

INVESTIGATION INTO ALTRUISTIC SURROGACY

SUBMISSION FROM ACTION REFORM CHANGE QUEENSLAND

Action Reform Change Queensland (ARCQ) is a community-based organisation in Queensland which advocates for lesbian, gay, bisexual and transgender equality through campaigns for legal and social change, and public education. ARCQ was formed in 2003 with participation from individuals and established community groups.

Key Points

- A significant number of same-sex couples aspire to have children.
- The Queensland Government should address the issue of parentage presumption for same-sex de facto couples as a foreground issue to the question of decriminalising and regulating altruistic surrogacy.
- Queensland law does not currently recognise the de facto partner of a lesbian mother as a parent after conception following Assisted Reproductive Technology (ART), in contrast to the way it treats the male de facto partner or husband of a heterosexual mother.
- Extending legal recognition to co-parents in same-sex relationships would ensure they can both perform day to day parenting tasks and fulfill their parenting responsibilities.
- Protecting the best interests of a child is one of the most important principles of international law.
- Research demonstrates that children raised by same-sex couples experience the same developmental outcomes as those raised by heterosexual couples.
- HREOC have found that legal discrimination against people in same-sex relationships and their children amounts to the breach of a number of international human rights obligations.
- Access to a regulated system for altruistic surrogacy should be available in Queensland and should not discriminate between couples on the basis of relationship status or sexuality.
- Adoption, parentage presumption and access to altruistic surrogacy should be available to same-sex couples with the non-biological parent recognised as the child's parent - *Adoption Act 1964, Status of Children Act 1978, Births, Deaths and Marriages Registration Act 2003*.

Reform is needed to parentage presumption for same-sex parents in Queensland

In June 2007, the Human Rights and Equal Opportunity Commission (HREOC) launched the findings from its National Inquiry into laws regarding financial and employment-related entitlements and their impact on same-sex couples and their children.¹

The Inquiry found that legal discrimination against people in same-sex relationships and their children amounted to the breach of a number of human rights obligations under the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Rights of the Child (CRC), the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Labour Organisation Discrimination (Employment and Occupation) Convention.

The Inquiry drew attention to state and territory laws outside its scope for further review by state and territory governments. Furthermore, it found that as adoption and legal presumptions arising from birth through assisted reproductive technology are generally governed by state and territory law, a consistent approach at the state, territory and federal levels is necessary to rectify all the areas of discrimination facing same-sex families.

Protecting the best interests of a child is one of the most important principles of international law and the *Convention on the Rights of the Child* (CRC) in particular.

A significant proportion of same-sex couples also parent children. **4,386 children** live in same-sex families in Australia (ABS, 2007). This figure does not include children of non-resident or single lesbian or gay parents, or adult children living out of home. It is estimated that 20% of lesbians and up to 10% of gay men are parents.² One study has found that 42% of young lesbians intend to have children in the future.³

Some children are born to one member of a same-sex couple during an earlier opposite sex relationship. Many children are born to lesbian couples using donor sperm and Assisted Reproductive Technology (ART). Some children are being born into and raised by gay male couples with the help of a female friend or through a surrogacy arrangement. A few children may be adopted by one or both members of a same-sex couple.

Under family law, a child's two legal parents are generally the woman who bears the child (the **birth mother**) and the male partner of the birth mother, if there is one (the **birth father**). These are generally the two people who are recorded on the child's birth certificate as parents, which will be evidence of the legal relationship throughout the child's life. In Queensland, this includes the male partner of the birth mother where the pregnancy arises from ART, in that it presumes that the male partner is the child's other parent even when he has not contributed biological material, i.e. sperm, to the conception.⁴ Alternatively, if a child has been adopted, the child's legal parents will include the parents who adopt him or her. Adoptive parents can also be added to a birth certificate.

¹ HREOC. (2007). *Same-Sex: Same Entitlements*.

² HREOC, p 16 – 17; see also Jenni Millbank, *Meet the Parents: A Review of the Research on Lesbian and Gay Families*, Sydney: Gay and Lesbian Rights Lobby, p 20 – 21.

³ Barbel, V. *Young Lesbian Report*. Sydney Young Lesbian Support Group, 1991-1992 cited in Stuhmcke, A. (1997) Lesbian Access to In Vitro Fertilisation, *Australian Gay and Lesbian Law Journal*, , pp 15-40.

⁴ Refer sections 15 and 16 of the *Status of Children Act 1978*.

A child born to a lesbian couple will generally have a **birth mother** and a **co-mother**. The birth mother will be a legal parent under the current family law system. A child born to a gay couple will often have a **birth father** and a **co-father**, as well as a birth mother. Alternatively, a child may have **two co-fathers** as well as a birth mother. If there is a birth father, he will be a legal parent.

The lesbian co-mother or gay co-father(s) can apply to the Family Court of Australia for a parenting order, as 'other people significant to the care, welfare and development' of the child. But the lesbian co-mother and gay co-father(s) will not be treated in the same way as a birth parent.

Extending legal recognition to co-parents in same-sex relationships would ensure they can both perform day to day tasks without question, such as writing permission notes for school, collecting children from childcare or sport, making decisions in relation to their children's education, taking a child to the doctor and making decisions in a medical emergency. Addressing the legal status of the parents also gives certainty to the children in relation to inheritance and other legal processes that may relate to the death or illness of a parent. Children would further benefit from the legitimising of their family structures afforded by legal recognition

The failure to recognise gay or lesbian co-parents of a child may breach a child's right to identity under the articles 7 and 8 of the CRC. It may also breach Australia's obligation to support and promote the *common responsibilities of both parents* in raising a child (article 18).

In Western Australia (WA), Northern Territory (NT), the Australian Capital Territory (ACT), and New South Wales (NSW) the birth mother and lesbian co-mother of an ART child are *presumed* to be the legal parents of the child, if they are in a genuine relationship when the child is born. They are both noted on the child's birth certificate, to the exclusion of the sperm donor. Tasmania allows children in the care of a same-sex couple to be adopted by the non-biological partner. The Commonwealth and Victorian Governments have recently announced that they will make changes to recognise parents. Queensland and South Australia generally do not recognise children parented by same-sex couples. However, section 18B of the *Status of Children Act 1978* provides that Queensland recognises lesbian co-mothers as parents if they are registered in WA, NT, ACT, NSW and soon in Victoria.

In the case of a lesbian co-mother of an ART child there may not be a competing interest from another party. However, some known male donors may be included as part of the family or may even take on a shared parenting role through consensual agreements between the various people seeking to raise a child. The HREOC Inquiry supported amendments to legislation which open up additional options for lesbian or gay couples to attain legal status and therefore better protect the best interests of their child.

Social science research relating to same-sex parenting

A considerable amount of sociological and psychological research has been conducted over the past 25 years to examine the effect a parent's sexual orientation has on the welfare and development of their children. The findings comparing lesbian and gay parents to heterosexual parents refute common stereotypes and concerns about lesbian and gay parenting.

It has been clearly demonstrated that the sexuality of a child's parents has no connection to the child's moral and cognitive development, well-being or happiness. When comparing children of heterosexual parents to children of lesbians and gay men no significant differences have been found in the social adjustment, social acceptance, or sociability of the children. Nor has any difference in the children's peer relations such as quality of friendships or popularity been illustrated. In addition, no differences have been found in the children of heterosexual or homosexual parents regarding a child's gender role identification or sexual orientation.

The most important factor in a child's upbringing has been identified as the care and love put into a child's life. Lesbians and gay men display matched capability at loving and caring for their children as their heterosexual counterparts.

The following is an abridged excerpt from the Victorian Law Reform Commission paper *Outcomes for Children Born of A.R.T. in a Diverse Range of Families* by Dr Ruth McNair(2004), Department of General Practice, The University of Melbourne. The full paper is included here an appendix. Also included as an appendix is a copy of the Australian Psychological Society's Gay and Lesbian Issues in Psychology Review (GLIP Review) Special Issue: Parenting, Family Issues & Heteronormativity.

Outcomes for Children Born of A.R.T. in a Diverse Range of Families (McNair, 2004)

In Australia, the Australian Medical Association supports lesbian and gay parenting (Australian Medical Association 2002). Lesbian and gay parenting has also been recently endorsed as appropriate by the American Academy of Pediatrics through recommendations to enable co-parent adoption within same-sex families (American Academy of Pediatrics, 2002). This position was reached after a review of the literature, which showed that children fared just as well as those in heterosexual families (Perrin et al 2002). The American Academy's position was not shared by some members, who formed a new group called the American College of Pediatricians in 2002. This group has released a position statement on homosexual parenting, which states that it is potentially hazardous for children to grow up in lesbian or gay families based on a range of homosexual lifestyle risks (American College of Pediatricians 2002). Listed risks include violence among same-sex partners, unstable relationships, promiscuity, increased risk of mental illness and suicide. None of these factors has been found to be increased among lesbian mothers, as will be discussed below.

GENDER IDENTITY AND BEHAVIOUR

It has been suggested that parents do not play a significant role in gender identity and role development, but that wider society is the major influence, and possibly biological influences play a part (Campion 1995). None of the adult offspring of lesbian families is reported to have gender identity problems. Most of the lesbian studies have found no difference in gender role behaviour, in that children tended to play gender-typical games and activities. Stacey and Biblarz's review did find subtle differences in gender development, with some male and female children of lesbian parents showing less traditionally ascribed traits (2001).

COGNITIVE FUNCTION

No differences were found in school performance or on formal IQ testing in the systematically reviewed studies (including Flaks 1995 and Kirkpatrick 1981). Sarantakos, however, found that the children of gay and lesbian parents in his study performed less well at school than those from heterosexual families (1996). He attributes the difference to experiences of anti-gay prejudice. This is the only study that I have found that shows this difference. Golombok showed that children in father-absent families perceived themselves to be less competent cognitively and physically than children in heterosexual two-parent families (children aged 3–9) (Golombok et al 1997). The actual ability was not measured in this study. The presence of a father may positively influence the child's self-esteem through male behaviour that tends to be reinforced through role modelling of competence.

EMOTIONAL FUNCTION

The emotional function of children was no different in any of the reviews, either as children or adults. In particular, the adult offspring in some studies were tested using validated measures for stress, anxiety and depression, and no differences were found. This is reassuring given the concern that lesbian parents themselves may be more at risk of depression and anxiety due to marginalisation, which might have influenced their child's mental health.

PSYCHOLOGICAL DEVELOPMENT AND BEHAVIOUR

Psychological development and behaviour patterns are mostly the same as those of children in heterosexual families. This was demonstrated in the reviewed studies using a range of measures, including parental report and teacher report using validated behaviour checklists. Some studies show higher self-esteem and psychological resources among children in lesbian and gay families (Stacey & Biblarz 2001).

SEXUAL ORIENTATION

A true assessment of sexual orientation can only really occur in late adolescence and adulthood. The few studies that include these age groups indicate the prevalence of minority sexual orientations to be the same for offspring of lesbian and non-lesbian families. Tasker and Golombok showed that the adults were more likely to consider the possibility of not being heterosexual, and more had had same-sex behaviour. However, they were no more likely to identify as lesbian or gay (Tasker & Golombok 1995).

FAMILY FACTORS

QUALITY OF MOTHER-CHILD RELATIONSHIP

Most studies have shown that lesbian mothers are just as nurturing and confident as heterosexual mothers. A few studies have shown that lesbian mothers show more warmth towards their child and have more interactions with their child than heterosexual mothers (Golombok et al 1997; Vanfraussen, Ponjaert-Kristoffersen & Brewaeys 2003). This may relate to the method of conception, in that parents using ART in general show more warmth toward their child. Compared with heterosexual couples, lesbian couples consider the decision about donor insemination for longer (Jacob et al 1999), and many researchers have highlighted the positive influence of choice and planning in lesbian family formation (Perlesz & McNair in press; Weeks, Heaphy & Donovan 2001).

THE ROLE OF THE NON-BIRTH MOTHER

The vast majority of partners of the birth mother in a lesbian relationship take on a parenting role with their child (McNair & Dempsey 2003). While her role is often ignored within studies, Vanfraussen had a particular interest in the 'social' mother, and found that despite not being biologically linked to the child, she took equal responsibility (Vanfraussen et al 2003). Several studies have shown that the quality of the relationship between the non-birth mother and child was better than that between the father and child when comparing DI families (Brewaeys et al 1997; Dunne 1998; Tasker & Golombok 1998). Sarantakos suggests that the children in lesbian families will have role confusion in 'having to accept the father as a she' (1996). However, it is clear that non-birth mothers do not regard themselves as filling a father role, and certainly that they identify as women (Lamb 1999). This does highlight, however, that the non-birth mother faces challenges about feeling out of place, being ignored and not being acknowledged as a 'real' mother (Tasker & Golombok 1997). This uncertainty could negatively impact on their child. For example, a lack of legal recognition of the non-birth mother can lead to loss of contact if the lesbian parents separate or a loss of inheritance rights if the non-birth mother dies without leaving a will.

For further information also see the Victorian Law Reform Commission and the NSW GLRL report, *Meet the Parents*.⁵

⁵ Millbank, J. (2002). *Meet the Parents: A Review of the Research on Lesbian and Gay Families*, Gay & Lesbian Rights Lobby (NSW) Inc.

There has been an increased use and social acceptance of infertility treatment or assisted reproductive technology (ART) over the last decade

There is greater social recognition of the diversity of family types raising children, including extended, nuclear and blended families and families headed by single parents and same-sex couples. A recent Galaxy Poll (2007) found that 71% of Australians thought that same-sex couples should be treated equally with heterosexual couples.

ARCQ notes that Queensland is the only Australian jurisdiction where altruistic surrogacy is a criminal offence. ARCQ agrees with the findings of the Taskforce on Women and the Criminal Code in 2001 which recommended that the *Surrogate Parenthood Act 1988* be amended to remove the sanction on altruistic surrogacy as it is inappropriate and unhelpful to involve the criminal justice system in private matters that are consensually resolved between relatives and friends.

Governments can require fertility clinics to conform to eligibility criteria and codes of practice as part of their licensing agreement.

ARCQ encourage the Queensland Government to develop specific provisions for the transfer of legal parentage in the case of surrogacy.

The criteria for adoption are outdated and should not be applied to the question of altruistic surrogacy which involves 'intentional arrangements' between known and consenting parties.

Two commonly held criteria for commissioning parents include: infertility, health risk associated with bearing a child, or concern with passing on a genetic condition with serious health impacts; and a requirement that they are at least 18 years of age. ARCQ supports the age requirement. However, the notion of 'social infertility' is not explicit in the first criteria. This notion applies to same-sex couples who may be clinically fertile. An explicit statement of inclusion for same-sex couples in criteria for commissioning parents and in codes of practice for fertility clinics would remove any doubt about their eligibility.

ARCQ supports further criteria relating to demonstration of informed consent through specialist counselling and independent legal advice and the need for surrogacy arrangements to be agreed pre-conception.

ARCQ believes that it is critical that the commissioning parents be named on the child's birth certificate. ARCQ supports the model involving: a long form birth certificate recording both the birth parents' and commissioning parents' details; and, a short form birth certificate recording only the commissioning parents' details.

ARCQ believes that the protocol for access to donor information currently in place for ART in Queensland should apply to altruistic surrogacy.

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APPENDIX A

McNair, R. Dr (2004). *Outcomes for Children Born of A.R.T. in a Diverse Range of Families*. Victorian Law Reform Commission. Department of General Practice, The University of Melbourne.

PDF attached

APPENDIX B

Australian Psychological Society, (2007). *Gay and Lesbian Issues in Psychology Review (GLIP Review) Special Issue: Parenting, Family Issues & Heteronormativity Vol 3(1)*.

PDF attached



Victorian
Law Reform
Commission

Outcomes for Children Born of A.R.T.
in a Diverse Range of Families

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Preface

This is one of three Occasional Papers published by the Victorian Law Reform Commission as part of the Commission's work on assisted reproduction and adoption. Occasional Papers provide background information which is relevant to questions which the Commission is considering as part of a law reform project.

A central issue which arises in the context of assisted reproduction is how to recognise and protect the best interests of children who are conceived through assisted reproduction. The three Occasional Papers deal with different aspects of this question.

This paper reviews research findings on the health and other outcomes for children born through assisted reproduction into various types of families. It critically examines a number of studies on this issue, points out the limitations of some of this research and also identifies findings which have been repeated in a number of studies. This is essential information in assessing the effect of the current Victorian laws and considering whether these laws should be changed.

The Occasional Paper was prepared by Dr Ruth McNair, Senior Lecturer, Department of General Practice, University of Melbourne. Dr McNair is an academic general practitioner, and has conducted research and published several papers on lesbian parenting, lesbian health and sexuality and medical education. I thank her for her contribution to this important debate

The two other Occasional Papers in this series are a paper co-authored by Adjunct Professor John Seymour, Australian National University and Sonia Magri, Lecturer, University of Melbourne, which examines how other Australian states and the United States, United Kingdom and Canada regulate access to assisted reproduction, and a paper which examines the meaning of the best interests of children, in light of the provisions of the Convention on the Rights of the Child, written by John Tobin, Lecturer, Melbourne Law School.

The Commission publishes Occasional Papers to inform public debate on areas of law reform we are considering. Occasional Papers reflect the views of their authors and do not contain policy recommendations.

The Commission will be publishing an Interim Report on Assisted Reproduction and Adoption early in 2005. We will then consult further on the draft recommendations in the Interim Report.

Abbreviations

AIHW	Australian Institute of Health and Welfare
ART	Assisted Reproductive Technology
CF	cystic fibrosis
DI	donor insemination
ICSI	intracytoplasmic sperm injection
IVF	in-vitro fertilisation
PGD	pre-implantation genetic diagnosis

Executive Summary

Families in Australian society are heterogenous and include a significant number that have been created using assisted reproductive technologies (ART). These families contribute to the pluralistic nature of our society and influence social change. This Paper examines social, health and developmental aspects for children born as a result of ART.¹ The first principle of the Victorian *Infertility Treatment Act 1995* is that ‘the welfare and interests of any person born or to be born as a result of treatment procedures is paramount’. This Paper will discuss outcomes for children born of ART. Its purpose is to enable an informed discussion of the factors which affect the best interests of these children, and to inform decisions regarding appropriate regulation of ART services.

FAMILY STRUCTURE AND FUNCTION, CHILD AND SOCIAL FACTORS INFLUENCING OUTCOMES

A three-factor framework of issues contributing to child outcomes in diverse families has been adopted for this Paper. The three interrelated areas are family factors (structure and functioning), child factors (including the impact of technology and child identity as it relates to donor conception), and social factors (socio-economic status, family support, peer relationships and degree of stigmatisation).

The nature of family in our society has been changing over recent decades as a result of significant social and economic changes. The increasing availability and range of ART services has also contributed to the increasing diversity in families. Families created through ART may consist of households with:

1 Assisted reproductive technologies include insemination of sperm from either husband/partner or a sperm donor to the cervix or through the cervix in a clinical setting; gamete intrafallopian transfer (GIFT), in which the sperm and egg are transferred into the tube of the woman and then fertilise within the body; and in vitro fertilisation (IVF) and intra-cytoplasmic sperm injection (ICSI), both of which create an embryo in the laboratory for later transfer to the woman’s uterus.

- both biological parents;
- one biological parent (mother or father);
- one biological parent and a non-biological parent of the opposite sex;
- one biological parent and a non-biological parent of the same sex;
- two lesbian parents, each of whom has had a biological child within their relationship;
- two parents neither of whom is a biological parent, if the child was conceived using both donor ovum and sperm; or
- more than two parents (for example a lesbian couple and the biological father).

Family structure has been described as an inadequate proxy measure for child outcomes due to the huge variation in levels of functioning within any one family type. Overall, family functioning (processes) rather than family structure is the critical factor in determining children's outcomes. Family processes that improve outcomes for children include family cohesion, minimal conflict, good quality parent–parent and parent–child relationships, consistent parenting style that includes a high level of reward and minimal coercion, and positive inter-generational family relationships.

Concerns that ART parents may have dysfunctional parenting styles due to the intensive and interventionist nature of conception are not borne out in research. ART parents are found not to be over-protective, not to have unrealistic expectations of the child, nor to have increased marital problems following fertility treatment. The non-biological parent of a donor-conceived child is found to accept the child as his or her own, and to be just as effective as the biological parent. Further, a number of positive differences have been found in the quality of parenting within ART families when compared with natural conception families:

- mothers express more warmth toward their child;
- mothers and fathers are more emotionally involved and interact more with their child;
- mothers and fathers are less stressed by parenting;
- fathers who have children through ART are less authoritarian than fathers of naturally conceived children, regardless of whether they are biologically related to them or not; and
- children report less parental criticism than natural or adoptive children.

In addition it has been found that:

- the psychological development of children in ART families is no different to that of children in naturally conceived families; and
- ART children report appropriate levels of parental discipline and control.

In stark contrast to these positive family influences on child outcomes, significant negative influences that are external to the family have been identified, including the effects of stigmatisation. The use of ART, of donor gametes, adoption and surrogacy, and being a single parent, an infertile parent, or a lesbian or gay parent are all stigmatised within our society. Stigmatisation arises from a belief in the primacy of the nuclear family and the right of children to be raised by both biological parents where possible. Social views about ART and diverse families are widely divergent, and are gradually shifting. An increasing proportion of Australians now approve of in-vitro fertilisation (IVF). However, 14% continue to disapprove of IVF even for married couples, 62% disapprove of access to ART by single women and 69% of access by lesbian women.

Stigmatisation of some families can have several negative effects for children.

- They may experience overt prejudice towards different family types as expressed by politicians, religious leaders, friends and even relatives, and as reflected in government policies and public statements.
- Lesbian and single mothers may have difficulty obtaining advice about self-insemination and screening of donor sperm, which may result in infection of the mother and child, with major health consequences.
- Parents using donor gametes may be unwilling to inform close family or even their child about the use of donated sperm.
- There may be reduced social support for the family, which has particular impact on sole-parent families and can lead to less positive child developmental outcomes, regardless of the sexuality or the financial situation of the parent.
- Children's peer relationships can be compromised through difficult school experiences, including hostility or bullying about their family structure or nature of conception.
- Children may choose not to reveal the full extent of their family relationships, which can create a sense of isolation through lack of full involvement of friends in their lives, for example not inviting friends home or not openly discussing their biological parent's partner (who is often also their parent).

- The absence of cultural and educational representations of alternative methods of conception and diverse family structures can reinforce a child's sense that his or her family is different or 'abnormal'.

The reality of the increasing number of diverse families, and the prevalence of adverse outcomes related to their stigmatisation, combine to provide ample evidence of the need to accept, validate and embrace families that include child–parent relationships that are not purely biological. Only then can we claim to be a socially progressive and tolerant society.

THE IMPACT OF TECHNOLOGY

There are almost 5000 children born in Australia each year who have been conceived using ART techniques—including IVF, intracytoplasmic sperm injection (ICSI) and donor insemination. They represent 1.7% of all live births. A range of positive outcomes for ART children can be attributed to parental factors. Parents using ART demonstrate a strong desire to parent, which is found to be beneficial for their children's wellbeing. ART procedures are accessed by disproportionately higher numbers of older couples, as advanced maternal age is a common reason for reduced fertility. Socially, older parents are more financially secure and have more fully developed life skills. This may be one of the factors that lead to more positive parenting styles. Advanced maternal age, however, can have physical consequences for the child. It increases the risk of chromosomal abnormalities, miscarriage rates, and the risk of premature labour and low birth weight, all of which can lead to significant health problems for the child.

The technology (IVF and ICSI in particular) itself is a mixed blessing for these children. While it brings children into many caring and loving families who would otherwise not have been able to conceive, there are potential negative physical impacts:

- IVF and ICSI children have more than double the incidence of peri-natal mortality (defined as the stillbirth of any child of at least 20 weeks gestation and the neonatal death of any child up to 28 days following birth).
- Higher multiple pregnancy rates: the rate of multiple births after IVF in Australia is almost 20%, compared with 1.6% within the general population.
- Higher chance of pre-term birth: 27% compared with 7% in the general population. Pre-term birth increases the risk of several health problems:

- respiratory problems
- gastrointestinal problems
- a need for intensive monitoring in the first few weeks of life
- visual impairment
- neurological problems including cerebral palsy
- Increased risk of inheritance of rare genetic abnormalities related to the underlying cause of infertility in their parent, which could lead to childhood cancers, and infertility as adults.

While the physical effects may persist, child psycho-social development and academic achievement has been shown to be no different for children of ART. Multiple births can be minimised through reducing the number of embryos transferred to the uterus, and Australia is leading the worldwide trend to do this. Overall, the risk of major birth defects with IVF is about the same as for naturally conceived children, apart from the possibility of inheritance of rare genetic disorders mentioned above. It is important to recognise that technology also assists in reducing the risk of certain birth defects through the use of pre-implantation genetic diagnosis (PGD), a relatively new technique that will increasingly prevent the transfer of embryos that have serious genetic abnormalities.

THE IMPACT OF BEING DONOR-CONCEIVED

The conflict between the rights of the parents to privacy and the rights of the child to knowledge is said to be one of the most disputed ethical issues in ART, and secrecy regarding donor origins is one of the most significant potentially negative outcomes for donor-conceived children. The majority of heterosexual parents who have used ART with donor gametes do not disclose this fact to their children. In contrast, lesbian parents, gay parents, and families using surrogacy show a high level of openness regarding their child's donor origins, and many value and encourage contact with the sperm/egg donor.

There are several negative outcomes for donor-conceived people in an environment of non-disclosure. Some of these relate to the impact of delayed discovery of donor status and others to being unable to discover the identity of the donor.

Consequences of non-disclosure or inability to identify the donor include:

- A child's identity development may be compromised if they are not told of their donor status prior to puberty. As a result they may feel incomplete or that they do not completely belong to their family.

- Donor-conceived people may be restrained or prevented from searching for their donor out of fear of being perceived as rejecting their parents, fear of being rejected by the donor, or as a result of criticism by others for wanting to seek out their donor.
- Family and other relationships may be compromised in the following ways:
 - before disclosure, many children can sense that something is wrong or inconsistent;
 - when donor origins are discovered, children can feel that their parents have been dishonest, which can lead to reduced self-esteem and difficulty in forming trusting relationships;
 - some children feel forced to collude in non-disclosure to others to ‘protect’ the family;
 - many children are concerned that they could inadvertently form an intimate relationship with a sibling or other close relative;
- The person may not be able to obtain genetic information about the donor, which could be important for the health of the donor-conceived person.

The types of information that donor-conceived people want to know about the donor include:

- non-identifying information such as physical characteristics, ethnic and cultural background and medical history; and
- the donor’s identity and various personal traits.

They may also feel the need to develop a relationship with the donor. The majority of people who do seek contact with their donor do not regard him or her as a parent.

Not all donor-conceived people want to discover the identity of their donor. Nor do all have adverse outcomes. However, the negative consequences that can arise warrant a challenge to the ongoing practice of secrecy. Parents of donor-conceived children need to be equipped with information about when, how and what to tell their children. In particular, this will involve early disclosure of donor status, well before puberty, and then tailoring information to the needs of their child at each developmental stage.

SURROGACY AND CHILD OUTCOMES

Surrogacy is another of the highly controversial areas of assisted reproduction, and generates polarised views in our society. Moral arguments feature prominently, and there is no general agreement on its ‘moral permissibility’. Unfortunately, this is also the area of ART with the least empirical data to draw on. Very little at all is known about the children’s outcomes, particularly as there are very few children of ART-assisted surrogacy who have reached adulthood. Small studies have shown that the children of surrogacy arrangements are psycho-socially well adjusted, however, these studies have to date involved only preschool aged children.

Parents using surrogacy generally have a high socioeconomic status. Like ART parents, non-biological mothers have high quality relationships with their children, and the lack of a genetic link does not affect their identity as mothers. Contrary to fears, commissioning parents show little conflict with the surrogate mother and a majority plan for ongoing contact between their child and the surrogate mother. These parents are universally open with the children regarding the use of surrogacy in their conception.

OUTCOMES FOR CHILDREN IN LESBIAN AND GAY FAMILIES

A range of rigorous studies has shown that children in lesbian families do at least as well as children in heterosexual families. Recent studies have identified some differences in child outcomes, most of which are positive. The outcomes for children growing up with lesbian parents include:

- no difference in cognitive function;
- no difference in emotional function;
- no difference in psychological and behavioural development;
- gender role behaviour: children tend to play gender-typical games, however, some male and female children of lesbian parents show less traditionally gender-ascribed traits;
- no differences in sexuality identity for adult offspring of lesbian and non-lesbian families, although some adults from lesbian families are more likely to consider the possibility of not being heterosexual, and are more likely to report same-sex experience;
- children show more awareness and understanding of diversity more generally; and

- while some children report reduced self-perceived academic and physical competence, they actually have equal levels of competence when tested by teachers.

Recent studies have pointed to important positive differences in the parenting style of lesbian parents compared with that of heterosexual parents. Many are similar to the differences found among parents using ART.

- Lesbian couples consider the decision to use donor insemination for longer than heterosexual couples, and many researchers have highlighted the positive influence of choice and planning in lesbian family formation.
- Lesbian couples accessing donor insemination have more cohesive relationships than heterosexual couples accessing the same clinic.
- The relationship satisfaction of lesbian and heterosexual couples with children is no different.
- Lesbian mothers have the same levels of self-esteem, depression and anxiety as heterosexual mothers, whether coupled or single.
- There is more egalitarian co-parenting between lesbian mothers and possibly between gay fathers.
- Same-sex parents demonstrate that parents of either gender have the same capacity for nurturing, division of labour and for achieving an authoritative style that creates positive child outcomes.
- The majority of non-birth mothers within lesbian families take on a parenting role and are shown to develop a quality relationship with their child. Some comparisons show that the quality of the relationship between non-biological mothers in lesbian families and their children is better than that between non-biological fathers and their children in heterosexual donor insemination (DI) families.

In most lesbian families using donor conception, the biological father does not have a primary parenting role. Lesbian parents distinguish between parenthood and fatherhood, in that the donor is often regarded as a father in the biological sense but not as a parent. The challenge for lesbian parents is to strike a balance between their own need for integrity of their family unit, and the child's possible need to know their biological father. Many children in these families are just as inquisitive about their donor's identity as other donor-conceived people, although they have the advantage of the almost universal disclosure of their donor-status from an early age.

Some lesbian parents choose known donors for their child's benefit and others choose unknown donors (through clinics). One reason for preferring an unknown donor is the lack of legal and social recognition of the non-biological mother as a parent and her resulting vulnerability within the legal system. Choosing an unknown donor could be a disadvantage for children wishing to know his identity in the future, if anonymous sperm has been obtained in a state where the law does not provide for identity release. Gay men are taking on a primary parenting role in some situations, and these men are fulfilling a highly revolutionary role in redefining fatherhood in Australia.

Children of lesbian and gay families and their parents fear that they may be more stigmatised than other children and this is found to be the case. Children of lesbian and gay parents report being bullied at school due to their parents' sexuality. However, these families develop a range of strategies that assist their children to successfully deal with such issues, enabling them to form successful peer relationships, and creating resilience that prevents them from developing emotional consequences of being stigmatised.

CONCLUSION

There is sound evidence of equal or more positive outcomes for children born into families with non-biological parents, same-sex parents and through surrogate arrangements. These apply both to children's emotional, social and psychological development; and to parenting styles and family functioning. These positive findings are balanced for some ART and donor-conceived children by the adverse impacts of the technology itself and of non-disclosure of donor status.

From the children's perspective, ART can be safely offered to any family type, regardless of the sexuality of parents, or the need for donated gametes, providing that parents are fully informed of the two areas that can adversely affect their children: health risks related to the use of technology for conception, and risks to identity formation and family relationships caused by late disclosure of donor identity or the inability to identify the donor.

The impact of social factors, including stigmatisation of children within these diverse families, is considerable and social policy, legislation, and public systems are failing to keep pace with the social changes that create these children. Inadequate representation of diverse families in the public arena increases the already stigmatised nature of ART, infertility, surrogacy, and lesbian and gay families. Society has a responsibility to respond to their needs and to provide a nurturing social environment.

In the face of ongoing stigmatisation, these children appear to be remarkably resilient, negotiating the stigma by developing strong peer relationships through careful choice. They are not only aware of their own family diversity, but develop a rich understanding of diversity more broadly. Having made a deliberate choice to have children, their parents are providing an effective and loving environment and equipping their children with skills that build resilience. They also instil the value of acceptance of diversity in their children. In this way, parents and their children are positively contributing to our pluralist society.

Introduction

The Australian scientific community has contributed to world-leading advances in technology that assist conception. This technology is also becoming increasingly accessible. In parallel, Australian family structures have become more diverse. In contrast to the social reality that there are more children born into a diverse range of families, many Australians still regard the nuclear family model as the gold standard for child rearing. They remain concerned that other family structures are inferior or even detrimental to the wellbeing of children. While the nuclear family is assumed to be successful (a disputed assumption not covered here), social imperatives dictate that evidence must be provided that other families create appropriate environments for children.

This Paper examines social, health and developmental aspects for children born as a result of assisted reproductive technologies (ART).² I start by defining a framework that outlines the various factors that are known to affect child outcomes. This framework is first applied to all children of ART, regardless of the type of parents. Two particularly controversial areas underlie much of the public consternation towards ART: whether having a biological connection to one or both parents is important to child outcomes,³ and the degree to which donor-conceived children should be informed of their donor status. These will both be explored from the child's perspective. Evidence for children from surrogacy and adoption will also be discussed where the context intersects with ART. Finally, outcomes for children of lesbian and gay parents accessing ART will be discussed in detail. The Paper will not deal with other forms of family diversity, including blended or step families arising from relationship breakdown and divorce.

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- 2 Assisted reproductive technologies include insemination of sperm from either husband/partner or a sperm donor to the cervix or through the cervix in a clinical setting; gamete intrafallopian transfer (GIFT), in which the sperm and egg are transferred into the tube of the woman and then fertilised within the body; and in-vitro fertilisation (IVF) and intra-cytoplasmic sperm injection (ICSI), both of which create an embryo in the laboratory for later transfer to the woman's uterus.
 - 3 Many children of ART are biologically related to both parents, as ART techniques often involve the use of the father's sperm and mother's eggs to overcome their reduced fertility. Some children of ART are donor-conceived, which means that sperm and/or egg are from a donor and not from the child's social parent(s).

My position is one of enquiry. I have set out to find legitimate and rigorous studies that specifically address outcomes for children. Some criticism has been levelled particularly at the lesbian and gay literature in the area. I address the methodological limitations of these studies and, where possible, use studies that minimise these limitations. Australian studies have also been included to incorporate a local context. One methodological challenge common to studies in this area is that participants can be difficult to find. Heterosexual families using anonymous donors, donor-conceived children, lesbian parents, and gay fathers using surrogacy may be reluctant to participate in research. Social science research in this context has developed various purposive sampling methods such as snowballing, which are regarded as methodologically appropriate (Plumb 2001, p 168). Resultant samples are not representative of the wider population. However, they do provide legitimate information about these hard to reach groups.

There are various approaches to the study of outcomes for children in diverse families. One approach measures outcomes against those of children in nuclear families. These studies tend to be quantitative and are important in answering the common question of whether children are adversely affected. Earlier research in this area used a deficit model, assuming that families involving anything other than a biologically related mother and father were deficient. These include studies that examined 'father-absent' families (Sanson & Lewis 2001a). More recent studies have taken a more open comparative approach, being willing to search for both negative and positive differences, and similarities between families. A second approach is more exploratory, seeking to describe and understand the lived experience of children in diverse families. These studies, emerging over recent years, tend to be qualitative and can create a deeper understanding of the children's outcomes.

Throughout this Paper, I recognise the heterogeneity of family in our society. I start with the view that no particular family type or conception method has any greater legitimacy from the child's perspective and then test this against the evidence. In acknowledging both 'created and assigned kinship' (Cherlin 1999), I do not challenge the ongoing value of the nuclear family as one of the many legitimate family forms. However, I do acknowledge the 'post-modern family condition' as defined by Stacey as a fluid and diverse system contributing to our pluralistic society (Stacey 1996).

A Framework for Child Outcomes

Child outcomes include physical, social, cognitive and emotional development. Some outcomes such as inter-relationships with parents, peers, and adults and educational outcomes, health measures and behaviour can quite readily be measured. Other areas are more difficult to measure, for example the child's perspective of their own wellbeing. The Australian Institute of Health and Welfare (AIHW) bases the measurement of child health and wellbeing on the National Child Health Information Framework (Australian Institute of Health and Welfare 2002). This has three domains: health status (health, growth and development, illness, disability, safety), risk and protective factors (including social, biological, environmental and family issues), and services (including health programs). It is clear from this framework that a large number of intersecting factors contribute to the outcomes for any child beyond the family itself. It is important to use a multi-dimensional framework when considering factors affecting child outcomes, and not to view any one particular factor, for example family structure or method of conception, in isolation. The Australian Institute of Family Studies suggests a three-factor framework when dealing with diverse families, which will be adopted for this Paper (Wise 2003). The three interrelated areas are:

1. Family factors

These involve the interrelated issues of family structure and family function.

Family structure:

- number of parents
- gender of parents
- sexuality of parents
- stability/consistency of parenting arrangements

Family process or functioning:

- degree of desire for parenthood
- family cohesion or conflict
- quality of parent–parent relationship
- parenting style and disciplinary methods

- parental involvement with the child: engagement and accessibility, degree of warmth, emotional involvement, extent to which child's needs come first
- inter-generational involvement, especially of grandparents

2. Child factors:

These include temperament, adaptability and gender. In the context of ART, I will discuss two other child-related issues here:

- the conception method, specifically the impact of technology on the child; and
- the identity of the child as determined by the extent to which he or she knows about his/her biological heritage.

3. Socio-cultural factors

Factors external to the immediate family can strongly influence the functioning of that family and are also found to independently affect child outcomes.

- socioeconomic status
- social support
- legal support
- school environment
- peer relationships
- general social values and degree of stigmatisation or acceptance

Each of these factors will be discussed from the perspective of any child born using ART and surrogacy. Finally, the impact on children of growing up in lesbian and gay families from conception will be discussed.

THE CHILD'S BEST INTERESTS AND ART

The welfare of the child is increasingly acknowledged as a primary consideration when evaluating ART regulation around the world (Fasouliotis & Schenker 1999). The Victorian legislation regulating ART led the way in 1984 as one of the first such Acts in the world, and clearly prioritises the child's interests. The first principle of the *Infertility Treatment Act 1995* (Vic) in section 5 is that 'the welfare and interests of any person born or to be born as a result of treatment procedures are paramount'. Reaching an agreement on what this actually means, however, is not straightforward. Coady states that it is very difficult to predict what the interests of the child will be as we lack knowledge of what the child will want

(Coady 2002). She states that the only certainties are the obvious physical needs (food, housing, health) and freedom from violence. It is hoped that the following discussion of outcomes for children will enable a more informed discussion of the true determinants of the best interests of the child, and therefore inform decisions regarding appropriate regulation of ART services.

Beyond the best interests and welfare of the child, should the rights of the child also be considered? Coady suggests it is appropriate to use a rights argument in the regulation of ART and that in extreme cases this can be extended to the right not to be born, however, such cases would be extremely rare (Coady 2002). Savulescu agrees that any child may suffer, however, this does not remove their right to be born unless the suffering renders life not worth living (Savulescu 2002).

Once the child is born the United Nations *Convention on the Rights of the Child* comes into effect.⁴ The Convention has been criticised for neglecting particular marginalised groups of children including disabled and gay children, and therefore failing to protect their rights (Freeman 2000). It also fails to define parent and to include mention of diverse family structures including single parent and lesbian and gay families. Such exclusion indicates that the instrument is somewhat dated in its application and requires revision. It has been suggested that using a rights framework is a 'smokescreen', diverting attention from the real issues that affect children such as economic disadvantage and social oppression (Freeman 2000). I believe that a rights argument is important, however, in this Paper I focus on the child's best interests.⁵

FAMILY FACTORS

What is family? What is a 'normal' family? The nature of family has been changing over recent decades, both in structure and function, as a result of significant social and economic changes (Wise 2003). Various influences have created a desire to marry later and to delay child-bearing, including changes in women's role in the workforce and society. This has increased the demand for ART services as women initiate attempts to conceive in their late 30s or early 40s when their fertility is declining. This also means that single women who have not

4 The *Convention on the Rights of the Child* includes the need to protect children from discrimination, for the child to know and be cared for by his/her parents, the right to life and survival, to have contact with both parents where possible, to preserve his/her identity, and the right to the best available health care.

5 The rights of the child will be discussed in another discussion paper commissioned by the Victorian Law Reform Commission.

yet found a life male partner may decide to conceive alone. In parallel, men are starting to take an interest in a more active role in parenting their children. With increasing secularisation of western society, divorce rates are rising and more couples are choosing to have children within de facto relationships. Acceptability of non-heterosexual sexuality has increased, with a concomitant downward shift in the age at which women and men identify as lesbian, bisexual or gay. This has contributed to increasing numbers of lesbian women choosing to have children within their lesbian relationship (McNair 2002a). Some gay men are now also looking for a primary parenting role with their children, and a few are looking to have children within their relationships through surrogacy. Medical advances have also led to the availability of ART that has increasing levels of sophistication and success rates.

An Australian National University study in 2003 on societal attitudes regarding who is family revealed that 65.3% of 18–34 year olds agreed that a same-sex couple with children constitutes a family, 55.5% of 35–49 year olds, and only 14.1% of over 65 year olds (Symons 2004). While younger generations are starting to embrace family diversity, our legal and social bureaucracies have not kept pace with these social changes through failing to redefine family or maintaining narrow definitions of family. There is no generally accepted international family law definition of family, and no definition of family in Australia's *Family Law Act 1975*. While this creates flexibility and autonomy in decision making for individual judges, it does not bring any degree of security for members of families who are not socially defined as family.

The AIHW used the 1999 census data to categorise four family types and provides data on the proportion of each type with children 0–7 years of age (Australian Institute of Health and Welfare 2002):

- Intact family: 'a couple family containing at least one child who is the natural child of both members of the couple, and no child who is the stepchild of either member of the couple': 74%.
- One-parent family: a family consisting of a lone parent with at least one dependant or non-dependant child who is usually resident in the household': female parent 16%, male parent 2%.
- Step-family: 'a couple family containing one or more children, at least one of whom is the stepchild of either member of the couple and none of whom is the natural or foster child of both members': 5%.

- Blended family: ‘a couple family containing two or more children, of whom at least one is the natural child of both members of the couple, and at least one is the stepchild of either member’: 3%.

These categories reflect some of the diversity in Australian families. However, quite a number of families are not represented, particularly many of those that use ART or surrogacy. These include families in which more than two adults are involved in a parenting role (eg a lesbian couple and the biological father), families in which there is at least one child biologically related to both parents and another child unrelated to either (eg intact family plus an overseas adoption), lesbian parents who each have a biological child within their relationship (who would not regard themselves as step-parents of either child). The language used is restrictive. The use of the word ‘intact’ suggests a value judgement implying that each of the other types is deficient in some way, and this term has been discredited in family therapy circles for this reason. Describing biological children as ‘natural’ rather than the more descriptive term ‘biological’ also implies that non-biological children are ‘unnatural’. Adoption advocates have identified the need for using respectful language that reflects the family reality, for example using ‘birth mother’ rather than ‘natural mother’ (Grotevant et al 2000). Describing the relationships between all members of the family provides a more useful categorisation:

In order to describe the familial circumstances of the child, distinctions need to be made between households with both biological parents, one biological parent (mother or father), one biological parent and an adult of the same sex, or neither biological parent but one or more adults providing parent-like relationships (through adoption, donor insemination, foster-care, or extended families caring for children) (Sanson & Lewis 2001a, p 4).

There are no accurate figures for the proportion of Australian families who are living outside the nuclear (‘intact’) family model. For example, within the 18% of one-parent families, it is not known how many of these parents chose to conceive their child as a single person. There is no method of estimating the number of parents in Australia using surrogacy as these arrangements are generally private. There is also no way to accurately measure the number of lesbian and gay families, although through community surveys it is estimated that 20% of lesbians and up to 10% of gay men are parents, about half of whom created their family within their lesbian or gay relationship (Millbank 2003).

FAMILY STRUCTURE AS A MEASURE OF CHILD OUTCOMES

Family structure has been described as an inadequate proxy measure for child outcomes (Australian Institute of Health and Welfare 2002), due to the huge

variation in levels of functioning within any one type. For example, children in single-parent families are more likely to have poor health. In this context there are several confounding variables including reduced socioeconomic status and reduced adult support that strongly influence child outcomes. Failure to take account of these variables and to avoid describing the diversity within single-parent families has led to a stereotypically negative impression of these families. 'Studies that have attempted to disentangle family structure from other factors tend to suggest that there are no simple causal relationships between family structure and child wellbeing' (Wise 2003, p 7–8).

An important element of structure that does influence outcomes directly is the consistency of the family structure. Greater consistency creates better security for children who then have better academic and emotional outcomes, and better social relationships (Wise 2003). Overall, however, 'family processes rather than family structure are the critical factor in children's adjustment' (Sanson & Lewis 2001a, p 6).

FAMILY FUNCTION

I will briefly discuss the functional factors known to affect child outcomes before moving to the function of ART families. These factors include family cohesion, conflict, quality of parental and parent–child relationships, parenting style and inter-generational family roles. Family cohesion, which is the level of positive interpersonal relationships between all family members, is shown to influence children's mental health. The Child and Adolescent component of the National Survey of Mental Health and Wellbeing examined family cohesion and the mental health of children 4 to 17 years old (Sawyer et al 2000). This showed that 9% of parents rated their ability to get along as a family as poor or fair. Children in these families had more emotional and behavioural problems. It is possible, however, that children's poor mental health may also influence family cohesion so it is difficult to determine cause and effect.

Related to this is the impact of conflict within the family, and specifically between the parents. Conflict between parents is shown to be the main predictor of emotional distress in children (Amato 1993; Golombok 2000), and to be one of two significant risk factors (the other being parental disciplinary style) for children's poor mental health (Golombok, Tasker & Murray 1997; Silburn et al 1996). The level of conflict is consistently found to be a better predictor of child adjustment than family structure. Divorce is often the context in which conflict is studied. In divorce situations where there was minimal conflict, children were found to do better than those in families with parental conflict. This indicates that

conflict, rather than divorce itself, is the pertinent determinant, particularly over a long period of time (Dunlop & Burns 1989).

Parenting style, and particularly disciplinary measures, is strongly related to children's mental health and wellbeing (Silburn et al 1996). The consistency of the disciplinary styles of both parents is important. So-called authoritative disciplinary styles, which include a high use of rewards and minimal coercion are found to be beneficial. Authoritarian styles which have a high level of control and low level of support are detrimental. Mental health problems occur with coercive and inconsistent styles. The balance between control and support is crucial (Vanfraussen et al 2001).

Parental involvement with the child and other aspects of the parent-child relationship affect child outcomes. Children do better when their parents regularly engage with them and are available to meet their needs (Wise 2003). Various measures are related to child wellbeing, including the degree of warmth, level of concern, sympathy and interest in the child as a person (Golombok et al 1997). The level of emotional involvement, including the extent to which the child's needs come first, also influences child development. Children's academic success is partly related to the level of involvement of parents in the school and the relationship between parents and their child's teachers (Mercier & Harold 2003). Increased parental school involvement is also associated with improved child school attendance, completion of homework tasks and more positive behaviour in school. Recent work also examines the role of grandparent involvement in children's lives and suggests more positive outcomes with increased involvement (Fulcher et al 2002).

A final factor that influences child wellbeing is parental health and wellbeing. Multiple effects are at play here including the parent's ability to care for the child physically and emotionally, and the degree to which parental illness influences child illness. For example, it is found that 31% of children with parents reporting low physical health had reduced general health themselves (Silburn et al 1996). Parents with depression can be more negative and punitive in their relationship with their children, which in turn affects children's mental health (Wise 2003).

