

AN INVESTIGATION FOR MODERATORS OF PARENTAL STRESS IN LESBIAN
MOTHERS

by

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Abstract

Everyday demands and hassles can elicit some form of stress upon the child rearing experience (Crnic & Lowe, 2002). Previous research using meta-analysis (Bos, van Balen & van den Boom, 2005) found that lesbian and heterosexual families are similar in nature with one important distinction, the stigmatization attached to their sexual orientation. Lesbian mothers are subjected to sexual stigma that other sexual minority individuals face, but in addition they experience stigma attached to the idealization of the nuclear family. As a consequence of this dual prejudice, moderators should be examined specifically for lesbian mothers to identify shared and possible unique factors for parenting stress.

Based on the data collected for the present study, the current research supported the extensive literature documenting moderates of parenting stress in heterosexual mothers (social support, relationship satisfaction and life stressors). Moreover this study highlighted some of the unique and possible moderators of parental stress in the lesbian family dynamic (minority stress, and stigma perception). While doing this, the current research revealed some interesting inter-correlations that were not the primary area of investigation.

In addition, the comparison of the respondents when designated into high and low scorers, gave the impression that the current study was heading in the right direction but needed additional participants to ensure that the hypotheses were correctly tested. Future research should aim to recruit a higher number of participants from various areas that may not have LGBT specific support. Moreover while utilizing an online questionnaire; steps should be taken to ensure that respondents do not become uninterested or fatigued while testing (e.g. shorten the survey).

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Table of Contents

Abstract	iii
Acknowledgements	iv
List of Tables	vii
List of Appendices	viii
Introduction	1
Parenting Stress	2
Parenting Stress and Relationship Satisfaction	6
Parenting Stress and Social Support	8
Stigmatization	10
Parenting Stress and Stigma	13
Minority Stress.....	14
Lesbian Mothers and Stigma	15
Lesbian Mothers and Disclosure of Their Sexual Identity.....	16
Lesbian Mothers and Parenting Stress	17
Overview of the Current Study.....	19
Methods	22
Participants	22
Materials.....	23
Demographic Information	24
Parenting Stress.....	24
Relationship Satisfaction	24
Social Support.....	25
Stigma.....	28
Outness	27
Minority Stress.....	27
Life Stressors	28
Design	28
Procedure.....	29
Results	29
Preliminary Analyses	30
Independent Samples T-Test	30
Chi-Square Test of Association	31

Data Analysis	33
Hierarchical Multiple Regression	34
Pearson’s Product-Moment Correlation.....	35
Additional Analysis	36
Summary	38
Discussion.....	39
Life Stressors.....	39
Relationship Satisfaction.....	40
Social Support	41
Outness.....	44
Percieved Stigma	45
Minority Stress	46
Additional Findings	47
Minority Stress	49
Social Support.....	50
Limitations of Present Study and Directions for Future Research.....	52
Conclusions	55
References	57

List of Tables

Table 1: Sample demographic information (N = 65)

Table 2: Independent sample t-test for various group differences in parental stress scores

Table 3: Chi-square test for association between the participant's residing country (Canada or United States) and demographic information

Table 4: A two-step hierarchical multiple regression predicting parental stress from life stressors, relationship satisfaction, general social support, lesbian-specific social support, sexual identity disclosure, minority stress and stigma perception

Table 5: Pearson correlation for main study variables

Table 6: Independent sample t-test for life events, relationship satisfaction, general social support, lesbian-specific social support, stigma perception, sexual identity disclosure and minority stress in high and low scorers of parental stress

List of Appendices

Appendix A: Parental Stress Scale

Appendix B: ENRICH Marital Satisfaction Scale Items

Appendix C: Social Constraints Questionnaire

Appendix D: Social Provisions Scale

Appendix E: Stigma Consciousness Scale

Appendix F: A Lesbian Identity Disclosure Assessment (ALIDA)

Appendix G: The Sexual Minority Stress Scale (shortened version)

Appendix H: Life Events Questionnaire (LEQ)

Appendix I: Recruitment Message

Appendix J: Debriefing Form

Introduction

In all parenting experiences there can be instances when everyday demands and hassles can elicit some form of stress upon the child rearing experience (Crnic & Lowe, 2002). Previous research has primarily focused on heterosexual parenting. The minimal research concerning homosexual parenting tends to focus on the children involved and how they fare developmentally in comparison to their heterosexual equivalents (Department of Justice Canada, 2006). There has been little attention regarding the issues or concerns of the parents involved, specifically in the concentrated area of parental stress.

According to Statistics Canada (2011), 6,070 people identified as same-sex couples with children. Since lesbians account for approximately 85% of same-sex parents in Canada (Statistics Canada), it is important that this particular family dynamic be investigated. Previous meta-analysis research (Bos, van Balen & van de Boom, 2005) found that lesbian and heterosexual families are similar in nature with one important distinction: the stigmatization attached to their sexual orientation. As a result, lesbian mothers are said to be subjected to negative health issues that may not be present for heterosexual mothers (Herek, Chopp & Strohl, 2007; King & Bartlett, 2006).

The current thesis will first define and examine moderators of parental stress using existing research on heterosexual families, highlight possible unique moderators of parental stress for lesbian mothers, and identify a functional model in order to contribute to the understanding of lesbian parenting. By investigating and developing a model, the current research aims to add to the underdeveloped existing literature and increase awareness and sensitivity for 'alternative' families. Taking into consideration the elevated levels of stress for this population, the present study may be used to highlight areas of concern for mothers in same-

sex relationships. This may in turn help to inform government agencies (such as Rainbow Health Ontario) on where to focus support and the allocation of funding to this particular population.

Parenting Stress

Abidin (1995) defined parenting stress as the mental or physical strain associated with raising children. In the past twenty years, research has been saturated with studies concerning parenting stress, its moderators and the effects that stress has had on heterosexual families (Crnic & Lowe, 2002). Historically, the understanding of parenting stress had evolved from the research in general stress literature (Crnic & Lowe). Starting with the decline of psychological and health statuses due to major life changes or events, moving on to the impact of cognitive appraisal of stressful events, and then introducing minor daily hassles as a relevant stress inducer. Generally the complexities of stress involved a condition or feeling experienced; when an individual perceived that the demands exceed the personal and social resources they held (Lazarus & Folkman, 1984). This is true for parenting stresses as well.

Surprisingly there is no consensus or clear conceptualization of parenting stress (Crnic & Lowe, 2002). The majority of parenting stress research falls under a few categories 1) a variant of major life event theories that are not specific to parenting, 2) the investigation of various relationships regarding the parent, child and parent child relationship, or 3) the exploration of minor daily hassles and other normative stress contexts (Crnic & Lowe). Many of the current studies utilized a combination of the aforementioned parenting stress categories.

There were two main models of parenting stress that were the fundamental basis for parenting stress research; Belsky's model for the determinants of parenting and Abidin's model of parenting stress (Crnic & Greenberg, 1990; Abidin, 1995; Milgrom & McCloud, 1996). The

model of the determinants of parenting by Belsky was first introduced in 1984 and was based on the available studies that examined child abuse and neglect. Specifically, Belsky considered the various factors that he felt influenced parenting and thus child outcomes. The model proposed that parenting function was influenced by three major aspects: parental factors, child factors and contextual factors.

Parental factors are defined as influences that originate within the parent (Belsky, 1984). This could be determined as the parent's personality. Belsky asserted that the characteristics of those individuals included factors such as the parent's developmental history, and the parent's psychological resources. For example if a mother has a diagnosis of depression (psychological function) she may have more negative maternal behaviour than a mother without a depression diagnosis (Lovejoy, Graczyk, O'Hare, & Neuman, 2000). Belsky also asserted that there is a relationship between childhood abuse and the abuse of an individual's child (developmental history). These parental factors are said to directly and indirectly affect the child and his or her development (Belsky). Studies have shown if parents are attentive and responsive to their infants, it facilitates greater communication, as well as increased socioemotional and cognitive development (Landry, Smith & Swank, 2006).

The second domain important in determining parent behaviour is child factors. These are characteristics that originate within the child. Problematic conditions (e.g. health problems), difficult temperaments and behavioural issues that the child may have can increase parenting stress (Crnic & Lowe, 2002). According to Belsky (1984), characteristics of the child (e.g. hyperactivity, affection) can affect the quality and quantity of parent-child interactions. A study by Stormshak, Bierman, McMahon and Lengua (2000) postulated that distinctive parenting behaviours were associated with their child's behaviour issues. The study found that there were

elevated rates of disciplinary parenting behaviour with increased disruptive child behaviours, indicating a relationship between parent-child interactions and the child's behaviour.

Contextual factors are defined as environmental factors (Belsky, 1984). This can include sources of stress and support. Stress and support can come in environmental forms such as the marital relationship, the parent's social networks, and their occupational experiences. For example a parent may have a difficult workday (a contextual stress) or they may have a satisfying relationship (contextual support). These factors affect the way people parent their child (Belsky).

Contextual factors can also include daily hassles. Daily hassles are defined as minor irritations that originate from everyday life such as preparing supper or excessive noise in the neighborhood (Deater-Decker, 2004). These hassles can also be unanticipated events that can disrupt life such as an argument with a family member or a misplacing one's keys (Serido, Almeida & Wethington, 2004). Lazarus and Folkman (1984) indicated that daily hassles affected people more than major life events (e.g. job loss) because said stressors occur regularly and often accumulate. In addition this model is interactive in nature. Contextual factors can affect a child or parent's state thus affecting parenting. For example if a father is quiet and shy (e.g. maybe due to his upbringing), he may not have a wide support system or many friends at work. If the same father has a child with disruptive behaviours, the father's parenting will be affected, such as retreating from the child.

Crnic and Greenberg (1990) used Belsky's model to examine the importance of major life stressors and minor daily hassles related to parenting in 74 heterosexual mothers with young children. Results indicated that the construct of minor daily hassles were more influential of stress than major life events. Increases in daily hassles were found to coincide with increases of

parenting stress. In addition, social support (relationship, community and friendship) moderated the burden of daily hassles on maternal parenting stress.

Building on Belsky's model, Abidin's theory (1995) postulated that parenting behaviour and subsequently child development is often a result of a number of environmental, behavioural, developmental and sociological factors. Abidin's research had a negative outlook on parenting stress, and asserted that parenting stress was a disorder, instead of a normal consequence of parenting. Abidin argued that parental stress developed as a result of dysfunction in moderators such as, child, parent and situational factors. Much like Belsky, the situational factors, or what Abidin deemed difficult life events/situations included factors such as income, social support, role restriction and/or major life changing events (e.g. divorce, death, or pregnancy). Child factors were defined as characteristics the child held that could complicate the child rearing experience such hyperactivity, disabilities, or adaptability. Lastly parent factors such as a sense of confidence, parental attachment, and health also make difficulties when raising a child (Theule, 2010).

Although Abidin's model (1995) seemed to echo Belsky's theory, there were a number of discrepancies. For example, Abidin expanded on parent characteristics and focused on the parent's perceptions and beliefs. Abidin felt that parenting stress was a motivation variable. More specifically, he described parental stress as the dissonance between the expectation that a parent has for themselves (and their child), in relation to the actuality of the situation. Therefore parenting stress frequently encompasses difficult situations which are created by beliefs, needs and behaviours (Crnic, Gaze, & Hoffman, 2005). As in Belsky's (1984) model, these particular stressors were said to negatively affect parental well-being (e.g. depression), child development (e.g. behavioural issues), and the family dynamic (e.g. divorce).

A study conducted in 1996 by Milgrom and McCloud, examined parenting stress in 38 heterosexual postnatal depressive mothers and 46 controls. Using Abidin's *Parenting Stress Index* the results showed that the depressed mothers differed significantly when compared to their non-depressed counterparts. Depressed mothers perceived their children as less acceptable, adaptable and reinforcing as well as more demanding and moody. The mothers rated themselves as less emotionally attached, competent and healthy as well as more depressed and socially isolated. In addition, the mothers felt that they had a more restrictive lifestyle and poorer relationship with their spouse. These results were long lasting when retested at three and 12 months and were still present when the mother's depression level scores had decreased.

Although these models seem to differ slightly, research using Belsky and Abidin's models show a commonality of the importance of relationship satisfaction and social support in regards to heterosexual parenting stress. In addition, same sex parents do not differ considerably in the area of approaches to child rearing (American Psychological Association, 2005). Therefore, it can be assumed that these important factors can be attributed to lesbian mothers as well, and will be looked at in depth in future sections of this paper.

Parenting Stress and Relationship Satisfaction

Relationship satisfaction refers to the amount of contentment a couple feels regarding their relationship (Rowe, 2004). It is said to be a subjective feeling about the relationship due to each spouse's perception about their satisfaction in the marriage (Tse, 2007). According to Belsky (1984) the marital relationship has a direct effect (e.g. positive resource of advice and support) and indirect effect (e.g. promoting life satisfaction) on parenting and the parent's well-being. There are many factors that can determine the quality of one's relationship such as (but not restricted to) children, finances, communication, and personality.

The Family Systems Theory is widely used in the existing literature concerning marital satisfaction. It was introduced by Broderick in 1993 and infers that the family unit is comprised of interconnected subsystems and should be considered holistically. Basic assumptions for the understanding of the Family Systems Theory include that the family is 1) considered unique depending on culture, characteristics and ideologies, 2) the unit is interactional and is in a constant state of change, 3) the family dynamic must accomplish a number of purposes for each member (jointly and individually) and 4) changes in the family's experience generates stress and this stress affects all members of the unit (Kaakinen, Gedaly-Duff, Coehlo & Hanson, 2010).

A study conducted by Behnke et al., (2008) investigated similarities and differences in parental stress and family cohesion in 509 heterosexual Mexican American and European American heterosexual families in the United States. Among the results, they found that families with increased family cohesion had lower parenting stress, supporting Broderick's Family System Theory.

When examining the literature regarding relationship satisfaction and parenting stress, numerous studies have found that high marital support decreases the stress and distress in the family dynamic (Glen & Weaver, 1981; Lavee, Sharlin, & Katz, 1996; Tse, 2007). On the other hand, studies have also shown that dissatisfaction in the relationship has been associated with increased levels of parenting stress (Theule, 2010). For example, Lavee et al., (1996) conducted a study where one of the focuses was parental stress and its effect on marital quality. Four hundred and forty one heterosexual Israeli families with varying socioeconomic statuses and geographic regions were sampled. Results included the findings that marital satisfaction and psychological well-being for both the mother and father decreased in stressful parenting situations.

