

# Lesbian family disclosure: Authenticity and safety within private and public domains

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*Definitions of family and disclosure of family configuration are important themes for understanding the experiences of contemporary lesbian-parented families. Drawing on multi-generational family interviews with 20 lesbian-parented families in Victoria, Australia, we explore how participants describe and present their families in public contexts. We found a marked difference in experience between lesbian-parented stepfamilies and lesbian-parented de novo families where children are conceived and raised by lesbian parents from birth. Family members adopted a variety of strategies when disclosing parents' sexual orientation in mainstream social institutions such as health care settings and schools. Some chose a proud, open strategy; while others were more private; yet others chose a passive strategy, particularly when dealing with health care providers, and a selective strategy when dealing with schools. These strategies demonstrate the fine balance that families must strike between being publicly authentic and creating safety by protecting themselves from negative attitudes.*

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LESBIANS HAVE ALWAYS BEEN parenting, however, it was only in the late 20th century that lesbian parented families were acknowledged publicly and have been the subject of academic research. Increasingly lesbians are choosing to parent outside heterosexual relationships and intentional lesbian family formation is one of the most original and controversial genres of family formation to have emerged in the Western world. Lesbians construct creative family forms with an exceptional degree of reflection and intentionality (Parks, 1998; Weeks, Heaphy & Donovan, 2001). Pathways to lesbian parenting are diverse, and include lesbian-parented families who have formed with children conceived within previous heterosexual relationships; single parented families; and lesbian couples who choose to have children in the context of their own relationship (e.g. via donor insemination, adoption, fostering, etc.). We use the term *de novo* to describe these families (McNair, 2004).

There is increasing empirical evidence that children of lesbian parents are doing at least as well as children of heterosexual parents (Patterson, 1994; Gartrell *et al.*, 1996; Tasker & Golombok, 1997; Gartrell *et al.*, 1999; Gartrell *et al.*, 2000; Anderssen, Amilie & Ytteroy, 2002; Hunfeld, Fauser, D. & Passchier, 2002; Vanfraussen, 2002; Golombok *et al.*, 2003). There is also evidence of the strengths of lesbian-parented families (McNair *et al.*, 2002; Perlesz & McNair, 2004). Despite this evidence and increasing community support for *individual* gay rights in recent years, general community attitudes toward lesbian and gay parented *families* remain negative. As McLeod & Crawford (1998) note, '...the perceived violation of traditional gender and family ideologies contribute to the ascription of an 'anti-family' status to gays and lesbians...' (p.218).

Our research focuses on the interface between the public and private worlds of contemporary lesbian families, a relatively under-researched area. The findings

reported in this paper are from a series of in-depth, research family interviews with lesbian-parented families in Victoria, Australia.<sup>1</sup> The full study findings are reported elsewhere (Lindsay *et al.*, in press; Perlesz *et al.*, in press). We explore the central themes of family definition and public disclosure strategies within health and education settings on the part of parents, children and grandparents. The paper addresses two key questions: How do members of lesbian-parented families define their families? And how do they present their families in a public context?<sup>2</sup>

### Methodology

We conducted multi-generational family interviews with 20 lesbian-parented families living in Victoria.<sup>3</sup> We would like to fully acknowledge and thank the lesbian parents and other family members who participated in this study, not as a footnote, but as a proud marginalised group engaging with and challenging mainstream ideologies, practices and discourses around family. Family members all gave generously of their time, allowed children to be interviewed, and, during some very long interviews, gave us food and drink and shared their experiences of lesbian-parented family life with candor, good humour and penetrating insight.

Lesbian parents were recruited through partial snowballing and selective purposive sampling techniques via advertising in a lesbian magazine, at a gay pride march and lesbian and gay festival, at lesbian community forums, and through health professional networks in a search for less 'out' families. From this pool we used a grounded theory, theoretical sampling approach and sequentially selected families for maximum diver-

sity. Interviews were of one-and-a-half to five hours duration. All interviews were audio-taped and fully transcribed in a sequential process with subsequent interviews exploring issues arising in previous interviews. Transcripts were given to families with the opportunity to make corrections, with only minor changes requested by family members. All identifying information was removed. Informed consent was gained to publish de-identified and anonymous data from the study. The final transcripts were coded according to themes emerging from the data and from the literature. An inductive analytic, grounded theory, constant comparative method was used to analyse the data, with research team members comparing codes, categories and emerging themes. The NVivo qualitative software package was used to support the data analysis.