FAMILY FACTORS IN FAMILIES USING ART

How do family structure and function interact within ART families? Concerns have been raised that IVF may be associated with dysfunctional parenting. It was thought that the large emotional investment in IVF might potentially lead to parents being over-protective of their child, having unrealistic expectations of the child as the 'perfect' outcome of their long-held dream, or having marital

problems following fertility treatment. A further concern for children of donated sperm or eggs was that the non-biological parent may not accept the child entirely as their own and therefore be a less effective parent. A number of studies have addressed these concerns. In a review of eight studies on outcomes for IVF children, Golombok found that children had normal cognitive, social and emotional development, rated by parents and external observers (Golombok et al 2002). In another review of 12 studies of children of donor insemination (DI) in heterosexual families, the majority of fathers felt they were 'real' fathers, that relationships with their children were good, marital satisfaction was high and child psychological adjustment was normal (Brewaeys 1996). Most of these studies were conducted without a control group, however, so they cannot be used to draw definitive conclusions.

A current European longitudinal study using a rigorous design is comparing families created using DI and IVF with naturally conceived and adoptive families (Golombok et al 1996; Golombok et al 2002). The study measures a number of factors including the quality of parenting, family functioning and child socio-emotional development. It uses questionnaires and interviews with mothers and teachers, and tests with the children of self-esteem and feelings towards their parents. A child psychiatrist, who is unaware of the children's family background also measures their psychological functioning.

The first phase of the study was conducted in Italy, Spain, the Netherlands and the UK when children were aged between 4 and 8 years (Golombok et al 1996). Representative sampling methods were used to obtain 116 IVF families (none of whom had used donated gametes),⁶ 111 DI families (using donated sperm), 120 naturally conceived families and 115 families with a child adopted in infancy. The families were matched closely on demographic characteristics. The comparison between IVF and DI families with 'natural' and adoptive families showed several differences indicating that the quality of parenting among families using assisted reproductive technologies (includes IVF and DI) was better than the quality in naturally conceived families. ART mothers expressed more warmth toward their child, were more emotionally involved, interacted more and were less stressed by parenting. Fathers of children via ART also had less parenting stress and interacted more with their children than fathers of naturally conceived children. No differences were seen between IVF and DI families, despite the donor factor in DI families. No differences were seen between adoptive families and ART

6 A gamete is an egg (oocyte) from the woman, or sperm from the man.

families. Children's psychological development was no different in any family type.

The second phase of the European longitudinal study obtained data from the same families when children were aged 11 to 12 years (Golombok et al 2002). Data-collection methods included interviews with mothers, fathers, children and children's teachers to minimise reporting bias. The majority of the parents were still married (93%). However, 6% had divorced or separated and 1% of fathers had died. Divorce rates were the same in each family type, indicating that ART had not affected the longevity of the parental relationship to that time. Results showed again that the quality of the child-parent relationships was very similar between family types and that child development was no different. ART mothers again showed greater emotional involvement with their child and ART fathers showed more warmth and were less authoritarian. ART children reported less parental criticism than natural or adoptive children, yet appropriate levels of discipline and control.

This study not only supports findings from previous studies but also provides compelling evidence that ART does not negatively impact on child outcomes and may be associated with more positive parenting styles. An Australian study also demonstrated that the psycho-social development of ART children is normal (Kovacs et al 1993). These studies assist in putting to rest all of the concerns that had earlier been raised about the problems regarding ART families.

SOCIO-CULTURAL FACTORS

STIGMATISATION

While family structure and function are crucial to child development, there are significant influences on a child's outcomes that are external to the family and can be out of the family's immediate control. These influences include the community, culture and society in which the family exists (Sanson & Wise 2001b). Analysis of child outcomes that is based only on examining individual family factors is a common approach. However, it fails to address underlying social factors, which are the responsibility of public policy and the community to address (Stanley 2001). One of the issues uniting all of the families formed outside a nuclear model of family is stigmatisation. Stigmatisation is defined as 'the condition of being denied full social acceptance' (Goffman 1963, p 2). It leads to various forms of discrimination, that in turn contribute to reduced social support, increased experiences of violence, marginalisation, low self-esteem, increased stress

and ultimately poor mental health and wellbeing (Kessler, Mickelson & Williams 1999; Krieger et al 1993).

Adoption, the use of donor gametes in ART, surrogacy, being infertile, being a single parent or being a lesbian or gay parent are all stigmatised within our society. Some subgroups can experience multiple levels of stigmatisation. For example, lesbian parents identify a double-stigmatisation, that of being a lesbian and that of being a lesbian parent. This arises from society in general, but can also be experienced within the lesbian community, elements of which have traditionally opposed parenting (McNair 2002a). Gay men attempting to access surrogacy arrangements can be deemed inappropriate parents due to their gender, their sexuality or their single status (McNair in press).

The underlying reason for the stigmatisation of all of these forms of parenting is that a significant section of the community continues to believe in the desirability of retaining the 'normative ascendancy of the nuclear family' and that children have a right to grow up with both biological parents if at all possible (Trainor 1995; Walker 2000). This is largely a moral argument. It has been labelled as 'cultural common sense', as it embodies beliefs about family and the absolute need for a mother and father that are deeply embedded and are difficult to challenge with factual information (Clarke 2001). Yet social attitudes change over time and common wisdom can shift ground, as seen in the changing attitudes towards same-sex families mentioned above. 'To pinpoint "public opinion" is to artificially freeze-frame one take of a constantly shifting process' (Edwards 1998, p 168). Coady suggests that our understanding of what constitutes effective parenting also changes, reminding us that during the 1960s, society dictated that mothers should stay at home with their preschool children (Coady 2002). Likewise, removing Indigenous children from 'deprived' families was a strongly supported public policy at the time, but has since been discredited (Sanson & Wise 2001b). Another pertinent example was the absolute belief, now almost universally rejected, in the value of secrecy in adoption up to the late 1970s; a mantle that has proved difficult to throw off within ART circles.

CHANGING COMMUNITY ATTITUDES TOWARDS ART AND ALTERNATIVE FAMILIES

Social views regarding ART and diverse families internationally and in Australia are widely divergent (Cannold & Gillam 2002), and shift, not only with time, but

also according to context (Edwards 1998). For example, Kovacs outlines changing community attitudes to IVF in Australia over the past 20 years,⁷ and the relative attitudes towards different population groups (Kovacs et al 2003). This data (Table 1) is taken from periodic surveys conducted by the Roy Morgan Research Centre, in which 1000 people per time period are surveyed from randomly selected points in urban and rural locations around Australia.

TABLE 1 CHANGING COMMUNITY ATTITUDES TO IVF IN AUSTRALIA

Survey Year	Approval for IVF access to:			
	Infertile married couples	Surrogate mothers (altruistic)	Single women	Lesbian women
1981–2	77%	32%	–	–
1993	–	53%	18%	7%
2000–1	86%	–	38%	31%

Since 1981 there has been an increase in approval of IVF access overall, but even more marked increases in approval for single women and lesbian access. The authors relate these changes to increasing public knowledge of the procedures and reduced media controversy regarding IVF itself. While the results do reflect changing social attitudes toward access to IVF, 14% continue to disapprove of IVF even for married couples and the majority do not approve of access for single and lesbian women.

These surveys reflect a hierarchical notion that certain population groups are more acceptable as parents and more deserving of costly, rationed services such as IVF than others. While the Morgan research does not indicate why respondents held certain beliefs, other studies partly explain such belief systems. For example, a study of attitudes of USA college students indicated that some viewed lesbian parents more negatively than parents with a history of criminality or mental illness (King 2001). Attitudes in this study were more negative towards lesbian parents if the respondent viewed homosexuality as controllable or as a choice. Other factors associated with negative attitudes towards lesbianism include religiosity and not having a close relative or friend who is lesbian. Attitudes to lesbian and gay sexual behaviour overall are moderately liberal in Australia, with only 21.4% of men and 25.1% of women agreeing that sex between two women is always wrong; and

7 This study only relates to IVF and not other forms of ART such as donor insemination.

36.9% of men and 26.6% of women agreeing that sex between two men is always wrong (Rissel et al 2003). Factors influencing more positive attitudes are being younger, having an English-speaking background, higher levels of education, higher income and identifying as homosexual or bisexual. However, while around three-quarters of Australians do not disapprove of lesbian sexual behaviour, less than one-third approve of lesbians accessing IVF.

MARRIAGE AND FAMILY

One of the objections to diverse families is that children should not be born outside of a married relationship. While this position is strongly held within certain religious communities, it is not appropriate to apply these values to all. This view is not confined to religious leaders. A group of neo-conservative social scientists, including Popenoe and Blankenhorn, advocate the need to retain the nuclear family as the normal or correct family form (Blankenhorn 1995; Popenoe 1993). They assert that a rise in individualism is undermining commitment to family and children.

Despite these attitudes, 31% of Australian children were born outside of marriage in 2001 (Australian Bureau of Statistics 2002). How do these views impact on the children within almost one-third of Australian families? Use of words such as normal, real and ideal to describe the married-parent family emphasise attitudes suggesting other family types are inferior. Respected former Chief Justice of the Family Court, Alastair Nicholson, has made the following comment in defence of one of the forms of family in which parents are not (and currently cannot be) married:

One of the fundamental misconceptions which plagues me is the failure to understand that heterosexual family life in no way gains stature, security or respect by the denigration or refusal to acknowledge same-sex families. The sum social good is in fact reduced, because when a community refuses to recognise and protect genuine commitment made by its members, the state acts against everybody's interests (Boers 2004, p 3).

The reality of diverse families outside marriage or biologically constructed relationships calls for a broadening of value systems to one of acceptance and validation rather than ongoing stigmatisation.

THE EFFECT ON CHILDREN OF GROWING UP IN A STIGMATISED FAMILY

What is the impact on children within stigmatised families? Negative attitudes towards ART, and families constituted through its use, are expressed by politicians, religious leaders, friends and even relatives (Golombok et al 1995). The impact of stigma in terms of parental stress and potential for depression or risk behaviours, clearly has a negative impact on child health. Donor-conceived children have described their reluctance to tell even close friends that they are not biologically related to their father. 'The topic was taboo and I was not to tell friends or family. To this day I still have not been able to discuss it at all with my dad' (British Medical Journal 2002). This also relates to the stigma experienced by infertile people, which leads to the decision not to inform family, or even the child themselves about the use of donated sperm.

Single mothers deal with various outcomes of stigma, from difficulty in accessing ART (Bennett 2000) to negative experiences at schools (Mercier & Harold 2003), although there is very little evidence available demonstrating whether there are direct outcomes for their children. A particular impact of stigma is reduced social support ('social capital') for the family (Sanson & Lewis 2001a). This has a particular impact on single-parent families, who rely more heavily on adult support external to the family. The child's direct social networks and peer relationships can also be restricted when the family is not supported. Children in single-parent families from conception are shown to have less positive developmental outcomes, regardless of the sexuality or the financial situation of the parent (Golombok et al 2003; Weinraub & Gringlas 1995). The major reason for the worse outcomes in these studies was lower levels of social support.

School experiences can be difficult, particularly for children with a more obvious point of difference, such as having a lesbian parent. Children have described being bullied about their family structure, and may elect to conceal the sexuality of their parents by not inviting friends home or not discussing their biological parent's partner (who is often also their parent) with friends (Ray & Gregory 2001). The school experiences of children of lesbian or gay parents will be discussed further in the lesbian families section. The usual impact on children is a sense that they must take care to avoid revealing their source of stigma. At worst this can lead to isolation and reduced self-esteem.

A further impact on children living within stigmatised or marginalised families is the lack of representation of their own family in the wider world. This starts with an almost complete lack of representation of alternative methods of conception within children's books about human reproduction (Moore 2003). Moore argues that such books serve to reinforce 'socially normative guidelines for gender display,

sexual orientation and citizenship' through failing to even allude to non-sexual methods of reproduction. Melbourne IVF has produced information for ART children regarding their conception, which is an excellent first step in this area.⁸ In a study of parents and their donor-conceived children on whether families inform children of their donor status, a few parents had written books for their own children which included the child and their donor (Kirkman 2003a). These books reassure children of their own legitimacy, as well as helping parents to develop consistent language for describing their family.

Progressing through to preschool and school-aged children, again, there are few books or children's television programs that represent non-nuclear families. While children start out with a sense that their own family is 'normal' they soon understand that something is different when they do not see their own reality publicly displayed. This can then create difficulties for them when they talk about their family structure with peers. Changes are occurring, with some lesbian parents having published children's books in Australia.⁹ The children's television classic *Play School* recently included a lesbian family for the first time, a simple representation through a child's eyes telling her story of being taken to an amusement park by her two mums.¹⁰ This provoked outrage from family groups and government ministers about the fact that a public broadcaster is allegedly presenting a political agenda to preschool children. I am sure that, meanwhile, lesbian mums and their children around Australia were feeling just a little affirmed.

IMPACTS OF NEGATIVE SOCIAL ATTITUDES ON THE FAMILIES OF ART AND ON SOCIETY

The impact of negative social attitudes to ART and diverse families includes successful attempts to influence policy regarding access to ART services and other restrictions. A leading IVF specialist suggests that:

[I]t should be unacceptable in a democratic society with a broad spectrum of views on the ethics of ART for one section to dictate its moral requirements to all and to

8 Bourne, K, *Sometimes it takes three to make a baby*, Melbourne IVF; *How I began: the story of donor insemination*, Melbourne IVF.

9 Harding, B & Harding, V 2002, *My House* and *Going to Fair Day*, Bulldog books, Sydney; Arc-Decker, T 2001, *Bedtime for Baby Teddy*, Rainbow Baby Books, Melbourne.

10 Houlihan, L 2004, 'Gay school for tots row', *The Herald Sun*, 3 June, p 2.

crusade successfully for restrictive legislation that affects the whole community (Baker 2002, p 457).

Here, Baker is referring particularly to restrictions on embryo research. He argues that this research ultimately improves the safety of IVF procedures and therefore benefits society through reducing the cost and improving the successful outcomes of these procedures.

A further impact of denying access to ART services to lesbian and single women is the potential for these women to proceed with insemination of known donor's semen privately. This in itself is not harmful if appropriate medical and legal advice is obtained and the donor is screened for transmissible infections. A Victorian study showed that the majority of women using self-insemination had accessed such services (McNair et al 2002b). However, restrictions can lead to fear and avoidance of services or inability to find assistance. This could lead to infection of the mother and child with potentially major health consequences for both.

ECONOMIC STATUS AND SINGLE PARENTS

Economic status is another social factor that is closely linked with child outcomes, as it is for health outcomes in the community as a whole (Krieger et al 1993). The direct effects of insufficient financial resources on children include poor nutrition, crowded housing, inadequate access to health care, lack of cognitive stimulation at home (toys etc), and access to under-resourced schools (Wise 2003). These resource issues create cognitive disadvantages. Poverty also impacts on the parent's mental health, creating low self-esteem and social isolation, and anger and hostility, all of which affect the children's emotional and behavioural development (Ram & Hou 2003).

Single parents are most at risk of having reduced economic status, because they have to juggle earning time and child caring responsibilities. Children in the 18% of single-parent families identified by the AIHW were found to be at higher risk for poor physical and mental health (Australian Institute of Health and Welfare 2002). This was due to reduced socioeconomic status and increased stress of parenting without effective adult support. Several studies have identified that controlling for socioeconomic status removes the majority of negative cognitive, social and emotional factors in single-parent families (Golombok et al 1997). Golombok argues that having identified the underlying issue, it must be highlighted further to enable social policy initiatives to effect change.

Conversely, a number of the diverse families who access ART and surrogacy or are single parents from conception (single parents by choice) are economically well

resourced (MacCallum et al 2003; McNair 2002a; McNair et al 2002b; Patterson 1995b). The long period of planning that these parents describe includes time to ensure economic stability and adequate social support for their family.

The Impact of Technology

There are almost 5000 children born in Australia each year who have been conceived using ART techniques. This accounts for 1.7% of all live births in Australia in 1999 (Hurst & Lancaster 2001). Since the first IVF birth in 1978, ethicists, sociologists, child development specialists and particularly the reproductive scientists and parents involved, have expressed concerns regarding the possible impact of the technology on the children. For the purposes of this section, the types of ART referred to are those techniques that enable fertilisation of the embryo in the laboratory, rather than techniques that assist natural conception, such as DI. Considerable public comment in the media has fuelled these concerns, which have led to sensationalised headlines and accounts of the latest evidence for ‘damage’ to children.¹¹

While community concern may be partly based in the underlying stigma and fear associated with novel technologies, scientific and parental concern is meaningful and must be addressed. Surprisingly few studies have actually followed children longitudinally or even attempted cross-sectional exploration of the children’s development and experiences, particularly once they reach school age (Koivurova et al 2003). In this section, I will raise a broad range of issues, starting with the impact that the use of technology has on the family and parents. Then, I will discuss rates of peri-natal mortality for children of IVF and ICSI compared with naturally conceived children. Finally, I will examine patterns of morbidity of IVF/ICSI children, which are related to the effects of multiple pregnancy, prematurity and birth defects.

PARENTAL ISSUES

Infertility itself and ART procedures are stressful for prospective parents. The period of preparation for a child can extend over many years, with women describing putting life on hold as well as ‘the need to juggle a future based on hope and alternative futures in case the hope is not fulfilled’ (Kirkman 2002a, p

11 For example Rowbotham 2003, ‘Test-tube time bomb?’ *West Australian Weekend Extra*, 8 February, p 3.

62). Many parents describe the roller-coaster of emotional highs and lows that accompany ART treatments, the absolute relief once a viable pregnancy is finally achieved and the devastation if it is not (Tomlins 2002). Support groups have emerged in recognition of these stresses and all ART services in Australia provide counsellors who can support parents during the process. It has been postulated that such highly prized children might be over-protected by their parents and that this could impact on child development (Fasouliotis & Schenker 1999). The European longitudinal study has, however, proven the opposite (Golombok et al 1996; Golombok et al 2002). Children of IVF and DI were compared with adoptive and naturally conceived children. The parents were not shown to be over-protective, but rather had increased emotional involvement with their children. There were no differences in child social development and overall the study indicated that a strong desire to parent was beneficial to children's wellbeing.

A further concern has been that the stress of long periods of ART treatment can reduce the quality of the parental relationship, increase parental disharmony and increase the likelihood of separations. Comparative studies show no difference in divorce/separation rates of parents using ART with other parents (Golombok et al 2002).

PARENTAL AGE

ART procedures are accessed by disproportionately higher numbers of older couples, as advanced maternal age is a common reason for reduced fertility. In Australia, an increasing number of women are deferring pregnancy, with 10.2% of mothers having their first baby after 34 years of age in 2000 (Australian Institute of Health and Welfare 2001). The age of the parents is felt to be a possible influence on child outcomes. This is both a social and a physical concern. The social concerns are that a large age gap between parents and child will affect parenting style and child psychological development, and that older parents will be less able to cope with the demands of parenting. Neither of these has been found to be the case (Campion 1995). It is also suggested that a shorter life expectancy of older parents will prevent them raising their child to maturity. This is very unlikely with the current life expectancy in Australia. Conversely, it can be equally held that older parents are more financially secure, have developed better life skills and this may partly explain the high level of parenting skill shown by ART parents. From the child's perspective, in the words of a 13-year-old child of IVF surrogacy, 'I enjoy being the indulged only-child of older parents' (Kirkman & Kirkman 2002b).

Of greater concern is the real effect of maternal age on the physical outcomes of pregnancy. In 2000, the average age of ART mothers when they gave birth was 33.6 years, compared with average age of all mothers giving birth of 29 years (Dean & Sullivan 2003). Advanced age is known to increase the risk of chromosomal abnormalities that can lead to increased miscarriage rates and conditions such as Trisomy 21 (Down syndrome) in children (O'Connor & Kovacs 2003). Standard IVF procedures will not prevent these occurring, and will increase the number of older women successfully achieving pregnancy. Many women now elect to have tests during pregnancy (chorion villus sampling or amniocentesis) to determine the presence of chromosomal abnormalities. They then face the prospect of mid-trimester termination if an abnormality is found or the difficult decision to proceed regardless of the test outcome. Recent advances in pre-implantation genetic testing can identify affected embryos and reduce the chance of their transfer (this will be discussed later). Finally, advanced maternal age itself increases the risk of prematurity and low birth weight, both of which can lead to significant health problems for the child (O'Connor & Kovacs 2003).

PERINATAL MORTALITY

Perinatal mortality is defined as any stillbirth of a child of at least 20 weeks gestation¹² and neonatal death of any child up to 28 days following birth. In Australia in 2000, the perinatal mortality rate for children of IVF is 20.7 per 1000 births, compared with 8.3 per 1000 births in the general population, that is about 2 ½ times higher (Dean & Sullivan 2003). Outcomes for all ART pregnancies and births between 1979 and 2000 are given in Table 2. The mortality rate is mostly due to multiple pregnancy and pre-term delivery, although a small proportion is due to severe birth defects.

12 Gestation is during pregnancy. The normal term or length for pregnancy is 40 weeks.

TABLE 2 OUTCOMES FROM PREGNANCIES CONCEIVED USING IVF AND ICSI*

Comparison of 8,793 ICSI and 22,319 IVF pregnancy outcomes	ICSI	IVF	**All Pregnancies
Multiple births (>20weeks)			
Total	19.8%	19.9%	1.6%
Twins	18.5%	17.9%	
Triplet and quadruplets	1.4%	2.0%	
Pre-term birth (20–36 weeks)			
Total	22.9%	23.3%	7.9%
Singleton	11.5%	13.9%	
Low birth weight (<2.5kg)			
Total	26.8%	27.0%	6.8%
Singleton	10.4%	11.4%	
Perinatal mortality (<28 days)			
Total	2.81%	3.23%	0.83%
Singleton	1.67%	2.26%	
Major congenital malformations (live, stillborn, abortions>16 weeks)	2.65%	2.42%	1.74%

*From the Australian Institute of Health and Welfare National Perinatal Statistics Unit and Fertility Society of Australia database on assisted conception in Australia and New Zealand to 1999 and 2000 (Hurst & Lancaster 2001). All treatments are reported from all ART centres in Australia and New Zealand since 1979. Thanks to Gordon Baker for the preparation of the ICSI and IVF sections of this table.

**Comparative statistics taken from AIHW report for the year 2000 (Australian Institute for Health and Welfare 2001).

MULTIPLE PREGNANCY AND PRE-TERM DELIVERY

Multiple pregnancy is the carriage of more than one child during pregnancy and is the most important factor contributing to adverse child outcomes from ART. The current population-based rate of multiple pregnancy is 1.6%, some identical (from a single egg) and some non-identical (from different eggs). In 2000, the rate of multiple births after IVF in Australia was 22% (Dean & Sullivan 2003; Melbourne IVF 2003) The overall rate since 1979 is shown in Table 2. ART can increase the rate of multiple pregnancies for two reasons:

- Fertility enhancing drugs can increase the number of follicles that mature and release an egg per cycle. These drugs include clomiphene (commonly used for women with irregular cycles) and gonadotrophins. Both of these drugs can be used in conjunction with DI or sexual intercourse and lead to an increased number of non-identical multiple pregnancies.

- The transfer of more than one embryo to the uterus following IVF or ICSI is common, and results in multiple pregnancy if more than one embryo implants successfully.

A review of international studies found that multiple pregnancies occurred in 6–8% of clomiphene cycles, 15–53% of gonadotrophin cycles, and 24–30% of IVF cycles (Fasouliotis & Schenker 1999).

There are many risks for the children of multiple pregnancies, including effects of pregnancy complications, prematurity and low birth weight, all of which increase infant morbidity. Neonatal outcomes include respiratory distress, the need for intensive monitoring and support, difficulties feeding and an increased risk of infection. In Australia, 63% of twins and 96% of triplets from IVF are delivered pre-term (Melbourne IVF 2003). The impact on the child is most serious during the postnatal period, however, it has not been clear whether negative consequences persist during later childhood. Several small studies indicate that the longer-term growth and development of IVF children is no different (Australian IVF Collaborative Group 1985). A study in Finland compared 299 IVF children with 558 matched naturally conceived children (Koivurova et al 2003). The infant mortality for IVF children was two-fold higher than the Finnish national rate. IVF children's growth rate was less than the other children at one and two years old, although it was approaching the other children by three years old. IVF children also had higher rates of respiratory and diarrhoea illnesses, which continued up to three years of age. These differences were related to the ongoing effects of prematurity. Other larger studies have suggested a higher rate of longer-term neurological problems, especially cerebral palsy, again thought to relate mostly, but perhaps not entirely to multiple pregnancy and prematurity (Stromberg & al 2002).

PRE-TERM DELIVERY AND LOW BIRTH WEIGHT INDEPENDENT OF MULTIPLE PREGNANCY

The Finnish authors compared twin and singleton¹³ pregnancies and found that most of the differences in IVF children were related to multiple pregnancy (Koivurova et al 2003). However, the singleton IVF children still had higher rates of prematurity and low birth weight. In Australia this is also the case, with 14% of singleton IVF pregnancies delivering prematurely, compared with 8% of the general population. Causes of prematurity include increased maternal age and the

13 A singleton pregnancy is one in which there is just one child.

larger number of first time pregnancies. Pre-term delivery may also be connected to the underlying cause for the infertility (Melbourne IVF 2003). This is supported by a large Danish study of 55 906 births from the national birth cohort, in which pregnancy outcomes were compared according to the amount of time to achieve pregnancy, regardless of method (Basso & Baird 2003). For children of couples attempting to conceive for more than one year (indicating reduced fertility), the risk of being born at less than 34 weeks (significant prematurity) was 50% higher.

REDUCING THE CHANCE OF MULTIPLE PREGNANCY

In response to the negative health impacts on childhood of multiple pregnancy and pre-term delivery, there has been a worldwide movement within IVF clinics to reduce the number of embryos transferred per cycle. This has been supported by improved techniques in embryo preparation prior to transfer that improve the likelihood of a successful pregnancy and therefore reduce the need to transfer multiple embryos. The Australian Reproductive Technology Accreditation Committee is revising its guidelines to recommend that clinics transfer only one embryo in women younger than 36 and no more than two in women over 36 (Bradley 2004). At Melbourne IVF only one embryo is now transferred in almost 40% of women (McBain 2004).

BIRTH DEFECTS AND GENETIC DISORDERS

In Australia, the overall rates of major birth defects (such as hole in the heart, cerebral palsy, or chromosomal abnormalities such as Down syndrome) are 2–3%, and rates of minor defects (such as cleft palate, dislocated hip, club foot) are 2–3% (in any single year these statistics can vary, for example in 2000 the overall rate of major defects was 1.7%: Table 2).¹⁴ The causes of birth defects include genetic and chromosomal abnormalities, and maternal conditions such as rubella, smoking, diabetes, very poor nutrition and drug or alcohol intake. There is no known cause for up to 60% of defects.

Can the technology itself increase the risk of birth defects, or does it reduce the risk? This is still a disputed area with conflicting results in different studies. A fact

¹⁴ Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2004, *Why aren't all babies perfect. A guide for parents*, Mi-tec Medical Publishing.

sheet produced by the American Society of Reproductive Medicine states emphatically that:

There is not an increased risk of birth defects in children conceived through IVF.¹⁵ Initially there were suggestions that some abnormalities, particularly heart defects, neural tube defects and brain tumors may have been more frequent after IVF, but with greater numbers of babies this is no longer statistically significant. This seems to be confirmed by current Australian data that show that 2.6% of children and foetuses resulting from IVF had a major congenital malformation, which is no different to the general population rate, although appears to have been higher for the comparative year reported in Table 2.

The evidence that I present below indicates that the situation is not as clear-cut. A Belgian assessment of almost 6000 IVF and ICSI pregnancies between 1991 and 2000 found that 4.2% of ICSI and 4.6% of IVF children had a major malformation (including stillborn, terminations and live births) (Devroey & Van Steirteghem 2004). This was not compared with the general population rate, however, it did indicate that there was no difference between the two ART methods. However, a Western Australian study of IVF births between 1993 and 1997 showed that 8% of children had birth defects including club feet, dislocated hips, cleft palate and heart defects, which was double the state average (Hansen et al 2002). This study has been criticised for combining major and minor birth defects and also not controlling the maternal age, which was considerably higher among the IVF mothers and may have accounted for some of the differences.

In response to the criticisms of their study, the Western Australian team conducted a review of 26 studies comparing birth defects in children following ART with those of naturally conceived children (Kurinczuk et al 2004). They found that only 30% of the studies showed statistically significant increases in ART birth defects, however, most of the other studies did not have sufficient power (number of participants) to detect changes. Analysis of odds ratios within the studies (which may detect more subtle trends) showed 70% had odds ratios of 1.2 or more and 52% of 1.5 or more.¹⁶ Their conclusion was that there is a suggestion of increased risk of birth defects, which cannot be ignored. The reason for the apparent increase in birth defects is unknown. Two theoretical possibilities are that the ovulation-stimulating drugs could mature inappropriate eggs, and that

15 American Society for Reproductive Medicine 1996, 'Risks of IVF'.

16 Odds ratios over 1.0 very roughly translate to increased risk, eg an odds ratio of 1.5 means that there is approximately one-and-a-half times the risk.

the culture medium for the embryo prior to transfer to the uterus may alter the gene function and lead to new chromosomal abnormalities.

INTRA-CYTOPLASMIC SPERM INJECTION

The newer technique of intra-cytoplasmic sperm injection (ICSI), used since 1992, involves the injection of a single sperm into an egg, and has become a successful ART method, particularly for male-factor infertility. It is now becoming a first-line method for the treatment of any infertility, with more than 50% of all Australian ART children conceived in this way. The large Belgian study discussed above and others show that overall rates of birth defects after ICSI are much the same as for IVF (Devroey & Van Steirteghem 2004). In Australia, the rate of major abnormalities in children from ICSI is 2.5%, no different to IVF or general population children (Melbourne IVF 2003).

There are two areas of concern, however: the potential for children to inherit genetic abnormalities related to the underlying male infertility, and the increased likelihood of other specific rare genetic disorders following ICSI. One possibility is that the child could inherit the same propensity for infertility as their parent. More significantly, genetic abnormalities that lead to infertility for many people can also cause birth defects. Some of these abnormalities are known, the most common of which is cystic fibrosis (CF), which has an incidence of about 1 in 2500. This not only causes male infertility, but also causes severe lung and gastrointestinal problems and a reduced life expectancy. Men who carry only one abnormal CF gene are unaffected by CF but can have absence of the vas deferens (ducts from the testes). If that man's sperm is used via ICSI to create a pregnancy, and the partner also carries the gene, the child has a 1 in 4 chance of having CF. This can now be prevented if the CF status of both parents is known, so that affected embryos can be detected through the use of pre-implantation genetic diagnosis (PGD), which will be discussed below. However, the concern is that other, as yet unknown, causes of infertility may also lead to inheritance of genetic abnormalities, an area in need of further study (Niemitz & Feinberg 2004).

Some rare genetic disorders appear to be more common in ICSI children. Specifically, the Beckwith-Wiederman Syndrome is found to be about six times more common in ICSI children (Maher et al 2003). This syndrome increases the risk of childhood abdominal cancers, including Wilms tumour (of the kidney) and hepatoblastoma (a liver tumour). This is rare, found in only 1 in 15 000 births overall, so a large number of ICSI births would need to be studied before enough children with the condition occur in order to confirm this trend. There are also

indications that retinoblastoma (a rare childhood cancer of the eye) may be more common in ICSI children (Devroey & Van Steirteghem 2004).

PRE-IMPLANTATION GENETIC DIAGNOSIS (PGD)

PGD is a technique in which one or two cells are removed from the developing blastocyst (pre-embryo stage) at about three days of age or the eight-cell stage, before the embryo is transferred to the uterus of the mother. The cells are examined in two possible ways:

- Chromosome tests—these check for chromosomal abnormalities (aneuploidy) on chromosomes 13, 16, 18, 21 and 22. Such abnormalities are known to lead to early and sometimes recurrent miscarriage, and are more likely in older women.
- Single gene tests—these check for specific genetic abnormalities such as cystic fibrosis, thalassemia and Duchenne muscular dystrophy. They are currently only done when the parents know they are carriers of the genes (Wilton 2004).

Having examined the cells of each embryo, embryos that do not have the tested abnormalities can then be selected for transfer to the mother. Therefore, this is an area of technology that reduces risk to the child, both by reducing early death (through miscarriage) and reducing risk of certain inherited genetic disorders. Further, it improves pregnancy rates and therefore encourages the implantation of just one embryo. There are certain ethical dilemmas encountered with PGD. It can mean there are no embryos suitable to implant in certain IVF cycles (27% of cycles in one study), diagnosis may not be possible, and rarely the tested embryo may not survive (Allan et al 2004). Beyond ethics, PGD has not avoided controversy, with questions remaining about whether removal of the cell could lead to developmental effects on the child (Hunter 2004).

CHILD DEVELOPMENTAL OUTCOMES

The comparison of development between ART children and naturally conceived children has already been outlined. Overall, their development is not different. Comparisons have also been made between various types of ART. These are limited, having only included preschool children to date. Some studies involving children up to the age of two have indicated that ICSI children are more likely to be developmentally delayed compared to IVF children. An Australian study of children at one and then five years of age has explored this further (Leslie et al 2003). This involved 97 ICSI, 80 IVF and 110 naturally conceived children and used a number of child developmental measures including vocabulary,

comprehension, arithmetic and visual skills. At one year of age, ICSI was a significant risk factor for developmental delay, with 17% of ICSI children showing delay, mostly due to prematurity. This had disappeared by five years of age with only 5% showing delay.

SUMMARY OF THE IMPACT OF TECHNOLOGY

For the majority of children conceived using IVF or ICSI, their longer-term outcomes are no different to those of naturally conceived children. This applies to cognitive development, and the social environment in which they are raised, which may contain advantages. There are significant risks that impact on child outcomes, however, that relate to higher rates of prematurity, including higher perinatal mortality and ill health in early childhood. Multiple pregnancy accounts for a considerable proportion of the premature births and moves are in place to reduce multiplicity by reducing the number of embryos transferred. Rare birth defects appear to be slightly more likely, particularly after ICSI, however, this remains disputed. PGD is emerging as a method of reducing the risk of some known abnormalities.

Disclosure of Donor Identity—the Effects of Knowledge and Secrecy on Children

BIOLOGICAL VERSUS NON-BIOLOGICAL PARENTING

I will start with a brief description of biological and non-biological parenting and their relationship to identity formation for children. This discussion is informed initially by identity as it relates to adoptive children. Dominant Western social understanding is that biological or blood relationship forms the basis of kinship (Grotevant et al 2000). Adoption and the use of donated gametes have been regarded by some as less satisfactory methods of becoming parents, largely as a result of this belief. Yet, non-biological parenting (assigned kinship) has existed for millennia as a successful and meaningful addition or replacement for biological parenting (Cherlin 1999). There are calls for a move away from the predominance of blood relations in defining family and parenthood in recognition of the diversity of family forms (Wakeling 1995). Fuscaldo argues that the genetic, gestational and nurturing (non-biological) parenting roles create difficulty in determining who the 'real' parents are (Fuscaldo 2003). She goes on to suggest that neither social convention, nor a child's welfare argument (with conflicting claims regarding child outcomes) can resolve competing claims. She concludes that we should 'relinquish the view that genetic, gestational and social parenthood are competing positions. We could align the social facts with an acceptance...that a child can have many different parents' (p 66).

THE CHILD'S IDENTITY AND OUTCOMES—LEARNING FROM THE ADOPTION EXPERIENCE

How do the competing values of biological and non-biological parenting affect the child? In Australia, about 0.5% of births involve donor gametes or embryos (Baker 2002), that is about one-third of ART conceptions. The majority of children grow up with two parents, so that these children have at least one non-biological parent. The adoption experience reveals to us that regardless of the strength of connection with their non-biological parents, many children base at least some of their identity formation on knowledge of the identity of their biological parents. There are two separate issues that may interfere with identity development: being told

about being adopted late, and not being able to discover the identity of the biological parents. Adoptive children who are not told early in life about being adopted are more likely to develop behavioural and emotional problems (MacCallum et al 2003). Adoptive children are found to have an interest in their biological origins from around puberty, and this is when they can develop increased emotional and behavioural problems if not told (Golombok 2000). This largely arises because non-disclosure does not prevent children from noticing a range of clues as to their adoptive status, including lack of physical resemblance to their parents.

Some adoptive children experience significant grief and loss at not being able to discover the identity of their biological parents, resulting in a less complete identity development (Grotevant et al 2000). This was originally termed 'genealogical bewilderment' by Sants in 1964. Some describe not being able to talk about their origins nor their adoptive status as a result of the stigma of adoption and say that this impacts on their self-esteem. Other adoptive children, who cannot or do not want to know their biological parents' identities, have no negative outcomes.

A policy of universal secrecy existed from the early 1900s, to protect adoptive children from the stigma of having been illegitimate (Grotevant et al 2000). This included the practice of matching the child as closely as possible to characteristics of the adoptive parents so that he or she could 'pass' as their biological child. Social changes during the 1960s and 1970s, such as the women's rights and consumer rights movements, led many biological mothers and adoptive children to seek each other out. Calls from adoptive adults, in addition to a growing realisation of the negative psycho-social consequences of secrecy, led to the encouragement of openness from an early age. Social change in the adoption movement has progressed even further with the development of 'open' adoption, which encourages birth mothers to have some role in the selection of the adoptive parents and to maintain contact with their child. Advocates of this approach find that it helps adoptive children to have a more fully formed identity. However, others suggest that openness can lead to confusion for children if there are conflicting parental values and could create identity conflict (Grotevant et al 2000). Although the debate continues, open adoption is now a key element of public adoption policy.

DONOR-CONCEIVED PEOPLE AND THE TRADITION OF SECRECY

It has been suggested that it is not ideal to draw comparisons between adoptive and donor-conceived children as the contexts for the two groups of children are

very different (Shenfield 2002). Unlike adoptive children, donor-conceived people have not been subject to family breakdown or being 'given away' sometime after birth. Therefore, it has been assumed that they are less likely to require knowledge of their donor in order to form their identity. However, Kirkman reminds us that donor-conceived people still exist within a culture that 'valorises genes', and that they 'may feel cheated of their heritage and suffer a crisis of identity' (Kirkman 2003a, p 2231). As will be explained below, adoptive and donor-conceived people share very similar identity issues related to the possibility of needing to know their genetic background. A further point of connection is that the ART arena has inherited the tradition of donor anonymity and as a result, very similar stories are emerging from donor-conceived people concerning their need to know in the face of secrecy (Donor Conception Support Group 1997). In short, the ART field has much to learn from the adoption story.

The conflict between the rights of the parents to privacy and the rights of the child to knowledge is said to be one of the most disputed ethical issues in ART (Fasouliotis & Schenker 1999). Secrecy has been advocated within the ART field since it began and non-disclosure remains the policy in many countries, to the extent that some countries including Denmark, Norway, Spain and France have legislated to ensure secrecy of donor identity (Turner & Coyle 2000). Arguments supporting secrecy largely revolve around protection of the privacy of the non-biological father regarding his infertility. Others have claimed that disclosure to the child would damage the child's identity and relationships with her or his family, although the opposite has been found to be the case (Daniels & Burn 1997). Pressures that maintain such policies include the fear that donors would not donate if they could be traced by offspring (Murray & Golombok 2000).

DISCLOSURE LEVELS AND PARENTAL REASONS FOR SECRECY

The tradition of secrecy embedded into ART policy has been upheld by many parents of donor-conceived children. In a review of 23 studies involving donor families conducted between 1980 and 1995, the proportion of families that intended to tell their children was between 1% and 20% (Brewaeys 1996). The reasons for secrecy given by the DI parents in the European longitudinal study were most commonly to protect the child (concern that they would be distressed), and concern that telling would negatively influence the child's relationship with the non-biological father (Golombok et al 2002). Parents also wanted to prevent people outside the family knowing, and several believed there was no need to disclose to their children. The same reasons for not telling the child were provided in a Victorian study of 134 donor conception families conceiving between 1976 and 1996, however, almost half of the parents had told or intended to tell (Blood

et al 2001). By contrast, another predominantly Australian sample of donor families showed that a majority of parents would like to tell their children, but were constrained by not knowing how or when to do so (Kirkman 2003a). The author recommends improved and ongoing counselling for parents to facilitate disclosure.

Policy regarding donor identity release does influence parents' decisions, although only marginally. For example, in Sweden, where children have had the right to receive identifying information about their donor since 1985, of 132 parents using DI, 11% had told and 42% intended to tell their children (average child age in the study was seven) (Gottlieb, Lalos & Lindblad 2000). Parents of children born before 1985 were less likely to have told (6%) than those after 1985 (18%). The Victorian study discussed above showed much higher levels of planned disclosure overall (54%), with an increase in plans to disclose after the 1988 introduction of the donor registry (67% after 1988 compared with 38% before) (Blood et al 2001). Plans to disclose to children, however, do not always eventuate.

There are striking differences in the degree of disclosure between different family types and conception methods. In the European longitudinal study, by 12 years of age, 8.6% of DI children, 50% of IVF and 95% of adoptive children had been told, and more single mothers intend to disclose (Golombok et al 2002). There are certain groups of donor families that stand apart from the majority in their high degree of openness about donor origin. Several studies have shown that over 95% of lesbian families using DI for conception have told, or intend to tell their children, usually at preschool age (Brewaeys et al 1997; Gartrell et al 1996; Jacob, Klock & Maier 1999). Parents of children born of surrogacy are also more open, with one study showing that 100% planned to tell their children before the age of five (MacCallum et al 2003). These families are therefore behaving very much as current adoptive families do with regard to disclosure.

CONSEQUENCES FOR DONOR-CONCEIVED PEOPLE

In the following discussion I present various negative consequences of being a donor-conceived person. Some of these relate to the fact of having a donor father (or mother) and most relate to the impact of delayed discovery of donor status. I do not mean to suggest that these consequences apply to all donor-conceived people—they certainly do not. However, I submit that the extent of consequences that exist for some offspring is enough to challenge the ongoing practice of secrecy. While not all donor-conceived people will want to know their donor's identity, the possibility of knowing it if desired should be guaranteed. A landmark study interviewing 16 donor-conceived adults (Turner & Coyle 2000) explored

these issues, and similar issues are reflected by an Australian support group (Donor Conception Support Group 1997), and in a study involving 12 donor-conceived adults (Kirkman 2004). There are a number of outcomes, including challenges to identity, impact on family relationships and psychological consequences such as grief and isolation upon discovery of donor status, which closely match concerns voiced by some adoptive people. Difficulty locating genetic information for health purposes is also important.

IDENTITY

Some donor-conceived people describe feeling that their conception was impersonal, and that their donor is a deliberate stranger who has chosen to avoid a parenting responsibility. Feeling like a 'freak' or the 'product of an experiment' is described. Others feel incomplete or that they don't completely belong. These sentiments suggest that identity is related to genetic inheritance in some way. Kirkman found that genes were significant to many donor-conceived adults and that they had a 'severe disruption and fractured sense of identity' as a result of not being able to know (Kirkman 2004, p 15). Such identity issues do not always lead to a search for the donor and there are many reasons for this. Some make a deliberate choice not to find their donor in order to avoid apparent rejection of their parents. Others fear rejection if they do contact their donor, and others are not interested. Those who do undertake a search find that this can be criticised by others.

FAMILY RELATIONSHIPS

Consequences of secrecy for some donor-conceived people include feeling that their parents had been dishonest, which can lead to mistrust and hostility towards their parents (Kirkman 2003a). Consequences of this can include reduced self-esteem and difficulty in forming trusting relationships. Some recall sensing that something was wrong or inconsistent during childhood, before they knew of their donor status, which again impacted on parent-child relationships. A woman who was the surrogate (gestational) mother for her sister's child suggests that children are confused when they are aware of secrets and imagine the worst scenarios (Kirkman & Kirkman 2002b). Some feel forced to collude in non-disclosure to others to 'protect' the family. Donor-conceived people describe their need to know whether they have half siblings. Longer-term consequences of being unable to know the identity of their donor involve concern that they could inadvertently form an intimate relationship with a sibling or other close relative.

WHAT DONOR-CONCEIVED PEOPLE WANT TO KNOW

A very moving article appeared in the *British Medical Journal* in 2002, written anonymously by a female doctor who was a child of donor insemination (British Medical Journal 2002). She was told of her anonymous donor parentage at 11 years of age, and recalls feeling initially excited, but later angry, guilty, bereft and deprived of part of her genetic history. This is despite feelings of gratitude and love for her parents, confirming that a need to know genetic heritage can coexist with good relationships with parents (Kirkman 2004). She raises the potential to cause more damage if children are told only a certain amount, resulting in 'knowing yet not knowing', however, concludes that for her any information would be better than none.

Parents who do want to reveal their child's donor status struggle with how, when and what to tell. Yet, Grotevant suggests that children themselves influence the extent of disclosure as well as the level of contact attempted with donors (Grotevant et al 2000). First, it is clear that not all donor-conceived people are interested in knowing anything about the donor. In a Belgian study, 54% (22) of DI children preferred donor anonymity and 46% (19) wanted to know more about him (Vanfraussen et al 2001). These children all had lesbian mothers, were aged 7 to 17 years (mean age 9), all had anonymous donors and all had been told of their donor status when they were toddlers. Of the 19 children wanting to know more, 11 wanted to know about the donor's identity and various personal traits, and the other 8 wanted only non-identifying information (such as physical characteristics or medical information). These desires may change as the children become adults.

While the children in the Belgian study knew that they had no opportunity of identifying their donor, a Swedish study involved adolescents who knew that they were able to obtain their donor's identity from 18 years of age (Scheib, Riordan & Rubin 2003). They were overwhelmingly curious about their donor. Most commonly, they were interested to know what he was like as a person, whether their appearance was similar to his and whether they would be able to meet him. All but one adolescent wanted a photograph. Therefore, knowing the donor as a person was important to these children. However, while they reported that the donor could be important in their lives, none regarded him as a father.

Shenfield was a strong advocate in the United Kingdom for the need to protect the privacy of the parents and for their autonomy to decide whether to inform their children (Shenfield & Steele 1997). However, she has shifted her position considerably towards the child's right to know, crediting this to hearing the stories

of donor-conceived people (Shenfield 2002). Since then, the United Kingdom has changed policy to prospectively allow any donor-conceived person to seek information about their donor from the age of 18 (Hall 2004). In 1988, Victoria led the way in establishing a donor registry, enabling release of the donor's identity to the child on request from the age of 18, but only if the donor consented to the release of that information. The law has now been amended so that any child born as a result of a donor treatment procedure since 1998 will automatically be able to access identifying information about the donor when they turn 18. Before a child turns 18, his or her parents can apply for identifying information about the donor, which can be provided with his consent.

It seems clear the identity-release policy addresses some of the needs of the children. However, some children express a need to know more than the identity of their donor, particularly as they enter adulthood. More concerning is the large proportion of parents who are still not telling their children, perhaps unaware of the possible negative consequences that this could trigger when donor status is subsequently discovered. As Kirkman observes, it is 'paradoxical' that so many donor-conceived people do not know at least half of their genetic heritage when awareness of the importance of genes in health is increasing (Kirkman 2004). Parents need more information and assistance regarding why, when and how to inform their children of their donor status. Perhaps, most importantly, they need to understand that it is preferable to be honest with their children. This will lead to effective parent-child relationships, alongside knowledge of genetic heritage, and the potential for a future relationship with the donor if desired by child and donor.

