and the variables with which they correlate.

Significance

Health has been defined by the World Health Organization (WHO) as a “state of complete, physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). Historically, lesbians have been targeted for prejudice and discrimination. Stigmatization of lesbians remains common today (Perrin & Kulkin, 1996; Solarz, 1999). Many women, including lesbians, report gender discrimination. Many lesbians also report sexual identity discrimination, and lesbians of color report these types of discrimination in addition to racism (Kreiger & Sidney, 1997). At the very least, social stigma interferes with social well-being by the negation of lesbian family existence and thus interferes with social support. In extreme cases, the social stigma of sexual identity has harmed the integrity of lesbian families and has caused death through violence. These varying harmful effects from stigma are regular occurrences in the USA today (Comstock, 1991; Solarz, 1999) and are a direct impedance to health as defined by the World Health Organization.

In addition to experiencing all of the possible stressors that heterosexual women may endure, lesbians may also experience stressors associated with stigma (Solarz, 1999). Inclusive of all the usual parenting stressors, lesbian mothers may also be concerned about custody battles, other legal issues (Erllichman, 1989; Falk, 1989; Solarz, 1999), and psychosocial effects that stigma and disclosure of their own sexual

identity may have on their children (Gartrell et al., 1996; Gibbs, 1989; Hare, 1994; Lott-Whitehead & Tully, 1993; McCandlish, 1987; Pennington, 1987; Slater, 1995; Tasker & Golombok, 1994). Although much is known about the harmful effects of stress on somatic, psychological and social health, the dimensions of perceived stigma (a potential cause of stress) and its relationship to disclosure decisions for lesbian families have not been well described. Health care providers are therefore limited in their ability to assess lesbian families for social stigma health risks, assist with disclosure decisions, support their clients through the negative consequences of disclosure and make referrals for relief of specific family stressors. Until knowledge of the dimensions of perceived stigma and its interaction with disclosure behaviors for various types of lesbian families is understood, these limitations for health care providers will remain.

In July 1997, the Institute of Medicine Committee on Lesbian Health Research Priorities was convened to assess the physical, mental and social health needs of lesbians, review the methodological challenges of research and suggest areas for research attention. This project was funded by the National Institutes of Health (NIH) Office of Research on Women's Health and Centers for Disease Control and Prevention (CDC) and produced the 1999 report *Lesbian Health: Current Assessment and Directions for the Future* (Solarz, 1999). In part, this report concluded that:

Lesbians, similar to other stigmatized individuals, likely experience stress related to the difficulties of living in a homophobic society. Stress may result from the burden of keeping one's lesbian identity secret from family and coworkers, being excluded by physicians from making health care decisions for their gravely ill

lesbian partner or, among other factors, being the target of violence or other hate crimes. Hostility and isolation are potent forms of stress... It can be hypothesized that lesbians who experience such forms of psychosocial stress sustain negative effects similar to those of other groups that experience discrimination. (p.59)

The report's recommendations, among many, included that studies be conducted in the following areas: impact of homophobia, prejudice and discrimination on physical and mental health; sources of stress for lesbians; issues of disclosure; and lesbian motherhood, including various family forms. Without the benefit of guidance from abundant previous work, this study scientifically explored perceived stigma and disclosure issues within the lesbian family context that the Institute of Medicine has recognized as important issues for lesbian health.

Assumptions of the Study

- 1) Perceived stigma and disclosure are multidimensional and related concepts.
- 2) Dimensions of perceived stigma and disclosure are measurable.
- 3) Perceived stigma and disclosure of sexual identity can produce stress for a lesbian mother.
- 4) Stress from sexual identity issues for the lesbian mother can affect her family.

Aims

Data were gathered by a questionnaire that contains 88 items, including three instruments: the Stigma Consciousness Questionnaire (SCQ), the Internalized Homophobia Scale (IHS), and the Self-Disclosure Situation Survey (SDSS).

Measurements by instruments are referred to by the individual instrument (ie, SCQ,

IHS, SDSS), while the nominal and ordinal items on the questionnaire created for this study are referred to as the questionnaire items.

The primary aims of the study are as follows:

Aim 1: To describe internalized homophobia among lesbian mothers and lesbian families.

Aim 2: To explore relationships between internalized homophobia and demographic factors in lesbian mothers and lesbian families.

Aim 3: To elucidate correlates of internalized homophobia in lesbian mothers and lesbian families.

Aim 4: To describe stigma consciousness among lesbian mothers and lesbian families.

Aim 5: To explore relationships between stigma consciousness and demographic factors in lesbian mothers and lesbian families.

Aim 6: To elucidate correlates of stigma consciousness in lesbian mothers and lesbian families.

Aim 7: To describe the willingness to disclose personal information in lesbian mothers and lesbian families.

Aim 8: To explore the relationship between willingness to disclose and demographic factors in lesbian mothers and families.

Aim 9: To elucidate correlates of the willingness to disclose personal information in lesbian mothers and lesbian families.

Aim 10: To explore the relationship among internalized homophobia, stigma consciousness and the willingness to disclose personal information.

Definition of Terms

Types of Families

The family types were distinguished by questionnaire items that asked about the origins of their present family constellation. The investigator decided which family type the constellation best represents. Although the following definition of “nuclear family” departs from the traditional definition (Boss, Doherty, LaRossa, Schumm, & Steinmetz, 1993), the definition used here clearly delineated it from a stepparent and blended family.

Nuclear families

Nuclear families are those lesbian families who had their children through pregnancy (by either or both mothers) or by adoption (without either getting pregnant) after they met and became a committed couple. There were no preceding heterosexual or lesbian relationships that produced children.

Stepparent family

Stepparent family refers to the nuclear lesbian stepparent family in which at least one of the parents, perhaps both, conceived or adopted children in a previous relationship, left that relationship and started the present committed lesbian relationship. The family now includes the mother, her children (who may live with her full time or part time) and her partner who takes on a stepparent role.

Stigma, Stigma Stress and Disclosure

Stigma

The term stigma refers to a negative social marking to reflect people’s differences and to avoid these people. Stigmatization makes people appear different and separate

from others, which often results in non-inclusion or avoidance and includes a range of affective responses such as dislike, disgust and fear (Dovidio, Major, & Crocker, 2000; Goffman, 1963; Schur, 1983). It includes the concepts of prejudice and discrimination and often results in a negative stereotype (Biernat & Dovidio, 2000).

Although social stigma cannot be measured, perceived stigma can be measured by participant responses. Perception of stigma creates cognitive, affective and behavioral responses (Dovidio et al., 2000) that may affect the health and well-being of lesbian mothers. Perceived stigma has been explored through questionnaire items about the participants' experiences with stigma, their perceptions about geographic tolerance of their lesbian identity and their concerns of harmful consequences for themselves and their families. The participant's awareness and perception of negative stereotypes and the expectation to be judged by them has been measured by the SCQ. Stigma and negative feelings toward their own lesbian identity has been measured by the IHS.

Stigma Stress

This is specific stress that lesbian mothers reported as generated from stigma experiences and concerns, including those from harassment of and violence against themselves and their children. They were asked how much stress in their lives can be attributed to stigma of their sexual identity. Questionnaire items have explored stigma stress in the lesbian mother's important relationships with her parents, her siblings, her children's teachers and coaches, her boss and coworkers and the like.

Disclosure

The term disclosure (coming out) includes the initial self-awareness, admission to others and the degree to which the lesbian hides or exposes this attribute in a daily life

pattern. Questionnaire items specifically explored these dimensions of sexual identity disclosure by asking about the difficulty of their initial self-awareness and disclosure to themselves and to others as well as the difficulty of their ongoing disclosures to people in their lives.

Tolerance

The definition of tolerance used by the United Nations Declaration of the Principles on Tolerance, which is used for this study, is as follows:

....respect, acceptance and appreciation of the rich diversity of our world's cultures, our forms of expression and ways of being human. It is fostered knowledge, openness, communication and freedom of thought, conscience and belief. Tolerance is harmony with difference.

Through questionnaire items, participants were asked to express their perceived level of tolerance within their community, county and state of their present residence. The participants answered these items without the definition of tolerance provided by the United Nations because of the importance that they express their own concepts and feelings about the tolerance of sexual identity. Other questionnaire items answered by participants are considered as dimensions of tolerance, as defined by the United Nations. These include their comfort to be open (disclose), the social support they receive from heterosexual family and coworkers (appreciation), and the positive view that some important people in their lives have for the participant's lesbian identity (harmony with difference).

Heterosexism and Homophobia

Heterosexism

Heterosexism is defined as an ideological system that denies, denigrates and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community. Heterosexism is intolerance for lesbian and gay people (Brown, 1995; Herek, 1995).

Homophobia

Homophobia is the expression of anti-gay and lesbian hostility by words or action (Ferraro & Dukart, 1998; Herek, 1984a). Social application of the term "homophobia" seems to encompass both heterosexism and homophobia, as defined previously.

Although heterosexism is a phenomenon that is probably more common than homophobia, the term heterosexism has not been used in any part of the questionnaire, including the instruments, since it is not a term that is widely used nor understood. However, the experiences of the participants, including lack of legal status with their children, loss of jobs, lack of social support, and negative attitudes toward them will be noted as heterosexist experiences, and experiences with expressed verbal and physical hostility will be considered homophobic in accordance with the social science definitions of these terms.

CHAPTER 2 - CONCEPTUAL FRAMEWORK

Environment and Stress

The term “stress” is conceptualized in agreement with Lazarus (1978, 1999) for this study. According to Lazarus (1978, 1999), stress can be considered as a stimulus that generates turbulence or a turbulent reaction, that is, the response. Stress is observed at the social, psychological and physiological levels. Encompassing both stimulus and response concepts is the view that stress is a relational and transactional concept describing kinds of adaptive exchanges between and among people, whether individually or in groups, and their environment (Lazarus, 1999; Lazarus & Launier, 1978). Lazarus (1978) further identifies three key stress-relevant relationships: “harm-loss,” “threat” and “challenge.” These relationships refer neither to person or environment separately but to a balance of forces, ones that transform the variables of which they are comprised into new concepts that require a higher level of analysis (Lazarus & Launier, 1978). Perceived stigma and disclosure issues for lesbians create stress between themselves and their environment (Baptiste, 1987; Hare, 1994; Jordan & Deluty, 1998, 2000; Pollack, 1995; Slater, 1995). In using Lazarus’ concept of stress, the variables that create a specific stigma in the environment and the relationship between the variables that create perceived stigma for a lesbian become more complex together than either set of separate variables alone. For this study, the lesbian mother’s insight and report of this stress has been called stigma stress.

Bronfenbrenner's Ecological Theory of Human Development

Bronfenbrenner's Ecological Theory of Human Development has been utilized for this study since it provided a meaningful model for understanding lesbian families within various dimensions of their environment. Urie Bronfenbrenner (1989) states that...

Every human quality is inextricably embedded, and finds both its meaning and fullest expression, in particular environmental settings, of which the family is the prime example. As a result, there is always an interplay between the psychological characteristics of the person and of the specific environment; the one cannot be defined without reference to the other.(p. 724)

The lesbian family's interplay with their environment can deeply affect the family constellation. Both negative and positive attitudes affect each individual within the family and their relationships with each other. Social issues of stigma and intolerance in the environment, specifically heterosexism and homophobia, affect the lives of each individual member of the family, since each person must deal with consequences of disclosure and nondisclosure of parental sexual identity.

Bronfenbrenner's model consists of four nested subsystems (appendix 1): microsystem, mesosystem, exosystem and macrosystem. The smallest subsystem, microsystem, represents the immediate roles and interpersonal relations in a given personal setting with particular physical and material features, containing other persons with distinctive characteristics (Bronfenbrenner, 1986). This represents the lesbian family members in their home setting, their relationship with each person in the family and the position and roles they hold. These relationships have potential for

challenges in response to perceived stigma and disclosure decisions. These issues may include teenagers who may be in conflict with their lesbian parents to change their home (parent's bedroom, pictures) to avoid disclosure to the teen's friends, or parents who do not disclose to their children to protect them from stigma. The lesbian mother's negative feelings about her own lesbian identity may affect her relationship with her partner and children.

Encompassing the microsystem is the mesosystem, which is composed of interrelationships between two or more settings in which individual family members may participate (Bronfenbrenner, 1979). These mesosystem settings may include extended family, local churches, the children's peer group, the health care providers and support groups of other lesbian families. Perceived stigma and disclosure decisions may interfere with the potential for supportive relationships with family and friends. Lesbian parents' disclosure decisions may create isolation for their children or may make their children the recipients of ridicule, both of which may create concern and/or guilt for the parents.

Even broader, the exosystem consists of a setting in which the individual family member is not necessarily an active participant, but is affected by what happens in the exosystem (Hollander & Haber, 1992). In the family, lesbian mothers and their children are affected by the mother's social networks and work world, although the children are not necessarily participating in them (Bronfenbrenner, 1986). The mother's satisfaction with her work, including her social support, job security and sense of comradery may be affected by perceived stigma about her sexual identity or her efforts to avoid disclosure. Exosystems also represent the larger community,

including the legal system and religious doctrine, which may have profound effects on lesbian mothers and their children. Social stigma that creates legal negation of the lesbian family and religious beliefs that deem lesbian families morally questionable may dissociate these families from the recognition and support that benefit many families.

The macrosystem refers to the broad cultural issues and values that underlie the microsystem, mesosystem and exosystems (Hollander & Haber, 1992). It includes belief systems, resources, hazards and patterns of social interchange (Boss et al., 1993). Bronfenbrenner advocated that the participants' interpretations of their environment were most important. Lesbian mothers who perceive a macrosystem that is highly stigmatizing and expect to be judged by negative lesbian stereotypes may be more likely to experience the hardships of stigma. Further, Bronfenbrenner advocated that the interrelationships among these subsystems reverberate through the whole network and directly or indirectly affect the development of the person and family (Boss et al., 1993). This model provides a framework for conceptualizing the interrelationship between lesbian families and their environment, representing the relationships of the various subsystems that can be altered by perceived stigma and disclosure issues.

Concepts of Disclosure and Tolerance

Social and cultural stigmatization create difficult challenges for women since each self-identified lesbian must resist heterosexual imperatives and progress through a psychosocial process of self-disclosure to become open about her sexuality (D'Augelli, Hershberger, & Pilkington, 1998). This identity is an "achieved identity" rather than

an ascribed status (D'Augelli & Garnets, 1995). The term "disclosure" (coming out) includes the initial self-awareness, admission to others and the degree to which the lesbian hides or exposes this attribute in a daily life pattern (D'Augelli & Garnets, 1995). Despite increasing social acceptance of homosexuality, disclosure remains difficult due to heterosexist attitudes (Herek, 1995) and victimization (Comstock, 1991). Heterosexist attitudes exist as a continuous issue in the daily lives of lesbian and gay people. Homophobia, the expression of anti-gay and lesbian hostility (Gartrell et al., 1996; Herek, 1984b), and heterosexism are the greatest concerns that prospective lesbian parents have about parenting (Gartrell et al., 1996).

Heterosexism is intolerance for lesbian and gay people. Cultural heterosexism pervades customs and institutions, whereas psychological heterosexism is the individual manifestation of cultural heterosexism (D'Augelli & Patterson, 1995; Gillis, 1998; Herek, 1995). Degree of disclosure of lesbian and gay people is their response to perceived balance between heterosexism and tolerance in their environmental setting (Anderson & Mavis, 1996; Gartrell, 1981; Gentry, 1992; Morris, 1997).

Decisions about disclosure of sexual identity occur on a frequent basis. In addition to disclosure of sexual identity in many important personal relationships, lesbian mothers must make decisions about coming out to their child's teachers and principal at school, the child's peers and their families, coaches, club leaders and others (Pollack, 1995; Slater, 1995). Disclosure of sexual identity for the lesbian has been associated with greater self-esteem, less anxiety (Jordan & Deluty, 1998, 2000; Morris, Waldo, & Rothblum, 2001; Rosario, Hunter, Maguen, Gwada, & Smith, 2001) and greater relationship satisfaction (Jordan & Deluty, 2000). When lesbians choose

not to disclose their sexual identity due to their perceived potential for heterosexist attitudes, victimization and fear of losing custody of their child, the need to lie and hide becomes necessary to maintain non-disclosure (Eliason, 1996; Jordan & Deluty, 1998; Lyons, 1983; Steinhorn, 1983). Along with questions regarding their personal integrity (Jordan & Deluty, 1998), the lesbian's non-disclosure interferes with development of supportive, congenial and intimate relationships with family, friends, health care professionals, colleagues, and acquaintances and also with the psychological sense of community within the larger community (Brown, 1995; Gonsiorek, 1995; Jordan & Deluty, 2000; Kurdek, 1995; Lyons, 1983). Therefore, lesbian mothers may lack support systems that all parents need.

Stigma is potentially harmful, directly or indirectly, to the children of lesbians, depending on disclosure decisions made by the parents and/or children of lesbians (Hare, 1994). When parents decide that they will live their lives as "out" lesbians and not hide their partnership in parenting from teachers, principals, other parents and their children's peers, their children become potential targets (Pollack, 1995) for schoolyard taunting, violence, isolation from peers and prejudice (Baptiste, 1987). The degree of social difficulty with disclosure has been reported to be associated with community tolerance for lesbians (D'Augelli & Patterson, 1995; Herek, 1984a). Indirectly, when lesbian parents perceive potential threats to their children, they may choose to live an undisclosed life (Baptiste, 1987). When the mothers remain undisclosed, the children must be incorporated into the nondisclosure behavior by avoiding discussion topics with peers, inclusive of parents, and lying about their family constellation to avoid perceived threats to family integrity and safety (O'Connell, 1993; Slater, 1995).

Stigma Theory

The original phrase “to stigmatize” referred to a marking or branding of certain people (eg, prostitutes, criminals) to make them appear different and separate from others, often resulting in exile or avoidance (Ainlay, Becker, & Coleman, 1986; Goffman, 1963). Although physical branding has diminished in most cultures, social marking, a more cognitive manifestation of stigmatization, has appeared (Ainlay et al., 1986). Social markings remain in use to reflect people’s differences and to avoid these people (Goffman, 1963). The range of affective responses, such as dislike, disgust and the emotional reaction of fear (Ainlay et al., 1986) is a response to the common human motivation to avoid perceived danger and threat (Stangor & Crandell, 2000).

Stigma is a powerful, socially constructed phenomenon in which some distinguishing characteristic of a person creates a less desirable kind of person. This person is then considered bad, dangerous, or weak and is thus reduced from a whole and usual person to a tainted and discounted one. It constitutes a special discrepancy between virtual and actual social identity (Dovidio et al., 2000; Goffman, 1963). What is done to people because of stigma and what they do to themselves for protection is a direct reflection of the broad social and cultural contexts in which people live (Ainlay et al., 1986). Lesbians are stigmatized because they violate core sex role requirements of the prevailing gender system (Schur, 1983).

Description of a framework for the study of stigma can enhance understanding of the universality of this construct. A conceptual framework of stigma created by Dovidio and associates (2000) will be utilized in this study and consists of three fundamental dimensions that include (1) “perceiver-target,” (2) “personal-group-based

identity” and (3) “affective-interactional relationship between ‘perceiver’ and ‘target’”. The perceivers are those who are stigmatizing others, and targets are those who are stigmatized. Personal identity is the recognition of the attributes of the self who is identified as lesbian. Social identity is the recognition of attributes that are shared with others and that identify themselves as part of a social group called lesbians and also the recognition of those attributes that differentiate themselves from other women. These different identities critically influence cognitive representations and affective responses, and there appears to be evidence that these modes are processed differently (Dovidio et al., 2000). The third dimension of the stigma model by Dovidio and colleagues (2000) consists of the cognitive, affective and behavioral reactions, which may occur in any order and are not necessarily independent. The context, individual attributes and nature of the stigma encountered by the lesbian target determines the order, blend and degree of reactions for lesbians (Dovidio et al., 2000).

This model provides this study with a conceptual framework for understanding the various modes by which a lesbian may perceive stigma toward her sexual identity. Her perception of stigma which includes her feelings toward her own sexual identity, her interpretation of her experiences, her concerns for the future, her interpretation of environmental tolerance of her lesbian identity and her expectation to be judged by negative stereotypes produces cognitive, affective and behavioral responses. These responses may include behaviors that result in various disclosure decisions for protection, affective responses that may include stress and discomfort, and cognitive responses that may assist to build resilience to the harmful affects of stigma.

Dimensions of Stigma and Disclosure

Perceived Stigma

Although stigma as a concept cannot be measured, perceived stigma can be measured as a personal evaluation of various criteria. Perceived stigma is the phenomenon that exerts influence upon the individual, whether it is “real,” “exaggerated” or “underestimated.” Perceived stigma is influenced by many intrinsic factors such as personal characteristics and temperament, extrinsic factors such as environmental tolerance, and an interplay between both intrinsic and extrinsic factors such as past experiences, internalized homophobia and the expectation to be negatively stereotyped. Although individual and geographic variables for environmental intolerance of homosexuality can be described (Aguero, Bloch, & Byrne, 1984; Haddock & Zanna, 1998; Herek, 1984a, 1984b; Herek, 1995), influences of this environmental intolerance on the lesbian mother may depend on the interplay of many other personal attributes and circumstances. Therefore, only the phenomenon of perceived stigma can be measured, and it is this aspect of conceptual stigma that may exert influence on lesbian mothers.

Perceived Environmental Tolerance

Individual and geographic variables for social intolerance of homosexuality have been described (Aguero et al., 1984; Haddock & Zanna, 1998; Herek, 1984a, 1984b; Herek, 1995). People with negative attitudes toward gay and lesbian people are 1) more likely to support sex roles, 2) more likely to have peers with negative attitudes, 3) less likely to know gay and lesbian people, 4) likely to be older and less educated, 5) more likely to be strongly religious and subscribe to a conservative ideology, and 6)

likely to reside where negative attitudes toward sexual identity are the norm and have many of the previously mentioned characteristics (Herek, 1984a; Herek, 1995).

According to Herek (1995), many of these characteristics are found in the southeastern USA, yet studies about perceived environmental tolerance for homosexuality have not been done. A lesbian mother's perception of environmental tolerance where she resides may vary greatly with her political/legal awareness and involvement, her personality, her frame of reference and her comparative experience. Many of her life's experiences may contribute to her interpretation of environmental tolerance for her sexual identity in the community, county and state where she resides.

Expectation of Group Stereotype

The process of stereotyping consists of generalizing from the observable characteristics to a set of assumed traits. Historically, these traits have reflected overgeneralizations, factual incorrectness and rigidity. They have served as a rationalization for negative attitudes and behaviors (Biernat & Dovidio, 2000). Although highly related and integrated, the processes of stigmatizing and stereotyping are separable. Group stereotypes can occur without stigma, and stigma can occur without stereotypes. Nonetheless, stereotypes play an integral role in the process of stigmatization through biased attentional and interpretational processing. In turn, stereotypes trigger affectional responses such as disgust, anger, anxiety, stress and fear, and contribute to discriminatory behavior (Biernat & Dovidio, 2000; Haddock & Zanna, 1998). Biernat and Dovidio (2000) report that many recent studies on the conscious and unconscious motivations for creating stereotypes include flattering a perceiver's self-image, enhancing the perceiver's self-esteem, maintaining the status

quo that provides advantage for the perceiver's own group, and restoring a threatened self-image (Biernat & Dovidio, 2000).

A lesbian mother's beliefs about her personal fulfillment of "stereotypical lesbian behavior and demeanor" (whatever she considers that to be) may be a variable that affects her interpretation and experiences with stigma. Hence, her expectation that she will be negatively stereotyped as a lesbian may alter the way she interprets stigma in her world. Her expectation to be negatively stereotyped, and her behaviors to avoid this may become a self-fulfilling prophesy. Stereotypical lesbian characteristics have been reported to include hypofemininity, enjoyment of riding motorcycles, wearing jeans and leather, non-use of make-up, and sexual aggression and dislike of men (Eliason, Donelan, & Randall, 1992; Simon, 1998). Lesbian mothers who have any of these characteristics may be sensitized to the stigma and stereotypes that have been associated with lesbian mothers, which have been reported to include lack of interest in their children, lack of male role models in their children's lives, and lack of maternal feelings and role behavior (DiLapi, 1989; Falk, 1989; Golombok et al., 1983; Kirkpatrick et al., 1981).

Internalized Homophobia

Lesbian mothers are raised in a heterosexist society and, as young people, they may have internalized a negative view of their own lesbianism (Herek, Cogan, Gillis, & Glunt, 1997). This phenomenon, called internalized homophobia, may become a lens through which the mother perceives stigma towards her lesbianism in her life and may influence perception of stigma and disclosure decisions for herself and her children (Herek et al., 1997; Kahn, 1991; Meyer & Dean, 1998). Lower levels of internalized

homophobia have been associated with more feminist ideology, more disclosure, the expectation of a positive reaction with disclosure and higher levels of personal authority (Kahn, 1991). Sophie (1987) considers the nondisclosure of sexual identity as an affirmation of internalized homophobia and may act as a support to one's own homonegativity (Sophie, 1987). These negative feelings about lesbian self-identity may influence the comfort with disclosure, willingness to disclose and the avoidance of disclosure.

Willingness, Comfort and Avoidance of Disclosure

Willingness to disclose, avoidance of disclosure and comfort with disclosure are related concepts in need of discernment to understand the role of perceived stigma and disclosure. Although the willingness to disclose may be related to stigma and disclosure issues, it may not be limited to these reasons (Lynch & Murray, 2000). Willingness to disclose may also be influenced by personality (Kahn, 1991). That is, some lesbian mothers may be more open or less open about disclosure of many aspects of their lives, not just their sexual identity. Therefore, discerning between willingness to disclose sexual identity and a personality that is more open to disclosure would give more information about perceived stigma and disclosure issues.

Comfort with disclosure and willingness to disclose are related concepts but are not identical. Although a lesbian mother may be comfortable in disclosing her sexual identity, she may not be willing to do so because of the potential ridicule her child may receive (Gibbs, 1989; Hare, 1994; Kirkpatrick, 1987; Lewin, 1993; Lott-Whitehead & Tully, 1993; Lynch & Murray, 2000; Wright, 1998). Alternatively, she may be willing to disclose but not be comfortable in doing so (Kahn, 1991). Although

she may feel willing to disclose her sexual identity for political reasons, she may feel uncomfortable at the moment of disclosure. Questionnaire items discerning these dimensions of willingness, avoidance and comfort have been designed to accurately understand the issues of stigma and disclosure for lesbian mothers.

Stress Associated With Sexual Identity

Stigma stress does not necessarily imply that the lesbian mother's overall stress level will be high since other parts of her life and lesbian identity may generate great contentment. Her resilience to stigma stress does not imply that stigma is not identified, but rather that her ability to cope diminishes the level of stress (Wright, 1998). This ability may protect her and her family from the potential negative affects this stigma stress could evoke. Therefore, the lesbian mothers' evaluation of perceived stigma and disclosure issues is more salient to this study than an overall reported stress level.

Stigma stress in a lesbian mother may be related to her disclosure decisions and her perceived stigma. High levels of stigma stress may be part of some lesbian mothers' lives. A lesbian mother's need to protect her children from perceived harm may heighten her awareness of stigma. Her fear of losing family, friends, employment, housing, and perhaps her children may create a situation in which she would rather be isolated than lose these important aspects of her life. She may maintain nondisclosure and live with the stigma stress in maintaining a facade. Either way, she may feel stigma stress.

Summary of Dimensions

Correlates of perceived stigma and disclosure decisions may reflect great variation in lesbian mothers' reported stigma stress. Maternal experiences with prejudice and discrimination, internalized homophobia, perceived environmental intolerance, the need to protect her children from an environment that she considers hostile, and her expectation to be judged as a negative stereotype may add to a lesbian mother's perceived stigma. Yet, disclosure to and social support from family, friends and organizations, living in a tolerant environment, positive incorporation of her lesbian identity, and diminished fears for her child's physical and emotional safety may lessen this perceived stigma. These supportive circumstances may promote her comfort in disclosing sexual identity and her willingness to disclose sexual identity without fear of repercussions (appendix 1). She could experience life without major fear and concern for her family and herself. Although this summary may seem obvious, there is a dearth of scientific literature. Most of the relationships between these variables are not known, and those that are known are often unclear. Therefore, these are the dimensions of perceived stigma and disclosure that have been explored in this study.