In all there were 61 participants including 36 lesbian parents (aged 29 to 62 years) parenting 43 children (aged two months to 38 years), 20 of whom participated in the study (aged four to 34 years). Three grandparents and two donor/fathers were also interviewed. In most interviews there were at least two generations present, being parents and children. The families came from a wide range of socio-economic backgrounds and geographic locations with five families from rural Victoria, five from outer metropolitan Melbourne and 10 from inner metropolitan Melbourne. Most were white Anglo-Western families (15) of mainly European heritage, though the sample also included families (five) from Latina, Asian, Indigenous Australian and Eastern European backgrounds. In 11 of the families, the children had been conceived in previous heterosexual relationships (stepfamily), and

<sup>1</sup> The study was in the main funded by an Australian Research Council (ARC) Discovery Grant, with additional funding for tape transcripts from the Victorian Association of Family Therapists (VAFT). Data was gathered from 2002 to 2004.

<sup>2</sup> McNair, Brown, Perlesz *et al.*, Lesbian parents negotiating the health care system. Paper submitted to Health Care for Women International in 2005.

<sup>3</sup> All but one of the interviews was conducted by RB who was the PhD candidate and research assistant to the project, and the analytic coding process was supervised by AP.

in nine families children had been conceived within a lesbian relationship (*de novo* family). Four of the lesbian parents, who had children from a previous heterosexual relationship, were single at the time of the interview.

As researchers, within a multi-generational family interview, we asked both private and public questions about who's in and who's out of the family, what/who makes a family, and who is 'in' that family when family members attend a health service or school. Asking members of a family to define their family immediately invites them to make choices about whom they should or want to include within their family. Parents, children and grandparents bore witness to each other's definitions and these definitions then built on each other as a fluid and changing sense of family was constructed during the interview process.

### Central themes

Three main themes that emerged from the interviews relating to the research questions were:

- i. Both kith (social and community affinity and friendships) and kin (biological blood relations) are defining features within family relationships;
- ii. There is a difference in how different family members think about and describe their families in private vs. public domains; and
- iii. Family members use a variety of strategies in disclosing their family structure and parents' sexual orientation in health and educational settings.

In our analysis we were particularly interested to compare and contrast the experiences of stepfamilies and *de novo* families. The lesbian-parented family is not a single or homogenous family form and indeed lesbian parents 'do family' in a variety of ways. While there is a growing number of studies of lesbian families few studies, with one notable exception (van Dam, 2004), include both *de novo* and stepfamilies. Even the distinction we make here between stepfamilies and

*de novo* families is a loose one because lesbian-parented families can also include a combination of step and *de novo* forms. Lesbian mothers, birth and non-birth, within all these varieties of lesbian-parented families, use a variety of names to define their relationships to their own or their partners' children, just as they use a variety of names to define fathers' or donors' relationships with their children. Moreover, other family members also use a variety of labels to define family relationships. We explore some of this variety in each of the three themes.

### Defining families: Both kith and kin

Each interview began by inviting family members to define and describe their family. 'Family' was defined by participants as consisting of both kith and kin – including immediate and extended biological connections, as well as broader social and friendship networks. Kith and kin were found to both be important. Some parents in our study spoke of the central significance of lesbian and gay partnerships, friendships and community in their definitions of family. Embracing social relationships is an important means of legitimising the partner of the birth mother, who is often also the co-parent, as well as the wider network of lesbian friendships. Creating families of choice promotes and enacts new post-modern ideas and concrete ways of living more fluid family relationships and 'doing family' (Morgan, 1999; Weeks *et al.*, 2001; Stiles, 2002).

Some participants discussed the distinction between biological and social relationships and attempted to exclude biology as a defining feature, even though there was often pressure from extended family members, particularly grandparents, to include blood relatives. This is shown by this interchange between a non birth parent and the biological grandmother:

**Lenora** (non-birth parent *de novo* family):  
... I've got really good friends that I know better than some of my brothers you

know. And I consider them my family more than my actual bloodline family.

**Liza** (biological grandmother): ...when you only have one brother or a sister then you haven't got that option to leave some out.