A study by Copeland and Harbaugh in 2005, examined differences in parenting stress between first time heterosexual mothers who were either married (n= 52) or single (n= 22) in southeastern United States. The results of the study showed that the mothers that were single had elevated total score on the short form of Abidin's Parenting Stress Index when compared to their married counterparts. This study would seem to indicate that the support received from the marital relationship decreases parental stress in first time mothers. Another study by Tse in 2007, examined the moderating effect of social support and marital satisfaction on parental stress. One thousand and sixty three heterosexual parents in Hong Kong completed a questionnaire. Results from said study included the finding that marital satisfaction was negatively correlated with parental stress in heterosexual populations. Relationship satisfaction seems to have an important effect on heterosexual parental stress; therefore it would be a noteworthy area to investigate if this is the same for lesbian mothers.

Parenting Stress and Social Support

Social Support is defined as a network of people that give assistance to an individual through emotional, tangible, or physical comfort (Cutrona & Russell, 1990). The concept of social support leads an individual to believe that he or she is cared for, valued, and a member of a network of mutual obligation (Cobb, 1976). This support may originate from many sources such as one's spouse, family, friends, organizations, and the community in which they are associated with. Cobb (1976) stated that social support begins in utero and lasted through the life cycle, until death. This may include pregnancy, illness, aging or the loss of employment or loved one. He also postulated that the social ties one had, protected an individual from stressful life events (Cobb, 1976). In addition, the Canadian Mental Health Association (2012)

acknowledged that the additional stress of having and caring for children, can add to the stress that daily demands and hassles of living can cause.

The best example of social support as a safeguard to life stress is illustrated by the Stress Buffering Hypothesis (Cohen & McKay, 1984). This theory asserts that stress can have negative psychological and physical effects on an individual. However these effects are reduced (and in some situations eliminated) to those who have a strong social support system (Cohen & McKay, 1984). Koeske and Koeske (1990) utilized the aforementioned theory to investigate the role of social support and parenting experiences for 125 heterosexual mothers via questionnaire. Results indicated that mothers with less social support experienced lower role satisfaction and self-esteem as a parent, as well as higher psychological and somatic symptomology (e.g. headaches, tension, and depression). Another study by Curtona and Troutman (1986) established similar results with their research involving 55 heterosexual married mothers. Among the results, the Stress-Buffering Hypothesis was supported indicating that the mothers with increased social support showed less symptoms of depression.

Ostberg and Hagekull (2000) investigated a possible model of predictors for parental stress in heterosexual families. The aforementioned study mailed and received 1, 081 responses for their questionnaires sent to Swedish mothers of young children (6 months to 3 years). Among the results, Ostberg and Hagekull found that social support was a direct predictor of parenting stress in these particular families. In addition, an increase in social support reduced stressors and their negative impact. Mulsow, Caldera, Pursley, Reifman, & Huston, (2002) conducted a study with 134 mothers that attempted to measure parenting stress and other aspects (e.g. marital satisfaction, social support) over a three year period. Among the findings, the results showed that the more social support during the three year period, the less stress the

heterosexual mothers experienced. They also discovered social support was more of a predictor (regarding stress) than spousal intimacy.

Again the previously mentioned study by Copeland and Harbaugh (2005; single and married heterosexual first time mothers) indicated that single mothers reported higher levels of parenting stress. The researchers attributed this elevation in parental stress to the lower levels of social support that these single mothers' experienced. This assumption was echoed during the study headed by Tse (2007) that found social support was negatively correlated with parental stress in heterosexual populations. Since social support is found to have an important role in the degree of parenting stress for heterosexual parents; this too will be examined for lesbian mothers as a moderator for parental stress.

Stigmatization

Most human differences are categorized at an unconscious level to simplify everyday stimuli and to ease cognitive processes (Wade, Tarvis, Saucier, & Elias, 2004). This automatic labeling one participates in can create negative connotations such as stigma. In 1963, Goffman described stigma to be the lack of social acceptance of an individual. According to Link and Phelan's Stigmatization Model (2001), stigma arises when four components: labeling differences, stereotyping, group division, social status loss and discrimination collectively occur in a situation where there is a power differential. During the first stage of the Stigmatization Model, *distinguishing and labeling differences*, Link and Phelan (2001) state that the majority of individual differences are disregarded and in turn are socially irrelevant. On the other hand, there are other differentiations that matter socially, such as an individual's IQ, skin color, ability or gender. Usually these differences are considerably oversimplified to create groups. Since these groups are generalized, often this generalization is taken for granted and automatic. For

example, the oversimplified label of the groups ‘black’ and ‘white’, do not take into consideration the other attributes that make up a group member (such as skin color and ancestry).

The second component for stigmatization is *associating human differences with negative attributes* (Link & Phelan, 2001). This component of stigmatization occurs when the label is associated to a group or group member whose characteristics create a less desirable kind of person in a social context. This is usually accomplished when an individual difference (label) is linked to a negative attribute (stereotype). An example of this would be an individual from Aboriginal descent (label) consumes excessive amounts of alcohol (stereotype). The negative social labeling of human differences can create group membership or a division that Link and Phelan call *separating ‘us’ from ‘them’* (Link & Phelan, 2001). In this third component, the association of labels and stereotypes becomes the justification for believing that the undesirable individual (them) is different than an individual who does not share the same attribute or label (us). Additionally, when one believes an individual to be noticeably different; stereotyping can be more easily accepted because there is no personal or immediate damage to attributing a negative attribute to an individual that is very different from ‘us’. Extremely stigmatized groups may not even be considered human to the non-stigmatized group, with devastating consequences (e.g. Nanking Massacre, the Holocaust, or the Armenian Slaughter in 1915; Dutton, 2007).

The fourth component (of *status loss and discrimination*) from the Stigmatization Model (Link & Phelan, 2001), states that a stigmatized individual or group, experiences a loss in social status simply because their supposed undesirable characteristics reduces their position in the perpetrator’s status hierarchy. Having a lessened social status produces discrimination from the perpetrator’s group. The person responsible for the discrimination is then vigilant for the negative attributes of the ‘other’ group and then if these behaviours are seen, it reaffirms and

solidifies their beliefs (Wade et al., 2004). Link and Phelan (2001) added that discrimination can come in a number of forms such as individual discrimination (one person discriminating against another) or social and institutional practices that work against the minority group (e.g. not having accessibility for individuals in wheelchairs).

Lastly, a power dynamic is needed to foster the aforementioned variables. According to Link and Phelan (2001), stigma is dependent on political, economic and social power. For example, in a university classroom setting the professor is in a power position. The students are required to raise their hands when they have a question, sit quietly and listen, as well as come to class, among other expectations. The students may believe and label some professors as unfair markers, they may treat those professors differently, making jokes or minimizing communication with them. The students may engage in every component previously mentioned in Link and Phelan's Stigmatization Model; however, the professor will not experience the effects of the stigmatized group because the students do not possess the political, economic and social power to have serious discriminatory consequences.

By applying Link and Phelan's Model, one is able to recognize that stigmatization incorporates both psychological as well as social processes. From this, a multitude of social problems and individual characteristics are discriminated against depending on the societal environment. According to Hinshaw (2005) our social environment commonly singles out and stigmatizes individuals or groups of people that have characteristics such as mental or physical disabilities, racial and ethnic minority groups, single parents, dissimilar sexual orientation, as well as being overweight or physically unattractive. As with all of the aforementioned groups, societal views about lesbians are not usually based on personal knowledge, but are culturally communicated and solidified (American Psychological Association, 2005). In addition the

exposure to far-reaching preconceptions and discrimination of lesbians can cause distress in the individual's well-being (American Psychological Association, 2005; Meyer, 2003).

Parenting Stress and Stigma

Much of the past research concerning the area of stigmatization has focused on the individual and the relation to racial and ethnic minority groups (Hinshaw, 2005), mental illness (Lai, Hong & Chee, 2001), chronic health conditions such as HIV/AIDS (Logie & Gadalla, 2009) as well as physical and developmental disabilities (Hebl & Kleck, 2000). However in recent years there has been more research concerning stigmatization and its effects on the family dynamic. According to the World Health Organization (2005), social stigma has negative consequences for the family as a whole. Goffmann (1963) coined the term *Courtesy Stigma* to bring attention to the fact that it is not only the individual that is a recipient of the discrimination, but in many cases all of the members in the family (as well as other close people) feel the effects of the stigmatization. Much of the time the adverse consequence of stigmatization manifests themselves in elevated levels of stress, lower levels of social support, lower well-being and life satisfaction (Markowitz, 1998).

A study by Shin et al. in 2006 examined the effects of various factors on stress experienced by 199 parents (mothers and fathers) of young children with cognitive delays in heterosexual Vietnamese families. Among the findings both mothers and fathers were found to have elevated levels of stress when they experienced stronger stigma. In addition, this population of mothers carried a higher amount of experienced stress when compared to fathers. Another study by Silver, Bauman, Camacho and Hudis in 2003 examined factors associated with psychological distress in 220 low-income mothers with HIV/AIDS. Results indicated that HIV related stigma was positively correlated with parental stress in heterosexual (mostly minority)

families. Furthermore these stress levels were compounded when paired with poor levels of social support.

Minority Stress

All of the aforementioned research pertaining to parental stress deals exclusively with the heterosexual population. There is minimal research that relates to lesbian mothers. These factors previously mentioned (social support, relationship satisfaction and stigmatization) translate to stressors in lesbian parenting as well, however there are a number of factors not mentioned for the heterosexual population that would modify the model for parenting stress for this particular population. The reason why the proposed *model* for parental stress might be different for lesbian mothers compared to a 'traditional' nuclear family (e.g. mother, father and child) is informed by the Minority Stress Theory by Meyer in 1995.

Minority Stress refers to social anxiety and adverse conditions experienced by an individual in a minority position over and above daily life stressors (Brooks, 1981). This theory was first proposed to explain the mental and physical health disparities of ethnic minority people in dominate cultures (i.e. African American in a predominately White-American society) and then adapted by Meyer in 1995 to clarify the effects of minority status for homosexual individuals. According to the Minority Stress Theory, Meyer postulated that homosexual individuals were at an elevated risk of psychological stress and related issues due to the persistent stressors that their disadvantaged status in society held.

Meyer proposed that these stressors came in three main manifestations: external stress, expectations of events, and the internalization of negative social attitudes (Herek & Garnets, 2007). External stress (or enacted stigma) refers to overt behaviours. They are stressful events and conditions that do not depend on the minority individual's perception. This stress is often

seen as chronic and acute. For an individual in a minority position this commonly comes in the forms of rejection, discrimination and all too often violence. The second manifestation is expectations of stressful events (often referred to as felt stigma or stigma consciousness). Not only does it include the expectation itself of being rejected or discriminated against, but also the vigilance to said events. This constant level of vigilance and the expended cognitive energy required to maintain it (whether the expectation is real or perceived) is considered stressful in and of itself. For a minority individual they all too often avoid situations where enacted stigma may arise.

Lastly, the internalization of negative social attitudes (internalized stigma) refers to the harmful self-direction of negative social outlooks. The victimized individual incorporates society's stigma into their self-concept and belief system. In this situation the victim believes that the negative evaluation is warranted, so the undesired characteristics and stereotypes are internalized by the minority individual. These internalizations may have long-term adverse effects such as as higher levels of depression, anxiety, anger and traumatic stress as well as a decrease psychological well-being (Herek, 2007).

Lesbian Mothers and Stigma

Individuals from lesbian, gay, bisexual and transgender (LGBT) communities are considered a minority population. Specifically they suffer from 'sexual' stigma (Herek & Garnets, 2007; Meyer, 1995; 2003). Sexual stigma is considered a shared societal belief that homosexuality is unacceptable, deviant and shameful in comparison to heterosexuality. Consequently, sexual stigma is considered to be a cultural phenomenon that exists outside of any one individual (Herek, 2007). Herek, et al., (2007) agree, asserting that this type of stigma is embedded into many of society's institutions such as the law (e.g. non-legal recognition of same-

sex marriages), religion (e.g. anti-homosexual bible passages), and medicine (e.g. former DSM diagnosis).

The conceptual framework of minority stress proposed previously is an excellent way to illustrate the concept of stigma for lesbian mothers. To provide an example for the aforementioned framework, imagine a lesbian mother is bringing her child to school. As she is leaving she hears some of the other mothers speaking about same sex orientation in a derogatory manner (enacted stigma). Due to this incident the mother is vigilant and careful about her actions or conversations so that the other mothers do not ostracize her or her child (felt stigma). As a result she may not disclose her sexual identity, which in turn solidifies in her value system society's negative attitude towards sexual minorities (internalized homophobia).

A study by Kosciw and Diaz in 2008 explored experienced discrimination for LGBT parents and their children in the United States. Five hundred and eighty eight parents as well as their children ($n= 154$) were asked about discrimination in school. Over half of this sample reported verbal/physical abuse, misrepresentation or general harassment from students, educators and other parent in their education setting. Similar findings were discovered in an Australian study. Ray and Gregory (2001) questioned 117 lesbian or gay parents and their children ($n= 48$). Almost half of the children and up to a third of parents experienced discrimination or harassment.

Lesbian Mothers and Disclosure of Their Sexual Identity

The level of disclosure of one's sexual identity is often referred to as 'outness' (van Dam, 2008). The disclosure or nondisclosure of one's sexual identity is dependent on a number of factors (e.g. social support, social acceptance) and effects much more than individual 'coming out'. As mentioned previously there is a 'courtesy stigma' attached to this decision that effects

the family and close relationships (Goffmann, 1963; van Dam, 2008). The level of disclosure is also an important concept related to stigma. Homosexual individuals often utilize coping mechanisms such as the non-disclosure of their sexual identity to alleviate the associated stress with social non-conformity (Herek & Garnets, 2007; Meyer, 2003).

As lesbian mothers, the decision about disclosure of their sexual identity does not only affect their level of stigmatization and stress, but outness also affects the members of their family including their children (van Dam, 2008). Therefore, the non-disclosure of sexual identity is used to protect sexual minorities and their children from discrimination and violence of a rejecting society (Meyer, 2003). However, the decision to shield themselves and their children from possible harm also prevents affiliation with other minority individuals, and LGBT support resources thus impacting their well-being negatively (Rostosky, Riggle, Gray, & Hatton, 2007).