Child Outcomes in Surrogacy

Surrogacy is another of the highly controversial areas of assisted reproduction, and generates polarised views in our society. This is evidenced in Australia by the extensive and ongoing media comment that accompanied the birth of Alice Kirkman, Australia's first child of gestational surrogacy, in 1988 (Kirkman & Kirkman 2002b). Moral arguments feature prominently, and there is no general agreement on its 'moral permissibility' (Gillam 2002). Issues in question include whether it is ethical for a woman to carry a pregnancy, with its potential for harm and little benefit to herself; how important gestational parenting is to the child (actually being carried during pregnancy by their mother); whether the surrogate mother or recipient parents will change their mind during the pregnancy; and whether commercial surrogacy is acceptable when dealing with a human life. I will not cover the moral discussion here, but will focus on what is known about the children's outcomes. This is the area of ART with the least empirical data to draw on (MacCallum et al 2003). Very little at all is known about the children's outcomes, particularly as there are very few children of ART-assisted surrogacy who have reached adulthood.

There are several forms of surrogacy, which fall into two categories:

1. Genetic (partial) surrogacy

The surrogate mother is biologically related to the child. The surrogate mother's egg and father's sperm is used, with donor insemination being the usual method of conception. This may be in situations where the non-biological mother does not have viable eggs, or cannot carry a pregnancy. It can also be used by men who want to parent and are not in a relationship with a woman.

2. Gestational (full or host) surrogacy

The surrogate mother is not biologically related to the child.

- (a) Where no donor gamete is used

The parent's sperm and egg are used to create an embryo, which is implanted into the surrogate mother. This is used in situations where the non-biological mother is unable to carry a pregnancy.

- (b) Where a donor egg is used (potentially with donated sperm)

A third woman's egg (neither the non-biological mother's nor the surrogate mother's) is donated and fertilised with the father's sperm, or donated sperm. This is often a choice to avoid creating a biological relationship with the surrogate mother, when the mother has no viable eggs. It is also a method used by men without a female partner.

- (c) Where donated sperm is used

The mother's egg is fertilised with donated sperm (therefore the social mother is also the genetic mother). This is used where the mother cannot carry a pregnancy. It could be where the male partner is infertile, or the female partner of the genetic mother chooses to be the gestational mother.

FAMILY EXPERIENCES OF SURROGACY

Small studies have shown that the children of surrogacy arrangements are psychosocially well adjusted, however, these studies to date have involved only preschool aged children (MacCallum et al 2003). We must rely then on the experiences and plans of the parents as a proxy for predicting child outcomes. MacCallum did a study in the United Kingdom involving 42 heterosexual families using surrogacy, interviewing the parents separately when their children were less than one year old (ibid). She found that these parents had a high socioeconomic status, and over three-quarters were in professional or managerial occupations. Many couples (43%) had turned to surrogacy after many unsuccessful IVF attempts, 38% of mothers had no uterus, and the rest had had multiple miscarriages, or were told pregnancy would be life threatening. Sixty two per cent used partial surrogacy and 38% used full, and one used a different oocyte donor. Most babies had been handed over to the parents within one day of the birth.

MacCallum explored the parents' relationship with the surrogate mother. Sixty-nine per cent of surrogate mothers were strangers to the couple before the arrangements and 31% were known; 14% were a sister/sister-in-law, 3% another family member and 14% were friends of the commissioning couple. All known surrogates were to continue to have a role with the child (such as aunt, family friend, godmother); and 76% of the previously unknown surrogates were to have a future role with the child. Many of the social mothers had formed a bond with the surrogate mother through attending antenatal visits with her, and two-thirds had maintained regular contact since the birth. Parents stated that they planned to maintain contact as they felt the child would benefit. There was minimal conflict between commissioning parents and the surrogate mothers, with only one mother and one surrogate mother expressing slight doubts during the handover period.

Ten per cent of parents expressed some dissatisfaction with the surrogate mother. Importantly, 93% of mothers and 97% of fathers would recommend surrogacy to other couples. Clearly then, lack of conflict and plans for ongoing contact with the surrogate are two important markers for child wellbeing which are well represented among these families.

A further marker of positive child outcomes is the degree of openness regarding surrogacy. All mothers and fathers planned to tell the child, at a mean age of three years for mothers and five years for fathers. All couples had already told both sets of grandparents, and only 7% had received a negative reaction. Finally, the quality of the relationship of the non-biological mother with her child was found to be no different to that of the related mother, indicating that the lack of genetic link did not affect her identity as a mother.

Regarding the oocyte donor's perspective, donating women do consider the child's welfare in their willingness to release their identity (Kirkman 2003). Compared with donating oocytes, donating embryos strengthens the donor's feeling of maternal connection to the child.

The child's perspective is needed in relation to surrogacy, including exploration of the psycho-social development and family relationships as they grow up. MacCallum's study is longitudinal and so will provide some of these answers over time. In the meantime, we must extrapolate from the findings of ART studies indicating that family functioning and child development are equal or better than comparative 'natural' and adoptive families, regardless of genetic relatedness to parents.

Outcomes for Children With Lesbian and Gay Parents

There is a large body of literature that has examined the family functioning, social relationships and outcomes for children growing up in lesbian families. There is much less work available relating to families with gay male parents, and almost none to families with single parents by choice, therefore my analysis for these families will be limited. Where possible, I will refer to Australian research in the area, to enable our local context to be taken into account. Some of this research is not yet published.

In Australia, the Australian Medical Association supports lesbian and gay parenting (Australian Medical Association 2002). Lesbian and gay parenting has also been recently endorsed as appropriate by the American Academy of Pediatrics through recommendations to enable co-parent adoption within same-sex families (American Academy of Pediatrics, 2002). This position was reached after a review of the literature, which showed that children fared just as well as those in heterosexual families (Perrin et al 2002). The American Academy's position was not shared by some members, who formed a new group called the American College of Pediatricians in 2002. This group has released a position statement on homosexual parenting, which states that it is potentially hazardous for children to grow up in lesbian or gay families based on a range of homosexual lifestyle risks (American College of Pediatricians 2002). Listed risks include violence among same-sex partners, unstable relationships, promiscuity, increased risk of mental illness and suicide. None of these factors has been found to be increased among lesbian mothers, as will be discussed below. The College has other conservative positions including a preference, where possible, for children who are adopted being 'placed into the optimal family structure of loving, stable, married, mother-father unit' (American College of Pediatricians 2002).

The lesbian and gay families literature has been subject to criticism about the methodology used (Lerner & Nagai 2001; Wardle 1997). Jacqueline Prichard, a Tasmanian psychologist, has also suggested that as a result of the flawed status of most of the existing research, there is insufficient evidence to draw conclusions or to be the basis of policy (Arndt 2003). I will discuss these criticisms and make a

case that the literature provides us with ample evidence, although I will also highlight some gaps that are yet to be addressed.

I will then summarise the literature from the three levels influencing child outcomes; the children themselves, family functioning and the wider social environment.

METHODOLOGY

There are some methodological challenges in this area of research. These particularly relate to researching a population that is stigmatised. Stigma makes sampling difficult as many individuals are hard to reach unless they are connected to lesbian or gay support and community groups, and these members may not represent the wider subgroup. They may regard the research with suspicion, particularly the purpose for which the research is being gathered, and therefore be less willing to participate. Fear about confidentiality is a major barrier to involvement, as many of the potential participants may not be open about their sexuality at work, with family or in the wider community. These challenges in sampling apply to other marginalised groups, and there are recognised and appropriate methods to overcome these barriers, including purposive sampling techniques such as snowballing (Lee 1993; Plumb 2001). Stigma also affects the researcher, in that funding and publication can be much more difficult to obtain in areas that are seen to be controversial.

A failure to take account of the influence of sexuality in health and wellbeing also creates a major barrier to the inclusion of sexuality questions in population-based studies, leading to the necessity for community-based or clinically-based samples, and reducing the generality of findings. Lesbian and gay families have rarely been specifically included in general family studies and have not yet appeared in any of the Australian Institute of Health and Welfare family reports. This is changing, with increasing recognition that minority sexuality status should be recognised as a contributor to health inequalities (McNair, Anderson & Mitchell 2001). For example, in Australia, the longitudinal women's health study first included sexuality questions in their 2000 survey (Hillier et al 2003), and the census included the opportunity to nominate a cohabiting same-sex relationship from 1996. The federally funded Australian Institute of Family Studies commenced its first study including lesbian and gay families in 2002 (Wise 2003).

QUALITY OF STUDIES

Lerner and Nagai produced a report for the Marriage Law Project in the USA in 2001, evaluating 49 studies on same-sex parenting conducted between the 1970s and 1990s, and concluded that each study had at least one 'fatal research flaw' (Lerner & Nagai 2001). The 'major problems' they identified were:

- unclear or missing hypotheses or research designs;
- missing or inadequate comparison groups;
- self-constructed or unreliable measurements;
- non-random samples, including participants who recruit other participants;
- small sample size; and
- missing or inadequate statistical analysis.

Some of their criticisms are appropriate, and I will outline these and others below. However, there are a number of issues that are not taken into account. First, the progressive maturity of studies in this area has not been noted, with many of the studies from the 1990s being much more rigorous, particularly as researchers were able to achieve greater support and legitimacy for their studies. For example, the majority of later studies used validated measures of child development. Twenty-six of the 49 studies reviewed by Lerner and Nagai were published before 1990, some from the 1970s and early 1980s. The review was undertaken from a positivist framework, with assumptions that only quantitative methodology is valid, even listing the use of qualitative methods (regardless of quality) as a flaw in itself. None of the studies was said to have an adequate sample size. This is a definite limitation in quantitative methods, particularly when there are less than 25 per study group. While smaller non-random samples used in qualitative studies cannot be generalised, they can identify important issues for the subgroup. This is particularly the case for descriptive and exploratory studies that set out, for example, to establish patterns of parenting style rather than to compare these styles with the wider population. The research question dictates whether the study requires a control group, and this is not a flaw in itself.

By contrast, two systematic reviews of outcomes for children in lesbian and gay families have been conducted that used similar standardised and validated criteria to evaluate the methodological strength (still restricted to quantitative, comparative studies) and identified 23 and 8 studies respectively (Anderssen, Amilie & Ytteroy 2002; Hunfeld, Fauser & Passchier 2002). All studies reviewed were found to be methodologically rigorous, and both reviews found that the children in lesbian families fared at least as well as those in heterosexual families

on all measures. Both found that there were insufficient studies involving gay men and single parents to be conclusive. A range of methodologically sound studies is presented in Table 3.

METHODOLOGICAL CHALLENGES

I have identified several ongoing methodological challenges.

SELECTION BIAS IN SAMPLING

The consistency of findings of positive outcomes for children across so many of the lesbian parent studies could be partly because samples are drawn from volunteer groups of lesbian mothers, who may not be representative of all lesbian mothers. Many of the studies have recruited predominantly Anglo-Saxon, middle class parents, and it is clear that studies are needed to sample a wider range of people (Demo & Allen 1996). It has been highlighted that volunteer mothers whose children are experiencing problems are less likely to take part (Golombok et al 1997). Exceptions are small studies that have recruited consecutive patients of DI services (Brewaeys et al 1997; Chan, Raboy & Patterson 1998).

Golombok and her team have addressed this issue in a recent study, by recruiting families from a population of 14 000 families in the Avon region of the United Kingdom (Golombok et al 2003). This study compared 39 lesbian families (19 coupled, 20 single) with 74 two-parent and 60 single-parent heterosexual families. The sample is population based, which minimised criticisms of selection bias. This study included a wide range of measures, all of which were standardised and validated:

Parental measures:

- parent–child relationships;
- children’s socio-emotional development—mother’s perspective; and
- parents’ psychological state, including a scale for stress associated with parenting, and anxiety scale, and a depression scale.

Child measures:

- child perceived competence and social acceptance measures;
- gender role behaviour observation; and
- independent report from children’s teachers on psycho-social development.

This study has confirmed the earlier positive findings for lesbian-parented families on all measures, indicating that reservations regarding representativeness might be laid to rest.

COMPARATIVE VERSUS EXPLORATORY STUDIES

Many of the earlier lesbian family studies were designed to prove that children are not disadvantaged compared with their peers in heterosexual families. Many of these studies have been criticised for taking the view that heterosexual parenting is the standard (Stacey & Biblarz 2001). These studies have repeatedly shown no difference in outcomes for the children, despite different methodological approaches. As a result of this observation, Anderssen et al make the following recommendation from their systematic review:

Due to the unambiguous results in the studies reviewed, we believe that large epidemiological studies with more fine-tuned instruments and tests are less needed than in-depth and process-orientated methods (2002, p 349).

More recent studies, including several current Australian studies, have elected to do just this, using qualitative methods to explore the experiences of these families in more depth. All of these studies will expand our understanding of the reality for these families. The Victorian researchers using qualitative methods include:

- Brown: interviews with whole lesbian families (including their children) to understand the perspective of the non-birth mother.
- Dempsey: interviews of lesbian and gay parents/prospective parents about kinship.
- Irenyi: interviews with lesbian mothers, exploring the meanings of mothering in the lesbian community.
- Perlesz, de Vaus, Lindsay, McNair and Pitts: interviews with whole lesbian families including their children to explore the public versus private worlds.
- Short: interviews with lesbian mothers exploring family experiences of mothers and children.

BIAS IN REPORTING

It is possible that participants in lesbian and gay family studies tend to focus on positives and do not report negative consequences for their children. This again relates to the effect of stigma and 'the desire (by parents) to portray an overly positive picture' (Tasker & Golombok 1995, p 213). MacCallum has also suggested that surrogate commissioning parents may do the same (MacCallum et

al 2003). Vanfraussen suspected that the DI children in her study tended not to admit an interest in knowing their donor due to loyalty to their mothers (Vanfraussen et al 2001). This emphasises the importance of the inclusion of external observers of behaviour and psychological outcomes for children, although this has occurred in few studies to date (eg the systematic review by Anderssen et al 2002 found that only 2 of the 23 studies included an external observer). Stacey and Biblarz also showed that some researchers tend not to report differences (either positive or negative) between children in lesbian and heterosexual families in an effort to prove that children are 'no different' (Stacey & Biblarz 2001). However, Golombok criticises this analysis, warning against reporting differences that have very minimal impact on child development (Golombok et al 2003).

LACK OF LONGITUDINAL DATA

There are few longitudinal studies that follow children's progress through adolescence to adulthood. Tasker and Golombok revisited 25 of their original 1976 sample of 37 children of post-divorce lesbian families (Golombok, Spencer & Rutter 1983) when they were adults in 1991 (Tasker & Golombok 1995). The National Lesbian Family Study in USA is following 84 lesbian families (all used donor insemination), and has just interviewed the children at age 10 (Gartrell et al 2003 unpublished). These studies provide some insight into the impact on children of growing up in lesbian families as they progress through various developmental stages.

GAPS IN THE CURRENT LITERATURE

Some subgroups within lesbian families are rarely represented, including separated lesbian families, and ethnically and culturally diverse families. Several of the following groups are also not well represented including: the children themselves, gay male-parented families, the non-birth mother in lesbian families, and single mothers by choice.

CHILDREN'S PERSPECTIVE

Older children and adults who have grown up in lesbian and gay families from conception have rarely been studied to date. There are a few studies that have interviewed the child or adult offspring mostly from divorced lesbian mothers. These include Tasker and Golombok mentioned above (1995), Green et al who interviewed 56 children of lesbians and 48 children of heterosexual mothers (1986), Saffron who interviewed 20 offspring aged 11–66 years (1996), and Vanfraussen who was one of the first to interview DI children aged 7 to 17, mean

age 10 (2001). In Australia, Ray and Gregory conducted a questionnaire study of 48 children of lesbian and gay parents aged 5 to 18 (2001), and Perlesz et al have conducted whole lesbian families interviews with 20 families, all but one of which allowed their children ranging from preschool to adult to participate (Perlesz et al unpublished). Sarantakos interviewed 58 primary-school aged children of lesbian (47) and gay (11) families, based in New South Wales (1996).

GAY MALE FAMILIES

Most gay men who are involved in parenting (apart from those who had children within previous heterosexual relationships) do so with lesbian couples, and tend to accept a role that is more akin to an uncle or family friend (McNair et al 2002b). It seems anecdotally that more gay men are now looking to have a primary parenting role, however, there are still very few in this position in Australia.

SINGLE MOTHERS BY CHOICE USING DONOR INSEMINATION

These women are rarely included, or only appear in very small numbers. Golombok included this group in her population-based study, and also included a single heterosexual control group (Golombok et al 2003). The total study included 39 lesbian mothers, 20 of whom were single, and she compared these with 74 two-parent heterosexual families and 60 families with single heterosexual mothers. Single lesbian and heterosexual mothers reported more negative relationships with their children than coupled mothers. Overall, the children in lesbian families had the same level of teacher-reported psychological problems as those in heterosexual families, however, children in single-parent families had higher levels, regardless of sexuality. Reasons for these differences for single parent families were not clear, however, reduced social support is one possibility.

LESBIAN FAMILIES

The following review of the literature will focus on outcomes for children who were conceived within lesbian families (I have termed these families 'de novo lesbian families') rather than children who were conceived in heterosexual families (most are step or blended families). I have used a number of reviews of this literature, all of which are comparative between lesbian and heterosexual families:

- Anderssen et al 2002: 23 studies from 1978 to 2000, 20 are lesbian and three are gay families, systematic review.
- Hunfield et al 2001: eight studies from 1978 to 2000, systematic review.
- Allen and Burrell 1996: 18 studies, meta-analysis.

- Stacey and Biblarz 2001: 21 studies from 1981 to 1998, 18 lesbian and three gay families, only with heterosexual comparison group.
- Millbank 2003: both quantitative and qualitative studies, including an Australian focus.

Key papers from these reviews are summarised in Table 3 which appears as Appendix 1 to this paper.

CHILD FACTORS

DONOR KNOWLEDGE AND CONCEPT

De novo lesbian families are almost universally open with their children from an early age regarding their children's method of conception. This has been discussed more fully in the section above.

GENDER IDENTITY AND BEHAVIOUR

It has been suggested that parents do not play a significant role in gender identity and role development, but that wider society is the major influence, and possibly biological influences play a part (Campion 1995). None of the adult offspring of lesbian families is reported to have gender identity problems. Most of the lesbian studies have found no difference in gender role behaviour, in that children tended to play gender-typical games and activities. Stacey and Biblarz's review did find subtle differences in gender development, with some male and female children of lesbian parents showing less traditionally ascribed traits (2001). Sarantakos also showed that the male primary school children of lesbian and gay families that he studied in NSW also tended to be more 'effeminate' (1996). In using this somewhat pejorative language, he suggests that this is a negative trait. By contrast, Stacey and Biblarz imply an advantage in that 'lesbian parenting may free daughters and sons from a broad but uneven range of traditional gender prescriptions' (2001, p 168).

COGNITIVE FUNCTION

No differences were found in school performance or on formal IQ testing in the systematically reviewed studies (including Flaks 1995 and Kirkpatrick 1981). Sarantakos, however, found that the children of gay and lesbian parents in his study performed less well at school than those from heterosexual families (1996). He attributes the difference to experiences of anti-gay prejudice. This is the only study that I have found that shows this difference. Golombok showed that

children in father-absent families perceived themselves to be less competent cognitively and physically than children in heterosexual two-parent families (children aged 3–9) (Golombok et al 1997). The actual ability was not measured in this study. The presence of a father may positively influence the child's self-esteem through male behaviour that tends to be reinforced through role modelling of competence.

EMOTIONAL FUNCTION

The emotional function of children was no different in any of the reviews, either as children or adults. In particular, the adult offspring in some studies were tested using validated measures for stress, anxiety and depression, and no differences were found. This is reassuring given the concern that lesbian parents themselves may be more at risk of depression and anxiety due to marginalisation, which might have influenced their child's mental health.

PSYCHOLOGICAL DEVELOPMENT AND BEHAVIOUR

Psychological development and behaviour patterns are mostly the same as those of children in heterosexual families. This was demonstrated in the reviewed studies using a range of measures, including parental report and teacher report using validated behaviour checklists. Some studies show higher self-esteem and psychological resources among children in lesbian and gay families (Stacey & Biblarz 2001).

SEXUAL ORIENTATION

A true assessment of sexual orientation can only really occur in late adolescence and adulthood. The few studies that include these age groups indicate the prevalence of minority sexual orientations to be the same for offspring of lesbian and non-lesbian families. Tasker and Golombok showed that the adults were more likely to consider the possibility of not being heterosexual, and more had had same-sex behaviour. However, they were no more likely to identify as lesbian or gay (Tasker & Golombok 1995).

FAMILY FACTORS

QUALITY OF MOTHER–CHILD RELATIONSHIP

Most studies have shown that lesbian mothers are just as nurturing and confident as heterosexual mothers. A few studies have shown that lesbian mothers show more warmth towards their child and have more interactions with their child than heterosexual mothers (Golombok et al 1997; Vanfraussen, Ponjaert-Kristoffersen

& Brewaeys 2003). This may relate to the method of conception, in that parents using ART in general show more warmth toward their child. Compared with heterosexual couples, lesbian couples consider the decision about donor insemination for longer (Jacob et al 1999), and many researchers have highlighted the positive influence of choice and planning in lesbian family formation (Perlesz & McNair in press; Weeks, Heaphy & Donovan 2001).

The child's gender does seem to lead to differences in the parent-child interactions (Vanfraussen et al 2003). Lesbian parents rated their emotional connection and degree of warmth with girls more highly than boys, and the female children did the same. Female children tended to identify more strongly with female parents. The second female parent present may accentuate this link, while boys develop a separate identity.

THE ROLE OF THE NON-BIRTH MOTHER

The vast majority of partners of the birth mother in a lesbian relationship take on a parenting role with their child (McNair & Dempsey 2003). While her role is often ignored within studies, Vanfraussen had a particular interest in the 'social' mother, and found that despite not being biologically linked to the child, she took equal responsibility (Vanfraussen et al 2003). Several studies have shown that the quality of the relationship between the non-birth mother and child was better than that between the father and child when comparing DI families (Brewaeys et al 1997; Dunne 1998; Tasker & Golombok 1998). Sarantakos suggests that the children in lesbian families will have role confusion in 'having to accept the father as a she' (1996). However, it is clear that non-birth mothers do not regard themselves as filling a father role, and certainly that they identify as women (Lamb 1999). This does highlight, however, that the non-birth mother faces challenges about feeling out of place, being ignored and not being acknowledged as a 'real' mother (Tasker & Golombok 1997). This uncertainty could negatively impact on their child. For example, a lack of legal recognition of the non-birth mother can lead to loss of contact if the lesbian parents separate or a loss of inheritance rights if the non-birth mother dies without leaving a will.

THE MOTHERS' PSYCHOLOGICAL HEALTH

Lesbian women are found to be at greater risk of depression and anxiety, which is largely related to experiences of discrimination and abuse (Jorm et al 2002). This study did not distinguish between women who were parents or not. As discussed earlier, it is known that parental mental health problems can have a negative influence on their children's mental health. The fact that the emotional state of

children of lesbian mothers is shown to be equivalent to that of children in heterosexual families would suggest that their mothers do not have higher levels of mental illness. A study of consecutive attendees at a donor insemination clinic, who were all still prospective parents at the time of the study, showed that the lesbian women were no different to the heterosexual or single women on measures of self-esteem or depression (Jacob et al 1999). Golombok's population-based study directly measured mental health factors and showed no difference between lesbian, single or coupled heterosexual mothers in levels of parenting stress, anxiety or depression (Golombok et al 2003). There was also no difference in the proportion taking medications for anxiety or depression since the birth. The only difference was a higher proportion of lesbian and single mothers who had had medical consultations for psychological issues since the birth (55% coupled lesbian mothers, 43% single mothers and 23% coupled heterosexual mothers). The reason for this difference is unclear. Overall, it would seem that lesbian mothers do not show the higher risk of mental health problems exhibited by the broader lesbian community.

THE PARENTAL RELATIONSHIP AND STYLE

One of the key strengths noted by lesbian parents is the prevalence of supportive and egalitarian co-parenting and positive couple relationships (Dunne 2000). Dunne showed that two mothers take on the full range of parenting roles needed by their children, and do so in a flexible way. Patterson (1995b) showed that co-mothers share parenting tasks more equally than fathers in heterosexual families, and 75% of co-mothers in the US longitudinal lesbian families study considered they were equal co-parents (Gartrell et al 1999; Patterson 1995a). Shared and consistent parenting positively affects child outcomes. Lesbian parents show less gender stereotyping towards their children in the approval of games and dress (Green et al 1986). Lesbian couples accessing donor insemination are shown to have greater cohesion within their relationship than heterosexual couples (Jacob et al 1999), and Golombok's population study showed no differences in relationship satisfaction between the lesbian and heterosexual couples (Golombok et al 2003).

THE ROLE OF BIOLOGICAL FATHER/DONOR

There are two issues for the children of lesbian families in relation to biological fathers and donors. The first is the impact of the absence of a biological father and the second is what children understand about their donor father. First, as already demonstrated, children can and do thrive in families where the biological father is absent as a parent from the beginning. In most de novo lesbian parented families, the biological father does not have a primary parenting role. The majority of

lesbian parents choose this situation, as they desire their children to be parented solely within their own relationship (Donovan 2000). They do so either by using sperm through a clinic, or finding a man to be a known donor 'who will not want to disrupt their central basis of the family' (Donovan, p 153). Dempsey has highlighted the difference between parenthood and fatherhood as described by lesbian parents, in that the donor is often regarded as a father in the biological sense but not a parent in the social sense (2004).

Fatherhood advocates argue for the 'essential importance of fatherhood' and suggest that the absence of fathers in children's lives is at the root of various social problems, including child poverty, teenage pregnancy and poor school performance (Blankenhorn 1995). The studies from which these conclusions arise are about separated heterosexual families, with associated conflict, economic disadvantage and at times violence. This means they cannot be applied to lesbian families. Much of the argument revolves around assumptions that parenting roles are strongly gendered, mothers being nurturing, fathers being the disciplinarian and providing for families economically. Yet, parents of either gender have the same capacity for nurturing, division of labour and for achieving an authoritative style that creates positive child outcomes (Silverstein & Auerbach 1999).

The second issue is the meaning that the children apply to their donor father and the level of knowledge and contact that they desire. These children are not different to any donor child in that some will want to know his identity and others will not. They are in a much more positive position than that of many donor-conceived children in heterosexual families, however, in that most are told about their conception from an early age. The child's gender may play a role in the amount children want to know. Vanfraussen demonstrated that the majority of the boys in her study wanted to get to know their donor, while less than half of the girls identified this need (Vanfraussen et al 2001). Lesbian parents are increasingly recognising their children's potential need to know their father and to have a social relationship with him (Saffron 1996). The Victorian parenting study indicated that lesbian parents are more likely to choose known sperm donors over anonymous donors in order to enable such a relationship for their children (McNair et al 2002b). Defining the child's biological father as a 'donor' did not mean he was anonymous or unknown to the children. Forty per cent of donors were known to the parents and children and 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 eight per cent known to the lesbian parents only. Importantly, the level of satisfaction with all of these arrangements was rated as high.

The challenge for lesbian parents is to strike a balance between their own need for integrity of their family unit, and the child's need to know their biological father (Donovan 2000). This becomes more challenging when a negotiated agreement between the mothers and father cannot be reached or a position changes. At the most extreme level this can result in the need to seek legal solutions. The recent *Re Patrick* case highlighted the invidious position of the judge in determining what was in the best interests of the child, and the need for legal support and guidance for parents throughout the process (Dempsey 2004). Many lesbian couples will continue to elect to use an unknown donor regardless of legal support or otherwise. The positive outcomes for children show that this remains a legitimate choice assuming the families have access to identity-release sperm and retain the high level of honesty with their children.

CONTACT WITH GRANDPARENTS AND OTHER ADULT KINSHIP NETWORKS

Lesbian parents are shown to encourage supportive adult relationships with their children, deliberately including men (Allen 1997; McNair et al 2002b). Many lesbian families retain good contacts with grandparents and other family relatives (Laird 1998; Patterson, Hurt & Mason 1998). The USA national longitudinal study showed that most grandparents were involved and that 63% of them were open with others regarding their grandchildren's family structure (Gartrell et al 2000). However, this does indicate that some grandparents are not involved or not comfortable about their child's lesbian identity. This may have negative influences on the child through reduced contact with a grandparent. A study comparing 55 lesbian parent families with 25 heterosexual families all conceived by DI showed that most children had regular contact with grandparents (Fulcher et al 2002). However, they had more regular contact with the parents of their biological parent than their non-biological parent, regardless of sexuality. This reflects a finding in Kirkman's study of donor-conception families, in which some grandparents found it difficult to accept the non-genetically linked grandchild as their own (2004).

SOCIETAL FACTORS

PEER AND ADULT RELATIONSHIPS

Systematic reviews have found that children of lesbian families form effective peer relationships (Patterson 1992). Adolescent children can initially find it very difficult to be open about their mother/s' sexuality, but as they get older they are more likely to 'come out' about their family to their peers (Van Voorhis & McClain 1997). The Victorian lesbian parenting study asked parents to rate the

quality of their children's peer relationships (self-report only) (McNair et al 2002b). These findings suggest that children's peers, school and the broader community, and their extended family are generally accepting of a lesbian-headed family background, and that lesbian parenting does not have negative effects on children's relationships with peers and extended family members. Some studies show that children are perceived by parents and teachers to be more affectionate and sociable with peers and adults than their heterosexual peers (Patterson 1996).

STIGMATISATION AND SCHOOL EXPERIENCES

One of the major areas of concern for lesbian parents is the degree to which their child will be identified as 'different' by their peers (Mercier & Harold 2003). Children are also concerned they will be ostracised by peers due to their parents' sexuality (Patterson 2000). On the more superficial level of research, it appears that these fears are not grounded. The systematic review by Anderssen concluded that in general children were not more stigmatised than other children (Anderssen et al 2002). Recollection of childhood experiences by adult offspring of lesbian mothers indicated that the young adults reported close friendships during adolescence, although they did recall being concerned about presenting their family background to peers (Tasker & Golombok 1995). Despite this, 'they were no more likely to remember general peer group hostility than the comparison group of young people from heterosexual single-parent families' (Golombok & Tasker 1994, p 1973).

However, research that seeks to specifically address homophobic bullying shows that most of the children do experience bullying at school about their parents' sexuality. In one USA study, even at the age of 6, 18% of children reported homophobic attitudes of peers and teachers (Gartrell et al 2000). A study of 48 Victorian children with gay fathers or lesbian mothers demonstrated different levels of bullying according to the child's developmental age (Ray & Gregory 2001). At early primary school, 90% of children were open about their family structure, and reported positive experiences. During grades 3 to 6, 39% had told only one person or no one about their family. Just under half (44%) of the grade 3–6 children had experienced teasing, bullying and homophobic language. In years 7–10, 36% had not disclosed to others and 45% had been bullied. By late adolescence, only 14% kept their parents' sexuality secret. Having a lesbian mother had become a positively distinguishing, 'cool' feature for the child. These experiences are borne out in interviews with children of lesbian mothers and their parents in Victoria, during which early adolescents repeatedly discussed the care they were obliged to exercise when deciding whether to reveal their parent's

sexuality to peers (Perlesz et al unpublished). It was clear from this study, however, that these children were able to develop close, albeit carefully selected, peer relationships.

Ray has outlined a range of methods that are used by lesbian and gay families to overcome a homophobic environment for their children (2003):

- emphasising children's pride in their family and feeling special;
- discussing each family member's level of comfort about being 'out';
- being sensitive to the changing needs of the child as they develop;
- advocating on behalf of their children to improve the inclusion of diversity at preschools and schools;
- participating in lesbian and gay parenting support groups so that children can meet others from similar families; and
- actively connecting with the lesbian and gay parenting community through participation in Pride marches and conferences.

THE IMPACT OF STIGMATISATION AND BULLYING

Despite the significant level of bullying, children in lesbian and gay families develop effective peer relationships. It is also surprising that these children have the same levels of emotional functioning as other children and appear to be in some way resisting the common negative mental health consequences of being bullied and discriminated against. One possible explanation for this level of resilience is that the bullying is not directly about the children's own identity, but rather about their parents' identity. While this is true to some extent, many children say they are bullied because it is assumed that they too are lesbian or gay. A more global explanation is that lesbian and gay parents are very effectively assisting their children to deal with bullying at school (Perlesz & McNair in press).

UNDERSTANDING DIVERSITY

Children in lesbian families are shown to understand diversity and accept a range of diverse family types and individuals (Patterson 1992). Lesbian parents identify that this is a specific goal of their parenting, and deliberately teach children to be tolerant (Lorde 1988). Teachers report that these children are more broad-minded, tolerant and empathic (Patterson 1996), and that boys are more sensitive to others (Brewaeys & Van Hall 1997). So, parents are not only providing children with life skills in coping with discrimination, but also a non-discriminatory view of the world more broadly.

GAY MALE FAMILIES

Gay men are parents in a number of settings. They may have children within a heterosexual relationship, then divorce and come out as gay. Most of these men do not live with their children. Others adopt (very rare in Australia) or foster children after coming out as gay. Some share primary parenting with single women (lesbian or heterosexual) or lesbian couples, having conceived usually by insemination. Children often share time living with both their mother(s) and their father(s) in this situation (Patterson & Chan 1997). Rarely, gay men are the primary parents of their biological child conceived with a surrogate mother. This is one of the only methods by which gay male couples can have full-time responsibility for their child.

I will focus on the outcomes for children who have gay fathers in a primary parenting role. I have used a review (Patterson & Chan 1997) of early studies involving men who were divorced (these studies were by Miller 1979, Bozett 1987, Bigner & Bozett 1990), as well as one study that was located that studied gay men who had children after identifying as gay (McPherson 1993). Silverstein and Auerbach have also done important work comparing gay fathers within a group of over 200 ethnically diverse fathers (1999). This area of study has not yet reached the sophistication that has been possible in the lesbian families literature in being able to discern meaningful differences for children in these families. It is likely that over time, similar subtle differences will emerge indicating that gay parenting is distinctive (yet not negative) for children.

CHILD FACTORS

Child emotional, psychological and behavioural development appears to be no different within gay-parented families. Bozett found that children were no different in social activities, problem solving ability or levels of autonomy than children in heterosexual families (Bozett 1987). Children's sexual identity has been one of the most common measures included in many of the studies, reflecting concerns that having gay fathers may influence children to be gay or lesbian, or confuse their sexual identities (the research question itself being reflective of prevailing homophobic attitudes). The range of sexual orientation appears to be no different to that for children in heterosexual families, and the amount of time spent with their gay fathers does not influence sexuality.

FAMILY FACTORS

Parenting roles of gay fathers appear to encompass the full range required by children (Silverstein & Auerbach 1999). Some studies based on self-report showed gay fathers identified themselves to be more nurturing than the level identified by heterosexual fathers (Bigner & Bozett 1990). They also had greater control and limit setting, and therefore were more likely than heterosexual fathers to show authoritative patterns of parenting, which benefit children. McPherson (1993) showed that gay male couples had more egalitarian division of roles and responsibilities than heterosexual couples, mirroring the lesbian parenting findings.

SOCIAL FACTORS

It is important to put these men into the context of fathering in Australia to highlight the absolutely revolutionary role they are playing in re-defining fatherhood. While there is a social movement suggesting that fathers should take a more active parenting role, only 1–2% of fathers in two-parent heterosexual families share physical care of their children equally with their partner, and only 5–10% are involved in day-to-day care (Flood 2003). Flood finds that despite the father's rights movement that has successfully worked to change child custody and child support policies, there has been no increase in shared parenting by separated fathers. By contrast, gay men in a primary parenting role are choosing to take on a considerable proportion, if not all, of the day-to-day care of their children. Despite the social pressures for greater involvement of fathers, gay men face negative social reactions to being parents. Gay men describe great difficulty in finding support even within the gay community (McNair in press). This is similar to the double-stigmatisation that characterises lesbian parents' experience. Two Melbourne-based gay fathers of an infant conceived with a surrogate mum related various negative reactions from gay friends. These ranged from accusations that they were trying to live a heterosexual lifestyle, to regarding the child as merely another accessory.¹⁷

Children's peer relationships are affected by these negative attitudes. Adult offspring of gay men described the need to hide their father's sexuality from peers. They expressed fear that knowledge of their father's sexuality may influence peers to assume that they themselves are gay or lesbian (Bozett 1987). I was unable to locate any studies that have yet included independent measures of child

17 2003, 'Fathers and son', *The Age*, 16 August, p 3.

socialisation, peer relationships or academic achievement to ascertain any direct effects of such experiences.

Conclusions

This Paper has examined outcomes for children in families that have used ART for conception. This is a complex range of families, many of which do not fit the two-parent nuclear family model. It includes heterosexual couples using their own gametes or donated sperm or eggs, lesbian couples using donated sperm, single parents by choice and, rarely, gay couples using surrogacy. I have chosen to focus on the impact of factors that are central to these families, including the impact on children of non-biological parenting from birth, the use of technology to assist conception, disclosure of donor status to the child and the impact of growing up within a same-sex family.

There is good evidence of equal or more positive outcomes for children with non-biological parents, same-sex parents and surrogate arrangements, both in child emotional, social and psychological development; and in parenting styles and family functioning. These positive findings are attenuated to some extent for some ART and donor-conceived children by the adverse impacts of the technology itself and by children's experience of non-disclosure of donor status. In considering the impact of these findings on policy decisions, it seems clear that ART can be offered to any family type, regardless of the sexuality of parents, or the need for donated gametes. Two caveats apply. The first is that prospective users of ART services are fully informed of the risks of the technology to their child, and of methods to minimise such risks including restricting multiple pregnancy where possible. The second caveat is that parents of donor-conceived children are provided with a full range of information regarding the potential desire of their child for information about their donor, and with information about methods of discussing donor status from an early age, and encouragement to do so.

The impact of social factors, including stigmatisation, on children within these diverse families is considerable. The failure of social policy, legislation, and public systems, including schools, to keep pace with the social changes that harbour these children is a source of concern. Lack of clarity and inclusiveness in definitions of family and parent can create vulnerability for parents and children, particularly if the non-biological parent is not recognised as a parent legally or socially. Inadequate representation of diverse families in the public arena increases the already stigmatised nature of ART, infertility, surrogacy, lesbian and gay families.

This extends into research with a reluctance to gather data that represent their reality. The more stigmatised these families are, the more likely it is that children will be bullied at school, and will fear disclosure of their family structure. This is not making a case to suggest these children should not have been born into such families, rather suggesting that society has a responsibility to respond to their needs and provide a nurturing social environment. 'Parenting occurs in a social context, and the community and the state can either facilitate or impede parents in their task of raising the next generation' (Sanson & Wise 2001b, p 45).

I do not present a picture of victimised children. Rather the reverse. These children appear to be remarkably resilient, negotiating the stigma by developing strong peer relationships through careful choice. They are not only aware of their own family diversity, but develop a rich understanding of diversity more broadly. This does not happen by accident. Having made a deliberate choice to have children, these parents are providing an effective and loving environment and equipping their children with skills that build resilience. They are also imbuing their children with the value of acceptance. In this way, parents and their children are positively contributing to our pluralist society. This is beautifully depicted by Audre Lorde, a mother who was also a writer, social activist, lesbian and black woman:

"I believe that raising children is one way of participating in the future, in social change...Unless we develop some cohesive vision of that world in which we hope these children will participate, and some sense in the shaping of that world, we will only raise new performers in the master's sorry drama. If there is any lesson we must teach our children, it is that difference is a creative force for change. I trust my children deeply, because they were raised to be their own woman, their own man, in the service of all of our futures (Lorde 1988, p 48).

TABLE 3: OVERVIEW OF STUDIES OF CHILDREN RAISED BY LESBIAN OR GAY PARENTS¹⁸

Abbreviations: s = sons; d = daughters; fa = fathers; mo = mothers; het=heterosexual; mar = married; sep = separated; div = divorced; DI = donor insemination; trad = traditionally conceived.

Author & Year	Sample size (child-ren)	Family structure	Age of child-ren (yrs)	Control Groups & Number	Sample Source	Sample Type	Method	Findings
Bailey <i>et al</i> 1995	43 all sons	Gay fa (all earlier mar, 91% sep or div today)	17–43	None	Convenience	Cross-sectional	Mailed questionnaires	<i>Sexual preference</i> : 37 reported to have heterosexual preferences
Bozett, 1988	19 s and d	Gay fa (various histories)	14–35	None	Convenience	Cross-sectional	Unstructured in-depth interviews (grounded theory)	<i>Sexual preference</i> : 16 reported to have heterosexual preferences
Brewaeycs <i>et al.</i> 1997	30 s and d	Lesbian couples (from birth - DI)	4–8	52 s and d of het couples (from birth) (26 donor & 26 trad)	Register samples (DI) & convenience	Cross-sectional	Questionnaires to parents: Child Behaviour Checklist, Preschool Activities Inventory	<i>Behavioural adjustment</i> No group differences for sons. Fewer problems among daughters of lesbian and het (non donor) couples <i>Gender role behaviour</i> : No differences
Chan <i>et al.</i> 1998	55 s and d	Lesbian couples (DI) and lesbian single mo (some earlier mar)	(mean age 7)	25 s and d of het couples (from birth) and het single mo (All DI)	Register sample (clients of California sperm bank)	Cross-sectional	Mailed standardized questionnaires to parents and teachers, including: Child Behaviour Checklist, Teacher's Report Form	<i>Emotional functioning</i> : No differences <i>Behavioural adjustment</i> : No differences
Flaks <i>et al.</i> , 1995	15 s and d	Lesbian couples (from birth) (DI)	3–8	15 s and d of het couples (from birth) (trad)	Convenience	Cross-sectional	Standardized questionnaires to parents and teachers, including: Child Behaviour Checklist, Teacher's Report Form	<i>Emotional functioning</i> : No differences <i>Behavioural adjustment</i> : No differences <i>Cognitive functioning</i> : No differences

Author & Year	Sample size (child-ren)	Family structure	Age of child-ren (yrs)	Control Groups & Number	Sample Source	Sample Type	Method	Findings
Gartrell <i>et al.</i> , 1996, 1998, 2000 ¹⁹	85 s and d (1 twin) 21 had known donor	Lesbian couples-86, (all DI), by 3 rd phase 31% had separated	3 rd phase 5 years old	None	Convenience	Longitudinal	Interviews of mothers separately: health , parenting experiences, rel issues, support, educational choices, discrimination	<i>Child health/devt</i> :88% not concerned <i>Peer rels</i> : 87% relating well <i>Grandparent rels</i> : 63% open about lesb <i>Male contact</i> : all 21 with known donor had contact <i>Homophobic experiences of kids</i> : 18%
Gershon <i>et al.</i> , 1999	76 s and d	Lesbian mo (67% of mo in het marriage at time of birth)	11–18	None	Convenience	Cross-sectional	Standardized questionnaires (by interview), including: Self Perception Profile for Adolescents	<i>Emotional functioning</i> : As expected for general population
Golombok <i>et al.</i> , 1983 ²⁰	37 s and d	Lesbian single and coupled (23/27 mo earlier mar)	5–17	38 s and d of het single mo (23/27 mo earlier mar)	Convenience	Cross-sectional	Structured interviews with mo and with offspring (separately); sexual preference assessment only for the older group; standardized quest to mo and teachers about offspring	<i>Emotional functioning</i> : More children with het mo had psychiatric symptoms <i>Sexual preference</i> : No differences <i>Stigmatization</i> : No differences <i>Gender role behaviour</i> : No differences <i>Behavioural adjustment</i> : No differences <i>Gender identity</i> : No differences
Golombok <i>et al.</i> , 1997	30 s and d	lesbian mo (from birth) (15 single at time of data collection)	3–9	42 s and d of het single mo (single since child's first year of life)	Convenience	Cross-sectional	Structured interviews and questionnaires for mo; ratings from school teachers; testing of offspring, including adaptation of Separation Anxiety Test	<i>Emotional functioning</i> : No group differences <i>Stigmatization</i> : No group differences <i>Behavioural adjustment</i> : No group differences
Golombok <i>et al.</i> , 2003	20 s 19 d	Lesbian mo –39, 20 single, 19 couple	Mean age 7yrs	72 s & 62 d of 74 couples 60 singles	Population-based + snowball	Cross-sectional	Standardized questionnaires and interviews	<i>Parent-child rels</i> : No differences , co-parent lesbians more warm <i>Social/emot development</i> : No diff's <i>Psych rating</i> : No differences Psychol. state of Mo: No difference

Author & Year	Sample size (child-ren)	Family structure	Age of child-ren (yrs)	Control Groups & Number	Sample Source	Sample Type	Method	Findings
Gottman, 1990	35 d	lesbian div mo (cohab with another women at least some time)	18–44	70 d of het div mo (35 single, 35 remarried)	Not reported	Cross-sectional	Standardized questionnaires (returned by mail), including: California Psychological Inventory (18 scales)	<i>Emotional functioning</i> : No differences on 17 of 18 scales. On well-being scale d of div single mo had more problems <i>Sexual preference</i> : No differences <i>Gender role behaviour</i> : No differences <i>Gender identity</i> : No differences
Green <i>et al.</i> , 1986	56 s and d	Lesbian single and couples (10% never mar)	3–11	48 s and d of non lesbian, single mo (10% never mar)	Convenience	Cross-sectional	Standardized questionnaires to mo (returned by mail). Interviews with offspring and with mo (separately). Testing of offspring, including: self-reported and mother-reported peer popularity	<i>Emotional functioning</i> : No differences <i>Stigmatization</i> : No differences <i>Gender role behaviour</i> : No differences for boys, more girls of lesbian mo preferring some boy-typical activities, clothes and future adult roles <i>Gender identity</i> : No differences <i>Cognitive functioning</i> : No differences
Kirkpatrick <i>et al.</i> , 1981	20 s and d	Lesbian div mo	5–12	20 s and d of het div, single mo	Convenience	Cross-sectional	Semi-structured interview with offspring and with mo (separately). Observ. & testing of offspring incl: Play-room observation, Human Figure Drawing	<i>Emotional functioning</i> : No differences <i>Gender identity</i> : No differences <i>Cognitive functioning</i> : No differences
Lewis, 1980	21 s and d	lesbian non single mo	9–26	None	Convenience	Cross-sectional	In-depth interviews with children	<i>Stigmatization</i> : Children at all ages worried about potential reactions from peers, no report of specific incidents
McNair <i>et al</i> 2002	115 s and d	136 lesb mo 74% couple, 15% single 10% non cohab couple 22% prev mar	1-17	None	Convenience	Cross-sectional	Mail-back questionnaire: completed by one of Mo's 55 items: health and medical issues, parental relationships, social acceptance and support, open-ended q's	<i>Health</i> : high level of knowledge, low access to information for conception <i>Social acceptance</i> : high level acceptance, disclosure higher for parents than prospective parents, <i>Peer rels</i> : high level positive relationships

Author & Year	Sample size (child-ren)	Family structure	Age of child-ren (yrs)	Control Groups & Number	Sample Source	Sample Type	Method	Findings
Miller, 1979	14 s and d	gay fa	14-33	None	Convenience	Cross-sectional	In-depth Interviews	<i>Sexual Preference:</i> 2 of 14 reported to be lesbian/gay <i>Stigmatization:</i> No specific incidents reported
Patterson, 1994 ²¹	37 s and d	lesbian mo (26 couples, 7 singles, 4 in joint custody between two mo) (from birth)	4-9	None	Convenience	Cross-sectional	Standardized questionnaires for mo, including Child Behaviour Checklist, and for children, including Children's Self-View Questionnaire. open-ended interview of children	<i>Emotional functioning:</i> No differences No differences aggression, social closeness, but more stress reactions and higher well-being <i>Gender role behaviour:</i> No pattern <i>Behavioural adjustment:</i> No differences (All comparisons with general population)
Sarantakos, 1996	58 s and d	11 gay fa 47 lesb mo	6-11	58 married and 58 defacto het couples	Convenience	Cross-sectional	Child interviews, Teacher reports	<i>Educational achievement:</i> G&L children <defacto, married <i>Social development:</i> G&L perform less well. <i>Gender behav:</i> boys 'effeminate'
Tasker & Golombok 1997	25 s and d	lesbian mo (22/25 by lesbian couples)	17-35	21 s and d of het mo 19/21 by het couples, these mo no longer single)	Convenience	Longitudinal (14 years)	Semi-structured interviews. Standardized questionnaires, including: Trait Anxiety Inventory, Beck Depression Inventory	<i>Emotional functioning:</i> No differences <i>Sexual preference:</i> No differences, but more variation in lesbian mo kids <i>Stigmatization:</i> No differences, but a tendency for children with lesbian mo to have been teased more about own sexuality
Totals 18 studies	785 ²²	Gay fa studies: 3; Gay fa and lesbian mo study: 1; Lesbian mo studies: 14	1-44	581 11 studies included control groups	Convenience or not reported- 15; register sample-2; pop based - 1	Cross-Sectional - 16; longitudinal- 2	Interviews: 11 Questionnaires: 11 Observation: 2 Teacher reports: 4	Emotional functioning: 11 studies Sexual preference: 6 studies Stigmatization: 8 studies Gender role behaviour: 7 studies Behavioural adjustment: 6 studies Cognitive functioning: 4 studies

- 19 USA lesbian parenting longitudinal study. The first 3 phases have been published, with planned interviews when children are 10, 17 and 25 years old, including child interviews
- 20 British Longitudinal Study of Lesbian Mother Families – this is the first data collected, see Tasker and Golombok 1997 for follow up study when children were adults.
- 21 Bay Area Families Study.
- 22 Not included Tasker and Golombok (1997) since this is a follow-up of Golombok *et al* (1983).