**Leonora:** Well I don't even think it is...

**Liza:** But I think it could be generational too, that young people consider friends as family, well I wouldn't be of that opinion. I think family is my children, my husband, my grandchildren, extended family that's what I consider family. No matter what they have done, no matter how many times I have to keep um, forgiving or what[ever], you know, that's what it tends to be, but it is still family

The majority of adults and children in both *de novo* and stepfamilies included both kith and kin in attributing family status on the basis of friendship, biological kinship and partnership. An involved donor/father of a young child with lesbian parents stated:

**Alistair** (donor/father, *de novo* family): ...My immediate family I suppose is my parents and my brother and actually, being a gay man all my friends who I know pretty well and who know all about me which is like these guys (lesbian co-mothers) and another couple of friends, and my extended family as well as my friends...

Nine year-old Erin included all the following in her family:

**Erin** (nine-year-old girl, stepfamily): My mum and dad and my dogs, and my two dogs and my two cats and my rabbit and Maureen (mum's partner) and my dad, and my fish... (and after prompting) ... my brother Lachlan! ...

Seventy-year-old Lillian, who also identified herself as lesbian and was a supportive and involved biological grandparent in a *de novo* family, provided a pithy summary of the coexistence of kith and kin in her description of family relationships:

**Lillian** (biological grandmother *de novo* family): ...well you can be connected by blood and you can be connected by love

and sometimes when you are lucky you are connected by blood and love... So I personally have blood connections, love connections and blood and love connections... To me it's a history of love... I just think we're flexible, we're not stuck in this is what patriarchy says family looks like basically...

Almost all descriptions of family took some thinking about by the participants in our study, perhaps a bit like wondering who to invite to the wedding (should the third cousins be invited ahead of the close neighbour, even though they've not been sighted in three years?). Complex yes, but even more fraught when the definitions go beyond the comfort of the lounge room and into the public eye.

### Private and public domains

In some ways the very act of having children jettisons lesbians and their families from the relative safety of an albeit marginalised lesbian world into the mainstream. This demands new ways of negotiating the interface between their public and private worlds and finding the language to do so. Within their private world lesbian-parented families are often very clear about their roles and relationships and do not necessarily need to define or name those relationships. It is when they step outside into the public domain that they are confronted with having to explain their family structure and children's relationships particularly with the non-birth parents, but also the donor and extended non-biological family.

The lack of a universally-accepted language to describe their families and intimate relationships frequently became a significant conundrum when interacting within the public domain. For instance, there were many examples in stepfamilies where children were more circumspect about how they described their mothers' lesbian partners within school settings and with peers, in contrast to total acceptance and acknowledgement of close (non-blood) relationships within the sanctuary of their homes:

**Interviewer:** ...how would you describe Maureen's (mother's lesbian partner) relationship to you?

**Lachlan** (12-year-old boy stepfamily): Yeah, like a mum, except like, like mum, (but) not like a mum, do you know what I mean...It's like at school and stuff, um, they're kind of like, they don't know that my parents are gay except like closer friends they kind of worked it out and they don't care... Yeah, it kind of all works out in the end but like, it's kind of hard to say Maureen's like, with mum, do you know what I mean...

Penny, like Lachlan, told only very close friends at school that her mother was gay (this family didn't use the word 'lesbian'). Privately, Penny accepted the gay relationship, and accepted her mother's lover as part of her family:

**Penny** (14-year-old girl stepfamily): I would definitely call Robyn (mother's lesbian partner) part of the family more than Helen (father's heterosexual partner) even though we've known Helen as long as we've known Robyn.

Though whilst privately thinking of Robyn as a second mother, publicly she called her a family friend, and Penny was acutely self-conscious of Robyn's role as her guardian. When filling out forms she used the abbreviated version of her name, Rob, so it appeared her mother was in a heterosexual and more socially acceptable relationship.

It is not only children who chose to be circumspect in the public domain, as Lillian a biological grandmother describes when picking up from school her biological granddaughter Wendy, and another child Lyn, also part of the family but not biologically related:

**Lillian** (biological grandmother *de novo* family): Well I've got to put a word in for grandmothers as well. Because...when... I would pick up Wendy, and then we would go and pick up Lyn from after care and they would say, they wanted to know about how all this worked. And I said they are cousins.... And see then that was the

next question, 'oh so, is it you know, does Lyn belong in this family and...' and I just said 'no, no they are from two separate families' and I just went zip (demonstrating zipping her lips) and I made it quite clear with my voice, 'two separate families' and that's it...I kind of had to [stop myself talking]...because it was dangerous ground.