The majority of the literature regarding the disclosure of a lesbian's sexual identity has focused on the effects on the children involved (Parks, 1998; Tasker, 2005). However a study by Jordan and Deluty (1998) questions 499 lesbians about self-disclosure. Among the results, they found that women who openly and widely disclosed their sexuality had higher levels of self-esteem and social support, greater positivity affectivity and less anxiety.

Lesbian Mothers and Parenting Stress

As previously mentioned, Abidin (1995) suggested some sources of stress and dysfunction of the family dynamic can be related to elements of the parent's function. This can include but is not limited to depression, lack of social support, and parental competence. In addition, parental stress can be attributed to a difficult situation (a situation that yields high stress). This may manifest itself as lack of social support and major stressful life events (e.g.

death, divorce, and stigmatization). Much like their heterosexual counterparts, lesbian mothers experience parental stress in both of these situations.

A study by Bos, van Balen, and van den Boom in 2004 examined the relationship of minority stress for lesbian parents in the Netherlands. The study looked at experiences of rejection, perceived stigma, and internalized homophobia (which are measures of minority stress) in 100 planned lesbian families. The study attempted to determine the degree of minority stress and its associations to parenthood. Among the findings, the study generally found low levels minority stress for the participants.

It is important to note that the Netherlands was progressive in its legislation regarding LGBT individuals. In 1998, civil partnership legally applied to both heterosexual and homosexual individuals. The same year, adoption was opened to both single and non-married people regardless of sexual orientation. In 2000, the Netherland courts voted in favor of the same-sex marriage bill and the law legalizing same-sex marriage was brought into effect in 2001. This law made the Netherlands the first country in the world to legalize same-sex marriages (Euronews, 2013).

However, in spite of the study's low levels of minority stress, it was also discovered that there were higher levels of rejection. These rejection levels were significantly associated with more parental justification (i.e. defending the quality of their parenting to others) and parental stress. Furthermore increased parental justification was significantly associated with higher levels of perceived heterosexism (the belief that favors opposite-sex relationships and sexuality and discriminates against same-sex relationships) and internalized homophobia. This study seems to suggest that there is a positive correlation with minority stress and parenting

justification. Additionally the study seems to suggest that higher levels of rejection are associated with more parental stress.

As lesbian mothers and their children are encountered in mainstream society, they are regarded as an 'out group' and stigmatized (Gershon, Tschann, & Jemerin, 1999). The added stressors of being lesbian mothers may affect not only their psychosocial functioning but also their perceived ability to parent well (adding more stress). Therefore, it is important in the current study to examine not only the level of stigmatization they encounter but the parenting stress that may result from such a belief.

Overview of the Current Study

A meta-analysis by Bos, et al., in 2005, found that lesbian and heterosexual families in the Netherlands were very much alike. However, it is the stigma of lesbianism that makes the dynamic of lesbian families different. Lesbian mothers are considered a minority group in many ways. Not only are they subjected to sexual stigma that other sexual minority individuals face, but in addition they experience stigma attached to the idealization of the nuclear family. As a consequence of this dual prejudice, lesbian mothers are subjected to chronic stress and health issues related to their stigmatization (Herek et al., 2007; King & Bartlett, 2006). Thus moderators should be examined specifically for lesbian mothers to identify a model and possible interventions for this population.

The current research aims to investigate the aforementioned factors that are said to contribute to parental stress in heterosexual mothers (i.e. relationship satisfaction, social support, and life stressors), as well as those factors that may be specific to lesbian mothers (i.e. stigmatization, the degree of sexual identity disclosure and minority stress), in turn contributing

to the understanding of lesbian parenting and subsequent model for parenting stress specific for lesbian mothers.

This study predicts that lesbian mothers (like heterosexual mothers) would experience a positive relationship regarding positive and negative life stressors and parental stress. Therefore as overall life stressors increase so would parental stress scores. This prediction is based on results by Crnic and Greenberg (1990) who found that daily hassles increased parenting stress in mothers of young children. As well as Abidin (1995) and Belsky (1989) that anticipated that life stressor (daily hassles and major life events) can increase stress for heterosexual parents.

Secondly the current study predicts an inverse relationship satisfaction and parental stress. Therefore as relationship satisfaction scores decrease, parental stress scores will increase. This is based on a study by Tse in 2007 that stated marital satisfaction was negatively correlated with parental stress in heterosexual populations. In addition Lavee et al. (1996) that found increased parental stress had a negative effect on marital relationships in heterosexual families.

The third hypothesis is there is a predicted inverse relationship concerning social support and parental stress. Consequently, as social support scores (either general or lesbian-specific) decrease, parental stress scores will increase. This postulation is based on the study by Ostberg and Hagekull (2000) which found social support was a direct predictor of parenting stress in heterosexual mothers. As well as the study by Tse in 2007 which found social support was negatively correlated with parental stress in heterosexual minority populations.

The fourth hypothesis is that there will be an inverse relationship regarding the degree of disclosure of the participant's sexuality (outness) and parental stress. So as the outness scores increase, parental stress scores will decrease. This hypothesis was based on the findings by Meyer (2003) who established that the degree of disclosure is often correlated with relationship

satisfaction. As well as a study by Herek and Garnets (2007) that stated the degree of an individual's disclosure could affect their levels of psychological well-being, which has an indirect relationship with parenting stress (Abidin, 1995).

In addition, the present study predicts that there will be a positive relationship regarding stigma and parental stress; as stigma scores increase, so will parental stress scores. This is based on a study by Silver et al. in 2003 that found HIV related stigma was correlated with parental stress. Moreover, a meta-analysis by Bos et al., in 2005 found the stigma of lesbianism may make the dynamic of lesbian families different than heterosexual families.

Lastly, there is an expectation that there will be a positive relationship regarding minority stress and parenting stress. Predicting as minority stress scores increase, so will parental stress scores. This is based on a study by Bos et al. (2004) where they found higher levels of minority stress positively correlated with parental stress.

As mentioned previously there is minimal published exploration regarding same-sex parenting. A study of this nature may not only add to the underdeveloped existing literature but also to increase awareness and sensitivity for 'alternative' families. Due to the negative effects of stigmatization for lesbians and the elevated levels of stress for this population, the present study may be useful to highlight areas of concern for mothers in same-sex relationships. Finally, this area of research will help to inform government agencies (such as Rainbow Health Ontario) on where to focus support and the allocation of funding to this particular population.

Methods

Participants

Participants included for the present study were at least 18 years old, identify as female, currently are or have been (in the past) involved in a same-sex relationship and must be raising at least one child. Participants were recruited online or through emails that were sent to 1,084 elementary public schools across Canada for recruitment, as well as suggestions from LGBT (lesbian, gay, bisexual, and transgender) organizations, social network groups and through word of mouth. The recruitment started in June, 2010 and was active for two years until June, 2012.

There were 107 individuals who partially completed the questionnaire utilized in the current study. Seventy-one of these individuals had complete scores for all eight constructs explored in the current study. Of the 71 participants, a preliminary analysis (chi-square) was conducted to investigate differences between participants residing in Canada and the United States of America (an in depth explanation of the preliminary analyses are found in the results section of this paper). An additional six participants were excluded due to said findings. Therefore 65 of the 71 respondents were utilized in the results for this study.

Of the 65 self-identified lesbians, many of the participants resided in Canada ($N=36$), with the remaining 29 respondents residing in the United States of America. The mean age of the participants was 35.75 years. Ranging from 21 to 62 years of age ($SD= 8.19$). Approximately 74% of women were cohabitating with their same-sex partner ($N= 48$), and had been doing so for a mean of 5.72 years ($SD= 5.37$). Eleven participants had a college degree, as did their partners ($N= 15$). The remaining participants ranged from 'Some High School' to 'Post Graduate degree'. Most women were not legally married to their partner ($N= 43$), or declined to answer ($N= 8$), leaving 14 participants who were married legally.

Eighty-one percent ($N=51$) of the women were the biological parents to the children in their home and 85.5% of the respondents ($N= 53$) had legal custody of the children. The mean number of children living in the participants' homes were 1.83 ($SD= 0.99$). There were 64 males and 65 females, ranging in age from newborn to 23 years old. Ten children were from an unknown donor, 28 children were from a previous sexual relationship, 17 children were from a known, two children were adopted and seven others specified their child's 'father' as 'other'. Most participants stated that they had a 'very active' role in their child's life ($N= 51$) which included daily activities and routines, nine mothers felt they had an 'active' role, four mothers deemed themselves to have a 'somewhat active' role in their child's life. For full demographic information see table 1.

Materials

An online questionnaire was used to obtain information for the study. This method was selected to ensure anonymity and more truthful responses. According to Riggle, Rostosky and Reedy (2005) LGBT samples that participate online tend to be more honest and revealing than those individuals in a traditional (face to face) interview method. A link to the questionnaire was posted on the LimeSurvey network. The questionnaire was posted in an 'open access' format which allowed any potential participant to be able to link directly to the survey without contacting the researchers. In addition, a paper questionnaire was available as an alternative way to complete the survey. However, no individuals requested the paper version.

The online questionnaire consisted of 179 questions and was divided into seven sections: Parenting Stress, Relationship Satisfaction, Social Support, Stigma, Outness, Minority Stress, and General Life Stressors. It is estimated that the questionnaire should have taken

approximately 35-45 minutes to complete. There was no time limit allotted to finish the survey and the participants were allowed to save their responses and return to the survey if needed.

Demographic section. The first section of the questionnaire pertained to basic demographic information. The questionnaire includes variables concerning current age, education, and relationship status. In addition to basic demographic information, questions were included to gather information about their children (e.g. age, gender, how many).

Parenting stress. These questions were used to explore the amount of parenting stress the mothers of the current study experienced. This was measured using the Parental Stress Scale (Berry & Jones, 1995, see Appendix A). This measure is intended to assess self-perceptions of stress related to the parenting role. It is an 18-item measurement employing a five-point Likert scale, ranging from ‘strongly disagree’ to ‘strongly agree’. To calculate a parental stress score the response values are added together (after reversing specified items) with increased scores indicating higher levels of parental stress. The Parenting Stress Scale has a coefficient alpha of .83 and good test-retest reliability (.81) at six weeks. An example question is “I am satisfied as a parent.”

Relationship satisfaction. This section was employed to identify the nature and intensity of distress in relationship interactions. The EMS or ENRICH Marital Satisfaction Scale (Fowers & Olson, 1993) was used to accomplish this (see Appendix B). This measurement is a 15-item scale that assesses marital quality in both married and non-married couples and includes an idealistic distortion scale. It utilizes a five-point Likert scale, ranging from ‘strongly agree’ to ‘strongly disagree’. To calculate a marital satisfaction score the raw scores for both ‘marital satisfaction’ and ‘idealistic distortion’ are converted into percentiles. Then both percentile

scores are used in a formula to obtain a corrected 'marital satisfaction' score, with higher marital scores indicating greater levels of relationship satisfaction.

The EMS scale has good concurrent validity with the *Locke-Wallace Marital Adjustment Test* (.73) and construct validity when compared with the *Family Satisfaction Scale*. This measure has good internal reliability (.86) and test-retest reliability (.86) at four weeks. An example of a question is "I have some needs that are not being met by my partner."

Social support. Two separate measures were used to measure social support. Lewis, Derlega, Clarke, & Kuang Lewis (2006) adapted a version of the Social Constraints Questionnaire (see Appendix C) that is used to assess social constraints (perceived barriers that hinder the ability to be open to other individuals about their life's experiences) associated with being alienated from one's social network. This particular measure evaluates general alienation from one's social network as well as distancing specifically related to being a lesbian. It is a 15-item measure using a six-point Likert scale ranging from 'none of the time' to 'all of the time'. To calculate a social constraint score the response values are added together (after reversing specified items) and a higher score denotes greater social constraint.

The adapted *Social Constraints Questionnaire* is said to have good convergent, predictive and discriminant validity (Lepore, 2002). Cronbach's alpha coefficient is good at .80. Two examples of the types of questions asked are "How often does your family get on your nerves" (general) and "When talking about lesbian related issues, how often does your partner give you the idea that she doesn't want to hear it."

The second measure utilized to measure social support was the *Social Provisions Scale* (Cutrona & Russell, 1987, see Appendix D). It is a 24-item measure with six subscales (attachment, social integration, reassurance of worth, reliable alliance, guidance, and opportunity

for nurturance) that aim to identify various dimensions of support. It utilizes a four-point Likert scale that ranges from ‘strongly disagree’ to ‘strongly agree’. A support score can be obtained for each subscale and a total score is obtained by summing subscale items. A high score is indicative of a greater degree of perceived social support. A number of studies show that this scale has fair internal consistency (.60 to .70), as well as good predictive, convergent and discriminant validity with a number of different populations.

An example of a question attributed to *reliable alliance* is “There are people who I can count on in an emergency. An example of a question attributed to *guidance* would be “There is no one I can turn to for guidance in times of stress.” An example of a question associated to *reassurance of worth* is “There are people who admire my talents and abilities.” An example of a question related to *social integration* is “There is no one who likes to do the things I do.” An example of a question associated to *attachment* is “I lack a feeling of intimacy with another person.” Lastly, an example of a question related to the subscale of *nurturance* is “There are people who depend on me for help.”

Stigma. To evaluate stigma, a modified Stigma Consciousness Scale (Lewis et al., 2006, see Appendix E) was used to assess expectation of prejudice/discrimination associated with being a lesbian. It is a 10-item measure that incorporates a seven-point Likert scale (strongly disagree to strongly agree). To calculate a stigma score the response values are added together (after reversing specified items) with higher scores reflecting greater stigma consciousness (greater expectation of prejudice and discrimination because of the mother’s sexual orientation). The coefficient alpha for this modified scale .65. An example of a question from this scale would be; “Most heterosexuals have a lot more homophobic thoughts than they actually express.”

Outness. To measure the degree of disclosure of the participant's sexual identity A Lesbian Identity Disclosure Assessment (ALIDA) (van Dam, 2008, see Appendix F) was used. It has six categories that include disclosure of one's sexual identity to relationships such as family of origin, work relationships, healthcare providers, occasional important relationships, friends, and neighbors, as well as relationships created by parenthood. The majority of the questions are answered on a six-point Likert ranging from 'deceased/do not have this relationship' to 'told and speak freely without hesitation'. To obtain a mean 'outness' score the individual relationship categories are averaged out of a possible five points. A higher mean outness score signifies an increased degree of disclosure to the participants' relationships. The ALIDA is found to have one-dimensional reliability (.79) and concurrent validity. An example of a question is "How much have you disclosed ("come out") to your mother about your lesbian identity."

