Children and Adolescents of Lesbian and Gay Parents

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Lesbian and gay parenting is increasingly visible today in the media, in legal and policy debates, and in academic writings. Children and adolescents of gay and lesbian parents are also increasingly visible in their communities, their schools, and in the medical world. Social, cultural, and medical changes have made it possible for more women and men to have children outside traditional methods of conception. Child and adolescent psychiatrists work with these families at different developmental stages and in varied settings including offices, schools, and communities. In this article, we identify various pathways to family formation among lesbian and gay adults, discuss research findings about the families of lesbians and gay men, and offer suggestions for clinical work with youngsters who have lesbian and gay parents.

PATHWAYS TO FAMILY FORMATION

Lesbian women and gay men may become parents in any of a number of different ways.[1,2] Some become parents in the context of heterosexual relationships before coming out as lesbian or gay. Other lesbians and gay men become parents within the context of preexisting lesbian and gay identities. For instance, lesbian women may conceive children using donor insemination with known or unknown sperm donors. Known donors may take any of a variety of roles with respect to children, such as family friend, "uncle," or parent. In many cases, unknown sperm donors are expected to remain anonymous forever. Some sperm banks offer identity-release donors who are anonymous at the time of donation but promise to be known when children turn 18 years of age. Lesbian women may also bear children conceived using eggs from egg donors, who—again—may be either known or unknown. Lesbian couples may designate one member of the pair to be the biological mother of all of their children, or they may alternate these roles, one serving as biological mother for one child, and the other serving as biological mother for another child. Again, there is considerable variability in these decisions, as well as in the roles inside and outside the home that each mother takes in the family.

Gay men may have children who are biologically related to them via egg donation and surrogacy. Gay male couples also may consider whether one or both will use their sperm in the attempt to conceive. This can be a costly endeavor and may involve the aid of agencies to locate egg donors as well as surrogates and fertility clinics. Surrogacy may involve one or two women, who may or may not be known to the child and who may have different levels of involvement.

Other pathways to parenthood for lesbians and gay men also exist. Lesbian and gay adults may become foster and/or adoptive parents.[3] Lesbian and gay adults may also decide to undertake parenthood together, leading to various arrangements that involve the biological parents as well as nonbiological parents. These forms of diversity all occur before one has considered race, class, religion, ethnic heritage, or the possibility that a parenting couple may separate. Families with lesbian and gay parents are themselves a diverse group.

RESEARCH FINDINGS ABOUT THE FAMILIES

There has been a considerable amount of empirical research on children and adolescents with sexual

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minority parents, and the findings from this work are remarkably consistent. The work began by studying children who had been conceived in the context of heterosexual relationships that ended in divorce when one of the parents came out as lesbian or gay, but it has come to include families whose children have been conceived in the context of preexisting lesbian or gay identities and to include adolescents and young adults, in addition to children.[1,2,4,5]

When children grow up with lesbian or gay parents, do they usually develop in typical ways, and do they show healthy development? The early research on children from divorced heterosexual families in which the mother came out as lesbian compared their development with that among matched groups of children from divorced heterosexual families. Children in both groups had lived through the stresses of parental separation and divorce, but there was no evidence that parental sexual orientation resulted in special concerns. For example, one such study compared development among 37 children with divorced lesbian mothers with that among 38 children with divorced heterosexual mothers.[6] Based on Rutter A (i.e., parent report) and Rutter B (i.e., teacher report) scores, these authors reported no differences as a function of parental sexual orientation in children's behavior or relationships.[6] The study was enhanced by follow-up interviews with the children when they reached young adulthood.[7] Follow-up interviews showed that the now-adult offspring had developed in positive ways, with few differences between those who had grown up with divorced lesbian mothers versus divorced heterosexual mothers. For instance, no differences were observed between the two groups in their psychiatric histories, general conduct, or academic attainment. Those who had grown up with divorced lesbian mothers were no more likely to identify themselves as lesbian or gay than were those who had grown up with divorced heterosexual mothers.[7]

As important as research findings from these studies have been, however, critics pointed out that the research was limited in various ways. For instance, most of it was based on small and relatively homogeneous convenience samples. For this reason, the degree to which it was possible to generalize from research findings remained uncertain. Another issue was that few information was collected from informants outside the participating families. Critics have suggested that family members may have systematic biases in reporting information about their own families. For example, one possibility is that parents may have defensively described their children as healthier than they would seem to observers outside the family.