Bibliography

- American Academy of Pediatrics 2002, 'Policy Statement: Coparent or second-parent adoption by same-sex parents', *Pediatrics*, vol 109, no 2, pp 339–340.
- American College of Pediatricians 2002. *Homosexual parenting: is it time for change?* American College of Pediatricians, Tennessee.
- Australian Bureau of Statistics 2002, *Births*, cat no 3301.1, ABS, Canberra.
- Australian Institute of Health and Welfare 2001, *Australia's mothers and babies 2000*, cat no PER 21, AIHW Perinatal Statistics Unit, Sydney.
- Australian Institute of Health and Welfare 2002, *Australia's Children: their health and wellbeing*, cat no PHE-36, AIHS, Canberra.
- Allan, J, Edirisnghe, R, Anderson, J, Jemmott, R, Nandini, A, & Gattas, M (2004), 'Dilemmas encountered with preimplantation diagnosis of aneuploidy in human embryos', *Australian and New Zealand J of Obstetrics and Gynaecology*, vol 44, pp 117–123.
- Allen, KR 1997, 'Lesbian and gay families', in T Arendell (ed), *Contemporary Parenting: Challenges and Issues*, Sage, New York, pp 196–218.
- Australian Medical Association 2002, *Position Statement on Sexual and Gender Diversity 2002*, AMA.
- Amato, P 1993, Children's adjustment to divorce: theories, hypotheses and empirical support. *J of Marriage and the Family*, vol 55, pp 23–38.
- Anderssen, N, Amilie, C, & Ytteroy, EA 2002, 'Outcomes for children with lesbian or gay parents. A review of studies from 1978–2000', *Scandinavian Journal of Psychology*, vol 43, no 4, pp 335–351.
- Arndt, B 2003, 'Adopting the parenting trap', *Sydney Morning Herald*, 7 May.
- Australian IVF Collaborative Group 1985, 'High incidence of preterm births and early losses in pregnancy after IVF', *British Medical Journal*, vol 291, pp 1160–1163.

- Baker, GH 2002, 'Problems with the regulation of assisted reproductive technology: a clinician's perspective', *J of Law and Medicine*, vol 9, no 4, pp 457–469.
- Basso, O & Baird, D 2003, 'Infertility and preterm delivery, birthweight, and Caesarean section: a study within the Danish National Birth Cohort', *Human Reproduction*, vol 18, no 11, pp 2478–2484.
- Bennett, B 2000, 'Reproductive technology, public policy and single motherhood', *Sydney Law Review*, vol 22, pp 625–635.
- Bigner, J & Bozett, FW 1990, 'Parenting by gay fathers', In FW Bozett & M Sussman (eds), *Homosexuality and family relationships*, Harrington Park Press, New York, pp 155–176.
- Blankenhorn, D 1995, *Fatherless America: confronting our most urgent social problem*, Basic Books, New York.
- Blood, J, Pitt, P, Baker, G & Foster, P 2001, *Parents decision to inform children of their donor (sperm) conception and the impact of a register which legislates to enable identification of donors*. Paper presented at the 17th World Congress on Fertility and Sterility, Melbourne.
- British Medical Journal 2002, 'How it feels to be a child of donor insemination', *British Medical Journal*, vol 324, p 797.
- Boers, P 2004, *Same sex parenting*, paper presented at the Law Conference, College of Law, Sydney.
- Bozett, FW (ed) 1987, *Gay and Lesbian Parents*, Praeger Publishers, New York.
- Bradley, N 2004, 'Push to curb multiple IVF births', *The Age*, 8 March, p 8.
- Brewaeyns, A 1996, 'Donor insemination, the impact on family and child development', *J Psychosom Obstet Gynecol*, vol 17, pp 1–13.
- Brewaeyns, A, Ponjaert, I, Van Hall, EV & Golombok, S 1997, 'Donor insemination: child development and family functioning in lesbian mother families', *Human Reproduction*, vol 12, no 6, pp 1349–1359.
- Brewaeyns, A & Van Hall, EV 1997, 'Lesbian motherhood: the impact on child development and family functioning', *Journal of Psychosomatic Obstetrics & Gynecology*, vol 18, no 1, pp 1–16.
- Campion, M 1995, *Who's fit to be a parent?* Routledge, London.

- Cannold, L & Gillam, L 2002, 'Regulation, consultation and divergent community views: the case of access to ART by lesbian and single women', *J Law and Medicine*, vol 9, pp 498–510.
- Chan, RW, Raboy, B & Patterson, CJ 1998, 'Psychosocial adjustment among children conceived via donor insemination by lesbian and heterosexual mothers', *Child Development*, vol 69, no 2, pp 443–457.
- Cherlin, A 1999, Going to extremes: family structure, children's wellbeing and social science, *Demography*, vol 36, pp 421–428.
- Clarke, V 2001, 'What about the children? Arguments against lesbian and gay parenting', *Women's Studies International Forum*, vol 24, no 5, pp 555–570.
- Coady, M 2002, 'Families and future children: the role of rights and interests in determining ethical policy for regulating families', *Journal of Law and Medicine*, vol 9, pp 449–456.
- Daniels, KR & Burn, I 1997, 'Access to assisted human reproduction services by minority groups', *Australian New Zealand Journal of Obstetrics Gynaecology*, vol 37, no 1, pp 79–85.
- Dean, JH & Sullivan, EA 2003, *Assisted conception Australia and New Zealand 2000 and 2001*, cat no PER 22, AIHW National Perinatal Statistics Unit, Sydney.
- Demo, D, & Allen, KR 1996, 'Diversity within lesbian and gay families: challenges and implications for family theory and research', *J Social and Personal Relations*, vol 13, pp 415–434.
- Dempsey, D 2004, 'Donor, father or parent? Conceiving paternity in the Australian Family Court', *International Journal of Law, Policy and the Family*, vol 18, no 1, pp 76–102.
- Devroey, P & Van Steirteghem, A 2004, 'A review of ten years experience of ICSI', *Human Reproduction*, vol 10, no 1, pp 19–28.
- Donor Conception Support Group, A 1997, *Let the offspring speak: discussions on donor conception*, Georges Hall, Sydney.
- Donovan, C 2000, 'Who needs a father? Negotiating biological fatherhood in British lesbian families using self-insemination', *Sexualities*, vol 3, no 2, pp 149–164.
- Dunlop, R & Burns, A 1989, *Adolescents in divorce: a three year follow up*, Australian Institute of Family Studies, Melbourne.

- Dunne, GA 2000, 'Opting into motherhood lesbians blurring the boundaries and transforming the meaning of parenthood and kinship', *Gender and Society*, vol 14, no 1, pp 11–35.
- Dunne, GA (ed) 1998, *Living Difference: Lesbian Perspectives on Work and Family Life*, Harrington Park Press, New York.
- Edwards, J 1998, 'Donor insemination and "public opinion"', In KR Daniels et al (ed), *Donor insemination. International social science perspectives*, Cambridge University Press, Cambridge.
- Fasouliotis, S J & Schenker, JG 1999, 'Social aspects in assisted reproduction', *Human Reproduction Update*, vol 5, no 1, pp 26–39.
- Flood, M 2003, *Fatherhood and fatherlessness*, Discussion Paper no 59, The Australia Institute, Canberra.
- Freeman, M 2000, 'The future of children's rights', *Children and Society*, vol 14, pp 277–293.
- Fulcher, M, Chan, RW, Raboy, B & Patterson, CJ 2002, 'Contact with grandparents among children conceived via donor insemination by lesbian and heterosexual mothers', *Parenting: Science and Practice*, vol 2, no 1, pp 61–76.
- Fuscaldo, G 2003, 'What makes a parent? It's not black or white', *Journal of Medical Ethics*, vol 29, no 2, p 66.
- Gartrell, N, Banks, A, Hamilton, J, Reed, N, Bishop, H & Rodas, C 1999, 'The national lesbian family study: 2. Interviews with mothers of toddlers', *American Journal of American Orthopsychiatric Association*, vol 69, no 3, pp 362–369.
- Gartrell, N, Banks, A, Reed, N, Hamilton, J, Rodas, C & Deck, A 2000, 'The national lesbian family study: 3. Interviews with mothers of 5-year-olds', *American J of Orthopsychiatry*, vol 70, no 4, pp 542–548.
- Gartrell, N, Hamilton, J, Banks, A, Mosbacher, D, Reed, N, Sparks, CH et al 1996, 'The national lesbian family study: 1 Interviews with prospective mothers', *American Journal of American Orthopsychiatric Association*, vol 66, no 2, pp 272–281.
- Gillam, L 2002, *Surrogacy, autonomy and promising*, working paper no 2002/2, Centre for Applied Philosophy and Public Ethics, University of Melbourne, Melbourne.

- Goffman, E 1963, *Stigma: notes on the management of the spoiled identity*, Prentice Hall, New Jersey.
- Golombok, S 2000, *Parenting: What Really Counts?* Routledge, London.
- Golombok, S, Brewaeys, A, Cook, R, Giavazzi, M, Guerra, D, Mantovani, A et al 1996, 'The European study of assisted reproduction families', *Human Reproduction*, vol 11, pp 2324–2331.
- Golombok, S, Brewaeys, A, Giavazzi, M, Guerra, D, MacCallum, F & Rust, J 2002, 'The European study of assisted reproduction families: the transition to adolescence', *Human Reproduction*, vol 17, no 3, pp 830–840.
- Golombok, S, Cook, R, Bish, A & Murray, C 1995, 'Families created by the new reproductive technologies—quality of parenting and social and emotional development of the children', *Child Development*, vol 66, no 2, pp 285–298.
- Golombok, S, Perry, B, Burston, A, Murray, C et al 2003, 'Children with lesbian parents: A community study', *Developmental Psychology*, vol 39, no 1, p 20.
- Golombok, S, Spencer, A & Rutter, M 1983, 'Children in lesbian and single-parent households: psychosexual and psychiatric appraisal', *Journal of Child Psychology and Psychiatry*, vol 24, pp 551–572.
- Golombok, S & Tasker, F 1994, 'Donor insemination for single heterosexual and lesbian women: issues concerning the welfare of the child', *Human Reproduction*, vol 9, no 11, pp 1972–1976.
- Golombok, S, Tasker, F & Murray, C 1997, 'Children raised in fatherless families from infancy: family relationships and the socioemotional development of children of lesbian and single heterosexual mothers', *Journal Child Psychology and Psychiatry*, vol 38, no 7, pp 783–791.
- Gottlieb, C, Lalos, O & Lindblad, F 2000, 'Disclosure of donor insemination to the child: the impact of Swedish legislation on couples' attitudes', *Human Reproduction*, vol 15, no 9, pp 2052–2056.
- Green, R, Mandel, J, Hotvedt, M, Gray, J & Smith, L 1986, 'Lesbian mothers and their children: a comparison with solo parent heterosexual mothers and their children', *Archives of Sexual Behaviour*, vol 15, no 2, pp 167–185.

- Grotevant, HD, Dunbar, N, Kohler, JK & Esau, AML 2000, 'Adoptive identity: How contexts within and beyond the family shape developmental pathways', *Family Relations*, vol 49, no 4, p 379.
- Hall, C 2004, 'UK donors to lose anonymity', *The Age*, 23 January.
- Hansen, M, Kurinczuk, J, Bower, C & Webb, S 2002, 'The risk of major birth defects after intracytoplasmic sperm injection and in vitro fertilisation', *New England Journal of Medicine*, vol 346, no 10, pp 725–730.
- Hillier, L, de Visser, RO, Kavanagh, A & McNair, R 2003, 'The association between sexual orientation and licit and illicit drug use in young Australian women', *Medical Journal Australia*, vol 179, pp 326–327.
- Hunfeld, J, Fauser, BC, de Beaufort, ID & Passchier, JP 2002, 'Child development and quality of parenting in lesbian families: no psychological indications for a-priori withholding of infertility treatment. A systematic review', *Human Reproduction Update*, vol 8, no 6, pp 579–590.
- Hunter, P 2004, 'Pre-implantation Genetic Diagnosis', *New Scientist*, vol 18, no 12, pp 26–31.
- Hurst, T & Lancaster, P 2001, *Assisted conception, Australia and New Zealand 1999 and 2000*, Assisted Conception Series no 6, Australian Institute of Health and Welfare, National Perinatal Statistics Unit, Sydney.
- Jacob, MC, Klock, SC & Maier, D 1999, 'Lesbian couples as therapeutic donor insemination recipients: do they differ from other patients', *Journal of Psychosomatic Obstetrics and Gynaecology*, vol 20, pp 203–215.
- Jorm, A, Korten, A, Rodgers, B, Jacomb, P & Christensen, H 2002, 'Sexual orientation and mental health: results from a community survey of young and middle-aged adults', *British Journal of Psychiatry*, vol 180, pp 423–427.
- Kessler, R, Mickelson, K & Williams, D 1999, 'The prevalence, distribution and mental health correlates of perceived discrimination in the United States', *Journal Health and Social Behaviour*, vol 40, pp 208–230.
- King, BR 2001, 'Ranking of stigmatization toward lesbians and their children and the influence of perceptions of controllability of homosexuality', *Journal of Homosexuality*, vol 41, no 2, pp 77–97.
- Kirkman, M 2002a, 'Moving on, living in subjunctive mode: revising autobiographical narratives after infertility', *The Fertile Imagination: narratives of reproduction*, vol 18, pp 59–82.

- Kirkman, M 2003a, 'Parents' contribution to the narrative identity of offspring of donor-assisted conception', *Social Science and Medicine*, vol 57, no 11, pp 2229–2242.
- Kirkman, M 2003b, 'Egg and embryo donation and the meaning of motherhood', *Women Health*, vol 38, no 2, pp 1–18.
- Kirkman, M 2004, 'Genetic connection and relationships in narratives of donor-assisted conception', *Australian Journal for Emerging Technologies and Society*, vol 2, no 1.
- Kirkman, M & Kirkman, A 2002b, 'Sister-to-sister gestational surrogacy thirteen years on: A narrative of parenthood' *Journal of Reproductive and Infant Psychology*, vol 20, no 3, pp 135–147.
- Koivurova, S, Hartikainen, A, Sovio, U, Gissler, M, Hemminki, E & Jarvelin, M 2003, 'Growth, psychomotor development and morbidity up to 3 years of age in children born after IVF', *Human Reproduction*, vol 18, no 11, pp 2328–2336.
- Kovacs, GT, Morgan, G, Wood, CE, Forbes, C & Howlett, D 2003, 'Community attitudes to assisted reproductive technology: a 20 year trend', *Medical Journal Australia*, vol 179, pp 536–538.
- Kovacs, GT, Mushin, D, Kane, H et al 1993, 'A controlled study of the psychosocial development of children conceived following insemination with donor semen', *Human Reproduction*, vol 8, pp 788–790.
- Krieger, N, Rowley, D, Herman, A, Avery, B & Phillips, M 1993, 'Racism, sexism and social class: implications for studies of health, disease and well-being', *American Journal Preventive Medicine*, vol 9 (sup), pp 82–122.
- Kurinczuk, J, Hansen, M & Bower, C 2004, 'The risk of birth defects in children born after assisted reproductive technologies', *Current Opinions in Obstetrics and Gynaecology*, vol 16, no 3, pp 201–209.
- Laird, J 1998, 'Invisible ties: lesbian and their families of origin', in C Patterson & A D'Augelli (eds), *Lesbian, Gay and Bisexual Identities in Families*, Oxford University Press, New York.
- Lamb, ME 1999, 'Parental behaviour, family process, and child development in nontraditional and traditional understudied families', in ME Lamb (ed), *Parenting and Child Development in 'Nontraditional' Families*, pp 1–13, Lawrence Erlbaum Associates, New Jersey.
- Lee, R 1993, *Doing research on sensitive topics*. Sage, London.

- Lerner, R & Nagai, AK 2001, *No Basis: What the Studies Don't Tell Us About Same-Sex Parenting*, Marriage Law Project, Washington DC.
- Leslie, G, Gibson, F, McMahon, C, Cohen, J, Saunders, D & Tennant, C 2003, 'Children conceived using ICSI do not have an increased risk of delayed mental development at 5 years of age', *Human Reproduction*, vol 18, no 10, pp 2067–2072.
- Lorde, A 1988, 'Turning the Beat Around: Lesbian Parenting 1986', in A Lorde (ed), *A Burst of Light*, Women's Press, Toronto.
- MacCallum, F, Lycett, E, Murray, C, Jadv, V & Golombok, S 2003, 'Surrogacy: the experience of commissioning couples', *Human Reproduction*, vol 18, no 6, pp 1334–1342.
- Maher, ER, Brueton, LA, Bowdin, SC, Luharia, A, Cooper, W, Cole, TR, Macdonald, F, Sampson, JR, Barratt, CL, Reik, W & Hawkins, MM 2003, 'Beckwith-Wiedemann syndrome and assisted reproduction technology', *Journal of Medical Genetics*, vol 40, no 1, pp 62–63.
- McBain, J 2004, 'Chairman's Report', *Technique IVF*, Autumn, p 1.
- McNair, R 2002a, 'Lesbian parenthood, an imaginative fertility', *The Fertile Imagination: narratives of reproduction*, vol 18, pp 267–287.
- McNair, R (in press), 'From GP to political activist for the new family', in HG Jones & M Kirkman (eds), *Sperm Wars*, ABC, Melbourne.
- McNair, R, Anderson, S & Mitchell, A 2001, 'Addressing health inequalities in Victorian lesbian, gay, bisexual and transgender communities', *Health Promotion Journal of Australia*, vol 11, no 1, pp 32–38.
- McNair, R, Dempsey, D, Wise, S & Perlesz, A 2002b, 'Lesbian parenting: Issues, Strengths and Challenges', *Family Matters*, vol 63, pp 40–49.
- McNair, RP & Dempsey, D 2003, *Family formation and women's roles*, paper presented at the Australian Institute of Family Studies 8th National Conference, Melbourne, February.
- McPherson, D 1994 'Gay parenting couples: parenting arrangements, arrangement satisfaction and relationship satisfaction', *Dissertation Abstracts International: Section B: The Sciences and Engineering*, vol 54, p 3859.
- Melbourne IVF 2003, *IVF Patient information*, Melbourne IVF.

- Mercier, LR & Harold, RD 2003, 'At the interface: Lesbian-parent families and their children's schools', *Children & Schools*, vol 25, no 1, p 35.
- Millbank, J 2003, 'From here to maternity: A review of the research on lesbian and gay families', *Australian Journal of Social Issues*, vol 38, no 4, pp 541–600.
- Miller, B 1979, 'Gay fathers and their children', *The Family Coordinator*, vol 28, pp 544–552.
- Moore, LJ 2003, '"Billy, the sad sperm with no tail": representations of sperm in children's books', *Sexualities*, vol 6, no 3–4, pp 277–300.
- Murray, C & Golombok, S 2000, 'Oocyte and semen donation: a survey of UK licensed centres', *Human Reproduction*, vol 15, no 10, pp 2133–2139.
- Niemitz, A & Feinberg, A 2004, 'Epigenetics and ART: a call for investigation', *American Journal of Human Genetics*, vol 74, pp 599–609.
- O'Connor, V & Kovacs, GT 2003, 'Pre-pregnancy and antenatal care', in V O'Connor & GT Kovacs (eds), *Obstetrics, Gynaecology and Women's Health*, pp 209–251, Cambridge University Press.
- Patterson, CJ 1995a, 'Families of the lesbian baby boom: Parents' division of labour and children's adjustment', *Developmental Psychology*, vol 31, pp 115–123.
- Patterson, CJ 1995b, *A Resource for Psychologists Lesbian and Gay Parenting*, <www.apa.org/pi/parent.html> at 25 April 2000.
- Patterson, CJ 1996, 'Lesbian Mothers and Their Children: Findings from the Bay Area Families Study', in J Laird & RJ Green (eds), *Lesbians and Gays in Couples and Families*, Jossey-Bass, San Francisco.
- Patterson, CJ 2000, 'Family relationships of lesbians and gay men', *Journal of Marriage and the Family*, vol 62, pp 1052–1069.
- Patterson, CJ & Chan, RW 1997, 'Gay Fathers', in M Lamb (ed), *The role of the father*, 3rd edn, Wiley, New York, pp 245–260.
- Patterson, CJ, Hurt, S & Mason, C 1998, 'Families of the lesbian baby boom: children's contact with grandparents and other adults', *American Journal of Orthopsychiatry*, vol 68, no 3, pp 390–399.
- Patterson, CJ 1992, 'Children of gay and lesbian parents', *Child Development*, vol 63, pp 1025–1042.

- Perlesz, A & McNair, R (in press), 'Lesbian parenting: insider's voices', *Australian and New Zealand Journal of Family Therapy*.
- Perrin, EC, Hagan JF jnr, Coleman, WL, Foy, JM et al 2002, 'Technical report: Co-parent adoption by same-sex parents', *American Academy of Pediatrics*, vol 109, no 2, pp 341-344.
- Plumb, M 2001, 'Undercounts and overstatements: will the IOM report on lesbian health improve research?', *American Journal of Public Health*, vol 91, pp 873-875.
- Popenoe, D 1993, 'The national family wars', *Journal of Marriage and the Family*, vol 55, pp 553-555.
- Ram, B & Hou, F 2003, 'Changes in family structure and child outcomes: roles of economic and familial resources', *Policy Studies Journal*, vol 31, no 3, pp 309-330.
- Ray, V 2003, *Fostering resilience in children of lesbian and gay families*, fact sheet no 2.1, Australian Drug Foundation, Melbourne.
- Ray, V & Gregory, R 2001, 'School experiences of the children of lesbian and gay parents', *Family Matters*, no 59, pp 28-34.
- Rissel, CE, Richters, J, Grulich, AE, de Visser, RO & Smith, AM 2003, 'Attitudes towards sex in a representative sample of adults', *Australian and New Zealand Journal of Public Health*, vol 27, no 2, pp 118-123.
- Saffron, L 1996, *What about the Children? Sons and Daughters of Lesbian and Gay Parents Talk About Their Lives*, Cassell, London.
- Sanson, A & Lewis, V 2001a, 'Children and their family contexts', *Family Matters*, no 59, pp 4-9.
- Sanson, A & Wise, S 2001b, 'Children and parenting: the past hundred years', *Family Matters*, no 60, 36-45.
- Sants, H 1964, 'Genealogical bewilderment in children with substitute parents', *British Journal of Medical Psychology*, vol 37, pp 133-141.
- Sarantakos, S 1996, 'Children in three contexts: family, education and social development', in S Sarantakos, *Modern families: an Australian text*, McMillan Education.
- Savulescu, J 2002, 'Is there a "right not to be born?" Reproductive decision making, options and the right to information', *Journal of Medical Ethics*, vol 28, pp 65-67.

- Sawyer, M, Arney, F, Baghurst, P, Clark, J, Graetz, B, Kosky, R et al 2000, *The mental health of young people in Australia*. Department of Health and Aged Care, Canberra.
- Scheib, JE, Riordan, M & Rubin, S 2003, 'Choosing identity-release sperm donors: the parents' perspective 13–18 years later', *Human Reproduction*, vol 18, no 5, pp 1115–1127.
- Shenfield, F 2002, 'To know or not to know the identity of one's genetic parent(s): a question of human rights?' in D Healy, G Kovacs, R McLachlan & O Rodriguez-Armas (eds), *Reproductive medicine in the twenty-first century*, Parthenon Publishing Group.
- Shenfield, F & Steele, S 1997, 'What are the effects of anonymity and secrecy on the welfare of the child in gamete donation?' *Human Reproduction*, vol 12, pp 392–395.
- Silburn, S, Zubrick, S, Garton, A, Gurrin, L, Burton, P & Dabily, R 1996, *Western Australia child health survey: family and community health*, Australian Bureau of Statistics and Telethon Institute for Child Health Research, Perth.
- Silverstein, L & Auerbach, C 1999, 'Deconstructing the essential father', *American Psychologist*, vol 54, pp 397–407.
- Stacey, J 1996, *In the name of the family: rethinking family values in the postmodern age*, Beacon Press, Boston.
- Stacey, J & Biblarz, TJ 2001, '(How) does the sexual orientation of parents matter?' *American Sociological Review*, vol 66, pp 159–183.
- Stanley, F 2001, 'A unique way of working towards a national partnership for developmental health and wellbeing', *Family Matters*, vol 58, pp 62–67.
- Stromberg, B et al 2002, 'Neurological sequelae in children born after ICF: A population-based study', *The Lancet*, vol 359, pp 461–465.
- Symons, K 2004, 'Young-old rift on family value', *The Australian*, 14 April, p 3.
- Tasker, F & Golombok, S 1995, 'Adults raised as children in lesbian families', *American Journal of Orthopsychiatry*, vol 65, pp 203–215.
- Tasker, F & Golombok, S 1997, *Growing Up in a Lesbian Family*, The Guilford Press, New York.
- Tasker, F & Golombok, S 1998, 'The role of co-mothers in planned lesbian-led families', in GA Dunne (ed), *Living 'difference': Lesbian perspectives on work and family life*, Haworth Press, New York, pp 49–68.

- Tomlins, J 2002, 'Unravelling the fabric of society...again', *The Fertile Imagination: narratives of reproduction*, vol 18, pp 145–166.
- Trainor, BT 1995, 'The forgotten children', *IPA Review*, vol 47, no 3, pp 40–42.
- Turner, A & Coyle, A 2000, 'What does it mean to be a donor offspring? The identity experiences of adults conceived by donor insemination and the implications for counselling and therapy', *Human Reproduction*, vol 15, no 9, pp 2041–2051.
- Van Voorhis, R & McClain, L 1997, 'Accepting a lesbian mother', *Families in Society: The Journal of Contemporary Human Services*, vol 78, no 6, pp 642–650.
- Vanfraussen, K, Ponjaert-Kristoffersen, I & Brewaeys, A 2001, 'An attempt to reconstruct children's donor concept: a comparison between children's and lesbian parents' attitudes toward donor anonymity', *Human Reproduction*, vol 16, no 9, pp 2019–2025.
- Vanfraussen, K, Ponjaert-Kristoffersen, I & Brewaeys, A 2003, 'Family functioning in lesbian families created by donor insemination', *American Journal of Orthopsychiatry*, vol 73, no 1, pp 78–90.
- Wakeling, L 1995, 'Beyond blood: the lesbian and gay family', in L Wakeling & M Bradstock (eds), *Beyond blood: Writings on the lesbian and gay family*, Black Wattle Press, Sydney, pp 11–21.
- Walker, KL 2000, '1950s family values vs human rights: in vitro fertilisation, donor insemination and sexuality in Victoria', *Public Law Review*, vol 11, no 4, pp 292–307.
- Wardle, L 1997, 'The potential impact of homosexual parenting on children', *University of Illinois Law Review*, no 3, pp 833–866.
- Weeks, J, Heaphy, B & Donovan, C 2001, *Same Sex Intimacies: Families of choice and other life experiments*, Routledge, London.
- Weinraub, M & Gringlas, M 1995, 'Single Parenthood', in M Bornstein (ed), *Handbook of parenting*, Howe: Erlbaum Associates.
- Wilton, L 2004, 'Genetic Diagnosis under the microscope', *Technique IVF news*, Autumn, p 1.
- Wise, S 2003, *Family structure, child outcomes and environmental mediators. An overview of the Development in Diverse Families study*, no 30, Australian Institute of Family Studies, Commonwealth of Australia, Melbourne.

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Gay and Lesbian Issues and Psychology Review

Editors Liz Short &
Damien W. Riggs

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The Review is a peer-reviewed publication that is available online through the Australian Psychological Society website. Its remit is to encourage research that challenges the stereotypes and assumptions of pathology that have often inhered to research on lesbians and gay men (amongst others). The aim of the Review is thus to facilitate discussion over the direction of lesbian and gay psychology in Australia, and to provide a forum within which academics, practitioners and lay people may publish.

The Review is open to a broad range of material, and especially welcomes research, commentary and reviews that critically evaluate the status quo in regards to lesbian and gay issues. The Review also seeks papers that redress the imbalance that has thus far focused on the issues facing white lesbians and gay men, to the exclusion of other sexual and racial groups.

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Gay and Lesbian Issues and Psychology Review

Volume 3 Number 1

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EDITORIAL: PARENTING, FAMILY ISSUES AND HETERONORMATIVITY

LIZ SHORT & DAMIEN W. RIGGS

As the title suggests, this issue of the *Gay and Lesbian Issues and Psychology Review* contains articles about parenting by and the families of lesbian women and gay men. Whilst there are many differences between the experiences of lesbian women and gay men living in a heteropatriarchal society,¹ it is nonetheless the case that both groups of people experience life in a context that in multiple ways invalidates their relationships, attempts to render their families as something other than or as non-families, and presents obstacles on the basis of the sexuality and/or gender of the parents (and how that is seen to matter). Thus, issues of legal, public policy and discursive context have very clear (and frequently negative) impacts upon parents and children in same-sex parented families. These are experienced in highly personal, complex, and subtle, as well as very practical and overt, ways. These concerns are at the core of many of the contributions to this issue, and as such the eyes of many of the writers are firmly on wanted and needed change. This issue of the *Review* thus provides powerful and important information that we hope will be both interesting to the reader, and useful in its provision of information of interest to legislators, policy makers, decision makers, as well as to psychologists, teachers, and lesbian and gay people, amongst others.

¹ It should of course be noted that there are many differences *amongst* lesbian women and *amongst* gay men, particularly in relation to classed, racial, and other cultural differences (Riggs, 2007). The focus primarily on white, coupled lesbian women within this issue is a reflection of the fact that this group of parents is the focus of the majority of the family studies literature on non-heterosexual-parented families and parenting. Whilst such work is clearly needed (and is miniscule compared to the literature on heterosexual-parented families), it is important to signal here that despite calling broadly for contributions on LGBTI families and parenting, the experiences of other marginalised group members (such as bisexual, transgender or intersex individuals, and those in polyamorous relationships to name but a few) are unfortunately left largely unspoken (see Riggs, 2006, for more on this).

Three key concerns can be seen to resonate throughout this issue that link the legal, public policy and social context in which people live to their day-to-day lives. First is the issue of the importance of legal recognition of relationships that does not discriminate against people on the basis of their gender or sexuality, or on the basis of the gender or sexuality of their parents. The last five years have seen very significant changes around the world to remove this kind of discrimination from legislation and policies, such as those which recognise couple and family relationships, and govern such things as the right to access fertility services, and to apply to adopt or foster children. As the articles in this issue illustrate, such changes have been and will continue to be propelled by many things, including increased recognition of the unacceptability and abhorrence of discrimination, of its negative effects on individuals and on society, and on how it flies in the face of human rights principles and social justice. A second and related focus is language and discourse. The discriminatory legal situation and discourses which invalidate and make the family lives of people in families of same-sex parents or same-sex attracted parents more difficult can be seen to be mutually constitutive. That is, in a world in which the sociocultural and legal template of a family is one mother and one father and their (typically biological) children, it is not surprising that discourses and language frequently fail to recognise, and are used to undermine, families of lesbian and gay people. A third concern that resonates through many of the contributions is that of the negative emotional impact and effects of discriminatory laws, public policies and discourses, and how gay men and lesbian women, and their children, have to navigate and negotiate these.

The issue includes five research articles, three commentaries, and three book reviews. The first research article explores and presents material focusing on the benefits for children born into the family of a female couple of having both women legally recognised as parents. Short presents information about the state of legal recognition (and lack of legal recognition) of the

parents of children conceived via donor insemination who are born into the family of a female couple in Australia. She presents an overview of the removal of discrimination against these children (and their parents) that has occurred over the last few years in the area of parentage legislation, and summarises the main reasons why such changes have been called for. She then presents information about the beneficial effects on children in parts of Australia in which laws have been amended so as to recognise both members of a couple as parents of a child conceived with donor insemination, regardless of whether the parents are a same-sex or a different-sex couple. This article draws, in part, on the words of people who have provided information and analysis to law reform inquiries.

The first commentary, by Foord, provides a powerful and compelling example of material recently sent to a law reform body, the Victorian Law Reform Commission, critiquing their interim recommendation that a non-birth lesbian mother (of a child conceived using donor insemination) should be recognised as a parent, *but* that this be done through processes of adoption – in contrast to heterosexual fathers, who are automatically treated as legal parents of their children born from donor sperm.

Also with a keen eye on the problems caused by legislation that treats some people in a far less advantageous way because of the gender of their partner (or of their parents), Ripper presents material from her research with lesbian women who are planning to or who have conceived children in South Australia (SA). As in Victoria, Australia, and many other parts of the world, fertility services in SA are generally not accessible to women who don't have a male partner. This provides one major reason why lesbian women in SA who want to conceive often do so with the assistance of a self-recruited known sperm provider. Ripper analyses her material with a focus on the 'emotion work' that this involves. Ripper's article provides further indication of the difficulties that discriminatory laws and policies cause, and how these can come to be intricately (and problematically) entwined in the emotional experiences and lives of those involved. It also sheds light on how such regimes set the scene for an increased rate of potential conflict or difficulty, as women seeking donor sperm by necessity become involved in a significant

amount of complex 'emotion work' with known donors who may well have emotional needs and wishes that are not necessarily easily recognised, reconciled, and which can be somewhat unpredictable.

The third article, by Du Chesne and Bradley, documents and analyses the subjective experiences of women who become parents when their female partner gives birth to a child. This article also, inevitably, deals with the negative effects on such mothers when they have no legal status as parents or as mothers. The article also deals with the issue of how the related language and dominant discourses about motherhood and family must be negotiated and navigated by lesbian mothers as they construct their maternal identity. In so doing, the authors suggest, lesbian non-birth mothers at times challenge, side-step, use, reject and transform the binaries and discourses that locate them as other than ('real') mothers.

The fourth article, from England, sees Evans and Barker examine data collected in focus groups with counsellors from a family-focused agency. In their analysis they show that heterosexist and homophobic discourses are flexibly used by counsellors when speaking about parenting in same-sex families. With fine grained and insightful analysis they present some of the ways in which these discourses are structured and deployed, and to what ends. For example, they illustrate how positioning one's self as being concerned for children's well-being can be a device used to support the retention of discrimination in laws and public policies. Evans and Barker also demonstrate how more affirmative and anti-discriminatory discourses are also structured and deployed, and how the two interact. They highlight the need for counsellors and others to have up-to-date information and knowledge of the family-studies research that shows positive outcomes and experiences for children in same-sex parented families as one way of countering derogatory discourses, and of ensuring good counselling practices.

In a chapter reprinted from *Out in the Antipodes* (Riggs & Walker, 2004), van Reyk discusses and analyses material from interviews with gay men who had provided sperm to lesbian women to conceive a child or children. This article provides an example of the diverse ways in which gay men relate to the women to whom they provide

sperm for conception, and to the children subsequently born, ranging from uninvolved or unknown donor, to co-parent. This article provides an example, from the position of gay sperm providers, of some of the experiences, ideas, use of language, hopes and emotions of such men. It provides indications of how women can also change in their hopes and plans, and how these are not necessarily in keeping with those of gay sperm providers. Mirroring some of the issues raised by Ripper, it gives indications of some of the potentially complex emotions involved, and provides examples of the ways in which language and discourses concerning fatherhood and biology are used in a variety of ways, at times by the same people, and at times to mean quite different things.

Van Reyk's article sits very interestingly and thought-provokingly alongside those of Short, Foord, Du Chesne & Bradley, and Ripper. It gives numerous indications not only of how relationships and families are creative, dynamic and flexible, but of how these qualities (especially when combined with: the varied way in which such terms as "father", "parent", "family", and "donor" are used; the current state of lack of legal recognition of same-sex couples as parents; restricted access to fertility services for lesbian women; and restricted access to adoption, and surrogacy services for gay men), provides a fertile ground for complex relationships, for changes of heart, for disappointments, for feelings of being misunderstood or overlooked, and for feared or actual conflict between sperm providers and lesbian women.

Taking us to the issue of relationship recognition, and following the afore-discussed piece by Foord, is a commentary by Croome, in which he discusses the issue of relationship recognition for same-sex couples, with a focus on the Civil Union and Civil Partnership legislation that the Australian Capital Territory attempted to institute, but were thwarted, and on the Tasmanian Relationship Registration scheme. The focus of Croome's commentary is the issue of ceremony, which, along with other objections by the current Australian federal government, Croome posits as central to the federal government's opposition. He reports on his own experience of attending a Civil Union in New Zealand, again making the link between laws and emotions and well-being, as well as justice and equality.

Kentlyn provides a commentary that draws attention to the pervasiveness and negative effects of heteronormativity, and on how it is encountered in a myriad of ways, and again, how this shapes people's lives and emotions. She highlights that not only does heteronormativity constrain and have negative effects on people who do not identify as heterosexual, it constrains and has negative effects on *all* people, on society as a whole, and on the discipline of psychology. She highlights the need for the discipline of psychology to move beyond and to challenge the heteronormativity that has both at times constrained psychology and the understandings and practices involved in it, and been promoted by it.

The issue concludes with three book reviews. Linking in with the themes of several of the articles, Dankert reviews *Confessions of the other mother: Nonbiological lesbian moms tell all!* She highlights the value of sharing personal stories, and again, a focus of the piece is the ways in which legal non-recognition of the family relationships between this group of mothers and their children has a myriad of negative effects, including practical difficulties and intermittent sadness and worry. She also highlights the use of discourses and of language, and how lesbian women who are mothers creatively and boldly carve out their lives and relationships, not only partly *with* the linguistic and discursive materials that in some ways work to render them problematic or 'needing explanation', but also *in defiance of or with little regard* to these. Cheng reviews *When our children come out*, a resource that she indicates is useful for family members and for teachers. Again, a focus of the review (and the book) is the dominant heteronormative and anti-lesbian and gay discourses that are still prevalent and that frame lesbian and gay people as 'deficient' or 'needing explanation'. In the final piece, and providing yet more examples of the prevalence, power and problematic nature of heteronormative and anti-gay and lesbian discourses and practices, in this instance, in the form of conversion therapy, Venn-Brown reviews *Ex-gay research: Analysing the Spitzer research and its relation to science, religion, politics and culture*.

This issue provides important material that is very timely, given the family-related legal and policy debates and changes (and called-for changes) that are occurring in Australia and

other parts of the world. We, along with the contributors, are pleased to offer this material, and hope that it will be of interest and use to readers.

References

- Riggs, D. (Ed.) (2006). Lesbian, gay, polyamorous and queer families. Special Issue of *Lesbian & Gay Psychology Review*, 7(1).
- Riggs, D.W. (2007). Recognising race in LGBT psychology: Privilege, power & complicity. In V. Clarke & E. Peel (Eds.) *Out in psychology: Lesbian, gay, bisexual and transgender perspectives*. Chichester: Wiley.
- Riggs, D.W. & Walker, G.A. (2004). *Out in the antipodes: Australian and New Zealand perspectives on gay and lesbian issues in psychology*. Perth: Brightfire Press.



"IT MAKES THE WORLD OF DIFFERENCE": BENEFITS FOR CHILDREN OF LESBIAN PARENTS OF HAVING THEIR PARENTS LEGALLY RECOGNISED AS THEIR PARENTS

LIZ SHORT

Abstract

Across Australia, if a woman who gives birth has a male partner, he is able to be recognised and registered on the birth certificate as the child's legal parent, whether or not he is the child's biological parent (e.g. following donor insemination). In some parts of Australia, the law has been changed to allow a birth mother's female partner who is in the same position to be recognised and registered as the child's legal parent, but in other parts of Australia, this is still not the case. Discriminatory parentage (and other family-related) laws are regarded by both those who support them and those who oppose them as marking out same-sex parented families as less acceptable or desirable than other families, or even, as not families at all. Based on the Australian Conceiving the Family: Lesbian Mothers' Decisions, Experiences and Well-being, and the Current Legal, Public Policy and Discursive Context project, this article presents a summary of the reasons that changes in parentage laws have been extensively called for, and the benefits arising from such changes, with a focus on the needs and well-being of children.

Introduction

Recognition (or Lack Thereof) of Non-Birth Lesbian Mothers in Planned Lesbian-Parented Families: The Current Situation

Governments in the Australian Capital Territory (ACT), the Northern Territory (NT), and Western Australia (WA) have recently amended their 'Status of Children' laws¹. Now, children born in these parts of Australia into the family of a couple, whether the couple is comprised of a woman and a man, or a woman and a woman, are able to have both their parents recognised in State and Territory law as their parents, and recognised as

such on their birth certificates². Other states are also reviewing the lack of recognition in their legislation given to the families of same-sex couples. In an Interim report on their Inquiry into key family-related laws in Victoria, the Victorian Law Reform Commission (VLRC) asserted that "the status of children born to a lesbian couple [should] be brought into line with children born to heterosexual couples by giving legal recognition to the non-birth mother" and that the "law should recognise the birth mother's female partner as a parent of the child" (2005, p. 17).³ In part, the context for these legislative reforms and reviews of parentage laws are recent changes in the legal status of same-sex partnerships that have occurred and are continuing to occur in Australia

² For example, the Parentage Act 2004 (ACT), Division 2.2 and 2.3 specifies that presumptions about parentage can arise from marriage, domestic partnership, registered information, findings from court, and a reproductive procedure. If a woman undergoes a reproductive procedure with the consent of her 'domestic partner' the partner is conclusively presumed to be a parent of the child born (a domestic partner is presumed to have consented, but this is rebuttable). A 'procedure' is explicitly defined as "artificial insemination... or any other way (whether medically assisted or not) by which a woman can become pregnant other than by having sexual intercourse with a man" (p. 7; see <http://www.legislation.act.gov.au/a/2004-1/current/pdf/2004-1.pdf>).

³ Despite these comments, and in stark contrast to the reforms made by the other States and Territories of Australia, in their Interim Report, *Position Paper Two: Parentage*, instead of recommending that Victoria's *Status of Children Act 1974* be amended to make it appropriate to *all* children conceived by alternative insemination, the VLRC recommended that various forms of adoption (some yet to be devised) be the way in which female (as distinct from male) non-biological parents are recognised as parents. This led to a wave of strong criticism (and for many, disbelief) from lawyers, academics, professionals, people in lesbian-parented families themselves, and others (see, for example, Foord, this issue). The initial *Consultation Paper* resulted in 243 submissions to the VLRC, and *Position Paper Two: Parentage* resulted in more than 350. At the time of publication, the VLRC's Final Report has been handed to the Attorney-General, but not yet been made public.

¹ *Artificial Conception Act 1985* (WA) s 6A; *Status of Children Act 1978* (NT) s 5DA; *Parentage Act 2004* (ACT) s 8(4). The changes came into effect in WA in 2002, the ACT in 2004, and the NT in 2004.

and overseas.⁴ Parentage recognition is one of several recent and ongoing debates that relate to the definition and recognition of various types of families in which a dominant viewpoint still frequently articulated is that families of same-sex parents are not 'real' families, that to give recognition to such couples and families somehow weakens the institution of marriage, and that all children will 'do better' with or need one mother and one father.⁵

Increasing numbers of Australian children are negatively affected by the remaining discriminatory parentage laws. As summarised by the VLRC (2004), a "broad range of obligations and entitlements ...arise out of the parent-child relationship created by State Law" (p. 29), including giving a child entitlement to: compensation under schemes such as workplace or transport accident and for victims of crime; a share of the parent's estate if the parent dies without making a will; and a distribution of the parent's superannuation. Being recognised as a parent engenders responsibility for the supervision of the child; the right to be consulted and heard on proceedings concerning the care and welfare of the child; the power to appoint a guardian for the child; and the power to consent to the adoption, and short-term and permanent care of the child. Along with these legal and financial aspects, many practical, social, symbolic and emotional implications arise for children and their families from the non-birth mother being recognised in law

as a parent, and hence, the family *as* a family — or not (as detailed in this article).

In the ACT, WA, and NT — what Professor Jenni Millbank has termed the 'recognition states' — children born into the family of a female couple can have their non-birth mother recognised as a parent whether they were born prior to or after the legislative amendments. Existing birth certificates can be amended to include both women as parents. Even if a child's birth certificate is not amended, the child (and his or her parents and extended family members) are afforded the benefits that arise from having the non-birth mother recognised in law as the parent. Benefits also occur for children who were *not* born in the 'recognition states' but who live in them, and for children who were born in the 'recognition states' (and who have both mothers recorded as parents on the birth certificate) but who live in other parts of Australia. As Millbank summarised, in terms of State and Territory law, "all children born to lesbian couples through assisted conception now have a second parent if they are living in WA, NT or ACT" (p. 48) and laws "in each State and Territory presume that the person listed as a parent on the register of another jurisdiction is indeed a parent" (2006b, p.50). Further, and importantly, the benefits of having one's non-birth mother registered on one's birth certificate can extend to the Federal level: Section 69R of the *Family Law Act 1975 (Cth)* provides as follows:

If a person's name is entered as a parent of a child in a register of births or parentage information kept under a law of the Commonwealth or of a State, Territory or prescribed overseas jurisdiction, the person is presumed to be a parent of the child (underlining in original).

Thus, the Family Court ought to recognise a person registered as a child's parent on the birth certificate as a parent for the purposes of the Family Law Act, unless the presumption is rebutted, or unless the law is changed (see Millbank, 2006b for further discussion).

The Study

This paper is based on documents gathered and interviews undertaken for the Australian *Conceiving the Family: Lesbian Mothers' Decisions, Experiences and Well-being, and the Current Legal, Public Policy and Discursive Context* project. The project explored some important aspects of life for lesbian women who have had children as lesbian women in contemporary Australia, including: how the legal, public policy, social and

⁴ E.g. See Millbank, (2006a) and Marriage Equality Australia <http://www.australianmarriageequality.com/international.htm>. It is beyond the scope and intention of this article, but the reader is referred to Riggs (2006) and Phelan (2001) for work which problematises and contextualises the issue of arguing for any forms of legal recognition of family relationships by the State, given that such recognition privileges some types of relationships over others, and links legal recognition of relationships to the history of the State in Australia and elsewhere.