Minority stress. Minority stress assessment involves four main components: violence/discrimination, expected/actual rejection, concealment, and internalized homophobia. The Sexual Minority Stress Scale (shortened version, see Appendix G) was used to evaluate minority stress of our lesbian sample. Lewis, Derlega, Berndt, Morris, and Rose (2001) modified the Measure of Gay-Related Stress to develop the Sexual Minority Stress Scale. This measurement was then shortened to a 41-item measurement scored on a six-point Likert scale (never to almost constantly). A minority stress score is derived by calculating the sum severity rating of all occurred items. The higher the severity indicates a higher occurrence of sexual minority stress. The Sexual Minority Stress Scale is found to have good internal consistency with a coefficient alpha of .72 to .90. An example of statement is "Actual loss of a job due to my sexual orientation."

Life stressors. General life stressors were measured by the adaption of the Life Events Questionnaire (Norbeck, 1984, see Appendix H). This measure is used to identify possible life events or changes in the past year. It consists of 67 possible items, however not all of the items need to be answered. For example if an individual did not receive major dental work in the past year that item would be left blank. Not all life stressors are negative, and for this reason the LEQ asks the individual to deem whether or not the life event was ‘good’ or ‘bad’, then asks the individual to rate this event on a four point Likert scale ranging from ‘no effect’ to ‘great effect’. Three scores are obtained from this scale: negative events, positive events and total event score. To determine the negative events score the sum of ‘bad’ ratings are calculated. To determine the positive events score the sum of ‘good’ ratings are calculated. The author suggested that both negative and positive life events can cause stress and therefore the total events score is determined by adding both positive and negative event together (Norbeck, 1984). A higher total events score indicate greater life stress. Test-retest reliability is reasonably reliable (coefficient alpha of approximately .64) at six weeks.

Design

This study used a Pearson’s product-moment correlation to assess the relationship between the scores of the main study variables (parenting stress, relationship satisfaction, general social support, lesbian-specific social support, sexual identity disclosure, minority stress, and stigma perception). In addition a hierarchal multiple regression analysis was used to determine to determine if the addition of lesbian-specific social support, sexual identity disclosure, minority stress and stigma perception (variables specific to lesbian mothers) improved the prediction over and above life stressors life stressors, relationship satisfaction and general social support alone (variables found to be associated with parental stress in heterosexual mothers).

Procedure

By clicking on the link provided in the recruitment message (see Appendix I) the participants were automatically redirected to the questionnaire. The consent form was to be read and agreed to by the participant by typing 'agree' in the indicated space provided before continuing. After each section in the survey, the option was given to the participants to add any additional comments or suggestions in a free form dialogue box. To submit the questionnaire the participants had to click on the 'submit' button and a debriefing form (see Appendix J) was populated. On this form the mothers were thanked for their participation, explained the purpose of the current study, given contact information to obtain the results, as well as given contact information to mental healthcare professionals and LGBT social support groups if they experienced any distress filling out the questionnaire.

Results

Preliminary Analyses

Independent-Samples T-Test

A total number of 107 individuals started the online questionnaire. The participants did not fully complete all sections needed for the current study's main analysis (hierarchical multiple regression). However a preliminary analysis was conducted to determine if there were differences in parental stress scores for the respondents involved. Independent-samples t-tests were run to determine if there were differences in parental stress scores for the 107 respondents between a number of groupings (for full results see table 2).

The results showed that there were no significant differences when parental stress scores were compared between groups of participants that had finished or had not finished the full questionnaire, that raised children under the age of 12 and mothers with teenagers (13 and over), that lived or did not live with their partners, were grouped by age (30 years of age and under or 31 years of age and older), were the biological parent to their child or not, as well as whether the child the participant was raising had a special needs diagnosis.

There were significant results. An independent-samples t-test was run to determine if there were differences in parental stress scores between respondents that lived in Canada and the United States. There were no outliers in the data, as assessed by inspection of a boxplot. Parental stress scores for both groups of participants (ones that lived in Canada and the US) were normally distributed, as assessed by Shapiro-Wilks test ($p > .05$), and there was homogeneity of variances, as assessed by Levene's Test for Equality of Variances ($p = .44$). Parental stress scores were significantly different for the respondents that lived in Canada ($M = 39.88$, $SD = 12.03$) than respondents that lived in the United States ($M = 35.32$, $SD = 10.58$), $M = 4.56$, 95%

CI [.02, 9.10], $t(105) = 1.99$, $p < .05$. More specifically, participants that resided in Canada scored higher in parental stress than participants that resided in the United States.

The same analysis was run to determine if there were differences in parental stress scores between respondents that live in a place where same-sex marriages were legal and where same-sex marriage was not legal. There were no outliers in the data, as assessed by inspection of a boxplot. Parental stress scores for both groups of participants (legal and not legal) were normally distributed, as assessed by Shapiro-Wilks test ($p > .05$), and there was homogeneity of variances, as assessed by Levene's Test for Equality of Variances ($p = .74$). Parental stress scores were significantly different for the respondents that lived in an area where same-sex marriage was not legal ($M = 34.70$, $SD = 10.88$) than respondents that lived in an area where same-sex marriage was legal ($M = 39.94$, $SD = 11.63$), $M = 5.24$, 95% CI [.65, 9.83], $t(105) = 2.27$, $p < .05$. Therefore parental stress scores were elevated for the participants that lived in areas where same-sex marriage was considered legal, compared to participants that lived in areas where same-sex marriage was not legalized.

Chi-Square Test for Association

As mentioned previously, 71 individuals had completed the questions for all eight constructs explored in the current study. An exploratory analysis approximately 63% of valid respondents ($N=44$) resided in Canada. It was decided that a chi-square test for association would be conducted between the participant's residing country (either Canada or United States) and the participant's demographic information (e.g. what is your highest level of education, how many children are currently in your home, how active are you in your child's daily routine) to determine whether observed frequencies are statistically different from the expected frequencies.

An inspection of the analysis uncovered a statistically significant difference between the proportion of children with a special needs diagnosis in Canada versus the United States samples ($\chi^2(1, N = 68) = 4.33, p < .05$). Six mothers disclosed they were parenting at least one child with a special need diagnosis. In total, seven individuals (5 males and 2 females) ranging in age from nine to 28 years old were identified. Four males held a diagnosis of ADHD, one of those males had a comorbid diagnosis of colorblindness. One of the females had a dual diagnosis of bipolar disorder and obsessive compulsive disorder. The remaining two children had a diagnosis of dyslexia.

According to Mauro (2013) the term of 'special needs' is an overreaching definition, where a number of different diagnoses rest. The designations can range from mild learning disabilities to psychiatric issues, to cognitive impairments, to physical and medical conditions. The children in the present study seemed to fall into four categories under the umbrella term of special needs; they included learning disability (dyslexia), medical issues (color-blind), behavioural issues (ADHD) and mental health issues (bipolar and OCD).

A study by Spratt, Saylor, and Macias (2007) examined parenting stress and its correlates in children with a variety of special needs diagnoses. Among the results parental stress was found to be the highest in parents of children with behavioural concerns or a combination of behavioural problems and cognitive impairments. Due to the diagnoses of the children in the current study (5 behavioural cases), it was decided that the six participants who had a child with a special needs diagnosis would be removed, to avoid a possible elevation in stress scores.

A number of demographic variables were recoded. The participant's age was recoded into four groups (i.e. 20-29; 30-39; 40-49 and 50+ years), the length of residence was recoded into three groups (i.e. 0-11; 12-59; 60+ months), both the respondent's and the participant's

highest level of education was recoded into seven groups (i.e. high school graduate; some college and some undergraduate degree; trade school and college graduate; undergraduate and some graduate degree; graduate and some post graduate degree; post graduate degree), and the length of time participants lived with their partner was recoded into three groups (i.e. 0-11; 12-59; 60+ months). Additionally how the child/ren were conceived was recoded into four categories (i.e. unknown donor; previous heterosexual relationship; known donor; other), the number of children living in the home was recoded into three categories (i.e. one child; two children; three or more children), and the gender of the respondent's child/ren were recoded (none; one male/female; two or more male/female).

With the aforementioned variables recoded, all demographic variables were included in a chi-square test for association. Both the recoded variables and the remaining variables (whether or not the participant was cohabiting with their partner, if they were legally married, had legal custody of their children, if they were the biological parents of their child/ren, or in the amount of activity the participants played in their child/children lives) were not found to differ significantly when compared to the respondents who resided in Canada or the United States of America. Based on the aforementioned exploratory analyses, the decision was made to include all of the participants as one group and not separate the participants based on current country of residence.

Data Analysis

The analytic method used for the current study consisted of a Pearson's product-moment correlation to assess the strength and direction of the study variables scores (i.e. parenting stress, relationship satisfaction, general social support, lesbian-specific social support, sexual identity disclosure, minority stress, and stigma perception). In addition a hierarchical multiple regression

analysis was selected to determine if the addition of lesbian-specific social support, sexual identity disclosure, minority stress and stigma perception (variables thought to be specific to lesbian mothers) improved the prediction over and above life stressors, relationship satisfaction and general social support alone (variables found to be associated with parental stress in heterosexual mothers).

Hierarchical Multiple Regression

A two-step hierarchical multiple regression analysis was conducted to determine if the addition of lesbian-specific social support, sexual identity disclosure, minority stress and stigma perception improved the prediction over and above relationship satisfaction, general social support, and life stressors alone. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.80. All assumptions were met (linear relationship, homoscedasticity, and multicollinearity), there were no additional outliers, no leverage values above .2, no highly influential points (no Cook's Distance values above 1), and no violation of the assumption of normality.

According to previous research, marital satisfaction and social support and life events were found to have an inverse relationship with parental stress in heterosexual mothers (Belsky, 1984; Tse, 2007). Variables that may be specific to lesbian mothers are the disclosure of one's sexual identity (van Dam, 2008), their minority stress level (Meyer, 2003), lesbian-specific social support, as well as the amount of stigma an individual felt (Meyer, 2003). Therefore the independent variables were entered in two-steps as follows; 1) life stressors (Life Events Questionnaire), general social support (Social Provisions Scale) and relationship satisfaction (Enriched Marital Satisfaction Scale: Short Form), then in the second step stigma perception (Stigma Consciousness Scale), lesbian-specific social support (Social Constraints Questionnaire),

sexual identity disclosure (A Lesbian Identity Disclosure Assessment), and minority stress (Sexual Minority Stress Scale). Table 4 summarizes the results from these analyses.

When life stressors, general social support and relationship satisfaction were entered, the overall model was significant, and accounted for 13 percent of the variance ($R^2 = .13$, $F(3, 58) = 2.93$, $p < .05$; adjusted $R^2 = .09$) in the mothers sampled for the current study. When the remaining variables (stigma perception, lesbian-specific social support, sexual identity disclosure, and minority stress) were added to the existing model, the overall model was not significant, and accounted for approximately three percent of the variance ($R^2 = .17$, $F(4, 54) = 2.93$, $p = .69$; adjusted $R^2 = .03$) in parental stress in the population sampled for the current study.

Pearson's Product-Moment Correlation

A Pearson's product-moment correlation was conducted to assess the relationship between the scores of the main study variables (parenting stress, relationship satisfaction, general social support, lesbian-specific social support, sexual identity disclosure, minority stress, and stigma perception). The variables were considered to be linear and normally distributed. No outliers were identified. There were a number of statistically significant correlations. Table 1 summarizes the results from this analysis.

The Pearson's product moment correlation found a moderately negative correlation between the main variable of general social support and the respondent's perceptions of stress relating to their parental role $r(65) = -.34$, $p < .05$. This analysis also found a number of inter-correlations between the scores of the current studies variables. A moderately positive relationship was found between general social support and relationship satisfaction $r(65) = .45$, $p < .05$, and between lesbian-specific social support and minority stress scores $r(65) = .34$, $p < .05$. Furthermore the analysis uncovered a moderately positive correlation between minority stress

scores and stigmatization ($r(65) = .44, p < .05$) as well as total life events ($r(65) = .32, p < .05$). A large positive correlation between general social support and the degree of one's disclosure $r(65) = .55, p < .05$ was discovered.

The Pearson's product-moment correlation found a small positive correlation between lesbian specific social support and perceived stigmatization $r(65) = .27, p < .05$. There was also a small negative relationship between lesbian-specific social support and relationship satisfaction $r(65) = -.26, p < .05$, and between minority stress and the degree of disclosure of one's sexual identity $r(65) = -.28, p < .05$. Lastly, the analysis uncovered another small negative correlation between lesbian-specific and general social support $r(65) = -.30, p < .05$, and between general social support and the respondent's scores for minority stress $r(65) = -.26, p < .05$.

Additional analysis

Due to the lack of support for the hypotheses proposed, an additional analysis was conducted to determine if there were any differences between the participants' scores in parenting stress and the remaining variables. The scores for parenting stress were divided using a median split. An independent-samples t-test was conducted to investigate the differences between the means of high and low parental stress scores (see table 6 for full results). The variables of relationship satisfaction, general social support, lesbian-specific social support, and sexual identity disclosure were not statistically different for the respondents with a lower parental stress score than the respondents with a higher parental stress score. However there were statistically significant differences when the remaining three variables were investigated.

An independent-samples t-test was conducted to determine if there were differences in life stressors between respondents that scored high or low in parental stress. There were no outliers in the data, as assessed by inspection of a boxplot. Life events for each level of

parenting stress scores were normally distributed, as assessed by Shapiro-Wilks test ($p > .05$), the homogeneity of variances was violated, as assessed by Levene's Test for Equality of Variances ($p = .02$). Life events was significantly lower for the respondents with a lower parental stress score ($M = 32.21$, $SD = 21.62$) than respondents with higher parenting stress scores ($M = 49.52$, $SD = 30.83$), $M = -17.31$, 95% $CI [-30.70, -3.91]$, $t(60) = -2.53$, $p < .05$.

The measurement for stigma was examined to determine if there were differences in high or low parenting stress score responses by an independent-sample t-test. Inspection of the boxplot revealed no outliers and stigma scores for each level of parenting stress were normally distributed, as assessed by Shapiro-Wilks test ($p > .05$). There was homogeneity of variances, as assessed by Levene's Test for Equality of Variances ($p = .36$). Stigma scores were higher for the respondents with a higher parental stress score ($M = 35.54$, $SD = 10.42$) than respondents with a lower parenting stress score ($M = 42.00$, $SD = 9.22$), a statistically significant difference, $M = -6.46$, 95% $CI [-11.37, -1.54]$, $t(63) = -2.63$, $p < .05$.