Another wave of research in this area involved the study of families identified using rational sampling frames. For example, in one study, every family who had conceived and given birth to a child using the resources of a single sperm bank, during a fixed period of time, was invited to participate in research.[8] The resulting sample of 80 families included 55 families headed by lesbian mothers and 25 families headed by heterosexual parents. In families headed by both lesbian and heterosexual couples, one parent (i.e., the biological mother) was biologically related to the child, and the other parent (i.e., the nonbiological lesbian mother or the father) was not. Data on child adjustment were collected from parents using the Achenbach Child Behavior Checklist and also from the children's teachers or child care providers using the Achenbach Teacher Report Form. Much like the results of earlier research, findings showed that children were developing in healthy ways and that parental sexual orientation did not seem to be affecting development. What mattered more than parental sexual orientation for children's adjustment was the warmth and closeness of relationships with parents.

Even as they provided information about children born to lesbian mothers, however, results of studies like these also raised additional questions. Women who conceive children using the resources of sperm banks are generally well educated and financially secure. It was possible that these relatively privileged women were able to protect children from many forms of discrimination. What if a more diverse group of families were to be studied? Another issue was that the children who were studied most carefully in early research were still young. Some questions and concerns about these families focus more on older children and young adults. What if an older group of youngsters were to be studied? Would problems masked by youth and privilege in earlier studies emerge in an older and more diverse sample?

An opportunity to address these questions was presented by the availability of data from the National Longitudinal Study of Adolescent Health (often called Add Health). The Add Health Study involved a large, ethnically diverse, essentially representative sample of adolescents and their parents in the United States.[9]

Surveys, questionnaires, and interviews were completed by more than 12,000 adolescents (with average age of 15 years) and their parents, peers, teachers, and school administrators. Parents were not queried directly about their sexual orientation but were asked if they were involved in a "marriage or marriage-like relationship." If parents acknowledged such a relationship, they were asked the gender of their partner. Using these data, Patterson and coworkers[10] identified a group of 44 adolescents whose mothers were living with same-sex partners and compared them with a matched group of 44 adolescents whose mothers were living with other-sex partners.

Consistent with earlier findings, results of work with the Add Health data revealed few differences in adjustment between adolescents living with same-sex couples and those living with opposite-sex couples. There were no significant differences between adolescents living with same-sex couples and those living with other-sex couples on self-reported assessments of psychological well-being, such as self-esteem and anxiety; measures of school outcomes, such as grade point averages and trouble in school; or measures of family relationships, such as parental warmth and care from adults and peers.[10] Adolescents in the two groups were equally likely to say that they had been involved in a romantic relationship in the last 18 months, and they were equally likely to report having engaged in sexual intercourse. There were no significant differences in peer relationships, self-reported substance use, delinquency, or peer victimization between those reared by same-sex or other-sex couples.[11,12] Thus, in findings from the Add Health Study, the gender of parents' partners was not an important predictor of adolescent well-being or adjustment. Not only is it possible for children and adolescents who are parented by same-sex couples to develop in healthy directions but as demonstrated in studies using extremely diverse representative samples of American adolescents, they generally do.

Whereas the fact of living with same-sex or opposite-sex couples was not important as a predictor of adolescent development, other aspects of family relationships were significantly associated with teenagers' adjustment. Consistent with other findings from the literature on adolescence, qualities of family relationships were important predictors of adolescent adjustment. Parents who reported having close and warm relationships with their offspring had adolescents who described themselves as showing more favorable adjustment and whose peers also described them as better adjusted. More important than the gender of parents' partners for teenagers' adjustment, it seems, is the quality of relationships within the families they have.

The fact that children and adolescents with lesbian or gay parents generally develop in healthy ways should not be taken to suggest that they encounter no challenges. Many investigators have remarked on the fact that children of lesbian and gay parents may encounter antigay sentiments in their daily lives. For example, in a study of 10-year-old children born to lesbian mothers, Gartrell et al.[13] reported that a substantial minority had encountered antigay sentiments among their peers. Those who had such encounters were likely to report having felt angry, upset, or sad about these experiences. Children of lesbian and gay parents may be exposed to prejudice against their parents, and this may be painful to them, but evidence for the idea that such encounters have powerful effects on children's overall adjustment is lacking.

