



Lesbian Issues, strengths

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Evidence obtained from clinical encounters and polls conducted within the gay and lesbian community indicates that in the vicinity of 20 per cent of Australian lesbians, gay men and bisexuals have children (VGLRL 2000; Lesbians on the Loose (LOTL) 2000). The 1996 census indicated that there were 11 288 same sex male couples, of whom 275 lived with children, and 8296 same sex female couples, of whom 1483 lived with children in Australia (Mikhailovich et al 2001). This is felt to be an under-representation as it does not allow for non-cohabiting couples or single lesbians to respond, and it is believed that many same sex cohabiting couples did not declare their relationship status. These children have been conceived via self-insemination, clinically-assisted donor insemination, other assisted reproduction procedures, as well as sexual intercourse.

Although it remains difficult in Australia for unmarried people to adopt children, and few newborn children become available for adoption, some lesbians, gay men, bisexuals, transgender and intersex (LGBTI) people have adopted children in the context of heterosexual partnerships. Increasingly, foster-care agencies in Victoria recruit carers from within LGBTI community networks.

There are indications that the number of lesbian-headed families in Australia is increasing (LOTL 2000; Millbank

2002), yet many Australians believe that two people of the opposite sex provide the best framework for raising children (Kershaw 2000). Questions are regularly raised as to whether children in lesbian and gay families are at risk. Similar concerns about the welfare of children born of lesbian and gay parents in other parts of the developed West have given rise to a substantial body of literature on the psychological health and wellbeing of these children.

Much of the available research has of necessity involved small, unrepresentative samples, recruited using convenience sampling – however, this methodology is seen to have some validity for marginalised population groups (Bradford, Ryan, Honnold and Rothblum 2001).

The international research that compares children in lesbian-headed families with children in heterosexual families shows consistent evidence of good adjustment among children raised by lesbians, with no notable differences in the development of the children's sexual identities (Patterson 1992, 2000). Further, no differences have been found between lesbian and heterosexual mothers on measures of self-concept, happiness, overall adjustment or psychiatric status, nor in terms of parenting style and general ability to parent children effectively (for a comprehensive review of the research on children in gay and lesbian households see Patterson 1992, 2000; see also

parenting and challenges



Golombok 1999; Allen and Burrell 1996; Weeks et al. 1996; Millbank 2002).

Although investigations that compare child outcomes across family types are informative on one level, they do not demonstrate *how* the experience of growing up in a lesbian household differs from one family to the next. Recent studies are now paying attention to how these families function. Chan, Raboy and Patterson (1998) conclude that the evidence to date suggests that family processes, such as parenting stress and conflict, rather than family structure and parental sexual orientation, predict children's social functioning.

There has been little empirical research conducted in Australia about LGBTI families. Two small studies commissioned by a New South Wales lesbian magazine assessed the number of lesbians with children and planning children (LOTL 1996 and 2000). There has been some work regarding the legal difficulties faced by Australian lesbian and gay parents with regard to family recognition in law (Sandor 2002; Millbank 1998, 2000) and restrictions regarding access to assisted reproductive technology have been documented (Stuhmcke 1997; Walker 2000; McNair 2000). Australian social and health researchers have thus far largely ignored wider considerations regarding the experiences, practices or concerns of LGBTI parents and their children.

A new study of lesbian and bisexual parents and prospective parents examined the structuring of family relationships, preferred methods of conception, the nature and level of involvement of biological fathers in the lives of children, the use of social and support networks, and the challenges and triumphs experienced by these families.

Lesbian and Gay Families Project

The Lesbian and Gay Families Project was designed to answer a number of questions regarding lesbian, bisexual, gay, transgender and intersex families. This article focuses on aspects of the data collected from 136 women participants living in Victoria. (Later papers will present the men's data and comparison with other states.)

The issues explored included family formation and methods of conception; reasons for choosing such methods; family structure including roles and responsibilities of the biological and non-biological mothers and the biological father; levels of social and professional support; and finally an exploration of the self-perceived strengths of and challenges for lesbian-led families. Key findings are presented in each of these areas.

Participation in this project required completion of an anonymous, mail-back questionnaire. Separate questionnaires were provided for men and women in order to allow the use of gender appropriate language, although the content of each questionnaire was approximately the same. Draft questionnaires were piloted, and the final version included 55 closed ("tick the box" type) items and 11 open-ended questions. All Victorian women and men who identified as members of the lesbian, gay, bisexual, transgender or intersex communities with children under the age of 18 were eligible to participate. Prospective LGBTI parents planning to conceive, adopt or foster children within the next two years were also eligible.