Lastly, an independent-samples t-test was run to determine if there were significant differences in minority stress between respondents that scored high or low in parental stress. There was one outlier in the data, as assessed by inspection of a boxplot and the case was excluded. Minority stress for each level of parenting stress scores were normally distributed, as assessed by Shapiro-Wilks test ($p > .05$), and the homogeneity of variances was violated, as assessed by Levene's Test for Equality of Variances ($p = .05$). Minority stress was significantly higher for the respondents with a higher parental stress score ($M = 82.87$, $SD = 26.67$) than respondents with lower parenting stress scores ($M = 68.23$, $SD = 17.79$), $M = -14.64$, 95% $CI [-26.14, -3.14]$, $t(63) = -2.56$, $p < .05$.

Summary

Overall the present study found there were several significant results. The independent-samples t-test determined that there were significant differences in parental stress scores between the Canadian and American participants, as well as respondents that resided in an area where same-sex marriage was legal or not legal. The two-step hierarchical multiple regression showed that the first step of the model was statistically significant, determining that life stressors, relationship satisfaction and social support uniquely added to the prediction of parental stress.

The Pearson's product moment correlation determined that there was a moderately negative correlation with the main variable of general social support and the participant's perceptions of stress relating to the parental role. As well as a number of interesting inter-correlations in scores of social support, life stressors, relationship satisfaction, minority stress, stigmatization, and the degree of the respondents' disclosure.

Lastly, when looking at scores between participants that were determined high in parental stress or low in parental stress, there were a number of significant differences. These included life stressors being significantly lower for respondents that had lower parental stress scores, the perception of stigma being significantly higher for respondents that had higher parental stress scores, and minority stress being significantly higher for respondents that higher parental stress scores in the population surveyed.

Discussion

The outcome of the current research aimed to investigate factors such as relationship satisfaction, social support, and life stressors that are said to contribute to parental stress in heterosexual mothers (Abidin, 1992; 1995; Belsky, 1984; Copeland, & Harbaugh, 2005; Koeske, & Koeske, 1990; Lavee, et al., 1996; Milgrom, & McCloud, 1996; Ostberg & Hagekull, 2000; Theule, 2010; Tse, 2007), as well as factors such as stigmatization, outness and minority stress that may be specific to lesbian mothers (Bos et al., 2004; 2005; Gershon, et al., 1999; Herek, & Garnets, 2007; Herek, et al., 2007; King & Bartlett, 2006; Kosciw, & Diaz, 2008; Markowitz, 1998; Meyer, 2003; Rostosky, et al., 2007; Shin, et al., 2006; Silver et al., 2003; Tasker, 2005; van Dam, 2008). By doing this, it was hoped to create a model through the investigation of the previously mentioned factors to explore if, in fact, same-sex mothers had unique and additional factors contributing to parenting stress than their heterosexual counterparts. Due to the minimal research regarding same-sex parenting, a study in this area may help contribute to the existing literature and understanding of lesbian parenting, as well as make a functional model for same-sex mothers in regards to parenting stress.

Life Stressors

The first hypothesis predicted that lesbian mothers (like heterosexual mothers) would experience a positive relationship regarding positive and negative life stressors and parental stress. Therefore as overall life stressors increase so would parental stress scores. This prediction is based on a study by Crnic and Greenberg (1990) who found that daily hassles increased parenting stress in mothers of young children. As well as Abidin (1995) and Belsky (1989) that anticipated that life stressors (daily hassles and major life events) can increase stress for heterosexual parents.

Life stressors were included in the first step of the hierarchical multiple regression conducted by this study. The results showed that this first step in the regression analysis was statistically significant in predicting parental stress in the population sampled. In addition the results of the current study found that life event stress scores were decreased for participants that had a lower parental stress scores than the participants that scored higher in parental stress. Therefore current study supported the previous research regarding parental stress and major life events and daily hassles.

Relationship Satisfaction

The second hypothesis predicted that the surveyed mothers would experience an inverse relationship concerning relationship satisfaction and parental stress (as seen in heterosexual mothers). Simply put, as relationship satisfaction scores decreased, parental stress scores would increase. This prediction was based on a number of studies, such as the research by Tse (2007) that stated marital satisfaction was negatively correlated with parental stress in heterosexual minority populations (i.e. Chinese mothers in Hong Kong). In addition, Lavee, Sharlin, and Katz (1996) found increased parental stress had a negative effect on the perception of marital quality (among other factors) for both the mother and the father.

The variable of relationship satisfaction was included in the first step of the hierarchical multiple regression conducted by this study. The results showed that this first step in the regression analysis was statistically significant in predicting parental stress in the population sampled.

While exploring reasons for the departure from the existing literature, the means of the original psychometric analysis for the parental stress score measure (Parental Stress Scale: Berry, 1995) were compared to the means of current research. The normative means for the non-

clinical group polled was 37.1 (SD= 8.1), whereas the present research respondents scored comparably (M= 37.6, SD= 9.6). This would seem to indicate that the participants of the current study have parental stress scores that are similar to heterosexual families sampled.

The normative data was also examined for the measurement used to evaluate the variable of relationship satisfaction (ENRICH Marital Satisfaction Scale). The mean for the surveyed mothers in this study was 47.9 (SD= 14.2) compared to Fowers and Olson's (1993) study, M= 30.0 (SD= 9.8). The comparison of the ENRICH Marital Satisfaction Scale revealed that the lesbian mothers polled for the current study had a fair difference between level of relationship satisfaction than the normative sample. Although the participants of the present study did not differ significantly in parental stress scores, they did have a higher score when answering the ENRICH Marital Satisfaction Scale than the normative sample.

A possible explanation for the discrepancy between the literature and the current study may be that there was inadequate number of women polled to achieve a representative and reliable comparison. In addition to the low number of participants, it is possible that the mothers surveyed in the current study are not experiencing significant parental stress because of their higher relationship satisfaction. Grych (2002) suggested that spousal relationships have indirect or buffering effect in addition to the direct effects on stress experienced in the parenting role. Therefore the respondents of the current study may have a protective factor created by their increased relationship satisfaction alleviating some of the parenting stress experienced.

Social Support

The third hypothesis predicted there would be an inverse relationship concerning the variable of social support (general and lesbian-specific) and parental stress from the mothers polled. Thus, as social support scores decreased, parental stress scores would in turn increase.

This postulation is based on the study by Ostberg and Hagekull (2000) which found that social support was a direct predictor of parenting stress in heterosexual mothers. Moreover, the study by Tse (2007) found that social support was negatively correlated with parental stress in heterosexual minority populations.

In the current study, the correlation between lesbian-specific social support and parenting stress was not found to be significant. Because of the study's findings, a comparison was made between the normative means of the Social Constraints Questionnaire (the measure that assessed the variable for lesbian-specific support by Lewis et al., 2006) and the respondent's means. The comparison revealed that both means were similar (Lewis: $M= 2.17$, $SD= 0.7$; Current study: $M= 2.9$, $SD= 0.1$).

General social support was found to be significant in the current study. General social support was included in the first step of the hierarchical multiple regression conducted. The results showed that this first step in the regression analysis was statistically significant in predicting parental stress in the population sampled. In addition, the results of the current study found that there was a moderately negative relationship concerning general social support and parenting stress. Therefore as social support increased for the participants, parental stress scores decreased in the population sampled.

This finding supported previous research by Ostberg and Hagekull (2000), where they received support for their proposed model of predictors of parenting stress in Swedish heterosexual mothers. Among the findings low social support was considered to be related directly to more stress. A study by Tse (2007) discovered that perceived social support was negatively correlated with parental stress in heterosexual Chinese parents living in Hong Kong. This study produced results which corroborate the findings of a great deal of the previous work

in this field (Cohen & MaKay, 1984; Copeland, & Harbaugh, 2005; Koeske, & Koeske, 1990; Ostberg & Hagekull, 2000; Silver, et al., 2003; Tse, 2007) which noted an inverse relationship between social support and parenting stress.

The normative data was also examined for the Social Provisions Scale (Curtona & Russell, 1984) that measured the variable for general social support against the current study means. The normative means were 78.9, $SD= 10.4$, whereas the current research mean for the same measure was fairly higher ($M= 101.3$, $SD= 12.9$). A reason why the current data supported the general social support hypothesis and not the lesbian-specific social support hypothesis could be because of the measures used by this study to assess social support.

The Social Provisions Scale (used to measure general social support) is a measure that has existed for almost three decades. Numerous studies have utilized this measure in research. Due to the considerable research that the measure has been utilized for and the amount of years the Social Provisions Scale has been employed, a more complex representation of social support has been established by this questionnaire. The measurement for general social support has a wider range of relationships that may offer social support (family, friends, co-workers etc.) but also assesses the respondents' perception of attachment (emotional closeness), social integration (sense of belongingness), opportunity of nurturance (sense of being relied upon), reassurance of worth (recognition of competence), reliable alliances (sense of being counted upon), and guidance (advice or information) in the context of said social supports than the Social Constraint Questionnaire (used to measure lesbian-specific social support).

On the other hand, the revised version of the Social Constraint Questionnaire was first introduced by Lewis et al. in 2005 and has had less exploration in research. In addition, the measurement for lesbian-specific social support aimed to assess the social restrictions associated

with being alienated from one's social network (e.g. family, friends and partner), and whether one was able to share one's thoughts and feelings with said support (Lewis et al., 2005).

Therefore the discrepancy between social support measures may be that 1) the respondents are not feeling alienated from their social network and 2) that Social Provisions Scale holds a more intricate representation of social support compared to the Social Constraint Questionnaire.

Outness

The fourth hypothesis stated that there would be an inverse relationship regarding the level of outness and parental stress. Therefore as the degree of disclosure increased, parental stress scores would decrease. This hypothesis was based on Meyer (2003) who ascertained that the degree of disclosure is often correlated with relationship satisfaction (among other factors) in individuals considered to be sexual minorities. In addition to Meyer's findings, Herek and Garnets's (2007) research stated the degree of an individual's disclosure could affect their levels of psychological well-being (e.g. anxiety, depression anxiety), which according to other researchers (Abidin, 1995; Belsky, 1984; Broderick, 1993) could in turn affect parenting stress. The findings of the current study did not support the previous research and the analysis conducted (Pearson's product-moment correlation) did not confirm this hypothesis.

The normative means were examined for the variable of outness (A Lesbian Identity Disclosure Assessment) and were compared to the means of current research. The normative means for the ALIDA were 4.2 with a standard deviation of 0.7, whereas the present research participants scored comparably (M= 4.0, SD= 0.9). Therefore the 360 American lesbians polled for the measurement is considered to be similar to the population in the current study.

While examining the responses from the mothers polled, there were only two respondents that were considered by van Dam to have a very low outness score. The remainder of

respondents were within the normal to high range according to the normative data. The dissimilarity between the results of the present study, the existing research and the comparative normative means of the ALIDA, seem to indicate that the current subgroup sampled may have a high degree of disclosure concerning their sexual identity, and perhaps the 360 lesbians polled to form the normative data may have increased outness.

Another possibility is that the degree of disclosure of the current study's respondents, acts as a protective factor to parenting stress in an indirect way. According to Berger (1990) the non-disclosure of a couple's sexual identity may create an environment of tension and chronic stress due to the continuing pressure of having to keep the relationship and the individual's sexual orientation private. In addition, a lower degree of disclosure may deprive the individual and family of supportive interactions with each other and the community. Thus the degree of disclosure, may have relieved some overall life stress indirectly impacting parental stress in the current mothers sampled

Perceived Stigma

The fifth hypothesis predicted that there would be a positive relationship concerning parental stress and the expectation of prejudice and/or discrimination associated with being a lesbian. Thus as stigma scores increased, so would parental stress scores. This hypothesis was based on a study by Silver et al. (2003) which discovered that stigma related to HIV diagnoses, was positively correlated with parental stress. Similarly, a meta-analysis by Bos et al. (2005) found that the lesbian-specific stigma seems to make the dynamic of lesbian families different than heterosexual families from the Netherlands.

The normative data was also examined for the Stigma Consciousness Scale that aims to measure the variable for perceived stigma against the current study means. The normative

means were 4.0, SD= 0.9, whereas the current research means for the same measure similar (M= 3.8, SD= 1.0). The results of the current study show perceived stigma scores were decreased for participants that had a lower parental stress score than the participants that scored higher in the measurement of parental stress. Supporting the hypothesis that increased expectation of prejudice and/or discrimination associated with being a lesbian elevated parenting stress scores in the mothers sampled for this research.

Minority Stress

The last hypothesis predicted that there would be a positive relationship regarding minority stress and parenting stress. Therefore as minority scores increase, so would parental stress scores. This prediction was based on the study by Bos et al. (2004) where they established that parental stress was correlated with higher levels of minority stress in heterosexual mothers. Also in Herek et al. (2007) stated that increased minority stress experienced by sexual minorities could decrease psychological well-being and health issues, which in turn could increase parental stress (Abidin, 1995; Belsky, 1984; Broderick, 1993).

The normative data was again examined for the measurement used to evaluate the variable of minority stress (Shortened Version of the Minority Stress Scale). The mean for the surveyed mothers in this study was 76.0 compared the measurements mean of 77, making the respondents similar to the normative mean population. The results of the current study showed the scores for minority stress decreased for participants that had a lower parental stress score than the participants that scored higher in the measurement of parental stress. Therefore these findings seem to be supportive of previous research that found a positive relationship between parenting stress and minority stress in sexual minority populations.

Additional Findings

The results from the current study supported several of the proposed hypotheses (hypotheses 1, 3, 5 and 6) and previous research. In addition, a number of unexpected relationships were uncovered. There were significant results concerning the parental stress scores between the respondents that resided in Canada and the United States. The current study showed that the respondents that lived in Canada scored higher in parental stress than the responding mothers that resided in America. Moreover, results indicated that parental stress score were elevated for the participants that lived in areas where same-sex marriage was legal compared to participants that lived in areas where same-sex marriage was not legalized.

This particular finding is contradictory to previous research concerning the distress caused by the non-legalization of same-sex marriage. According to popular American opinion polls such as the gallop poll, CBS news poll, and USA Today Poll, more than half of Americans surveyed are supportive of the legal recognition for same-sex couples to marry (Polling Report Inc., 2013). This support has increased since 2004 where 61% of Americans were opposed to this type of union (Polling Report Inc). With that said, as of the present moment, 33 states in the US have banned the right for same-sex couples to marry (Pro Con, 2013).