⁵ For example, the Federal government has repeatedly made these points: For example, when supporting denying access to fertility services to women who don't have a male partner, when changing the *Marriage Act 1961 (Cth)* to enshrine that marriage can only be between one man and one woman and that overseas marriages will only be recognised if they are between different-sex couples, when moving to overturn the ACT's Civil Union legislation, and when planning to refuse to recognise adoptions by same-sex couples that have taken place overseas. See Prime Minister's speeches at <http://www.pm.gov.au/search.cfm>; see also the SaltShakers at <http://www.saltshakers.org.au/>.

discursive context affects and shapes decisions about how to conceive and structure families, and subsequent family life; the range of discourses about fatherhood, biology and lesbian-parented families, and how these are engaged with and negotiated; and how well-being can be promoted (including what changes in laws and public policies are indicated). The rich data gathered shed considerable light on the experiences and needs of children⁶.

Initial document analysis and interviews were undertaken in Victoria. Subsequent to the amendments in parentage legislation, document analysis and interviews with women in WA and the ACT were also undertaken. Overall, 68 women were interviewed. Forty-one were already mothers, 8 had a child due, and 7 were organising or attempting to conceive (or their partner was). Twenty-six identified as working and 30 as middle class, 39 as Anglo and 17 as being from other cultures. The women had 52 children, ranging from birth to in their 30s (11 of these had been born in a previous heterosexual relationship). Half of the mothers/intending mothers had developed resources or been involved in organising within the lesbian community (for example, co-ordinating social groups).

Another 12 service providers (e.g. health workers and lawyers) were also interviewed (although some were also lesbian women who were mothers, they contributed information from their work perspective). In addition to drawing on the words of the 24 mothers/intending mothers and some of the service providers who contributed to the *Conceiving the Family* project from the ACT and WA⁷, this article draws on the words of women who have recently written to Australian legal reform bodies, primarily the VLRC. A contemporary grounded theory approach was used in the research, involving cycles of data gathering and analysis; open, focused and selective coding; discussing developing understandings with participants and others; and seeking additional sources of information (e.g. see Charmaz, 2006).

⁶ An extension to the research is planned, to further explore the experiences of children in the 'recognition' states, as compared to those in the 'non-recognition states'.

⁷ In addition to these, of the 56 mothers/intending mothers who contributed to the research, 22 had conceived or were attempting to conceive while living in Victoria, 5 in other states of Australia, and 5 in the US or the UK.

Why Changes to Discriminatory Parentage Legislation Have Been Called For and Made

The importance of amending family-related laws to remove discrimination based on sexuality or gender, or the sexuality or gender of one's parents, has increasingly been emphasised. Reform has been called for by governments, Legal Reform bodies, Human Rights organisations, child welfare groups, academics, and people in same-sex parented families—and criticism increasingly made of governments which fail to amend discriminatory laws, or, worse, entrench them. Many commentators highlight the implications of discriminatory (and non-discriminatory) laws both on individuals and on the broader tenor and fabric of society (e.g. Nicholson, 2006; Tobin, 2004). Lack of legal recognition of non-birth mothers *as* mothers and the families of lesbian couples *as* families is an area of reform that has repeatedly been located by researchers and by families themselves as of utmost importance (e.g. see Johnson & O'Connor, 2002; McNair, 2002b; McNair et al, 2002; McNair, 2004; Millbank, 2003; NSW Gay and Lesbian Rights Lobby, 2002; Prospective Lesbian Parents (PLP), 2004; Lesbian Parents' Project Group (LPPG), 2004; Short, 2007; VLRC, 2005). As summarised below, several main, and related, reasons are given for the need to amend the remaining discriminatory parentage laws, and in particular, to recognise the *female* partner of a woman who gives birth to be that child's parent, in the same way that a *male* partner of such a woman is recognised as that child's parent, whether or not he is the child's biological parent.

The Current Laws are Contradictory

The current situation is increasingly untenable because of the contradictions between family-related laws at the Federal and the state level, and, in some parts of Australia, between various laws at the State level (e.g. see Sifris, 2005, Millbank, 2006a, 2006b). A lawyer consulted for the *Conceiving the Family* project described the current situation in relation to the recognition of family relationships for Australian children with same-sex parents as "an absolute dog's breakfast". For example, a child conceived via donor insemination by a lesbian couple in the ACT is recognised in the laws of the territory as having two parents, but this is not the case in most Australian Federal laws. In Victoria, although the *Statute Law Amendment (Relationships) Act 2001* and the *Statute Law Further Amendment Act*

(*Relationships*) Act 2001 introduced the term 'domestic partner' into most Victorian laws, thereby recognising same-sex couples as couples (and in some instances, such as the *Children and Young Person's Act [1989]*, recognising a non-birth parent as someone with some parenting responsibilities) it did not introduce 'domestic partner' into three key acts that pertain to family relationships, including the *Status of Children Act 1974*⁸. The result of this is that children living in Victoria do not have their non-birth mother recognised as their mother at either the State or Federal level – but would, at least in the State and Territory laws, if they moved to the ACT, the NT, or WA.

*The Current Laws are not in Keeping with
Anti-discrimination and Human Rights
Obligations and Principles*

As increasingly pointed out by lawyers, academics and others, laws which recognise a child's parents and family only if the parents are of a different gender contravene anti-discrimination and Human Rights obligations, legislation and principles (e.g. the *Declaration of Human Rights [1948]*, the *International Covenant on Civil and Political Rights [1966]*, the *Convention on the Elimination of All Forms of Discrimination Against Women [1979]*, and the *Convention on the Rights of the Child [1989]*). As the VLRC reported, "children born to same-sex couples lack the full range of rights and protections that are afforded to children born to heterosexual couples. This is unacceptable and is inconsistent with the *Convention on the Rights of the Child*" (2005, p. 17). A group of prospective and current mothers summarised in a submission to the VLRC:

Children have the right to be treated equally under the law, regardless of family structure, sexuality, race, ethnicity, and number of parents or their parents' marital status. Yet our children are not protected under Victorian law from discrimination on the basis of their parents' sexual orientation or their family formation — indeed, discrimination is actually enshrined in Victorian law... (PLP, 2004, p. 20).

In 2003, the Tasmanian Law Reform Institute recommended that Tasmania change its *Status of Children Act (1974)* to recognise female partners of birth mothers to be parents in the same way that male partners in the same position are recognised as parents, but this did not pass into

law. A review by the Parliament of Tasmania's Joint Standing Committee on Community Development was initiated. Not surprisingly, the Committee reported that "the denial of recognition to the same-sex partner of a woman in equivalent circumstances [to a different-sex partner of a woman who gives birth] is discriminatory", and that "differential legal treatment of persons in equivalent circumstances is unjustifiable" (p. 10) and "open to legal challenge" (2004, p. 12).

*The Current Laws Cannot be 'Justified' by the
Family Studies Research*

At times, discrimination in family-related laws is acknowledged as discrimination, but it is argued that it is justifiable or, even, that it is in the 'best interests' of children. However, in relation to the assertion that all children 'need' or will 'do better' with the involvement of a father (as well as a mother), as Walker and McGraw (2000, p. 563) reported, "although there might be an ideological basis to this assumption, it lacks empirical support". Instead, that oft-made assertion is based on a confusion between correlation and causation, and inappropriate extrapolation of findings (for example from 'fatherless' families who are fatherless because of separation following conflict or worse, and 'fatherless' families in which the child was born following alternative insemination into a family in which there is not a male parent). The family studies literature indicates that family *processes* (such as the quality of and satisfaction with relationships within the family, the quality of parenting, and the psychosocial well-being of parents) are the family factors that contribute to determining children's well-being and 'outcomes', rather than family *structures*, per se, such as the number, sexuality, gender, and co-habitation status of parents. (e.g. see Golombok, 2000; McNair, 2004; Millbank, 2003; Tasker, 2005; Vandewater & Lansford, 1998; Wise, 2003).

Further, as the body of comparative family studies research has become more extensive and robust, researchers and reviewers more confidently report that in some aspects, parenting by lesbian couples and the 'outcomes' of children parented by lesbian couples show comparative strengths (e.g. see Johnson & O'Connor, 2002; Kershaw, 2000; McNair, 2004; Millbank, 2003; Stacey & Biblarz, 2001; Tasker, 2005). For example, McNair (2004) reported that a "range of rigorous studies has shown that children in lesbian families do at least as well as children in heterosexual families ... There is sound evidence of equal or more positive

⁸ The others were the *Infertility Treatment Act 1995* and the *Adoption Act 1984*

outcomes for children born into families with non-biological parents, same-sex parents and through surrogate arrangements. These apply both to children's emotional, social and psychological developments, and to parenting styles and family functioning" (p. 7, p. 9). Rather than this being anything essential about men and women, or lesbian or heterosexual people, it is about how parenting is enacted: It is well documented that in planned lesbian-parented families, the non-birth mother's level of involvement in parenting is usually higher than that generally undertaken by men in heterosexual parenting couples, and on a par with that of the birth mother, and that in lesbian-parented step-families, the non-birth mother is also frequently heavily involved in the day to day care of children (e.g. see Chan et al, 1998; Dunne, 2000; McNair, 2004; Short, 2007; van Dam, 2004; Vanfraussen, Ponjaeaert-Kristoffersen, Brewaeys, 2003).

The Current Laws Lead to a Range of Difficulties

As noted by O'Hanlon et al. (2004), "public discriminatory attitudes and second-class legal status cause physical, emotional, and financial harm to lesbians, their families, and their children" (p. 227). Focusing on the impact on children, Stacey (1998) noted that "children of gay parents are vicarious victims of homophobia and institutionalized heterosexism. They suffer all the considerable economic, legal, and social disadvantages imposed on their parents, sometimes more harshly" (p. 134). Similarly, and emphasising the inter-related nature of the negative effects of discriminatory family-related laws on children, the Lesbian Parents' Project Group (LPPG) wrote the following to the VLRC:

Discriminatory laws... ensure that children in such families are treated in a discriminatory way and face a range of unnecessary hardships. ... It should be unacceptable to a civil society to have discriminatory laws and related practices that attempt to render the families of a large and increasing number of children as non-families, and which can lead to stigmatisation and marginalisation of children and their families.... As yet, most of our children are not aware that numerous laws in this state and country construct their families as not real families and one of their parents as not even their parent. We hope that these laws and policies in Victoria (and in Australia) will be changed, as soon as possible, so that our children, and those who will follow, can be spared the many obstacles and hardships that arise from discriminatory

laws and related policies and practices (2004, p. 16).

Below, the main areas of disadvantage and difficulties caused to children by family-related laws that do not recognise their non-birth mother as their mother are briefly presented.

Legal, Financial, and Practical Implications

If a child is not recognised in law as the child of his or her non-birth mother, he or she is potentially disadvantaged in the areas of financial support (if his or her parents separate), inheritance (from his or her non-birth mother and her extended family), superannuation, and compensation. If the child's birth mother dies, he or she suddenly has no legal parent⁹. In addition to causing numerous practical and emotional difficulties, this means that court orders need to be taken out at a very difficult time, and the child and surviving mother can be vulnerable to claims by others (e.g. the family of the birth mother, or possibly a known sperm provider) to take over the care of and responsibility for that child. When non-birth mothers are not recognised as mothers and the family are not recognised as a family, children in the family are not officially recognised as siblings if they are not born by the same mother. A plethora of day-to-day difficulties can arise: 'Non-recognition' of one parent in a two-parent family means that children have only one parent who can legally give permission for treatment in a medical emergency, enrol them at school, approve school excursions, and take them in or out of the country. Contributors to the *Conceiving the Family* project gave many accounts of difficulties, some of which take place at times of high stress, such as when travelling overseas, and when emergency hospital treatment is required. The VLRC reported that they:

⁹ This is not the case, of course, if the parents have registered the sperm provider as the father on the child's birth certificate. However, as contributors to the *Conceiving the Family* project pointed out, and as written about in some submissions to Law reform bodies, although some lesbian women who are mothers have intentionally registered the sperm provider on their children's birth certificates as the father with full understanding of the legal, financial and social implications for all concerned of doing so, some have done so without being aware of the implications and later regret doing so and/or have encountered difficulties as a result (or the children have), and some have felt pressured into doing so by public servants, and/or as a result of being incorrectly informed of the options.

... received many submissions from women who described the practical consequences for them and their children of the absence of legal recognition of the non-birth mother. These submissions reported that the non-birth mother often encounters obstacles and ignorance, and at times hostility, in her dealings with government agencies and service providers where legal status is a relevant factor. Because the non-birth mother cannot be named as a parent on the child's birth certificate, she is unable to produce evidence of her relationship to the child unless she has taken steps to obtain a Family Court parenting order or some form of written authority from the birth mother. These steps involve expense, effort and stress and are often inadequate for a variety of purposes (2005, p. 15).

Implications for Society and Social and Emotional Implications for Children

The argument is frequently made that laws shape people's understanding of what is 'real' and acceptable, and hence, that discriminatory laws directly and indirectly perpetuate prejudice and negative attitudes and behaviours towards children and parents in same-sex parented families. In addition to the impact on those individuals discriminated against, issues to do with society are frequently raised by those advocating reform. The VLRC articulated the link between laws, society and the treatment and experiences of children and families: "Non-recognition of the role and status of the non-birth mother is equivalent to non-recognition of the reality of the child's family structure. This in turn reinforces the social stigma that same-sex parents and their children experience" (p. 16); "legal recognition of diverse family types is an important way of countering discrimination" (p. 12); and "legal recognition serves a very important symbolic purpose" (p. 17, 2005). They concluded that current Victorian law "is lagging behind social and attitudinal change and is contributing to ongoing stigmatisation of children born to same-sex couples" (2005, p. 17). In a similar vein, The LPPG wrote the following to the VLRC:

The law and related policies and practices shape people's world view and understandings, as well as having practical implications... Currently, the (prejudiced and inaccurate) message people are receiving from the existence of these discriminatory laws is that families such as ours should be discouraged from even existing, and that when families such as ours do exist, they should not be recognised. [These laws] make it harder for or more awkward for some people to include us or interact with us and our children, and can make some people feel that they can or should treat us with a lack of respect or as though we are invisible

or deficient. Clearly, this state of affairs is detrimental to us, to our children and to our broader society (2004, p. 16).

Many contributors to the *Conceiving the Family* project gave examples of how the lack of legal parental recognition of the non-birth mother as the child's mother and the related lack of legal recognition of family relationships between the child and the extended family members can hinder some people, including some extended family members, recognising the non-birth mother as a parent; the family as a family; and themselves as, for example, the child's grandparents.

Although some research indicates that the children of lesbian parents are not teased more overall than other children (e.g. Tasker & Golombok, 1997; Vanfraussen et al., 2002), many children of same-sex parents, like their parents, experience discrimination and stigmatisation. For example, researchers from the National Lesbian Family Study in the USA found that by the age of ten, 43% of the children in 78 planned lesbian-parented families had experienced some form of discrimination or homophobia from peers or teachers (Gartrell et al., 2005). In Australian research with children of same-sex parents, 44% of the Grade 3–6 children had experienced teasing, bullying or derogatory language in relation to their family, and in Years 7 – 10, 45% had been bullied, with behaviours "rang[ing] from verbal abuse, teasing, and joking to physical and sexual violence" (Ray & Gregory, 2001, p. 8). Research indicates that such experiences can make it more difficult and less comfortable for some children to talk about their families with their peers, and can cause other difficulties, and that they, like their parents, develop strategies aimed at preventing being stigmatised or treated poorly, including making choices about who they talk about their family with, who they invite home, and not correcting incorrect assumptions that people make about their parents (e.g. Ray & Gregory, 2001; Lindsay et al., 2007).

Many participants in the *Conceiving the Family* project gave moving accounts of children's reactions to negativity about and non-recognition of their family. Emotions reported included "sadness", "distress", "anger", "anxiety", and "apprehension". In relation to Birth Certificates specifically, one Victorian mother wrote to the VLRC stating:

[T]he ramifications of the current laws will be felt through our beautiful children's lives. The consequences will be felt by them ... more than

they'll be felt by us as parents – and beyond when they turn 18. When they apply for a passport, get a driver's license, open a bank account, get married ... at all these significant moments of their lives, and many times in between, their Birth Certificates will remind them that they are not O.K., that their family situation [in the eyes of the law] was and is still not O.K. ('AB' in PLP, 2004 p. 17).

Not surprisingly, the VLRC reported:

Although the commission received numerous submissions that described strong and happy families that are generally respected and supported within their communities and by health professionals, teachers and child carers, we also received many accounts of the social, emotional and symbolic effects on the parents and the child of the non-recognition of the non-birth mother (2005, p. 15).

The Benefits of Legal Recognition of Non-Birth Mothers as Mothers

As a corollary to the above, and as reported by the participants in the *Conceiving the Family* project who resided in the ACT and in WA, the benefits to children and their families of having a non-birth mother recognised as a parent in the same way that she would be if she was male are multiple, inter-linked and significant. Contributors to the research invariably described the effects and significance of non-discriminatory parentage laws, for them and their children, in terms such as "huge", "massive", "pivotal", "central", "fundamental", "fantastic", "indescribable", "overwhelming", "intangibly helpful", and "incredibly important." The legal, financial and practical benefits are long-term and day-to-day, myriad, and are largely the absence of the disadvantages and difficulties that result from discriminatory legislation (as previously outlined). As evident in the following quotes from a couple who live in one of the 'recognition states', the legal, financial, practical, and emotional implications, the implications for society, and the social and emotional implications for children and parents are inter-related.

Kelly: It's important to us to both be on the birth certificate.

Sally: Yeah – it *really* is important to us.

Kelly: That's *really* important to us.

Sally: Really important to us. Not just symbolic reasons, but medical, legal/

Kelly: Legal. Practical.

Sally: Legal. *All* of those things. *Everything*.

Kelly: It's for the protection of the child.... The children have that right...

Sally: It is about being acknowledged as/

Kelly: As a family...

Sally: It's the future and safety of my child...

Kelly: It brings legitimacy to it.

Sally: Do I need legitimacy? No, I don't really. But my child does. And the hospital up the road does. Or the neighbours do, so it will make them feel better.

Implications for Society and Social and Emotional Implications for Children

In their submissions to the VLRC, groups advocating non-discriminatory parentage laws emphasised the role of laws in shaping attitudes and discourses:

When the law clearly acknowledges both mothers as parents, this will lead to increased social recognition of the validity of our relationships and family structures... We believe that to have parity with heterosexual parents will help us to ensure that our children have more positive experiences in a range of social settings, such as kindergartens, schools and clubs... Equal familial status sends a powerfully positive message to all social institutions that have an influence on our children's lives... The law has consistently addressed issues of discrimination of race and gender despite opposition from some sections of the community. This has played an important role in addressing injustice and in creating a more harmonious and equal society (LPPG, 2004, p. 4; p. 9).

Legal reform [would provide] a strong message to the community that the family of a child of lesbians is as legitimate and deserving of support and protection as any other. The flow-on effects into social attitudes are as important ... as the legal reform itself, particularly in terms of the acceptance (or otherwise) our children and future children will experience in the broader community (PLP, 2004, p. 20).

Indeed, many mothers and service providers from the ACT and WA reported that significant overt and subtle social implications follow from the legislative amendments, and view them as a

central tool in shaping people's recognition of the families of same-sex parents as 'real' families:

The law has a certain power to change how we think about things (Maria).

[It has changed] the way we are perceived (Polly).

I think we get to have this legal change because the majority have got there socially. And this change will probably help get some more people there, or get them even further there (Lindsay).

Women reported experiencing a greater sense of support, respect and recognition as a family arising (at least in part) from this legal recognition, including from extended family members, and other people in the community. This was spoken about as contributing to a greater sense of security, inclusion, and ease for many mothers and their children. Typical comments included:

We are more at ease. Much more at ease. No piece of paper can make you feel like a mother, but, what it can do is tell society that you are the mother (Kelly).

We feel very secure... We are now secure... We can just get on with things (Polly).

Some key relationships are reported to be shaped in ways that are beneficial to children by parentage laws that recognise the child's non-birth mother as his or her mother, and the family as a family. For example, in relation to known sperm providers, laws which recognise non-birth mothers are believed by many to reduce the likelihood of conflict between lesbian women and known sperm providers (e.g. see Millbank, 2003; Short, 2007). For example: The Victorian Gay and Lesbian Rights Lobby wrote to the VLRC that "the lack of legal recognition of the non-birth mother's relationship with the child ... contributes to the likelihood of conflict with the known sperm donor" (2004, p.11). Many contributors from the 'recognition' states emphasised this as an important benefit for children (and their parents) of the legislative changes. Typical comments were:

Morag: It builds a foundation for the expectation around the [biological] father's involvement, too. ... He would be quite clear that he *wouldn't* be a parent and that we both *are*...

Hester: ...that legal certainty is really, really important.

Many reported that having both mothers recognised in law as full legal mothers, and on the birth certificate, can assist extended family members to recognise the family *as* a family, and the non-birth mother *as* a mother, and the non-birth mother's parents to recognise *themselves* as part of the child's family. Examples included:

That the State recognises that both women are the parents is *crucial* in some relationships and to some families (Sally).

It shaped them as the child's family unit, and as the primary unit, the child's family. ...She made sure that the wider family knew that they were the family... She showed them the birth certificate (Morag).

Although the changes spoken about were primarily about how the family is treated by and interacts with people in the extended family or outside the family, effects of the parentage recognition of the non-birth mother are also experienced by some mothers in the way they relate to each other as parents and as a couple. For example, Kate, a non-birth mother said: "It has caused a huge effect for us. ... I certainly believe that we would not be such a relaxed and efficient partnership if she was on the birth certificate and I wasn't."

Not surprisingly, participants reported that being part of a family which is recognised in the law can assist children, along with their parents, to feel more "at ease", "respected", "accepted", and "acceptable", and less likely to feel the need to be "vigilant" and "brave" or be "selective" about who to speak about the family with. A lawyer from the ACT commented that since the change in parentage laws, "lesbian women and their kids have come out into the sunshine [and] are so much more visible and seemingly at ease". Mothers reported that having both mothers recognised as parents in the law adds significant weight to the reassurance that they can give their children that people who are negative about their family, or who might regard it as not a 'real' family or their non-birth mother as not their 'real' mother are "prejudiced", "old-fashioned", "out-of-step" and at odds with what is accepted by society.

In our society, a birth certificate is a document that not only has practical implications, but to many, has symbolic and emotional implications. A mother from a 'recognition' state said the following about the importance to children of couples of having the birth certificate include both parents:

That document says that, from a political, from a legislative, from a social perspective, it says who you are; it says what your history is; where you have come from; who is going to take care of you; it has where both parents are born ... and who your siblings are. ... I think you can feel so supported having a founding document which gives you that sense. ... It's your beginning. It's your origins. It creates a place for you in the world (Hester).

Many mothers mentioned that the indirect benefits to children of the non-discriminatory laws include having parents who are less likely to be intermittently distracted by the difficulties, worry, and sadness that can be experienced by parents who are not legally recognised as parents, and the navigation and negotiation that is required as a result of this, and who are, instead, feeling more "recognised", "at ease", "confident", "secure", and able to just "get on with daily life".

Conclusions

This material makes it clear that the contention that maintaining or even extending discriminatory family-related laws is in children's 'best interests' is incorrect. Indeed, such a contention would be risible, if the implications of such a view (and its embodiment in laws) were not so serious, and deleterious. It is not surprising that there are increasing reports of Australian lesbian couples from the 'non-recognition' States travelling to the 'recognition' States and Territories for the births of their children, as well as to live longer term. For example, one woman recently wrote to the Human Rights and Equal Opportunity Commission:

My partner and I feel so strongly about the absence of official acknowledgement of the parenthood of the non-biological mother that we are planning to travel to Canberra from Victoria to have our baby, if it's possible, so that our child will have both his [sic] parents' names on the birth certificate. (Submission, 2006).

That in 2007 many Australian women need to travel interstate to give birth so that their children will be able to have their parents on their birth certificate and the significant benefits that that entails is shameful. Debates about the legal recognition of parentage of children and related debates about families will continue. Information such as that included in this article should make it clear that Australians who care about the well-being of children should be keen to see the remaining discriminatory parentage and other family-related laws amended at the earliest opportunity.

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References

- Chan, R. et al. (1998). Division of labour among lesbian and heterosexual parents: Associations with children's adjustment. *Journal of Family Psychology* 12, 402-419.
- Charmaz, K. (2006). Constructing grounded theory: A practical guide through qualitative analysis. London: Sage.
- Dunne, G. (2000). Lesbians as authentic workers? Institutional heterosexuality and the reproduction of gender inequalities. *Sexualities* 3, 133-148.
- Gartrell, N. et al. (2005). The national lesbian family study: 4. Interviews with the 10-year-old children. *The American Journal of Orthopsychiatry* 75, 518-524.
- Golombok, S. (2000). *Parenting: What really matters?* London: Routledge.
- Human Rights and Equal Opportunity Commission (2006). *Same-sex: Same entitlements. Submissions to the National Inquiry into discrimination against people in same-sex relationships regarding financial and work-related benefits and entitlements.*

- Retrieved 12 January, 2007, from <http://www.humanrights.gov.au/samesex/submissions.html>
- Johnson, S. & O'Connor, E. (2002) *The gay baby boom: The psychology of gay parenthood*. New York: New York University Press.
- Kershaw, S. (2000). Living in a lesbian household: the effects on children, *Child and Family Social Work* 5, 365-371.
- Lesbian Parents' Project Group. (2004). *Submission to the VLRC's Inquiry into assisted reproduction and adoption*. Melbourne.
- Lindsay, J. et al. (2006). Stigma or respect: Lesbian-parented Families Negotiating School Settings, *Sociology*, 40, 1059-1077.
- McNair, R., Dempsey, D., Wise, S. & Perlesz, A. (2002). Lesbian parenting: Issues, strengths and challenges, *Family Matters* 63, 40-49.
- McNair, R. (2004) *Outcomes for children born of A.R.T. in a diverse range of families*. Melbourne: Victorian Law Reform Commission. Available: [http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted_Reproductive_Technology_and_Adoption/\\$file/Outcomes_for_Children_Born_of_ARTpdf.pdf](http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted_Reproductive_Technology_and_Adoption/$file/Outcomes_for_Children_Born_of_ARTpdf.pdf)
- Millbank, J. (2003). From here to maternity: A review of the research on lesbian and gay families. *Australian Journal of Social Issues* 38, 541-600.
- Millbank, J. (2006a). Recognition of lesbian and gay families in Australian law - Part one: Couples. *Federal Law Review*, 34, 1-44.
- Millbank, J. (2006b). Recognition of lesbian and gay families in Australian law - Part two: Children. *Federal Law Review* 34, 205-259.
- NSW Gay and Lesbian rights Lobby. (2003). *And then ... the brides changed nappies: Lesbian mothers, gay fathers and the legal recognition of our relationships with the children we raise*. Final Report. Sydney: NSWGLRL. Retrieved on 12 December, 2004, from http://www.girl.org.au/pdf/major_reports/NappiesApril2003.pdf
- Nicholson, A. (2006). Denying equality smacks of apartheid. *Online Opinion*. Retrieved 10 June, 2006, from <http://www.onlineopinion.com.au/view.asp?article=4541>
- O'Hanlon, K., Dibble, S., Hagan H.J., & Davids, R. (2004). Advocacy for women's health should include lesbian health, *Journal of Women's Health* 13, 227-234.
- Parliament of Tasmania Joint Standing Committee on Community Development. (2004). *Report on amendments to the Relationships (Consequent Amendments) Bill 2003*. Tasmania: Parliament of Tasmania Joint Standing Committee on Community Development.
- Phelan, S. (2001). *Sexual strangers: Gays, lesbians and dilemmas of citizenship*. Philadelphia: Temple University Press.
- Prospective Lesbian Parents. (2004). *Submission to the VLRC's Inquiry into assisted reproduction and adoption*. Melbourne.
- Ray, V. & Gregory, R. (2001). School experiences of the children of lesbian and gay parents. *Family Matters* 59, 28-35.
- Riggs, D.W. (2006). *Priscilla, (white) queen of the desert: Queer rights/race privilege*. New York: Peter Lang.
- Short, L. (2007). Lesbian mothers living well in the context of heterosexism and discrimination: Resources, strategies and legislative change. *Feminism and Psychology* 17, 57-74.
- Sifris, A. (2005). Known semen donors: to be or not to be a parent. *Journal of Law and Medicine* 13, 230-244.
- Stacey, J. (1998). Gay and lesbian families: Queer like us. In M. Mason & A. Skolnick (Eds.) *All our families: New policies for a new century*. New York: NY, Oxford University Press.
- Stacey, J. & Biblarz, T. (2001). (How) does the sexual orientation of parents matter? *American Sociological Review* 66, 159-183.
- Tasker, F. (2005). Lesbian mothers, gay fathers, and their children: a review. *Journal of Developmental and Behavioral Pediatrics*, 26, 224-40.

- Tasker, F. & Golombok, S. (1997). *Growing up in a lesbian family: Effects on child development*. New York: Guilford Press.
- Tasmanian Law Reform Institute. (2003). *Adoption by same sex couples: Final report 2*. Tasmania: Tasmanian Law Reform Institute.
- Tobin, J. (2004). *The Convention on the rights of the Child: The rights and best interests of children conceived through assisted reproduction*. Retrieved on 28 October, 2004, from [http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted_Reproductive_Technology_and_Adoption/\\$file/Convention_on_the_Rights_of%20_Child.pdf](http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted_Reproductive_Technology_and_Adoption/$file/Convention_on_the_Rights_of%20_Child.pdf)
- van Dam, M. A. (2004). Mothers in two types of lesbian families: Stigma experiences, supports, and burdens. *Journal of Family Nursing* 10, 450-484.
- Vandewater, E. & Lansford, J. (1998) Influences of family structure and parental conflict on children's well-being. *Family Relation*, 47, 323-330.
- Vanfraussen, K, et al. (2002). What does it mean for youngsters to grow up in a lesbian family created by means of donor insemination? *Journal of Reproductive and Infant Psychology* 20, 237-252.
- Vanfraussen, K., Ponjaert-Kristoffersen, I. & Brewaeys, A. (2003). Family functioning in lesbian families created by donor insemination. *American Journal of Orthopsychiatry* 73, 78-90.
- Victorian Law Reform Commission. (2004). *Assisted Reproduction and Adoption: Should the current eligibility criteria in Victoria be changed?* Melbourne: Victorian Law Reform Commission. Retrieved 30 March, 2004, from [http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted/Reproductive_Technology_and_Adoption/\\$file/Consulation_Paper.pdf](http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted/Reproductive_Technology_and_Adoption/$file/Consulation_Paper.pdf)
- Victorian Law Reform Commission. (2005). *Assisted Reproduction and Adoption: Position Paper Two: Parentage*. Melbourne: Victorian Law Reform Commission. Retrieved on 30 June, 2005, from [http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted_Reproductive_Technology_and_Adoption/\\$file/Position_Paper_2.pdf](http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted_Reproductive_Technology_and_Adoption/$file/Position_Paper_2.pdf)
- Walker, A. & McGraw, L. (2000). Who is responsible for responsible fathering? *Journal of Marriage and Family* 62, 563-569.
- Wise, S. (2003) *Family Structure, child outcomes and environmental mediators: An overview of the development in diverse families study, no. 3*. Melbourne: Australian Institute of Family Studies.



FISHING FOR TADDIES: EMOTION WORK IN LESBIAN WOMEN'S SEARCH FOR SPERM DONORS IN SOUTH AUSTRALIA

MARGIE RIPPER

Abstract

This article focuses on one aspect of the experience of lesbian conception through donor insemination that has received scant attention in the literature about lesbian family formation. That focus is upon the 'emotion work' that goes into the negotiations with potential sperm donors by lesbians who seek to establish their families with known donors. The article speaks to a number of theoretical, practical and pragmatic debates currently under consideration in the fields of lesbian studies, law, reproductive technologies (ART), social psychology and the sociology of emotions. The analysis utilises the concept of 'emotion work' and assesses its usefulness in describing the experience of negotiating sperm donation with known donors. The data to which the analysis refers is one aspect of a wider study of lesbian conception strategies in South Australia (SA), a legislature in which access to ART is restricted to medically infertile women. In SA, fertile lesbian (and heterosexual) women have, by necessity, higher rates of DIY insemination, and apparently higher reliance on known donors than is the case in less restrictive legislatures. This article draws on interviews with lesbians who had sought known donors and either conceived children, or attempted to do so in the recent past or who were currently planning or in the midst of the process of seeking a donor.

Introduction

As has been widely observed in the academic and popular literature, the past two decades have witnessed an upsurge in the number of lesbians having children. So widespread is this development that it has been referred to as a 'gayby' boom (Dunne, 2000, p. 12). This term refers to a wider phenomena than is addressed in my study as it includes family formation by lesbian, gay male, transgender and bisexual (LGTB) people through adoption, surrogacy, and IVF as well as by

donor insemination (DI). What is 'new' is not that LGTB people are becoming parents; there have always been lesbian mothers (and LGTB parents)¹ raising children conceived during previous heterosexual relationships or encounters. What is different about this upsurge in LGTB parenting is that individuals and couples are purposely creating families (and themselves as parents) within their same sex relationships.

The majority of the academic research studies on lesbian family formation emanate from the United States and focus on the quality of lesbian parenting within a discourse of 'best interests of the child'. Typically, the comparative reference point for many of these studies are the children raised by heterosexual couples (see Baetens & Brewaeys, 2001, p. 214-216 for one overview). There is a smaller body of academic work on lesbian conception strategies, most of which focuses on decision making, the structure and parenting styles in same-sex headed families, the factors leading to the choice of known or anonymous donor and the associated issue of the level of involvement (if any) of the donor in the lives of child/ren conceived of his donation.²

Within the growing library of 'self-help' publications and online information on LGTB parenting the pros and cons of these options are canvassed. However, conception options are inevitably constrained by the socio-legal context in which they are located, an observation that is increasingly being explored by researchers including Almack

¹ Although much that can be said about women parenting in same sex relationships may well be true for gay men, transgender and bisexual people, this study draws only on the experience of lesbian women and from this point on will refer to lesbian rather than LGTB parents.

² Throughout this article I maintain a distinction between 'donor' and 'father', in which the latter refers to active involvement by men in the parenting of the children conceived from their sperm donation.

(2006), Pennings (2000), Ryan-Flood (2005) and Short (2006a). However, in many earlier studies the constraints of the socio-legal context were not always recognised. For example, publications from the United States typically assume that sperm is commercially available within a highly privatised health care system on which there are comparatively few regulatory constraints.

There is not a large body of Australian research on lesbian family formation, however important work has been published by Dempsey (2004), Kirkman (2004), Short (2006a; 2007), and McNair (2002). Additionally there have been three *Rainbow Families Conferences* held since 2003, which have provided forums for exchange of information based on experience and research. Also there are several 'self help' resources available through GLTB networks which cover the issues mentioned above and which also attempt to help people understand and negotiate the different regulatory environments in the various states and territories. Within the academic and self-help literature both here and abroad, some consideration has been given to the factors that impact on choice of donor (for example Short 2006b, Almack 2006). However even within this literature there is very little detailed consideration of the process of donor recruitment, and the emotional impact that it involves. My focus is upon the emotional and relational dimensions of this process and its impacts on the prospective parents and those who they bring into their confidence. In an attempt to understand the dynamics that are at play in these negotiations I utilise the concept of 'emotion work' and critically reflect on its adequacy in understanding the complexity of the negotiation process.

Emotion Work

The concept of emotion work was first utilised as a sociological term, but has since gained currency in popular parlance albeit with a somewhat different meaning. The American industrial sociologist Arlie Hochschild first used the term 'emotion work' to refer to the act of consciously evoking or suppressing feelings/emotions to conform to what the person deems appropriate or desirable in a particular context (1979, p. 558). Her work built upon the interactionist school within sociology and social psychology

(particularly Irving Goffman) to develop the idea that emotions are not simple (or inevitable) reactions to stimuli, but are embedded in complex social context. More importantly she argues that we have the capacity to actively 'manage' our emotions; in her words, we have the "human capacity for, if not the actual habit of, reflecting on and shaping inner feelings, a habit itself distributed variously across time, age, class and locale" (1979, p. 557) and, I would suggest, across gender.

Hochschild draws on examples of the effort that people deliberately put into feeling and expressing appropriate emotions - not just on performing or pretending these emotions, but on creating those feelings within themselves. Examples that Hochschild provides include: "I *tried* not to feel disappointed, ... I *wanted* to feel grateful, I *psyched myself up*, I *had the right* to feel jealous, I *should have* felt guilty" (1979, p. 561-564, emphases added). Such examples indicate two aspects of emotion work: Firstly, its contextual nature, which is evident in expressions such as 'should have' and 'my rights', which demonstrate the speaker's awareness of what Hochschild refers to as 'feeling rules'³ which provide a normative framework for what one 'ought' to feel. Secondly is the effortful character of emotion work: it involves the conscious attempt to evoke appropriate emotion. Hochschild emphasises that "emotion work" refers to the effort - the act of trying - and not to the outcome, which may or may not be successful [in evoking or suppressing the particular feeling]" (1979, p. 561).

In her later work, Hochschild (1983) moved beyond her original conceptualisation of emotion work to focus on the negative impact of its commodification in the labour market as 'emotional labour' (Bolton & Boyd, 2003). I am not engaging with the concept of emotional labour - which relates to the commercialisation of human feeling - but rather I am utilising the earlier concept of emotion work which is not constrained to market relationships.

³ Hothschild's expands on what she means by 'rules' in a way that avoids the prescriptive determinist flavour that the term evokes. For her, "feeling rules" delineate the zone within which one is permitted to feel - or be free of - certain feelings. These rules also frame the possibility for boldly breaking or subverting the particular convention (1979, p. 565).

The evocative term 'emotion work' has increasingly made its way into popular parlance to refer to the effort and skill that is expended in initiating, clarifying and resolving differences of feeling within relationships in such a way as to care for the emotional well-being of others. This sort of relationship 'work' is archetypically undertaken by women. The popular conceptualisation of emotion work is becoming increasingly common in academic work of social psychologists and some sociologists of emotion. For example Rebecca Erickson (2005) uses emotion work to refer to "activities which are concerned with the enhancement of others' emotional well-being and with the provision of emotional support" (Erickson, 2005, p. 338).

In the following analysis of lesbians' experiences of seeking known donors I identify aspects of both Hochschild's and Erickson's/popular meanings of emotion work and critically reflect on the effects that undertaking relationship 'work' has on the well-being of the women concerned.

The Study and the SA Context in which it is Being Conducted

This paper draws on in depth interviews which I conducted in 2006 with forty-one South Australian lesbians who have conceived children or are planning to do so or have attempted to do so in the recent past. The aim of the study is to document the impact of the particular legal and policy context which shapes lesbians' conception options within South Australia (SA). In relation to lesbian family formation, the legal and institutional constraints in SA include:

- Same sex couples are precluded from adoption. (*Adoptions Act 1988*)
- Assisted Reproductive Services are restricted to medically infertile patients. (*Reproductive Technologies (Clinical Practices) Act (1988)*).
- Birth registration presumes heterosexual parenting (or sole mothering) with space provided only to register the birth mother and the father (if known) but without a facility to register a 'non-birth' mother. (*Births, Deaths and Marriages Registration Regulations 1996*.)
- Mothering is recognised only through birth (or adoption). Non-birth motherhood has no legal standing (*Family Relationships Act 1975*)

- There is no commercial availability of sperm in South Australia and the *Reproductive Technologies (Clinical Practices) Act (1988)* which regulates ART requires that doctors be licenced to provide insemination services.

- It is illegal to import sperm into Australia. Reproductive assistance that is available to lesbians in South Australia includes.

- The Australian Sperm Donor Register which is an online service that facilitates contact between men willing to donate sperm and potential recipients.

- Two active support networks which provide legal and practical advice and support to gay and lesbian parents and prospective parents.

- Assisted reproductive clinical services for women who meet the diagnostic criteria of medical infertility.

This paper focuses on accounts given by 37 lesbians of the process of seeking known donors. Of the 41 participants in the *Lesbian Conception Study*, 28 had sought known donors and a further 9 intended to do so. The dynamics and the process of negotiation differed depending on whether the men concerned were self-identified sperm donors or not. Self-identified donors are those who have taken the initiative and registered as donors (typically through the sperm donor register or less commonly through advertising on-line or in the print media). Importantly these men were expecting to be contacted by potential recipients and therefore prepared for the discussions this involved. The overwhelming majority of men who the participants had approached to donate were not self-identified donors but were men known to the women (and/or someone acting on their behalf) who were approached with the request to consider donating to that specific woman/couple. The implications of this distinction are taken up throughout this paper through the voices of the women concerned.

Fishing for Taddies: Lesbians Experience of Seeking Known Donors

The following analysis draws in detail upon the accounts of several couples whose experience reflects themes common to all the participants who sought known donors. Three overarching findings characterise the stories:

1. Virtually all participants started with an 'ideal' model of donation and the structure of the family they sought to create. In almost all cases they were required to modify and/or abandon their ideal in the light of various constraints.
2. The process of deciding and recruiting sperm donors was typically protracted and fraught with challenges.
3. Negotiating sperm donation required complex emotion work between the couple as well as with potential donors and significant others.

Negotiating the 'Ideal'

Not everyone who wanted to conceive with a known donor achieved this, and others 'settled' for a known donor only after exhausting all other preferred options. However, regardless of how they came to be seeking a known donor, all the participants were able to describe an 'ideal' that they started out with. Not surprisingly, this ideal was rarely identical between the couple but was usually a consensus position arrived at through negotiation and compromise - often over a number of years. In all cases the discussions included consideration of who would conceive, how many children, what balance and share of mothering and employment responsibilities was preferred and how this would be achieved, what role (if any) the donor would have in relation to the child(ren), how a donor would be found, and what (if any) options were out of the question.

Other discussions about family formation typically included: whether to formalise a pre-conception agreement with the donor, preferred ways of naming the family and each mother's term of address, the birth certificate and the implications of having the donor named as 'father' or not, wills, financial responsibilities and agreements, custody in the event of death or the breakdown of the couple's relationship, the challenges of same sex parenting in a homophobic society, the ways of informing children of the story of their conception, and the way the sperm provider would be referred to. A number of couples also set in place 'review' strategies to limit the amount of time, finances and/or emotional resources they were willing to expend to achieve pregnancy. Establishing these limits recognised the stress likely to be placed on the relationship by a protracted

and potentially obsessive focus upon conceiving. Jane and Sandy explained the agreement that they came to:

Jane: For me i[having children] was not worth risking the relationship, so Sandy had the final say, she could say "enough is enough" and I'd stand by that. ...A baby wasn't the be-all-and-end-all. We didn't want a baby at all costs".

Sandy: That was easier said than done though wasn't it? You [Jane] got pretty into it. It was hard to keep perspective.... It was full on.

Although Jane and Sandy had initially wanted a known donor they, like most couples, had to modify their ideal when it proved too difficult to find a donor. After two years of approaching family and friends they'd found Luke, a lifelong friend of Sandy's younger brother. However, after an eight-month period of pre-conception discussions, medical checks and formalising a parenting agreement with Luke, Jane undertook thirteen unsuccessful insemination attempts over six consecutive menstrual cycles. Depressed by this outcome they organised a sperm motility test, which showed that Luke's sperm 'swam in circles'. This proved to be one of the most difficult situations for Sandy and Jane to deal with. Luke was a young man (mid-twenties) and they, and he, had presumed that he was fertile. When Sandy and Jane received the test results from their doctor (who had ordered the tests on their behalf) they were faced with the task of breaking the news of his infertility to Luke. To do this they had to put aside their own feelings in order to be sensitive and supportive of Luke who was initially disbelieving, then devastated, when he realised he would "never be a dad". Sandy and Jane felt empathic despite their own emotions of intense disappointment and frustration about the time that they'd 'wasted' before having the sperm tested. Sandy also found herself feeling angry (in retrospect) about the times where Luke had expressed surprise at Jane's 'failure' to conceive. Sandy reflected:

Sandy: I started thinking about those couple of that times he'd said to me, -'cos it was me who would ring him each time,- and [he said] something like "Why's it taking so long?" as if it was Jane's fault, or [something wrong with] how we were doing [the insemination]. And

you know, what was weird was that I must have started to think that myself because [although] I didn't tell Jane [what Luke had said], but it was after that that I really got into researching it all and doing everything possible we'd heard of [to aid conception]. Diet, exercise, no chemicals in the house, naturopathy and meditation, and then there were a whole lot things about doing [the insemination], letting the sperm sort of settle first, standing on you head - well not quite - but legs up in the air, bum propped up on a pillow, soft lights, music, all relaxed and calm, ... it was pretty desperate.

Jane: Desperate calmness! (laughs)

Margie: And none of this would be much use with Luke's sperm huh?

Sandy: No, but I realised that even though I'd started thinking it might be Jane too [Jane's fertility problem] I didn't mention it to her, and so then I felt *so* disloyal and angry with myself as well as [with] Luke. I felt like saying "See it was you all along" but it's not his fault. It was even worse for him, I shouldn't have felt that.

Jane: But you were great with him really! Sympathetic, ... caring... Really he would never have known, ... You did well. We did well!

Jane and Sandy are involved in emotion work in both senses of the term; they actively suppress and evoke emotion in the way that Hochschild identified. Sandy felt that she 'should not' have doubted Jane's fertility and felt 'disloyal' for having those thoughts. Both Sandy and Jane evoked sympathy for Luke when they felt anger, disappointment and frustration. Jane's comment "We did well!" recognises that effort was required to express appropriate empathy for Luke, but her positive tone implies that it was worthwhile effort to achieve the appropriate emotional response.

Perpetual Re-Negotiation of the Ideal

Like most participants in the study, Jane and Sandy's search for a known donor was a far longer, more challenging and emotionally exhausting process than they had expected. Like most couples they had to modify their ideal when it became impossible to achieve. Their ideal was a donor who they trusted, whose identity could be known to the child/ren, who was willing to be contacted when and if the child/ren wanted, but who

would not be named on the birth certificate and who would play no role in the children's day to day to day life. Sandy and Jane felt that by choosing someone who they knew they could trust him to stick to the agreement in a way that could not be ensured with a 'stranger' (such as a donor recruited through the donor register or advertisement). They also felt daunted and embarrassed at the thought of discussing intimate personal matters with someone who they did not know. So after their unsuccessful donor insemination at home, and the exhaustion of contacts with other possible known donors, they opted to attend an interstate Fertility Clinic even though this meant having an anonymous donor.

The interstate clinic was far more expensive and inconvenient, however for them this was preferable because it meant that the clinic brokered the arrangement with the donor - they screened potential donors, and managed the collection of biographical and medical information. Importantly for Sandy and Jane, undergoing clinic based donor insemination provided the certainty that they sought that the donor was not a father in the sense of having parenting rights or responsibilities.

A major issue raised by participants in this study was the difficulty in having the parenting status of non-birth mothers acknowledged legally. Although a full exploration of this problem is beyond the scope of this paper, Sandy and Jane's strategy is illustrative of the lengths to which couples went to subvert South Australian legal constraints. They organised to move interstate temporarily just prior to their baby's birth, to a jurisdiction that would allow both Jane and Sandy to be registered on the birth certificate.

Managing Hearts, Managing Relationships

Many participants spoke of the search for a suitable donor as a roller coaster of emotions. The highs and lows were associated with hopes raised and dashed as one after another potential donor was approached only to decline or to prove to be unsuitable. Sometimes further strain was placed on the couple's relationship if the women differed in their assessment of somebody's suitability.

Most couples were clear that they would only proceed with a particular donor if both were in full agreement. This commitment proved difficult to adhere to in cases where women within a couple drew on different priorities in making their judgement. For some the demeanour and/or values of the donor were important, and for others, character traits were irrelevant. Jennifer reflected on this difference in priorities between herself and her partner Lee:

Jennifer: For me it's important that they're a good person but Lee thought that that was crazy, her idea is that kids will be good people with the love [we give them] and the way we are with them, and with each other. And I agree, ...but, but for me it was important what he was like. I couldn't really explain it rationally. It caused problems for a while.