**Interviewer:** What makes it dangerous ground Lillian?

**Lillian:** Now I couldn't unpack that [our family formation] in front of um, just... you know, the lady who looks after the kids after school...for me, for this woman, I mean...to say we're a lesbian family wouldn't actually explain it.

Ruth a biological grandmother recalls her own initial struggle with language when describing the relationship of her expected grandchild with the non birth mother.

**Ruth** (biological grandmother *de novo* family): I probably wondered what you were both going to be called, how you were going to be who was going to be at home, and at one stage you said we are both mummy and I thought well that's a bit silly, because that's too confusing.

So, for grandparents, parents and children different understandings of private versus public roles and the language that describes them emerged.

### Disclosure strategies in public contexts

Disclosure was the third theme that emerged and this particularly relates to how family members present their families in the public context. Disclosure of lesbian sexuality is 'a way of engaging in life' not just a single event (McDonald & Anderson, 2002, p.707), and as such is something that lesbians must make decisions about on a regular basis. Almost all parents raised and described in some detail strategies for disclosure of their sexual orientation and family structure when interacting with health care and schools. Disclosure in health care settings was raised by parents in the interviews in all but one family, but not by children who seemed unaf-

affected by interactions with health care providers. Likewise, all parents of school aged children and those with adult children raised concerns about disclosure in the school environment. Children were also very concerned about disclosure within schools and with peers with some describing their school experiences in detail.

We found that families used a number of disclosure strategies in these public contexts and we have labelled them private, proud<sup>4</sup>, passive or acquiescent and selective. Private and proud strategies were described in both health care and school settings. Some families used passive or acquiescent strategies in health care and others used selective strategies in school settings. Strategies were not always consistent across settings. Of the 15 families who either had children currently in school or had adult children, eight of the families used the same strategy in both schools and health care (three proud and five private). Of the remaining seven, four chose proud strategies in health care but selective in schools, two passive in health care and private in schools, and the remaining family chose a proud strategy in health care but private in schools. Interestingly, three families had originally chosen proud strategies in schools but homophobic experiences forced them to change their strategies to be more selective.

***The proud strategy of 'more often than not' public disclosure***

The proud strategy involved openly disclosing the family structure and sexual orientation of the parents. These families displayed firm beliefs in the need to disclose their relationships and family structure. Nine families had a predominantly proud disclosure strategy when interacting with health care services. Some advocated this in all parts of their lives, and others only with health services that were to be ongoing. Six of these were *de novo* families, two were

single mothers, and one a stepfamily. There were several reasons given for choosing the proud approach: the need to be honest; to avoid confusion; to role-model appropriate attitudes for their children; and to affirm the non-birth parent's role as an equal parent.

Many couples described the importance of presenting a 'united front', by attending health services together as a family unit and making their family structure clear from the outset. For example, Ella who attended all health care visits with her partner Sally during the antenatal period spoke of one doctor's reaction:

**Ella** (non-birth parent *de novo* family):  
A doctor at the women's clinic (said)...  
'oh I'm so glad I've met you because I've never known a lesbian family before and I would have had all these terrible ideas and you know, I can see you really love your child and you are so caring, and I would have never known'...it was really quite amazing for her to see a 'real' lesbian family and to realise...it is all very normal.

This demonstrates another motivation for the proud strategy, which was to play a part in educating health care providers about the realities of lesbian parenting. Most health care providers state that they have not received adequate education about lesbian health (King, 1994; Harrison, 1996; McNair, 2003), and lesbian parents are clearly aware of this limitation.

Over a third of the families with school-aged children adopted a proud approach in the school setting and reported significant school support for their family arrangements. This support was created by the actions of both schools and the families themselves. The supportive schools responded to families in positive and accepting ways, had lesbian teachers who showed solidarity with the children and parents, included family diversity as part of the curriculum and purchased books repre-

<sup>4</sup> In labelling one strategy as proud, we are not disregarding the fact that many participants using other strategies can also be proud about their lesbian identity and how they are raising children in lesbian-parented families, however, we are highlighting the different public face that each present.

senting lesbian-parented families. In this way they facilitated education of other parents and children at the school, just as disclosure in health care was used by some to educate health care providers. This educative process was also initiated by lesbian parents and started very early. Janet described a very upfront strategy when encountering new public situations:

**Janet** (non-birth and birth parent *de novo* family): ...introducing ourselves is something that we do that we've made a decision to do at each new sort of institution that we have to deal with, I guess, so we've done it, approached it... at kinder, when Jodie was at kinder. I've just been very up front and very early on in the piece, letting people know exactly what our family situation is... It's been great.