Herek (2006) reviewed behavioural and social science research concerning legal recognition of same-sex relationships in the United States. The metanalysis concluded that same-sex and heterosexual relationships did not differ significantly on psychosocial dimensions (e.g. how and to what quality children are raised). However same-sex families were at a disadvantage due to the lack of legal recognition of their relationship through avenues such as the exclusion of their partner's healthcare, ownership of assets, custody of children, and discrimination based on their sexual orientation. Herek went on to suggest that the non-

recognition of same-sex marriages could create considerable psychological distress (due to the obstacles same-sex couples face) as well as help to perpetuate antigay attitudes.

A study performed by Bos, van Balen, Gartrell, Peyser & Sandfort (2008) compared the psychological adjustment of children in 152 planned lesbian families between the Netherlands (where same-sex marriage is legal) and the United States (where same-sex marriage is predominately not legal). Among the findings the research established that the children in the Netherlands experienced less homophobia and were significantly more open to their peers about their family dynamic than children in the US. The authors attributed the decreased stigma and increased outness, to the legal support and general affirmative social climate the Netherlands have concerning same-sex marriage, adoption and parenting.

Because of these and similar findings, it would be reasonable to propose that parental (and other) stresses would be higher in areas where same-sex marriage legislation is predominately not in effect. As well as the postulation that higher parental stress would be found in the respondents that resided in the United States compared to respondents that resided in Canada. A reason why the current study may not have support the previous literature could be because the lesbian mothers sampled are not a generalized sample of lesbian mothers. Maybe the American mothers or mothers that live in an area where same-sex marriage is not legal have other preventative variables highlighted in this study (higher degree of social support, elevated relationship satisfaction, less life stressors, less minority stress and less perceived stigma). Unfortunately only 71 out of 107 respondents completed the questionnaire, so the aforementioned postulation is impossible to prove or disprove.

Minority Stress

The present study found a negative correlation between minority stress and the degree an individual disclosed their sexual identity. Therefore as minority stress decreased, the degree of disclosure of the respondent's sexual identity increased. Meyer (2003) asserted that sexual minority individuals often utilized coping mechanisms such as the non-disclosure of their sexual identity to alleviate the associated stress with social non-conformity. Therefore the natural remedy of an individual who is more 'open' about their sexual identity, would be the alleviation of at least some of the factors that produced stress in the minority stress theory.

Another unanticipated finding was a positive correlation between minority stress and perceived stigma. Thus, as minority stress increased so did the respondent's expectation of prejudice and/or discrimination associated with being a lesbian (perceived stigma). The findings from the present study were supported by Meyer's minority stress theory (2003) which specified that one of the factors that contributed to minority stress is the anticipation and vigilance of stressful events, such as prejudice, discrimination and violence (stigma).

There was an additional outcome regarding minority stress. This study produced results which showed a positive correlation between minority stress and lesbian-specific social support. Therefore as minority stress increased, so did lesbian-specific social support. Although this finding seemed contradictory in nature, it corroborated the statements made by Meyer (2003) as well as Herek and Garnets (2007). As mentioned previously, the authors indicated that homosexual individuals utilized coping mechanisms (non-disclosure) to lessen associated stress. Hence when a lesbian mother seeks social support from the LGBT community, she may

indirectly disclose her sexual identity, in turn opening herself up to discrimination, rejection and other factors associated with being a sexual minority.

Minority stress was also implicated in having a positive relationship with total life events. Therefore as positive and negative stressful life events increased, so did minority stress. Meyer (2003) offered an explanation for the growth in overall stress, stating that the stigma, prejudice and discrimination (constructs of minority stress) produce a stressful environment that can lead to mental health problems including anxiety and additional life stressors.

Furthermore minority stress had a negative correlation with general social support. Thus as general social support increased, minority stress decreased. Meyer (2003) stated that a large part of the minority stress theory is the alienation a minority individual feels from society. A study by Postmes and Brancombe (2002) found that when a minority community spent increased time together, it facilitated greater in-group approval and enriched well-being. To add to the minority stress theory, Tse (2007) discovered that an increase in social support decreased stressful life events. Therefore the increase in general social support would decrease some of the stressors associated with being a minority individual

Social Support

Another unexpected finding in the current research was that relationship satisfaction had a positive correlation with general social support. Therefore as relationship satisfaction increased, so did general social support. This may be explained by Tse (2007) which stated that an increase in social support had a positive effect on relationship satisfaction. An additional explanation may be that couples with increased levels of social support also have higher levels of relationship satisfaction. This was discovered when the Jordan and Deluty (2000) surveyed 305 lesbian women in committed relationships to assess their level of self-disclosure, self-esteem,

anxiety, positive affectivity and social support. Not only did Jordan and Deluty find that social support from their spouse increased relationship satisfaction, they reported that all sources of social support were beneficial for relationship quality.

An additional unpredicted result established a positive correlation between general social support and the degree that participants disclosed their sexual identity. Therefore as the degree of outness increased, so did the amount of general social support. According to van Dam (2008), a lesbian mother has additional relationships that are created by the family dynamic (e.g. teachers, pediatricians). These relationships give the mother an increased opportunity to 'come out' to various individuals, thus having the chance to form additional support.

The last three findings are concerning lesbian-specific social support. The current study found a negative relationship between lesbian-specific social support and general social support. Thus as lesbian-specific social support increases, generalized social support decreases. Although these results may seem to be conflicting in nature, Jordan and Deluty (1998) discovered that social support received by the LGBT community may provide essential components missing from other sources of heterosexual social support.

In addition, a positive correlation was found between lesbian-specific social support and stigma perception. Thus as lesbian-specific social support went up so did the degree of stigma perception. Meyer's (2003) specified that the anticipation, alertness of prejudice/discrimination, and violence associated with being a lesbian is elevated when a sexual minority is not closeted. Therefore if a lesbian chooses to seek out lesbian-specific social support she may put herself at risk for these additional stressors.

Lastly, there was a negative relationship between lesbian-specific social support and relationship satisfaction. Therefore the more satisfaction respondents had in the context of their

relationships, the level of lesbian-specific social support would decrease. This finding corroborated the ideas of Jordan and Deluty (1998), which asserted that lesbians depend more on their partners for social support, than others. As well as the notion is relevant that a social network support is not as powerful at combating stress as the support of your spouse (Tse, 2007).

Limitations of Present Study and Directions for Future Research

The results from the current study supported a number of the proposed hypotheses (hypotheses 1, 3, 5 and 6) as well as previous research. Moreover several interesting inter-correlations between the study variables were found. It also brought to light a number of limitations. Discrepancies between the research and the current study seemed to arise from several possible explanations which included the sample polled, the measurements chosen, as well as the protective factors such as higher relationship satisfaction, increased level of social general support and increased outness that may have alleviating some of the parenting stress experienced.

First and foremost, the sample collected is not an accurate representation of all lesbian mothers. According to Harris Interactive (2010), American gay and lesbian adults read more blogs (54%), connected to online social networks such as Facebook (73%) and do these activities more frequently than heterosexual adults polled (blogs = 40% and Facebook = 65%). However Riggle et al. (2005) stated that although the internet is an improved avenue to locate sexual minorities who may not otherwise participate in LGBT research, there are errors that occur when recruiting a sample online. One of the errors that occur is a coverage error. This type of error refers to the unknown portion of the population that may be excluded due to the method of data collection used (Mulry, 2008). In the case of the current study, the coverage error refers to the proportion of the population of lesbian mothers that do not have online internet access. Although

steps were taken to assure that the questionnaire was available to lesbian mothers that did not have online access (an option of a paper questionnaire was available), all responses were obtained through the online website.

The other error according to Riggle et al (2005) that arises from this type of data collection is a sampling error. A sampling error refers to an error arising from the unrepresentativeness of the sample taken (Lynn, 2008). More specifically, it refers to the failure to sample from all of the lesbian mothers that do have online access. According to Riggle et al. unless one's research and the LGBT population sampled is very specific, engaging in very specific online activities (e.g. lesbian women acquiring partners in a specific chat room), limitations on the external validity of research conducted are unavoidable.

The participants that contributed to the present study were found to have higher social support and relationship satisfaction scores than the normative means. In addition, the current participants possessed higher education, higher incomes, and average age than the typical internet user (Pew Research Center, 2013). Van Dam (2008) found similar results when testing the ALIDA. The typical lesbian mothers sampled by van Dam were well educated and had ample family incomes. This has been found in a number of other studies that sampled the lesbian mother population (e.g. Bos, van Balen & van den Boom, 2004; Herek, Norton, Allen & Sims, 2010).

Another limitation that was revealed by the current research pertained to the amount of participants that completed the online questionnaire. Two hundred and one participants started the survey but did not finish. Out of the individuals that started the survey, 107 had usable parental stress scores but little else. Out of the individuals that had usable parental stress scores,

71 participants completed full responses. In the end, only data from 65 respondents was able to be used in the main analyses of the current research.

Jenkins and Dillman (1995) argued that an individual is more likely to complete a survey, if the expected cost of completing said survey was less than the expected rewards. More than one participant mentioned in the open comments that questionnaire was very long. Therefore one of the reasons that many individuals abandoned the questionnaire, may be that the length of time it took to answer the questions (cost) outweighed the interest and relevance of the contents for those participants (reward). In turn, the length of the questionnaire may have caused the participants to become uninterested or tired. Even though there was an option to save the partially filled questionnaires, many participants did not, and according to Bothwell (2009) would not return to finish it. In addition the participants who tend to complete longer surveys most likely have personal characteristics or reasons for completing the survey.

Further research is recommended for the sample population in regards to parenting stress. Suggestions for further directions would include casting a 'wider net' to recruit lesbian mothers. This may consist of recruitment messages in places that are not LGBT specific (e.g. hospitals, daycare centers, and local newspapers). Doing this should result in a higher number of mothers who may have a lower degree of disclosure concerning their sexual identity. In addition, the broader recruitment may include mothers with lower education, lesbian specific affiliations, and supports making the sample population more general. This would add to the reliability of said research and reflect the lesbian mother population more accurately.

Research concerning LGBT populations is tricky to say the least (Riggle et al., 2005). Koch and Emery (2001) stated that an average response rate for LGBT research is approximately 16%. Due to the difficulties in recruiting a representative sample of mothers in same-sex

relationships, the possibility of recruiting heterosexual mothers for the same time period and in the same manner may provide a better normative mean to use as a comparison to the lesbian mothers recruited. This may be beneficial in exploring the differences in parental stress.

Another recommendation for future direction would be to shorten the online questionnaire. The survey took approximately 30 minutes to complete for someone with a post-secondary education. Although there were five participants who did not have a post-secondary education, it was said to still be quite lengthy. The removal of some of the questions (such as Social Constraints Questionnaire section) or acquiring a shorter version of measurements (Sexual Minority Stress Scale) would be helpful in limiting the time and questions used in this study.

Future research directions include exploring the differences in parental stress between respondents that live in the United States and Canada, and between respondents that reside in areas that same-sex marriages are legal or not legal. The current study's findings contradict previous literature that shows higher levels of stress (parenting and otherwise) in individuals that reside where same-sex marriage is not legal and in the United States (Herek, 2006; Bos et al., 2008). It would be interesting to explore if the results from the current study were an anomaly produced by the current participants, or if a silent evolution has taken place that is fostering social acceptance.

Conclusions

In conclusion, the current research supported the extensive literature documenting determinates of parenting stress in heterosexual mothers (social support, relationship satisfaction, daily hassles, as well as positive and negative major life events). The present study found that general social support, relationship satisfaction and life stressors have a moderator effect on parental stress. Therefore it would be beneficial to increase early prevention strategies

concerning the improvement in spousal relationships, enhancing social supports and decreasing life stressors to alleviate strain induced in the parenting role. This recommendation is not only suggested for the population sampled in the current research, but for all mothers and fathers.

Moreover this study highlighted some of the unique and possible moderators of parental stress in the lesbian family dynamic (minority stress, and stigma perception). While doing this, the current research revealed some interesting inter-correlations that were not the primary area of investigation. In addition the comparison of the respondents when designated into high and low groups, gave the impression that the current study was heading in the right direction but needed additional participants to ensure that the hypotheses were correctly tested.

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Table 1

Sample Demographic Information (N= 65)

Characteristics	<i>N (%) or Mean</i>	<i>SD</i>
Age (in years)	35.75	(8.19)
Canada	(55.4)	
Alberta	2	
British Columbia	1	
Ontario	33	
United States	(44.6)	
California	3	
Colorado	1	
Delaware	1	
Florida	2	
Georgia	1	
Indiana	1	
Kentucky	3	
Maryland	1	
New Jersey	1	
North Carolina	1	
Ohio	2	
Oklahoma	1	
Pennsylvania	4	
South Carolina	1	
Texas	3	
Virginia	3	
Length Lived in Home (in years)	5.72	(5.37)
Highest Level of Education		
High School Graduate	5(7.7)	
Trade School	2(3.1)	
Some College	16(24.6)	
College Graduate	11(16.9)	
Some Undergraduate	4(6.2)	
Undergraduate Degree	4(6.2)	
Some Graduate	3(2.9)	
Graduate Degree	13(20.0)	
Some Postgraduate	1(1.5)	
Post Graduate Degree	6(9.2)	
Partner's Highest Level of Education		
Some High School	5(8.8)	
High School Graduate	6(10.5)	
Trade School	2(3.5)	
Some College	8(14.0)	
College Graduate	15(26.3)	

Characteristics	<i>N</i> (%) or <i>Mean</i>	<i>SD</i>
Partner's Highest Level of Education cont.		
Some Undergraduate	5(8.8)	
Undergraduate Degree	2(3.5)	
Some Graduate	0	
Graduate Degree	6(10.5)	
Some Postgraduate	4(7.0)	
Postgraduate Degree	3(5.3)	
Length of Cohabitation (in years)	5.72	(5.37)
Amount of Children		
Males	64	
Females	65	
Average Age of Children	8.14	(5.93)
Special Needs Diagnosis	5(41.0)	
Legally Married	14(21.5)	
Child's Father/Donor		
Unknown Donor	10(15.9)	
Known Donor: Does have an active role	7(11.1)	
Known Donor: Does not have an active role	10(15.9)	
Previous Heterosexual Relationship: Does have an active role	16(25.4)	
Previous Heterosexual Relationship: Does not have an active role	12(19.0)	
Other	7(12.7)	
Biological Parent	51(81.0)	
Legal Custody of Child	53(85.5)	
Activity in Child's Life		
Very Active	51(79.7)	
Active	9(14.1)	
Somewhat Active	4(6.3)	