Review of the Literature

Internalized Homophobia

Although there are studies that examine the role of internalized homophobia in the life of gay men (Meyer, 1995; Ross & Rosser, 1996), very little research has been done about this phenomenon in the lives of lesbians (Herek et al., 1997). Although disclosure of sexual identity has been associated with internalized homophobia in both

lesbians and gay men (Meyer, 1995; Ross & Rosser, 1996; Sophie, 1987), perceived stigma and internalized homophobia in lesbians has not been studied.

Herek, Cogan, Gillis and Glunt (1997) conducted a study to assess the correlates of internalized homophobia and among gay men and lesbians. A measure of internalized homophobia, the measure utilized for this study, was adapted by Herek et al (1997) to a written, self-administered instrument originally developed by Martin and Dean (1988). Unlike other attempts at internalized homophobia instruments, this instrument's focus is narrow and primarily explores the satisfaction or dissatisfaction with being homosexual. Herek maintains that this instrument avoids confounding phenomena and possible correlates of internalized homophobia, such as disclosure and involvement in the gay and lesbian community. Herek's (1997) study also included the Center for Epidemiological Studies Depression scale (CES-D), three questions about the degree of disclosure, and the Collective Self-Esteem measure to evaluate the degree of importance the gay or lesbian person placed on his or her community membership. Demographic information included the length of time the participant had identified as gay or lesbian.

The sample consisted of 73 gay men and 74 lesbians recruited from the Sacramento gay/lesbian/bisexual street fair. Eighty-two percent were Caucasian, 7% Latino, 2% African American and the remaining 7% classified themselves as "other." They were all highly educated; 15 participants were parents, and 60% were in a long-term committed relationship.

Results indicated that lesbians scored lower on the internalized homophobia scale than gay men, which the authors attribute to a more negative societal attitude toward

gay men. The authors also explored the possibility that lesbians may be more reluctant to have a dichotomous view of their sexuality when compared with gay men. Hence, they may score lower on the internalized homophobia scale since they may not feel as extreme when answering items on the scale that only speaks to homosexual or heterosexual identities. The scores of internalized homophobia for both gay men and lesbians presented a skewed distribution toward the low range. This was anticipated since recruitment of the sample came from a street fair that gay and lesbian people with high internalized homophobia may have been less likely to attend than those who had less internalized homophobia. After statistically adjusting for this skew, no relationship was found between internalized homophobia and the length of time identified as lesbian. Internalized homophobia was positively correlated with depressive symptoms, demoralization and low self-esteem. It was negatively correlated with disclosure and connection with the gay and lesbian community (Herek et al., 1997). This study's limitations included sampling problems and small sample size, both of which are threats to external validity.

Sophie's (1987) qualitative study written for therapists who work with lesbians with internalized homophobia had the purpose of promoting self-acceptance and creating methods of reducing internalized homophobia. In this research, drawn from both her dissertation work and her clinical experience, she provides an analysis of issues for women who seek therapy for internalized homophobia.

Sophie (1987) found that internalized homophobia was high in the early stages of cognitive restructuring to incorporate the lesbian identity. She defines "cognitive

restructuring” as the basic process in which internalized homophobia is reduced and replaced with a positive view of lesbian identity. Eliminating negative stereotypes and enhancing the client’s awareness of the diversity of lesbians were considered as supporting the progression of cognitive restructuring. Sophie also suggests the need for therapists to challenge the client’s religious beliefs concerning homosexuality, since it is frequently a source of great distress and a blockade to the necessary cognitive restructuring.

Sophie considers disclosure of sexual identity crucial in the role of diminishing internalized homophobia. However, the process of disclosure is fraught with hazards. Negative responses to the lesbian’s disclosure reinforced internalized homophobia. Since the client may not have developed the skills to assess the risks of disclosure, especially disclosure to people who are most important to her, role playing in therapy is often helpful. Concealing this information is an affirmation of internalized homophobia, implying that this aspect of one’s self is too shameful to disclose to anyone. Although concealment of sexual identity may protect her from stigma, concealment also promotes isolation, which interferes with the creation of relationships and intimacy, again reinforcing internalized homophobia (Sophie, 1987).

Although this research is conceptually clear and well written, the sample size and interview techniques were not explained. Some of these case studies were from her clinical experiences, but the themes associated with internalized homophobia came from a previous research source that was not identified. Much of the content of this research supported other research on internalized homophobia (Herek et al., 1997; Jordan & Deluty, 1998; Ross & Rosser, 1996), but results from this study must be

interpreted with caution since they derived in part from a clinical group seeking help for this problem and may not represent the issue of internalized homophobia as it presents in a non-clinical group of lesbians.

These two studies had contradictory results about the length of time identified as lesbian and the degree of internalized homophobia. Although both studies had significant methodological limitations, they both found that internalized homophobia was related to disclosure. Therefore, both of these issues are worthy of further study. Sophie's findings that negative lesbian stereotypes and some religious beliefs interfere with cognitive restructuring and that the stage of cognitive restructuring was related to internalized homophobia creates questions about the relationship among negative stereotypes, religious beliefs and internalized homophobia. Neither study examined the relationship between perceived stigma and internalized homophobia, yet both authors spoke about social stigma as an interference to the progression toward a healthy self-identity as a lesbian or gay man.

Disclosure Process

Kahn (1991), following the Cass model of homosexual identity formation (1979), created a quantitative research study to explore the disclosure process of lesbians. This process was considered in terms of the stage of identity, a woman's differentiation from her family of origin, sex-role attitudes and levels of internalized homophobia. A sample was recruited from a large mid-western urban center by way of friend networks and advertisement in lesbian venues. A sample of 81 lesbians completed an anonymous questionnaire that included the Retrospective Stage Allocation Measure (RSAM), developed by Cass, to assess the person's stage of incorporation of the

lesbian identity; an Openness Questionnaire, which evaluated the degree of disclosure in various situations; and the Personal Authority in the Family Systems Questionnaire, which evaluated intergenerational relationships, power shifts and individuation from the family of origin. The Attitudes Toward Women (AWS) instrument was utilized to evaluate the appropriate roles for women, and an 18-item internalized homophobia scale was created for this study. Results showed that feminist orientation was strongly associated with lower levels of reported internalized homophobia and higher expectations of acceptance in response to disclosure. Lower levels of internalized homophobia were also related to increased comfort in disclosing lesbian identity. Lower levels of personal intimidation a woman experienced in relation to her parents were significantly related to a higher stage on the RSAM. Women who had less intergenerational intimidation also displayed more feminist attitudes, had less internalized homophobia, were more likely to be disclosed to more family members, and expected more positive reactions to their disclosure. The results reflected that the model of Homosexual Identity Formation, developed by Cass, is a useful conceptualization of the coming out journey, but that progression through these stages is neither linear nor universal (Cass, 1979).

Kahn's findings about associations among disclosure, expectation to receive a positive reaction upon disclosure and the relationship to the lesbian's parents and other important relationships in the lesbian's life that are worthy of further investigation. Although some of these results have been supported by other studies (Herek et al., 1997; Jordan & Deluty, 1998, 2000; Morris et al., 2001), the study's Openness Questionnaire and internalized homophobia instrument had little or no reported

psychometric information to support its reliability and validity. The 81 lesbians were mostly (93.5%) Caucasian and very well educated, which interferes with the external validity of the study. Of the 81 lesbian participants, only 37 women reported their age, thereby making some pertinent analyses difficult. Pertinent analysis variables, such as age and length of time identified as being a lesbian, would be important when assessing relationships with family of origin and lesbian identity formation.

In a recent qualitative study, Lynch and Murray (2000) investigated the disclosure process for 17 lesbian and 6 gay couples who had created stepparent families. These families came from various states, including New Mexico, Ohio, Texas and various New England states, and lived in urban and suburban communities. They effectively argue that lesbian and gay stepparent families have a unique set of characteristics and issues that separate them both from heterosexual stepparent families and other gay and lesbian families. Lesbian and gay stepfamilies often have two developmental issues occurring simultaneously, that is, the formation of the new family constellation and the disclosure to various family members about the parents' sexual identity. Because there is an ex-spouse and another legal parent to the children, stepparent families often fear custody issues. In addition, similar to other lesbian and gay families, they must disclose their sexual identity as a family. However, the parents in stepparent families must often disclose to their children as well.

These investigators conducted face to face interviews and telephone interviews with both the biological parent and the stepparent of each family. Parents' concerns for their children centered on the stigma stress that their children experience around the issue of their parent's sexual identity. Therefore, most parents structured their

degree of disclosure based on the children's comfort level and believed that the children's needs were primary. When parents disclosed their sexual identity to their children, young children did not seem to have a negative response. However, when these children became adolescents, the parent's sexual identity became more of an issue. Although this pattern of diminished acceptance during adolescence is typical, it is by no means universal (Lynch & Murray, 2000). Some parents in this study made accommodations for their teenage children, stating that they created a false bedroom for the "roommate" and volunteered to take away evidence of intimacy between partners so that their child would feel comfortable with bringing friends home after school. However, some parents had limits within the house, helping the children to understand that their home was a place of safety, a place where they are not self-conscious to be who they are and therefore could not accommodate their children's request for concealment. There were a few reports of children's peers and their peers' parents reacting negatively to their gay or lesbian parents.

Some parents in these families reported that disclosing to their family of origin meant losing their families totally for some time; however, they often came to varying degrees of acceptance of their family member's sexual identity. Some parents stated that they disclosed to all of their family members and their ex-spouse because they did not want to put their children in a position where they would have to lie. Although most parents were disclosed to their ex-spouses, all participants stated that they feared losing custody of their children. Seven of the participants had experienced a court custody suit; such a fear is at the heart of the coming out decision. Unlike heterosexual

families, the participants experience an enormous amount of social and legal vulnerability (Lynch & Murray, 2000).

Despite these reported hardships, there are also many benefits that parents report. Because external homophobia and heterosexism render these families less acceptable, the internal family structure creates a sense of openness that is rare in other families (Lynch & Murray, 2000). The parents report that children are more comfortable discussing their problems, since parents are able to empathize with their fears of being different or of not being accepted. Parents help their children build coping mechanisms, and the parents believe that their children are growing up to be more accepting of diversity and appreciate differences in others.

This study gave a rich qualitative understanding of disclosure issues in stepparent families but did not explore the perceived stigma in these families or how this may relate to disclosure. Although the sample varied in geographical residence, providing variance for environmental tolerance of homosexuality and disclosure, perceived environmental tolerance was not measured.

This qualitative study was clear and concise, with multiple quotes from lesbian and gay parents that illustrated points explicitly. It reflects how disclosure issues change drastically for lesbian and gay people who are parents. Disclosure decisions are often made for child's protection, parents' integrity needs, and the child's developmental needs; the child's fears, comfort, and concerns affect the disclosure decisions made by their parents. Disclosure decisions become a primary family issue, one that adds a new set of dimensions when compared with disclosure issues of the childless lesbian. Therefore, when investigating stigma and disclosure issues in lesbian parents, a parent

cannot be taken out of the family context to do so. Therefore, it is important to review some pertinent issues from both the mother's perspective and the child's perspective.

Lesbian Mothers' Concerns and Their Children's Experiences

Lesbian mothers have been reported to be concerned about raising their children in a heterosexist and homophobic world (Gartrell et al., 1996; Wright, 1998). They fear that their children will experience ridicule and discrimination because of their own sexuality (Gibbs, 1989; Kirkpatrick, 1987). They have reported that a common reason for nondisclosure is to protect their children from criticism (Hare, 1994; Lewin, 1993; Lott-Whitehead & Tully, 1993), thereby making them vulnerable to the issues of nondisclosure.

In her qualitative, longitudinal study of lesbian families, Gartrell (1996, 1999) investigated family relationships, social supports, stigmatization, coping strategies and health concerns of 84 families. These families include 154 respondents who are lesbian mothers living in San Francisco, Boston and Washington D.C. In the first study in 1996, she interviewed the prospective parents who were trying to conceive by donor insemination (DI). During the interviews, the prospective parents shared the following concerns: 1) raising their child in a heterosexist and homophobic world, 2) raising a child in a nontraditional family, 3) raising a child conceived through DI, and 4) the impact of multiple discriminations on non-white and/or non-Christian children. Slightly more than half of these participants (52%) intended to be completely disclosed about their lesbianism, with the remainder feeling that they would be "relatively" disclosed. In anticipation of potential discrimination toward their children because of their own lesbianism, the prospective lesbian parents stressed the

importance of educating their children about prejudice. Three years later, during interviews with the same lesbians, now mothers of toddlers, the mothers reported their experiences with discrimination. Twenty-three percent had encountered homophobia among their health care providers during pregnancy and delivery, usually as a refusal to acknowledge the co-mother's parenting role. Eight percent had difficulty finding good day care because they were lesbians and four percent had changed day care sites because of homophobic staff. Believing that exposure to diversity is an effective method of fortifying their children against homophobia, 87% of these lesbian mothers planned to enroll their children in educational programs that include children and staff of various socioeconomic classes, ethnicities, races and cultures. Mothers had increased their political involvement and had become more outspoken at work in efforts to reduce homophobia in their communities. Only 58% of the mothers felt that their lesbian communities welcomed families, reflecting a perceived lack of support within the lesbian community that has been documented in other studies (Crawford, 1987; Hare, 1994; Pennington, 1987; Slater, 1995).

The Gartrell (1996, 1999) study, an important study of lesbian families, will continue for the next 20 years. Its strengths include a sufficient sample size and variation in participants' geographic location. Attrition of participants over the next 20 years, however, may decrease the sample size significantly. Issues of sample homogeneity interfere with generalizability of results. Participants were recruited through lesbian publications and community events. The participants in these studies are strongly lesbian identified, with 80% stating that they would choose to be lesbian if they had a choice. Lesbian families who live with pride and disclosure may not

reflect the full range of lesbian parenting experiences, particularly as they relate to stigma and disclosure issues. The participants are predominately white (94%) and college educated (67%), with 82% holding professional or managerial positions. They had few economic concerns in their daily lives. This sample may not represent lesbian families in general, since it lacks participation from lesbian families of color, those with less education, those with a lower socioeconomic status and those who do not live in urban areas.

Wright's ethnographic study (1998) of five lesbian stepparent families in the Midwest describes many rich experiences within the family and in the larger social context (Wright, 1998). In discussions about children of lesbians being teased by other children, Wright acknowledged the common reality of being teased, often about the children being homosexual themselves. However, some children feared being teased when they actually hadn't experienced it, or they considered their experiences to be only mildly stressful. The investigator pointed out that children of lesbians are exposed to many derogatory attitudes and statements about gay and lesbian people. According to the children in Wright's study, "dyke" and "faggot" are common putdowns in the schoolyard. Although young children may not understand sexual issues, children may be teased on the basis of family constellation by disclosing that they have two "mommies" (Slater, 1995). Media coverage reports violence, negative religious and political attitudes and legal custody battles that lesbian families experience. In the schools and in society in general, the child's safest haven, their family, is erased. Either the family doesn't exist, or it is defined in negative terms in those few instances we it is addressed (Wright, 1998). Teasing, name-calling, negative

and frightening media coverage, and negation of their family existence may affect the child's relationship with the larger social community. Parents who hear stories of ridicule from their children because of their (parent's) sexuality may become sensitive to stigma experiences and may interpret stigma differently than lesbian parents who do not hear these stories. Their disclosure patterns may become altered by the experiences of their children. These examples of negation are a part of heterosexism. Heterosexism is intolerance, as defined by the United Nations, and it is encompassed as a part of stigma, as defined by this study.

The impact of legal discrimination weighed heavily on the lesbian families in Wright's study. Loss of custody of the children, based solely on the fact they are lesbian, deeply affected two of the families in Wright's study. Custody fears are a true concern, as many other studies confirm that custody issues exist because a woman is a lesbian (Crawford, 1987; Erlichman, 1989; Falk, 1989; Lewin, 1981; McLeod & Crawford, 1998; NCLR, 1997; Pagelow, 1980; Slater, 1995; Steinhorn, 1983). Lesbian parents in the study wished to be able to get legally married to increase financial security by having spousal benefits to health insurance coverage, retirement monies, inheritance and social security. They wanted to get married for recognition of legal status for their children in school systems and health care settings. They wanted the social status that comes with legal recognition (Wright, 1998).

Wright's ethnography gives insight into the issues of stepparent families. However, as with all ethnographic studies, the results are not generalizable to all stepparent families, leaving the reader questioning the frequency of these experiences in the

population of lesbian families. This quantitative study explored the frequency of stigma experiences and degree of disclosure.

Stigma

Although many lesbian studies express that stigma is an issue that creates the need for disclosure, those studies usually decline to define, explore or measure the dimensions of stigma. Dialogue of disclosure in both qualitative and quantitative studies is often inclusive of some dimensions of stigma in a manner that is confounding rather than clarifying. Gershon (1999) has conducted the only quantitative study measuring stigmatization. However, her perspective was not on lesbian mothers, but rather on the effects of the stigma of the mother's lesbianism on children. Specifically, she evaluated the adolescent's perception of stigma and degree to which the adolescent disclosed and coped with the mother's lesbianism (Gershon, Tschann, & Jemerin, 1999). This is the first study to attempt to measure the effects of societal factors on the psychological well-being of children of lesbian mothers. Other quantitative studies concentrated their measures of psychological well-being of the children of lesbians when compared with children in heterosexual families. Results of Gershon's (1999) study indicated that greater perception of stigma by the youths was related to lower scores on self-esteem. When high levels of stigma were perceived by adolescents, both those who had good coping skills or poor coping skills had lower self-esteem. When less stigma was perceived, both adolescents with good and poor coping skills scored higher on self-esteem. In the face of a high level of perceived stigma, adolescents who disclosed their lesbian parentage frequently had higher self-esteem in the area of close friendships than those who were less likely to disclose

about their lesbian parents. Although there have been associations between disclosure and self-esteem in lesbians, associations among perceived stigma, coping skills, disclosure and self-esteem with lesbian mothers have not been quantitatively studied.

Although Gershon's study had a sufficient sample size ($n=76$), selection of the sample derived from the San Francisco Bay Area, perhaps diminishing the degree of perceived stigma of these adolescents. The sample was a mixture of children who came from nuclear and stepparent lesbian families. Stepparent families usually include issues of divorce and later disclosure to children, which may have created confounding variables. Measurements were done on adolescents, who have specific sexual development issues that younger children have not yet confronted; therefore, these results are specific to adolescent children and not generalizable to other children. Four instruments were utilized for measurement. Harter's Self Perception Profile for Adolescents was utilized to measure self-esteem, and a 10-item Likert-type scale to measure perceived stigma was adapted for this population. Coping skills were measured by the Wills Coping Inventory and contained three subscales, including decision making, cognitive coping and social support. A disclosure scale was created for this study. Although all scales reported acceptable internal consistency reliability (Cronbach's alpha), validity of measures was not reported.

CHAPTER 3 - METHODOLOGY

Study Design

A descriptive, correlational, cross-sectional study with a convenience sample was recruited to explore the study aims. Questionnaires were sent to sample families across the United States in the form of a written, anonymous survey, inclusive of instruments, to measure stigma and disclosure variables (appendix 2). Both lesbian mothers in the family were asked to answer an identical questionnaire. Each survey packet contained two identical questionnaires, one with a purple cover and the other with a green cover, so that the couples could be separated to maintain statistical independence for analyses. The packet also contained an introductory page (appendix 3), consent (appendix 4), return envelopes and a postcard to volunteer for future studies with this investigator.

Participants

Participants fulfilled the following eligibility criteria:

- 1) Self-identify as a lesbian.
- 2) The mothers lived intimately as life partners in the same households with their child(ren).
- 3) The mothers live in a nuclear family or stepfamily.
- 4) The family had at least one child reside with them at least 50% of the time.

Use of Snowball Methods

Many studies with lesbian families have been recruited by snowball methods (Flaks et al., 1995; Gartrell et al., 1996; Golombok et al., 1983; Green et al., 1986; Hare & Richards, 1993; Huggins, 1989; Kirkpatrick et al., 1981; McCandlish, 1987; Nelson,

1996; Patterson, 1995a; Patterson et al., 1998; Wright, 1998). Green (1986), who recruited a total of 114 children of lesbian mothers from 10 states, used research contacts to snowball in various areas of the USA. Two studies reported that, although they used various methods of recruiting, snowball methods were the only ones that succeeded (Hare & Richards, 1993; Nelson, 1996).

Recruitment and Sampling

Multiple starting points and referral chains for recruiting are known to enhance a diverse sample (Platzer & James, 1997). Lesbian families reside in every state, although visibility is probably diminished in states with less tolerance for lesbian and gay people. Since visibility may have negative consequence for the lesbian family, recruiting families, especially from intolerant areas, was expected to be difficult. The recruited sample may be more able to disclose, perhaps making them different than the whole population of lesbian parents. Since this issue may skew results, efforts were made to diminish this problem by various recruitment methods.

The survey was a one-time, anonymous, written packet of questions. The family's name and address were not asked, and the study's anonymity was promoted. The study's anonymity was designed to diminish fears of exposure and possibly increase participation of less disclosed families.

Over a period of three years, research contacts were identified in Texas, Minnesota (2), Wisconsin, Illinois, New York City, New Jersey, Michigan, California, Oregon (2), Nebraska, Kentucky, Tennessee, Virginia (3), Mississippi, Georgia, Washington, Kansas, Oklahoma, Vermont, Massachusetts, North Carolina, Utah, Washington D.C. and Colorado. Some of these contacts were identified by the investigator while

meeting various people through lesbian and women's health conferences. Some were recruited by requesting friends to ask their friends/acquaintances for assistance. Still others were recruited by contacting various universities, finding their gay and lesbian organizations and having them refer the investigator to a locally disclosed lesbian parent, who was then contacted as a potential contact in that geographic region.

Through many e-mails and telephone conversations, the investigator has established a close working relationship with many of the contacts. Many made efforts to distribute the survey packets in areas in the USA where lesbian organizations are not openly identifiable. The investigator e-mailed each contact every three weeks to provide encouragement, offer financial reimbursement for any incurred mailing costs, and to offer ideas for any distribution problems.

Each research contact identified two parent lesbian families through their friends and acquaintances and created a snowball effect in the area. They also contacted local lesbian parenting groups, welcoming churches, e-mail networks and other local associations. Each research contact encouraged each participant to take two survey packets, one for the participant and another to give to another lesbian family of their acquaintance. All participants were to mail the completed survey directly back to the investigator for convenience and anonymity. These strategies may have encouraged recruitment and may have enhanced the inclusion of lesbian families who are not known to organizations (Watters & Biernacki, 1989).

Sterling and Peterson (1999), in their discussion of challenges in recruiting minority populations for research, recommended recruiting research team members who are of the same identity as the participants to facilitate trust and understanding

(Sterling & Peterson, 1999). There were 27 research contacts recruited for this study. Four were lesbians without children, one was a bisexual woman without children, one was a gay man and the remaining contacts were all lesbian mothers. The investigator disclosed her status as a lesbian mother in a letter included in the survey packet.

Research contacts did not interview participants since the questionnaire was to be answered privately to enhance anonymity. Some research contacts established a rapport with leaders of various groups and supplied survey packets to these leaders to distribute to members. Two research contacts placed a recruitment request notice in local lesbian and gay newsletters referring them to their leaders for the survey packets. Completed surveys were returned by mail directly to the investigator at her cost.

The director/owner of a well-established sperm bank who provides frozen sperm to lesbian clients supplied the investigator with her client list and research support. Surveys were sent to two-parent lesbian families from many states who had successful pregnancies. The director and her staff generated address labels, affixed them and mailed them without the researcher's assistance to maintain anonymity. The director inserted a letter of support to promote the importance of this research participation.

In an attempt to improve the representation of ethnic and racial diversity in this lesbian study, special efforts were made to recruit lesbian mothers of color. Since the investigator is Caucasian, advisors who are African American, Latina and Asian/Pacific Islander (API) lesbians were sought to give guidance regarding appropriate ways to approach and encourage participation from various groups. All three groups advised that "grassroots" efforts would be more successful than requesting assistance from national organizations. After 10 weeks of unsuccessful

attempts to connect with various local groups of lesbians of color, the African American advisor in Washington DC located some national Internet connections that had been successful recruitment networks. A letter was sent to these African American lesbian website message boards to explain the study and request participation. An e-mail address was provided to request so that the prospective participants could request a survey packet be mailed to their homes. This e-mail address was controlled by a local research contact to maintain the anonymity of the participants. The participant's address was deleted after the survey packet was mailed. Within 3 days, 50 survey packets (100 surveys) were mailed to African American lesbian families throughout the nation. A Latina lesbian, who had seen the request on the African American lesbian website, made contact with the investigator. This Latina lesbian was the Policy and Public Affairs Director of the National Latina/o Lesbian, Gay, Bisexual and Transgender Organization (LLEGO) and wanted to assist the investigator in connecting with Latina lesbian mothers. She forwarded the investigator's request for participation to various local and national Latina lesbian websites, and many offers for participation appeared. Although some API lesbians had responded to the Latina and African American websites, a pathway to the API lesbians was not found. E-mails and message board postings were sent out to API Family Pride, a branch of Parents and Friends of Lesbians and Gays (PFLAG). Both PFLAG and Children of Lesbians and Gays Everywhere (COLAGE) were asked to post the message to request two-parent lesbian families to participate in the study. These messages emphasized the need for participation of lesbian mothers of color, especially API mothers.

Anthrax Problem

Distribution of the survey packets began September 1st, 2001. Shortly thereafter, terrorist attacks on the USA changed the normal functioning of USA agencies. When the United States Postal Service discovered anthrax, bacteria capable of creating great morbidity and mortality, many postal stations were shut down and all “suspicious mail” was detained. Unfortunately, the return envelopes provided in the survey packets for this study were considered “suspicious” because of their lack of return addresses and because the bar coding system was applied by sticker rather than printed on the envelope. Envelope stickers were applied to save the cost of printing, and participants were asked not to affix their return addresses to maintain anonymity of the study. Other small “irregularities” of the return address envelopes, created because of misinformation from postal services employees, also added to the “suspicious nature” of the return envelope. Only 900 of 1135 return envelopes had these suspicious characteristics since the envelope was changed before the next distribution.

The investigator spoke with postal inspectors and postal employees. Local post offices have worked hard to answer the calls of other post offices across the nation and have encouraged them to send the mail through to the investigator.

Instrumentation

Three instruments were included in the survey packet and embedded in the survey. The three instruments were chosen on the basis of their ability to measure an important dimension of stigma or disclosure. Both stigma and disclosure are multidimensional concepts that have very few developed instruments. Those that are available tend to have limited reported validity.

Although many disclosure instruments were reviewed, none included a full perspective of disclosure identified for this study. All disclosure instruments were designed to ask the participant about the degree of disclosure of their sexual identity in various life relationships. However, none of the disclosure instruments measured the importance of the relationships to the participant, thereby missing the meaning of the degree of disclosure in these relationships. Since these instruments did not offer any validity, items in the survey were created for this research, specifically including the dimensions of disclosure theoretically important to this study.

Although these three instruments can measure specific dimensions of stigma and disclosure, many questions on the questionnaire were created for the purpose of eliciting specific information about lesbian family history, constellation, experiences and impressions. The chosen instruments support this study by their reported ability to measure a specific dimension of stigma and disclosure and have sufficient supportive psychometric properties.

The Stigma Consciousness Questionnaire

The Stigma Consciousness Questionnaire (SCQ) (appendix 2, page 155) was developed to measure the extent to which people expect to be stereotyped (Pinel, 1999). Stigma consciousness refers to two seemingly related concepts. First is group identity, which refers to the extent to which people perceive themselves as being similar and linked to their group members. Although people with high stigma consciousness may feel some degree of connection to other group members, these feelings are not a requirement to have stigma consciousness (Pinel, 1999). The second concept, group consciousness, refers to a political stance, one in which group members

endorse collective action as a means of elevating their group's status. People may be high in stigma consciousness without personally being politically oriented or feel "collective discontent." Members of virtually any group, advantaged or disadvantaged, can be high in stigma consciousness. They need not feel dissatisfied with the position their group occupies in society. All that is required is the expectation that they will be judged on the basis of a stereotype of one's group membership (Pinel, 1999).