SUGGESTIONS FOR CLINICAL WORK WITH CHILDREN

Overall, in clinical work with children and adolescents of lesbian and gay parents, the impact of growing up with lesbian and gay parents should neither be ignored nor overemphasized. Clinicians should familiarize themselves both with the varieties of family configurations that are included under the umbrella of "lesbian- and gay-parented families" and with the available research evidence. Child and adolescent psychiatrists may have sensitive and important roles to play in the lives of families with lesbian and gay parents in terms of both psychoeducation and treatment. As with all families, familiarizing oneself with the strengths and the dilemmas of each family will help to understand what brought them to treatment and what type of treatment may be the most helpful.

From a clinical perspective, the diversity among families with a lesbian mother or gay father requires a deeper level of inquiry when taking a family history. Because of these diverse routes to parenthood, a family history includes details about the pathway taken, the child's awareness of the pathway, the decision-making process, actual methods of conception, and details of the pregnancy and birth. This should become part of the

developmental history because single parents, heterosexual parents, and gay and lesbian parents may have conceived in any number of ways with the aid of fertility treatments. Of particular importance will be an assessment of family and community support during the process before and after conception. Clinically, it is important to know what information has been shared with the child or children and with the extended family and community.

For children conceived within a heterosexual union, or with a known donor using donor insemination, established roles and responsibilities of each of the adults who are (or are not) parenting the child or adolescent should be clarified. In cases in which couples have divorced when one member of the couple has come out as lesbian or gay, considerable tension may surround parenting and custody agreements. In cases in which a lesbian woman or couple has selected a friend or relative to be a known sperm donor, conflicts may arise about the rights and responsibilities of all parties. Thoughtful consideration of these issues can be complicated when unanticipated feelings arise in family members after the child is born. Prospective parents seeking consultation before conceiving a child should be encouraged to think about these issues with the known donor. The relationships among all of the involved adults are significant for the child regardless of roles, and the child's conception of the roles may differ from those of the adults.

It is important to have a clinical understanding of the dynamics and loyalties among the adults and the child, as well as to understand the child's feelings toward these significant adults. The child's feelings about a known or unknown donor may not be verbalized because of concerns about loyalty to parents; encouraging a child to explore such feelings in a therapeutic relationship can be valuable.

When children have been conceived via donor insemination, other issues can also be considered. What kinds of information does the child have about the donor? What are the child's thoughts and fantasies about the donor? Some families will create a narrative at an early age to help the child understand his or her biological origins and explain it with more detail at developmentally appropriate levels. This varies between families, but it is inevitable that children will wonder about their biological origins in different ways, at different developmental stages. These are important issues to consider with families, while respecting decisions that families have already made.[14] Parents may also harbor fantasies about the donor and ascribe traits that they imagine the child may have inherited from the donor. Encouraging discussion between the adults about these issues and giving permission to have these conversations with their children can be helpful. It is often conscious and unconscious feelings and fears that interfere with having a dialogue in the family. Despite fears that such dialogue can lead to rejection and disappointment, it may actually improve intimacy and connection within the family.

Clinical inquiry should identify relationships and areas of life where the family can talk freely about "who is in their family" and about any environment in which there may be secrecy. If there are secrets, reasons for these should be explored. Reservations about disclosure of sexual minority identities because of concerns about discrimination and bullying can affect a family in a variety of ways. Parents are apt to be protective of their children. In addition to real external threats parents and children may face, the parents may be contending with their own internalized homophobia, both of which may be expressed with anxiety. Young children will pick up on these feelings but will have neither the context nor the developmental capacity to understand complex societal issues. Older children will need to deal with issues related to covering up a part of their lives. This can have an impact on both emotional and social issues for children and should be explored by the therapist.

Children whose parents have fully integrated their sexual orientation and addressed these issues before having children, and who are in a community in which they are able to live openly, may be able to disclose their identities without fear. The ability of some lesbian and gay parents to live freely and openly in their everyday lives allows their children to be more open in their community and with their peer group. Although each situation is unique, the child and adolescent psychiatrist can have an important role to play in creating a space where these children and their families are free to speak about their experiences as well as their problems and in helping families work through challenges they may encounter.

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