Owing to the problems associated with accessing stigmatised/hard-to-reach populations, the sampling strategy followed established methods for purposive rather than random sampling (see Lee 1993; De Vaus 1995; Plumb 2001). Questionnaires were distributed in five ways: via selected health clinics and general practitioners with a known LGBTI clientele; via mailouts to members of established LGBTI mailing lists, including all known lesbian parents and prospective parents' groups in Victoria; via advertising in the local LGBTI community media, including radio, television and newspapers; through LGBTI

community agencies in urban and rural settings; and through “snowballing” in that participants were asked to inform eligible friends/acquaintances about the study.

The results that follow have limited generalisability due to the small sample size, and the possibly non-representative nature of respondents. Results are therefore descriptive of this sample only. Due to very small numbers of transgender and intersex participants, comparisons between the different gender groups have not been possible. Significance tests have been used for comparisons between parents and prospective parents.

The participants

Table 1 presents the age, sexuality, relationship and parenting status of the 136 women who completed the questionnaire. Twenty per cent of the sample had been in their current same sex relationship for “more than ten years”, 33 per cent “between five and ten years”, and 33 per cent “between two and five years”. Relatively few women had been in their relationship under two years, with 9 per cent “between one and two years” and 5 per cent “under one year”. In 12 per cent of cases, participants were already parents and planning more children, or they were biological as well as non-biological parents. Of the total sample, 47 per cent were prospective parents with no other children, 32 per cent had one child, 16 per cent had two children, 3 per cent had three children, and 1 per cent respectively had four and five children.

International studies have shown that the lesbian parents recruited into research are highly educated (Chan, Raboy and Patterson 1998; Jacob, Klock and Maier 1999; Brewaeys 2001). In some studies comparing matched les-

bian and heterosexual families, both the biological mother and her female partner have higher educational levels than the heterosexual couples (Brewaeys et al. 1997). This may relate to sampling methods, or to an actual trend, whereby lesbians with greater educational and financial resources more frequently embark on parenthood.

Women in the current study were in general very highly educated, with 27 per cent holding a degree and 43 per cent having post-graduate degrees or qualifications. This compares with 17 per cent of Victorian women who have university degrees and only 8 per cent who have post-graduate degrees or qualifications (ABS 1997). The length and complexity of the questionnaire may have been a factor in this, as well as the recruitment methods, which to some extent privileged the inner urban LGBTI community networks.

Melbourne dwellers were over-represented in the sample. Again, this could relate to recruitment methods; however, the fact that big cities act as “magnets” for gay men and lesbians is well documented in the international literature (Weston 1995). Sixty-five per cent of participants lived in inner Melbourne, 20 per cent in outer Melbourne, and 16 per cent lived in a regional centre or rural area.

Methods of family formation

Lesbians achieve parenthood most commonly through either conception during a heterosexual relationship or within a current lesbian relationship via self-insemination or clinic-based donor insemination. An Australian study of the health care experiences of 92 lesbian and gay families, involving 167 children, showed that 57 per cent of the children resulted from sexual intercourse and 33 per cent

Table 1 Gender, age, sexuality and parenting status of participants and co-habiting partners

	Participants		Cohabiting partners	
	Number	Per cent	Number	Per cent
Gender				
Female	129	95	97	98
Male to female transgender	5	4	1	1
Intersex	2	1	-	-
Male	-	-	1	1
Age group				
18-29	26	19	13	13
30-39	74	55	58	60
40-49	32	24	20	20
50-59	3	2	7	7
Sexuality				
Lesbian	114	84	88	91
Bisexual	19	14	7	7
Heterosexual	2	1	2	2
Not known	1	1	-	-
Relationship status				
In same-sex relationship	113	84	-	-
Cohabiting	98	74	-	-
Non-cohabiting	13	10	-	-
Parenting status (some parents fall into more than one category)				
Prospective parent (10% also had other children)	70	56	-	-
Biological parent	50	39	-	-
Non-biological parent	19	15	-	-
Guardian or Foster carer	2	2	-	-
Total participants/cohabiting partners	136		98	

followed donor insemination or self-insemination (Mikhailovich et al 2001). Only 1 per cent of children in that study came into the family through adoption and fostering.