Validity of the SCQ

The SCQ was originally designed to measure stigma consciousness and was developed in a study of 753 women as a 16-item Likert-type scale. After factor analysis with varimax rotation, 10 items that loaded .33 or higher on a single factor were retained. Pinel (1999) then set out to validate the scale with women, gay men and lesbians, and people of various races and ethnicities including White, Asian, Hispanic and Black. A further study of women indicated that the SCQ has convergent and discriminant validity when comparing the SCQ to self-consciousness scales, social interaction scales, sexism scales and women's roles scales. The study of various races supported that stigma consciousness, as measured by the SCQ, is a domain-specific construct (Pinel, 1999), that is, knowing a person's stigma consciousness in one of their group's memberships does not necessarily imply stigma consciousness in their other group memberships. Stigma consciousness also did not correlate with trust in people or social anxiety, demonstrating the SCQ discriminant validity (Pinel, 1999).

SCQ validation with gay men and lesbians was considered necessary to indicate whether the experience of stigma manifested similarly for hidden stigmatized groups and by those whose stigmatized characteristic is obvious. Pinel's (1999) study

examined the construct and discriminant validity of the SCQ, recruiting 50 participants (23 gay men and 27 lesbians) from the 1997 San Diego Gay Pride Festival. Reliability for this scale was acceptable (Cronbach's alpha = .81). The SCQ, along with measures for trust in people and measures for perceived discrimination, were completed by the participants. Gays and lesbians with high stigma consciousness, compared with those with low stigma consciousness, are more likely to be concerned about how others view them (Pinel, 1999).

In a known-group validation study to establish construct validity, Pinel (1999) hypothesized that when all groups are compared, the group that has borne the brunt of past stereotyping and discrimination will have the highest SCQ scores. Historically, gay men are thought to have more stereotyping and discrimination against them than lesbians, which empirical evidence supports (Herek, 1995). Gay men's scores on the SCQ, when compared with lesbian scores were higher. African American men and women also scored higher than white men and women, as expected.

The term "homosexual" is used on the SCQ to denote gay or lesbian people. This term is not fully accepted by lesbians, as many believe it is a term that belongs to gay men. This term was changed to lesbian. The term sexual "preference" has been changed to sexual "identity" since the term "preference" denotes a choice, which many lesbian and gay men refute. These changes may affect the reliability and validity of the instrument. However, sheltering participants from potential insult was considered a priority.

The SCQ has 10 statements where the respondent is asked to circle the degree of agreement with that statement on a zero to six scale. Zero is equal to "strongly

The SCQ has 10 statements where the respondent is asked to circle the degree of agreement with that statement on a zero to six scale. Zero is equal to “strongly disagree,” three is “neither agree nor disagree” and six is equal to “strongly agree.” Six of the 10 items are reverse scored. The total score is the sum of the 10 items. Possible score range is zero to 60, where a higher score indicates a higher expectation to be stereotyped (stigma consciousness).

The standardized reliability coefficient in the study sample was .32 (Cronbach’s alpha). This reliability was deemed unacceptable, and factor analyses and intra-item correlation matrices were explored. Three items, c, h and j (appendix 2, pages 192), were dropped from the instrument and the reliability was reanalyzed. The new standardized reliability coefficient (Cronbach’s alpha) on the 7-item SCQ was .70, and factor analysis revealed three components that were deemed theoretically consistent with the reported purpose of the instrument. Therefore, this new 7-item SCQ was utilized for all analyses in the study.

Although the SCQ only measures one aspect of perceived stigma, adequate reliability and validity testing along with the conceptual interrelatedness of stereotype and stigma concepts support the utilization of this instrument for stigma studies with lesbians. However, to fully explore the concept of perceived stigma in lesbians and their children, items on a questionnaire were created to investigate experiences, concerns and protections.

Internalized Homophobia

Two measures for internalized homophobia were found and evaluated, of which the Internalized Homophobia Scale (IHS) (appendix 2, page 158) was chosen. Herek et al

unidimensional measure on both lesbians and gay men. The scale is a specific measurement of how gay and lesbian people presently feel about their homosexuality, but it does not evaluate the development of those perceptions. Unlike other attempts at internalized homophobia instruments, this instrument's focus is narrow and primarily explores the satisfaction or dissatisfaction with being homosexual. Herek (1997) states that this instrument avoids confounding phenomena of internalized homophobia such as disclosure and involvement in the gay and lesbian community.

Evidence of convergent validity of the IHS score with the CES- D (a depression scale) was found, a finding that was theoretically hypothesized. Participants with high internalized homophobia were found to score 9 points higher on the CES-D than those with low internalized homophobia, which was considered a significant finding. There were no attempts to measure convergent or discriminant validity testing. The IHS offers more content validity than other internalized homophobia scales since it was adapted for use with lesbians. There are no gold standards to measure its criterion validity. Psychometric testing did not offer any discussion about sensitivity to change, but this will not be needed for a one-time anonymous measure. Reliability for lesbians on the IHS was acceptable at .71 (Cronbach's alpha). The IHS has been chosen for use in this study because it was adapted and used specifically with lesbians, offers convergent validity with the CES-D, has good reliability in a sample of lesbians, and is brief.

The IHS has 9 statements where the respondent is asked to circle the degree of agreement with the statement on a one to five scale. One is equal to "strongly disagree," and five is equal to "strongly agree." No items are reverse scored. The total

score is the sum of the 9 items. Possible score range is 9 to 45, with the higher score indicating more internalized homophobia. The standardized reliability coefficient of the IHS in the sample for this study was .78 (Cronbach's alpha).

The Self Disclosure Situation Survey (SDSS)

The willingness to share personal information with others, whatever it may be, may be a personal characteristic other than degree of perceived stigma that may motivate disclosure. The willingness to disclose about lesbian identity can be explored more fully by measuring the lesbian's propensity to disclose personal information in general. The SDSS (appendix 2, page 162), created by Gordon Chelune (1975), is specifically designed to measure disclosure in various situations, each situation representing different levels of intimacy. It does not measure any specific type of information and therefore does not measure disclosure of lesbian identity. According to Chelune, self-disclosure is a function of demographic characteristics of the discloser, the target of the disclosure, the situation, and the relationship between the sender and receiver (Chelune, 1975).

The scale contains a list of different situations where the participants are asked to rank how much self-disclosure they would imagine they would have in each of those situations. A 6-point ranking scale is offered; 1 is very limited disclosure, and 6 is the most disclosure. This is a 20-item scale with language and instructions that are easy to comprehend. The scores are the sum of each item score, which creates a total score that has a possible range between 20 and 120, with the higher score reflecting more willingness to disclose. Two items contain dated content reflecting the 1970s, when

this instrument was created. The two items “pick up a hitch hiker” and “member of an encounter/sensitivity group” were pre-tested and reworded.

Test-retest reliability ranged from .75 to .91, with a time interval of six to eight days, and even-odd reliability ranged from .80 to .89; both met minimal standards. After item rewording, the standardized reliability coefficient in this sample for this study was .91 (Cronbach’s alpha). The SDSS was able to establish predictive validity of the participant’s actual behavior, as measured by the Self-Disclosure Coding System. For women but not men, the SDSS had predictive validity of the subject’s degree of disclosure in three interviews. Convergent validity was found with the revised Repression-Sensitization scale dimension by sex. Chelune reports face validity by a group of expert psychologists. Since there is no gold standard for this concept, there is no criterion-related validity. Other publications have used this scale to measure the concept of self-disclosure in the general population (Burger & Vartabedian, 1985; Chelune G., Sultan, & Williams, 1980). The author gave permission and supported the use in a lesbian population.

Instrument Pre-tests

Pre-testing of the Self Disclosure Situation Survey

Pre-testing the SDSS occurred in two groups. One group was the same group of lesbian mothers known to the investigator, and the other was a group of nursing students whose sexual identity was unknown to the investigator. The eight students (undergraduate and graduate) were part of a clinical pediatric nursing class that the investigator taught 16 hours per week for two months. The mean age of the students was 27 years, with a range from 23 to 32; all were women, including 3 Asian, 3 white,

1 East-Indian and 1 Hispanic. Because the investigator knew these subjects, the investigator hypothesized where they would score in relation to each other on the SDSS. The possible range of scores was 20 to 120. The scores of the lesbian mothers' scores ranged from 60 to 93, with a mean of 74.5. The student group ranged from 47 to 89, with a mean of 71.0. Both groups fell almost exactly in the rank order that the investigator expected based on their degree of disclosure in their interactions with the investigator.

Many participants in both groups pointed out that the two items mentioned previously were problematic for them. Most volunteered that they would not pick up a "hitch hiker" and therefore had difficulty even imagining that scenario. Many, especially those under 35, did not know the term "encounter/sensitivity group." A third problem appeared with many participants asking about the degree of disclosure they would have with "a date in a restaurant." They wanted to know whether this was a 1st date, 2nd date...12th date? Because the author intended the "hitch hiker" question to reflect the lowest intimacy level, "hitch hiker" was changed to "a car pool with 3 new acquaintances." The "encounter/sensitivity group" was changed to a "support group." Since the author intended the intimacy level to be the 2nd lowest out of 5 levels, the "date in a restaurant" was changed to "having a 2nd date in a restaurant." Neither group had any problem with the rating scale, instructions or response choices.

Pre-test of the Internalized Homophobia Scale

The 8 pretest subjects were selected by being known to the investigator by friendship or acquaintance. They were all white lesbian mothers between the ages of 32 and 47 (mean = 39.8 years). Only 2 women were in lesbian stepparent families, and

the remainder was in nuclear families. Two were from New York City, and 6 were from the San Francisco Bay Area in California. The scores (range = 0 to 6, possible range = 0 to 45) were very low, representing very little internalized homophobia, which was expected from this group of well-educated, empowered, and disclosed lesbians. The score for the two women in stepparent families did not differ from the other 6 participants in nuclear families. Although the investigator had concerns about the negativity of the scale items, the participants did not find it troublesome or insulting when this concern was specifically probed. One participant acknowledged the necessity in asking these “unfortunate negative questions,” because some lesbians feel negative toward their lesbianism. The response variance and score range will probably increase as more participants are included from various areas of the USA.

Pre-test of the Stigma Consciousness Questionnaire

The SCQ was pre-tested on the same group and at the same time as the Internalized Homophobia Scale, and thus the participant demographic information is identical. The possible range for the score was 0 to 60. The scores for the participants ranged from 11 to 40, with a mean of 24.9. and a standard deviation of 7.05. There was no difference between the different family forms (ie., nuclear vs. stepfamily). Participants were debriefed specifically on the instructions, wording and response choices of the items. The participants found the measure easy to answer except for one participant who wanted to understand conceptually what one question was asking. Another participant wanted to know if the question meant “in general or where we live?” This question was reworded to include the term “in general.” The scale may be somewhat of a difficult task, since it entails degree of agreement with statements that were

sometimes phrased in a negative manner. Although difficulty was not reflected in this small number of well educated participants in the pre-test, easier response methods are being explored to ensure accuracy of the results.

Power Analysis

An iterative approach to power analysis was completed for parametric statistical tests using Borenstein and Cohen's Statistical Power Analysis (1988) computer program. The effect size of $r = .20$ for correlations, which is considered a small effect size, has been chosen because the measured concepts are very specific areas in the lives of lesbian families and may not generalize into a clinically evident issue; therefore, extra sensitivity to note significant differences may be needed. Analysis at this small effect size of $r = .20$, with power at .80 and a two-tailed alpha at .05, yielded a sample size need of 194 participants. Data collection for this dissertation study was discontinued when the sample size reached 252 respondents (Borenstein & Cohen, 1988).

Data Analysis

Both mothers in each family were requested to complete the questionnaire. Each mother of the family answered an identical questionnaire number with a different corresponding letter subcode, labeled G (green cover) or P (purple cover). These subcodes were chosen randomly by the lesbian mother dyad and did not represent any specific characteristic of the mothers. When completed and collected, all G questionnaires formed one group of lesbian mothers and all P questionnaires formed another group, which ensured the ability to separate and match the couples. Analyses of individual lesbian mothers, which included those who did not have partners who

filled out the questionnaire, were analyzed separately. The couples were combined to accomplish pair wise analyses of the lesbian family.

Data were cleaned by computing descriptive statistics for each study variable and examined for appropriate ranges, missing data, skewness, and outliers for both individual and family groups. The two groups were separated into different data sets. The first group for analysis was composed of 130 individual lesbian mothers (n= 130); none of the mothers are members of the same family. The results of data analyses of this group will be presented in Chapter 4.

Subsequently, 100 of these individual lesbian mothers were matched with their partner to create the second group which comprised 100 lesbian mother dyads (200 lesbian mothers). These lesbian couples of the same family were analyzed for pair-wise comparison. A data table to allow for pair-wise comparison was created for the lesbian dyads. To eliminate the individual responses, the two separate data sets that separated partners, identified as purple (p) (n=130) and green (g) (n=122) were both arranged in ascending order and compared. Identification numbers that appeared only once were eliminated. Each paired identification number required both a “p” and a “g” identification letter to confirm the dyad pair. Any inconsistency was corrected by returning to the raw data and correcting errors. Once the 100 pairs were clarified, the data variables for comparison were tagged with a “d”, and the analyses proceeded. This created a data table that allowed for pair-wise comparison of variables. The results of these analyses are presented in Chapter 5.

The aims were analyzed using the following statistical tests:

Aim 1: To describe internalized homophobia among lesbian mothers and lesbian families. Mean IHS scores with standard deviations and ranges were computed for the individual group (no matched partners). For the lesbian families (matched partners), mean IHS scores were computed for each partner, compared for significant differences and combined to produce a dyadic mean IHS score.

Aim 2: To explore relationships between internalized homophobia and demographic factors in lesbian mothers and lesbian families. The statistical tests for both groups of lesbian mothers included a correlation matrix for continuous variables, t tests for dichotomous variables and ANOVA test for polynomial variables. Dyadic mean IHS scores were used for the family group analyses.

Aim 3: To elucidate correlates of internalized homophobia in lesbian mothers and lesbian families. Linear regression models were created.

Aim 4: To describe stigma consciousness among lesbian mothers and lesbian families. Mean SCQ scores with standard deviations and ranges were computed for the individual group. For the lesbian families, mean SCQ scores were computed for each partner, compared for significant differences and combined to produce a dyadic mean SCQ score.

Aim 5: To explore relationships between stigma consciousness and demographic factors in lesbian mothers and lesbian families. The statistical tests for both groups of lesbian mothers included a correlation matrix for continuous variables, t tests for dichotomous variables and ANOVA test for polynomial variables. Dyadic mean SCQ scores were used for the family group analyses.

Aim 6: To elucidate correlates of stigma consciousness in lesbian mothers and lesbian families. Linear regression models were created.

Aim 7: To describe the willingness to disclose personal information in lesbian mothers and lesbian families. Mean SDSS scores with standard deviations and ranges were computed for the individual group. For the lesbian families, mean SDSS scores were computed for each partner, compared for significant differences and combined to produce a dyadic mean SDSS score.

Aim 8: To explore the relationship between willingness to disclose and demographic factors in lesbian mothers and families. The statistical tests for both groups of lesbian mothers included a correlation matrix for continuous variables, t tests for dichotomous variables and ANOVA test for polynomial variables. Dyad mean SDSS scores were used for the family group analyses.

Aim 9: To elucidate correlates of the willingness to disclose personal information in lesbian mothers and lesbian families. Linear regression models were created.

Aim10: To explore the relationship among internalized homophobia, stigma consciousness and the willingness to disclose personal information. These were explored through correlation matrices and linear regression models.

Returns

Surveys were distributed across the USA between September 1st, 2001 and February 1st, 2002. The cut off date for this dissertation study was February 1st, 2002 although surveys that continue to return will be incorporated in the data set for analysis at a later date. A total of 252 lesbian mothers, completed and return the

survey from the total of 1135 surveys that were distributed, yielding a 22.2% return rate.

The research contacts across the USA received a total of 734 surveys. Of these 734, a total of 480 surveys were distributed to lesbian mothers in two parent lesbian families, representing a 65 percent distribution rate by the research contacts during the six month distribution time period. Of those surveys distributed to lesbian family participants, 99 had been returned by the cut off date, representing a 20% return rate for this method of recruitment.

The sperm bank client list provided the addresses for 240 two parent lesbian families to whom 480 surveys were mailed directly to their homes across the nation. One hundred and twenty-two were completed and returned by the data collection cut off date, representing a 25% return rate for this method of recruitment.

One hundred and fifty lesbian mothers of color contacted the research contact in California by e-mail, offering their participation. Of the 150 surveys mailed to their homes, 21 surveys had been returned by the cutoff date, representing a 14% return rate for this method of recruitment.

Twenty-five lesbian mothers were contacted through the investigator's parenting group. Nine of these had been returned by the cutoff date, representing at 36% return rate.

CHAPTER 4 - RESULTS

Introduction

This chapter addresses and presents the results of the analyses of the individual lesbian mothers. This group of 130 lesbian mothers represents one mother from 130 lesbian families; none of the mothers in the group are partners with any other mother in the sample. Descriptive statistics, t-tests, ANOVA, correlation coefficients and linear regression models were utilized to explore the demographic data and the research aims. One third of the sample was from California, and the remainder of the sample was recruited from 30 other states in the USA (Table 1).

Demographics

The typical participant ($n = 130$) was 40.6 years old ($SD = 5.3$, range 22-58), white (88.5%), born a citizen of the USA (93.1%), and represented a wide range of household and individual incomes. Most mothers (77.7%) had full-time paid employment, and 23.3% had paid employment part time or less (Table 2). The average length of the current relationship was 10.2 years and was associated with a broad range of relationship years (1 - 24 years; $SD = 5.29$). They had anywhere from one to eight children, representing all age groups, although only 35 (26.9 %) mothers had children over 12 years of age. Many lesbian mothers (60.6%) had more than one child; these children fit into different age-group categories. The stepfamilies represented 30.3% of the sample, while 69.7% were nuclear families.

Table 1: Number of Participants From Each U.S. State (n =130) (Census, 2000)

Sector 1 = Northwest

Washington.....5

Oregon8

Wyoming.....1

Sector Total: 14 (10.8%)Sector 2 = North Central

Minnesota.....6

Wisconsin.....1

Illinois4

Michigan.....1

Indiana.....1

Ohio.....2

Sector Total: 15 (11.5%)Sector 3 =North East

New York.....7

Maine.....1

Vermont.....1

Massachusetts.....7

Connecticut.....2

Sector Total: 18 (13.9%)

Sector 4 = Southeast

Maryland.....2

Virginia.....4

North Carolina...2

Georgia.....1

Sector Total: 9 (6.9%)**Sector 5 - South Central**

Texas4

Oklahoma2

Kansas.....1

Kentucky.....3

Tennessee.....3

Mississippi.....1

Alabama1

Sector Total: 15 (11.5%)**Sector 6 = Southwest**

New Mexico.....1

Colorado.....8

California.....43

Nevada.....1

Arizona.....1

Utah5

Sector Total: 59 (45.3%)**Sample Total: 130 (100%)**

Table 2: Demographics of Lesbian Mothers (n = 130)

Variable	Mean	SD	Range
Age (years)	40.57	5.32	22-58
Age when identified self as lesbian	21.56	7.05	0- 47
Number of years identified as lesbian	18.60	7.72	1- 45
Age of 1st lesbian relationship	21.65	5.71	5- 47
Education (years)	17.20	2.99	8- 26
Length of Relationship	10.42	5.50	1- 24
Races/Ethnicities	n / %		
Black	10(7.7)		
Latina	7(5.4)		
Asian	0(0.0)		
White	123(88.5)		
Native American	1(.8)		
Individual income	n / %		
00-20k	25(19.2)		
21-40k	36 (27.7)		
41-60k	37(28.5)		
61-80k	15(11.5)		
81-100k	7(5.4)		
>100k	10(7.7)		
Household income	n / %		
00-20k	1(.8)		
21-40k	8(6.2)		
41-60k	19(14.6)		
61-80k	15(25.4)		
81-100k	26(20.0)		
>100k	42(32.3)		

Table 2: Lesbian Mothers: Demographics (n = 130) (cont'd)

Variable	n / %
Job Type	n / %
Professional	73(56.2)
Self-employed	6(4.6)
Managerial, supervisory	11(8.5)
Retail, sales, services	3(2.3)
Administrative, technical support	6(4.6)
Non-professional health care	2(1.5)
Paid domestic, child care	1(.8)
Other	15(11.5)
Not employed	11(8.5)
Amount of time in paid employment	n / %
Not Employed	13(10.0)
Casual < 50%	7(5.4)
Half Time	9(6.9)
Full time	101(77.7)
USA sector raised as child	n / %
NW	6(4.6)
NC	26(20.0)
NE	25(19.2)
SE	7(5.4)
SC	14(10.8)
SW	38(28.2)
USA sector of present residence	n / %
NW	14(10.8)
NC	16(12.3)
NE	18(13.8)
SE	9(6.9)
SC	14(10.8)
SW	59(45.4)
Environment	n / %
Urban	37(28.5)
Suburban	56(43.1)
Small city	22(16.9)
Town	8(6.2)
Rural	7(5.4)

Table 2: Lesbian Mothers: Demographics (n = 130) (cont'd)

Age groups of children	n / % of mothers*		
Infant / Toddler 0-3 yrs			41(31.5)
Preschool 4-6 yrs			67(51.5)
Early school age 7-9			35(26.9)
Old school age 10-12			31(23.8)
Early adolescence 13-16			18(13.8)
Old adolescence 17- 20			11(8.5)
Adult >20 yrs			6(4.6)
Religion Raised	n / %	Religion Practiced Today	n / %
Spiritual no religion	6(4.6)	Spiritual no religion	52(40.0)
Agnostic	3(2.3)	Agnostic	9(6.9)
Atheist	6(4.6)	Atheist	8(6.2)
Jewish	17(13.1)	Jewish	21(16.2)
Mormon	5(3.8)	Protestant	23(17.7)
Protestant	50(38.5)	Roman Catholic	5(3.8)
Roman Catholic	30(23.1)	Other	11(8.5)
Other	11(8.7)		
Type of Lesbian Family	n / %		
Nuclear	93(70.7)		
Step	37(30.3)		
Born a US Citizen	n / %		
Yes	121(93.1)		
No	9(6.9)		
Lesbian Sub-Identity	n / %		
Butch	17(13.1)		
Femme	38(29.2)		
Neither	74(56.9)		
Feminist Identity			
A Little	23(17.7)		
Somewhat	45(34.6)		
Very Much	62(47.6)		

Table 2: Lesbian Mothers: Demographics (n = 130) (cont'd)

Other Psycho-Social Variables**Lesbian ID acceptable
to parents**

No	36 (29.5)
Yes	86 (70.5)

**Lesbian ID acceptable
to siblings**

No	26 (26.7)
Yes	101(73.1)

Disclosure to father

No	6 (7.1)
Yes	79 (92.9)

Disclosure to mother

No	2 (1.9)
Yes	106 (98.1)

**Perceived tolerance of US
state of present residence**

Not much	95 (73.1)
Quite	35 (26.9)

**Perceived tolerance of
neighborhood of present
residence**

Not much	23 (18.0)
Quite	105 (82.0)

**Perceived tolerance of
places where grew up**

Not much	42 (34.1)
Quite	81 (65.9)

**Worry about child being
teased about lesbian mom**

Not much	29 (22.3)
Often	101 (77.7)

Table 2: Lesbian Mothers: Demographics (n = 130) (cont'd)

Involvement in lesbian politics

None/little	104(80.0)
Often	26(20.0)

Raised Conservative Religion

Not conservative.	21(19.1)
Very conservative	89(80.9)

*mother may be counted more than once

The sample represented lesbians who were well educated. Although there was a wide range of years of formal education, the mean number of educational years was 17.20 years, reflecting an average education that included undergraduate and graduate study.

The mean age when mothers self-identified as lesbian was 21.6 years. However, this mean self identity age was associated with a broad range of years (0 to 45 years old; SD = 7.1 years). The mean number of years that a participant had identified as lesbian was 18.6 years; this mean was also associated with a broad range (1-45 years; SD = 7.7 years). The mean age at which the participant engaged in her first lesbian relationship (21.7 years) is very similar to the age when she self-identified as a lesbian.

The sample represented lesbian mothers who were raised in all sectors of the USA. The northeast (19.2%), the north central (20.0%) and the southwest (24.6%) were represented most frequently. The sample also represented lesbian mothers who live in

all sectors presently. When compared to where they were raised, the northeast (13.8%) and north central (12.3%) representation had diminished and southwest (45.4%) had increased. Lesbian families in the sample were mostly suburban (43.1%) and urban (28.5%), although small cities, towns and rural environments were also represented.

The US census was used to describe job categories. Most mothers considered themselves to have professional jobs (56.2%) and the remaining participants represented nine additional job categories. The term “professional” was not defined for participants.

Lesbian mothers in the sample were most likely to have been raised in organized religions such as Protestant (38.5 %), Roman Catholic (23.1%) or Jewish (13.1%). Only 11.5 percent were raised with unorganized belief systems, including “spiritual without religion,” “atheist” or “agnostic.” The religions practiced today were significantly different than the religion in which the lesbian mother was raised ($p < .0005$). The comparison between the religion in which the lesbian mothers were raised and the religion they practice today revealed that Judaism remained in similar proportion (16.2%), while lesbian mothers who considered themselves Protestant (17.7%) and Roman Catholic (3.8%) had greatly diminished. Religions practiced today had a significant increase in unorganized belief systems (53.1%), where “spiritual without religion” accounted for 40.0 % of the whole sample’s present-day practice.

Other variables indicated that most lesbian mothers were disclosed to their mothers (98%) and their fathers (92.9%) and that most parents (70.5%) and siblings (73.1%) found the lesbian mothers’ sexual identity acceptable. Most mothers perceived their

(65.9%) perceived the place where they grew up to be quite tolerant. Lesbian mothers often worried (77.7%) about their children being teased or harassed, because of having lesbian mothers. Many were raised in conservative religious traditions (80.9%), and most are not involved in lesbian politics (80.0%).

Performance of Instruments

Internalized Homophobia Scale

The mean score for lesbian mothers on the IHS was 10.90. Although the scores ranged between 9 and 28 on a possible 9 to 45 scale, the median (10) and mode (9) were near or equal to the lowest possible score on the instrument (9). The internal consistency was considered acceptable, with a standardized reliability coefficient (Cronbach's alpha) for this 9-item instrument equal to .78 (Ferketich, 1990).

Distribution of scores reflected a positive skew (2.49), with a small standard deviation (3.35).

Stigma Consciousness Questionnaire

The SCQ had a wide range of observed scores from 12 to 53. The possible scores ranged from zero to 60. The mean score was 28.83, and the median score was equal to 31. There were multiple values for the mode, the smallest of which was 25. The standard deviation was 8.3. The standardized reliability coefficient (Cronbach's alpha) of .32 was deemed unacceptable, and factor analysis and the intra-item correlation matrix were explored. Three items were dropped from the instrument, and the reliability was reanalyzed.

The new standardized reliability coefficient (Cronbach's alpha) on the 7-item SCQ was .70, which was considered acceptable for a new instrument (Ferketich, 1990). Factor analysis revealed three components that were deemed theoretically consistent

with the instrument's reported purpose. The varimax rotated matrix demonstrated that items fell distinctly on three new components: personal effects of stereotypes (.785, .855), judgments about lesbians (.835, .784), and interactions with people who know about the participant's lesbianism (.745, .795, and .750). The 7-item SCQ had a wide range of observed scores from 3 to 36. The possible scores ranged from zero to 42. The mean score was 21.71, with a SD of 6.6. The median was equal to 22, and the mode was 26.