Table 2

Independent sample t-test for various group differences in parental stress scores

Variable	Group	<i>n</i>	Mean	<i>SD</i>	<i>t</i>	Sig. (2-tailed)
Parental Stress Scores	Finished Test	71	37.67	11.10	-.56	.58
	Did Not Finish Test	36	39.00	12.60		
Parental Stress Scores	Children 12 and Under	86	38.06	12.09	-.13	.90
	Children 13 and Over	21	38.43	9.55		
Parental Stress Scores	Lives with Partner	76	37.78	11.85	-.49	.62
	Does Not Live with Partner	31	39.00	11.09		
Parental Stress Scores	30 years and Under	31	40.55	15.92	1.38	.17
	31 years and Above	76	37.14	9.24		
Parental Stress Scores	Canadian	65	39.88	12.03	1.99	.05*
	American	42	35.32	10.58		
Parental Stress Scores	Legal Same-Sex Marriage	70	39.94	11.63	2.27	.03*
	Non-Legal Same-Sex Marriage	37	34.70	10.88		
Parental Stress Scores	Biological Parent	82	38.41	12.28	.69	.49
	Non-Biological Parent	25	36.45	9.49		
Parental Stress Scores	Special Needs Diagnosis	13	40.92	10.96	.93	.36
	No Special Needs Diagnosis	94	37.74	11.67		

Note. *statistically significant at $p < .05$ level

Table 3

Chi-square test for association between the participant's residing country (Canada or United States) and demographic information

Demographic Variables	χ^2	df	$\Delta\chi^2$	<i>p</i>
Participant's Age	3	65	2.05	.56
Length of Residence	2	65	.45	.80
Highest Level of Education	5	71	2.30	.13
Partner's Highest Level of Education	5	57	9.54	.09
Cohabiting with Partner	1	65	.81	.37
Length of Time Lived Together	2	65	4.15	.13
Legally Married	2	65	2.44	.30
Legal Custody of Child	2	62	2.46	.29
Biological Parents	2	63	.81	.67
How Child was Conceived	3	65	.28	.96
Number of Children	2	65	2.89	.90
Number of Males	2	64	4.39	.11
Number of Females	2	65	4.21	.12
How Active are the Parents	2	64	3.6	.17

Table 4

A two-step hierarchical multiple regression predicting parental stress from life stressors, relationship satisfaction, general social support, lesbian-specific social support, sexual identity disclosure, minority stress and stigma perception

Variable	Model 1		Model 2	
	B	β	B	β
Constant	60.19		57.05	
Life Stressors	.05	.15	.06	.18
Relationship Satisfaction	.04	.06	.06	.08
General Social Support	-.26	-.35*	-.30	-.40*
Lesbian-Specific Social Support			.04	.04
Sexual Identity Disclosure			.76	.07
Stigma Perception			1.57	.17
Minority Stress			-.07	-.16
R^2	.13		.17	
F	2.93		1.54	
ΔR^2	.13		.03	
ΔF	2.93		.56	

Note. $N = 65$. Life Stressors = Life Events Questionnaire, Relationship Satisfaction = ENRICHED Marital Satisfaction Scale, General Social Support = Social Provisions Scale, Lesbian Specific Social Support = Social Constraints Questionnaire, Sexual Identity Disclosure = A Lesbian Identity Disclosure Assessment, Stigma perception = Stigma Consciousness Scale, Minority Stress = Sexual Minority Stress Scale: Shortened Version, *statistically significant at $p < .05$

Table 5

Pearson correlation for main study variables

	MSS	ALIDA	SCS	SPS	SCQ	SMS	TLE
PSS	-.120	-.135	.191	-.344**	.139	.089	.162
MSS		.237	.040	.453**	-.320**	.048	-.114
ALIDA	.237		-.065	.547**	-.216*	-.284*	-.127
SCS	.040	-.065		-.140	.267*	.435**	.100
SPS	.453**	.547**	-.140		-.295*	-.260*	-.071
SCQ	-.320**	-.216	.267*	-.295*		.336**	.147
SMS	.048	-.284*	.435**	-.260*	.336**		.320*
TLE	-.114	-.127	.100	-.071	.147	.320*	

Note. PSS = Parenting stress, MSS = Relationship satisfaction, ALIDA = Sexual identity disclosure, SCS = Stigma perception, SPS = General social support, SCQ = Lesbian-specific social support, SMS = Minority stress, TLE = Total life events, *statistically significant at $p < .05$ level; **statistically significant at $p < .01$ level.

Table 6

Independent sample t-test for life events, relationship satisfaction, general social support, lesbian-specific social support, stigma perception, sexual identity disclosure and minority stress in high and low scorers of parental stress

Variable	Group	<i>n</i>	Mean	<i>SD</i>	<i>t</i>	Sig. (2-tailed)
Life Events	High Parental Stress Scorers	33	32.21	21.62	-2.53	.02*
	Low Parental Stress Scorers	29	49.52	30.83		
Relationship Satisfaction	High Parental Stress Scorers	35	47.70	12.96	.13	.90
	Low Parental Stress Scorers	30	47.23	15.91		
General Social Support	High Parental Stress Scorers	35	104.37	10.56	1.88	.07
	Low Parental Stress Scorers	30	98.23	14.94		
Lesbian-Specific Social Support	High Parental Stress Scorers	35	41.63	8.29	-1.64	.10
	Low Parental Stress Scorers	30	45.27	9.52		
Stigma Perception	High Parental Stress Scorers	35	35.54	10.42	-2.63	.02*
	Low Parental Stress Scorers	30	42.00	9.22		
Sexual Identity Disclosure	High Parental Stress Scorers	35	4.05	.66	.92	.36
	Low Parental Stress Scorers	30	3.85	1.05		
Minority Stress	High Parental Stress Scorers	35	68.23	17.79	-2.56	.02*
	Low Parental Stress Scorers	30	82.87	26.67		

Note. *statistically significant at $p < .05$ level

APPENDIX A

The Parental Stress Scale

(Berry & Jones, 1995)

Response Choices				
1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

- *1. I am happy in my role as a parent.
- *2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.
- 3. Caring for my child(ren) sometimes takes more time and energy than I have to give.
- 4. I sometimes worry whether I am doing enough for my child(ren).
- *5. I feel close to my child(ren).
- *6. I enjoy spending time with my child(ren).
- *7. My child(ren) is (are) an important source of affection for me.
- *8. Having children gives me a more certain and optimistic view for the future.
- 9. The major source of stress in my life is my child(ren).
- 10. Having children leaves little time and flexibility in my life.
- 11. Having children has been a financial burden.
- 12. It is difficult to balance different responsibilities because of my child(ren).
- 13. The behavior of my child(ren) is often embarrassing or stressful to me.
- 14. If I had it to do over again, I might decide not to have children.
- 15. I feel overwhelmed by the responsibility of being a parent.
- 16. Having children has meant having too few choices and too little control over my life.
- *17. I am satisfied as a parent.
- *18. I find my child(ren) enjoyable.

* Items reversed in scoring.

APPENDIX B

ENRICH Marital Satisfaction Scale Items

(Fowers & Olson, 1993)

Response choices				
1	2	3	4	5
Strongly Disagree	Moderately Disagree	Neither Agree nor Disagree	Moderately Agree	Strongly Agree

1. My partner and I understand each other perfectly.
- *2. I am not pleased with the personality characteristics and personal habits of my partner.
3. I am very happy with how we handle role responsibilities in our marriage.
4. My partner completely understands and sympathizes with my every mood.
- *5. I am not happy about our communication and feel my partner does not understand me.
6. Our relationship is a perfect success.
7. I am very happy about how we make decisions and resolve conflicts.
- *8. I am unhappy about our financial position and the way we make financial decisions.
- *9. I have some needs that are not being met by our relationship.
10. I am very happy with how we manage our leisure activities and the time we spend together.
11. I am very pleased about how we express affection and relate sexually.
- *12. I am not satisfied with the way we each handle our responsibilities as parents.
13. I have never regretted my relationship with my partner, not even for a moment.
- *14. I am dissatisfied about our relationship with my parents, in-laws, and/or friends.
15. I feel very good about how we each practice our religious beliefs and values.

* Items reversed in scoring.

APPENDIX C

Social Constraints Questionnaire
(Lewis, Derlega, Clarke & Kuang, 2006)

Sometimes, even when others have good intentions, they may say or do things that are upsetting. Think about the PAST WEEK and indicate how often others did the following things:

Use the following scale:

1	2	3	4	5	6
none of the time	a little of the time	some of the time	a good bit of the time	most of the time	all of the time

Think about your **family** when you answer the next five questions:

___1. How often did you feel as though you had to keep your feelings about issues related to being lesbian to yourself because they made your family uncomfortable?

___2. How often did you feel that you could discuss your feelings about issues related to being lesbian with your family when you wanted to?

___3. When you talked about issues related to being lesbian, how often did your family give you the idea that they/he/she didn't want to hear about it?

___4. How often did you feel your family let you down by now showing you as much love and concern as you would have liked?

___5. How often has your family really got on your nerves?

Think about your **intimate partner** (if you are currently in a relationship with a woman or if you have been in a relationship with another woman) when you answer the next questions:

___1. How often did you feel as though you had to keep your feelings about issues related to being lesbian to yourself because your intimate partner made you uncomfortable?

___2. How often did you feel that you could discuss your feelings about issues related to being lesbian with your intimate partner when you wanted to?

___3. When you talked about issues related to being lesbian, how often did your intimate partner give you the idea that she didn't want to hear about it?

___4. How often did you feel your intimate partner let you down by now showing you as much love and concern as you would have liked?

___5. How often has your intimate partner really got on your nerves?

Think about **your friends** when you answer the next five questions:

___1. How often did you feel as though you had to keep your feelings about issues related to being lesbian to yourself because your friends made you uncomfortable?

___2. How often did you feel that you could discuss your feelings about issues related to being lesbian with your friends when you wanted to?

___3. When you talked about issues related to being lesbian, how often did your friends give you the idea that they didn't want to hear about it?

___4. How often did you feel your friends let you down by now showing you as much love and concern as you would have liked?

___5. How often have your friends really got on your nerves?

APPENDIX D

Social Provisions Scale
(Cutrona & Russell, 1987)

Instructions: In answering the following questions, think about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people. Use the following scale to indicate your opinion.

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

1. There are people I can depend on to help me if I really need it.
2. I feel that I do not have close personal relationships with other people.
3. There is no one I can turn to for guidance in times of stress.
4. There are people who depend on me for help.
5. There are people who enjoy the same social activities I do.
6. Other people do not view me as competent.
7. I feel personally responsible for the well-being of another person.
8. I feel part of a group of people who share my attitudes and beliefs.
9. I do not think other people respect my skills and abilities.
10. If something went wrong, no one would come to my assistance.
11. I have close relationships that provide me with a sense of emotional security and well-being.
12. There is someone I could talk to about important decisions in my life.
13. I have relationships where my competence and skill are recognized.
14. There is no one who shares my interests and concerns.
15. There is no one who really relies on me for their well-being.
16. There is a trustworthy person I could turn to for advice if I were having problems.
17. I feel a strong emotional bond with at least one other person.
18. There is no one I can depend on for aid if I really need it.
19. There is no one I feel comfortable talking about problems with.
20. There are people who admire my talents and abilities.
21. I lack a feeling of intimacy with another person.
22. There is no one who likes to do the things I do.
23. There are people who I can count on in an emergency.
24. No one needs me to care for them.

Scoring:

A score for each social provision is derived such that a high score indicates that the individual is receiving that provision. Items that are asterisked should be reversed before scoring (i.e., 4=1, 3=2, 2=3, 1=4).

- | | |
|---|---------------------------------------|
| 1. Guidance: 3*, 12, 16, 19* | 4. Attachment: 2*, 11, 17, 21 * |
| 2. Reassurance of Worth: 6*, 9*, 13, 20 | 5. Nurturance: 4, 7, 15*, 24* |
| 3. Social Integration: 5, 8, 14*, 22* | 6. Reliable Alliance: 1, 10*, 18*, 23 |

APPENDIX E

Stigma Consciousness Scale

(Lewis, Derlega, Clarke & Kuang, 2008)

Use the 1 to 7 scale listed below to indicate how much you agree or disagree with each of the following statements. Please write your answer in the space provided beside each statement.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Moderately Disagree	Neither Agree nor Disagree	Moderately Agree	Agree	Strongly Agree

- ___ 1. Stereotypes about lesbians have not affected me personally.
- ___ 2. I never worry that my behaviors will be viewed as stereotypical of lesbian women.
- ___ 3. When interacting with heterosexuals who know of my sexual preference, I feel like they interpret all my behaviors in terms of the fact that I am a lesbian.
- ___ 4. Most heterosexuals do not judge lesbian women on the basis of their sexual preference.
- ___ 5. My being lesbian does not influence how gay/lesbian/bisexual individuals act with me.
- ___ 6. I almost never think about the fact that I am lesbian when I interact with heterosexuals.
- ___ 7. My being lesbian does not influence how people act with me.
- ___ 8. Most heterosexuals have a lot more homophobic thoughts than they actually express.
- ___ 9. I often think that heterosexuals are unfairly accused of being homophobic.
- ___ 10. Most heterosexuals have a problem viewing lesbian women as equals.

APPENDIX F

A Lesbian Identity Disclosure Assessment (ALIDA)

(van Dam, 2008)

Please rate, using the number scale below, the number that best describes how disclosed (“out”) you are about your lesbian identity within each specific relationship. When the relationship refers to a group of people, please choose the number that represents most of them. Please enter 0 if the person is deceased or if you do not have this relationship in your life and go onto the next questions.

- Deceased/ don’t have this relationship.....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

- 1
 - a) How much have you disclosed (“come out”) to your mother about your lesbian identity?
 - b) How much have you disclosed (“come out”) to your father about your lesbian identity?
 - c) How much have you disclosed (“come out”) to your siblings about your lesbian identity?