Margie: Tell me about that.

Jennifer: Hmm ... well, it became a bit of an issue. Lee felt, I don't know,... sort of almost jealous or something. If I said that I liked them, or their traits or something. And when I was trying to explain I made it worse, 'cos I said didn't want someone's sperm inside me if I thought they were creepy or something. She, well ... in the end she came out with it, that it was about me choosing him, choosing like I was choosing a husband or something. For her sperm was sperm. I still can't really explain [why I felt it was important].

Jennifer went on to say that she thought that Lee was particularly sensitive because she was still dealing with her own disappointment about not being able to have a child herself. Lee and Jennifer's ideal was to have two children with the assistance of the same donor and for each to carry one. Lee, being almost six years older than Jennifer, intended to carry the first pregnancy. However when Lee started to chart her rather erratic menstrual cycles (almost a year before they intended to conceive), it eventuated that she rarely ovulated and was diagnosed as 'perimenopausal'. Jennifer described her reaction to Lee's infertility as having her head "in two places at once":

[I felt] devastated - for Lee. It took her a long time to accept it. She felt so bad, bad about missing out and bad because she thought that she shouldn't feel so bad. [She felt that she s]houldn't be feeling it's the end of the world if you can't be a mother

biologically. ... So all that time she was going through this and I was thinking with my head in two places at once. ... I was sad - for Lee, and our whole plan was thrown out. And it was really hard for Lee. ... But at the same time there was this little voice in my head "Oh my god, it's my turn!" sort of excitement -which wasn't fair on Lee, so I had to be careful about showing that.

In addition to the complexities of the emotion work done *within* couples a number of participants spoke of the 'work' that they did on *other* people's relationships in the course of negotiating with potential donors and in discussing their conception plans with their family, particularly with parents.

Louisa and Angela underwent a five-year process with first one and then another attempting to conceive with home-based donor insemination from known donors, and undergoing treatment at an interstate clinic, before they found the donor with whom they had their family. Louisa described the discussions that they had with a series of potential donors as being tantamount to doing 'couples counselling' with them. Again and again, they found themselves facilitating discussions with a potential donor and/or his partner about their relationship, their attitude to children, their ideas about fidelity and parenthood. Issues ranged from the intensely personal "We had to ask him to avoid ejaculating for a couple of days before the insemination" or establishing the ground rules for he and his partner's monogamy and/or safe sex whilst trying to conceive, through to the hypothetical, for example, about whether he is likely to be a sperm donor for others in the future or to have other children, and what he might disclose to future partner/children about children born of his sperm donation. Often the negotiations raised profound issues for the men which were discussed through to resolution, for which the men expressed enormous gratitude to Louisa and Angela, but which too often led them to reconsider and decline to donate. Louisa recalled two examples amongst many:

We asked another friend, and he went through the whole thing with us [discussions] and as a result he ended up having a vasectomy. I think it brought it to a head for him that he was still fertile, and they didn't want any more children. He was a heterosexual friend, they had two. But he was really willing and happy to donate, but

she didn't like the idea of it at all. So in the end it was helpful for them. And [like a number of other potential donors who declined], they were very supportive of us, [saying] 'You'll be wonderful parents' and [that they] were honoured to be asked and all that, but no, [they] can't do it.

So then we asked another friend from the past, and we went through the whole [discussions] again. And he was here crying in our kitchen because it brought up for him that he has a child who he does not live with. So then he turned around and decided no because he wasn't emotionally stable enough. And we thought "We don't need you to be emotionally stable, we just need your sperm".

The intensity of these negotiations became so emotionally draining that Louisa and Angela eventually took into their confidence another lesbian couple who had a wider circle of male friends and that couple agreed to approach potential donors on their behalf. Quite a number of participants in the study followed a similar transition as Louisa and Angela from initially wanting their quest to remain a completely private matter, to having trusted others seek donors on their behalf. The desire for privacy was partly to protect themselves in case they were not successful and partly so that they could maintain some control over how widely their desire to have a family became a topic of discussion for others.

Typically as couples reached the outer limits of their own circle of potential donors, many participants turned to friends, siblings, or trusted members of gay and lesbian parenting organisations to seek out donors on their behalf. As Louisa explained "At least it wasn't us 'out there', we felt relieved that it wasn't us doing the asking". The decision to involve others in the search for donors was uniformly felt as a huge relief. For many couples this relief was partly an effect of lifting the veil of silence somewhat. In the course of the interviews participants identified several negative consequences of having kept tight secrecy about their attempts to conceive. One was the risk of becoming isolated by limiting the sources of support to each other. Another was the lack of an outside 'reality check' and the danger of losing perspective on the place of children in their lives. A number of participants described themselves or their partner as

becoming obsessed, desperate, or of their lives becoming ruled by the quest to conceive. Louisa described the two-year period of insemination attempts that Angela underwent:

Every day in your life was accounted for because it's either day one or day two or whatever. And the trauma every time you'd do an insemination is awful, and we would try and do two inseminations each cycle, and that's logistically a nightmare what with working, and the donor having to be available and all this kind of stuff. And then, um, then you're then counting again, and hoping, until bleeding starts. And then it's "Ohh No"! It was hard, really hard.

Also, as more and more potential donors were approached, some women felt uncomfortable about the imbalance of having not disclosed to their friends and/or their closest family members something that they had discussed in detail with an increasing number of Adelaide men and their partners who were not necessarily close acquaintances. This combination of having intimate discussions with relative strangers about something as important as having children, whilst avoiding those discussions with most friends and close relatives, was a painful situation for many women. This was compounded by the practical concern for some participants that their friends in the gay and lesbian community would hear about their plans indirectly. The decision to involve trusted others in the search for a donor was therefore both a relief and an additional source of anxiety. The circle of confidentiality broadened as each potential donor discussed the possibility with their partners and/or confidants, and so too did the possibility (or sense) that their search had become public information. For those donors and/or recipients who did not want their identity to be a matter of public knowledge, the involvement of third parties was a source of some anxiety.

Eileen and Pauline's experience was similar to that of Louisa and Angela, though not as protracted. However, after a series of major disappointments in approaching friends, they decided to "put [them]selves out there" in search of a donor. They described three years of negotiating with eight different potential donors, which ended only recently when they found a donor through a friend. They described the heights and depths of

emotion associated with each contact, particularly in coming to terms with their closest male friend's decision to decline, after having initially agreed. He had long known of their desire to have children and always expected that they would ask him. They had had 'set their hearts on' him being their donor. They felt devastated and rejected when he declined even though they recognised and honoured his right to make that decision.

This possibility of feeling judged and rejected is inherent in the process of seeking a known donor. Being approached invites the potential donor to assess the lesbian couple's suitability as mothers. With known donation, potential donors are not just being asked the 'in principle' question "Would you donate sperm?" or even "Would you donate sperm to a lesbian couple?", but "Would you donate sperm to me/us? - to this particular lesbian couple?". This question implicitly invites the potential donor to judge the suitability of the couple as mothers. Refusal/rejection of the invitation to be a donor always carries the potential to be interpreted as a judgement on the women's (un)suitability for motherhood and/or a negative assessment of their relationship as providing a suitable family environment. Ironically comments made by men in declining to donate such as "If I was ever to [donate sperm], it would be to you two" and "I think you'd be great mums" reassure the couple that they have been judged worthy, but in doing so reveals the power of the donor to judge otherwise.

Those who, like Eileen and Pauline, chose to 'put themselves out there' and utilise their networks to find a donor, were acutely aware that this brought with it the possibility they could not necessarily know who or how many people might come to know the identity of their donor. This possibility requires a commitment between the couple and their donor to ongoing discussions about managing the disclosure of his identity, especially in relation to children, either those born of the donation or his (if any). It is particularly challenging when known donors have some level of social contact with the child/ren conceived of their donation. It takes ongoing work to resist the tendency to conflate the roles of donor and father/parent. Although some participants purposefully created a 'donor/dad' relationship where ongoing parenting responsibilities and

recognition was extended to the donor, in most cases the women did not want a third person/parent in their relationship, and felt strongly that the donor relationship did not constitute fatherhood in any meaningful sense.

Conclusion

There are many levels of emotion 'work' involved in lesbian women's search for known donors. Hochschild's notion of 'managing' the heart by actively evoking and suppressing feelings is evident in many of the negotiations between the participants, as well as in discussions with potential donors and family members. Hochschild implies that the requirement to manage emotions in this way is inherently detrimental; that it produces a form of alienation from one's self. This does not accord with the experience of the participants in this study who on the whole found that the emotion work that is involved in negotiating with partner and potential donor was inherently stressful but also productive. In many cases it strengthened bonds and forged strong relationships, although in others it strained or led to the end of relationships with friends who had been asked to donate.

The complexity of emotions that are involved in negotiating sperm donation are not adequately captured in Hochschild's concept of emotion work. The more common sense meaning of this term (which involves purposeful effort to enhance the emotional wellbeing of others) resonates through the narratives in this study. Women took the lead in this work, however men did so too. Even when declining a couple's request to donate, men typically affirmed the couple in their quest to construct their family. This suggests that much could be learned about masculinities and emotion work from a qualitative study with known donors. Such a study with men who do not self-identify as sperm donors would also extend our knowledge of the factors that known donors weigh in deciding whether to become a donor for a particular couple.

This study confirms that both macro and micro factors intertwine to shape lesbian women's conception options and their experience of finding a donor. The regulatory environment in South Australia

makes seeking a known donor the only (or preferred) option for many women. This contextual constraint results in a high level of emotion work being required to negotiate a sperm donor relationship and to shape the ongoing relationships that result from known donor insemination. The outcome of this emotion work is not necessarily, or always, negative, however it is inescapable and for many women it is experienced as an unreasonable burden.

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References

- Almack, K. (2006). Seeking sperm: Accounts of lesbian couples' reproductive decision-making and understandings of the needs of the child. *International Journal of Law, Policy and the Family*, 20, 1-22.
- Baetens, P. & Brewaeys, A. (2001). Lesbian couples requesting donor insemination: An update of the knowledge with regard to lesbian mother families. *Human Reproduction Update*, 7, 512-519.
- Dempsey, D. (2004). Donor father or parent?: Conceiving paternity in the Australian Family Court. *International Journal of Law, Policy and the Family*, 18, 76-102.
- Dunne, G. (2000). Opting into motherhood: Lesbians blurring the boundaries and transforming the meaning of parenthood and kinship. *Gender and Society*, 14, 11-35.
- Erickson, R. (2005). Why emotion work matters: Sex, gender and the division of household labour. *Journal of Marriage and the Family*, 67, 337-351.
- Hochschild, A. (1979). Emotion work: Feeling rules and social structure. *The American Journal of Sociology*, 85, 551-575.
- Hochschild, A. (1983). *The managed heart: Commercialisation of human feeling*. Berkeley: University of California Press.
- Kirkman, M. (2004). Saviours and satyrs: Ambivalence in narrative meanings of sperm provision. *Culture, Health & Sexuality*, 6, 319-335.
- McNair, R. (2002). Lesbian parenthood: An imaginative fertility. In M. Kirkman, J. Maher & K.T. Souter (Eds.) *The fertile imagination: Narratives of reproduction* Melbourne: Meridian.
- Pennings, G. (2000). The right to choose your donor: A step towards commercialisation or a step towards empowering the patient? *Human Reproduction*, 15, 508-514.
- Ryan-Flood, R. (2005). Contested heteronormativities: Discourses of fatherhood among lesbian parents in Sweden and Ireland. *Sexualities*, 8, 189 - 204.
- Scheib, J.E., Raboy, B.L. & Shaver, P.R. (1998). Selection of sperm donors: Recipients' criteria and donor attributed that predict choice. *Fertility and Sterility*, 70, S279.
- Short, L. (2006a). Lesbian women and conceiving the family: Conception options and decisions, and the legal and public policy context. Paper presented at the *Society for Australasian Social Psychologists 35th Annual Conference, Canberra, April, 2006*.
- Short, L. (2006b). "We know him....": Australian lesbian women's accounts of some of the types of relationships (or lack thereof) that lesbian women and the children of lesbian women have with 'known donors'. *Rainbow Families III Conference, September, Melbourne, 2006*.
- Short, L. (2007). Lesbian mothers living well in the context of heterosexism and discrimination: Resources, strategies and legislative change. *Feminism & Psychology*, 17, 57-74.



THE SUBJECTIVE EXPERIENCE OF THE LESBIAN (M)OTHER: AN EXPLORATION OF THE CONSTRUCTION OF LESBIAN MATERNAL IDENTITY

LOUISE DU CHESNE¹ & BEN BRADLEY

Abstract

This study explored the subjective experience of lesbian non-birth mothers as they constructed their maternal identity. A purposive sampling strategy of 7 lesbian non-birth mothers, ranging in age from 35 to 73 years, participated in audio taped interviews. Interpretive Phenomenological Analysis of data paid particular attention to how participants negotiated constitutive binaries of mother/father in the process of socially constructing their role. The study found that non-birth mothers position themselves as the same and different through challenging and sometimes sidestepping either/or binary oppositions of mother and father. The greatest opposition to their role often came from within their own family of origin. Through the day-to-day work of discursively creating their maternal identity, lesbian co-mothers are the front-runners of a new form of 21st century family.

Introduction

The 1980's saw the beginnings of an increasingly visible lesbian baby boom in Western industrialised countries including Australia, the United States, and the United Kingdom (Patterson, 2001). By the turn of the century there were between 1.5 million and 5 million lesbian mothers living with their children as a family unit in the United States alone (Hequembourg & Farrell, 1999; Perrin, 2002). In Australia, surveys indicate that 20 per cent of lesbians have children and a further 40 per cent want to have children in the near future (Perlesz & McNair, 2004). As such, continued research on lesbian-headed families would appear both timely and important.

In this paper I focus specifically on the experience and social construction of the non-birth mother² within planned lesbian-parented

families. In so doing I adopt a social constructionist approach in order to explore the ways in which this mother is positioned through the language of dominant psychological, social, and legal discourses of mother and family. Social constructionism argues that we construct or create our own identities and position ourselves in the world according to our understandings of particular discourses. A social constructionist inquiry is principally concerned with "explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live" (Gergen, 2003, p. 15). Descriptions and ideas of the world are considered to create, rather than reflect, reality (Gergen, 1994a; Clarke, 2002). Therefore 'truth' is contingent upon our reading of the world around us, and our interpretation of discourses.

The lesbian non-birth mother is frequently positioned within the language of psychological, social, and legal discourses by being either acknowledged as the birth mother's partner, but not as a mother or parent in her own right, or is rendered invisible, by not being acknowledged at all (Sullivan, 2004; Thompson, 2002).

In legal discourses where heterosexuality is institutionalised, the non-birth mother is often constructed as irrelevant or redundant - a biological stranger - whereas the birth mother is constructed as essential, crucial for the child's development and well being (Dalton, 2000; Thompson, 2002). This failure to recognise lesbian non-birth mothers as mothers is also apparent in psychological and social discourses which mirror legal discourses in the way that these mothers are challenged to construct their identity within dominant texts that attempt to either erase or defile their claim to the title mother (Sullivan, 2004; Thompson, 2002).

Discourses that position lesbian mothers as invisible or unfit to parent can be seen to

¹ This paper is written by the first author in the first person.

² I will use the terms non-birth mother and birth mother when I need to distinguish between them in this paper. The terms mother, parent, co-mother, co-parent, and non-biological mother are also used by

lesbian mothers, and are variously adopted in the psychological literature. This reflects the heterogeneity of lesbian mothers' self-identification, and the diverse ways in which such mothers are constructed within academic discourse.

operate from within a homophobic or hetero-normative worldview. Within hetero-normative discourse the identity 'lesbian' is equated with perverse and deviant sexuality in contrast to 'mother', equated with nurturing and selfless care (Thompson, 2002). I argue that it is important, from a constructionist standpoint, to recognise that binaries such as nurturing heterosexual mother versus deviant sexual lesbian are constructions that inform perceptions of reality, and while they are descriptive of a social context wherein heterosexuality is the norm, they also actively contribute to the maintenance of that norm. If the constructive nature of the binary is accepted, it then becomes possible to straddle the opposing sides and move between and beyond them (Davies, 1998).

Issues Raised by Previous Research

Empirical research carried out among lesbian families over the last thirty years began in response to legislative and judicial decisions in Europe and America where divorcing biological mothers, who were lesbian, were denied custody of their children based on what was considered the best interest of the child (Baetens & Brewaeys, 2001). There has been an assumption within the courts that lesbians and gay men are mentally ill, that lesbians are less maternal than heterosexual women, and that the nature of gay and lesbian relationships leaves little time for child rearing (Patterson, 1995). Until the mid 1970s, the vast majority of gay and lesbian research constructed homosexuals as sick and deviant individuals who were the result of disturbed upbringings (Coyle & Wilkinson, 2002). Despite this legacy of being classified³ as an aberrant mental state, studies have not found that lesbian mothers are less maternal, or more mentally ill than heterosexual mothers (Patterson, 1995). Recent evidence finds lesbian couples that parent together divide household labour and child rearing tasks more equitably than heterosexual couples, and report significantly more satisfaction with their relationship (Bos, van Balen & van den Boom, 2004; Patterson, 1995; Sullivan, 2004). In planned lesbian-parented families the non-birth mother has been found to be as much involved in child activities as the birth mother, unlike the

father in families of heterosexual couples (Bos et al., 2004; Sullivan, 19996; Vanfraussen, Ponjaert-Kristoffersen & Brewaeys, 2003).

Much of the previous research with lesbian parents has been organised along arguments of sameness or difference. Victoria Clarke (2002) argues that lesbian mothers have been positioned along four dimensions that have informed research and theory regarding lesbian parenting. These dimensions are: (i) the same as heterosexual families; (ii) as different, and therefore deviant; (iii) as different, and therefore transformative; (iv) as different only because of oppression. I argue that when considering the experience of the non-birth mother and the social construction of her role it is also important to consider the nuances of identities such as mother, father, and parent. Lesbian mothers may not be just the same as heterosexual mothers nor may they be completely different to heterosexual fathers. The construction of a lesbian maternal identity could be seen as similar to the creation of a mosaic drawn from fragments of experience, culture, and expectation. I have adopted qualitative research methodology in this study to allow for an exploration of nuance, and of contradiction in the experience of participants.

As the majority of published studies that explore the experience of non-birth mothers in lesbian relationships come from settings outside of Australia (Bos, et al., 2004; Patterson, 1995; Sullivan, 2004, Vanfraussen, et al., 2003) I felt it important to examine the experiences of non-birth mothers within Australia. This study is concerned with how lesbian non-birth mothers construct their identities, and with their subjective experience of this identity.

Method

Design and Procedure

As mentioned previously, this study employs a social constructionist framework (Creswell, 2003; Guba & Lincoln, 2005). Interpretative Phenomenological Analysis (Smith, 1999) has informed the design of this study. The study is phenomenological in that it is concerned with the subjective experience of the individual, and it recognises that this experience is negotiated within a social context.

I also recognise that the interpretations I make of my subjects' experiences are a reflection of

³ As a result of intensive lobbying, in 1973 the American Psychiatric Society voted to remove homosexuality as a psychiatric disorder from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* (Mendelson, 2003).

my own personal, cultural, and historical experiences (Creswell, 2003; Smith, 1999). Thus meanings are mediated and constructed by social and historical forces and by the research process itself.

I conducted in-depth interviews with 7 voluntary participants that focussed on obtaining rich detail of their understandings of their experiences as non-birth mothers in planned lesbian families. I used a schedule of questions and I followed up topics introduced by participants. Questions covered areas including: how it was determined who would bear the child; participants' perception of their role within the family; how they thought people outside their immediate family perceived them; and the impact having a child has had on their relationship.

Interpretation and analysis was continuous and flexible and began with the first interview. Subsequent interview questions and sampling

procedures were adjusted to take account of early findings. Each interview was typed verbatim within 48 hours. Each transcript was read a minimum of six times to compile emerging themes, and for a sense of the whole (Giorgi & Giorgi, 2003; Silverman, 2005).

This study was granted Ethics Approval by Charles Sturt University Ethics in Human Research Committee.

Sampling

To meet the selection parameters participants needed to be lesbian and be in a relationship where, together with their female partner, they had planned to have at least one child that the participant's partner gave birth to. Snowball and purposeful sampling approaches were used. I used a purposeful sampling approach to select participants from a wide geographical area to maximise diversity within the data.

Participant	Age	Maternal identifier	Partner	Maternal identifier	Child	Child's age	Residence
Linda	35	Mama	Nancy	Mummy	Rose	2	Sydney
Paola	37	Mummy Paola	Margot	Mummy Margot	April Jesse	6 4	Coastal NSW
Belinda	37	Mama	Carmen	Mummy	Troy	2	Inland NSW
Lily	43	Lilzy	Melissa	Mummy	Sophie	3	Coastal NSW
Jane	73	Spare Mum or Jane	Claire	Mum	Karla	24	Inland NSW
Rosie	47	Mama	Hanna	Mummy	Pearl	3	Melbourne
Anna	36	Mummy Anna	Cate	Mummy Cate	Jack	3	Melbourne

Demographic Information

Participants came from two major urban centres and two major rural centres in Australia. Pseudonyms are used for all interviewees, their partners, their children, and other people mentioned.

Results and Discussion

Lesbian mothers in this study experienced themselves as both the same as and different to heterosexual mothers, fathers, and general society. Their interpretation of the ways they are constructed, such as invisible, or deviant, or

equal, inform how they negotiate with the world. By questioning what it means to be a mother, or a father, or a parent, these women negotiate the tensions between these categories and can be seen to challenge and re-work (at times utilising, subverting, transcending, sidestepping and transforming) existing mother/father binaries.

In this paper I will discuss three manifest themes and one latent theme that emerged from an in-depth analysis of the data. These themes are: (i) When to wave the rainbow flag: The social construction of the lesbian family; (ii) A bond like no other? - Relationships with family of origin; and (iii) Parents & mummies; butch &

femme: The construction of maternal identity. A latent theme of 'same as and different to' represents a specific underlying dynamic that became apparent throughout the data.

(i) When to Wave the Rainbow Flag: The Social Construction of the Lesbian Family

Because two-mother families are a relatively new phenomenon, the members of these families are often in a position of educating the community as they introduce and construct their identities in the wider world. Non-birth mothers in particular are challenged to construct their role as lesbian mothers who have not birthed their child(ren). Birth mothers can choose to rely on their biological link to their child(ren) in their descriptive practice. The participants in this study have no such link, and no familiar category, and therefore are often in a position of creating their socio-familial identity in their interactions with others.

I disclose my sexual orientation about eight billion times more than I ever did before and I don't really have very much of a choice these days [...] Not that I'm saying, you know that we are likely ladies in the closet or anything. I mean we're not, we're out and about lesbians, but there just are these occasions where [...] you just might not feel like waving the rainbow flag! (Laughter) [...] Three weeks after Pearl was born, I was at a meeting and it came up that I'd just had this child and they were saying: "Oh! My God, how are you managing with the breast feeding?" and "You're looking pretty good!" You know. So it's those kinds of things [...] I think it is particular to me, for the non-biological mother (Rosie).

Rosie describes a shared experience among the women in this study of the day-to-day construction of her role as a lesbian non-birth mother. This is often arduous because these mothers must choose between the consequences of disclosing their sexuality or the consequences of denying their maternal role.

This theme explores how lesbian mothers subvert the binary of sameness = normal / difference = deviance. By positioning themselves as both the same as, and different to (dominant discourses of mother), these mothers straddle the sameness/difference binary. They construct themselves simultaneously as 'normal' members of society and as lesbian mothers. Despite culturally embedded discourses that would construct

lesbians as different and deviant, these women actively position themselves as different and the same.

All the mothers in this study describe an ongoing process of constructing themselves as 'normal'. Paola addresses the latent theme of constructing herself as both the same as and different to everybody else when constructing her social identity:

It's not about [...] having an S&M dungeon in the attic you know, just a regular family that reads to kids at night, gets them to school, sometimes on time. You know [...] there might be that initial shock and then it's just a process as we were saying before, about engaging with those people, and showing them that we are not scary, we are not, and it just melts away really. It pales into insignificance, which is good.

Participants in this study were aware that lesbians are viewed as different (and deviant) in Australian law, and that homophobia is enshrined in legislation.

You know before I had Pearl I didn't really know what the adoption law was [...] I didn't really know how discriminatory the law was, even though I'm a lawyer. I mean I assumed it wasn't good. But I didn't know. But now because I've had Pearl I've had reason to look up the Adoption Act [...] and discover that lesbian parents, or lesbians or gay men aren't considered fit and proper people [...] and so we're not able to adopt. So I think that lesbians and gay people's relationship with children goes to the heart of homophobia. It really does (Rosie).

Being different in the eyes of the law while fighting to assert their sameness was a shared experience for the mothers I interviewed. Lesbian mothers are faced with legislation and public opinion that positions them within a discourse of deviant otherness. Lesbian mothers maintain their label as lesbian but they attempt to change how they are constructed by redefining themselves with pride, by "waving the rainbow flag"⁴ and by establishing themselves as "regular" families. The narratives they use to create their place in the world and to protect their children assert that while they may be different, they are still the same.

⁴ The rainbow flag is an international symbol of lesbian and gay pride.

*(ii) A Bond Like no Other?
Relationships with Family of Origin*

The perceptions of extended family, society, and culture in constructing the identity of the non-birth mother are clearly significant. Although an individual may stake out an identity claim such as 'mother', the response of significant others, particularly extended family, affects the validity of that claim (Hequembourg & Farrell, 1999).

The disclosure of sexual identity to family of origin has been described as the "litmus test" of blood ties (Sullivan, 2004, p.127). With the arrival of children the non-birth mother's family of origin does not benefit from the culturally mediated meanings of consanguinity that are available to the biologically connected birth mother's family (Sullivan, 2004). Even so, families of birth and non-birth lesbian mothers both encounter entrenched heterosexism.

All participants, bar one, experienced negative reactions from extended family (sometimes on both sides) upon the announcement of the impending birth of their child. Examples included:

Ah well they were pretty horrified. Straight middle class people, [...] my father was really horrified when he heard that Claire was pregnant. He didn't think that was quite right (Jane).

Her mother said it felt worse than when Hanna's sister, when she was diagnosed with terminal cancer. And that it was like a death in the family, it was that sort of feeling of grief, and she had really wished Hanna had mentioned it before she got pregnant and she would have done whatever she could to change her mind (Rosie).

The vehement reactions of extended family experienced by the majority of mothers in this study may be a reflection of family engagement with hetero-normative social discourses that position lesbian mothers as most deviant, and as bad for children. It is one thing to have a lesbian daughter, but to have a lesbian daughter who herself has children was a difficult proposition for these families.

Only one co-mother in this sample reported that her own mother immediately accepted the child as a grandchild, and afforded her the same privilege and status as biologically related grandchildren:

I was expecting a lot worse but they have treated Rose exactly the same as my brother's

children. It's really nice, really nice. Mum's got a shop and she's got the photo of Rose up there and everyone's saying, "Oh who's that?" And, "Oh that's my granddaughter", and, "Oh she looks like you". And all this sort of stuff and that makes her feel terrific too. She just thinks it's great. So there is no difference (Linda).

Discrimination by family was by far the most common form of homophobia spoken about by the women I interviewed, and the most painful. A surprising finding arising from my interviews with non-birth mothers is that while grandparents may see themselves as such, they do not necessarily see their daughters as mothers. Anna explains her experience of the nuances of extended family relationships:

Because you know my own mum having four daughters and reproduction is such a central, like such a major part of who she is that she felt, she was worried I would be lonely or I would miss out. "That the bond that you have by birthing a child is a bond like no other", as she has quoted several times. But like you know, I don't know, because I'm not a birth mum but I can only say what it's like for [me] is I've been with Jack since he was a little egg and I just love him and I have very strong feelings towards him. So, you know I'm not sure she's been able to step in and understand my perspective either being a non-biological mum (Anna).

It is difficult for Anna to assert her relationship with her child in the face of non-acceptance from both her mother, and her partner's mother, Julie. In response to my initial question asking whether she felt validated in her role as non-birth mother Anna had answered yes, that there were no major issues. However when we began talking about her extended family she realised that at times she did feel invisible in her role as co-mother:

In fact the things that make me probably angriest are around the little family things that happen, and Mothers' Day I got pretty shitty, I felt pretty crappy and yeah, pretty invisible. You know, I mean Julie knows I'm Jack's other mother and [...] [she] blatantly can't acknowledge it ... And I think that's the tragedy: we all get a bit caught up um with biology, and I'm not Jack's biological mum and I will never be that, but it doesn't matter because I am who I am (Anna).

It may be worth considering here whether Anna's mother feels that her daughter's claim to the title 'mother', without actually birthing, is a threat to the validity of her own role. Do mothers such as Anna's mother, for whom

"reproduction is central", feel that their own identities are threatened by their daughter's attempts to challenge the definition of mother as birther? While Anna's mother has difficulty accepting her as a mother, she does consider herself a grandparent of Anna's son Jack.

Non-birth mothers in this study were trying to position themselves within their unique maternal role, often in the face of opposition from their own mothers who in many cases could only see differences and not similarities.

*(iii) Parents & Mummies; Butch & Femme:
The Construction of Maternal Identity*

This theme gets under the skin of lesbian maternal identity formation and explores how co-mothers rub against hetero-normative discourses of mother, and lesbian discourses of butch and femme, as they create roles for themselves within their immediate families. The mothers I interviewed all went through a process of negotiating a role for themselves within their immediate family. All the participants used very similar language to describe the strength of their love for their children. Some women use an implicit argument of sameness; saying their bond with their child(ren) is as strong as the bond of the birth mother. Lily describes a very deep love for her child Sophie:

I can't imagine I would feel more connected to Sophie if I was the biological parent. I don't think it would be possible for me to have a deeper connection to Sophie. I just can't see how that could be possible (Lily).

Paola's experience is the same as Lily's in that she feels her bond with her child could not be stronger:

I didn't find it to be different. I know that's peculiar. But I didn't I just didn't she may as well have come from my loins really. I felt like I had given birth to her (Paola).

However the women use different relational descriptors symbolically to represent this bond with their child. Lily is very clear that she is Sophie's parent, and not her mother:

I mean I'm not comfortable with the idea of being anyone's mother (laugh). And it's partly about the idea of what is mother and you know I think to carry and actually push someone out, to be the body that gave rise to the baby is a very different proposition to being the one that hasn't.

It's partly about what is a mother and I don't identify as a mother, I identify as a parent but not as a mother. Mother is the one who carries you, pushes you out, suckles you, and is your primary carer. That's how it's worked out in this family (Lily).

Lily says her role, as lesbian parent, does not fit within dominant social discourses and cultural markers of parenthood, however she is recognised as her child's parent in day-to-day interactions:

There's Mother's Day and there's Father's Day, there's no Lily's Day (laugh). So you are erased in a lot of ways. And... you are erased in terms of the dominant texts you see around you, however you are inserted in a particular way in all your social interactions... Everyone knows I'm Sophie's parent and it's a kind of a generic that's not socially recognised. Is it? (Lily).

Lily attempts to extend, and hence topple, the mother/father binary by creating a third role of lesbian parent. Lily describes the cost of toppling the mother/father construct as social invisibility for the lesbian parent. Paola challenges Lily's position that mother is biologically determined and asserts that there is no difference between mother and father, or non-birth mother and birth mother. Unlike Lily, Paola very clearly sees herself as a mother and her children call her "mummy Paola", and her partner "mummy Margot". Paola's definition of mother raises questions about the constructions that are used to define and limit mother and parent:

Yeah the non-birth mother I just think you know you can't say he is the non-birth father can you really. So why would you call it that? Why would you call it the non-birth or the non-biological you know? You're a parent you're a parent. You could be a mum or a dad or a mum or a mum... As I said before I feel like I may as well have given birth to April, I feel particularly bonded [to her]. It's not about biology, obviously, it can't be. It's not my egg! I didn't give birth. So yeah it's just about our relationship... So I guess it's about what sorts of things we are attaching to motherhood that we really have to re-look at. Um you know what does it mean: does it mean you give birth? Does it mean you stay at home? Does it mean you go to work? You have to look at that and see what it means. Is it someone who loves you? Someone who does your washing? You know, what is it? Is it someone who plays with you, does craft? I guess it's all of those things and more (Paola).

In the process of creating roles for themselves in relation to their children and partners, these women have drawn on discourses of the mother and have come up with different interpretations.

Gendered role definitions within the couple relationship also affected how non-birth mothers constructed their maternal identities. The butch-femme narrative is the most common cultural narrative for the gendered construction of lesbian relationships (Laird, 1999). While it may seem overtly heterocentric, within lesbian culture the butch-femme metaphor takes on a complexity that is beyond being merely imitative of heterosexual gender roles. In lesbian relationships identifying more with one gender, feeling more masculine or feminine, does not necessarily equate with power and privilege (Laird, 1999). Negotiating roles as mothers within a butch-femme cultural narrative was a task met by some of the co-mothers in this study.

For Linda the greatest challenge after the birth of her child Rose was her struggle to maintain her 'butch' role within the relationship and deal with what she felt were feminine feelings of wanting to be a mother:

I just I thought I would be like the baby's father, I would just be like a dad and do what my dad did, go out and do what he did and that's that. But it wasn't like that at all. I had this urge to be with this child all the time. And I just realised that I was a mother; I wasn't a father at all. It was very difficult. I remember I cried every day I left the house for at least a year thinking: is this separation from the baby? It is still so strong in me I can feel it now, feel the emotion rising. But ah it was really, really hard. I hated it ... I couldn't say to Nancy you go to work and I'll stay home, she's not going to have that either. So it was very, very difficult to deal with that sort of stuff. I'd always been thinking I was this butch little number running around playing footy and all of that but it wasn't like that when the baby came. And that sort of caused a few issues between us too ... and also I was crying. Crying? Sheilas cry, you know? All that stuff... it was really confronting (Linda).

Linda equates emotion and vulnerability with the feminine and with mother. She was forced to reconsider how she had constructed her identity as a "butch little number" by the strength of the 'feminine' feelings she experienced in relation to her child. Those feelings were evident as she spoke to me; I saw tears in her eyes as she talked of leaving her child to go to work.

Linda's struggle to reconcile her new experience as mother with her identity as butch lesbian was also a difficult experience for her partner. Once Rose was born and Linda started to move towards the feminine both Linda and Nancy found their identities, and their relationship under threat:

Well,... she [Nancy] had really butch-femme relationships, and I was probably the femmest person that she had ever been out with, by a long way. And ah I think it was very difficult for her because I think she wasn't attracted to that side of me, to that [part of] me wanting to be a mother. That wasn't attractive to her sexually or emotionally. You know and ah, I found that too within myself. I thought hang on all those you know identifiers are all getting a bit warped now. God (Linda).

Here Linda reveals how important it is in her relationship that she maintains her butch role. Nancy had had partners who were more butch than Linda in the past; Linda was the 'femest...by a long way'. It appears to be a part of their relationship contract that Nancy is femme and Linda is butch, and there is an implication that Linda was only just butch enough to begin with. For Linda and Nancy it was important that despite Linda's new feelings, and her new position as 'mama', they maintain their distinct roles. Linda has refigured her role to encompass seemingly irreconcilable differences; she has integrated what had appeared to her as the paradox of the butch mother. These women have rewritten the butch-femme narrative of their relationship to allow them to maintain their role divisions and to both to be mothers. They are different and the same.

Other participants did not overtly describe themselves as butch or femme but some did identify with fathers both in terms of their role within the family as breadwinner, and in terms of how people outside of the family unit constructed them.

General Discussion

I have borrowed Cheryl Muzio's (1999) clever use of language for the title of this paper. Her play on other mother as "(m)other" beautifully encapsulates the experiences of the mothers⁵ interviewed in this study. Various described in

⁵ Again not all participants see themselves simply as mothers: Lily sees herself as a parent, not a mother and Jane says she is the "spare mum".

the literature as non-birth mothers, non-biological mothers, co-parents, or co-mothers, (and far less often just described or referred to simply as mothers), the women I interviewed are constrained and limited by language. Throughout this research project I have struggled with language and have not found an appropriate common descriptor to name the women I am attempting to understand. There was no agreement regarding a name for the non-birth mother among the participants in this study, each had a title that suited her own particular situation. Various titles mummy, mama, spare mum, and Lilzy, these women did not agree on language about or definitions of mother. In trying to find one term to use to refer to all these women I have chosen to settle on the uncomfortable compromise of 'non-birth mother' a term that does not adequately represent all the women in this study and unjustly defines them in the negative. I have been very aware throughout this research how by aiming to give voice to non-birth mothers I am also implicitly perpetuating the otherness of their experience.

The latent theme of 'same as and different to' demonstrates how the Australian non-birth mothers in this sample have recognized the constitutive nature of oppositional binaries. Through continuously positioning themselves as the same and different, as normal and as lesbian, as non-birth and as mother, they have subverted hetero-normative discourses and claimed legitimacy for their roles as mothers and parents. They have done this through their day-to-day challenges of entrenched discourses of the essential, heterosexual, and biological mother and father. These challenges take place in their interactions with the wider world, with their partners and child(ren) and, most disturbingly for the women I interviewed, these challenges also take place with their families of origin.

Non birth mothers in planned lesbian headed families are phenomena particular to this time in history. Very little Australian research has been conducted to explore the experience of lesbian non-birth mothers. Their social presence, while confronting for some, seems assured and further research is needed to improve our understanding of this maternal role, and this family structure. In particular, further psychological research may have a role to play in improving the legal status, and the welfare, of lesbian parents and their children.

The use of sameness *and* difference as a constructive device by the mothers in this study has implications for how we construct notions of family, mother, and parent in Western society. By constructing their maternal identities through the competing discourses of motherhood, patriarchy and lesbianism, lesbian mothers subvert the mother/father binary construction of the Western family. Much of the previous psychological research has used an argument of sameness to counter attempts to position lesbian mothers as deviant and as bad for children. This study has highlighted the voice of lesbian non-birth mothers as they construct their maternal identities as the same and as different. In this way they have stepped outside of hetero-normative discourses of family and begun the work of constructing the discourse of the lesbian mother, a discourse that does not rely solely on its similarities to heterosexual mothering in order to legitimise lesbian parenting.

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References

- Baetens, P., & Brewaeys, A. (2001). Lesbian couples requesting donor insemination: An update on the knowledge with regard to lesbian mother families. *Human Reproduction Update*, 7, 512-519.
- Bos, H.M., van Balen, F., van den Boom, D. (2004). Experience of parenthood, couple relationship, social support, and child rearing goals in planned lesbian mother families. *Journal of Child Psychology and Psychiatry*, 45, 755-764.

- Clarke, V. (2002). Sameness and difference in research on lesbian parenting. *Journal of Community and Applied Psychology*, 12, 210-222.
- Coyle, A. & Wilkinson, S. (2002) Social psychological perspectives on lesbian and gay issues in Europe. *Journal of Community and Applied Psychology*, 12, 147-152.
- Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). California: Sage.
- Dalton, S. (2000). Nonbiological mothers and the legal boundaries of motherhood: An analysis of California law. In Ragone, H. & Winddance Twine, F. (Eds.) *Ideologies and technologies of motherhood race class sexuality and nationalism*. London: Routledge.
- Davies, B. (1998). Psychology's subject: A commentary on the relativism/realism debate. In I. Parker (Ed.), *Social constructionism, discourse and realism* (pp133-145). London: Sage.
- Gergen, K.J. (2003). Knowledge as socially constructed. In M. Gergen & K. J. Gergen (Eds.) *Social construction: A reader*. London: Sage.
- Gergen, K. J. (1994a). Crisis in representation and the emergence of social construction. In K. J. Gergen (Ed.) *Realities and relationships: Soundings in social construction*. Cambridge Massachusetts: Harvard University Press.
- Giorgi, A.P., & Giorgi, B.M. (2003). The descriptive phenomenological method. In P. Camic, J. Rhodes, & L. Yardley (Eds.) *Qualitative research in psychology: Expanding perspectives in methodology and design*. Washington DC: APA.
- Guba, E.G., & Lincoln, Y.S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N.K. Denzin, & Y.S Lincoln, (Eds.) *The sage handbook of qualitative research* (3rd ed.). California: Sage.
- Hequembourg, A., Farrell, M. (1999). Lesbian motherhood. Negotiating marginal mainstream identities. *Gender & Society*, 13, 540-557.
- Laird, J. (1999). Gender and sexuality in lesbian relationships. In J. Laird (Ed.) *Lesbians and lesbian families: Reflections on theory and practice*. New York: Columbia University Press.
- Mendelson, G. (2003). Homosexuality and psychiatric nosology. *Australian and New Zealand Journal of Psychiatry*, 37, 678-683.
- Millbank, J. (2002). *Meet the parents: A review of the research on lesbian and gay families*. Gay and Lesbian Rights Lobby (NSW) Inc.
- Miller, W.L., & Crabtree, B.F. (2004). Depth interviewing. In S. Nagy Hesse-Biber & P. Leavy (Eds.) *Approaches to qualitative research: A reader on theory and practice*. New York: Oxford University Press.
- Muzio, C. (1999). Lesbian co-parenting: On being/being with the invisible (m)other. In J. Laird (Ed.) *Lesbians and lesbian families: Reflections on theory and practice*. New York; Columbia University Press.
- Patterson, C. (1995). Lesbian and gay parenting. A summary of research findings. Retrieved 20 March, 2005, from www.apa.org/pi/parent.html
- Patterson, C. (2001). Families of the lesbian baby boom: Maternal mental health and child adjustment. *Journal of Gay and Lesbian Psychotherapy* 4, 91-107.
- Perlesz, A., & McNair, R. (2004). Lesbian parenting: Insiders' voices. *ANZJFT*, 25, 129-140.
- Perrin, E.C. (2002). Technical report: Coparent or second parent adoption by same-sex parents. *Pediatrics* 109, 341-344.
- Silverman, D. (2005). *Doing qualitative research: A practical handbook* (2nd ed.). London: Sage.
- Smith, J.A. (1999). Semi-structured interviewing and qualitative analysis. In J.A. Smith, R. Harre, & L. Van Langenhove (Eds.) *Rethinking methods in psychology*. London: Sage.
- Sullivan, M. (2004). *The family of woman: lesbian mothers, their children and the undoing of gender*. Berkeley: University of California Press.
- Thomson, J. (2002.) *Mommie queerest: Contemporary rhetorics of lesbian maternal identity*. Amherst & Boston: University of Massachusetts Press.
- Vanfraussen, K., Ponjaert-Kristoffersen, I., Brewaeys, A., (2003). Family functioning lesbian families created by donor insemination. *American Journal of Orthopsychiatry*, 73, 78-85.



"RISKING THE KIDS" VERSUS "DOUBLE THE LOVE": COUPLE-COUNSELLORS IN CONVERSATION ON LGB PARENTING

MARGARET EVANS AND MEG BARKER

Abstract

The literature on lesbian, gay and bisexual (LGB) affirmative psychotherapy suggests that heterosexist and homophobic discourses persist in the accounts of counsellors and therapists (Milton, Coyle & Legg, 2005) and that these may particularly cohere around the issue of same-sex parenting (Moon, 1994; Phillips, et al., 2000). The current research demonstrates that this was the case in focus group discussions with counsellors working for a UK relationship therapy organisation. Many participants drew on discourses of same-sex parenting as 'risky', reproducing arguments about the 'danger' of potential prejudice that such children may face and the 'necessity' of differently gendered role models (Clarke & Kitzinger, 2005). However, these were sometimes challenged within the discussions, particularly with the offering of an alternative discourse of children of same-sex parents experiencing 'double the love'. The potential of such discussions to resist heterosexist discourses is considered as a possible direction for counsellors' on-going professional development training.

Introduction

The literature on 'gay affirmative therapy' demonstrates that some psychotherapists and counsellors fail to offer their lesbian and gay (LG) clients¹ the conditions for an accepting therapeutic relationship (e.g. Davies 1996). Milton and Coyle (1999) found many inaccurate assumptions about LG people amongst the therapists they interviewed. Moon (1994) reported that only half of the heterosexual female counsellors she interviewed felt able to help lesbian clients own a positive identity. Furthermore, none had received training in LGB issues, even though all counsellors stressed the importance of exploring their own attitudes before counselling LGB people. This lack of appropriate training has been reported across

various training courses and therapeutic approaches in the UK (e.g., Iantaffi, 2006).

Ritter and Terndrup (2002) locate their handbook of affirmative psychotherapy in the context of the prevalence of cultural heterosexism (the assumption that "heterosexuality is superior to, or more natural or healthy than, other sexualities" [Davies, 1996, p.24]). Such heterosexism can clearly be seen in wider debates around 'same-sex' parenting². Victoria Clarke and others have extensively studied the ways in which people talk about same-sex parenting in research discussions (e.g., Clarke, 2005) and on television talk-shows and documentaries (e.g. Clarke & Kitzinger, 2005). The notion that children are likely to experience homophobic bullying is most frequently deployed to attack same-sex parents (Clarke, Kitzinger & Potter, 2004; Ellis, 2001). Alongside this is the construction of same-sex parents as deficient, utilising the argument that both male and female role models are necessary, and that children of same-sex parents are 'missing out' and risk experiencing 'confusion' about their own gender and sexuality (Clarke & Kitzinger, 2005; Benkov, 1995; Stacey & Biblartz, 2001).

In the 1970s and 1980s such arguments were regularly used in court cases to deny custody to parents in same-sex relationships (Clarke & Kitzinger, 2005). In 1976, Rhodes Boyson MP voiced the dominant discourse of the time when he said that "children have a right to be born into a natural family with a mother and a father. Anything less will cause lifelong deprivation of the most acute kind" (cited in Golombok et al., 1983, p.562).

In recent years there have been considerable political and legal shifts regarding same-sex couples and parents. In the UK these took the form of the Adoption and Children Act (2002),

¹ Much of the cited research spoke only about lesbian or gay people, therefore sometimes the acronym LG (lesbian and gay) is used and sometimes LGB (lesbian, gay and bisexual). Unfortunately it was beyond the scope of the current research to consider broader trans and queer issues.

² The phrase 'same-sex' parenting is used throughout this paper to refer to LGB couples of the 'same' sex who parent children. Again, we recognise the problems with the concept of 'same' sexes (situated as it is in a binary understanding of sex/gender) and the fact that we fail, here, to consider gender-queer or trans parents or those who parent in setups other than monogamous couples. See Riggs (2006) for a detailed consideration of some of these issues.

which enabled same-sex couples to adopt and foster children, and the Civil Partnership legislation (2005), which offered legal recognition of same-sex relationships. However, until recently, the UK Human Fertilisation and Embryology (HFE) Act (1990) required that clinics take account of the 'need' of children for a father (see Clark, 2006). The British Government in 'Supporting Families' (Home Office, 1998) still describes marriage between two opposite sex people as providing the best environment for children. Very recently, the Roman Catholic Church in Britain demanded 'freedom of conscience' from the Equality of Services Act regarding sexual orientation (2007) to exclude their adoption agencies from offering gay and lesbian people the right to be considered as adoptive parents.³

Psychological research on the children of same-sex couples has played a vital role in the challenging of problematising discourses. Researchers such as Susan Golombok and Fiona Tasker provided evidence that was used successfully to challenge pathological views in custody cases, and their research supports the claim that children brought up in lesbian families are as well adjusted as those brought up in heterosexual families (e.g. Golombok, 1999; Kershaw, 2000; Patterson, 1992) and do not show 'atypical gender development' (Tasker & Golombok, 1997). More recently the perception that such children will inevitably be rejected by peers has also been challenged (Tasker & Golombok, 1997; Patterson, 1992).⁴

However, as Kitzinger and Coyle (1995) and many others have pointed out, arguing for the rights of LGB people on the grounds of their similarity to heterosexual people is problematic: it has the potential to reinforce heterosexism by forcing LGB lives into heterosexual patterns and erasing and problematising those aspects of LGB life that do not conform to these. Stacey and Biblarz (2001) relate this specifically to research on same-sex parenting, challenging the "defensive conceptual framework" involved in arguing that the children of same-sex parents have the same developmental outcomes as those of heterosexual parents (p.159). They identify several beneficial differences for children brought up in single gender households

including suggesting that LGB parents can produce more egalitarian role models and presenting research that their children demonstrate a broader understanding and acceptance of the wide variety of gender and sexual practices in society.