Self-Disclosure Situation Survey

The SDSS had a wide range of scores. The possible scores ranged from 20 to 120. The observed score was 38 to 115, with the mean at 70.5; the median was equal to 70, and the mode was 76. Standard deviation was 13.42. Internal consistency was considered good, with a standardized reliability coefficient (Cronbach's alpha) of .91. On further factor analysis, the correlation matrix of the individual items reflected acceptable values, which indicated that the items were acting in a cohesive manner, contributing to the good reliability. Items did not have correlations above .7 and therefore were not redundant (Ferketich, 1991).

The three items that had vocabulary alterations had acceptable correlations with other items and each other. The item that had changed from "encounter/sensitivity group" to "support group" had correlations with the other items that ranged from .12 to .50, mostly around .35. The item that had changed from "hitchhiker" to "acquaintance in a car pool" had correlations with the other items that ranged from .09 to .40, mostly around .25. The item that had changed from "a date" to "a second date" had correlations with the other items that ranged from .04 to .70, mostly around .35.

“acquaintance in a car pool” had correlations with the other items that ranged from .09 to .40, mostly around .25. The item that had changed from “a date” to “a second date” had correlations with the other items that ranged from .04 to .70, mostly around .35.

Aim 1

Aim 1- To describe internalized homophobia in lesbian mothers.

Internalized homophobia scores ranged from 9 to 28, with a mean of 10.90 (SD = 3.35). Distribution of the scores reflected a positive skew (2.49) with floor effects. Internalized homophobia is low in lesbian mothers who participated in this study.

Aim 2

Aim 2 - To explore relationships between internalized homophobia and demographic factors in lesbian mothers.

The correlation matrix did not reflect any significant relationships between IHS scores and continuous demographic factors, including age, age when identified as lesbian, number of years identified as lesbian, the age at the first lesbian relationship, education or the length of present relationship (Table 3).

Only race/ethnicity was associated with significant differences in internalized homophobia. Lesbians of color (n=15) had significantly less internalized homophobia than white lesbians ($p=.001$) (Table 4). Other dichotomous and polynomial demographic variables, such as the lesbian mother’s income, amount of time of her paid employment, the US sector where she was raised, and the US sector of her present residence, did not reflect any significant differences in internalized homophobia. There were no significant differences between the lesbian mother’s internalized homophobia and the type of environment where she lives, the age groups

of her children or her type of family. There were also no differences between the lesbian mother's internalized homophobia and the religion in which she was raised or the religion she practices today. A lesbian mother's internalized homophobia was not different from other common lesbian sub-identities, such as the degree of feminism she espouses or her femme/butch identity.

Lesbians who perceived little tolerance for their sexual identity in the US state of their present residence had higher internalized homophobia scores than those who perceived their state as quite tolerant ($p = .041$) (Table 5). Lesbians who were involved in lesbian politics had less internalized homophobia than those who had little involvement ($p = .018$).

Table 3. Correlation Matrix for Demographic Variables of Individual Lesbian Mothers (n=130)

Variable	IHS	SCO	SDSS	Age when ID as lesbian	# of years ID as lesbian	Age at 1st as lesbian	relationship	Education	Length of relationship
IHS									
SCQ	.207*								
SDSS	-.249**	-.009							
Age	-.066	.059	-.005						
Age when ID as lesbian	.002	.024	-.109	.173*					
# of yrs ID as lesbian	-.045	.000	.102	.466**	-.777**				
Age-1 st lesbian relationship	.054	.078	-.086	.260**	.729**	-.473**			
Education	.019	-.098	.131	.148	.149	-.034	.020		
Length of relationship	.017	.027	.092	.366**	-.131	.350**	-.113	.259**	

*correlation is significant at the 0.05 level (2-tailed). **correlation is significant at the 0.01 level (2-tailed).

Table 4: Individual t Tests of Lesbian Mother Demographics and IHS (n=130)

Variable	n (%)	IHS mean	Statistic	P value
Race				
White	115(89.5)	11.07	t = 3.371	.001*
Of Color	15(11.5)	9.53		
Individual Income				
0-60K	98(75.4)	10.85	t = .254	.800
> 60k	32(24.6)	11.03		
Household Income				
0-60k	28(21.5)	11.17	t = .538	.592
>60k	102(78.5)	10.79		
Amount of Time of Paid Employment				
Full time	9(6.9)	10.00	t = .778	.439
Half time or less	101(77.7)	10.93		
USA Sector Raised as Child				
Northwest	6(4.6)	9.83	F = 1.25	.291
North Central	26(20.0)	10.46		
Northeast	25(19.2)	11.80		
Southeast	7(5.4)	10.00		
South Central	14(10.8)	11.64		
Southwest	38(29.2)	10.15		
USA Sector of Present Residence				
Northwest	6(4.6)	10.42	F = .549	.739
North Central	26(20.0)	10.50		
Northeast	25(19.2)	11.38		
Southeast	7(5.4)	10.78		
South Central	14(10.8)	12.07		
Southwest	38(29.2)	10.71		
Environment				
Urban/ Suburban	93 (71.5)	10.78	t = .619	.537
Town/Rural	37 (28.5)	11.19		

Table 4: Individual t Tests of Lesbian Mother Demographics and IHS (n=130) (cont'd)

Variable	n (%)	IHS mean	Statistic	P value
Age group of children				
0-3 years of age - yes	41(31.5)	10.82	t = .163	.871
no	89(68.5)	10.93		
4-6 years of age - yes	67(51.5)	11.33	t = 1.526	.130
no	63(48.5)	10.44		
7- 9 years of age - yes	35(26.9)	11.17	t = .559	.557
no	95(73.1)	10.80		
10-12 years of age- yes	32(24.6)	11.06	t = .315	.753
no	98(75.4)	10.84		
13-16 years of age - yes	18(13.8)	10.77	t = .166	.868
no	112(86.1)	10.91		
17-20 years of age - yes	11(8.5)	10.27	t = .647	.519
no	119(91.5)	10.96		
child > 20 years - yes	6(4.6)	9.66	t = .922	.358
no	124(95.4)	10.96		
Religion Raised				
Organized Religion	113(88.2)	11.00	t = .718	.474
Unorganized Beliefs	15(11.8)	10.33		
Religion Practiced Today				
Organized Religion	61(46.9)	10.63	t = .833	.407
Unorganized Beliefs	69(53.1)	11.13		
Type of Family				
Nuclear	93(71.5)	11.00	t = .538	.592
Step	37(28.5)	10.64		
Born in the USA				
Yes	121(93.1)	10.92	t = .216	.830
No	9(6.9)	10.67		

Table 4: Individual t – Tests of Lesbian Mother Demographics and IHS (n=130) (cont'd)

Variable	n (%)	IHS mean	Statistic	P value
Lesbian Sub-Identity				
Butch	17(13.1)	10.76	F = 1.003	.370
Femme	38(29.2)	10.31		
Neither	74(56.9)	11.26		
Identity as Feminist				
A little	23(17.7)	11.69	F = .1.775	.174
Somewhat	45(34.6)	10.20		
Very much	62(47.7)	11.11		

Table 5: Psychosocial Variables and IHS in Individual Lesbian Mothers (n=130)

Variable	n (%)	IHS mean	Statistic	P value
Lesbian ID acceptable to parents				
No	36(29.5)	11.19	t = .510	.611
Yes	86(70.5)	10.84		
Lesbian ID acceptable to siblings				
No	26(26.7)	11.69	t = 1.322	.189
Yes	101(73.1)	10.71		
Disclosure to father				
No	6 (7.1)	11.83	t = 1.348	.181
Yes	79 (92.9)	10.31		
Disclosure to mother				
No	2(1.9)	9.50	t = .632	.529
Yes	106(98.1)	11.10		
Perceived tolerance of US state of present residence				
Not much	95(26.9)	11.19	t = 2.066	.041*
Quite	35(73.1)	10.11		
Perceived tolerance of places where grew up				
Not much	42(34.1)	10.47	t= 1.071	.286
Quite	81(65.9)	11.16		
Worry about child being teased about lesbian mom				
Not much	29(22.3)	10.34	t= 1.012	.313
Often	101(77.7)	11.06		
Perceived tolerance of neighborhood of present residence				
Not much	23(18.0)	10.34	t= .875	.383
Quite	105(82.0)	11.02		

Table 5: Psychosocial Variables and IHS in Individual Lesbian Mothers (n=130) (cont'd)

Variable	n (%)	IHS mean	Statistic	P value
Involvement in lesbian politics				
None/little	104(80.0)	11.13	t= 2.419	.018*
Often	26(20.0)	9.96		
Raised in conservative religion				
Not Conser.	21(19.1)	12.09	t =1.559	.122
Very conser.	89(80.9)	10.76		

Aim 3

Aim 3- To elucidate correlates of internalized homophobia in lesbian mothers.

A regression model was created with questionnaire items that were theoretically predictive of internalized homophobia in accordance with previous research conducted with lesbians (Table 6). Variables were entered simultaneously. The model explained 11.7 percent of the variance, and many models were designed to explore other possible correlates of internalized homophobia, the best of which is presented in the respecified regression table (Table 7). Only race/ethnicity, willingness to disclose personal information (SDSS), and lesbians' expectation to be stereotyped uniquely contributed to the model. The model demonstrated that willingness to disclose decreased as internalized homophobia increased, and the expectation to be stereotyped increased as internalized homophobia increased. It also demonstrated that lesbians who were white had higher internalized homophobia. Although the model was significant, it explained only 12% of the variance.

Table 6: Initial Regression Model for IHS in Individual Lesbian Mothers (n=130)

<u>Model Summary</u>	R squared	Adjusted R squared	df	F	Sig.	
	.151	.117	4,100	4.442	.002	
<u>Model Coefficients</u>			Beta	sr2	t	Sig.
Feminist (0) a little (1) very much			-.163	.026	-1.74	.085
SDSS Score			.316	.100	-3.43	.001
Lesbian ID OK with parents 0 = Ok; 1 = not Ok			.005	2.5x-5	.06	.954
Raised in conservative religion 0 = no; 1 = very			-.160	.026	1.74	.085

Table 7: Respecified Regression Model for IHS for Individual Lesbian Mothers (n=130)

<u>Model Summary</u>	R squared	Adjusted R squared	df	F	Sig.	
	.140	.120	3, 126	6.848	.000	
<u>Model Coefficients</u>			Beta	sr2	t	Sig.
SDSS Score			-.275	.074	-3.29	.001
Race/Ethnicity- White(0)/of Color(1)			-.192	.044	-2.30	.023
SCQ Score			.209	.036	2.53	.013

Aim 4

Aim 4- To describe stigma consciousness in lesbian mothers.

Stigma consciousness scores ranged from 3 to 36, with a mean of 21.71 (SD = 6.65). Possible scores ranged from zero to 42. The mode was 22.00, and the median was 26.00. The distribution of scores was without a significant skew.

Aim 5

Aim 5 - To explore relationships between stigma consciousness and demographic factors in lesbian mothers.

Stigma consciousness was not related to any continuous demographic variables. The correlation matrix did not reflect any significant relationships between SCQ scores and continuous demographic factors, including age, age when identified as lesbian, number of years identified as lesbian, the age at the first lesbian relationship, education or the length of their present relationship (Table 3).

Stigma consciousness was higher in lesbian mothers with children who were older adolescents ($n = 11$; $p = .025$) and in those who had adult children ($n = 6$; $p = .039$) (Table 8). Lesbian femme sub-identity had significantly more stigma consciousness compared with the butch sub-identity but was not significantly different from lesbians who have neither sub-identity. Other dichotomous and polynomial demographic variables, such as the lesbian mother's income, amount of time of her paid employment, and the US sector of her present residence, did not reflect any significant differences in stigma consciousness. There were no significant differences between a lesbian mother's stigma consciousness and the type of environment where she lives or her type of family. There

were also no differences between the lesbian mother's stigma consciousness and the religion in which she was raised or the religion she practices today. A lesbian mother's stigma consciousness was not significantly different by the degree of feminism she espoused.

Other binomial variables that were found to have significant differences in stigma consciousness were items on the questionnaire pertaining to relationships within a lesbian's family of origin. When a lesbian mother's siblings deemed her sexual identity to be unacceptable, her expectation to be stereotyped was significantly higher ($p = .011$) (Table 9). Disclosure of her sexual identity to her father also demonstrated significant differences; those who were not disclosed to their fathers had a significantly higher expectation to be stereotyped ($p = .04$).

Table 8: Individual t Tests of Lesbian Mother Demographics and SCQ (n=130)

Variable	n (%)	SCQ mean	Statistic	P value
Race				
White	115(89.5)	21.65	t = .263	.793
Of Color	15(11.5)	22.13		
Individual income				
0-60K	98(75.4)	21.75	t = .111	.912
> 60k	32(24.6)	21.59		
Household income				
0-60k	28(21.5)	20.61	t = .998	.320
>60k	102(78.5)	22.03		
Amount of time of paid employment				
Full time	9(6.9)	18.56	t = 1.398	.165
Half time or less	101(77.7)	21.77		
USA Sector raised as child				
Northwest	6(4.6)	20.17	F = .926	.467
North Central	26(20.0)	20.85		
Northeast	25(19.2)	20.40		
Southeast	7(5.4)	22.57		
South Central	14(10.8)	24.29		
Southwest	38(29.2)	22.61		
USA Sector of present residence				
Northwest	6(4.6)	22.57	F = 1.775	.123
North Central	26(20.0)	18.63		
Northeast	25(19.2)	21.06		
Southeast	7(5.4)	26.44		
South Central	14(10.8)	22.50		
Southwest	38(29.2)	21.63		
Environment				
Urban/Suburban	93 (71.5)	21.12	t = 1.611	.110
Town/Rural	37 (28.5)	23.19		

**Table 8 Table 8: Individual t Tests of Lesbian Mother Demographics and SCQ (n=130)
(cont'd)**

Variable	n (%)	SCQ mean	Statistic	P value
Age group of children				
0-3 years of age - yes	41(31.5)	21.54	t = .198	.250
no	89(68.5)	21.79		
4-6 years of age - yes	67(51.5)	21.49	t = .380	.750
no	63(48.5)	21.94		
7- 9 years of age - yes	35(26.9)	20.26	t = 1.517	.132
no	95(73.1)	22.26		
10-12 years of age- yes	32(24.6)	22.00	t = .295	.769
no	98(75.4)	21.61		
13-16 years of age - yes	18(13.8)	21.67	t = .023	.982
no	112(86.1)	21.71		
17-20 years of age - yes	11(8.5)	24.64	t = 2.465	.025*
no	119(91.5)	21.44		
child > 20 years - yes	6(4.6)	27.17	t = 2.085	.039*
no	124(95.4)	21.44		
Religion Raised				
Organized Religion	113(88.2)	21.79	t = .131	.897
Unorganized Beliefs	15(11.8)	21.47		
Religion Practiced Today				
Organized Religion	61(46.9)	21.18	t = .849	.398
Unorganized Beliefs	69(53.1)	22.17		
Type of Family				
Nuclear	93(71.5)	21.42	t = .782	.435
Step	37(28.5)	22.43		
Born in the USA				
Yes	121(93.1)	21.63	t = .370	.619
No	9(6.9)	22.78		

**Table 8: Table 8: Individual t Tests of Lesbian Mother Demographics and SCQ (n=130)
(cont'd)**

Variable	n (%)	SCQ mean	Statistic	P value
Lesbian sub-identity				
Butch	17 (13.1)	19.06	F = 4.045	.020*
Femme	38 (29.2)	24.00		
Neither	74 (56.9)	21.12		
Identity as feminist				
A little	23 (17.7)	22.91	F = .509	.602
Somewhat	45 (34.6)	21.20		
Very much	62 (47.7)	21.63		

Table 9: T-Test for Psychosocial Variables and SCQ in Individual Lesbian Mothers (n = 130)

Variable	n (%)	SCQ mean	Statistic	P value
Lesbian ID acceptable to parents				
No	36 (29.5)	21.29	t = 1.443	.152
Yes	86 (70.5)	23.14		
Lesbian ID acceptable to siblings				
No	26 (20.5)	24.77	t = 2.581	.011*
Yes	101 (79.5)	21.06		
Disclosure to father				
No	6 (7.1)	26.83	t = 2.091	.040*
Yes	79 (92.9)	20.86		
Disclosure to Mother				
No	2 (1.9)	28.50	t = 1.484	.141
Yes	106 (98.1)	21.54		
Perceived tolerance of US state of present residence				
Not much	95(26.9)	21.57	t = .397	.696
Quite	35(73.1)	22.09		
Perceived tolerance of places where grew up				
Not much	42 (34.1)	19.98	t = 2.082	.039*
Quite	81(65.9)	22.60		
Worry about child being teased about lesbian mom				
Not much	29 (22.3)	21.21	t = .459	.647
Often	101(77.7)	21.85		
Perceived tolerance of neighborhood of present residence				
Not much	23 (18.0)	21.70	t = .397	.696
Quite	105 (82.0)	21.53		

Table 9: T-Test for Psychosocial Variables and SCQ in Individual Lesbian Mothers (n = 130) (cont'd)

Variable	n (%)	SCQ mean	Statistic	P value
Involvement in lesbian politics				
None/little	104 (80.0)	22.12	t = 1.403	.163
Often	26 (20.0)	20.08		
Raised with conservative religion				
Not Conser.	21(19.1)	22.48	t = .589	.557
Very conser.	89(80.9)	21.53		

Aim 6

Aim 6- To elucidate correlates of stigma consciousness in lesbian mothers.

An initial regression model was explored with variables that, according to the theoretical basis of the instrument's design, may have been predictive of stigma consciousness in lesbian mothers (Table 10). These variables included those which demonstrated a group identity and a political stance. The model only accounted for 2.8 percent of the variance of SCQ scores; therefore, other models were explored. Variables for a respecified model were chosen because of their significant t tests (Table 9). A new respecified regression model found that the refusal of the siblings to accept the lesbian's identity and lack of disclosure to her father uniquely contributed to the expectation to be stereotyped (Table 11). A lesbian mother's expectation to be stereotyped increased when her father did not know she was lesbian and when her sexual identity was not acceptable

to her siblings. Although the model was significant, it explained only 14.9% of the variance (Table 11).

Table 10: Initial Regression Model for SCQ in Individual Lesbian Mothers (n=130)

<u>Model Summary</u>	R squared	Adjusted R squared	df	F	Sig
	.052	.028	3,119	2.168	.095
Model Coefficients		Beta	sr2	t	Sig.
Political involve 0 = a little; 1 = much		-.067	.004	-1.072	.286
Feminist Identity 0 = a little; 1 = much		.197	.038	-.731	.466
Tolerance of place grew up 0=quite; not much		-1.072	.009	-2.198	.030

Table 11: Respecified Regression Model for SCQ in Individual Lesbian Mothers (n=130)

<u>Model Summary</u>	R squared	Adjusted R squared	df	F	Sig
	.170	.149	2, 80	8.192	.001
Model Coefficients		Beta	sr2	t	Sig.
Lesbian ID acceptable to siblings: ok(0)/ not ok(1)		-.247	.061	3.068	.002
Disclosure to Father: not told(0)/ told(1)		.327	.107	-2.082	.018

Aim 7

Aim 7- To describe the willingness to disclose personal information in lesbian mothers.

Scores for willingness to disclose personal information ranged from 38 to 115, with a mean of 70.52 (SD = 13.42). Possible scores ranged from 20 to 120. The mode was 76, and the median was 70. A lesbian mother's willingness to disclose personal information had a broad range and variance.

Aim 8

Aim 8- To explore relationships between willingness to disclose and demographic factors in lesbian mothers.

Willingness to disclose was not related to any continuous demographic variables. The correlation matrix did not reflect any significant relationships between SDSS scores and continuous demographic factors, including age, age when identified as lesbian, number of years identified as lesbian, the age at the first lesbian relationship, education or the length of her present relationship (Table 3).

Willingness to disclose was higher in lesbian mothers with children who were young adolescents ($n = 18$; $p = .003$) (Table 12). Other dichotomous and polynomial demographic variables, such as the lesbian mother's income, amount of time of her paid employment and the US sector of her present residence, did not reflect any significant differences in willingness to disclose. There were no significant differences between a lesbian mother's willingness to disclose and the type of environment where she lives or her type of family. There were also no differences between a lesbian mother's willingness to disclose and the religion in which she was raised or the religion she practices today. A lesbian mother's willingness to disclose was not different with the degree of feminism she espouses or her butch/femme/neither sub-identity.

Other questionnaire variables were found to have significant differences for lesbian mothers (Table 13). Those who perceived their state to be quite tolerant toward a lesbian identity were more willing to disclose personal information ($p = .020$). Lesbian mothers who often worry about their children being teased or harassed because of the lesbian mother's sexual identity are less willing to disclose personal information than mothers who are less concerned ($p = .040$).

Table 12: Individual t –Tests of Lesbian Mother Demographics and SDSS (n=130)

Variable	n (%)	SDSS mean	Statistic	P value
Race				
White	115 (89.5)	71.22	t = 1.645	.102
Of Color	15 (11.5)	65.20		
Individual income				
0-60K	98 (75.4)	70.70	t = .257	.797
> 60k	32 (24.6)	69.99		
Household income				
0-60k	28 (21.5)	66.89	t = 1.623	.107
>60k	102 (78.5)	71.53		
Amount of time of paid employment				
Full time	9 (6.9)	70.11	t = .228	.820
Half time or less	101 (77.7)	71.21		
USA Sector raised as child				
Northwest	6 (4.6)	67.83	F = 1.186	.321
North Central	26 (20.0)	66.19		
Northeast	25 (19.2)	69.52		
Southeast	7 (5.4)	73.15		
South Central	14 (10.8)	76.00		
Southwest	38 (29.2)	71.12		
USA Sector of present residence				
Northwest	6 (4.6)	70.85	F = .613	.690
North Central	26 (20.0)	66.55		
Northeast	25 (19.2)	67.79		
Southeast	7 (5.4)	70.22		
South Central	14 (10.8)	71.82		
Southwest	38 (29.2)	72.10		
Environment				
Urban/Suburban	93 (71.5)	71.48	t = 1.297	.197
Town/Rural	37 (28.5)	68.11		

**Table 12: Individual t –Tests of Lesbian Mother Demographics and SDSS (n=130)
(cont'd)**

Variable	n (%)	SDSS mean	Statistic	P value
Age group of children				
0-3 years of age - yes	41(31.5)	73.08	t = 1.482	.141
no	89 (68.5)	69.34		
4-6 years of age - yes	67 (51.5)	69.52	t = .878	.382
no	63 (48.5)	71.59		
7- 9 years of age - yes	35 (26.9)	69.27	t = .646	.520
no	95 (73.1)	70.99		
10-12 years of age - yes	32(24.6)	69.29	t = .599	.551
no	98(75.4)	70.93		
13-16 years of age - yes	18 (13.8)	62.00	t = 2.992	.003*
no	112 (86.1)	71.90		
17-20 years of age - yes	11 (8.5)	75.64	t = 1.323	.188
no	119 (91.5)	70.05		
child > 20 years - yes	6 (4.6)	72.83	t = .430	.668
no	124 (95.4)	70.42		
Religion Raised				
Organized Religion	113 (88.2)	70.93	t = .876	.383
Unorganized Beliefs	15 (11.8)	67.67		
Religion Practiced Today				
Organized Religion	61 (46.9)	70.90	t = .304	.762
Unorganized Beliefs	69 (53.1)	70.18		
Type of Family				
Nuclear	93 (71.5)	71.81	t = 1.748	.083
Step	37 (28.5)	67.29		
Born in the USA				
Yes	121(93.1)	70.88	t = 1.101	.273
No	9 (6.9)	65.78		

Table 12: Individual t –Tests of Lesbian Mother Demographics and SDSS (cont'd)

Variable	n (%)	SDSS mean	Statistic	P value
Lesbian sub-identity				
Butch	17 (13.1)	74.12	F = 2.647	.075
Femme	38 (29.2)	66.50		
Neither	74 (56.9)	71.69		
Identity as feminist				
A little	23 (17.7)	73.70	F = .1.266	.285
Somewhat	45 (34.6)	71.34		
Very much	62 (47.7)	68.76		

Table 13: T-Test for Psychosocial Variables and SDSS in Individual Lesbian Mothers (n=130)

Variable	n (%)	SDSS mean	Statistic	P value
Lesbian ID acceptable to parents				
No	36 (29.5)	69.86	t = .665	.507
Yes	86 (70.5)	71.65		
Lesbian ID acceptable to siblings				
No	26 (26.7)	69.94	t = .528	.599
Yes	101 (73.1)	71.50		
Disclosure to father				
No	6 (7.1)	71.00	t = .202	.840
Yes	79 (92.9)	72.12		
Disclosure to mother				
No	2 (1.9)	74.00	t = .393	.695
Yes	106 (98.1)	70.29		
Perceived tolerance of US state of present residence				
Not much	95 (26.9)	68.88	t= 2.346	.020*
Quite	35 (73.1)	75.00		
Perceived tolerance of places where grew up				
Not much	42 (34.1)	71.18	t= 1.467	.145
Quite	81 (65.9)	67.63		
Worry about child being teased about lesbian mom				
Not much	29 (22.3)	75.03	t= 2.078	.040*
Often	101 (77.7)	69.23		
Perceived tolerance of neighborhood of present residence				
Not much	23(18.0)	71.47	t= .436	.663
Quite	105(82.0)	70.14		

Table 13: T-Test for Psychosocial Variables and SDSS in Individual Lesbian Mothers (n=130) (cont'd)

Variable	n (%)	SDSS mean	Statistic	P value
Involvement in lesbian politics				
None/little	104(80.0)	70.45	t= .120	.905
Often	26(20.0)	70.81		
Raised Conservative Religion				
Not Conser.	21(19.1)	68.31	t =1.030	.305
Very conser.	89(80.9)	71.65		

Aim 9

Aim 9 - To elucidate correlates of the willingness to disclose personal information in lesbian mothers.

An initial regression model was explored with variables that were in accordance with theoretical correlates for nondisclosure (Table 14). A respecified regression model (Table 15) found that lesbian mothers with more internalized homophobia, lower perceived state tolerance for a lesbian identity, and those with children who are young adolescents are less willing to disclose. Although the respecified model was significant, it explained only 13.4% of the variance.

Table 14: Initial Regression Model for SDSS in Individual Lesbian Mothers (n=130)

<u>Model Summary</u>	R squared	Adjusted R squared	F	df	Sig	
	.158	.130	5.760	4, 123	.000	
Model Coefficients			Beta	sr2	t	Sig.
IHS Score			-.243	.058	-3.017	.004
Worry about child being teased: not (0);often (1)			-.156	.023	-1.920	.072
Have children in young adolescence: yes (0); no (1)			-.270	.072	2.552	.001
Tolerance of neighborhood: not (0);quite tol (1)			.055	.003	-.641	.523

Table 15: Re-specified Regression Model for SDSS in Individual Lesbian Mothers (n=130)

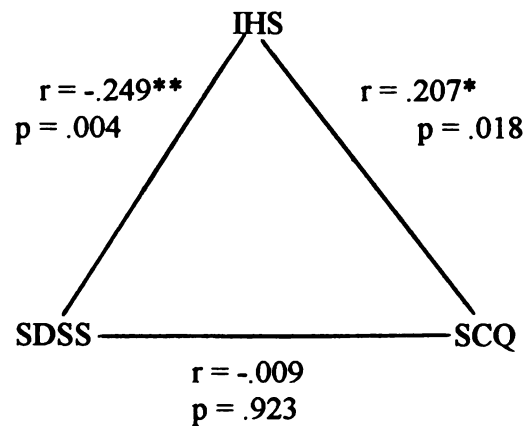
<u>Model Summary</u>	R squared	Adjusted R squared	df	F	Sig	
	.154	.134	3,126	6.830	.000	
Model Coefficients			Beta	sr2	t	Sig.
IHS Score			-.230	.052	-3.017	.006
State tolerance for lesbian ID: quite (0)/not much (1)			.160	.025	-1.920	.050
Have children in young adolescence: no (0); yes (1)			.252	.064	2.552	.003

Aim 10

Aim 10 - To explore the relationships among internalized homophobia, stigma consciousness and disclosure of personal information.

There was significant association between internalized homophobia and the willingness to disclose ($p = .004$). Lesbian mothers who had higher internalized homophobia were less likely to disclose personal information. There was also a significant association between internalized homophobia and the expectation to be stereotyped ($p = .018$), ie., lesbian mothers who had higher internalized homophobia had a higher expectation to be stereotyped. There was no significant association between the expectation to be stereotyped and the willingness to disclose.