Stepfamily formation has taken place for many mothers subsequent to “coming out”, whereby children from the previous heterosexual relationship are brought to live with the mother and her lesbian partner (Lewin 1993). Over recent years, lesbians and gay men have increasingly sought to become parents within the context of their same-sex relationship. A survey of Victorian same-sex couples showed that 41 per cent were hoping to have children, with 63 per cent of those under 30 planning to be parents (VGLRL 2001).

Self-insemination with fresh semen at home has become widely practised among lesbians since the late 1970s, via the dissemination of feminist self-help knowledge; where legally possible, lesbians have also made use of clinical donor insemination (Saffron 1994; Pepper 1999). Legislation in Victoria and South Australia prevents fertile lesbians and single women (the “socially infertile”) from accessing donor insemination. Such women in these states either travel interstate to access assisted reproductive technology services or choose self-insemination with a known sperm donor. With these social and legislative considerations in mind, the current study sought to determine not only which conception methods were chosen, but also the reasons for such choices.

One hundred and fifteen children under the age of 18 were described by participants. Only 17 children (15 per cent) were not living with the participant. Of the children living with participants, 65 per cent were the biological child of the participant, 18 per cent the non-biological child, and 2 per cent a housemate’s child. Fourteen per cent were under one year of age, 37 per cent were aged 1–9 years, and 37 per cent were 10–17 years old.

Table 2 compares the method of family formation being used by those planning to conceive with that used by current parents. Equal numbers of children were conceived in lesbian as opposed to heterosexual relationships. The most striking difference is the much larger proportion of current parents than prospective parents using sexual intercourse to conceive. Fifty-two per cent of the current parents used sexual intercourse, with 87 per cent doing so within the

Table 2 Methods of conceiving / attaining children

	Prospective parents	Current parents
Method	Attempting to conceive n=43 Per cent	Children n=115 (in 69 families) Per cent
Sexual intercourse within heterosexual relationship	2	52
Self insemination (SI)	44	28
Clinic based insemination (DI)	33	8
Combined SI and DI	2	0
IVF/GIFT	13	6
Adoption	-	2
Fostering	-	2
Other	6	2
Total	100	100

context of a heterosexual relationship, whereas only 2 per cent of prospective parents intended to conceive by having sexual intercourse. Self-insemination was the most frequently used conception method for prospective parents in this study (44 per cent).

All but six of the 115 children were biologically related to the participant or her partner, two being children of housemates, two having been adopted, and two fostered. Given that several foster care agencies in Melbourne are now actively recruiting carers within the lesbian and gay communities, the numbers of participants involved in foster care in this study was lower than anticipated.

Reasons for choice of different family formation methods

Parents were asked about their reasons for choosing particular conception methods (see Table 3). This was of particular interest to the research team, given recent controversy over who should have access to “IVF”. A common assumption by contributors to the media-led debate about access of lesbians and single heterosexual women to assisted reproduction is that “socially infertile” women

Table 3 Method of conception and reason for choice (current parents only)

Reason for conception method n=109 biological children multi-response question	Sexual intercourse Per cent	Self insemination Per cent	Clinic ^(a) insemination Per cent	IVF/GIFT ^(b) Per cent
Desire for the child to know identity of all biological parents	9	96	20	50
Cost/affordability of the option	4	54	0	0
Beliefs regarding women’s rights to control their fertility	0	54	20	50
Ineligible for access to donor insemination program in Victoria	0	50	40	0
Desire to involve partner in the insemination	0	50	20	0
Opposition to medical intervention	4	50	0	0
Time urgency (age of biological mother)	4	17	0	50
Safety of the procedure (less risk of infection)	0	4	80	0
Desire for anonymous sperm donor	0	4	60	50
Other methods had been unsuccessful	0	4	0	100
Diagnosed fertility problem	0	0	0	50
Biological mother was in a heterosexual relationship or having casual heterosexual sex at the time	87	0	0	0
Other	4	21	20	0