Clarke (2006) similarly presents alternative available discourses on lesbian parenting regarding 'male role-models'. Liberal discourses tend to emphasise lesbian parents making efforts to provide such role-models in the form of family and friends, implicitly accepting the premise that such role-models are necessary. Clarke presents the emergence of a more critical discourse which questions the assumption that 'both gender' role-models are necessary and celebrates the value of lesbians and gay men as "non-traditional role models" (p. 32) who might provide alternative gender possibilities for children. However, Clarke recognises that liberal discourses may be deployed strategically. For example, Hicks (2000) found that lesbians who were most conforming to heterosexual lifestyle patterns were privileged by those assessing potential foster and adoptive parents.

Turning once again to the arena of counselling and psychotherapy, few people have specifically researched discourses around same-sex parenting within such groups. However, some general research on therapy with LGB clients has touched on this issue. Milton and Coyle (1999) found examples of child and family specialist therapists assuming that LG issues and training were not relevant to them, suggesting that it was not even considered that LG and parent identities could overlap. Phillips et al (2001) found that psychotherapists "lacked awareness that many gay people have children and the support of extended families and that many heterosexual people do not" (p. 83). Galgut (1998) found that a larger proportion of older counsellors and therapists, and those with a religious belief, did not support adoption or the use of artificial insemination by lesbians.

Hicks (2006) suggests that the issue of lesbian and gay parenting "still has many 'empty spaces,' that is, questions that must be raised, researched, debated" (p. 86). The current study, then, is an attempt to go some way towards filling one 'empty space' by exploring the discourses drawn on by relationship counsellors when discussing the issue of same-sex parenting. It was clear from discussions that this was, indeed, a major area of contention where

³ See Millbank (2003) for an overview of the political and legal situation in Australia.

⁴ See Kershaw (2000) for a thorough review on the research on effects on children of living in a lesbian household.

previous and valued discourses of 'equality' sometimes broke down.

The Study

A total of 27 relationship counsellors took part in six focus groups. Only 3 participants were men, 2 of them in the same group. Each group had two sessions, each of which ran for an hour.

The participants were self-selected, representing just over a third of the workforce of each of three regional centres of a UK relationship counselling organisation. They all worked on a sessional basis with self-presenting clients who had relationship difficulties and who contributed to the costs of their counselling.

Counsellors for this organisation are not involved in gate-keeping for adoption agencies or working with the UK courts or health services. However, their ways of working with LGB clients (including those planning, and already with, children) were considered important because the organisation is open to those in LGB, as well as heterosexual, relationships and also to LGB counsellors.

The focus group discussion sessions were audio-taped and transcribed by the first author to encourage 'immersion' in the data (Jefferson, 1984; McLeod, 2001). The names of participants were changed and the organisation anonymised to protect individuals.

The transcripts were analysed by the first author using discourse analysis (Parker, 1999; Potter & Wetherell, 1987) to examine the counsellors' responses. Discourse analysis asserts that we construct our realities, our "versions of the world" (Hepburn, 2003, p. 176), through our choice of language and words in everyday talk, in order to achieve something in our interactions. The researchers' detailed reading of and thoughtfulness about the data can reveal many different layers of meaning and linguistic devices used to structure arguments or descriptions. Commonly-held discourses in society are drawn upon by groups and individuals through talk at different times to serve different purposes.

The research question "What do you think about lesbian and gay people having children?" was one of several LGB issues posed in the focus groups. However, as previously mentioned, it was one where discourses of 'equality'

particularly seemed to break down, and also where there were interesting attempts made to resist, as well as reinforce, heterosexist discourses. The first author found herself, as moderator of the groups, also participating in the discussion from time to time, often to challenge or to comment on what was being said. She attempted to reflect on and analyse her own interventions where this occurred, using a reflexive approach as advocated by Etherington (2004).

Analysis

The analysis is structured into three sections. First, constructions of same-sex parenting as deficient are considered under the heading 'Risking the Kids'. More affirmative discourses are then presented under the heading of 'Double the Love' (both of these being phrases used by participants in the discussions). Finally, the way in which dialogue within the discussions sometimes resulted in the challenging of certain discourses and the offering of alternatives is presented, drawing together the previous two strands in relation to the specific issues of IVF and donors for same-sex parents.

'Risking the Kids'

The first quote, from Diane, exemplifies the dominant cultural discourse introduced above: that 'role-models' from both genders are necessary in child-rearing:

Diane: I guess there are many people who would say um they're not going to be able to give a proper role model of man and woman.

Here Diane uses the externalising device of 'what many people out there think', rather than 'owning' the statement about gender role models, as she may be concerned that such opinions will not be approved of by the group. The hesitation "um" suggests that she is pausing before giving what could be labelled by the others as a prejudiced view. The externalising device also serves to provide consensus and corroboration for her statement (Wooffitt, 1992).

By the use of the word "proper", Diane draws on the discourse of 'correct' parenting roles which are presumably to be understood as being biologically determined, fixed according to gender, and inviolate. This same dominant cultural discourse was expressed in two of the

other groups. Here Diane does not consider an alternative discourse, which would suggest that there is more than one way to be a man or a woman and that this may in fact be socially and culturally determined (Weeks, 2003; Kitzinger, 1987).

Viv also draws on a similar concern that same-sex parents may leave their children confused about "gender issues":

Viv: I suppose my issues are a little bit about the children and how do they understand gender issues. (pause then continuing) How do they? What do they think, erm what do they think would be right for them?

Viv expresses reservations about what the children might think would be *right* for them. This is put across as two questions to the group, one after the other: "how do they?" "what do they think?" to engage the listeners in considering the implications of what might be "right" (meaning 'correct') for such children. It is, however, difficult to discern what Viv is referring to in her use of the word "right". It may be that she is suggesting that there is a 'right' or 'correct' way of being male/female. Or it may be that she is suggesting that to be 'right' is to be heterosexual, rather than lesbian, gay or bisexual. There is also a footing shift here as she moves from her own view to the children's view – "how do *they*?" What were initially her own view of parenting gender issues are then transferred and become the child's issues.

Elsewhere in the discussions, participants were invited to discuss a list of common beliefs regarding gay people. In the following example the discourse of concern over potential discrimination from children's peers came up:

M.E: (reading from a list) Gay people should not have children? There's a feeling we agreed with that to some extent, or you did Leila?

Leila: Yes I do wonder what the children would have to go through.

Viv: I don't see why gay people couldn't be very good parents.

Leila: I think they could be excellent parents. Excellent. Viv: Yes. It is the children I think I worry about.

M.E: And you would worry as much about children of disabled couples, mixed race couples?

Viv: I think they are going to come across prejudice just in the same way.

M.E: So therefore they should not have children?

Viv: No I didn't say that. It's where I've got a problem.

Here Leila's first word is "yes" and she appears to be agreeing that gay people should not have children. Such children are seen as having to "go through" something, suggesting an 'ordeal' which implies endurance, patience, courage, and hard work. Following this, the emphasis on "*excellent* parents" is surprising. This example of extreme case formulation (Pomerantz, 1986) could be deployed to protect Leila against being perceived as prejudiced by others in her group, rather like the common stake inoculation 'I'm not homophobic, but...' (Gough & Edwards, 1998).

The listener is left wondering how an "excellent" parent is defined, or indeed would be recognised. As Winnicott (1964) – a theorist who is drawn upon later in the discussions – argued, parents only need to be "good enough". Leila's concern for the children seems strange because, if the parents were "excellent", the children would presumably be enabled to deal with any prejudice they may face.

Viv describes herself as "worrying", which is perhaps intended to demonstrate to the listeners that she is 'caring' and concerned about the children, but when challenged she recognises her inconsistency in discriminating against gay people, but not disabled or mixed-race couples. However, as Clarke (2005) points out, the equation of same-sex parents with disabled ones is not an unproblematic one.

'Double the Love'

In answer to the question about lesbian and gay parenting, Carol responded:

Carol: They are flesh and blood like we are. They have the same feelings, they have the same aspirations in life, I mean. Why should we say that just because their sexuality is on a different spectrum to ours that they shouldn't have children?

Here Carol constructs her position as the obvious way that anybody would think and feel about this topic. Although she uses 'them and us' terms, Carol draws upon an inclusive

discourse about the common humanity of everybody including LGB people. She uses a questioning device in a baffled sort of way - why anyone should question this right to have children - to construct and invite consensus and corroboration. She is appealing to the other participants' 'common-sense' to construct her comments as factual and legitimate and present her view as one shared by everybody (Wooffitt, 1992). However, with her use of the words "we" and "they" and "ours", Carol also draws on the heterosexist societal discourse assuming that everyone in the group is heterosexual. The rights of same-sex couples to parent are also situated in their ability to be similar to heterosexual people (Stacey & Biblarz, 2001).

Carol then goes on to challenge the previously discussed perception that children need differently gendered parents as role models, presenting an alternative discourse of multiple role-models:

Carol: Well children have role models throughout their life. They have male or female teachers, they have male or female friends and friends of friends and there are lone parents aren't there, so there are parents who bring up children on their own and there are grandparents to model on. Often fathers who are away for a long period of time you know, they are working on oilrigs and things, they are not always at home so you will have to use the role models that are around in society.

Here Carol draws on the wider discourse that both gender role models are indeed necessary for adequate parenting (Clarke, 2004) and that it is a social requirement that same-sex parents are expected to provide a 'virtual heterosexuality' (Hicks, 2006, p. 89) and to ensure that their children acquire traditional gender roles through contact with male and female figures. Carol's mention of single parent families and families where one parent works away from the home seems to open up the potential for homes where there are not both male and female genders present. However, there is still the assumption that children need both gender role-models somewhere in their lives.

Josie, in a different discussion, drew upon an alternative discourse that recognises that the skills of nurturing children may appear in someone of either sex:

Josie: It's the loving skills, it's the parenting skills, it's the nurturing skills, the enabling skills,

the affirming skills, that can be in men as well as in women.

There were murmurs of agreement from the group following this dramatic repetition of the word "skills" to present a strongly affirmative viewpoint. A similar point was made by Leila, below, when she compared 'good' same-sex parents to 'bad' heterosexual parents (those who are abusive or in violent relationships). In the above example "skilled parenting" is detached from the gender of the parent. Below it is detached from their sexuality. Same-sex parents may be skilled and opposite-sex ones may not be.

Leila: I think once they got older I think they would probably value them for being the parents that they were, (Viv – yes) but in that transition from, thinking about my own kids, they had to be the same as everyone else's but that may be short-lived and maybe that's not a good enough reason to say that, to deprive them of having children and deprive the children of having really good loving parents, probably much better than heterosexuals who row and fight and there's abuse and that.

Here Leila also suggests that same-sex parents may be preferable (or not preferable) at certain stages of development, reiterating the discourse of concern about peer-bullying, but limiting that only to a certain period of a child's life. Here she draws upon her own 'expertise' as a parent to demonstrate that the period where children "had to be the same as everyone else" is short-lived.

Some participants recognised that society makes parenting difficult for same-sex couples, rather than the couples themselves being problematic. Colin responds that it is society "out there" that has the problems:

Colin: Yes. I think there's a few doors to be knocked down. I mean I do take that point that you know you can have same-sex couples in a very committed relationship and you know any kids of that, you know, might get double the love you know,

Maureen: That's true!

Colin: (continuing) as opposed to a whole load of sort of people who we see through our doors being bloody miserable and kids ignored and goodness knows what else. So you know, I know what choice I would make, but it must be hard because you are sort of knocking down sort of doors and prejudices there. I am sure that they are still there.

Again, the construction of 'good' same-sex parents versus 'bad' heterosexual parents is deployed here. However there are also elements of Hicks' (2000) good/bad same-sex parent discourses where 'good' same-sex parents are presented as being in "committed relationships" (a common heterosexual ideal, Barker & Ritchie, forthcoming 2007). There is no recognition that the open relationship structures common within LGB communities (Blumstein & Schwartz, 1983) may provide an alternative framework for parenting (see Pallotta-Chiarolli, 2006).

"Risking the Kids" Versus "Double the Love"

In this final section, the ways in which dominant discourses are presented and challenged is examined in relation to one particular discussion of the use of in vitro fertilisation and donors in same-sex parenting. This provides a particularly good example of homophobic and heterosexist discourses being resisted within dialogue between participants.

Reservations regarding IVF were expressed strongly by Maureen:

Maureen: I'm not sure. I'm confused about that erm because I think that there's so much going on in our society in terms of in vitro fertilisation and erm insemination by donor and now it's beginning to be understood that children do have difficulties if they have been born through erm

M.E: IVF.

Maureen: (continuing) Yes, and so I'm not sure about what would happen to the children erm living in erm a gay or lesbian homosexual - I'm struggling with the language as well aren't I? - relationship and for me I don't think we can take risks with the children.

Maureen uses generic vagueness' as a stake inoculation device - "I'm not sure" - and pauses before presenting the view that same-sex parenting puts children at "risk". She alleges that all IVF children have difficulties, but there is an additional but unspecified risk if the children have same-sex parents. Her hesitation over the appropriate language to use suggests a lack of prior exposure to LGB affirmative discourses. Maureen goes on to add:

Maureen: I'm not sure about erm (pause) gay and lesbian people choosing to have babies through a donor, because I think that's more about their need than it is about the child's

need. And I think we have to be very careful about what happens with children.

The use of the word "choosing" is key here because it presents gay and lesbian parenting as a choice, whereas heterosexual parenting is often presented as a 'natural' part of a human life or as a human 'need' (e.g. in commonly accepted developmental psychology perspectives, Barker, 2007). The suspicion that something (the listener might speculate a life-threatening event) might 'happen' to the children emphasises risk and danger again.

Sheila challenges the construction of same-sex parenting as a 'choice', rather than a 'need', in her response to Maureen:

Sheila: Turning it up-side down, don't the parents-to-be, have needs and if those needs can be fulfilled, can they be considered quite deeply?

Maureen: I'm sympathetic to their needs erm, but I think the rights of the children have to come first.

Maureen expresses sympathy to the parents but extends the discourse to include a child's perceived 'rights'. Sheila goes on to push Maureen on whether it is same-sex parenting particularly that she sees as problematic:

Sheila: It's not that they're the same-sex carers - that's not an issue?

Maureen: I don't know whether it is or not frankly, because I don't know whether it is for the child or not. I don't know whether a child needs (pause) erm a mother and a father ideally. I mean lots of children don't have that and there's nothing we can do about it, but I think it's a definite erm decision for lesbian women for example, to choose to have a baby and I don't know that I'm in favour of that and [raising her voice] I don't know generally whether I'm in favour of it and I know it causes a lot of distress to erm couples, erm heterosexual couples who can't have babies, but I don't know whether erm our approach to it now is the right one.

Maureen pauses and uses "I don't know" as an uncertainty token (Potter, 1987) several times in her answer. This hesitancy seems designed to present her as not-prejudicial, as does her repeated mention of that she is also concerned about IVF use by heterosexual couples. However it is clear that it is the "choices" of same-sex parents that are constructed as particularly problematic as Maureen draws on the common discourse of children "needing a mother and a

father". She later brings in an authority figure to establish legitimacy, stating that she is drawing on Winnicott's (1964) theories in this contention. Sheila then asks if adoption would be acceptable for same-sex parents. Maureen responds:

Maureen: I think that would be fine actually. Yeah yeah. I think I'd be quite happy with that. But I don't feel there is a sufficient body of knowledge, I mean it's only if it happens we can get that body of knowledge, but I still don't think there is a sufficient body of knowledge for us to know what the outcome is going to be, cos children don't particularly like to be different either, do they?

The need for expert evidence and the problematising of 'difference' (implicitly referencing the discourse of peer discrimination) are deployed together here to suggest that adoption also should not be made automatically available to same-sex parents. It is interesting that Maureen's previous display of lack of knowledge about LGB issues and research (evidenced by her confusion over appropriate terminology) is replaced here by a clear expert position that there is not a sufficient "body of knowledge" on LGB parenting. Such deployment of 'scientific rhetoric' in debates on same-sex parenting was also found in Clarke's (2001) research.

The following kinds of phrases were frequently used by Maureen and Viv in their separate groups to explain how they felt when asked to think about the topic of LGB parenting:

"I need to explore that more for me."
 "I don't know but..."
 "It's where I've got a problem"
 "I know its not a particularly popular thing that I've said and I need to explore it a bit more, but that's how I feel about it at the moment."
 "No, no I'm realising that now as I think about it."
 "I'm not sure. I'm confused about that erm..."

It seems, from this, that the challenges being made to the positions they took encouraged them to self-question and potentially offered alternative discourses for them to draw upon when discussing these issues.

Conclusions

The majority of the focus group participants were broadly affirming of same-sex parenting, acknowledging that societal prejudice was the major problem facing same-sex parents and

their children. However it appeared that heterosexist and homophobic societal discourses are still drawn on, particularly by some of the older and more experienced counsellors (supporting Galgut's 1998 findings). It is concerning that these counsellors, a few of whom were supervisors, relied strongly on limited personal experiences of LGB people, or on pathologising psychodynamic discourses (Milton, Coyle & Legg, 2005) to inform their discussion.

The dominant discriminatory discourses highlighted by Clarke (2001; 2005; 2006) and others were found across all the discussions: the discourse of the need for both gender role models and the discourse of concern about children's discrimination at the hands of their peers. However, these were challenged by liberal discourses that children of same-sex couples have other role-models in their lives from both genders, and by more critical discourses that presented 'parenting skills' as not being tied to gender or sexuality, and proposed that children of same-sex couples may experience 'double the love'.

It was evident that none of the participants in any of the groups were aware of research spanning the last twenty-five years on same-sex parenting and its outcomes (e.g., Golombok, Spencer et al., 1983; Golombok & Tasker, 1996, 1997; Stacey & Biblarz, 2001). Although 'scientific rhetoric' was employed (Clarke, 2001), this was to advocate caution about same-sex parenting rather than to support it. It is therefore important that future training incorporates this research and makes it available to counsellors and therapists. Ritter and Terndrup's (2002) handbook of affirmative therapy includes a detailed chapter on therapy with 'families with a gay, lesbian or bisexual parent' which may be useful, as may the American Psychological Association (2000) guidelines which also mention parenting.

Discourses of 'parenting rights', what is 'best for the children' and 'good' versus 'bad' parenting were employed across both discriminatory and affirmative accounts of same-sex parenting to support the positions being offered. Even in affirmative accounts, heteronormative assumptions were perpetuated that 'good' same-sex parents would be close to heterosexual ideals (Stacey & Biblarz, 2001), particularly in relation to monogamous commitment. It is clear that training in this area needs to cover the

diversity of LGB lives and communities rather than simply presenting a normalised version of these.

The organisation whose members took part in this research continue to develop their counsellor training on issues of practice with LGB clients. Given the present study it seems particularly important to direct older counsellors to ongoing professional development in this area rather than focusing purely on those new to counselling.

It should be recognised that participants in the research were only a proportion of the counsellors operational (in 2003-2004) and it must be acknowledged that others in the organisation may have spoken differently. Further research could usefully examine the organisational literature, training material and workshops of such organisations in detail, to explore which discourses are perpetuated and challenged on an institutional level, and how these relate to counsellors' own accounts.

The safety of the focus groups seemed to enable participants to be open with the more discriminatory discourses that they drew on, giving others an opportunity to challenge these and offer more affirmative discourses. Those who acknowledged their own doubts, confusions and prejudices frequently recognised that they needed to change these. All the counsellors asked for more training and expressed that, given the lack of this, they found the focus groups beneficial and wished they could have more time to discuss these issues. We suggest that focus groups themselves can be a useful way forward for LGB awareness training of relationship counsellors, "making the unspeakable not only speakable but also accountable" (Peel, 2002, p. 260).

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References

- American Psychological Association (2000). Guidelines for psychotherapy with lesbian, gay and bisexual clients. Retrieved June 12, 2007, from www.apa.org/pi/lgbc/guidelines.html
- Barker, M. (2007). Heteronormativity and the exclusion of bisexuality in psychology. In V. Clarke & E. Peel (Eds.) *Out In Psychology: Lesbian, gay, bisexual and trans perspectives*. Chichester: Wiley.
- Barker M. & Ritchie A. (Forthcoming, 2007). Hot bi babes and feminist families: Polyamorous women speak out. *Lesbian & Gay Psychology Review*, 8.
- Benkov, L. (1995). Lesbian and gay parents: From margin to center. *Journal of Feminist Family Therapy*, 7, 49-64.
- Blumstein, P. & Schwartz, P. (1983). *American couples: Money-work-sex*. New York: William Morrow & Co.
- Chan, R. W., B. Raboy, et al. (1998). Psychosocial adjustment among children conceived via donor insemination by lesbian and heterosexual mothers. *Child Development*, 69, 443-457.
- Clarke, V. (2000). 'Stereotype, attack and stigmatize those who disagree': Employing scientific rhetoric in debates about lesbian and gay parenting. *Feminism and Psychology*, 10, 152-159.
- Clarke, V. (2001). Having our cake and eating it? *Lesbian and Gay Psychology Review*, 2, 36-42
- Clarke, V. (2005). 'We're all very liberal in our views': Students talk about lesbian and gay parenting. *Lesbian and Gay Psychology Review*, 6, 2-15.
- Clarke, V. (2006). 'Gay men, gay men and more gay men': Traditional, liberal and critical perspectives on male role models in lesbian families. *Lesbian and Gay Psychology Review*, 7, 19-35.
- Clarke, V., Kitzinger, C. & Potter, J. (2004). 'Kids are just cruel anyway': Lesbian and gay parents talk about homophobic bullying. *British Journal of Social Psychology*, 43, 531-550.

- Clarke, V. & Kitzinger, C. (2005). 'We're not living on planet lesbian': Constructions of male role models in debates about lesbian families. *Sexualities*, 8, 137-152.
- Davies, D. (1996). Towards a model of gay affirmative therapy. In D. Davies & C. Neal (Eds.) *Pink therapy: A guide for counsellors and therapists working with lesbian, gay and bisexual clients*. Buckingham: Open University Press.
- Ellis, S.J. (2001). Doing being liberal: implicit prejudice in focus group talk about lesbian and gay human rights issues. *Lesbian and Gay Psychology Review*, 2, 43-49
- Etherington, K. (2004). *Becoming a reflexive researcher: Using our selves in research*. London: Jessica Kingsley Publishers.
- Galgut, C. (1998). *Counsellors and therapists: An investigation of their experience, knowledge and attitudes concerning lesbians*. University of East London. MA Dissertation in Counselling and Psychotherapy.
- Golombok, S. (1999). Lesbian mother families. In A. Bainham, S. Day Sclater & M. Richards (Eds.) *What is a parent? A socio-legal analysis*. Hart Publishing.
- Golombok, S., Spencer, A., et al. (1983). Children in lesbian and single-parent households: Psychosexual and psychiatric appraisal. *Child Psychology and Psychiatry*, 24, 551-72.
- Golombok, S. & Tasker, F. (1996). Do parents influence the sexual orientation of their children? Findings from a longitudinal study of lesbian families. *Developmental Psychology*, 32, 3-11.
- Golombok, S. Tasker, F.L. & Murray, C. (1997). Children raised in fatherless families from infancy: Family Relationships and the socioemotional development of children of lesbian and single heterosexual mothers. *Journal of Child Psychology and Psychiatry*, 38, 783-792.
- Gough, B. & Edwards, G. (1998). The beer talking: Four lads, a carry out and the reproduction of masculinities. *The Sociological Review*, 46, 409-435.
- Hepburn, A. (2003). *An introduction to critical social psychology*. London: Sage.
- Hicks, S. (2000). 'Good lesbian, bad lesbian...': Regulating heterosexuality in fostering and adoption assessments. *Child and Family Social Work*, 5, 157-169.
- Hicks, S. (2006). Empty spaces, new Possibilities. *Lesbian and Gay Psychology Review*, 7, 89-90.
- Home Office (1998). *Supporting families*. Home Office London.
- Iantaffi, A. (2006). Stories lived and stories told about sexual orientation in systemic family therapy training. Presentation at the *Lesbian & Gay Psychology Section conference*, London, December, 2006.
- Jefferson, G. (1984). Transcription notation. In J. Atkinson & J. Heritage (Eds.) *Structures of Social Interaction*. New York: Cambridge University Press.
- Kershaw, S. (2000). Research review: Living in a lesbian household: The effects on children. *Child and Family Social Work*, 5, 365-371
- Kitzinger, C. (1987). *The Social Construction of Lesbianism*. London: Sage.
- Kitzinger, C. and Coyle, A. (1995). Lesbian and gay couples: Speaking of difference. *The Psychologist*, 8, 64-69.
- McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage.
- Millbank, J. (2003). From here to maternity: A review of the research on lesbian and gay families. *Australian Journal of Social Issues*, 38, 541-600.
- Milton, M. & Coyle, A. (1999). Lesbian and gay affirmative psychotherapy: Issues in theory and Practice. *Sex and Marital Therapy: The Journal of the British Association for Sexual and Relationship Therapy*, 14, 43-60
- Milton, M., Coyle, A. & Legg, C. (2005). Counter-transference issues in psychotherapy with lesbian and gay clients. *European Journal of Psychotherapy, Counselling and Health*, 7, 181-198.

- Moon, L. (1994). Counselling with lesbians and gay men. *Changes*, 12, 277-83
- discourse. Hemel Hemstead: Barnes and Noble Books.
- Pallotta-Chiarolli, M. (2006). Polyparents having children, raising children, schooling children. *Lesbian and Gay Psychology Review*, 7, 48-53
- Parker, I. (1999) *Critical textwork: An introduction to varieties of discourse and analysis*. Buckingham: Open University Press.
- Patterson, C. J. (1992). Children of lesbian and gay parents. *Child Development*, 63, 1025-1042.
- Peel, E. (2002). Lesbian and gay awareness training: Challenging homophobia, liberalism and managing stereotypes. In A. Coyle & C. Kitzinger (Eds.) *Lesbian and gay psychology: New perspectives*. BPS Blackwell.
- Phillips, P., A. Bartlett, et al. (2001). Psychotherapists' approaches to gay and lesbian patients/clients: A qualitative study. *British Journal of Medical Psychology*, 74, 73-84.
- Pomerantz, A. M. (1986). Extreme case formulations: A way of legitimising claims. *Human Studies*, 9, 219-229
- Potter J. & Wetherell, M (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage.
- Riggs, D. (Ed.) (2006). Lesbian, gay, polyamorous and queer families. Special Issue of *Lesbian & Gay Psychology Review*, 7(1).
- Ritter, K. & Terndrup, A. I. (2002). *Handbook of affirmative psychotherapy with lesbians and gay men*. New York, NY: The Guildford Press.
- Stacey, J & Biblarz, T. J. (2001). (How) does the sexual orientation of parents matter? *American Sociological Review*, 66, 159-183
- Tasker, F. & Golombok, S. (1997). *Growing up in a lesbian family*. London: Guildford Press.
- Weeks, J. (2003). *Sexuality*. Routledge
- Winnicott, D. (1964). *The child the family and the outside world*. Harmondsworth: Penguin Books.
- Wooffitt, R. (1992). *Telling tales of the unexpected: The organisation of factual*



BABY LOVE: GAY DONOR FATHER NARRATIVES OF INTIMACY

PAUL VAN REYK

"I'm not a test-tube baby, or a tar-baby, I'm a jar-baby". Jay Walker, aged 10 (Walker, 1995, p.61).

There's been an outbreak of love of late in the gay and lesbian communities in Australia. It hit me most delightfully when two gay men and two lesbians announced the birth of their boy in the gay community newspaper, the Sydney Star Observer (11 October 2001). The display advertisement (featuring a cute solarised image of a baby's face) was placed next to advertisements for a funeral home, skin care supplements for men (featuring a cartoon of a naked man with lumberjack boots, peaked leather cap and a small towel placed across his arse) and a photography studio specializing in "acting & modelling portfolios and fine art portraits". Right there, all the promises and contradictions of the phenomena are encapsulated. Two gay men are positioned in the community's media as other than sex addicts, body fascists, male separatists and victims of HIV/AIDS. That alone is call for celebration. But there is a more profound challenge in this announcement, and that is to the heteronormative constructions of gay men, fatherhood and family.

Since the mid 1990s, there has been considerable international interest in, and reportage of, lesbians choosing to have children either as single parents or within lesbian partnerships through donor insemination. This has led to a burgeoning literature speaking to both lesbians and the public. In Australia, two publications were of particular importance – *Mothers and Others* (Borthwick & Bloch, 1993), a legal, medical and psychosocial primer, and *Beyond Blood* (Bradstock & Wakeling, 1995), a collection of writings by lesbians, gay men, and the children of both. In 1993, the Sydney Lesbian and Gay Mardi Gras festival included two photographic exhibitions about lesbian mothers. Over the following ten years, discussions about lesbian parenting have occurred from time to time in lesbian media such as Sydney's *Lesbians on the Loose*, fuelled on occasion by high profile dykecons like the US singer Melissa Etheridge going public about being a mother.

In 2002, the NSW Gay and Lesbian Rights Lobby (GLRL) conducted a review of available research on lesbian and gay parenting from Britain, the USA and Australia through the 1980s and 1990s. This showed that the vast majority of lesbian mothers now having babies are doing so through donor insemination, in contrast to earlier days when most would have had children within heterosexual relationships, as would most gay men (GLRL, 2002). There has been a growing international literature on gay fathers in which the stories of donor fathers are documented and discussed (Barret & Robinson, 2000; Denborough, 2002; Drucker, 1998; Lehr, 1999; Martin, 1993; Strah, 2003; Wells, 2000). There has, however, been little written about gay male donors in Australia. Both of the earlier Australian books referred to above had pieces written by these men. The only other piece was an article I wrote for the Sydney gay newspaper *Capital Q*, subsequently reprinted in *Beyond Blood* (van Reyk 1992, 1995).

What follows draws on my own experiences, as well as on interviews I have conducted with gay male donor fathers/co-parents in Sydney. Let me introduce the interviewees, names disguised to protect their privacy. Greg and John have been together for half a dozen years. They've recently had a child with a lesbian couple, who they were introduced to specifically so the four of them could have a child in a strictly 50:50 co-parenting relationship that's been negotiated through a detailed written agreement. They're already planning how to fit in tuckshop duty. Andrew is a single gay man who has a baby girl born to lesbian mothers in another city. The challenge for him is forming a non-co-parenting relationship that still meets his emotional needs as a father - needs he had no idea of 'till he held his daughter for the first time. David and Gary are a young gay couple who have had a child with a single lesbian. The relationship between the three parents has deepened well past what they had planned, as has the extent of co-parenting between them. Gary, the non-donor male, had misgivings initially, but now almost gets more from the relationship with the child than does David. And then there's Simon, who thought he could remain anonymous from his daughter even while baby-sitting her but couldn't keep it up as their relationship

deepened and he saw more and more of himself in her.

It's Only Words

I now want to consider a range of ways of talking about the relationships of donor dads (of whom I am one, with six children). In 2002, I had a very public coming out as a gay donor father in the major metropolitan daily, the *Sydney Morning Herald*. A day after my story was carried this letter appeared.

A sperm donation and the odd get-together is hardly the stuff of real fatherhood. Glibly using the terms "father" and "parent" to describe Paul van Reyk's role in the lives of the six children he has sired devalues the day-to-day, hands-on involvement, which truly defines fatherhood (Colin Andersen, Lapstone, 4 December, 2002).

Does he have a case against me or not? Who decides who's a father and what is expected of him? If the mothers, the children, all our relatives and friends all treat me as the father of the children, is that enough? How would the Colin Andersens of the world view the roles played by the other men in this article? It *is* only words, and at the same time it is very powerfully not *only words* that get in the way of describing the relationships we men have with our children and their mothers.

Reclaiming language has been a part of all projects for securing the rights of gay men and lesbians. Reclaiming the words gay, poofster, faggot, dyke, lezzo, queen, queer continue to be powerful elements in the construction of the individual gay man and lesbian and in the construction of alternative social positionings more broadly. While reclaiming or reconstructing the term "family" has been part of that agenda, it was probably not until the early 1990s that we began the public push for the recognition of our myriad relationships within "family". Undoubtedly, that lesbians in increasing numbers were having children was a stimulus to this, as was the parallel agenda for recognition of gay and lesbian partnerships and marriages.

Also noted as significant has been gay men's response to the AIDS crisis, where care and support could often not be found in the biological family (Stacey, 2002). In Australia, the issue came to a head in 1994, the International Year of the Family, when the Sydney Lesbian and Gay Mardi Gras adopted the theme "We are family" (Harben, 1995).

Carrington (1999) conducted a study of "family life" with 52 lesbian and gay families. He concluded that the participants used the term in diverse and contradictory ways, from situation to situation. But there was one constant: "In my analysis the crucial element for defining what or who constitutes a family derives from whether the participants engage in a consistent and relatively reciprocal pattern of loving and caring activities and understand themselves to be bound to provide for, and entitled to partake of, the material and emotional needs and/or resources of other family members" (Carrington, 1999, p. 5).

That last observation is the crux of the construction of family that gays and lesbians have pursued through campaigns to have our relationships recognised by the state. It is also at the heart of recent writing about the construction of non-heteronormative family more generally (see, for example, Harben, 1995; Lehr, 2000; Perlstein & Hughson, 2000; Stacey, 2003; Wakeling, 1995). To emphasise this constructionist perspective, some suggest that we think about family no longer as a noun but as a verb – family as an activity, a doing (Stiles, 2002).

More recently, activists and researchers have begun to consider how to term the kinds of relationships gay men are developing to donating and child-rearing. The GLRL drew up a schema for classifying the broad roles gay men are playing in the parenting game for the purposes of discussing legal reform (GLRL, 2002, see Table 1 for more detail).

Table 1: *Roles Gay Men Play in Parenting*

Step-father	Parenting a child who was born to his partner in a previous relationship.
Co-fathers	Non-biological fathers who are co-parenting a child from birth with a male partner who is the biological or adoptive father.
Known donors	Biological fathers through donor insemination who know, but have little involvement with, a child they have helped create.
Donor-dads	Biological fathers who have some involvement, and regular contact, with their children.
Co-parenting	Biological fathers who are very involved with their children, and some sharing of responsibility.

Martin draws a distinction between a donor as someone "who helps in the biological creation of a child but has no parental involvement" and a father who has "an ongoing relationship with the child which involves care and decision-making" (Martin, 1993, p. 80).

These neat distinctions don't play out in donor dads' lives. Our narratives show us moving across these categories at different times, and in some cases inhabiting more than one category at any one time. Invariably, this is a response to the reality of a child. "The majority of difficulties occur because – no matter how much people prepare in advance for the scenario they imagine they wish to live – inevitably the unexpected occurs.... The families we are creating are truly works in progress" (Perlstein & Hughson, 2000, p. 125). The change might come from the donor's shifting emotions, but equally might come as a result of the development of the child. "Men who agree in good faith to be uninvolved sperm donors often find that reality hits them differently ...once the child is three or four or five, and establishes an independent relationship with him, the child's feelings for him may determine a designation of 'father'" (Martin, 1993, p. 86).

Gary had not expected he would ever have children, but his partner David had always planned to have children. When David agreed to be donor to a friend, the original agreement was that there would be no involvement from David and his partner Gary in parenting the child. Gary "had serious reservations about that, both with my lawyer hat on and also my you-are-kidding-yourself-if-you-think-you-can-be-a-donor-and-this-is-not-going-to-lead-to-something-else hat on. David's a sook and adores children." Gary's prediction was right. "We have her every Tuesday and then every third weekend. At first she slept in our bed, sometimes we made a bed up on the floor. And even now she'll get up at seven and come and crawl into our bed". But Gary had no idea how things would change for him, too. For him, there was a long time after the child's birth when "it was sort of my life because it was David's life". But things changed fundamentally for him when the child was 15 months old. "That time we went on a picnic with some friends, when she took a strawberry from her mouth and put it in my mouth and I ate it. I thought 'I'm doing this, and it's disgusting. But I just went – OK, this is real for me too'. Now "She's become my child. On the one hand because she's so important to David, but that's

actually not it really. I have a very different relationship with her. We have a fantastic relationship ... we're sort of sassier with each other and cheekier with each other, more than we would do and she would do with him".

As there is an acknowledged danger in buying into heteronormative definitions of 'the family' as we pursue our partnerships and marriages agenda, so too there is a danger in buying into the available heteropatriarchal definitions of fathers and fathering. Lehr (1999) cautions that positioning oneself as a gay father these days is inescapably done in a discourse on family that is re-asserting the essentiality of fathers in families. She points to US writers such as David Blankenhorn who assert that the solution to "fatherlessness" is integral to the solution of many social problems:

Fatherlessness is the most harmful demographic trend of this generation. It is the leading cause of declining child well-being in our society. It is also the engine driving our most urgent social problems from crime to adolescent pregnancy, to domestic violence against women. (Blankenhorn, as cited in Lehr, 1999, p. 46)

In August 2003, Lee Matthews outed himself as a gay man who is co-father (with his partner) of an eight-month-old boy born to a surrogate mother in the USA. The story was carried in the *Sydney Morning Herald* and included this response from Bill Muehlenberg, spokesperson for the Australian Family Association:

Some people have said it's a form of child abuse to bring a child deliberately into the world without a mother and father. Every child has the rights to its own mother and father, not two dads, not two mothers and not a committee. We wouldn't deliberately bring a child into this world and deliberately lop off its arms and its legs, which is what we are doing with these kinds of arrangements (Farouque, 2003).

Lehr argues that what is being conflated here is the individual as a biological father and the functions of fathering, and that the radical construction of the family would argue that what is needed is the 'doing of fathering', and that this can be done by either a male or a female. But this brings us back to the question posed by Colin Andersen's letter of 'what fathering is'.

Some Kinda Loving

I want to step right out of that deadlock as of now. I began this article by talking about an

outbreak of love, and I have deliberately described this article as 'narratives of intimacy'. In doing so, I take a very conscious stand against those who want to discuss gay men as fathers and parents within a discourse of normalisation – "relationships that closely parallel those created by heterosexual couples" (Barret & Robinson, 2000, p. 6.). I do this to try to avoid embedding the lives of myself and the other donor dads in the mire of heteronormativity. This is the same critique raised by Budgeon and Roseneil (2002) in contextualising their work in a British research project on friendship and non-conventional partnerships. Having looked at a number of reconstructions of family, Budgeon and Roseneil (2002) find them insufficient to understanding "the contemporary and future experience of intimacy and care for two reasons. First, they leave unchanged the heteronormativity of the sociological imaginary; and second, they are not grounded in an adequate analysis of contemporary social change" (p. 4).

Budgeon and Roseneil argue that one area within which to analyse these non-standard intimacies is in the relationships created by gay men and lesbians. "There is considerable evidence from sociological and anthropological research to suggest that friendship, as both a practice and an ethic, is of foundational and particular importance in the lives of lesbians and gay men" (Budgeon & Roseneil, 2002, p. 5). They emphasize the fluidity of lesbian and gay relationships across friendship and sexual boundaries.

Stacey (2002) extends this to relationships of care.

Gay men ... occupy an outpost frontier of what I term the postmodern family condition – the world after the modern nuclear family system eroded where no culturally mandated family pattern prevails and all forms of intimacy contend with instability, reflexivity, cultural conflict, contradiction and experimentation ... (they) face formidable barriers to family formation. They cannot rely on biological, cultural, institutional or legal resources through which kinship historically has been constituted, nor draw upon traditional principles of genealogy or gender. Necessarily, gay men forge their ties in unusually reflexive and experimental modes which expose the pitfalls and promise of conditions with which all contemporary family projects must contend ... the AIDS epidemic subjected gay male sexuality to extraordinary levels of collective scrutiny and debate, and it incited gay men to perform

Sisyphean levels of caretaking outside the default mode family forms ... gay men experience in perhaps its purest forms what Giddens terms the "pure relationship" of modernity – the pursuit of a relationship for the sake of intimacy alone. They confront its inherent contradictions in magnified scale – the incongruous, historically gendered demands of eros and domesticity, passion and commitment, the masculine world of "sexual sport" and the feminine world of "cards and holidays".

The establishment of organisations in Sydney such as the Bobby Goldsmith Foundation, Ankali, the Community Support Network, and the Luncheon Club and Larder, are excellent examples in practice of what is described by Stacey - gay men self-organising to provide emotional and practical care and support to each other outside of kin relationships and outside of sexual relationships. They are, in the words of Budgeon and Roseneil (2000), practices that "de-centre the primary significance that is commonly granted to sexual partnerships and mount a challenge to the privileging of conjugal relationships".

And it is here that my world and the world of Budgeon, Roseneil, Stacey et al collide. The relationships that we gay male donor dads, our children and their mothers (in most instances) are constructing are complex relationships that are equally *not* based on sexual nor conjugal relationships. Instead, they privilege the nurturing relationship to the child as the nexus of the dyads, triads, polyads and other geometries of these brave new worlds of intimacy and care.

Instructions for Making a Gay Man

'But gay guys don't want/like kids, do they? Isn't that one of the advantages to being gay, even one of the reasons they are gay, that somewhere they lost this natural need to reproduce? I mean, it's a little sick when you think about it, what with paedophiles and all.'

That's a story some of us told ourselves.

Years ago I thought children would never play a significant role in my life. I thought gay people had a destiny and a calling that was totally separate and outside the bounds of family and child-raising. I called heterosexuals "breeders", and I couldn't understand lesbians and gay men who wanted to raise children. I didn't dislike children so much as I felt disassociated from them. Children logically belonged to the realm of

heterosexuals, to people who had families. And didn't we have better things to do? (Johnstone, 2000, p. 217).

It was certainly a story we were told:

We live in a society, which pressures heterosexuals to raise children and pressures lesbians and gay men not to raise children (Martin, 1993, p. 16).

In early 2003, legislatures in Europe and Canada moved to recognise same sex marriages. At the same time, activists had been lobbying for that change in all states and territories in Australia, where regulation of marriage falls within the federal jurisdiction. The conservative Prime Minister, John Howard, weighed into public discussion of whether there ought to be such a change in August 2003:

Traditional marriage is one of the bedrock institutions of our society, and I don't want anything to occur that further weakens it. Marriage, as we understand it in our society, is about children, having children, raising them, providing for the survival of the species (as cited in Wade, 2003).

The implication here is plain – gay men and lesbians can (and I think, in the view of some, *must*) only ever have childless relationships.

Like the women who are the subject of the work of Kirkman (2002) on infertility, all of us gay dads have been engaged in "revising the autobiographical narrative" we had lived till we held our child in our arms or tasted our first strawberry from the child's mouth. "Revising implies having to reinterpret the life already lived, the goals and directions of one's life, and, fundamentally, the understanding of who one is" (Kirkman, 2000, p. 67). For some that first narrative has been one of never having children, while for others it always included the possibility of children. The shift we are making is to living in the subjunctive mode, one that "encompasses the multiple prospective plots which are possible when one is still living one's story" (Kirkman, 2000, p. 63). Unlike narratives of infertility, however, the revised narratives for us as donor dads have not been ones of consolation. The revised narratives involve us in relationships with women that we never expected to have. Who would have thought that the new frontline of coalitionism would begin with a gay man nervously jerking off in one room, while a lesbian waits patiently for his sperm in another room?

John hadn't ever felt any family pressure to have children, but says he always loved children. Growing up gay in Adelaide in the late 1980's was an isolating experience: "The only role model I had for being gay was Mr Humphries in *Are you being served?*". When he came out in London in his mid-20s he "mentally said goodbye to being a father and that was really sad for me. It was one of the hardest things about coming out." Greg had always expected that he would have children and coming out didn't change that for him: "I just thought, well all you need to do to have a baby is to put sperm and an egg together, you don't have to have a marriage". They have been partners for 5 years and began talking about having a child right from the start of the relationship. John had to revise his narrative of social infertility "because Greg had never really given up on that chance". They wanted to enter into a 50:50 co-parenting formal contract with a lesbian mother. The woman they were introduced to "took a while to come around to that idea, but she is a very independent woman, with her own creative career that she wants to develop and so she began to see real advantages to shared parenting". Co-parenting 50:50 means "responsibility to take care of the child - so every second week-end, or every second week day - it's not a rigid set-up, it's flexible. Finances - basically 50:50, but if there's a wage disparity then the people earning more money pay a little bit more. That's on the big expenses, not the day to day: when the child's in our home, we feed it, clothe it, do outings and such." They and the mother were open to either of them being the biological father. They flipped a coin, Greg won first toss and was immediately successful. They and the future mother have grown closer over the period of the pregnancy through talking about arrangements for the future. At the time of interviewing them, John and Greg were a few weeks away from becoming fathers.

Andrew had never had much contact with children until recently when heterosexual peers began to have children. Then a good friend with whom he had worked asked him to be a donor. "It never really occurred to me that is was something I might want to do until she asked me and even then it wasn't a real desire for it. I thought she and I would have an interesting kid." When he was first asked she was not in a relationship and had anticipated that Andrew would be involved in parenting, though she lived in another city. Andrew at that time was uncertain that he could play that role,

particularly economically. Four years later, when they began the process, she was in a settled relationship and Andrew was no longer certain about what was expected of him or what he expected of himself. As the woman lived in another city, he had little contact with her during her pregnancy. It was in the hours before the birth that things began to change for him dramatically. As he waited for the call to the hospital, he became more and more anxious and frantic. "I wanted to see him there and then. I don't know why. And when I saw him, I instantly calmed down. I thought he looked like a baby photo of me. I thought he looked really beautiful. I didn't want to leave the hospital." I spoke with him a few weeks after the child was born, when he had returned to Sydney. They had been weeks of confusion for him – should he call to find out how the child was, should he go down and see the child? What did he want from the relationship for the future? "I think what it is with me, is that it's a type of emotion you don't know. You know when you are becoming friends with someone. You know when you are falling in love with someone. You know when you're being hurt in a relationship. I don't know this one. When I saw him last, which was eight days ago, when I was about to leave I very suddenly burst into tears." Andrew has begun living in the subjunctive mode. "I feel that there was something about placing one line there through the rest of my life. I don't feel bad about this, I just feel like I'm going to be more involved than I had ever imagined. I don't know quite how or when or what shape that will take or how it will feel because I don't know these emotions, but there is something very strong there."

Like Andrew, Simon had not narrated a future for him with children, though he had had a lot of contact with his nephews and nieces and enjoyed being with them, a common experience for all of us gay donor dads. "I have had conversations with other gay men who would say that all they wanted to do was have children but it wasn't going to be possible or how would it happen? Really regretting it. I hadn't really thought about the issue of children and being gay – I hadn't thought immediately that precludes me having children. It just hadn't emerged. My creativeness I felt was in my work" (Note the framing of having a child as "creativeness"). When asked by a colleague to be the donor, he saw it as "doing someone a favour". The woman was in a strong relationship, which he felt "was a good one for a

child to be in". The mother wanted the child to know Simon and for him to have contact with her, but not acknowledge him as her father. He had no contact with the mothers during the pregnancy, nor for some time after the child was born. "I was just sort of curious, and I hoped things went well. But I was quite detached about it. There was no sense of a change of reality for me". When he did begin seeing the child, things changed significantly, "when she got beyond being a little baby into a little person she would glue herself to me". Simon began to form an independent relationship with the child. She began to ask him if he was her father. He became increasingly upset at not being able to tell her who he was, and entered therapy. When she turned five, Simon insisted she be told. "She's six now. She's started school and for the first time during each holiday I've been able to spend a day with her and she's started to raise issues with me about my family. We share something in our natures. She claims me and I think that it's important that she's able to do that for her own sake because I think she'll be more at home in her own nature through that". He hopes and works for the time he'll be able to make contact with his daughter without it being mediated by her mothers.