Table 16: Relationship among IHS, SCQ and SDSS for Individual Lesbian Mothers (n=130).



Summary

Internalized homophobia scores were low in lesbian mothers and did not relate to any demographic variables except race/ethnicity. In this sample, white lesbians had more internalized homophobia than lesbians of color. Race/ethnicity was also a significant correlate in the regression model for internalized homophobia. Scores of the SCQ and the SDSS correlated with internalized homophobia but not with each other. SCQ and the SDSS were significant correlates in the regression model for internalized homophobia; however, the regression model only accounted for 12.0 percent of the variance.

Stigma consciousness had a wide range of scores. Higher scores in stigma consciousness were found in lesbian mothers with children who were older adolescents or adult children. The lesbian sub-identity butch/femme/neither also was related to stigma consciousness. Lesbians with a femme identity had a higher expectation to be stereotyped compared with lesbians with a butch identity but did not differ when compared with those who do not identify with either sub-identity. In the regression model for stigma consciousness, only two questionnaire items uniquely contributed to the model, both were related to the lesbian mother's family of origin. Lesbian mothers whose lesbian identity was not acceptable to their siblings and those who were not disclosed to their fathers had a higher expectation to be stereotyped. However, this regression model only accounted for 14.9 percent of the variance for stigma consciousness.

Willingness to disclose personal information demonstrated a full range of scores. The scores were only related to one demographic variable. Lesbian mothers with young adolescent children were less likely to disclose than those who did not have young adolescents. In a regression model, higher internalized homophobia was predictive of less

disclosure. Lesbian mothers who had adolescent children and those who perceived less state tolerance for their sexual identity had less disclosure of personal information in the regression model. This model only explained 13.4 percent of the variance.

CHAPTER 5 - RESULT OF LESBIAN FAMILY ANALYSES

This chapter addresses and presents the results of the analyses of lesbian families. This group of 100 dyads of lesbian families represents both mothers of families with children. Descriptive statistics, t-tests, ANOVA, correlation coefficients, McNemar tests and linear regression models were utilized to explore the demographic data and the research aims. The sample was recruited from 27 states in the USA (Table 17). The analyses presented in this chapter compared lesbian partners to each other, created family scores and answered the research aims.

Demographics of Lesbian Families

The first analysis that was completed compared the demographics of the partners using paired t-tests and McNemar tests (Table 18). The mean ages of partners in lesbian dyads (40.34 and 39.88 years) had a similar SD (5.14 and 5.57 years) and did not reflect a statistically significant difference (Table 12). The mean age when they identified as lesbian (22.28 and 21.10; SD = 7.21 and 6.87 years) and the mean number of years that they have identified as lesbian (18.06 and 18.69; SD = 7.89 and 7.41) were also not statistically significant. The mean age at which they had their first lesbian relationship (22.15 and 21.84; SD = 5.96 and 5.69 years) was also not statistically significant. Although the mean number of years of education was statistically different (17.43 and 16.71; SD = 2.99 and 3.02; $p = .017$), there is little practical differences between these two means. Since there was no significant differences between partners, mean family scores were created by adding the two scores and dividing by two (Table 13) (Ferketich, 1992).

Table 17: Number of Dyads From each US State (n = 100 dyads) (Census, 2000)

Sector 1 = Northwest

Washington.....3

Oregon6

Wyoming.....1

Sector Total: 10 (10%)

Sector 2 = North Central

Minnesota.....6

Wisconsin.....1

Illinois1

Sector Total: 9 (9%)

Sector 3 =North East

Michigan.....1

Indiana.....1

Ohio.....1

New York.....5

Vermont.....1

Massachusetts.....6

Connecticut.....2

Maryland.....2

Sector Total: 20 (20%)

Sector 4 = Southeast

Virginia.....4

North Carolina...2

Georgia.....1

Kentucky.....2

Tennessee.....2

Mississippi.....1

Sector Total: 12 (12%)**Sector 5 - South Central**

Texas4

Oklahoma1

Colorado.....5

Sector Total: 10 (10%)**Sector 6 = Southwest**

California.....34

Nevada.....1

Arizona.....1

Utah4

Sector Total: 40 (40%)**Sample Total: 100 (100%)**

Both the “religion raised” and the “religion today” were changed into binomial variables to allow for pair-wise comparison with McNemar tests. Both variables were re-coded into “unorganized beliefs” and “organized religion” because previous individual lesbian demographic information in this study indicated that the differences between the past and present may be best reflected by this division. Although “religion raised” and “religion today” did not have any significant difference between partners in the dyads, the data demonstrated that many lesbian couples have an “unorganized belief system” in “religion today” compared with the religion in which they were raised.

Individual income and amount of time of paid employment were both re-coded into binomial variables for pair-wise comparison. Income was divided into those who make more than \$60,000 per year and those who make \$60,000 per year or less. Amount of time of paid employment was re-coded into a binomial variable by dividing the variable into those who worked full time and those who worked half time or less. There were no significant differences between partners’ individual incomes or any significant difference in the amount of time in paid employment between partners. Lesbian families had a wide range of household incomes that were re-coded into a 3-group variable: those families who make less than \$40,000 per year, those who make between \$41,000 and \$80,000 and those who make more than \$81,000 per year (Table 19).

Race and ethnicity variables were changed into binomial variables, creating two categories: white lesbians and lesbians of color. The proportions were exactly the same with a $p = 1.00$, which indicated that lesbians of color were matched with partners who were also lesbians of color and whites were matched with white partners in this sample.

The length of the ongoing relationship between the lesbian dyad of the family had a mean of 10.25 years (SD = 5.2 years). The range included relationships of one year to those extending to 24 years. These 100 lesbian families had a total of 176 children. Both stepfamilies (27) and nuclear families (73) were represented in the sample (Table 16). The families had a median of two children (SD = one child). Forty-six percent of the families had one child, and 42 percent had two children. The remaining 12 percent of families ranged from having three to eight children. The children were of every age group, but the majority of children were 12 years old or younger.

Butch/femme identification and the degree of feminism that the lesbian espoused were considered to be lesbian demographic sub-identities. The polynomial variable for feminism was re-coded to a binomial variable; lesbian families considered themselves a little feminist (n= 25) or very much feminist (n =73). Lesbian dyads matched for the degree of feminism that they espoused, reflected by identical frequencies and a McNemar test with a significance of 1.00. Therefore, the feminist sub-identity will be used as another family demographic variable.

Table 18: Lesbian Families: Demographic Intradyadic Comparison by Paired T-Tests (t), McNemar Tests (M), (N=100 pairs)

	Partner 1	Partner 2	Statistic	Significance
Variable	N=100	N=100		
Present age (years)				
Mean	40.34	39.88		
SD	5.14	5.57	t = .509	p = .612
Range	27.00	34.00		
Age when identified as lesbian (years)				
Mean	22.28	21.10		
SD	7.21	6.87	t = .953	p = .343
Range	36.00	46.00		
Years identified as lesbian				
Means	18.06	18.69		
SD	7.89	7.41	t = .607	p = .545
Range	44.00	37.00		
Age at first lesbian relationship				
Mean	22.15	21.84		
SD	5.96	5.69	t = .404	p = .687
Range	27.00	34.00		
Education (years)				
Mean	17.43	16.71		
SD	2.99	3.02	t = 2.44	p = .017*
Range	16.00	16.00		
Religion Raised	n(%)	n(%)		
Unorganized beliefs	20(20.6)	11(11.3)		
Organized religion	77(79.4)	86(88.7)	M	p = .122
Religion Today	n(%)	n(%)		
Unorganized beliefs	53(53.5)	53(53.5)		
Organized religion	46(46.5)	46(46.5)	M	p = .281

Table 18: Lesbian Families: Demographic Intradynamic Comparison by Paired T-Tests (t), McNemar Tests (M), (N=100 pairs) (cont'd)

	Partner 1	Partner 2	Statistic	Significance
Variable	N=100	N=100		
Individual Income	n(%)	n(%)		
0-60K	43(53.1)	35(43.2)	M	p = .291
> 60K	38(46.9)	46(56.8)		
Amount of time in paid employment	n(%)	n(%)		
Full time	77(77.0)	75(75.0)	M	p = .87
Half time or less	23(23.0)	25(25.0)		
Race/Ethnicity	n(%)	n(%)		
Lesbian of color	14(14.0)	14(14.0)	M	p = 1.00
White	86(86.0)	86(86.0)		
Lesbian sub-identity	n(%)	n(%)		
Butch	17(17.0)	16(16.2)	M	p = 1.00
Femme	23(23.0)	21(21.2)		
Butch/femme	40(40.4)	37(37.3)	M	p = 1.00
Neither	59(59.6)	61(61.7)		
Feminist Identity	n(%)	n(%)		
A little	37(37.0)	37(37.0)	M	p = 1.00
Very much	63(63.0)	63(63.0)		

Table 19: Lesbian Family Demographics (n = 100 dyads)

Variable	Dyad Mean	SD	Range
Age (years)	40.16	4.50	27.0-51.5
Age when identified self as lesbian	19.16	5.89	3.5-35.5
Number of years identified as lesbian	18.33	5.29	4.0-30.5
Age of first lesbian relationship	22.02	4.16	14.5-34.5
Education (years)	17.07	2.60	11.5-24.5
Length of Relationship (years)	10.25	5.20	1.0-24.0
Number of children in families	n of children in family	n (%) of families	
	1	46(46.0)	
	2	42(42.0)	
	3	7(7.0)	
	4	3(3.0)	
	5	1(1.0)	
	8	1(1.0)	
Ages of children in families	Age Group	n(%) of families*	
	Inf/tod 0-3 yrs	32 (32.0)	
	Preschool 4-6 yrs	49 (49.0)	
	Early sch age 7-9 yrs	29 (29.0)	
	Old sch age 10-12 yrs	27 (27.0)	
	Early Adol 13-16 yrs	13 (13.0)	
	Old Adol 17-20 yrs	10 (10.0)	
	Adult > 20 yrs	5 (5.0)	
Type of Family	Nuclear	Step	
	73(73.0)	27(27.0)	

Table 19: Lesbian Family Demographics (n = 100 dyads)

Variable

Household Income		n(%)
	40K or less	6 (6.1)
	41-80K	34(34.7)
	> 80K	57(58.2)
Sector of present residence		n(%)
	Northwest	10(10.0)
	Northcentral	12(12.0)
	Northeast	14(14.0)
	Southeast	9 (9.0)
	Southcentral	10(10.0)
	Southwest	45(45.0)

*families may be counted more than once.

Aim 1

Aim 1- To describe internalized homophobia in lesbian families.

Internalized homophobia scores ranged from 9 to 19, with a mean of 10.72 (SD = 2.07). The mode 9 and the median was 10. Since the minimum possible score was 9, the distribution of the scores reflected a positive skew (1.545) with floor effects. Internalized homophobia was low in lesbian families who participated in this study.

Aim 2

Aim 2 - To explore relationships between internalized homophobia and demographic factors in lesbian families.

The correlation matrix did not reflect any significant association between IHS scores and continuous family demographic factors, including mean dyadic age, mean age when dyad identified as lesbian, mean number of years identified as lesbians, mean age at the first lesbian relationship, education or the length of their present relationship (Table 20).

Race/ethnicity and families with adult children were associated with significant differences in internalized homophobia. Lesbians of color (n=15) had significantly less internalized homophobia than white lesbians (p=.001) (Table 21). Lower scores for internalized homophobia were associated with lesbian families who had adult children (n = 5; p = .009). Other dichotomous and polynomial demographic variables, such as the lesbian household income, the US sector of their present residence, the type of environment where they resided, their type of family or the degree of feminism they espoused did not reflect any significant differences in internalized homophobia.

Table 20: Correlation Matrix for Demographic Variables of Lesbian Family (n = 100 dyads)

Variable	Dyad mean IHS	Dyad mean SCO	Dyad mean SDSS	Dyad mean Age	Dyad mean Age ID as lesbian	Dyad mean years ID as lesbian	Dyad mean Age at 1 st relationship	Dyad mean Education	Length of relationship
Dyad mean IHS									
Dyad mean SCO	.041								
Dyad mean SDSS	-.302**	-.101							
Dyad mean Age	-.070	.065	.119						
Dyad mean age ID as lesbian	.004	-.121	.069	.439**					
Dyad mean yrs ID as lesbian	-.031	.060	.163	.635**	-.314**				
Dyad mean age first relationship	.097	-.135	-.098	.218**	.056	-.337**			
Dyad mean education	-.113	-.038	.042	.148	.125	-.067	.026		
Length of relationship	.103	.002	.070	.512**	.267**	.477**	-.135	.284**	

* correlation is significant at the 0.05 level (2-tailed);

** correlation is significant at the 0.01 level (2 tailed).

Table 21. Individual t Tests of Lesbian Family Demographics and IHS (n=100)

Variable	n (%)	Mean Dyad IHS	Statistic	P value
Race				
White	84 (86.6)	10.84	t = 2.369	.025*
Of color	13 (13.4)	9.92		
Household Income				
0-40k	6 (6.1)	10.41	F = .148	.862
41-80k	34 (34.7)	10.84		
>80k	57 (58.2)	10.67		
USA Sector of present residence				
	n(%)			
Northwest	10 (10.0)	10.10	F = 1.097	.368
North Central	12 (12.0)	10.58		
Northeast	14 (14.0)	10.78		
Southeast	9 (9.0)	11.05		
South Central	10 (10.0)	12.00		
Southwest	45 (45.0)	10.51		
Environment				
Urban/Suburban	69 (70.4)	10.64	t = .552	.582
Town/Rural	29 (29.6)	10.90		
Type of family				
Nuclear	93 (71.5)	11.00	t = .538	.592
Step	37 (28.5)	10.64		
Identity as feminist				
A little	25 (17.7)	11.12	t = .378	.536
Very much	75 (47.7)	10.58		

Table 21. . Individual t Tests of Lesbian Family Demographics and IHS (n=100) (cont'd)

Variable	n (%)	Mean Dyad IHS	Statistic	P value
Age group of children				
0-3 years of age - yes	31(31.7)	10.63	t = .288	.774
no	67 (68.3)	10.76		
4-6 years of age - yes	48 (48.5)	11.09	t = 1.699	.093
no	51 (51.5)	10.38		
7- 9 years of age - yes	29 (29.3)	11.03	t = .975	.332
no	70 (70.7)	10.85		
10-12 years of age- yes	27 (27.5)	10.75	t = .115	.909
no	71 (72.5)	10.70		
13-16 years of age - yes	14 (14.0)	10.73	t = .02	.984
no	86 (86.0)	10.72		
17-20 years of age - yes	11(11.0)	10.50	t = .353	.725
no	89 (89.0)	10.74		
child > 20 years - yes	5 (5.1)	9.60	t = 3.242	.009*
no	94 (94.9)	10.78		

Aim 3

Aim 3- To elucidate correlates of internalized homophobia in lesbian families.

A regression model was created with questionnaire items that were theoretically predictive of internalized homophobia in accordance with previous research conducted with lesbians (Table 22). The model explained .3 percent of the variance, and many models were designed to explore other possible correlates of internalized homophobia, the best of which is presented in the respecified regression table (Table 23). Only willingness to disclose personal information (SDSS) uniquely contributed to the model. As internalized homophobia increased, willingness to disclose decreased. Although the model was significant, it explained only 8.2 percent of the variance.

Table 22. Initial Regression Model for IHS in Lesbian Families (n=100)

<u>Model Summary</u>	R squared	Adjusted R squared	df	F	Sig
	.016	.015	3, 94	.526	.666
Model Coefficients		Beta	sr2	t	Sig.
Feminist: (0) a little (1) very much		-.109	.012	-1.053	-.295
Household income: 40k or less =0;>40k=1		.008	6.4E -5	.078	.938
Type of family: 0 = nuclear;1= step		.061	.004	-.577	.566

Table 23. Re-specified Regression Model for IHS in Lesbian Families (n=130)

<u>Model Summary</u>	R squared	Adjusted R squared	df	F	Sig
	.091	.082	1, 96	9.445	.003
Model Coefficients	Beta	sr2	t	Sig.	
Dyadic SDSS Score	-.302	.0912	-3.073	.003	

Aim 4

Aim 4- To describe stigma consciousness in lesbian families.

Stigma consciousness scores ranged from 12.50 to 30.00, with a mean of 22.03 (SD = 4.27). Possible scores ranged from zero to 42. The mode was 23.00, and the median was 22.50. The score distribution was without a significant skew (-.280).

Aim 5

Aim 5 - To explore relationships between stigma consciousness and demographic variables in lesbian families.

Mean dyadic stigma consciousness scores were not related to any demographic variables. The correlation matrix did not reflect any significant relationships between SCQ scores and continuous demographic factors, including age, age when identified as lesbian, number of years identified as lesbian, the age at the first lesbian relationship, education or the length of their present relationship (Table 20).

Table 24. Individual t-tests of Lesbian Family Demographics and SCQ (n=100)

Variable	n (%)	Dyad SCQ mean	Statistic	P value
Race				
White	86 (86.8)	21.71	t = 1.953	.054
Of Color	13(13.2)	24.15		
Household income				
0-40k	6 (6.1)	24.16	F = .838	.436
41-80k	36 (36.7)	21.73		
>80k	57 (57.6)	21.99		
USA Sector of present residence	n(%)			
Northwest	10 (10.0)	23.65	F = 1.038	.400
North Central	12 (12.0)	20.83		
Northeast	14 (14.0)	20.42		
Southeast	9 (9.0)	23.22		
South Central	10 (10.0)	22.05		
Southwest	45 (45.0)	22.25		
Environment				
Urban/Suburban	70 (70.7)	21.86	t = .600	.550
Town/Rural	29 (29.3)	22.43		
Type of Family				
Nuclear	72 (72.7)	22.04	t = .069	.945
Step	27 (27.3)	21.98		
Identity as Feminist				
A little	25 (17.7)	22.90	t = 1.181	.240
Very much	75 (47.7)	21.74		

Table 24. Individual t-tests of Lesbian Family Demographics and SCQ (n=100) (cont'd)

Variable	n (%)	Dyad SCQ mean	Statistic	P value
Age group of children				
0-3 years of age - yes	31 (31.7)	21.84	t = .299	.765
no	67 (68.3)	22.12		
4-6 years of age - yes	48 (48.5)	22.42	t = .940	.349
no	51 (51.5)	21.61		
7-9 years of age - yes	29 (29.3)	21.50	t = .906	.368
no	70 (70.7)	22.25		
10-12 years of age - yes	27 (27.7)	22.11	t = .115	.909
no	72 (72.3)	22.00		
13-16 years of age - yes	13 (13.1)	21.53	t = .444	.658
no	86 (86.9)	22.10		
17-20 years of age - yes	10 (10.1)	24.05	t = 1.591	.115
no	89 (89.9)	21.80		
child > 20 years - yes	5 (5.1)	23.00	t = .520	.604
no	94 (94.9)	21.97		

Other dichotomous and polynomial demographic variables, such as the lesbian household income, the type of environment where they resided, their type of family and the US sector of their present residence, did not reflect any significant differences in stigma consciousness (Table 24). The lesbian family's stigma consciousness was not significantly different with the degree of feminism the lesbian mother espoused. Family stigma consciousness mean scores only approached a significant difference ($p = .054$) with race, where lesbians of color had higher SCQ mean family scores (Table 24).

Aim 6

Aim 6- To elucidate predictors of stigma consciousness in lesbian families.

An initial regression model was explored with variables that may be predictive of stigma consciousness in lesbian families in accordance with the instrument's design study. The variables were chosen based on stigma consciousness theory and were placed into the model simultaneously (Table 25). The model only accounted for 3.3 percent of the variance of SCQ scores. Other models were designed, but family variables that uniquely predicted the family SCQ score were not found. Therefore, a respecified model cannot be demonstrated.

Table 25. Initial Regression Model for SCQ in Lesbian Families (n=100)

Model Summary	R squared	Adjusted R squared	df	F	Sig
	.063	.033	3, 95	2.132	.101
Model Coefficients		Beta	sr2	t	Sig.
Race 0 = white; 1 = of color		.198	.039	1.998	.049
Feminist identity 0 = a little; 1 = much		.137	.019	-1.365	.176
Have young school age child 0=no; 1 = yes		.102	.010	1.014	.313

Aim 7

Aim 7- To describe the willingness to disclose personal information in lesbian families.

Family mean scores for willingness to disclose personal information ranged from 51 to 91.5, with a mean of 71.24 (SD = 9.17). Possible scores ranged from 20 to 120. The mode was 60.50, and the median was 70.50. The score distribution was without a significant skew (.077). Lesbian family's willingness to disclose personal information had a broad range and variance.

Aim 8

Aim 8- To explore relationships between willingness to disclose and demographic factors in lesbian families.

Willingness to disclose was not related to any continuous demographic variables. The correlation matrix did not reflect any significant relationships between SDSS scores and continuous demographic factors, including mean dyadic age, mean dyadic age when identified as lesbian, mean number of years that the dyad identified as lesbian, the mean

age at which they had their first lesbian relationship, mean levels of education or the length of their present relationship (Table 17).

Less willingness to disclose was associated with lesbian mothers who had young school-age children ($n = 18$; $p = .003$) and in lesbian families who had a household income less than \$40,000 annually ($n = 6$; $p = .026$) (Table 26). Other dichotomous and polynomial demographic variables, such as the US sector of their present residence and the type of environment where they reside, did not reflect any significant differences in willingness to disclose. There were no significant differences between the lesbian mothers' willingness to disclose and their race, type of family and with the degree of feminism they espoused.

Table 26. Individual t-Tests for Lesbian Family Demographics and SDSS (n=100)

Variable	n (%)	Dyad SDSS mean	Statistic	P value
Race				
White	84 (86.6)	71.41	t = .444	.658
Of color	13 (13.4)	70.19		
Household Income				
0-40k	6 (6.1)	65.24	F = 3.791	.026*
41-80k	34 (34.7)	74.26		
>80k	57 (58.2)	70.08		
USA Sector of present residence				
	n (%)		F = 1.097	.368
Northwest	10 (10.0)	73.34		
North Central	12 (12.0)	67.86		
Northeast	14 (14.0)	70.57		
Southeast	9 (9.0)	69.61		
South Central	10 (10.0)	72.75		
Southwest	45 (45.0)	71.95		
Environment				
Urban/ Suburban	70(72.1)	71.27	t = .042	.967
Town/Rural	27(27.9)	71.19		
Type of Family				
Nuclear	71(71.0)	71.73	t = .846	.400
Step	29(29.0)	69.97		
Identity as feminist				
A little	25(17.7)	69.04	t =-1 .365	.175
Very much	75(47.7)	71.97		

Table 26: Individual t-Tests for Lesbian Family Demographics and SDSS (n=100)) (cont'd)

Variable	n (%)	Dyad SDSS mean	Statistic	P value
Age group of children				
0-3 years of age - yes	31 (31.7)	21.84	t = .670	.504
no	67 (68.3)	22.12		
4-6 years of age - yes	48 (48.5)	70.93	t = .326	.745
no	51 (51.5)	71.54		
7- 9 years of age - yes	29 (29.3)	68.01	t = 2.351	.022*
no	70 (70.7)	72.56		
10-12 years of age- yes	27 (27.5)	71.47	t = .149	.882
no	71 (72.5)	71.16		
13-16 years of age - yes	13 (13.1)	66.92	t = 1.851	.067
no	86 (86.9)	71.91		
17-20 years of age - yes	10 (10.1)	70.05	t = .432	.666
no	89 (89.9)	71.38		
child > 20 years - yes	5 (5.1)	75.30	t = 1.015	.313
no	92 (94.9)	71.02		

Aim 9

Aim 9- To elucidate predictors of the willingness to disclose personal information in lesbian families.

An initial regression model was explored with variables that were in accordance with theoretical predictors for nondisclosure (Table 27). The regression model was respecified to increase the unique contribution for each variable. Higher dyad internalized homophobia scores and families with children who are young adolescents and young school-age children had a decreased willingness to disclose. Although the respecified model was significant, it explained only 13.4% of the variance (Table 28).

Table 27: Initial Regression for SDSS in Lesbian Families (n=100)

<u>Model Summary</u>	R squared	Adjusted R squared	df	F	Sig	
	.171	.134	4, 91	4.683	.002	
Model Coefficients			Beta	sr2	t	Sig.
IHS score			-.269	.070	-2.828	.006
Have children in young school age no (0); yes(1)			.215	.046	-1.920	.031
Have children in young adolescence: no (0); yes(1)			.195	.037	2.082	.040
Mean dyadic education years			.016	2.25E-4	-.283	.778

Table 28: Re-specified Regression for SDSS in Lesbian Families (n=100)

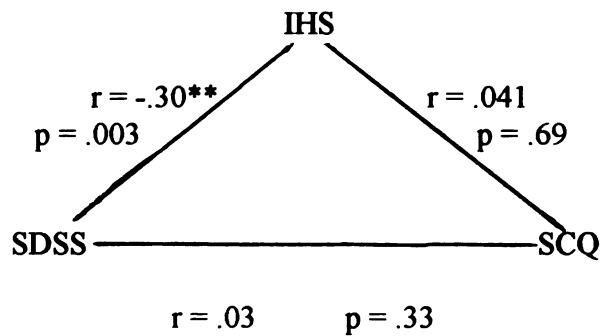
<u>Model Summary</u>	R squared	Adjusted R squared	df	F	Sig
	.170	.143	3, 92	6.280	.001
Model Coefficients		Beta	sr2	t	Sig.
IHS score		-.279	.072	-2.919	.006
Have children in young school age no (0); yes (1)		.213	.046	2.192	.029
Have children in young adolescence: no (0); yes (1)		.197	.039	2.051	.041

Aim 10

Aim 10- To explore the relationships among internalized homophobia, stigma consciousness and disclosure of personal information.

There was significant association between internalized homophobia and the willingness to disclose ($p = .003$). As internalized homophobia increased, the willingness to disclose decreased. There was no significant association between internalized homophobia and the expectation to be stereotyped or between the expectation to be stereotyped and the willingness to disclose (Table 27).

Table 29. Relationship among IHS, SCQ and SDSS for Individual Lesbian Mothers (n=130).



Summary

Partners in the family were demographically similar without any statistically significant differences and thus family scores could be created. This is the first time that lesbian family scores have been created to demographically describe the lesbian family unit. In this sample, these families can be described as being mostly white, being well educated, and having two or fewer children often less than 12 years of age.

Internalized homophobia scores were low in lesbian families and did not relate to any demographic variables except race/ethnicity and having adult children. In this sample, white lesbian families had more internalized homophobia than lesbian families of color. However, race/ethnicity was not a significant predictor in the regression model for internalized homophobia. Disclosure scores decreased as internalized homophobia increased. Only the dyadic disclosure scores were significant predictors in the regression model for the internalized homophobia; however, the regression model only accounted for 8.2 percent of the variance.

The family's stigma consciousness and expectation to be stereotyped had a wide range of scores, but no demographic variables were related to these scores. A regression model to predict stigma consciousness in families could not be found.

Willingness to disclose personal information demonstrated a full range of scores. The scores were only related to two demographic variables. Lesbian families with household incomes less than \$40,000.00 annually were less willing to disclose personal information. The lesbian families with young school-age children were less likely to disclose than were those who did not have young school-age children. In a regression model, higher family internalized homophobia was predictive of less disclosure. Lesbian mothers who had adolescent children and those who had young school-age children had less disclosure of personal information in the regression model. This model only explains 14.3 percent of the variance.

CHAPTER 6- DISCUSSION OF RESULTS

Introduction

Studies in lesbian stigma are few and this study of lesbian mother stigma is the first of its kind. Any knowledge about lesbian mothers and their families' stigma experiences will add to the dearth of knowledge that presently exists. This study has explored three aspects of stigma and lesbian family life to begin the development of knowledge about lesbian families. First, it has explored demographic characteristics among lesbian families and between lesbian partners of the same family. Second, it has explored various ways to recruit a hidden population. Third, it has explored concepts and measures to explore three dimensions of stigma pertinent to the social health of lesbian mothers and lesbian families. These explorations have clarified two issues: there is much to be done before knowledge is adequate and the quest to discover methods and measures for further exploration will be challenging. This chapter will discuss the findings of this study and suggest ways to understand them, despite the lack of supporting literature.