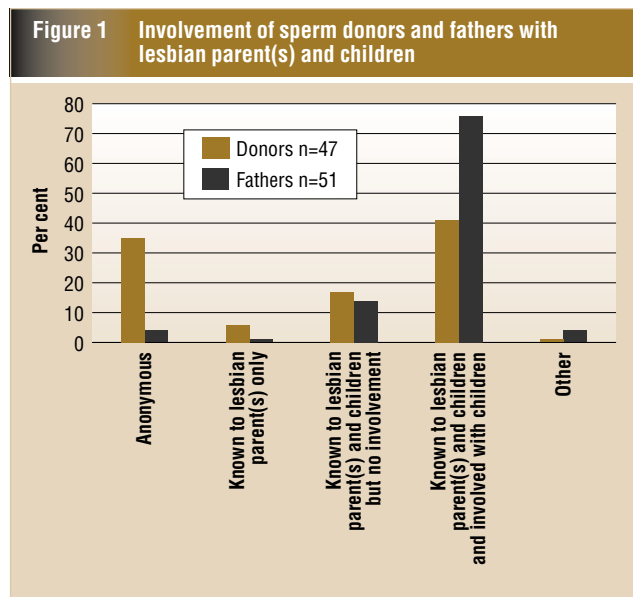
Notes: (a) Clinical insemination occurred in interstate clinics for all but two participants. (b) In vitro fertilization (IVF) and gamete intrafallopian transfer (GIFT) are invasive and expensive forms of assisted reproductive technology. These technologies are reserved for women who have been unable to conceive through methods involving transfer of sperm to the vagina (sex, self insemination, clinic-based insemination) and are therefore deemed to be infertile. In approximately 30 per cent of women and 50 per cent of heterosexual couples, no medical cause is found for such infertility.

would seek expensive and invasive treatment procedures at the expense of other “medically infertile” tax payers (McNair 2002, forthcoming).

Use of IVF

Only 6 per cent of the children of participants in this study had been conceived via the use of IVF. All of the parents using this method had done so only after attempting other methods that had been unsuccessful. Thirteen per cent of prospective parents were planning to use IVF. The results indicate that lesbians seek to use IVF, just as women in heterosexual relationships do, when other less medically-interventionist forms of attempting to conceive fail to work.

Table 4 Characteristics of donors and fathers, as defined by female participants	
n=106 fathers or donors in 85 families	Per cent
Donor or father?	
Father	49
Donor	44
Other	8
Relationship to participant or her partner	
Ex-partner	40
Friend	22
Anonymous source (sperm bank)	16
Acquaintance	8
Respondent to advertisement	8
Brother or other family member of biological mother's partner	5
Sexuality	
Heterosexual	51
Gay	26
Unknown (includes the 16% sperm bank donors)	21
Bisexual	2
Living situation	
Alone	21
With partner in heterosexual relationship	19
Unknown (includes the 16% sperm bank donors)	19
With partner in same-sex relationship	16
Other	9
With friends or housemates	8
With partner and children (heterosexual relationship)	8
With partner and children (same -sex relationship)	1



Self-insemination

Although the reasons determining the choice between self-insemination and clinic based-insemination are complex, knowing the donor's identity was an important reason – for the 28 per cent of parents who had used self-insemination, 96 per cent did so due to a “desire for the child to have the option of knowledge about biogenetic heritage”. A “belief in women's rights to control their fertility”, “opposition to medical intervention”, and the “desire to involve their partner in the reproductive process”, were equal second as determinants of self-insemination as a choice. For half of the women who chose self-insemination, the choice was also influenced by the lack of access to clinic-based insemination in Victoria, and 54 per cent stated that cost was a factor, as clinic based-insemination is considerably more expensive.

Clinic-based donor insemination

Where fertility services were required, participants expressed preferences for services that were overwhelmingly at the non-invasive and “low-tech” end of the spectrum. Eighty per cent of those who chose donor insemination (clinic-based) did so due to their belief in the safety of the procedure, in the knowledge that clinical intervention via sperm screening and storage removes any risk of transmission of sexually transmissible infection via the insemination process.

Although initial sperm screening and counselling for lesbians choosing self-insemination and their known sperm donors can already be provided legally in Victoria, many women and some doctors may not be aware that this is the case. Sixty per cent of those using donor insemination did so due to a preference for donor anonymity as opposed to negotiating insemination with a man known to them via personal networks. At the same time, 20 per cent of women opting for clinical donor insemination also expressed a “desire for children to know about their origins”, indicating some ambivalence about the policies of interstate donor insemination services, where for the most part women cannot easily obtain information as to the identity or more than basic physical characteristics of the sperm donor.