We haven't had any problems at all with it. However, later she conceded that disclosure isn't easy in unknown situations but remained committed to a proud strategy:

**Janet:** It's a hard thing to do. It's not something that's easy.

**Interviewer:** What makes it hard?

**Janet:** Just having to put your personal life out, out on the table with people at that stage you don't want to and you're hoping that they're going to sort of take that information with integrity and use it sensibly.

#### *The private strategy of non-disclosure*

Not all families chose to be open in health care or school environments. Seven of the 20 families adopted a predominantly private strategy in the health care setting, choosing not to disclose their lesbian family structure. Five were stepfamilies (one currently single) and two *de novo* families, both of whom lived in a rural area. There were different motivations for using this strategy: the parents' sexual orientation was not the business of, or relevant to the health care provider; the sporadic contact with health care providers; and to protect children and the parents themselves from negative attitudes and discrimination.

Seven families with children also used a private strategy in the school setting. The long-term and more public nature of family engagement with schools and concerns over children's safety in these heterosexual contexts created different influences and, therefore, different motivations in choosing disclosure strategies.

Some schools encouraged a private approach and gave families a strong message that 'it's not our business'. For instance, in a primary school in a rural town the deputy principal stopped children bullying Alison, aged 11, about her family, but made no other changes and insisted that Alison shouldn't be talking about her family at school.

Robyn, who privately is very involved in parenting 14-year-old Penny and her 17-year-old brother Mark, and had been for 10 years, was concerned about the children in the school setting and, therefore, chose a private approach:

**Robyn** (non-birth parent stepfamily): And sometimes it's really hard...as the kids were saying it is hard to tell people at school but it's hard for us too because I, I can't really, oh I suppose I shouldn't say I can't, we choose not to I guess and part of it is I can't go to parent teacher interviews or things like that...possibly as a step parent you might but you don't [as a lesbian step parent], you know. And it's more around being conscious of...what implications it might have for the children...it's more a concern about what that sets up for them to have to deal with outside.

#### *Passive/acquiescent and selective strategies*

While proud and private strategies were used in both health and school settings we also found two other disclosure strategies, each of which appeared to be unique to one setting: a passive or acquiescent strategy in health care and a selective strategy in schools. The differences in disclosure strategies were again thought in part due to the more episodic nature of contact with health

care services. Another significant influence is that children also have ongoing contact with their peers in the school setting.

Three stepfamilies displayed a passive or acquiescent strategy to disclosure in health care, in that they chose to hand over the control of disclosure to their health care provider. Those using this strategy were indifferent to whether the health care providers knew or not and would disclose if asked but didn't mind if not asked. Both the non-birth parents in two of these families talked about experiences where they presented alone with their child and were assumed to be the birth partner and therefore legal parent and did not bother to correct this assumption.

None of the families were passive or acquiescent in the way they presented at school. However, some families used a selective strategy, by choosing to disclose to some people within the school environment but not others. Influences on disclosure strategies in the school setting that were not apparent in health settings were related to children's preferences and expected peer reactions. The sensitivity or otherwise of the particular school was also an important influence. Although families had preferred strategies of disclosure, the strategy used in part depended on how accepting the school was of homosexuality in the first place. Wherever possible, parents did attempt to choose schools that would be safe places for their children, but finding such schools was not always possible.

#### *Different contexts different disclosure strategies*

Disclosure strategies were not fixed and used in all contexts, and individual family members did not always use the same strategies. Family formation had an impact on disclosure. We found a marked difference in family definition and disclosure for children conceived in heterosexual relationships and currently living in lesbian-parented stepfamilies compared with children raised from birth within lesbian *de novo* families with lesbian co-mothers. Living in a family that had changed from

heterosexual parents to lesbian mother/s is not the same as being raised from birth by lesbian parents. In both scenarios some children also have contact with, and consider as a part of their family, a range of possible donor/father and father and stepmother relationships, and a variety of biological and non-biological grandparents. Although seemingly obvious, making a distinction between the lived experience for children in stepfamilies and in *de novo* families is an important defining feature of lesbian family experience, and a distinction that has been often neglected in the literature.

While most step families tended to use a private strategy in public contexts, *de novo* families used a proud strategy. Wendy, 13-years-old and from a *de novo* lesbian family, was unusual in our study in that both her mothers and her grandmother were lesbian and she stated that from her perspective her family was 'normal' and she didn't hide her parents' lesbianism from her friends at school.