Returns and Sample

Return Rate

Mailed survey methodology may result in varied return rates depending upon many factors, some of which are dependant upon design and population and some of which depend upon temporal circumstances. The return rate in this national study had some issues that may have hindered the return rate and others that may have improved it. Four methods were used to recruit a sample of lesbian mothers in two parent families, which provided a 22.2 % return rate by the cutoff date. Although the response rate was considered low,

specific characteristics of the lesbian mother population, study design issues and world events may account for this return rate.

Population and Study Design

The population of lesbian mothers is a group who may be hesitant to join a study that asks them to disclose their lesbian family identity, not only to protect themselves but also their children. This hesitancy may be because of the stigmatization that this study intended to explore. The degree of success in representing the most stigmatized and fearful lesbian mothers remains unknown. It is likely that the results would represent lesbian mothers who are not as threatened by the consequences of stigma and disclosure. Considering this possibility, the results of this study may be an underestimation of the experiences and characteristics of lesbian mothers.

The study's recruitment and return method was designed to allow participants to remain anonymous and encourage participation from hesitant lesbian mothers. However, mailed surveys without follow-up procedures are likely to have return rates that are well below 50% (Fowler, 1993). Therefore, although anonymity may have encouraged some to respond, lack of follow up procedures to encourage participation may have let other potential participants slip away.

The lesbian mother population across the USA was considered a group that is difficult to identify and recruit. Therefore, a thorough and somewhat lengthy examination of stigma and disclosure issues was designed (Fowler, 1993). The length of time to complete the survey was 40 - 45 minutes, exceeding some recommendations (Rea & Parker, 1997). For some lesbian mothers, this time commitment may have exceeded their willingness to participate, contributing to the low response rate. However, written notes on the returned questionnaires

expressed thanks and encouragement for this investigator's efforts to study stigma in lesbian families. Many participants contacted the investigator to provide encouragement and to offer assistance with distribution to various friends, acquaintances and lesbian mother groups.

Timing

The cut-off date for data inclusion for the dissertation phase of the study (February 1st, 2002) was 5 months after the first distribution started on September 1st, 2001. The distribution occurred in waves. The first distribution was to lesbian families who were clients of the sperm bank. This distribution included more nuclear families than step families. Shortly thereafter, all identified research contacts received surveys to distribute in their locale. This distribution was a two step process with two possible delays, either with the contact or the participant or both. By the cutoff date, only 65% of the surveys that were being managed by the contacts had been distributed to potential participants. Meanwhile, efforts to connect with the various lesbian of color networks were attempted with very minimal progress until distribution was into the fourth month. Since the returns from the distribution through contacts and distribution to lesbians of color included more step families than through the sperm bank, there were fewer step family participants than nuclear families by the cut off date. Therefore, the return rate, the number of step family participants and the number of lesbian of color participants may have been influenced by an early cutoff date. Future planning with this two step contact distribution of surveys and networking with lesbian of color groups may require extra time.

Terrorist Attacks and Anthrax

The events of the terrorist attacks of September 11th, 2001, and the subsequent anthrax mail threat may have affected the survey distribution, participation and the return rate. After

the world trade center was destroyed, Americans experienced a phenomenon of national unity, focusing their attention upon an external enemy and perhaps issues regarding gays and lesbians may have been trivialized for some potential participants, contributing to a low return rate. One study contact in New York City delayed distribution of the surveys for two months after the terrorist attacks.

Anthrax in the mail system may have interrupted the number of surveys returned, not only because of the mail interruption itself but because the return envelope was considered “suspicious”. The degree of interruption to the returns of the study remains unknown. However, some interruption has been suspected because returns from Washington DC and Virginia, places where there had been a wide distribution of the survey packets, resulted in few returns.

Cooperation and assistance from the investigator’s local post office may have assisted with the diminishment of the anthrax threat to the study’s returns. Local postal supervisors communicated the validity of the study to the telephone enquiries of various postal inspectors with positive results. However, a postal supervisor in Louisville, Kentucky, who opened the “suspicious mail” was, according to the local post office supervisor, dismayed and “disgusted” by the contents, “The Lesbian Family Study”. Even though the local postal supervisor encouraged the Louisville postal supervisor to forward the returns to the local post office, the Louisville postal inspector stated she would “destroy any that came to her postal station”. Since the destruction of mail is a felony, the local supervisor encouraged the investigator to call the Louisville postal inspectors office to make a report. It is not known how frequently the “suspicious mail” was opened, interfering with the return to the investigator. It is possible that it occurred frequently during the anthrax threat. Some

questionnaires were opened by the postal inspector's office because they were deemed "suspicious" and subsequently returned to the investigator.

Success of Various Recruitment Methods

The ultimate success for each method of recruitment will be impossible to determine until a later date when all methods have been given more time. In the month after the cutoff date, 60 more surveys were collected, mostly from distribution through contacts and to lesbian of color networks. Distribution through the investigator's parenting group, although yielding the highest percentage of return (36%), did not contribute large numbers (9). Therefore, this method was deemed only minimally successful.

Geographical Variance of Returns

Studies have described geographic variables within the USA that may influence the social tolerance for gay and lesbian people (Aguero et al., 1984; Haddock & Zanna, 1998; Herek, 1984a, 1984b; Herek, 1995). Because these geographic variables may alter the way in which lesbian mothers experience, perceive and respond to lesbian stigma, national recruitment of lesbian mothers was deemed important. This study recruited individual lesbian mothers who lived in 33 states and lesbian families from 27 states which included good representation of urban, suburban, small city, town and rural dwellers. No previous studies on lesbian families have represented such geographic variance. Only one other lesbian family study included lesbian families from ten states (Green et al., 1986). Success in the recruitment of participants from various states is credited to a variety of efforts. First, the investigator's ability to identify enthusiastic contacts and encourage their assistance in each region where they live enhanced the data collection. Secondly, the contacts' beliefs that this study was of great importance to the lesbian mother community contributed to the

regional participation. Their efforts to network and snowball the recruitment were fueled by this belief. Thirdly, the investigator's ability and efforts to become acquainted with each contact, provide encouragement and problem solve with them influenced the success of the data collection. The investigator developed e-mail and telephone relationships with 25 contacts over a period of three years. Lastly, was the generous support from the sperm bank director, who is a lesbian mother, and also believed in the worthiness and necessity of this study.

Although support from enthusiastic contacts promoted the success of the geographical variance, the enthusiastic contacts may be more empowered and educated than the average lesbian mother. They may associate with other lesbians who are empowered enough to understand the need for this type of research participation. Therefore, it is possible that the research contacts snowballed the survey to the most sophisticated, empowered and educated lesbian mothers, diminishing the reported perceived stigma. There has not been any research to support or refute this possibility.

Geographic region of the USA was compared to the outcome variables of the study. Agüero et al (1984) Herek (1984,1995) and Haddock and Zanna (1998) suggest that tolerance for gay and lesbian people varies by geographic variables. This study did not find any significant difference in internalized homophobia, expectation to be stereotyped and willingness to disclose personal information in lesbian mothers and families according to sector of the USA where they presently live, where they were raised or the type of environment where they presently live. In returning to stigma theory, it is those who stigmatize (perceiver) who may be more affected by the existence of lesbian families than the lesbian families (target) themselves.

Demographics of the Sample

Years and Age at Lesbian Identity

The age when lesbian mothers first self identified as lesbian (mean = 21.56 years old) had a wide range (0 - 47 years old) and standard deviation (7.05 year) reflecting wide variation in the age of identity. The age of self identity should not be interpreted as a point in time when lesbian feelings or relationships began. On the contrary, for many lesbian mothers the age when they began lesbian relationships was often younger than the age when they self identified as lesbian. In a review of seven studies, investigators found that lesbians were aware of same sex affectional-erotic feeling most often between the ages of 14 and 16 years old, but that self identity as a lesbian occurred between the ages of 21 and 23 years old (Garnets & Kimmel, 1993). For some, initial self identity as a lesbian is a long process encompassing years of stages and self discovery, while for others their lesbian identity has always been apparent (Cass, 1979; Deevey, 1993; Garnets & Kimmel, 1993; Jordan & Deluty, 2000; Kitzinger, 1996; McDonald & Steinhorn, 1990; Morris, 1997; Morris et al., 2001; Morrow, 1996; Newman & Muzzonigro, 1993; Rothblum, 1989; Sophie, 1987; Waldner & Magruder, 1999). However, given that the cultural norm is to assume a person is heterosexual, this self identity as lesbian may be more accurately stated as the time when the person feels comfortable recognizing and labeling themselves as different from cultural assumptions. It is after this labeling that disclosure issues may become salient in their lives.

From a perceived stigma and disclosure perspective, the number of years that a woman has identified as lesbian denotes the number of years that she has labeled herself with a sexual identity that is different from the norm. Comfort with her identity and the ease with which a woman discloses may be related to the length of time she has lived with her lesbian

self identity. In a recent study by Morris, Waldo and Rothblum (2001) the degree of disclosure was related to the amount of years since identifying homo-erotic feelings and disclosing to others. The degree of disclosure, in turn, has been inversely related to psychological stress (Jordan & Deluty, 1998; Morris et al., 2001). In this study, lesbian mothers (18.6 years) had been self identified for many years. Given these aforementioned findings, this sample of lesbian mothers in families, who have been self- identified as lesbian for many years, may be low in psychological stress which may include stress that derives from stigma and disclosure. Stigma and disclosure outcomes of internalized homophobia, the expectation to be stereotyped and the willingness to disclose personal information in lesbian mothers was not associated with the amount of years identified as lesbian and therefore did not support previous findings.

Lesbian mother dyads in this study were similar in age, the number of years that they had identified as lesbian, age at their initial lesbian identity, their education, the age when they had their first lesbian relationship, and the degree of their feminist identity. Similarity in qualities between mates such as education, age, attitudes and opinions have been found in previous studies (Buss, 1985; Pearcey, Dockerty, & Dabbs, 1996).

In this study, exploration of race was limited since determination was made only between white lesbians and lesbians of color. Because of the scarcity of lesbians of color, only limited observations could be made.

Education

Although the survey had been written for reading comprehension at the eighth grade level to ensure lesbians of all education levels could participate, lesbian mothers in this sample were very well educated. The participants' average formal years of education years

reflected graduate study. Previous lesbian studies have consistently found that lesbians are well educated (Bradford, Ryan, & Rothblum, 1994; Flaks et al., 1995; Gartrell et al., 1999; Jordan & Deluty, 2000; Morris et al., 2001; Patterson, 1995b; Patterson et al., 1998; van Dam, Koh, & Dibble, 2001). Well educated lesbians may be more willing to participate in research. Since tolerance for homosexuality is associated with higher education (Herek, 1984b; Herek, 1995), and people often associate with others of similar educational levels, lesbian mothers in this sample may be exposed to less intolerance for their sexual identity because of their education. This characteristic of the sample may diminish the actual perceived stigma that the population of lesbian mothers experience.

Relationships and Children

The length of relationship reflected the length of the present relationship in which the lesbian mothers are raising their children. Lesbian family relationships (10.25 years) reflect long term relationships.

Ages of children in these lesbian families represented infants to adult children. Only 16 mothers reported that their child(ren) were adopted, that is, neither mother became pregnant. Therefore, the majority of the mothers had children who were born to one of the mothers in the present family. Families who have adopted their children may be under-represented since a large part of the survey distribution was to clients of a sperm bank who had become pregnant by their services.

Income and Amount of Paid employment

In a previous study on division of labor in lesbian families, about 24 % of biological lesbian mothers were found to have paid employment hours half time or less while their non-biological mother partner was usually in full time employment (Patterson, 1995b). This

sample represented a wide range of individual incomes. In agreement with Patterson's findings, many mothers in the lower individual income levels identified themselves as mothers who had chosen to work half-time or less (22.3%) or to be full time home makers and therefore did not generate significant income. Household incomes were significantly higher than individual incomes. In this sample, very few lesbian households had incomes that would be considered meager. Only six families had a house-hold income below \$40,000 annually. Since higher levels of education are often associated with higher incomes, it is not unexpected that most families in this sample would not have low incomes.

Discussion of Demographics of Religion

Although religions build a community around a particular understanding of God, historically these communities have not included openly gay and lesbian individuals and families (Comstock, 1991; D'Augelli & Garnets, 1995; Mc Neill, 1989; Wright, 1998). Some religions are now faced with internal organizational dissension because of issues recognizing openly gay and lesbian people as spiritually healthy individuals, worthy of marriage rituals and ministers of their religion (D'Augelli & Garnets, 1995). However, many religions remain clear that gay and lesbian "lifestyles" are not morally acceptable by biblical teachings (Comstock, 1991; Mc Neill, 1976, 1989). Some of these religions argue to exclude gay and lesbian people from any organization that claims a religious base, such as the Boy Scouts of America, raising issues of sectarian rights versus civil rights to the level of the United States Supreme Court (Richards, 1999). From the local community level to the highest levels of the government, religious exclusion has the potential to affect the everyday life of a lesbian family. The changes of past and present religious practice of lesbian mothers

reflected in the data may be a response to stigma and intolerance experienced by lesbian mothers in some religions.

Although the doctrine remains consistent, Roman Catholicism may be interpreted with varying placements on a conservative/ liberal continuum. This placement may be affected by ethnicity/race and national origin. In this study, Roman Catholicism and Protestantism experienced a great loss of lesbian mothers who were raised as members and no longer consider themselves Roman Catholic or Protestant today. For Roman Catholics this may reflect the pope's consistent stand on homosexuality as an identity that must practice celibacy. However, before these statistics can be fully interpreted in terms of lesbian mothers' perceived stigma, it would be important to discover the losses of Roman Catholic membership in the general population. Since the Roman Catholic doctrine has various procreative imperatives and sexual behavior restrictions, as well as recent charges of pedophilia, Roman Catholicism may also be losing membership from large numbers of heterosexuals.

Protestant denominations vary greatly on the conservative/ liberal continuum and in their biblical interpretations of the various biblical passages pertaining to homosexuality (Comstock, 1991; Mc Neill, 1989). The placement of Protestantism on the conservative/ liberal continuum may not only depend on the particular denomination but also with regional and congregational interpretation. In this sample, Protestant denominations have also lost many lesbian mothers members. However, unlike Roman Catholicism, it is possible to move from a conservative Protestant religion to a liberal Protestant religion and still remain Protestant. However, the data gathered in this study does not allow such an analysis.

Table 30: Religion: Past and Present Comparison Lesbian Mothers (n=130)

<u>Religion</u>	<u>Raised %(#)</u>	<u>Practice today %(#)</u>	<u>Raised ⇒ Today % difference</u>
Agnostic/Atheist	4.6(9)	13.1(17)	+ 8.5
Protestant	38.4(50)	17.7(23)	- 20.7
Jewish	13.1(17)	16.1(21)	+ 3.0
Roman Catholic	23.1(30)	11.5(15)	- 11.6
Pagan	0.0(0)	.7(1)	+ .7
Mormon	3.6(5)	0.0(0)	- 3.6
Spiritual without religion	4.6(6)	40.0(52)	+ 35.4
Other	8.4(11)	7.7(10)	-.7

The sample did not reflect any losses between the number of mothers raised in a Jewish tradition and the mothers who practice Judaism today. As with Protestantism, it is possible to change on the conservative/ liberal continuum and remain Jewish. Judaism, which also carries a strong cultural tradition, emphasizes that children become Jewish through matriarchal lines, perhaps diminishing the loss of lesbian families. Although Judaism was classified as a religion in the survey, many mothers volunteered that their Judaism was “cultural only”. Many volunteered that although they were raised in more conservative Jewish traditions, they are now associated with a Reconstructionist or Reform movement in temples that actively acknowledge and support lesbian relationships.

Many mothers classified their religious practice today as “spiritual without religion”. Although only 4.6% (6 mothers) were raised with this perspective, 40.0% (52 mothers) practice this perspective today. This gain of 35.4 percent (46 mothers) is almost equal to the combined loss (47 mothers) that Catholic, Protestant and Mormon memberships have experienced. Other gains, include Agnostic and Atheist (8 mothers), and Pagan (1 mother). All of these and “spiritual without religion” are traditions where sexual identity is not stigmatized. Two lesbian studies with large sample sizes, although not with lesbian families, also probed religious affiliation with similar findings. Bradford, Ryan and Rothblum (1994) in the National Lesbian Health Care Survey (n= 1925) found that 66.2 percent had no religious affiliation (not necessarily no belief), 11.5 percent were Protestant, 7.0 percent were Catholic and 7.0 percent were Jewish. In a study by Morris, Waldo and Rothblum (2001) (n=2401), 44 percent reported their spiritual beliefs did not conform to any formal religion, 26 percent had no religious belief, 11 percent were Protestant, 5 percent were Catholic and 4 percent were Jewish.

“Spiritual without religion” denotes faith undefined by any one deity or organization, providing freedom from conformity and the need for disclosure. However, a sense of religious identity, community and a support system may be lost by the lesbian family. Some mothers who have been raised with these benefits may feel this loss, especially when raising their children. These changes in religious practice from past to present may reflect in part that lesbian mothers choose to avoid stigma (Gillis, 1998) that may result from affiliation with religious groups.

The performance of the three instruments used in this study provoked the creation of many more questions than answers. Both the Internalized Homophobia Scale and the Stigma Consciousness Questionnaire were new scales in need of further testing and validity, despite their reported acceptable psychometric properties. The last scale, the Self Disclosure Situation Survey was an older scale that had not been widely used. All these scales have outcomes that are important to explore in detail. However, the purpose of this section is to give an overview of the scales performance for this study. Details of item performances and clustering will be analyzed at a later date.

Internalized Homophobia Scale

The IHS measure of internalized homophobia is a specific measurement scale about how lesbians feel about their lesbian identity today. Unlike other internalized homophobia scales that have included disclosure behaviors as an indication of internalized homophobia, the focus of the instrument is restricted to the lesbian feelings about being lesbian and thereby minimizing the potential for confounding variables. Since non-disclosure for lesbian mothers may be a protective decision for her family rather than an indication of negativity toward her lesbian identity, this narrow focus was deemed necessary.

Scores on the internalized homophobia scale were low for lesbian mothers. Despite floor effects it is likely that IHS accurately scored lesbian mothers on internalized homophobia. This study's sample of lesbian mothers may be a somewhat self selected group that is low in internalized homophobia. That is, lesbians who choose motherhood may feel more positive about their lesbian identity, confident of their parenting skills and feel able to cope with potential stigma. Future studies targeting groups of lesbians expected to be high

on internalized homophobia, such as newly identified lesbian teenagers and lesbians with mental health problems may indicate a more comprehensive range of possible scores on the IHS.

Generalizability of these low scores to other lesbian mothers is difficult to assess because so little is known about the demographics of lesbian mothers. Since the sample geographically represented mothers from 33 states and represented lesbian families from 27 states across the continental USA, from a regional perspective, external validity of the results are supported. However, generalizability of the results of the IHS scores may have to be limited to well educated, white lesbian mothers and families since the sample did not represent lesbians of color nor lesbian families with lower formal education levels. More demographic information on lesbian families is needed before generalizability can be concluded.

Performance of the Stigma Consciousness Scale

This study provided the first opportunity for the stigma consciousness scale to be utilized with a large sample of lesbians. Since the scale had only been tested on a small sample of lesbians ($n = 27$), knowledge of the psychometric properties were limited, and adjustment of the scale by dropping three poorly correlated items became necessary to provide adequate reliability. When dropping items from an instrument, there should be five times as many subjects as items or a minimum of 200 subjects whichever is greater, in order to minimize the probability of misleading results (Ferketich, 1991). This study provided the necessary 200 subjects.

Performance of the SDSS

Chelune (1975), the creator of the SDSS, stated that self disclosure is a function of the demographic characteristics of the discloser, the target of the disclosure, the situation, and the relationship between the sender and the receiver. This investigator labeled these characteristics collectively as “willingness to disclose” personal information which includes sexual identity. Although Chelune included the degree of intimacy in various relationships, he did not include a method to evaluate the degree to which information is deemed “personal” by the participant. Sexual identity for some may be as personal as speaking about sex, while for others it may be only as personal as speaking of family constellation. Although both constitute personal information, there can be a vast difference between them. Future use of the SDSS may consider the inclusion of questions that explore the degree to which sexual identity information is deemed “personal” for further exploration of the concept.

*Aims**Aim 1*

Aim 1- To describe internalized homophobia in lesbian families.

Lesbian mothers in this sample have low internalized homophobia. Being a lesbian and becoming a mother may require a positive attitude toward both identities. Therefore, the possibility exists that lesbians with low internalized homophobia are the lesbians who are more likely to become mothers.

Presently, there is only one previous study that has used the IHS and therefore there are no norms for comparison. The previous study using the IHS had a sample size of 74 lesbians, 15 of whom were lesbian mothers (Herek et al., 1997). IHS scores were also found to be low in this study, however, selection bias clouded the interpretation of the results since participants were recruited at the Sacramento Gay Pride Parade.

Sample bias may have affected the scores of internalized homophobia in this study. The possibility exists that lesbian mothers with high internalized homophobia are less likely to participate in research thereby diminishing the reported internalized homophobia. Non-disclosure has been considered an affirmation of internalized homophobia (Sophie, 1987) and lower levels of internalized homophobia have been related to higher levels of personal empowerment (Kahn, 1991). Therefore, the sample in this study may have represented empowered lesbians willing to disclose, thus diminishing internalized homophobia found in lesbian mothers and lesbian families.

Aim 2

Aim 2 - To explore relationships between internalized homophobia and demographic factors in lesbian families.

Internalized homophobia was not related to the amount of years that the lesbian mother and lesbian family had self identified as lesbian. Conceptually, internalized homophobia may decrease as the lesbian mother became more accustomed and experienced in negotiating her new identity socially. Although this concept was supported by Sophie (1987) in her analysis of a clinical group of lesbians, it was refuted by Herek (1997) in his sample from a Gay pride parade. It is possible that internalized homophobia is limited to a

clinical issue related to depression and problematic self esteem (Gershon et al., 1999; Herek et al., 1997) and not found as a common characteristic in lesbian mothers and families.

Internalized homophobia was significantly lower in lesbian mothers of color when compared to white lesbian mothers. This finding must be approached with caution for several reasons. First, the lesbian mothers of color were a small group. Secondly, lesbians of color are groups of lesbians that represent various races and ethnicities and therefore generalization about them is likely to be erroneous. Third, this study may have recruited the most empowered lesbians of color which may affect their internalized homophobia score (Kahn, 1991). Although this is an interesting finding worthy of further investigation, the limited number of participants precludes further discussion.

Geographic areas of social intolerance for homosexuality have been described as areas that include residents who are older and less educated, areas more likely to support traditional sex roles, areas that have less openly gay and lesbian people, and areas that are more likely to be strongly religious and subscribe to a conservative ideology (Aguero et al., 1984; Haddock & Zanna, 1998; Herek, 1984a, 1984b; Herek, 1995). These authors described people who are likely to be more intolerant of a lesbian identity, and according to stigma theory, people who are likely to stigmatize (perceiver). Herek (1995) suggests that they may be more likely to live in places such as the southeastern USA or in rural areas. Where there is more negativity toward lesbian identities, there may be more issues with internalized homophobia. Lesbian mothers and families in this study did not demonstrate any significant differences in internalized homophobia according to their geographical region where they lived in their childhood, their present geographical region of residence or their particular type of environment of their present residence. However, lesbian mothers

who perceive less tolerance for a lesbian identity in their state of residence had significantly higher internalized homophobia scores. These findings need further study for clarification.

Aim 3

Aim 3- To elucidate correlates of internalized homophobia in lesbian families.

Willingness to disclose was a significant factor in the regression model as a predictor of internalized homophobia. Since this is a cross-sectional study it is impossible to say that disclosure is *predictive*. It may seem intuitive that those who do not like their lesbian identity would not disclose this characteristic. However, non-disclosure may act to support homo-negativity (Sophie, 1987). Non-disclosure may be related to internalized homophobia since social support and acceptance from peers and family is not forthcoming to disprove any negativity about sexual identity that lesbian mothers or families may harbor (Solarz, 1999). Involvement in the lesbian community has been considered a protective factor from negative outcomes (Bradford et al., 1994; White & Levinson, 1993) that may include internalized homophobia. Without disclosure, these support systems are minimized. Other variables should be examined to better understand internalized homophobia in lesbian mothers such as depression, problematic self-esteem and systems of support.

Aim 4

Aim 4- To describe stigma consciousness in lesbian families.

The scores on the SCQ had broad range reflecting a variety of expectations regarding stereotyped stereotyping. The expectation of being stereotyped is a dimension of stigma theory (Biernat & Dovidio, 2000) that has not been previously measured in lesbian mothers and families. Only the instrumentation study for the SCQ (Pinel, 1999) studied this dimension of stigma in a small sample of lesbians (n =27). Although some studies have been

done on people who stereotype (Haddock & Zanna, 1998), studies have not been done on lesbian responses to stereotyping or their expectation to be stereotyped.

Aim 5

Aim 5-To explore relationships between stigma consciousness and demographic variables in lesbian families.

The expectation to be stereotyped was significantly higher in those lesbian mothers who had children who were older adolescents and adults. Although the findings were significant, the number of mothers with children in these age groups was relatively small. This finding was not observed in lesbian families. In the search for a rationale, the age of the mother and the type of family could be associated with these findings, yet neither of these demographic characteristics was found to be statistically significant. This finding is worthy of further investigation in larger samples of mothers with older children. The possibility that the children are the source of stereotyping for their mothers should be explored.

Lesbian who sub-identified as femme, compared to those who identified as butch, had a higher expectation to be stereotyped. Disclosure as a lesbian for those women who are butch is often by assumption based on visual and behavioral characteristics that are socially deemed masculine. Femme women may need to disclose their lesbian identity after they are assumed to be heterosexual (Singh, Vidaurri M., Zambarano, & Dabbs, 1999). Through disclosure, the femme lesbian women may alter the traditionally held stereotypes of lesbians and therefore challenge this stereotype. Those who do not consider themselves butch or femme, which is the majority in this sample (56.9%), are not significantly different from either butch or femme lesbians in their expectation to be stereotyped. Studies neither support

nor refute this notion and therefore, further exploration to understand the role of femme/butch identities in stereotyping and stigma is required.

The region of the USA where the lesbian mother and lesbian family presently resides was not associated with an expectation to be stereotyped. Although studies have suggested that certain regions of the USA may have less tolerance for a lesbian identity (Haddock & Zanna, 1998; Herek, 1984a, 1984b; Herek, 1995), geographic region did not make any difference to a lesbian mother expectation to be stereotyped in this sample. This finding must be interpreted with caution. Some sectors of the USA were not well represented in the sample and sample bias in recruitment may have represented empowered lesbians across the nation who perceived less stereotyping.

Aim 6

Aim 6- To elucidate correlates of stigma consciousness in lesbian families.

Pinel's (1999) discussion of the concepts that make up stigma consciousness include a "group identity", where people perceive themselves as being linked to other group members and "group consciousness", which refers to a political stance where the group endorses collective action to raise their group's status. The investigator explored the possibility that involvement in lesbian politics and feminist identity may be correlated to stigma consciousness, however, this possibility was not supported by the data.

Lesbian family of origin variables were significantly correlated to stigma consciousness in lesbian mothers. Lesbian mothers whose sexual identity was acceptable to her siblings and disclosure to fathers were significantly correlated with stigma consciousness. These variables were only associated with 14.9% of the variance and therefore other variables need exploration to account for the variance of the stigma consciousness. Another lesbian family

of origin variable was also associated with stigma consciousness. Lesbian mothers who perceived less tolerance in the place where she grew up was associated with higher stigma consciousness.

Rather than a political stance or a group identity issue, stigma consciousness may be measuring a dimension of personal stereotyping, one that originates with the lesbian mother's family of origin. Further explorations using the stigma consciousness scale are needed for greater clarity. Returning to Bronfenbrenner's Ecological Theory of Human Development, these findings may reflect the mother's interplay with her environment at the mesosystem level, since the lesbian mother's relationship with her family of origin may be associated with her expectation to be stereotyped.