Fathers and donors

Debates regarding the use of and access to assisted reproductive technology services have raised questions about how to define parenthood in relation to men. Whereas once donor insemination was defined in law and practice as a remedy for male infertility in heterosexual couples (Haimes and Daniels 1998), lesbian mothers have challenged this model and, implicitly, the need for a male parent. Previous studies have demonstrated that lesbian mothers have different expectations of biological fathers' social relationships with children depending on the context in which the children were conceived. Lewin (1993) found that the lesbian mothers in her study who had previously been in relationships with their children's fathers generally assumed that fathers were important and should be “continuing figures” in the children's lives. Where children are conceived via self or donor insemination in the context of a lesbian relationship, “father” is a more ambiguous concept.

Donovan (2000: 161) found that the lesbian parents by donor insemination in her study made a “sharp distinction between biological fatherhood and the caring practices of

parenting". A belief in the significance of children's "right to know" who their fathers are often resulted in the choice of a known donor whose involvement with the family and children was negotiated rather than assumed.

In the current Lesbian and Gay Families study, the role of the biological father within lesbian families was explored from the participant's perspective. Half of the 106 men who were described were defined as fathers, and half as donors (Table 4). Most of the fathers were ex-partners of the biological mother; however, 28 per cent of known sperm donors were also defined as fathers. Figure 1 shows the involvement of donors and fathers with the lesbian family members. Fifty-six per cent of all the men described (59 men) were known to participants, partners and children and were also involved with the children in some way. Twenty per cent (21 men) were known to participants, partners and children but not actively involved in their lives. Seventeen per cent (18 men) were completely anonymous to all parties, and 5 per cent (five men) were

(eight men) were known to but not involved with the lesbian parents and children, and one father was known to the parents only.

Lesbian mothers via donor insemination drew a distinction between "father" or "donor", and "parent", whereby 83 per cent of prospective lesbian mothers anticipated that the child's parents would be the biological mother and her same-sex partner. Thus in situations where children are born into lesbian relationships, the content and performance of the "father" role is frequently imagined as separate from a notion of "parenthood" (where parenthood is defined as day-to-day decision making, care and residency of the children).

Levels of satisfaction with the relationship and levels of contact the fathers/donors had with the lesbian parents and children were high. Sixty per cent of the 81 participants who responded to this question were very satisfied and 22 per cent were quite satisfied; less than 20 per cent were not satisfied. There was no statistically significant



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known to the participant and/or her partner, but not known to the children.

Defining the child's biological father as a "donor" did not mean he was anonymous or unknown to the children, nor did defining him as a "father" necessarily denote involvement. Seventy-six per cent of fathers and 40 per cent of donors were known to the parents and children and were actively involved with the children in some way. Eighteen per cent of donors were known to the parents and children but not involved with them, and 8 per cent were known to the lesbian parents only. Seventeen per cent of fathers

difference between level of satisfaction with "fathers" as opposed to satisfaction with "donors". Participants were given the opportunity to explain why they were satisfied or dissatisfied with father/donor relationships via an open-ended question. With very few exceptions, when there was a difference between the participant's relationship with the donor or father and her child's relationship with him, the participant tended to take the child's point of view when rating her level of satisfaction. The perspective of men is also important and will be analysed and compared with the women's when the full study data are collected.

Table 5 Extent to which support needs are met among current and prospective parents

Item	Current parents mean (SD)	Prospective parents mean (SD)	Significance
Work colleagues/associates	2.46 (.54)	2.35 (.57)	
Extended family	2.30 (.64)	2.11 (.61)	
Friends	2.70 (.50)	2.70 (.51)	
Neighbours/members of your local community	2.12 (.66)	1.82 (.56)	*
Community services (e.g. health, education, social services)	2.34 (.60)	2.21 (.58)	

Notes: Scale: 1 = support needs not met, 2 = support needs somewhat met, 3 = support needs completely met. * Significance level = .05

Social and professional networks and supports

Some studies examining individual differences in family functioning in lesbian households suggest that the amount of social support from families, friends and community sources may help to explain differences in the adjustment of children (Gartrell et al. 1999). The relevant literature suggests that community support for families, including access to family support, health and welfare services, is predictive of family functioning and child wellbeing.

Poor access to social support and negative social interactions can place families under stress, limit the resources that are available to stimulate children's positive growth and development, and diminish parental self-esteem and parental personal development. Support from family and community can play a critical role in mediating the potentially adverse effects of discrimination within political and legal systems.