**Lucy** (birth mother *de novo* family): We always just (called ourselves) Lucy and Sarah and that's what (Wendy) was brought up saying and then yeah, she decided at some stage that she would also like to call us mum, and so she decided that we were both mums. That never came from us, that was her decision that we were both mum... And that she had two mums, so we went with that.

**Sarah** (non-birth mother): ...having lesbian parents it's a non-issue (for Wendy).

**Lucy:** It's a non-issue. It's actually a non-issue.

**Interviewer:** How do you account for that, that it has been an absolute non-issue?

**Sarah:** She was born into it I think. When you are born into it you don't know any different do you really?

**Lucy:** That's what she said to you 'it's normal.'

While Wendy's experience suggests children growing up in a *de novo* family may have a

more positive experience compared to children in stepfamilies, we are cautious to suggest all children in *de novo* families have similar experiences. Wendy was the oldest child from a *de novo* family that we interviewed<sup>5</sup>, and further research with these families as the children grow older will be important in understanding postmodern family formation in future studies of lesbians and family life. However, we can tentatively suggest that children raised in *de novo* lesbian families are likely to be more comfortable in disclosing about their parents' lesbianism, because they have been raised for life with lesbian parents and for them 'it's normal'. But we also found that the social context inhabited by the families has a substantial impact on the position lesbian parents take when they introduce themselves, their children and their families within public settings.

Recognition of the non-birth parent appears to be one of the areas of difference between previous heterosexual and *de novo* families that influences the disclosure strategy. Six *de novo* families told of experiences of the non-birth parent being invisible in health care, compared with only two stepfamilies. It is possible that the non-recognition and non-legitimation of the non-birth parent was highlighted more often and was more frustrating for members of *de novo* families, because the family's identity or *raison d'être* is tied up in the active choice of lesbian family formation from the time of the children's births. Not to have this recognised within the public domain is a form of disqualification of the family, and without this recognition these families cannot be fully authentic.

Disclosure can be particularly difficult for lesbian stepfamilies because of the complex family and friendship loyalties and realignments that occur post-separation, divorce

and re-partnering. There are many players who could be affected by the disclosure in a heterosexist and homophobic social context. The transition from heterosexual to homosexual parenting brings with it a tendency toward 'secrecy' and potential for social embarrassment, and lesbian parents in this study worked hard to protect their children from stigma and social homophobia. Disclosure for the *de novo* families was easier because not only were the parents ideologically committed to shared parenting but the children in these families (as noted earlier) were significantly younger than in the stepfamilies, and real experiences of embarrassment and harassment were less relevant to pre-schoolers and primary school-aged children who were too young to understand the stigma attached to lesbianism. This transition in awareness is amply demonstrated by 12-year-old Lachlan from a stepfamily who reported his own change in attitude to his mother's lesbian partner:

**Lachlan** (12-year-old boy stepfamily): I didn't really get it until like at least a year-and-a-half (ago)...

**Interviewer:** So you were about nine were you when (your mum and Maureen got together)...

**Lachlan:** Nine yeah. And um it just kind of felt normal. But now, no offence, but it doesn't really feel normal now.

Lesbian stepfamilies were more likely than *de novo* families to use private strategies, stating *it's none of their business*. While in the health care setting this was simply to take a lower profile in health care decisions, in the school setting it seemed much more associated with the ongoing active role of the children's father. Fathers were often still involved in the school community and attended parent-teacher nights and school events, and it was deemed to be respectful for lesbian stepmothers to take a back seat in deference to

<sup>5</sup> It appears that over the last 10 to 15 years there has been an increasing number of lesbian couples choosing to parent with many choosing self-insemination with known donors or the assistance of fertility clinics (McNair *et al.*, 2002). It was difficult to recruit *de novo* families with older children, thus all the children from *de novo* families in our study, except for one 13-year-old, were under the age of seven, and future research will no doubt be able to access an older population of children from *de novo* lesbian-parented families.

the father's role or to hide the reality of the lesbian relationship. As Penny had observed with her own lesbian stepmother:

**Penny** (14-year-old girl stepfamily):  
...I do notice that after music nights, or whatever, when me and my friend come out with our instruments and everything and say hello to mum and everything and say mum and the mother of the other girl have a conversation, that Robyn (non-birth parent) takes a huge step back and sort of walks around and blends into the crowd a bit until the conversation is over and then Robyn comes back into it...