Sibling 1: Scale number_____	Sibling 6: Scale number_____
Sibling 2: Scale number_____	Sibling 7: Scale number_____
Sibling 3: Scale number_____	Sibling 8: Scale number_____
Sibling 4: Scale number_____	Sibling 9: Scale number_____
Sibling 5: Scale number_____	Sibling 10: Scale number_____

- 2
 - a) How much have you disclosed (“come out”) to your boss about your lesbian identity?
 - b) How much have you disclosed (“come out”) to your co-workers about your lesbian identity? (Please include volunteer work as well)

- 3
 - a) How much have you disclosed (“come out”) to your health care provider(s) about your lesbian identity? (Include all that apply please)

Primary physician or nurse practitioner.....	Scale number_____
Obstetrician/gynecologist.....	Scale number_____
Chiropractor.....	Scale number_____
Acupuncturist.....	Scale number_____
Mental health counselor.....	Scale number_____
Other (please name)	Scale number_____

- 4
 - a) How much have you disclosed (“come out”) to your priest, rabbi, minister or spiritual advisor about your lesbian identity?

- b) How much have you disclosed (“come out”) to your extended family about your lesbian identity?
- 5 a) How much have you disclosed (“come out”) to your neighbors about your lesbian identity?
b) How much have you disclosed (“come out”) to your friends about your lesbian identity?
- 6 a) How much have you disclosed (“come out”) to your child(ren)’s day care provider(s) about your lesbian identity?
b) How much have you disclosed (“come out”) to your child(ren)’s teacher about your lesbian identity?
c) How much have you disclosed (“come out”) to your child(ren)’s principal about your lesbian identity?
d) How much have you disclosed (“come out”) to your child(ren)’s coaches and club leaders about your lesbian identity?
e) How much have you disclosed (“come out”) to your child(ren)’s peer’s parents about your lesbian identity?

APPENDIX G

The Sexual Minority Stress Scale (shortened version)

(Lewis, Derlega, Clarke & Kuang, 2008)

Indicate below, using the following scale, how often you have experienced each of these situations:

1	2	3	4	5	6
Never Times	A Few	Sometimes	Often Times	Many Constantly	Almost

1. Worrying about introducing a new partner to my family
2. Rejection when I tell about my sexual orientation
3. Feeling uncomfortable being in public with groups of gays/lesbians (i.e., in a bar, church, rally)
4. Expectation from friends and family who do not know that I am gay/lesbian for me to date and marry someone of the opposite sex
5. Keeping my orientation secret from family and friends
6. Lack of support from family members due to my orientation
7. Working in a homophobic environment
8. Having my lover and family in the same place at the same time
9. Have problems telling straight friends about my sexual orientation
10. Rumors about me at work due to my sexual orientation
11. Actual loss of job due to sexual orientation
12. Discrimination in social services due to my orientation
13. Inability to get some jobs due to my sexual orientation
14. A feeling that I must always prove myself at work because of my sexual orientation
15. Fear that I will be attacked due to my sexual orientation
16. Dating someone openly gay/lesbian when I am not that open
17. Harassment at work due to my sexual orientation
18. Worrying about having people at work find out I'm gay/lesbian
19. Being outed to my family
20. Loss of friends due to my sexual orientation
21. Rejection by family members due to my sexual orientation
22. Distance between me and family due to my orientation
23. Fearful of being "outed" at work
24. My family's lack of understanding about my orientation
25. Physical assault due to my sexual orientation
26. Threat of violence due to my sexual orientation
27. Constant need to be careful to avoid having anti-gay/lesbian violence directed at me
28. Harassment due to my sexual orientation
29. Being called names due to my sexual orientation
30. Mental health discrimination due to my sexual orientation
31. Shame and guilt because I am gay or lesbian
32. Conflict between my self-image and the image people have about gays and lesbians

33. Difficulty accepting my sexual orientation
34. Being “outed” at work.
35. Unwillingness of my family to accept my partner
36. Housing discrimination due to my sexual orientation
37. Lack of security at work because I gay or lesbian
38. Hiding my sexual orientation from others
39. Fearful of being “outed” to my family
40. Fear of losing my job due to sexual orientation
41. Verbal assault due to my sexual orientation

APPENDIX H

Life Events Questionnaire (LEQ)

(Norbeck, 1984)

Listed below are a number of events, which may bring about changes in the lives of those who experience them.

Circle the events that have occurred in your life during the past year and circle whether these were Good or Bad.

Show how much the event affected your life by circling the appropriate number, which corresponds with the statement (0 = no effect, 1 = some effect, 2 = moderate effect, 3 = great effect).

If you have not experienced a particular event in the past year, leave it blank.

Please go through the entire list before you begin to get an idea of the type of event you will be asked to rate.

Event	Type of Effect		Effect of Event on Your Life			
			No effect	Some effect	Moderate effect	Great effect
A. HEALTH			No effect	Some effect	Moderate effect	Great effect
1. major personal illness or injury	Good	Bad	0	1	2	3
2. major change in eating habits	Good	Bad	0	1	2	3
3. major change in sleeping habits	Good	Bad	0	1	2	3
4. major change in usual type and/or amount of recreation	Good	Bad	0	1	2	3
5. major dental work	Good	Bad	0	1	2	3
6. (female) pregnancy	Good	Bad	0	1	2	3
7. (female) miscarriage or abortion	Good	Bad	0	1	2	3
8. (female) started menopause	Good	Bad	0	1	2	3
9. major difficulties with birth control pills or devices	Good	Bad	0	1	2	3
B. WORK			No effect	Some effect	Moderate effect	Great effect
10. difficulty finding a job	Good	Bad	0	1	2	3
11. beginning work outside the home	Good	Bad	0	1	2	3
12. changing to a new type of work	Good	Bad	0	1	2	3
13. changing your work hours or conditions	Good	Bad	0	1	2	3
14. change in your responsibilities at work	Good	Bad	0	1	2	3
15. troubles at work with your employer or co-workers	Good	Bad	0	1	2	3

16. major business readjustment	Good	Bad	0	1	2	3
17. being fired or laid off from work	Good	Bad	0	1	2	3
18. retirement from work	Good	Bad	0	1	2	3
19. taking courses by mail or studying at home to help you in your work	Good	Bad	0	1	2	3
C. SCHOOL			No effect	Some effect	Moderate effect	Great effect
20. beginning or ceasing school, college, or training program	Good	Bad	0	1	2	3
21. change of school, college, or training program	Good	Bad	0	1	2	3
22. change in career goal or academic major	Good	Bad	0	1	2	3
23. problem in school, college, or training program	Good	Bad	0	1	2	3
D. RESIDENCE			No effect	Some effect	Moderate effect	Great effect
24. difficulty finding housing	Good	Bad	0	1	2	3
25. changing residence within the same town or city	Good	Bad	0	1	2	3
26. moving to a different town, city, state, or country	Good	Bad	0	1	2	3
27. major change in your life conditions (home improvements or a decline in your home or neighborhood)	Good	Bad	0	1	2	3
E. LOVE AND MARRIAGE			No effect	Some effect	Moderate effect	Great effect
28. began a new, close, personal relationship	Good	Bad	0	1	2	3
29. became engaged	Good	Bad	0	1	2	3
30. girlfriend or boyfriend problems	Good	Bad	0	1	2	3
31. breaking up with a girlfriend or boyfriend or breaking an engagement	Good	Bad	0	1	2	3
32. (male) wife or girlfriend's pregnancy	Good	Bad	0	1	2	3
33. (male) wife or girlfriend having a miscarriage or abortion	Good	Bad	0	1	2	3
34. getting married (or beginning to live with someone)	Good	Bad	0	1	2	3

35. a change in closeness with your partner	Good	Bad	0	1	2	3
36. infidelity	Good	Bad	0	1	2	3
37. trouble with in-laws	Good	Bad	0	1	2	3
38. separation from spouse or partner due to conflict	Good	Bad	0	1	2	3
39. separation from spouse or partner due to work, travel, etc.	Good	Bad	0	1	2	3
40. reconciliation with spouse or partner	Good	Bad	0	1	2	3
41. divorce	Good	Bad	0	1	2	3
42. change in your spouse or partner's work outside the home (beginning work, ceasing work, changing jobs, retirement, etc.)	Good	Bad	0	1	2	3
F. FAMILY AND CLOSE FRIENDS			No effect	Some effect	Moderate effect	Great effect
43. gain of a new family member (through birth, adoption, relative moving in, etc.)	Good	Bad	0	1	2	3
44. child or family member leaving home (due to marriage, to attend college, or for some other reason)	Good	Bad	0	1	2	3
45. major change in the health or behavior of a family member or close friend (illness, accidents, drug or disciplinary problems, etc.)	Good	Bad	0	1	2	3
46. death of spouse or partner	Good	Bad	0	1	2	3
47. death of a child	Good	Bad	0	1	2	3
48. death of family member or close friend	Good	Bad	0	1	2	3
49. birth of a grandchild	Good	Bad	0	1	2	3
50. change in marital status of your parents	Good	Bad	0	1	2	3
G. PARENTING			No effect	Some effect	Moderate effect	Great effect
51. change in child care arrangements	Good	Bad	0	1	2	3
52. conflicts with spouse or partner about parenting	Good	Bad	0	1	2	3
53. conflicts with child's grandparents (or other important person) about parenting	Good	Bad	0	1	2	3
54. taking on full responsibility for parenting as a single parent	Good	Bad	0	1	2	3
55. custody battles with former spouse or partner	Good	Bad	0	1	2	3

H. PERSONAL OR SOCIAL			No effect	Some effect	Moderate effect	Great effect
56. major personal achievement	Good	Bad	0	1	2	3
57. major decision regarding your immediate future	Good	Bad	0	1	2	3
58. change in your personal habits (your dress, life-style, hobbies, etc.)	Good	Bad	0	1	2	3
59. change in your religious beliefs	Good	Bad	0	1	2	3
60. change in your political beliefs	Good	Bad	0	1	2	3
61. loss or damage of personal property	Good	Bad	0	1	2	3
62. took a vacation	Good	Bad	0	1	2	3
63. took a trip other than a vacation	Good	Bad	0	1	2	3
64. change in family get-togethers	Good	Bad	0	1	2	3
65. change in your social activities (clubs, movies, visiting)	Good	Bad	0	1	2	3
66. made new friends	Good	Bad	0	1	2	3
67. broke up with a friend	Good	Bad	0	1	2	3
68. acquired or lost a pet	Good	Bad	0	1	2	3
I. FINACIAL			No effect	Some effect	Moderate effect	Great effect
69. major change in finances (increased or decreased income)	Good	Bad	0	1	2	3
70. took on a moderate purchase, such as TV, car, freezer, etc.	Good	Bad	0	1	2	3
71. took on a major purchase or a mortgage loan, such as a home, business, property, etc.	Good	Bad	0	1	2	3
72. experienced a foreclosure on a mortgage or loan	Good	Bad	0	1	2	3
73. credit rating difficulties	Good	Bad	0	1	2	3
J. CRIME AND LEGAL MATTER			No effect	Some effect	Moderate effect	Great effect
74. being robbed or victim of identity theft	Good	Bad	0	1	2	3
75. being a victim of a violent act	Good	Bad	0	1	2	3
76. involved in an accident	Good	Bad	0	1	2	3
77. involved in a law suit	Good	Bad	0	1	2	3
78. involved in a minor violation of the law (traffic tickets, disturbing the peace, etc.)	Good	Bad	0	1	2	3
79. legal troubles resulting in your being arrested or held in jail	Good	Bad	0	1	2	3

K. OTHER- Other recent experiences which have had an impact on your life. List and rate.		No effect	Some effect	Moderate effect	Great effect
80. _____	Good Bad	0	1	2	3
81. _____	Good Bad	0	1	2	3
82. _____	Good Bad	0	1	2	3

APPENDIX I

Recruitment Message

Hi, my name is Crystal Young and I am a Canadian graduate student at Laurentian University in Ontario, Canada. I am currently trying to recruit lesbian mothers to participate in an online survey that relates to my graduate thesis topic. My thesis supervisor, Dr. Joël Dickinson, and I are looking for as many self-identified females who are/have been in a same-sex relationship and are raising children as we can find to fill out our survey.

The purpose of this study is to explore the moderators of parental stress that may exist for women that are/have been same-sex couples with children.

The implication of this study is to add to the existing research that is available on lesbian mothers. This in turn will hopefully help form future policy on same-sex marriages and possibly redefine the traditional nuclear definition of family.

I was hoping you could help me out by completing the survey, posting a link on your group/website, email to potentially interested people, or just spread the word directing lesbian mothers to the questionnaire.

The URL is...

<http://www.goldwebz.com/limesurvey/index.php?sid=85748&newtest=Y&lang=en>

Thanks for your time
Crystal

If you have any questions, concerns, or want more information on this topic, feel free to contact me at cb_young@laurentian.ca or my thesis advisor Dr. Joël Dickinson at jdickinson@laurentian.ca.

APPENDIX J

Debriefing Form

Thank you very much for your participation in this study. We sincerely appreciate the time and effort you contributed to helping with this project.

The purpose of this study is to identify possible factors of parental stress for lesbian mothers. Many moderators of parental stress have been identified in heterosexual families such as marital satisfaction (Lavee, Sharlin, & Katz, 1996; Pik-yi, 2007), social support (Abidin, 1995; Ostberg & Hagekull, 2000) and other factors such as age, life events and living conditions (Sepa, Frodi, & Ludvigsson, 2004). Since lesbian mothers are distinct due to minority stress (Lewis, et al, 2006) and lowers levels of social support (van Dam, 2004), the moderators of parental stress are likely to be different for lesbian mothers.

In addition, not all lesbian mothers experience parental stress at the same level, therefore it would be greatly useful to identify factors that are associated with lowered parental stress and allow lesbians to navigate through the difficulties associated with being a minority in our society and possible levels of lower social support because of their sexuality.

By answering these questions, you have not committed yourself to participating in any future studies, nor will you be asked to participate in any of the proposed research scenarios.

Just a reminder: All information is kept completely confidential. At no time will you be identified as an individual as the data has not been associated with your personal information in any way. Only the group data will be reported in the research. However, if you would like a general summary of findings from this study, you may obtain them by contacting Crystal Young (cb_young@laurentian.ca) or Dr. Joël Dickinson (jdickinson@laurentian.ca).

Some may find the questions in this study difficult to answer. If the reporting of your personal experiences leads you to feel distressed, you are encouraged to contact your family physician or mental health professional below are two websites that may be helpful for you.

Canada Mental Health Association	(613) 745-7750	www.cmha.ca
PFLAG Canada	1 888 530-6777	www.pflagcanada.ca

Thank you again!

- Abidin, R.R. 1995. *Parenting Stress Index: Professional Manual* (3rd ed.). Psychological Assessment Resources Inc.
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