The Lesbian and Gay Families study explored parents' and prospective parents' relationships with various family and community contacts and community-based services in terms of the support that they receive from these networks, and disclosures about their sexual orientation. The data set used for the analyses included responses from a total of 125 women. This included 67 parents (including biological, non-biological, foster or guardian)¹, and 58 women who were not currently parents, but were planning to become parents.² The study provides a picture of lesbian parents enjoying generally high levels of acceptance and support relative to their needs within family, friendship and community networks (Table 5).

Children raised by lesbian parents were well accepted by family and friends, and were reported as having few relationship difficulties overall as a result of their parents' sexuality. Some of the data suggest that lesbian parents work hard to construct an environment that is accepting and supportive of their family and conducive to their parenting role. Despite this, some parents did report that children experienced difficulties with friends in regard to their unconventional family background.

Some parents reported experiencing difficulties as parents because of their sexuality, including unwanted attention, fear of harassment, difficulties in the parent-child relationship and lack of access to services. Although parents were generally very open about their sexuality to family, friends and work colleagues (and, on average, more open than prospective parents), a meaningful proportion of parents did not disclose their sexuality to professionals nor to children's age mates at school and within the community more broadly, a strategy used by some to avoid

negative reactions that can create stress for parents and children alike (Table 6).

One-way analysis of variance showed that "openness about sexual orientation" did not differ to any statistically significant degree by respondent income and level of education. Independent samples t-tests also showed no differences in levels of disclosure by respondent age (under 40 years or over 40 years), or location (urban or rural). Wide variations were seen in the written comments regarding the preferred level of openness regarding sexuality, but creating a high level of openness in key settings was seen to be an important and educative process.

Perceptions of parents and prospective parents

Lesbians who were planning parenthood anticipated significantly greater difficulties for both themselves and their children than the experience of current parents suggested was typical. Prospective parents anticipated less acceptance and support as parents, including less support from professionals and services, and they anticipated that a number of parenting challenges would make the parenting role significantly more difficult. Prospective parents anticipated significantly more difficulties for their children, including less acceptance and a more negative effect on relationships among children's age mates at school and age mates in the local community than was actually reported by current parents. Discrepancies between the scores of parents and prospective parents reflect the success of parents in creating a supportive environment for parenting and family life.

Parents were asked to indicate the level of support from a range of professionals and services that parents generally come into contact with during the course of a child's development. Those people who did not disclose their sexuality to providers were excluded from the analysis. Participants reported relatively little discrimination and good support from services and professionals within the local community (see Table 7).

Parenting challenges and strengths

Participants were provided with ten statements describing issues and events that can make the task of parenting difficult for lesbians and asked to identify parenting difficulties that applied to them. Lack of legal recognition as a parent (particularly towards the non-biological mother), and lack of legal recognition as a family, were reported as being the most frequently applicable problems confronting them, and were also perceived as creating the

Table 6 Current and prospective parents' openness about their sexuality

Item	Openness		Acceptance	
	Current parents mean (SD)	Prospective parents mean (SD)	Current parents mean (SD)	Prospective parents mean (SD)
Work colleagues/associates	4.12 (1.14)	3.74 (1.33)	2.68 (.47)	2.65 (.48)
Extended family	4.42 (1.01)*	3.96 (1.03)*	2.43 (.62)	2.32 (.61)
Friends	4.86 (.49)	4.76 (.55)	2.92 (.27)	2.92 (.27)
Neighbours/members of your local community	3.57 (1.26)	3.12 (1.37)	2.35 (.48)*	2.13 (.40)*
Professionals and community services (eg. health, education, social services)	4.18 (1.04)	3.81 (1.23)	2.59 (.50)*	2.39 (.57)*

Notes: Openness Scale: 1 = no one knows, 5 = everyone knows. Acceptance Scale: 1 = not at all accepting, 2 = somewhat accepting, 3 = completely accepting.
*Significance level = .05

most difficulty in parenting. However, comparisons between parents and prospective parents showed significant differences on a number of items, with prospective parents anticipating that certain parenting difficulties would apply more. Having rated applicability of the items, they then rated the level of difficulty caused by the issue (Table 8).

In order to understand the lived experience of lesbian parented families in greater depth, participants were given the opportunity to respond to open-ended questions seeking their views on: "The strengths and/or positive aspects of being part of a lesbian or bisexual parented family"; and "The difficulties or challenges faced". Sixty-seven (lesbian and bisexual) participants contributed written replies. Responses ranged from copious notes to expressions of gratitude to the researchers for the opportunity to share experiences of non-traditional parenting.