Aim 7

Aim 7- To describe the willingness to disclose personal information in lesbian families.

The SDSS measured the willingness to disclose personal information. This personal information was inclusive of, but not limited to sexual identity. In the daily operations of family life, lesbian family members indirectly reveal their sexual identity. For families, disclosure of sexual identity would include common communications such as clarifying who picks up the child from daycare or school, the child's name for each parent, or completing forms that require parent identity (Pollack, 1995; Slater, 1995).

Therefore, the SDSS as a general measure would likely indicate disclosure patterns of sexual identity for lesbian families.

Aim 8

Aim 8- To explore relationships between willingness to disclose and demographic factors in lesbian families.

Similar to stigma consciousness, lesbian mother's willingness to disclose personal information was associated with the age of her children. Lesbian mothers were less willing to disclose when they had children who were young adolescents. Sexuality issues for themselves and the sexual identity of their parents becomes accentuated for children who are young adolescents (Lynch & Murray, 2000). In consideration of the many tumultuous physical, social and scholastic changes that accompany young adolescence (Eccles, 1999), lesbian mothers may want to protect their children from the psycho-social effects that stigma and disclosure of their own identity may have upon their children (Gartrell et al., 1996; Gibbs, 1989; Hare, 1994; Lott-Whitehead & Tully, 1993; McCandlish, 1987; Pennington, 1987; Tasker & Golombok, 1994). In accordance with Stigma Theory, mothers with children in early adolescents in this sample may have responded to their child's heightened perception of sexual identity by diminishing their disclosure (Lynch & Murray, 2000). In support of this finding, this study also found that lesbian mothers were less willing to disclose when she had heightened concern about harassment and teasing of her child because of her own sexual identity. She was also less likely to disclose when she perceived that the state where she presently resides had less tolerance for her lesbian identity. According to Bronfenbrenner, the interplay between the subject and all levels of her environment may have been altered (Bronfenbrenner, 1989) in response to perceived stigma and, possibly, the desire to protect her child (Dovidio et al., 2000).

Lesbian families had less willingness to disclose personal information when the family had an income less than \$40,000 annually. Although education and income are usually associated, education was not associated with willingness to disclose in this sample. This

finding was statistically significant but only six families were at this income level and therefore it should be interpreted with caution.

Lesbian families had less willingness to disclose when their child was young school age, seven to nine years old, a time when the child goes through first to fourth grades. The child's daily relationships with age mates provide important social interactions beyond their family, where they participate in group activities, experience wider opportunities, develop new skills and interact with peer groups in which they can gain status as respected member (Eccles, 1999). Parents no longer have control with whom their child associates and have not necessarily chosen to interact with their child's peers' families on the basis of shared values. Although not yet described in the literature, lesbian parents whose children enter school need to learn to navigate a new level of disclosure. Theoretically, lesbian families may be less willing to disclose until they have learned to navigate this new level of disclosure.

The degree of social difficulty with disclosure has been reported to be associated with community tolerance for lesbians (D'Augelli & Patterson, 1995; Herek, 1984b). Although Herek (1997) suggests that tolerance for lesbian identity may differ according to US region, willingness to disclose for lesbian mothers and families in this sample was not associated with geographical region. Lesbian mothers may have developed an ability to cope with disclosure issues. Those who choose the dual identity of lesbian and mother may have the ability to cope with disclosure of their lesbian identity as a regular part of their lives. Although there is no literature to support or refute this notion, theoretically it may explain the absence of any regional, state, neighborhood and environmental differences in disclosure for lesbian mothers in this sample. The relationship between the perception of tolerance for

sexual identity and the response of disclosure of sexual identity is a multifaceted relationship that requires further study.

Aim 9

Aim 9- To elucidate correlates of willingness to disclose personal information in lesbian families.

Variables that are correlated with less willingness to disclose personal information for lesbian mothers include more internalized homophobia, perception of less tolerance for a lesbian identity in the US state of present residence, and having children in young adolescence. Although this accounts for only 13.4 % of the variance, these three combined variables create a piece of a larger disclosure picture that theoretically supports each other.

More internalized homophobia was associated with less disclosure in lesbian mothers in this sample. Lower levels of internalized homophobia have been associated with an increased comfort in disclosing a lesbian identity and increased expectation of acceptance in response to disclosing a lesbian identity (Kahn, 1991). These previous findings about the relationship between disclosure and internalized homophobia have been supported by this study.

Having young school age children and young adolescents contributed uniquely to the model and was associated with lower levels of disclosure in lesbian families. Less willingness to disclose in lesbian mothers with adolescents may be related to developmental factors and decisions that are made for the child (Gartrell et al., 1996; Gibbs, 1989; Hare, 1994; Lott-Whitehead & Tully, 1993; McCandlish, 1987; Pennington, 1987; Tasker & Golombok, 1994). Less willingness to disclose when children are in early school age may be associated with developmental factors for the parents or children. Although these

variables contribute to the model, they only account for 14.3% of the variance, indicating that much more is to be learned about the concept of disclosure in lesbian families.

Aim 10

Aim 10- To explore the relationships among internalized homophobia, stigma consciousness and disclosure of personal information.

In support of previous research, willingness to disclose personal information and internalized homophobia has an inverse relationship for lesbian mothers (Herek et al., 1997; Kahn, 1991; Sophie, 1987). Although the direction of the relationship is unknown, some of the literature implies that an increase in internalized homophobia causes a decrease in disclosure (Herek et al., 1997; Kahn, 1991). However, without disclosure, unchallenged negative images about a lesbian identity may become internalized.

Increased internalized homophobia is associated with an increased expectation to be stigmatized. Stigma theory presumes a relationship between stereotypes and discriminatory behavior (Biernat & Dovidio, 2000). Herek (1997) associates the lesbian experience of discriminatory behaviors and attitudes with internalized homophobia. The relationship between internalized homophobia and stigma consciousness, however, was not supported in lesbian families, possibly because of the dampening of extreme scores by the creation of mean family scores (Ferketich, 1992) for both internalized homophobia and stigma consciousness. There was no relationship between stigma consciousness and willingness to disclose for lesbian mothers.

Limitations

This study was limited by a sample that did not represent various races and ethnicities. It was also limited by the lack of representation of lesbian of lower formal education or lower

levels of income. Therefore, any generalizations from this study must be limited to the white, well-educated lesbians with sufficient income.

Future work must include development of stigma and disclosure instrumentation aimed at measuring these concepts specific to the gay and lesbian community. In this study, there was difficulty in measuring a dimension of stigma partially because of the conceptual complexity. The Stigma Consciousness Questionnaire should receive more attention to clarify its conceptual basis and to find items and clusters of items that may have validity and reliability in the lesbian mother population. Development of measures for other dimensions of stigma that impact the daily lives of lesbian families are important to develop. By reading 252 surveys, this investigator found that other dimensions of stigma may include stigma in social interactions, extended family stigma, local community stigma, media stigma and job stigma. Much work is necessary to conceptually define and design such measures.

Floor effects of the Internalized Homophobia Scale interfered with a full range of scores for analysis. The development of new methods to measure the magnitude of feelings about sexual identity may provide a more accurate range of scores for analysis.

Implication for Nursing and Future Research

Research into social issues affecting the lesbian family's health and well-being is lacking. Thus, there is limited nursing knowledge related to care for these unique family systems. Studies reflecting the impact of social stigma upon the lesbian family's health and well-being can provide health care providers with methods for assisting the lesbian family to build coping skills and resiliency related to the harmful effects of stigma. This study provides new knowledge regarding demographic differences and similarities between partners in lesbian families. It also indicates that lesbian mothers in this sample have low

internalized homophobia and a relationship between internalized homophobia and the expectation to be stereotyped may exist.

Importantly, this study indicates that lesbian partners are similar demographically, have long term relationships and are similar in internalized homophobia, stigma consciousness and the willingness to disclose personal information. The age of their children may alter their willingness to disclose personal information. Lack of religious affiliation may be a response to the negation and lack of inclusion of many main stream religions.

Characteristics of lesbian families are important for the family health care provider to understand so that accurate family assessments can be made and supportive systems for a continuation of their healthy development can be suggested.

This study indicated that lesbian mothers have low internalized homophobia. Items answered on the Internalized Homophobia Scale indicated that lesbian mothers do not consider their sexual identity as a personal limitation nor do they want to change their sexual identity. Lack of internalized homophobia reflects a healthy integration of sexual identity (Kahn, 1991; Sophie, 1987). Therefore, health care providers who assume that lesbian mothers have low self esteem, feel unfulfilled or inadequate because of their lesbian identity, are most likely erroneous.

There have been very few quantitative lesbian mother and family studies exploring disclosure and stigma partially because such studies present an array of methodological challenges. These challenges include the recruitment of lesbian families because of stigma and the limitation of instruments to measure stigma and disclosure. Despite these methodological challenges, all attempts to create new methods and measures to understand stigma and disclosure of lesbian mothers and their families are worthy of trial.

Conceptual clarity of stigma as it is experienced by lesbian mothers may call for more qualitative research and focus groups before instrument design.

This study was successful in its ability to recruit a sample of lesbian mothers with geographical variance. Although labor intensive, working within the national lesbian community to create a network of enthusiastic contacts was successful in creating geographical variance. More experience and refinement of this method of recruitment may assist future efforts to sample hidden populations. Judgment about the success of recruiting a representative sample of a population rests in knowing the demographics of the population. Understanding and interpreting sample variance related to demographic variables in lesbian populations may remain somewhat elusive until people in sexual minorities can be safely recognized in the United States Census. Until then, efforts to sample the population of lesbians may benefit by multiple methods of recruitment, understanding that stigma will be an impedance to full representation.

Measurement of internalized homophobia remains important since this aspect of self hatred is a mental health hazard. In this study, although most lesbian mothers were low in internalized homophobia, not all of them were low. It is important for health care providers to be able to measure this phenomenon in lesbians who are depressed, withdrawn, experience low self-esteem or have other mental health issues.

Family systems and ecological systems theory supports the notion that lesbian stigma not only affects lesbian mothers but affects the whole family system. Because lesbian families are becoming more common and more visible, new studies and instrument development should include lesbians' children. As a subgroup of the lesbian

community, the children of lesbian mothers are worthy of study and may need care from health care providers to protect them from social harm by the development of preventative mental health strategies specific to their developmental needs.

Conclusion

Lesbian families are not an anomaly but rather a sizable and diverse minority worthy of study (Allen & Demo, 1995; Parks, 1998). When lesbian families are ignored, family research misrepresents family diversity and this negation is not harmless or value-free (Allen & Demo, 1995), but contributes to heterosexism and a climate of intolerance. Stigma and intolerance instigate violence and social negation resulting in hazards to health and well being of the lesbian and her family.

Social injustice is a nursing issue because it creates social and individual harm. Nurses respond to harm with knowledge and compassion that motivates action. This research study is one of those nursing actions. It is a small step to gain the knowledge necessary to protect, help and effect change. More research is needed to provide knowledge and guide effective preventative care and support. Nursing research, education and dissemination of newly acquired knowledge to all levels of society can help break the myths, attitudes and social fears.

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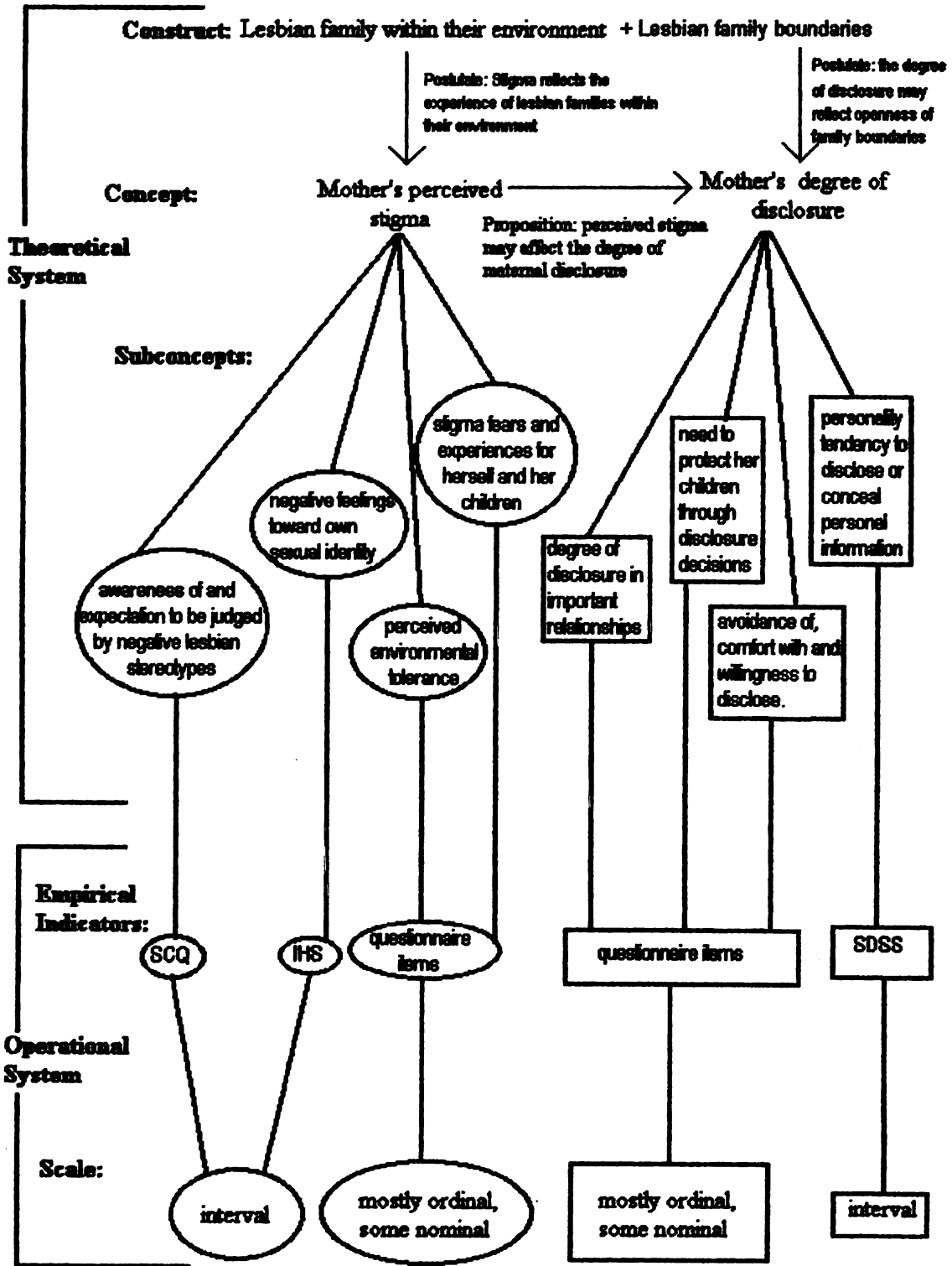
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Appendix 1: Substruction of Study



Lesbian Family Survey

Dear Friends,

Please note that there are two copies of the same survey in the packet, one for each mother in the family. Please do not answer the survey together since I would like to have each persons own unique feelings and experiences. There are no right or wrong answers. Please be sure to complete all sections and questions on both sides of each page. It will take approximately 45 minutes to complete the survey. Feel free to make comments on the pages to communicate with me. Do not put your names or any other identifying markings on this survey as it is meant to be anonymous. Please mail each survey separately in the stamped envelopes provided. **Thank-you** for sharing your family with me and for contributing to our understanding of lesbian families.

Mary Ann

Section 1: Demographics-----

Please fill in the blank or circle the best answer:

1) In which State do you live presently? _____.

2) Which best describes the environment where you live?

(circle one)

- urban.....1
- suburban area.....2
- small city.....3
- town4
- rural area.....5

3) Which religious practice or denomination best describes you today?

(circle one)

- Spiritual, but do not follow one religion..... 1
- Agnostic2
- Atheist.....3
- Buddhist.....4
- Hindu.....5
- Jewish: type? _____..6
- Mormon.....7
- Pagan.....8
- Protestant: denomination? _____..9
- Roman Catholic.....10
- Taoist.....11
- Other: please name: _____12

4) Which religious practice or denomination were you raised in as a child?

(circle one)

- Spiritual, but do not follow one religion..... 1
 Agnostic 2
 Atheist..... 3
 Buddhist..... 4
 Hindu..... 5
 Jewish: type: _____ 6
 Mormon..... 7
 Pagan..... 8
 Protestant: denomination: _____ 9
 Roman Catholic..... 10
 Taoist..... 11
 Other: please name _____ 12

5) Your Individual Annual Gross Income:

(circle one)

- \$ 0- \$20,000..... 1
 \$21-\$40,000..... 2
 \$41-\$60,000..... 3
 \$61- \$80,000..... 4
 \$81- \$100,000..... 5
 greater than \$100,000..... 6

6) Household Annual Gross Income

(circle one)

- \$0- \$20,000..... 1
 \$21- \$40,000..... 2
 \$41- \$60,000..... 3
 \$61-\$80,000..... 4
 \$81-\$100,000..... 5
 greater than \$100,000..... 6

7) Please indicate your race(s)/ethnicity(ies):

(circle all that apply one)

- African American or Black.....1
 American Indian or Alaska Native.....2
 Asian
 Indian.....3
 Chinese.....4
 Filipina.....5
 Hawaiian Native.....6
 Japanese.....7
 Pacific Islander.....8
 South East Asian.....9
 Other Asian, _____..10
 Hispanic or Latina.....11
 White.....12

8) a) What type of job do you have?

(circle one)

- Professional.....1
 Self-employed worker.....2
 Managerial, Supervisory.....3
 Factory, industry, laborers.....4
 Farming, forestry, fishing.....5
 Retail, Sales, Services.....6
 Administrative & technical support.....7
 Health care, non-professional.....8
 Military.....9
 Paid domestic/ child care.....10
 Other _____.....11
 not employed.....12

b) How much do you work at this job?

- Full time.....1
 Half time.....2
 Casual (less than half time).....3

9) Please circle the highest formal education completed:

- Elementary: 1---2---3---4---5---6---7---8
 High School: 9---10---11---12
 College or University: 13---14---15---16
 Graduate Studies: 17---18---19---20---21---22---23---24

10) Were you born as a U.S. Citizen?

(circle one)

- No.....0
 Yes.....1

11) How old are you presently?

Age: _____ years.

12) How old were you when you identified as lesbian?

Age: _____ years.

13) How old were you when you had your first lesbian relationship?

Age: _____ years.

14) How long have you been in your present relationship with your partner?

_____ years.

Section 2: Your Family -----

For the purpose of this study, a child is considered living with you when they are with you for 50% of the time.

15) Please fill in the blanks with information about the numbers of children.

a) How many children do you and your partner have in total? _____ (number).

b) How many children live with you and your partner at least 50% of the time?
_____ (number).

c) How many of these children consider both you and your partner their moms?
_____ (number).

d) How many children consider only you their mom? _____ (number).

e) How many children consider only your partner their mom? _____ (number).

f) How many of the total number of children are grown and left home? _____
(number).

16) a) Check the space by the statement that best describes your present family's beginnings:

- 1) My partner and I met without children and decided to have/adopt a child(ren) together.
- 2) My partner had a child(ren) from a previous relationship when I met her.
- 3) I had a child(ren) from a previous relationship when I met my partner.
- 4) My partner and I both had a child(ren) from a previous relationship when we met.
- 5) I had a child(ren) from a previous relationship when my partner and I met and we decided to have/adopt children together.
- 6) My partner had a child(ren) from a previous relationship when my partner and I met and we decided to have/adopt children together.
- 7) Both my partner and I had children from a previous relationship when my partner and I met and decided to have/adopt children together.

b) If you had a child(ren) from a previous relationship, was that a previous...
(circle one)

- heterosexual relationship..... 1
- lesbian relationship..... 2
- heterosexual and lesbian relationships... 3

c) If you had a child(ren) from a previous relationship, how actively involved is the child's other parent in the child(ren)'s care?

(circle one)

- not involved..... 1
- a little bit involved..... 2
- moderately involved..... 3
- very involved..... 4
- extremely involved..... 5

d) If you had children from a previous heterosexual relationship, is the man aware that you presently identify as lesbian?

(circle one)

- yes..... 1
- no..... 2

e) If you have adopted your children (neither of you became pregnant), were any of your children considered:

(circle all that apply)

- "medically fragile"1..... ⇔ How many children? _____
- "special needs"2..... ⇔ How many children? _____
- "difficult to place/adopt"3..... ⇔ How many children? _____
- None of these4

17) How did your children come to you?

(circle all that apply)

- through my pregnancy by alternative insemination by known donor..... 1
- through my pregnancy by alternative insemination by unknown donor.....2
- through my pregnancy in a previous relationship.....3
- through my partner's pregnancy by alternative insemination by known donor.....4
- through my partner's pregnancy by alternative insemination by unknown donor...5
- through my partner's pregnancy in a previous relationship.....6
- through adoption (neither partner became pregnant).....7
- through my previous partner's insemination, who I am no longer with.....8
- other? How? _____.....9

18) How old are your children now? What sex are they? Please fill in the blanks.

<u>AGE</u>	<u>SEX</u> (m or f)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19)a) Do your children have men or a man in their lives (biologically related or not) who they know well?

- Yes.....1
- No.....2

b) If yes, who is this man/men?

(circle all that apply)

- Biological father..... 1
- Known donor.....2
- Friend.....3
- Grandfather.....4
- Uncle.....5
- Other: _____.....6

c) Do your children have relationships with your parents (ie. their grandparents)?

(circle all that apply)

- yes..... 1
- no, my mother deceased.....2
- no, my father is deceased.....3
- no, other reason.....4

d) If no, what are the other reason(s)?

(circle all that apply)

- Live far apart..... 1
- Great emotional distance between you and your parents.....2
- Your sexuality is not disclosed to your parents.....3
- Your parents do not consider your children their grandchildren.....4
- other _____.....5

20) a) Are you and your partner both legal parents to your children?

- yes..... 1
- no.....2

b) If no, please share the reason for this difference in legal status.

(circle all that apply)

- The state where I live does not legally allow this..... 1
- We can not afford this legal cost.....2
- We do not find this necessary.....3
- Both my partner and her ex-partner are the legal parent.s.....4
- I and my ex-partner are the legal parents.....5
- Other (please explain) _____.....6

21) Who does the majority of daily child care in your home?

(circle one)

- It is split about equally.....0
- I do.....1
- My partner does.....2

Section 2: Your Experience with Lesbian Stigma -----

22) Have you ever lost a job because you were identified as a lesbian?

(circle all that apply)

- Never.....1
- I have, but my lesbianism was not a given reason.....2
- I have, and my lesbianism was identified as a reason.....3

23) Looking back at all the jobs that you have had, how often have you experienced harassment about being a lesbian at your jobs?

(circle one)

- Never.....1
- Once or twice.....2
- A few times.....3
- Fairly often.....4
- Very often.....5

24) Have you ever lost friendships after coming out to people?

(circle one)

- Never.....1
- Once or twice.....2
- A few times.....3
- Fairly often.....4
- Very often.....5

25) Presently, how often are you worried about losing your job because you are a lesbian?

(circle one)

- Never.....1
- Not too often.....2
- Somewhat often.....3
- Very often.....4

26) At your job, how much stress does your lesbian identity create for you?
(circle one)

- none at all..... 1
- a little bit..... 2
- moderate..... 3
- quite a bit..... 4
- extreme..... 5

27) How true are the following statements. Circle 0 if this statement does not apply to you.

a) Most of my co-workers would view my lesbianism as an OK part of me.
(circle one)

- Does not apply..... 0
- Definitely true..... 1
- Mostly true..... 2
- Not sure..... 3
- Mostly false..... 4
- Definitely false..... 5

b) My parents would view my lesbianism as an OK part of me.
(circle one)

- Does not apply..... 0
- Definitely true..... 1
- Mostly true..... 2
- Not sure..... 3
- Mostly false..... 4
- Definitely false..... 5

c) Most of my siblings would view my lesbianism as an OK part of me.
(circle one)

- Does not apply..... 0
- Definitely true..... 1
- Mostly true..... 2
- Not sure..... 3
- Mostly false..... 4
- Definitely false..... 5

d) My children would view my lesbianism as an OK part of me.

(circle one)

- Does not apply.....0
- Definitely true.....1
- Mostly true.....2
- Not sure.....3
- Mostly false.....4
- Definitely false.....5

e) Most of my extended family would view my lesbianism as an OK part of me.

(circle one)

- Does not apply.....0
- Definitely true.....1
- Mostly true.....2
- Not sure.....3
- Mostly false.....4
- Definitely false.....5

28) a) How tolerant of lesbianism is the state where you live now?

(circle one)

- Not at all.....1
- Slightly.....2
- Moderately.....3
- Quite a bit.....4
- Extremely.....5

b) How tolerant of lesbianism is the county where you live now?

(circle one)

- Not at all.....1
- Slightly.....2
- Moderately.....3
- Quite a bit.....4
- Extremely.....5

c) How tolerant of lesbianism is the neighborhood where you live now?

(circle one)

- Not at all.....1
- Slightly.....2
- Moderately.....3
- Quite a bit.....4
- Extremely.....5

29) a) Which state(s) or country did you do the majority of your growing up?

State _____

Country _____

I grew up in many _____ , _____ , _____ , _____

b) In general, how tolerant of lesbianism was the place(s) where you did most of your growing up?

(circle one)

Not at all.....1
Slightly.....2
Moderately.....3
Quite a bit.....4
Extremely.....5

30) In general, how traditional were sex roles (father as primary breadwinner, mother as primary housewife/childcare) in your family as you were growing up?

(circle one)

Not at all.....1
Slightly.....2
Moderately.....3
Very.....4
Extremely.....5

31) How often do you worry about your children being teased or harassed about having lesbian parents?

(circle one)

never.....1
almost never.....2
sometimes.....3
fairly often.....4
very often.....5
always.....6

41) The following statements are about your feelings about being lesbian, not about your feeling about your family. Please circle the number that best describes your agreement with the following statements:

a) I often feel it best to avoid personal or social involvement with other lesbians.

1-----2-----3-----4-----5
 strongly disagree Strongly agree

b) I have tried to stop being attracted to women in general.

1-----2-----3-----4-----5
 strongly disagree Strongly agree

c) If someone would offer me the chance to be completely heterosexual, I would accept the chance.

1-----2-----3-----4-----5
 strongly disagree Strongly agree

d) I wish I weren't lesbian.

1-----2-----3-----4-----5
 strongly disagree Strongly agree

e) I feel alienated from myself because of being lesbian.

1-----2-----3-----4-----5
 strongly disagree Strongly agree

f) I wish I could develop more erotic feeling about men.

1-----2-----3-----4-----5
 strongly disagree Strongly agree

g) I feel that being lesbian is a personal shortcoming for me.

1-----2-----3-----4-----5
 strongly disagree Strongly agree

h) I would like to get professional help in order to change my sexual identity from lesbian to straight.

1-----2-----3-----4-----5
 strongly disagree Strongly agree

i) I have tried to become more sexually attracted to men.

1-----2-----3-----4-----5
 strongly disagree Strongly agree

42) In your view, how much stigma (including prejudice and discrimination) is there for lesbianism in the USA today?

(circle one)

- none at all..... 1
- a little bit..... 2
- a moderate amount..... 3
- quite a bit..... 4
- very much..... 5
- extreme amount..... 6

43) Please rank the top 5 sources of stigma/discrimination in your life. The number 1 will represent the greatest source, while 5 will represent the least.

- | | | |
|---------------------|--------------------------------|--------------------------|
| ___ your religion | ___ your neighbors | ___ your job |
| ___ your co-workers | ___ your health care providers | ___ your government |
| ___ your siblings | ___ your parents | ___ your extended family |
| ___ your children | | ___ other, _____ |

44) Have you had experience with name calling or harassment about being lesbian?

(circle one)

- Never..... 1
- Once or twice..... 2
- A few times..... 3
- Fairly often..... 4
- Very often..... 5

45) Have you had experience with physical violence because you were lesbian?