A private strategy particularly applied to stepfamilies in which the mother's partner did not regard herself as a parent. In at least four families the birth mother's partner deliberately excluded herself from some parenting roles in the public arena including health care, despite taking on parenting responsibilities within the family. The two *de novo* families who adopted a private strategy around disclosure lived in conservative rural communities.

Van Dam (2004) has also described a difference for lesbian *de novo* versus stepfamilies, finding that mothers in lesbian stepfamilies perceived more stigma and received less support from other family members, friends and colleagues, and were less likely to disclose to health care providers due to this stigma.

We found that the age of children is also a key determinant in decisions about disclosure, particularly in the school environment. The secondary school environment was perceived by children to be less accepting of difference than the primary school context. Some young people in the early years of secondary school felt intensely stigmatised, or feared being stigmatised, because of their family arrangements. Almost all the adolescent and post-adolescent children in this study – most of whom were from lesbian stepfamilies – had at some time felt acutely embarrassed about their family make-up because of their mothers' lesbianism. And almost all of them coped by 'hiding' their

families from their peer group and attempting to 'fit in' to a heterosexist and frequently homophobic society. However, as they got older this changed. Mark describes this process of hiding one's family identity and how this changes over time:

**Mark** (17-year-old boy stepfamily):  
...having lesbian parents is no disadvantage, you've just got to get used to it and learn to be able to live with it, cause it's like it has to be in its place you *cannot talk* about it and you *cannot show* it you just have to hide it when you're at school...up until my age. Now I can meet people and just say yeah my mum's gay like she has been and that's the reason for the divorce and they can just understand that but Penny's age (14 years) and younger it's just not on, you don't do it, otherwise you're just not going to fit in...

Our findings also suggested that girls have a more difficult time disclosing information about their family with peers than boys. One explanation could be that self-disclosure is a key element of girls' friendships and perhaps more openness is demanded of them than boys. However, we are cautious in reporting this finding as further research with older children, particularly those living in *de novo* families, is needed.

### **Concluding thoughts for public policy and legal reform**

We have described a diverse range of families who presented clear and thoughtfully constructed definitions of family that encompassed both biological and social relationships. However, this clarity becomes muddy when interacting with public systems, due in part to a lack of language and varying descriptions by different family members. Disclosure about family structure and parents' sexual orientation appears to be influenced by a complex interplay between the local community, the setting, individual service providers, families as a whole and the individual child in the ways in which disclosure about parents' lesbianism is negotiated.

Family formation and the age of children had an impact on disclosure strategies.

One of the most significant factors affecting these families that emerged in the current study is the lack of social and legal recognition for their families and in particular the role of the non-birth parent. In Victoria, Australia (where this study was conducted), the non-birth parent does not have a legally recognised role as parent. While she can apply for an in-residence or parenting order through the family court to allow her to make decisions on behalf of her child/ren until they are 18 years of age, this does not recognise a lasting parenting relationship (see also Gross, this issue, for more on these problems in the context of France). Nor is she legally able to adopt her child/ren in Victoria<sup>6</sup>. Parents in particular, but children too, reported being constantly frustrated by this lack of recognition and the resulting invisibility. This resulted in very active choices about disclosure. In some families and settings, families chose to be open about their family structure in order to seek recognition for the non-birth parent as having a legitimate and significant place in her chosen family. When these families disclosed in order to seek recognition they often needed to provide in-depth explanations of their family structure, functioning and relationships, introducing unfamiliar language and concepts. In other families or settings, families chose to conceal the non-birth parent's role, which resulted in gaining safety but compromising authenticity. Protecting children from homophobic attitudes was a central concern for these parents. There is a clear need for policy makers within the areas of family law, education, health and welfare to take note of the findings in this study and to work more proactively towards reducing social and legal discrimination towards lesbians and their children.

Despite the challenges of living within a heteronormative and sometimes homophobic socio/legal/political context, lesbian-parented families reported that both parents and children were generally doing well (as described in various ways by family members) and living productive, healthy, meaningful and fulfilling lives. Regardless of the public face that was possible for these families, their private interactions within their immediate and extended family were rich and diverse demonstrating progressive engagement of both kith and kin.

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<sup>6</sup> These issues are currently the subject of a public inquiry with a review of same-sex parenting by the Victorian Law Reform Commission. See [www.lawreform.vic.gov.au](http://www.lawreform.vic.gov.au).

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