Challenges identified as specific to lesbian families included fears and experiences of community prejudice, rejection by family, and discrimination at school. Although strong social support was demonstrated, some participants identified social isolation within both the gay and lesbian and wider communities. Lack of legal and political recognition of lesbian families and, specifically, the non-biological mother, were the most frequently mentioned challenges.

As a result of these issues, many participants described feeling under scrutiny, and having to prove themselves as effective parents.

"I was the non-biological mother in my previous relationship. When this broke down I initially had our daughter half the week. My ex-partner slowly decreased this and then she refused me any contact. I went through family court and mediation but there was no law to protect my rights and the primary bond I had with my daughter. This is shocking, devastating and has to change!"

The major strength identified by lesbian-led families was their pride in successfully raising well-adjusted, happy children despite the constraints and challenges of living within what they consider to be a homophobic society. Participants identified a variety of strengths and described their families as: thoughtfully planned; tolerant and accepting of diversity; having flexible gender-roles; and having interesting, supportive, extended kinship networks that included a wide range of positive role models for children.

"I'm extremely happy that we're thriving as a family unit, in spite of a poor support network . . . I'm glad we have survived and are expecting another child, conceived in the 'traditional' lesbian 'known donor' way. I take great pride in seeing my children grow and develop well, outside a 'mainstream' family."

Conclusions

The findings of the Lesbian and Gay Families Project support a large international research base that the best interests of the child can be served in a variety of family structures including lesbian and gay parented families. In the study, lesbian parents showed carefully considered decision-making in the formation and support of their families. At various levels they consider the interests of their children, including the need to access information about the biological father, safety in the conception process, optimal levels of contact between the father and children, and accessing the most supportive community and professional networks possible.

Choices of family formation that involved pregnancy predominated among participants. Self-insemination was favoured over donor insemination for prospective parents,

Table 7 Support from professionals and services for child care

Item (from most to least supportive)	Mean	Variance
General practitioner	2.92	.08
Mental health services (e.g. psychologist/psychiatrist)	2.75	.23
Family support service (e.g. parenting services, relationship counsellor, social worker etc.)	2.75	.25
Community health centre	2.68	.28
Maternal and child health services	2.66	.25
Neighbourhood houses	2.65	.29
Child care centre/workers	2.63	.26
Specialist health services (e.g. paediatrician)	2.60	.27
Preschool services	2.57	.28
Hospital (public)	2.54	.29
Hospital (private)	2.51	.25
Teachers	2.51	.33
Foster care agencies	2.35	.38
Child protection services	2.21	.47

Notes: Scale 1 = extremely unsupportive, 2 = somewhat unsupportive, 3 = completely supportive.

Table 8 Actual and anticipated levels of parenting difficulties created by negative events among current and prospective parents

Item	Current parents mean (SD)	Prospective parents mean (SD)	Significance
My relationship/family is not recognised in law	2.02 (.83)	1.59 (.66)	**
I am/my partner is not recognised as a parent in law	2.07 (.81)	1.55 (.59)	***
I continually have to explain my child(ren)'s family background	2.22 (.52)	1.96 (.56)	*
I fear harassment/violence toward me or my child(ren)	2.26 (.71)	1.75 (.78)	***
I don't get as much support as a parent as I would like	2.38 (.71)	2.21 (.60)	
My child(ren) has/have difficulties with friends over his/her/their family background	2.41 (.67)	1.75 (.53)	***
I have to keep my identity/sexuality hidden	2.43 (.67)	2.30 (.73)	
My family is denied services/benefits	2.48 (.72)	1.82 (.72)	***
I get unwanted attention when I am with my family in public (eg. Staring, pointing)	2.72 (.49)	2.16 (.71)	***
My child(ren) and I have difficulties because of my identity/sexuality	2.80 (.48)	2.58 (.70)	

Notes: Scale: 1 = extremely difficult, 2 = somewhat difficult, 3 = not at all difficult. * Significance level = .05 (Comparing parents with prospective parents using t-test). ** Significance level = .01. *** Significance level = .001

and the use of IVF was only contemplated by a small group of women who had experienced fertility problems. Participants' reasons underlying their conception choices were carefully considered, with common issues being father involvement and reproductive autonomy.