(circle one)

- Never..... 1
- Once or twice..... 2
- A few times..... 3
- Fairly often..... 4
- Very often..... 5

46) How often do you worry that your child's problems or negative behavior will be blamed on having lesbian parents?

(circle one)

- never.....1
- almost never.....2
- sometimes.....3
- fairly often.....4
- very often.....5
- always.....6

47) How often are you concerned about legal custody of your children because you are lesbian?

(circle one)

- I don't have legal custody ...0
- never.....1
- almost never.....2
- sometimes.....3
- fairly often.....4
- very often.....5
- always.....6

48) Have you ever lost legal custody of a child because you are a lesbian?

- yes.....1
- no.....2

49) Have you ever had a relationship with a child restricted because of your lesbianism? (Eg. supervised visits or inability to speak freely about yourself).

- yes.....1
- no.....2

50) Has anyone ever told you that you were mentally ill because you are a lesbian?

(circle one)

- Never.....1
- Once or twice.....2
- A few times.....3
- Fairly often.....4
- Very often.....5

51) How much stress does stigma (including discrimination and prejudice) about your lesbian identity create in your life today?

(circle one)

- none at all.....1
- a little bit.....2
- a moderate amount.....3
- quite a bit.....4
- very much.....5
- extreme amount.....6

52) Since your initial coming out to yourself, has the stress that you feel from lesbian stigma changed?

(circle one)

- Yes, my stress has increased.....1
- Yes, my stress has decreased.....2
- No, my stress has not changed.....3

53) How many times in a regular month do you feel the need to be cautious about your sexual identity?

(circle one)

- Never.....1
- Once or twice.....2
- A few times.....3
- Fairly often.....4
- Very often.....5

54) Are you involved in political aspects of the lesbian community?

(circle one)

- none at all.....1
- a little bit.....2
- a moderate amount.....3
- quite a bit.....4
- very much.....5
- extreme amount.....6

55) Do you consider yourself a feminist?

(circle one)

- not at all..... 1
- a little bit.....2
- a moderate amount.....3
- quite a bit.....4
- very much.....5
- extreme amount.....6

56) Do you ever delay health care because of fear of discrimination about your lesbian identity from your health care provider?

(circle one)

- Never..... 1
- Once or twice.....2
- A few times.....3
- Fairly often.....4
- Very often.....5

57) Do you ever delay your children’s health care because of fear of discrimination about your lesbian family?

(circle one)

- Never..... 1
- Once or twice.....2
- A few times.....3
- Fairly often.....4
- Very often.....5

Section 3: Disclosure of Personal Information-----

58) This is a questionnaire about 20 different situations to see how people would react to them in terms of how willing they would be to reveal any type of personal information about themselves in each specific situation. You are to indicate how willing you would be to self-disclose any type of personal information in each situation. Do this by imagining yourself in each situation, and then ask yourself how revealing you would generally be.

To record your reactions to a situation, use the number scale below. Select the number which best indicates the degree of self-disclosure at which you would be comfortable in the situation, and put that number in the blank beside that situation.

In looking at the numbered scale, you will see that only the numbers at the far left and far right have been described. You should however use any of the numbers which best represent your reaction to the situation. These numbers from 1 to 6 are to be understood as indicating gradual increasing degree of willingness to disclose at a personal level in that situation.

1-----2-----3-----4-----5-----6



I would be willing to discuss only certain topics, and on a superficial level only, if at all, in this situation.



I would be willing to express, in complete detail, personal information about myself in such a way that the other person(s) truly understand(s) where I stand in terms of my feelings and thoughts regarding any topic.

Insert scale number



↓ Situation you imagine yourself in:

- _____ a) You are on a blind date.
- _____ b) You are having dinner at home with your family.
- _____ c) You are sightseeing with a tour group in Europe.
- _____ d) You are sitting next to a stranger on an airplane.
- _____ e) You are with the family of a friend.
- _____ f) You are in a coffee shop with some casual friends.
- _____ g) You are being introduced to a group of strangers.
- _____ h) You are a member of a support group.
- _____ i) You are at a party with some friends.
- _____ j) You are in the library with a friend.

- _____ k) You riding in a car pool with new acquaintances.
- _____ l) It's evening and you are alone with your girlfriend at her home.
- _____ m) You are applying for a job as a public relations consultant.
- _____ n) You are in a discussion class on human sexuality.
- _____ o) You are at a restaurant with a woman on a second date.
- _____ p) You are meeting your girlfriend's parents for the first time.
- _____ q) You are eating lunch alone and a stranger asks if he or she may join you.
- _____ r) You are taking a walk with your girlfriend.
- _____ s) You and a friend are driving to San Francisco.
- _____ t) You are on a picnic with friends.

Section 4: Disclosure of your Sexual Identity _____

Please circle the number that best describes how disclosed ("out") you are about your lesbian identity with the following people. When the relationship refers to a group of people, circle the number that represents most of them. Circle 0 if this person is deceased or you do not have this relationship in your life and go onto the next relationship (number).

59) Your mother:

- a) How much have you disclosed ("come out") to your mother about your lesbianism?

	(circle one)
deceased/don't have this relationship in my life.....	0
doesn't know anything.....	1
has an idea.....	2
knows, but was never told.....	3
told, but rarely speak of it.....	4
told and speak freely without hesitation.....	5

b) How important is your mother in your life?

(circle one)

not at all.....1
 slightly.....2
 moderately.....3
 quite a bit.....4
 extremely.....5

c) How much stress do you feel with this relationship because of your lesbianism?

(circle one)

none at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

60) Your Father:

a) How much have you disclosed (“come out”) to your father about your lesbianism?

(circle one)

deceased/don't have this relationship in my life.....0
 doesn't know anything.....1
 has an idea.....2
 knows, but was never told.....3
 told, but rarely speak of it.....4
 told and speak freely without hesitation.....5

b) How important is your father in your present life?

(circle one)

not at all.....1
 slightly.....2
 moderately.....3
 quite a bit.....4
 extremely.....5

c) How much stress do you feel with this relationship because of your lesbianism?

(circle one)

none at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

61) **Your Siblings:** Relationships with siblings can vary. Please insert the scale number for each one of your siblings, just to the right of the scale. Please answer a, b and c parts for the same sibling (eg, sibling 1 is you oldest sibling for all three questions a, b and c parts).

a) How much have you disclosed (“come out”) to your siblings about your lesbianism?

(choose one scale number for each sibling and insert below)

	↑	↓	
don't have these relationships in my life.....	0		sibling # 1 _____
doesn't know anything.....	1		sibling # 2 _____
has an idea.....	2		sibling # 3 _____
knows, but was never told.....	3		sibling # 4 _____
told, but rarely speak of it.....	4		sibling # 5 _____
told and speak freely without hesitation.....	5		sibling # 6 _____

b) How important are your siblings in your present life?

(choose one scale number for each sibling and insert below)

	↑	↓	
not at all.....	1		sibling # 1 _____
slightly.....	2		sibling # 2 _____
moderately.....	3		sibling # 3 _____
quite a bit.....	4		sibling # 4 _____
extremely.....	5		sibling # 5 _____
			sibling # 6 _____

c) How much stress do you feel with these relationships because of your lesbianism?

(choose one scale number for each sibling and insert below)

	↑	↓	
none at all.....	1		sibling # 1 _____
a little bit.....	2		sibling # 2 _____
moderate amount.....	3		sibling # 3 _____
quite a bit.....	4		sibling # 4 _____
very much.....	5		sibling # 5 _____
			sibling # 6 _____

62) Your Boss:

a) How much have you disclosed (“come out”) to your boss about your lesbianism?

(circle one)

- don't have this relationship in my life.....0
 doesn't know anything.....1
 has an idea.....2
 knows, but was never told.....3
 told, but rarely speak of it.....4
 told and speak freely without hesitation.....5

b) How important is your boss in your present life?

(circle one)

- not at all.....1
 slightly.....2
 moderately.....3
 quite a bit.....4
 extremely.....5

c) How much stress do you feel with this relationship because of your lesbianism?

(circle one)

- none at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

63) Your co-workers:

a) How much have you disclosed (“come out”) to your co-workers about your lesbianism?

(circle one)

- don't have these relationships in my life.....0
 don't know anything.....1
 has an idea.....2
 knows, but was never told.....3
 told, but rarely speak of it.....4
 told and speak freely without hesitation.....5

b) How important are your co-workers in your present life?

(circle one)

- not at all.....1
 slightly.....2
 moderately.....3
 quite a bit.....4
 extremely.....5

c) How much stress do you feel with these relationships because of your lesbianism?

(circle one)

- none at all.....1
- a little bit.....2
- moderate amount.....3
- quite a bit.....4
- very much.....5

64) Your Health Care Providers: Relationships with health care providers can vary. Please insert a scale number for each one of your health care providers, just to the right of the scale.

a) How much have you disclosed (“come out”) to your health care providers about your lesbianism?

(choose one scale number for each health care provider and insert below)

- | | |
|--|---------------------------------|
| ↑ | ↓ |
| don't have this relationship in my life.....0 | Primary MD/Nurse Pract _____ |
| doesn't know anything.....1 | Obstetrician/gynecologist _____ |
| has an idea.....2 | Chiropractor..... _____ |
| knows, but was never told.....3 | Acupuncturist..... _____ |
| told, but rarely speak of it.....4 | Mental Health Counselor.. _____ |
| told and speak freely without hesitation.....5 | Other: name? _____ |

b) How important are your health care providers in your present life?

(choose one scale number for each health care provider and insert below)

- | | |
|-------------------|-----------------------------------|
| ↑ | ↓ |
| not at all.....1 | Primary MD/ Nurse Pract... _____ |
| slightly.....2 | Obstetrician/gynecologist.. _____ |
| moderately.....3 | Chiropractor..... _____ |
| quite a bit.....4 | Acupuncturist..... _____ |
| extremely.....5 | Mental Health Counselor... _____ |
| | Other: name? _____ |

c) How much stress do you feel with these relationships because of your lesbianism?

(choose one scale number for each health care provider and insert below)

- | | |
|-----------------------|------------------------------------|
| ↑ | ↓ |
| none at all.....1 | Primary MD/ Nurse Pract... _____ |
| a little bit.....2 | Obstetrician/gynecologist... _____ |
| moderate amount.....3 | Chiropractor..... _____ |
| quite a bit.....4 | Acupuncturist..... _____ |
| very much.....5 | Mental Health Counselor... _____ |
| | Other: Name? _____ |

65) Your Priest, Rabbi, Ministers, Spiritual Advisor etc:

a) How much have you disclosed (“come out”) to your priest, rabbi, minister or spiritual advisor about your lesbianism?

(circle one)

- don't have this relationship in my life.....0
- doesn't know anything.....1
- has an idea.....2
- knows, but was never told.....3
- told, but rarely speak of it.....4
- told and speak freely without hesitation.....5

b) How important is your priest, rabbi, minister or spiritual advisor in your present life?

(circle one)

- not at all.....1
- slightly.....2
- moderately.....3
- quite a bit.....4
- extremely.....5

c) How much stress do you feel with this relationship because of your lesbianism?

(circle one)

- none at all.....1
- a little bit.....2
- moderate amount.....3
- quite a bit.....4
- very much.....5

66) Extended Family:

a) How much have you disclosed (“come out”) to your extended family about your lesbianism?

(circle one)

- don't have these relationships in my life.....0
- don't know anything.....1
- has an idea.....2
- knows , but was never told.....3
- told, but rarely speak of it.....4
- told and speak freely without hesitation.....5

b) How important is your extended family in your present life?

(circle one)

- not at all.....1
- slightly.....2
- moderately.....3
- quite a bit.....4
- extremely.....5

c) How much stress do you feel with these relationships because of your lesbianism?

(circle one)

- none at all.....1
- a little bit.....2
- moderate amount.....3
- quite a bit.....4
- very much.....5

67) Your Neighbors:

a) How much have you disclosed (“come out”) to your neighbors about your lesbianism?

(circle one)

- don't have these relationships in my life.....0
- don't know anything.....1
- has an idea.....2
- knows, but was never told.....3
- told, but rarely speak of it.....4
- told and speak freely without hesitation.....5

b) How important are your neighbors in your present life?

(circle one)

- not at all.....1
- slightly.....2
- moderately.....3
- quite a bit.....4
- extremely.....5

c) How much stress do you feel with these relationships because of your lesbianism?

(circle one)

- none at all.....1
- a little bit.....2
- moderate amount.....3
- quite a bit.....4
- very much.....5

68) Your friends:

a) How much have you disclosed (“come out”) to your friends about your lesbianism?

(circle one)

- don't have these relationships in my life.....0
- doesn't know anything.....1
- has an idea.....2
- knows, but was never told.....3
- told, but rarely speak of it.....4
- told and speak freely without hesitation.....5

b) How important are your friends in your present life?

(circle one)

- not at all.....1
- slightly.....2
- moderately.....3
- quite a bit.....4
- extremely.....5

c) How much stress do you feel with these relationships because of your lesbianism?

(circle one)

- none at all.....1
- a little bit.....2
- moderate amount.....3
- quite a bit.....4
- very much.....5

69) **Your children's day care providers:**

a) How much have you disclosed ("come out") to your children's day care providers about your lesbianism?

(circle one)

- don't have this relationship in my life.....0
- doesn't know anything.....1
- has an idea.....2
- knows, but was never told.....3
- told, but rarely speak of it.....4
- told and speak freely without hesitation.....5

b) How important are your children's day care providers in your present life?

(circle one)

- not at all.....1
- slightly.....2
- moderately.....3
- quite a bit.....4
- extremely.....5

c) How much stress do you feel with these relationships because of your lesbianism?

(circle one)

- none at all.....1
- a little bit.....2
- moderate amount.....3
- quite a bit.....4
- very much.....5

70) Your children's teachers:

a) How much have you disclosed ("come out") to your children's teachers about your lesbianism?

(circle one)

- don't have this relationship in my life.....0
 doesn't know anything.....1
 has an idea.....2
 knows, but was never told.....3
 told, but rarely speak of it.....4
 told and speak freely without hesitation.....5

b) How important are your children's teachers in your present life?

(circle one)

- not at all.....1
 slightly.....2
 moderately.....3
 quite a bit.....4
 extremely.....5

c) How much stress do you feel with these relationships because of your lesbianism?

(circle one)

- none at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

71) Your children's school principals:

a) How much have you disclosed ("come out") to your children's school principal about your lesbianism?

(circle one)

- don't have this relationship in my life.....0
 doesn't know anything.....1
 has an idea.....2
 knows, but was never told.....3
 told, but rarely speak of it.....4
 told and speak freely without hesitation.....5

b) How important are your children's principals in your present life?

(circle one)

- not at all.....1
 slightly.....2
 moderately.....3
 quite a bit.....4
 extremely.....5

c) How much stress do you feel with these relationships because of your lesbianism?

(circle one)

- none at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

72) Your children's coaches and club leaders:

a) How much have you disclosed ("come out") to your children's coaches and club leaders about your lesbianism?

(circle one)

- don't have this relationship in my life.....0
 doesn't know anything.....1
 has an idea.....2
 knows, but was never told.....3
 told, but rarely speak of it.....4
 told and speak freely without hesitation.....5

b) How important are your children's coaches and club leaders in your present life?

(circle one)

- not at all.....1
 slightly.....2
 moderately.....3
 quite a bit.....4
 extremely.....5

c) How much stress do you feel with these relationships because of your lesbianism?

(circle one)

- none at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

73) Your children's peer's parents:

a) How much have you disclosed ("come out") to your children's peer's parents about your lesbianism?

- (circle one)
- don't have this relationship in my life.....0
 - doesn't know anything.....1
 - has an idea.....2
 - knows, but was never told.....3
 - told, but rarely speak of it.....4
 - told and speak freely without hesitation.....5

b) How important are your children's peers parents in your present life?

- (circle one)
- not at all.....1
 - slightly.....2
 - moderately.....3
 - quite a bit.....4
 - extremely.....5

c) How much stress do you feel with these relationships because of your lesbianism?

- (circle one)
- none at all.....1
 - a little bit.....2
 - moderate amount.....3
 - quite a bit.....4
 - very much.....5

74) What makes you most uncomfortable about coming out to people? Please rank the top 5 sources of discomfort where 1 will be the greatest source and 5 will the least. Leave the remaining sources blank.

- (Rank number 1-5)
- when it is a large group of people..... _____
 - when I have just met the person..... _____
 - when I know this person to be conservative..... _____
 - when I know there is no other lesbian around..... _____
 - when I know this person from my work..... _____
 - when I know this person through my children..... _____
 - when I know the person is conservatively religious..... _____
 - when I know I am in a conservative community..... _____
 - when I know I do not have time to discuss the issues..... _____
 - Other: _____

75) How difficult was the first coming out to yourself?

(circle one)

Extremely..... 1
 Very.....2
 Quite.....3
 Somewhat.....4
 A little.....5
 Not at all.....6

76) How difficult was the first coming out to your closest family and friends?

(circle one)

I haven't come out.....0
 extremely..... 1
 very.....2
 quite.....3
 somewhat.....4
 a little.....5
 not at all.....6

77) In general, how difficult is it for you to come out to people today?

(circle one)

extremely..... 1
 very.....2
 quite.....3
 somewhat.....4
 a little.....5
 not at all.....6

78) Since you first came out to your self, has the difficulty to come out to others changed?

(circle one)

yes, it is more difficult..... 1
 yes, it is easier.....2
 there is no change.....3

79) Do you avoid situations where you know you will likely have to come out?

(circle one)

never..... 1
 almost never.....2
 sometimes.....3
 fairly often.....4
 very often.....5
 always.....6

80) Do you avoid situations where you know coming out about your family type will probably happen?

(circle one)

- never.....1
 almost never.....2
 sometimes.....3
 fairly often.....4
 very often.....5
 always.....6

81) What makes your willingness to come out decrease? Please rank these from 1 to 5 where 1 is the most common reason for your willingness to decrease and 5 is the least common reason for your willingness to decrease. Leave the remaining reasons blank.

(Rank number 1-5)

- when I am tired..... _____
 when I feel angry..... _____
 when there are too many people around... _____
 when I feel stressed..... _____
 when I am pre-menstrual..... _____
 when I don't have an friend by my side.... _____
 when I don't know the group..... _____
 when I feel bad about myself..... _____
 when I feel rushed..... _____
 when I feel unsafe..... _____
 when people from my work are present.... _____
 Other: _____

82) How often have you come out to your health care provider?

(circle one)

- never.....1
 almost never.....2
 sometimes.....3
 fairly often.....4
 very often.....5
 always.....6

83) Some lesbian parents teach their children ways to come out about their lesbian family. They may do this by having discussions about prejudice and discrimination, talking about teasing and harassment, and helping their child understand differences. Have you done any of these (or others) with your child because of your lesbian family identity?

(circle one)

- my children do not know I am a lesbian.....1
 my children are still too young.....2
 none.....3
 sometimes.....4
 often.....5
 very often.....6

84) How much support do you feel from your gay and lesbian friends?

(circle one)

none at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

85) How much support do you feel from your family?

(circle one)

none at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

86) How much support do you feel from your heterosexual friends?

(circle one)

none at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

87) How conservative was the religion that you were raised in ?

(circle one)

wasn't raised with any...0
 not at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

88) How conservative is the religion that you practice today?

(circle one)

don't practice any.....0
 not at all.....1
 a little bit.....2
 moderate amount.....3
 quite a bit.....4
 very much.....5

Please check that you have completed both sides of each page.

Thank you so much for your time and effort.

Please write any comments you wish in the space below:

Lesbian Family Study

Dear Friends,

Since I am asking you to share your lives with me, I feel the desire to introduce myself to you. My name is Mary-Ann van Dam and I have been a clinical pediatric nurse for 24 years as well as pediatric nurse practitioner. The past 12 years of my career has also included the joy of teaching pediatric clinical nursing at San Francisco State University. I feel very fortunate that I remain passionate about the profession that I have chosen. Over the years, the children for whom I have cared have taught me much about their concept of 'family' and their families have been inspirational examples of love. Along with many tragedies, I have also experienced many inspirations which have compelled me to continue my studies in family nursing at the University of California, San Francisco in the Ph.D program.

I am a lesbian, and along with Melissa, my partner of 13 years, we are raising our 2 very busy sons, who are now 7 and 4 years old. Our own family and wonderful experiences with a diverse group of lesbian families, have added to my interest and respect for our courage, diversity and resilience. This research is a part of my further study in the Ph.D. program. Lesbian families have historically been ignored in research and common ideas about lesbian families have been based in assumption and myth. Research on our diverse and unique families may produce knowledge that will bring new understanding of the lesbian family as well as support for our unique qualities and difficult issues. My study will explore the issues of lesbian stigma and disclosure in the lesbian family context. Therefore, I ask not only for your participation in this study, but for you to encourage your friends to participate as well. Many lesbian families are affected by stigma and disclosure issues. Those deeply affected may be more difficult to reach and understandably more hesitant to participate in research. However, their experiences, perspectives, supports and fears about coming out are so important to accurately represent the reality, both positive and negative, that affect our lives.

This will be anonymous study of 2 parent lesbian families. Consent to be included in this study is implied by completing and returning the survey. Contact assistants will contact local organization that support lesbian families. These contact assistants will leave research surveys with the local organization leaders. If more surveys are needed, your local organization leader can reach the contact assistants and request as many as necessary for your friends. Names will not be needed to gain more surveys. When completed, the surveys will be mailed directly to me, without a return name or address. Complete anonymity will be maintained for this study. Please do not put your name or any other form of identification on the survey. A postcard has been included for any of you would like to volunteer for future studies with me. Please mail it separately from this study so that this study remains anonymous. If you agree to give me your name and address, please know that it will not be shared with any other researcher or organization.

Thank you for sharing your family with me. I believe this is important work as a way to diminish stigma through knowledge and education. Please remember that there is no 'right' way of being, there are no wrong or right answers. Please answer these questions with your life experience and as a safe way to come out.

With Pride,



Mary Ann A. van Dam R.N., Ph.D(c), P.N.P.

University of California, San Francisco
 Lesbian Mothers: Perceived Stigma and Disclosure Issues
 Consent to Be a Research Subject

PURPOSE AND BACKGROUND

Nursing researchers Mary Ann van Dam R.N., Ph.D(c), P.N.P. and Dr. Sally Rankin R.N., Ph.D., F.A.A.N., are conducting a study to learn about lesbian mothers' perceived stigma and sexuality disclosure issues. I have been asked to participate in this study because I am a lesbian mother in a 2 parent partner lesbian home and living with at least one child 50% of the time.

PROCEDURE

If I participate in this study, the following will occur:

- 1) I will be asked to answer questions about myself, my partner(s), my family including questions about my children, my work, and daily life routines.
- 2) I will be asked about the method of conception and /or adoption of each of my children.
- 3) Questions will be answered in the form of a written survey to be done in my home or elsewhere and mailed backed to the researcher at her expense. There are no right or wrong answers. I am asked to state my own opinions and feelings. I may decline to answer and stop at any time.
- 4) I will remain anonymous. I will not give my name or any other identifying marker on this survey.
- 5) I may give my name and address on the enclosed postcard if I am willing to participate in future studies with this researcher. I understand that I will mail this postcard separately from the completed survey so that I will remain anonymous for this study.

RISK/DISCOMFORT

Risks or discomforts associated with participating in this study may be:

-There may be some discomfort from being asked about private and protected personal information.

BENEFITS

There may be no direct benefits to me for participating in this study, though I may be stimulated to sort through some beneficial ideas regarding my family's life. It is hoped that the information gained from this study will contribute to the development of knowledge and ways to care for lesbian families.

COST

There will be no cost to me as a result of taking part in this study.

Turn over 

REIMBURSEMENT

I will receive no payment for taking part in this study.

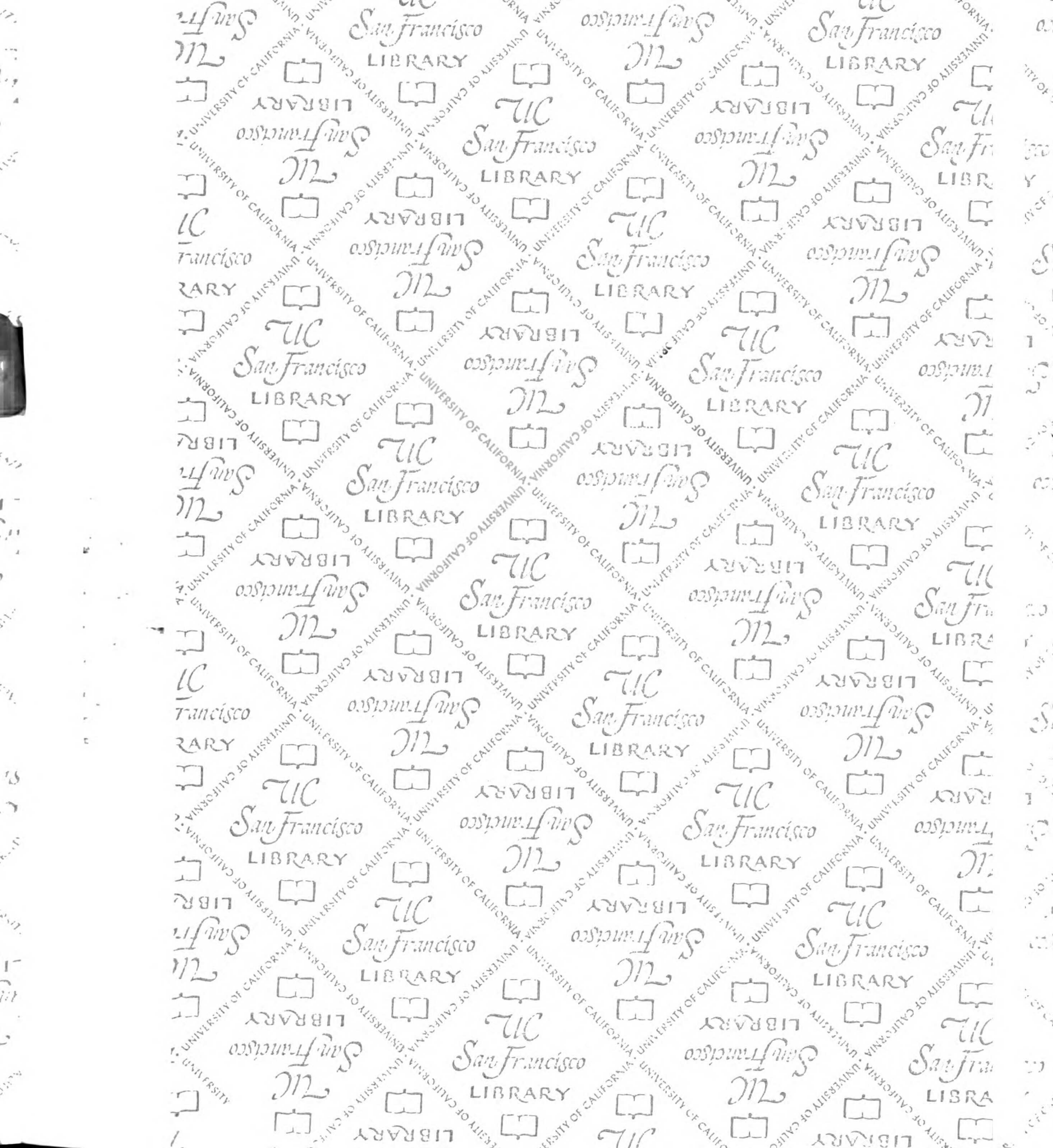
QUESTIONS

I have read the description of this study. If I have any further questions about the study, I may call Mary Ann van Dam at 650-355-0437 or e-mail to VDB88@Aol.com or Dr. Sally Rankin at 415-502-7662.

If I have any questions or comments about participation in this study, I should first talk to the researcher. If for some reason I do not wish to do this, I may contact the Committee on Human research which is concerned with protection of volunteers in research projects. I may reach the committee office between 8:00 AM and 5:00 PM, Monday to Friday, calling 415-476-1814, or by writing to the Committee on Human Research at University of California, San Francisco. San Francisco, CA., 94143.

CONSENT

Consent is implied by the completion and return of the survey. Please do not put any identifying markers on the completed surveys.



For reference

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