For lesbian couples an important distinction arose between "fatherhood" and "parenthood", with the majority of coupled participants defining themselves and their same sex partner as the children's parents. On the basis of these data, we concur with Donovan (2000) who contends that lesbian parenthood is reshaping the institution of fatherhood, and the role of men in families, rather than erasing the contribution of men from children's lives. The analysis to date could supply only a limited amount of information as to the extent of men's contact with and involvement in childrearing within lesbian-headed families, a gap that future publications will address.

discrimination than prospective parents predicted, which is likely to be the result of carefully selected social and professional supports, with a particular reliance on other lesbian parents for support. Education regarding the diversity within lesbian families and their special needs is clearly required for mainstream agencies including child care, school, legal and health systems.

Despite legal restrictions and ongoing societal discrimination, the challenges faced by lesbian families in Victoria are significant but not insurmountable – with attention to improved legal recognition of lesbian parents, improved sensitivity of providers within the health, welfare, legal and education systems, and improved access to community supports. From what is already known about the importance of social support, social acceptance, and a positive lesbian identity to family and child wellbeing, the families involved in the Lesbian and Gay Families Project possess considerable strengths that auger well for positive child development.

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Legal insecurity was the leading challenge for lesbian parents, particularly the lack of access to assisted reproductive technology services in Victoria and the lack of legal recognition of the non-biological mother. Opening access to such services would allow access to counselling services for prospective lesbian mothers (and their known donors), to assist them in navigating emotional vulnerabilities associated with prolonged periods of attempting to conceive, as well as clarifying future parental roles. Such counselling would complement existing self-help practices from a health and welfare angle, whereby issues of physical and emotional health can be counterbalanced against a desire for reproductive autonomy. It could also help to reduce future parenting disputes. The status of the known donor and the non-biological mother is fairly ambiguous in law, and disputes about parenthood between lesbian mothers and known donors have occurred (see Family Court of Australia, "Re. Patrick" 2002).

Other challenges specific to lesbian families included fears and experiences of community prejudice, rejection by family, and discrimination at school. As a result, they had to make regular decisions as to when and where to disclose their family structure. Although strong social support was demonstrated in general, some participants identified social isolation within both the gay and lesbian and wider communities. As a result of these issues, many participants described feeling under scrutiny, and having to prove themselves as effective parents. Parents experienced less

Notes

- 1 Four of the 71 cases identified as current parents were both biological and non-biological parents.
- 2 A further 12 respondents who were currently parents also reported that they were planning parenthood, but these cases were excluded from the prospective parent group in the analysis.

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Glossary of terms

ART

Assisted reproductive technology includes any medical services that assist in conception, such as donor insemination (DI), invitro fertilisation (IVF), gamete intrafallopian transfer (GIFT), and intracytoplasmic sperm injection (ICSI).

DI

Donor insemination is the insertion of fresh or frozen semen into the vagina of the woman intending to conceive, performed in a clinic by a registered fertility specialist.

GIFT

Gamete intra-fallopian transfer is an assisted reproductive procedure whereby sperm and the ovum are introduced by a clinician into the woman's fallopian tube, with fertilisation occurring within the body.

Heteronormative

Uncritically adopting heterosexuality as an established norm or standard.

Heterosexism

The assumption of heterosexuality can include the belief that heterosexuality is superior, more natural and dominant.

HIV/AIDS

Human immuno-deficiency virus / Acquired immune deficiency syndrome.

Homophobia

The fear and loathing of those identifying as lesbian, gay or bi-sexual, is often accompanied by feelings of anxiety, disgust, aversion, anger, and hostility.

ICSI

Intra-cytoplasmic sperm injection, an assisted reproductive procedure achieved in the laboratory, involves a single sperm being injected by a clinician into the nucleus of the egg in order to bring about fertilisation.

IVF

In-vitro fertilisation is an assisted reproductive procedure achieved in the laboratory, where the egg and sperm are brought together in order to bring about fertilisation.

Known donor

A man known to the lesbian mother, who provides his semen either outside of a clinical setting, or to a sperm bank, in order that conception occurs with that particular woman.

LGBTI

Lesbian, gay, bisexual, transgender and intersex.

Non-biological moyher

The parent in the lesbian couple who has not given birth to the child.

SI

Self-insemination is the insertion of fresh semen, using a needle-free syringe, into the vagina of the woman intending to conceive, usually performed at home by the woman herself, or her same-sex partner.

STI

Sexually transmissible infection

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