Then there's me. I don't ever recall wanting to have children, feeling like I had to have children, or missing them when I came out as gay. Now, I have six children through donoring, spanning the years 1983 to 2001. The mother of the oldest girl is a close friend I once had a brief heterosexual relationship with, though the child was born well after that; it was a promise we once made to each other. Two boys were born to a lesbian acquaintance in a relationship where her partner had already had three children from a former marriage. Both were consciously political acts, as at that time lesbians did not have access to donor insemination via clinics. A girl was born to a heterosexual couple who are friends, where the husband's sperm count was low and they did not want to pay for the donor insemination. My last child, a boy, was born in 2001 to a single heterosexual friend of mine; her original donor fell through and I offered. Finally, another girl was born to a lesbian couple – another political act – with whom I have had no contact since the successful donation. That girl has a picture of me and my contact details, but to date has not initiated contact. Somewhere between girls two and boy three, I decided I liked being a dad and the politics and the personal were fruitfully resolved.

The children I am in contact with know me as their biological father, and know each other to be kin. The children and their mothers have met each other regularly since birth for their birthdays, my birthday, Father's day, outings with me, and outings together. My roles in each set of relationships are quite different, but I am not significantly financially responsible for any of them, and their major life decisions remain with the mothers.

The mothers of my children and I all agreed early on that we would remain flexible around the levels of intimacy and care I engaged in and that as the children grow they will have the greater say in that. That has meant late night calls asking me to come and have a look at a boy child's problems with peeing; calls to come and sit with a child who is ill and asking for me; having an emergency visit from a child who was bewildered and distressed that I had moved from the house he was familiar with to a house he had not seen; and having my adult daughter live with me at last during her first year of university. The idea of being "dad-on-demand" is kinda nice.

Get Your Laws Off Our Bodies

But all these relationships, and those for dads, mums and children yet to come are fragile, not because there is danger in living subjunctively, revising ourselves into and out of each other's narratives, nor because our children's narratives will also increasingly plait into the golden braid.

Laws covering infertility treatments in all legislatures in Australia at present were framed within a heteronormative assumption that it would be heterosexual women in settled relationships who would seek access to them because they were clinically infertile and that this would be via approved clinics and practitioners. In New South Wales, the law has been interpreted more broadly to give access to single women and some lesbians have accessed donor sperm this way. In 2000, a single heterosexual woman challenged the Victorian Infertility Act on the grounds of discrimination and was successful. The Infertility Treatment Authority of Victoria, in its comment on the ruling, made it clear that the Act was still off limits to lesbians or other women who elect to go the donor route although they are fertile (Infertility Treatment Authority, 2003).

A consequence of the heteronormative framing of these Acts is that donors have no legal responsibility for their child. It is the husband or male de facto partner of the woman accessing the treatment who is recognised at law as the child(ren)'s father for all legal purposes.

Gay and lesbian activists are now advocating for parenting rights in the context of pursuing the wider agenda for the recognition of gay and lesbian relationships. The GLRL (2000), in discussing the legal implications of the positioning of lesbian mothers and gay donor fathers in New South Wales, identified four areas in which the present lack of legal recognition of the non-biological mother, where one exists, and of the donor/male co-parent raises difficulties for all parties, including the children. Those were inheritance, child support, contact and residence, and parental authority in matters like schooling and medical care.

Addressing these will undoubtedly provide at least financial guarantees if not immediate benefits to mothers and children. But there's a downside to that, too. In 2001, a county court in Sweden ordered that a gay male donor to a lesbian couple with whom he was a friend resulting in three children pay child support when the lesbian couple separated. This was despite Swedish law not recognising a sperm donor as the legal parent of his biological children. The Western Australian government has raised the possibility that men who donate sperm allowing single women to give birth could be liable for child support (Butler, 2002). As at mid 2003, gay men who are donors have a range of agreements with the mothers on financial support. For some of the mothers, it's clearly beneficial not to have to acknowledge any financial support from the father. I know of at least one case where a single heterosexual woman with a child by a gay man is very cautious about just who knows that the donor is known to her because she is currently accessing child support. This income would be threatened if the Commonwealth chose to insist that the father, being known, ought to be responsible for some maintenance, a situation neither she nor the gay man wants to occur. There is a risk here that women and men who come together only for the purpose of donor insemination may become financially enmeshed in what will no doubt be waggishly called non-sexually transmitted debt.

Benefits that might accrue to the emotional well-being of the child are more moot. The GLRL (2002), in its review of the literature on gay and lesbian parenting found that, in virtually all families, the lesbian mothers were the 'primary parents', having residence of the child, giving primary care and exercising parental responsibility by making all important decisions about the child (where they lived, school, medical care etc.). It also found that disputes between separating mothers and co-mothers over issues of residence contact and child support appear to be more common than disputes between mothers and donor-dads over contact.

Being legally recognised as a parent brings the father under the jurisdiction of the Family Law Act, and deems the father jointly responsible for the child. This does not automatically determine residence and contact issues. Under the Act, either parent can seek a parenting order, which then sets these things out. However, the Act is also accessible by any one who has an interest in the child's well-being, whether or not he or she is the recognised parent. That is, donors can seek a parenting order under the Act. In January 2002, the national press reported that a gay man in Melbourne was taking action through the Family Court to be granted visiting rights to a two-year-old boy who was born from his donation to a lesbian couple. In April, the Court ruled in his favour. The presiding judge, Justice Guest, commented that laws dealing with children born from artificial insemination failed to recognise the diverse ways people form families these days (Szego & Costs, 2002). Soon after the judgment was handed down, the birth mother killed herself and the child. The decision of the Court reflects the pressures from a growing movement among heterosexual men to assert their perceived rights in relationship to their children. The consequence is a sobering lesson for us all of the risks we run when we contest our alternative models of intimacy through patriarchal structures.

Conclusion: Blows Against the Empire

I have argued that gay men and lesbians have always been engaged in exploring alternative modes of intimacy because heteronormative and heteropatriarchal modes of relationship cannot meet our emotional needs. Since the early 1970's we have been engaged in pursuing a civil and human rights agenda to have these modes legalised, and so obtain for them the protection

of the state and the benefits for them conferred by the state on heteronormative relationships. Until recently, our focus has been on our partnerships, and we have secured significant ground in Australia in this area. It is to our credit that we have done this, by and large, while successfully negotiating the balance between protection and control.

As more gay men and lesbians enter into complex child bearing and child rearing relationships, we move into territory that is increasingly more contested and volatile. Our challenges in negotiating this territory, balancing protection and control, are greater. I believe we can meet these challenges if our activism is informed by two tenets. The first is that we deploy the language of intimacy, support and care when describing the relationships we are building, and resist the impulse to deploy the language of conjugality and consanguinity. The second is that we place the child at the centre of the relationship and strive at all times to arrive at decisions that are for the child's benefit, no matter at what cost to ourselves.

Author Note

Born a Sri Lankan Burgher (think a Dutch equivalent of an Anglo-Indian), I've called Sydney home for 40 plus years. Qualified as a social worker in the mid '70s when I really wanted to be a journo. Came out in 1979 as a member of the organising collective for a National Homosexual Conference and never looked back. The next two decades saw me involved as a leftie activist in NSW gay law reform. Began free-lancing for Sydney and national gay community media and continue to do so, and am a frequent harasser of pc-ism in the Sydney gay community via narky letters to the press. Co-edited *Queer City. Gay and lesbian politics in Sydney* (with Craig Johnston, 2001). Take every opportunity to spruik my take on our lives at conferences, seminars, debates. Began having kids in 1984 but have really, truly stopped now. Now also a freelance food writer and caterer. Day job as a policy and programme consultant in the human services.

References

- Barret, R.L., & Robinson, B.E. (2000). *Gay fathers*. San Francisco: Jossey-Bass.

- Borthwick, P., & Bloch, B. (1993). *Mothers and others: An exploration of lesbian parenting in Australia*. Sydney: Jam Jar Publishing.
- Bradstock, M., & Wakeling, L. (Eds.). (1995). *Beyond blood: Writings on the lesbian and gay family*. Sydney: Blackwattle Press.
- Budgeon, S., & Roseneil, S. (2002). *Cultures of intimacy and care beyond "The family": Friendship and sexual/love relationships in the twenty-first century*. Paper presented at International Sociological Association World Congress of Sociology. Brisbane.
- Butler, J. (2002, February 4). Sperm donor payout risk. *West Australian*, p.3.
- Carrington, C (1999). *No place like home: Relationships and family life among lesbians and gay men*. Chicago: Chicago Press.
- Denborough, D. (2002). *Queer counselling and narrative practice*. Adelaide: Dulwich Centre.
- Drucker, J. L. (1998). *Lesbian and gay families speak out: Understanding the joys and challenges of diverse family life*. Cambridge, MA: Perseus Publishing
- Farouque, F. (2003, August 16). Father figures: Gay men go overseas for surrogate babies. *Sydney Morning Herald*, p.3.
- Gay and Lesbian Rights Lobby (2002). *And then ... the brides changed nappies: Lesbian mothers, gay fathers and the legal recognition of our relationships with the children we raise*. Sydney.
- Harben, S. (1995). We are family. In M. Bradstock & L. Wakeling (Eds.) *Beyond blood: Writings on the lesbian and gay family*. Sydney: Blackwattle Press.
- Infertility Treatment Authority (2000, August). *Eligibility to infertility treatment in Victoria: News*. Retrieved August 20, 2003, from <http://www.ita.org.au>
- Johnstone, J. (2000). All in the family. In J. Wells (Ed.) *Home fronts: Controversies in nontraditional parenting*. Los Angeles: Alyson.
- Kirkman, M. (2002). Moving on, living in the subjunctive mode: Revising autobiographical narratives after infertility. *Meridian*, 18, 59-81.
- Lehr, V. (1999). *Queer family values. Debunking the myth of the nuclear family*. Philadelphia: Temple University Press.
- Martin, A. (1993). *The Lesbian and gay parenting handbook: Creating and raising our families*. New York: Harper Collins.
- Perlstein, M., & Hughson, J. (2000). Lesbian, gay and transgender parents creating family together. In J. Wells (Ed.) *Home fronts: Controversies in nontraditional parenting*. LA: Alyson.
- Stacey, J. (2002). *Fellow families: Genres of gay male intimacy and kinship in a global metropolis*. Paper presented at CAVA International Seminar 3, 25-27 January.
- Stiles, S. (2002) Family as a verb. In D. Denborough (Ed.) *Queer counselling and narrative practice*. Adelaide: Dulwich Centre.
- Strah, D. with Margolis, S. (2003). *Gay dads*. New York: Tarcher/Putnam.
- Szego, J., & Costs, G. (2002, April 6-7). Gay sperm donor wins right to child access. *Sydney Morning Herald*, p.5.
- van Reyk, P. (1992, September 11). Donor dads. *Capital Q*, p.4.
- van Reyk, P. (1995). *Donor dads: the sperm givers view*. In M. Bradstock & L. Wakeling (Eds.) *Beyond blood: Writings on the lesbian and gay family*. Sydney: Blackwattle Press.
- Wade, M. (2003, August 6). PM joins opposition to gay marriage as cleric's election stalls. *Sydney Morning Herald*, p.7.
- Walker, J. (1995). Elton John's cousin (or come out, come out, wherever you are). In M. Bradstock & L. Wakeling (Eds.) *Beyond blood: Writings on the lesbian and gay family*. Sydney: Blackwattle Press.
- Wakeling, L. (1995). Beyond blood: The lesbian and gay family. In M. Bradstock & L. Wakeling (Eds.) *Beyond blood: Writings on the lesbian and gay family*. Sydney: Blackwattle Press.
- Wells, J. (Ed.). (2002). *Home fronts: Controversies in nontraditional parenting*. Los Angeles: Alyson Publications.



REFORMING LAW, REPRODUCING DIFFERENCE: DEFINING LEGAL PARENTAGE OF CHILDREN BORN THROUGH ASSISTED REPRODUCTIVE TECHNOLOGY

KATE FOORD

Overview

Since 2002 the Victorian Law Reform Commission (VLRC) has been examining the desirability and feasibility of expanding eligibility criteria for assisted reproductive technology (ART) and adoption in Victoria. This article is a response to the VLRC's interim recommendations on access to ART, as published in *Assisted Reproductive Technology and Adoption: Position Paper Two – Parentage*.¹

This article was written initially in the form of a submission to the inquiry and is reproduced here with the addition of contextualising information (marked by italics) and footnotes. I worked on the inquiry from 2002 until August 2005 when I decided to make a formal submission to the inquiry in opposition to key recommendations proposed in *Position Paper Two*. As a VLRC staff member I was prevented from making a submission, and so I resigned from my position as research and policy officer in order to do so.

In my submission I argued that, if implemented, the Commission's recommendations would continue discrimination against same-sex couples—that they failed to apply equal legal recognition to all people who become parents through assisted reproduction and retained a profound differentiation between heterosexual and same-sex couples against the Commission's stated aim to eradicate such discrimination.

The text following is my critique of the Commission's recommendations in *Position Paper Two*, beginning with a discussion of Interim Recommendation No 1: 'the law should recognise the birth mother's female partner as a parent of the child'. In assessing the options for achieving this recognition, the Commission

nominated five considerations, and below I consider each of these in turn. The Commission noted that, of these five considerations, it was particularly concerned that its "proposed mechanism for achieving legal recognition would have effect under federal law" (VLRC, 2005, p. 18).²

In the context of the interaction between federal and state law, the Commission decided that adoption "should be the mechanism by which the non-birth mother becomes a legal parent of the child, albeit with important modifications" (p. 19). Equality of outcome, it was argued, "could only be achieved through a mechanism that is different to that applied to heterosexual couples" (p. 19).³

The Commission proposed 'deemed adoption' as the means to achieve "equality of outcome". It proposed to allow same-sex partners of women who conceived within the clinic system to be deemed to have adopted the child at the time of the birth of that child, and further recommended that this form of adoption be available *only* to same-sex couples who conceived through the licensed clinic system in Victoria. Deemed adoption, the Commission argued, should *not* apply to women who conceived through self-insemination outside the clinic system (VLRC, 2005, p. 22–23).⁴

¹ Victorian Law Reform Commission, *Assisted Reproductive Technology and Adoption: Position Paper Two—Parentage*, Melbourne: VLRC, 2005. This publication can be accessed electronically from the VLRC's website at www.lawreform.vic.gov.au. All the VLRC's publications are available electronically, or are sent in printed form on request by phoning 03 8619 8619.

² In *Position Paper Two* the Commission did not consider the possibility that recognition may be achieved through Section 69R of the *Family Law Act 1975* (Cth). On the provisions of this section, see Millbank, 2006b, p. 52 and the article by Short in this issue.

³ Legal definitions of parenthood are contained in State and Territory legislation. So too are the legal definitions of parenthood achieved through assisted reproductive technology. People in opposite-sex relationships who have a child through ART in Victoria have their status as parents defined in the *Status of Children Act 1974* (Vic).

⁴ Other states and territories have reviewed their laws with respect to same-sex relationships and related parentage issues. For comprehensive analysis of these changes, see Millbank 2006a and 2006b.

Submission to the VLRC's Reference on Access to Assisted Reproductive Technology and Adoption in Victoria⁵

In attempting to ensure that the law should recognise the birth mother's female partner as a parent of the child, the Commission nominates the following as (the first of its five) central and relevant considerations.

(1) "The importance of ensuring that legal recognition is enduring, comprehensive and operative under federal legislation" (VLRC, 2005, p. 18)

The most effective way of providing *comprehensive* recognition of parenthood is to use all mechanisms that define legal parenthood for heterosexual people to recognise the female partner of a birth mother. The path for comprehensive recognition therefore is to amend all relevant state legislation that deals with the definition of parents who conceive through ART, in particular the *Status of Children Act*. In this way, the law would provide parity for all parents in Victoria who have a child using donor gametes.

The next task in achieving comprehensiveness is to seek a form of recognition that could *also* operate under federal legislation. Such a mechanism, if treated as a primary solution, does not meet the Commission's goal of comprehensiveness: that is, under the Commission's proposals recognition under state law would remain discriminatory and partial. The Commission has not made it clear why the goal of ensuring that the *Child Support (Assessment) Act* and the *Family Law Act* are operative in relation to these children trumps that of parity of recognition under the *Status of Children Act*. The primary goal should be to accord all parents equal status under Victorian law, and then to inquire how those people can be protected in the event of family dispute and breakdown. The Commission's is a narrow and legalistic solution to a major structural problem, that of entrenched discrimination. It foregoes an opportunity to make an intervention in systemic inequality, opting instead for a pragmatic solution which does not meet its own stated

aims. It is not comprehensive. Nor does it meet the goal of 'enduring' recognition: it is too vulnerable to federal intervention and, in a context in which the federal government has shown itself willing to intervene in order to prevent same-sex couples from acquiring parity with heterosexual couples, seems to invite an immediate return to the status quo.

(2) "The need to provide children with legal protection as early in life as possible" (VLRC, 2005, p. 18)

Achieving the earliest possible legal recognition for a child's parents is most effectively met by automatic recognition of parentage under the *Status of Children Act* for same-sex couples who reproduce through assisted reproduction. The child would be afforded the protection of having both their parents fully recognised as parents as early as all other children, and this is the only way in which this can be achieved *for all children conceived through ART*, not just those conceived through the licensed clinic system. As it is, the Commission has enabled early recognition for clinic-conceived children, but not for those conceived outside the clinic system. This cannot be said to be meeting the Commission's stated aim of ensuring "equality of outcome for children" (VLRC, 2005, p. 19).

If one of the Commission's anxieties is that two women may present as a same-sex couple and acquire the status of parents against the claim of a man to the place of father, solutions can be found to that particular and perhaps unlikely scenario. For example, consideration could be given to a relationships register. My general point is that there are all sorts of ways of misrepresenting facts about parentage if people wish to do so, and this is the case for heterosexual as well as homosexual people. Denying same-sex couples parity with heterosexual couples is not the solution to that problem.

(3) "The importance of ensuring that non-biological parents understand and reflect on the responsibilities of legal parenthood" (VLRC, 2005, p. 18)

Where services are provided partly or wholly through government funding and under the auspices of state institutions, it is appropriate that the highest level of protection for all concerned is achieved, and the provision of counselling through licensed clinics is one way of offering this. However, it is another thing

⁵ This article contains the full text of my submission to the VLRC, made on 31 August 2005. Like all submissions unless authors request otherwise, it is a public document that can be made available to interested people through the VLRC.

altogether to attempt to ensure that non-biological parents in general reflect on the responsibilities of parenthood. In fact, the consequences of attempting to enforce such a provision, if applied to all non-biological parents and not just to those in same-sex couples, are unimaginable. It would be wonderful if all parents reflected on the responsibilities of legal or any other type of parenthood, but contemplation cannot be forced on people through legislation.

In order to achieve this dubious aim the Commission has made recommendations that attempt to coerce people to go through the clinic system by denying them a recognition that would be afforded to those who go through the system. I believe this is unconscionable. The Commission *cites no evidence* that same-sex couples do not give adequate thought to the needs of their donor-conceived children. Yet it proceeds with a recommendation which assumes that the only way to ensure that adequate thought is given to legal parentage is to coerce people to go through the licensed clinic system and to punish those who do not. The research actually indicates that same-sex couples give great thought to conceiving children at all, as well as to the fact that children are donor-conceived (Pies, 1990; Gartrell, 1996). In addition, same-sex couples are open with their children about donor conception where heterosexual couples overwhelmingly are not (Golombok, et al 2005). If this is the Commission's reason for this recommendation, it should be revised on the basis of the research findings. If there is no evidence that same-sex couples give less adequate thought than their heterosexual counterparts to the needs of their donor-conceived children, then there should be no discrimination between same-sex parents on the basis of whether they went through the clinic system or not.

This consideration concerns me deeply because it expresses a belief in a fundamental distinction between biological and non-biological parenthood, and between heterosexual and homosexual parenthood. Such distinctions are not supported by the available research (Golombok, et al 2005). In fact, the studies of the decision-making processes of same-sex couples in relation to having children show a considerable degree of reflection and consideration (Crawford, 1987; Pies, 1990; Gartrell, 1996). Likewise, studies of people who have gone through ART, whether homosexual or heterosexual, have found a high degree of

satisfaction with parenthood (Chan et al, 1998) and with partner relationships (Patterson, 1995). These parents do not need, any more than other parents in the general community do, the Commission's help to understand that what they are doing is undertaking a profound responsibility and inaugurating an inalienable relationship. If they fail to grasp the seriousness of this commitment for themselves, it is a human failing of which others are also guilty, and unless the Commission is to recommend counselling for all prospective parents, it must simply remain a human failing. The Commission's earlier rejection of the notion of the application of criteria for parenting ability⁶ seems to have crept back in by stealth in this consideration.

I also think it is placing an inappropriate responsibility on counsellors attached to clinics, who are employed to advise patients and their partners on all aspects of *infertility and its consequences*, including using donor gametes. My understanding is that it is beyond the scope of their job and their qualifications to counsel people to assist them to understand and reflect on the consequences of becoming a legal parent.

A more appropriate strategy might be the recommendation of a public education campaign conducted before the implementation of legislative change, to inform people of the change in their legal status, and to inform the community at large that these changes have occurred.

(4) "The desirability of having a simple process for attributing legal status" (VLRC, 2005, p. 18)

The simplest attribution of legal parental status would be achieved through the automatic recognition offered by the provisions for ART parentage in the *Status of Children Act*. Under the system proposed by the Commission, same-sex parents would have to go through an assessment process before they become legal parents to their children. Not only is this *not* simple, but the Commission has not demonstrated that people will choose to go through this process. A person in a same-sex partnership is likely to weigh up very carefully

⁶ Parenting criteria was discussed in the VLRC's *Consultation Paper* (2003), of which I was co-author with Professor Marcia Neave and Professor Felicity Hampel.

the advantages to herself, her partner and their children of such a process before undergoing it. I consider it unlikely that the advantages would outweigh the disadvantages for many people in this situation. A second-rate symbolic recognition is not something people are likely to find an attractive offering to their children unless the legal protection it affords makes it necessary. In my view, it is possible that this will not be the case, and as a result little will change for many same-sex couples in their legal status as parents.

More importantly, many people seek from the outcomes of this inquiry more than merely a pragmatic and partial solution to the lack of legal recognition of parentage. Recognition under state law that affords to same-sex couples parity with heterosexual couples would not only be a legal fact but also a symbolic statement: that state law no longer contains provisions that discriminate against same-sex couples, either expressly or impliedly. It is only through such law reform that all people can feel themselves to be full and equal citizens.

I believe the Commission has not adequately considered or understood the effects on people *and their children* of the lack of recognition of these types of parents under state law.

(5) "The need to avoid imposing legal obligations on people who have not consented to the procedure which resulted in the birth of the child, or have never wished to be regarded as the legal parent of the child."

The Commission argued that because the obligations of parenthood are substantial, it was important that the mechanism for legal recognition of the birth mother's female partner gave the partner the opportunity to decide whether she would take on those obligations. In justifying this stance, the Commission argued that the position of the birth mother's female partner 'differs from that of a heterosexual partner because she cannot participate biologically in the conception of the child' (VLRC, 2005, p. 18)

Conception within the Clinic System

If a couple, any couple, goes through the licensed clinic system, they sign consent forms and each can be taken to have consented to becoming a legal parent. The capacity to consent in this situation is no different for

members of a heterosexual couple as for a homosexual couple; it is no different for people who are to be biological parents and those who are to be non-biological parents. Why shouldn't all parents who thus consent enjoy an equivalent form of recognition: that is, recognition under the *Status of Children Act*? The Commission has not adequately answered this question.

Conception Outside the Clinic System

If a heterosexual couple undergoes a form of assisted reproduction outside the clinic system, the man who is the partner of a woman is deemed to be the father of the child unless he wishes to contest this. If he wishes to contest it, he can prove he is not the father because he is not biologically related to the child. It is arguable whether this is indeed a just provision, particularly given circumstances in which that man may have believed he was a biological parent of that child and taken the rights and responsibilities of fatherhood. Using biological relation as an opt-out mechanism is a flawed law which does little to preserve the rights of children to relations with significant people in their lives.

If a woman who is the partner of the birth mother does not consent to the procedure by which conception occurs or has never wished to be regarded as a legal parent, she need simply not consent to the inclusion of her name on the birth certificate. If she does agree to inclusion of her name on the birth certificate, she has consented to becoming a legal parent, and is in the same situation as any other non-biologically related legal parent. The only difference is that she cannot opt out on the basis of the later discovery of the lack of that biological relation.

The Commission argues that it is important for the female partner of a woman to have the opportunity to decide whether she will take on the obligations of parenthood. Are these mechanisms by which the conception is consented to and the birth is registered as described above not sufficient opportunity? Why should she be given any more opportunity than any other member of a couple to decline these responsibilities? The reason given: that the obligations of parenthood are substantial. This is a patronising and discriminatory answer to the question. In my view, it in no way trumps the goal of giving parity of recognition to same-sex relationships into which a child is born. Again, the Commission has failed to consider

heterosexual and same-sex relationships on the same terms. It has therefore failed to make the correct analogies: the relevant category of people is couples who undergo ART and conceive children with donor gametes; *distinguishing between same-sex and heterosexual couples who conceive through donor gametes is irrelevant and discriminatory* (emphasis in original).

The Commission argues that the position of the female partner of a birth mother 'differs from that of a heterosexual partner because she cannot participate biologically in the conception of a child' (PP2:18). *It is precisely the biological capacity to reproduce that is absent for couples who use donor gametes, and is therefore the defining characteristic of all such parents* (emphasis in original). Couples to whom this applies are those in which at least one member of the couple does not contribute biologically to the conception of a child. The very analogy that the Commission has declared as impossible is the one that it should be making: that is, that the position of a female partner of a birth mother and a male partner of a birth mother in ART is *identical* where the question arises: how can this person, who did not provide the biological material to enable conception, nevertheless be defined as a parent for legal purposes?

The man in this position becomes a parent by virtue of his relationship to the woman who gives birth and his consent to being included on the birth certificate, not by virtue of his capacity to participate biologically in conception with his partner, a capacity neither he nor a same-sex partner of a birth mother has. In its recommendations, the Commission has therefore continued to insist that heterosexual people who undergo ART should enjoy the privileges of automatic recognition of parenthood through the *Status of Children Act* where same-sex parents should not, based not on actual biological connection but on a *virtual* biological capacity *inherent in their heterosexuality*. It is obvious that any law enacted on the basis of these recommendations will be open to immediate challenge (as discrimination on the basis of sexuality), and the Commission is therefore once again potentially exposing same-sex couples *and their children* to the vulnerability, expense and damage involved in undertaking legal action.

(I would also point out that on the logic of biological participation, the Commission would

need to recommend that a female partner of a birth mother who provided the egg with which that birth mother conceived should be legally recognised as the mother of that child through the *Status of Children Act*).

The Commission's proposal of deemed adoption, it argues, "mirrors, as closely as possible, the process by which the male partner of a woman who gives birth to a child born through the use of donated gametes becomes the legal partner of the child" (VLRC, 2005, p. 20). For the reasons given above, this statement is false: there is no impediment to recognising the female partner of a birth mother and the male partner of a birth mother where conception takes place with donated sperm as in an identical position, and therefore subject to the same process of legal recognition. To do otherwise is to discriminate against the person disadvantaged by the difference in legal recognition.

Birth Registration

The Commission stated that: "It will be necessary for the adoptive parent to provide some sort of evidence to the registry [of Births, Deaths and Marriages] to distinguish her position from someone who has not gone through the clinic system and is therefore not able to benefit from the deemed adoption provisions. A letter from the clinic confirming that the non-birth mother complied with the requirements of the Infertility Treatment Act should be sufficient evidence to enable the registry to register her as a parent of the child" (VLRC 2005, p. 21).

In recommending that a letter from the clinic should be sufficient to satisfy the Registry that the same-sex partner of a birth mother can be registered as a parent, the Commission is once again recommending a practice that discriminates between heterosexual and homosexual couples. A man can nominate himself as the father of a child simply by agreeing to the inclusion of his name on the birth certificate, whether or not that child was conceived through the licensed clinic system, through ART outside the clinic system, through sexual intercourse with his partner, or through an extra-marital relationship which he may or may not know about. If the child was conceived through the licensed clinic system, the man does not need to provide a letter from the clinic to the Registry saying this is the case. Why should

a female partner of a birth mother be required to do this? The Commission has provided no justification. Nor does this *Position Paper* demonstrate that it has sought alternatives which eliminate this discrimination whilst ensuring that the Registry can meet *but not exceed* its statutory obligations.

The Commission's recommendation potentially enshrines in law a discriminatory practice already conducted by the Registry: that is, the recording of information about conceptions that take place through assisted reproduction, *but only where that information pertains to children of same-sex couples*. This practice, again, is open to legal challenge by same-sex couples: an expensive, stressful and discriminatory outcome. If a couple refuses to provide this letter on the grounds that it is a discriminatory requirement, their child's birth may go unregistered until the matter is resolved.⁷ This is an alarmingly big stick to enable the Registry to wield.

Discrimination is merely one concern here. The other concern, which seems absent from the Commission's deliberations, is that of the privacy of the individual whose birth is to be registered. A letter from the clinic remains on file with the Registry, and only letters pertaining to births to same-sex couples are required. The privacy of heterosexual couples and their offspring is preserved; that of children of same-sex couples is not.

The Registry is currently recording, and under the Commission's recommendations will continue to record by way of requiring a letter, the ART births of children to same-sex couples. Information contained in the Registry can be made available to third parties.⁸ Where this exists as a statutory capacity, assurances from Registry staff that such information will not be disclosed inappropriately are not sufficient protection. Heterosexual couples run no such risk of having information regarding the mode of conception of their children disclosed. This is one reason why I believe transferring the functions of the Infertility Treatment Authority (ITA) to the Registry with respect to the donor registers is a mistake:⁹ there is a far greater

degree of privacy and confidentiality accorded to all parties if the ITA retains this function, and until there is no stigma attached to ART in our society, this privacy and confidentiality is necessary. In the protocols the Registry has developed to deal with same-sex couples and their donor-conceived offspring, the Registry shows little understanding of these issues. This is not surprising: they are complex and relatively new issues, which even people working daily in the field of reproductive technology struggle to understand and analyse.

It is important to remember that the Registry does not record information about biological parentage: it may or may not be recording that information when it registers people as parents. A woman registered as a mother may or may not be the biological mother of that child; a man registered as a father may or may not be a biological father¹⁰: the Registry has no way of distinguishing. Were it intent on recording information about biological parentage, the Registry could only do so by requesting that every person who nominates themselves on a birth certificate as a parent also provide DNA evidence of that fact. Heterosexual people require no other proof of parenthood except their willingness to put their names there, regardless of how the child was conceived and who the biological parents are. Why can the same system not pertain for same-sex couples? The Commission has not provided sufficient justification for a differential practice.

Again, the Commission has made a false analogy in its recommendation that women who conceive children outside the clinic system be required to give the name of the donor to the donor registries. The Commission argues that this treats children born as the result of clinic treatment procedures in the same way as children born of privately arranged self-insemination. It does not: it treats all children born to same-sex couples in the same way, that is, differently to those born to heterosexual couples.

Authority should be transferred to the Registry of Births, Deaths and Marriages (VLRC, 2005, p. 43)

¹⁰ Many studies prove that there is no direct correlation between this process and the registration of the biological father on the birth certificate: the most recent study indicates that up to 4% of men who believe themselves to be biological fathers of their children are not (Bellis et al, 2005).

⁷ Registration of a child's birth is a right under the UN *Convention on the Rights of the Child*.

⁸ *Births, Deaths and Marriages Registration Act 1996* (Vic), sections 44–50

⁹ Interim Recommendation 22 states that the donor registers currently held by the Infertility Treatment

The Commission argues that women are under no compulsion to register the name of the donor with the ITA, and that 'this may leave some donor-conceived children without the same right or capacity that others have to access information about their donors.' This assertion is not supported by the facts. Children of same-sex parents are told about their donor-conceived origin because there is no person of the opposite sex to stand in the place of the parent of that sex. It is unlikely that, in that situation, the identity of that person would be withheld if it were known. If the Commission believes this to be likely, what is the evidence upon which this assumption is based? If the Commission is recommending that women be compelled to provide such information to a government body, information that can be accessed by others, the onus is on the Commission to provide compelling reasons for this to be done.

The reason it offers is that this recommendation is consistent with the principle that children have a right to information about their genetic parents. Yes, but this is not an absolute right. Parents of ART children are not compelled to disclose their child's origins to the child, and the Commission is not recommending that they should be; women who conceive children with men other than their husbands or partners are not compelled to tell their children about their genetic origins. The Commission has drawn the line in the wrong place: the decisions with respect to how, when and why information is disclosed to a child should be the parents', whether they are homosexual or heterosexual. That is, the donor registry should be the only place where the existence of a donor for a clinic-conceived child is recorded. All people who conceive outside the clinic system [by whatever means] should be treated in the same way: that is, either all people should be compelled to provide the correct information about a child's biological parenthood or genetic origins, or all people should not. The Commission should not recommend that one category of person in the population, that is, women in same-sex relationships, be forced to divulge that information unless it is requiring that information of all other categories of person.

The Birth Certificate

The Commission is recommending that legal parents of children be included on the birth certificate, and that these parents can include a same-sex couple.

The Commission seems to have given no consideration to the consequences of including mandatory information regarding same-sex parents on a child's birth certificate. A birth certificate is a document produced for many everyday purposes, from applying for a place at a university to applying for a driver's license etc. Consideration should be given to the minimum information that should be included on the birth certificate for these everyday purposes. For example, inclusion of a person's name, date and place of birth may be sufficient for many purposes. More comprehensive information could be included on a birth certificate required for purposes involving security and other issues.

I make a philosophical point here in order to explain why consideration should be given to amending the birth certificate to meet the needs *first and foremost* of children born to same-sex couples. In some situations, in order for discrimination not to occur, there must be a paradigm shift. In this case, the paradigm that must shift is that of the heterosexual model in which a mother and a father are usually recorded on the certificate. This paradigm does not fit the complex situation in which same-sex couples and their children find themselves. Practices should be adjusted to protect people from discrimination, and in this case it involves developing a birth certificate *for the whole Victorian community that is most appropriate for children of same-sex couples*, to enable these children to retain a degree of privacy about their parentage and their conception unless it is important that these facts are revealed. This information is more sensitive for children of same-sex couples, and they should be enabled to pass through the world *with the same degree of ease* accorded to children of heterosexual couples. This can only be achieved by protecting them from discrimination where possible. A certificate with this minimal information could be issued to all children born in Victoria, along with a more comprehensive certificate. All people could then use either certificate to suit the requirements of the situation they find themselves in.

I hope I have given a clear account of my profound reservations about the Commission's recommendations on legal recognition of same-sex parentage. I hope the Commission will revise its recommendations and advise the government to eliminate all forms of discrimination against same-sex couples and their children.

Since the publication of Position Paper Two and as at February 2007, the Commission has published no further policy documents on these issues. I understand that the final report on this issue is to be published in mid-2007.

Author Note

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References

- Bellis, M., Hughes, K., Hughes, S. & Ashton, J.R. (2005). Measuring paternal discrepancy and its public health consequences. *Journal Of Epidemiology And Community Health*, 59, 749-754.
- Chan, R.W., Brooks, R.C., Raboy, B. & Patterson, C.J. (1998). Division of labor among lesbian and heterosexual parents: Associations with children's adjustment. *Journal of Family Psychology*, 12, 402-19.
- Crawford, S. (1987). Lesbian families: Psychosocial stress and the family building process. In Boston Lesbian Psychologies Collective (Eds.) *Lesbian psychologies: Explorations and challenges*. Urbana: University of Illinois Press.
- Gartrell, N., Hamilton, J., Banks, A., Mosbacher, D., Reed, N., Sparks, C.H. & Bishop, H. (1996). The national lesbian family study: 1. Interviews with prospective mothers. *American Journal of Orthopsychiatry*, 66, 272-81.
- Golombok, S., Jadv, V., Lycett, E., Murray, C. & MacCallum, F. (2005). Families created by gamete donation: Follow-up at age two. *Human Reproduction*, 20, 286-93.
- Millbank, J. (2006a). Recognition of lesbian and gay families in Australian law - Part one: Couples. *Federal Law Review*, 34, 1-44.
- Millbank (2006b). Recognition of lesbian and gay families in Australian law - Part two: Children. *Federal Law Review* 34, 205-259.
- Patterson, C. (1995). Families of the lesbian baby boom: Parents' division of labour and children's adjustment. *Developmental Psychology*, 31, 115-23.
- Pies, C. (1987). Considering parenthood: Psychosocial issues for gay men and lesbians choosing alternative fertilization. In F.W. Bozett (Ed.) *Gay and lesbian parents*. New York: Praeger.
- Victorian Law Reform Commission (2003). *Assisted reproductive technology and adoption: Should the current eligibility criteria in Victoria be changed? Consultation paper*. Melbourne: VLRC.
- Victorian Law Reform Commission (2005). *Assisted reproductive technology and adoption: Position paper two – parentage*. Melbourne: VLRC.



SOLEMNISING SAME-SEX UNIONS: WHY THE AUSTRALIAN CAPITAL TERRITORY GOVERNMENT WANTS TO, AND THE AUSTRALIAN FEDERAL GOVERNMENT POINTEDLY DOESN'T

RODNEY CROOME

On February 6th 2007, Federal Attorney-General, Philip Ruddock, declared his opposition to the ACT's proposed Civil Partnerships Bill. If that Bill became law, Ruddock threatened, it would be quashed.

The announcement came only a few months after the Federal Government overrode the ACT's first attempt to formally recognise same-sex unions. In June 2006 the Prime Minister advised the Governor-General (who is the de facto head of state for the ACT) not to sign into law a Civil Union Bill passed by the Territory's Legislative Assembly. The Howard Government objected to the original Bill, it claimed, because that Bill, in its purported similarity and links to marriage, might trespass on federal laws defining the institution as exclusively heterosexual.

The Civil Partnerships Bill was the Stanhope Government's response. Clauses defining civil unions as a type of marriage under ACT law were removed. A registry of celebrants separate from the Commonwealth's was to be established. But to no avail. According to Mr Ruddock, the Bill was "still too similar to marriage" and "likely to undermine the institution of marriage" (AAP, 2007).

Many Australians are puzzled by the stand-off. Why, they ask, is the Federal Government so antagonistic to its ACT counterpart recognising the spousal rights of same-sex partners? For that matter, why is the ACT Government so determined to grant these rights?

As a long-time advocate of gay and lesbian human rights, the second question is easy for me to answer. Gay and lesbian Canberrans have made it clear that de facto legal status is not always enough; that they should have the opportunity to have their relationships formally, legally recognized¹. They want the practical benefits that come with such recognition.

One such benefit is immediate access to spousal rights in areas like employment entitlements, accident compensation and parenting. Another is quick and easy proof of relationship status if that status is challenged in, say, a medical emergency.

These are the same benefits that currently flow to same and mixed sex couples who register their relationships in Tasmania. The Tasmanian relationship registry (*Relationships Act 2003*) was Australia's first formal scheme for formally recognising unmarried relationships. It has been followed by municipal registries in Sydney and Melbourne.

But Canberra's gay men and lesbian women want more than the chance to certify their relationships. They also want the right to solemnise them.

An official ceremony is much more than an excuse for confetti, bouquet and party throwing. It's a way for family, friends and broader society to acknowledge and affirm that the love and commitment between two people has a social as well as personal value. This is particularly important for gay and lesbian couples. For centuries same-sex relationships have been persecuted, criminalized and stigmatised. Official recognition is the fastest acting antidote to this poison.

Many mental health professionals acknowledge the importance of official recognition for same-sex relationships. Some psychological studies point to the many psycho-social stresses caused by discrimination; others note the health benefits of social affirmation and legal equality for all couples; still others have found that the quality of care, commitment and child-rearing in same-sex relationships is at least as positive as that of their heterosexual equivalents (e.g., see Millbank, 2002; McNair, 2004).

¹ The ACT's peak lesbian, gay, bisexual and transgender (LGBT) human rights organisation, Good Process, has conducted several community consultations on the options of relationships recognition, all of which have returned support for a

scheme similar to that put forward by the Territory Government. The ACT Government's own community consultation on this issue also found support in the LGBT community for the laws it subsequently proposed.

Based on evidence such as this, the American Psychological Association (amongst others) has released a statement endorsing equal marriage (APA, 2004). As important as these studies are, I don't need to read them to know what they say is true.

In February I attended the civil union of my former partner, Nick Toonen, in Wellington (like the UK, Canada, South Africa, most western nations, and some South American and Eastern European nations, New Zealand allows same-sex couples to solemnise their partnerships). Because of my close connection to Nick, and the fact this was my first 'gay wedding', I expected to be moved by personal aspects of the ceremony - the presence of family and friends, the partners' vows, the exchange of rings, the speeches. But to my surprise, what had the biggest impact both on me on the other gay guests I spoke to later, was the celebrant's legal declaration: "under the laws of New Zealand I am authorised to join you in civil union".

What for many marrying heterosexual partners is the least important point in a wedding - "the official gumph" as one straight friend once called it - was for us the most compelling. It spoke not only to the love we were there to witness, but the hope of a better world for us all.

Thus I return to my first question: if the right to solemnise one's union is so valuable for individuals and their communities, what's the Federal Government's problem with the ACT Government's law reform initiatives? To adequately answer this question it is important to appreciate the current government's overall policy response to the legal entitlements of same-sex couples.

From its election in 1996 Australia's socially conservative national Coalition Government has resisted extending spousal rights in national law to same-sex couples. This included extending entitlements in everyday financial matters and workplace conditions to same-sex de facto couples, a reform which, in the same period, occurred in most Australian states and in most other western countries².

The Federal Government's consistent rationale for not matching the pace of reform locally and internationally was that any recognition of same-

sex de facto couples would equate these relationships with heterosexual marriage, and in the often-repeated words of Government representatives "demean", "degrade" or "undermine" that institution.

While these terms are frequently deployed, they are very infrequently explained. However, the clear implication is that same-sex relationships conform less to the standards formally set by marriage than their heterosexual equivalents. In other words, they are less loving, less committed, and of less social value.

It was on this basis of their concern about "demeaning", "degrading" and "undermining" marriage that the Federal Government, with the support of the Opposition Labor Party, amended the federal Marriage Act in 2004 to entrench the definition of marriage as exclusively between one man and one woman, and to prohibit recognition by the judiciary of same-sex marriages solemnised overseas³.

On the foundation of these amendments the Government has built a range of policies affecting gay and straight couples alike. It refuses to issue documents Australians require to marry their same-sex partners overseas (Szego, 2006a). It refuses to allow marriage celebrants to allow heterosexual couples wedding in Australia to legally refer to each other as anything but "husband" and "wife" (Szego, 2006b). It has proposed a ban on all adoption by same-sex couples from overseas (Nguyen, 2007).

But ironically, more restrictive policy-making in the areas of marriage and parenting has opened up the possibility of recognising same-sex couples in other areas and in other ways.

Accompanying the 2004 marriage amendments was reform of legislation governing private sector superannuation schemes recognising a wide range of significant personal "interdependent" relationships. These relationships need not be sexual. They could be between older companions, or carers and the people they care for.

² For a summary and review of those areas of federal law in which same-sex couples continue to face discrimination refer to Millbank (2007).

³ The amendments were ostensibly in response to two Australian same-sex couples seeking to have their Canadian same-sex marriages recognised by the Australian Family Court under the country's formally-liberal overseas marriage recognition laws.

At the end of 2005, the Federal Government granted entitlements to service personnel in same-sex unions on the basis of interdependency and is currently considering a similar reform, proposed by Queensland Liberal MP, Warren Entsch, ranging across areas of law like medical benefits, taxation, aged care and social security.

Legally defining same-sex unions as "companionate" rather than "conjugal" clearly makes enfranchising them more palatable to Australia's national law-makers. Against this background it is easy to understand the Federal Government's opposition to the ACT Government's proposals. The latter gives same-sex unions equivalence in Territory law to heterosexual married and de facto couples. It does not enfranchise non-conjugal couples.

Not surprisingly, the issue that has come to embody the Federal Government's antagonism to the rather abstract issue of same-sex conjugality – just as it has come to symbolise the aspiration of same-sex couples for equality – is the solemnisation of same-sex unions through official ceremonies.

Philip Ruddock has admitted one of his core concerns about the ACT Government's proposals is that "a civil union should not involve a formal ceremony" (AAP, 2007a).

Obviously this isn't the only Federal Government objection to the ACT law. Mr Ruddock has also expressed concern about the possibility that people down to the age of 16 might enter into an ACT civil union (in the same way as they can currently enter into a marry under laws administered by Mr Ruddock), and that it might lead to bigamy (AAP, 2007b).

However, the ACT Government has made it clear it is open to negotiation on points such as the civil union age limit. Meanwhile, the Federal Government has stated it would not intervene if the ACT were to adopt a Tasmanian-style relationship registry. Such a registry provides same-sex couples with access to virtually the same rights as the ACT quashed law, including in the area of parenting. But, as mentioned above, the Tasmanian law has no provision for official ceremonies.

Clearly, official ceremonies remain the most politically potent point of contention between the two governments at either end of Canberra's Commonwealth Bridge.

My experience as a lobbyist on gay human rights has convinced me that the Federal Government is as keenly aware as its ACT counterpart is of the power of such official ceremonies to destigmatise same-sex unions. The difference between the two administrations is that the former has no desire to further that destigmatisation. Consistent with its social conservatism, the Federal Government is happy for these same-sex unions to be conducted in private, but refuses to allow them an official public aspect.

Of course, keeping gay and lesbian couples in the closet isn't the only possible conservative policy response. It makes just as much sense to support official recognition as a way of fostering conservative values like fidelity, monogamy and personal responsibility (Rauch, 2003; Sullivan, 1996).

Studies have shown that legal and social equality for same-sex couples also pays direct financial dividends for government and society. Legal equality keeps same-sex partners off government benefits by helping them provide for each other. Meanwhile, the financial insecurity caused by legal discrimination against same-sex couples hinders their capacity to earn, invest and generally create wealth (Croome, 2006).

But as appealing as these arguments should be for practical and moderate conservatives, the Government also has its constituents to think about. Evangelical and socially conservative voters in key marginal regional and outer urban seats would have no qualms about blaming John Howard and voting for Family First, if images of same-sex nuptials on the shores of Lake Burley Griffin were flashed across their television screens.

The same over-emphasis on the views of a small but highly disciplined group of voters has also so far prevented the Federal Labor Opposition proposing any formal recognition of same-sex relationships, although it is committed to giving same-sex couples the same entitlements as heterosexual de facto couples.

So what hope is there for formal, legal recognition of same-sex couples in Australia?

Like many important legal and social reform movements, the formal, official and ceremonial recognition of same-sex couples will gather momentum locally before it is accepted

nationally. The Tasmanian partnership registry has dissolved fears about the legal recognition of same-sex couples. Soon another state government, or perhaps a local city authority, will do the same for the solemnisation of such relationships.

As the history of this issue in other countries has repeatedly shown, once these important steps are taken, it is only a matter of time before full legal equality is achieved. The struggle of the ACT's gays and lesbians for official affirmation of their relationships may be lost, for now. But they can be sure they have sparked a reform movement that prejudice and expediency have no hope of stopping.

Author Note

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References

- AAP. (2007a). Minors could 'wed' under gay marriage plan. *The Australian*, February 7.
- AAP. (2007b). ACT gay marriage plan rejected again. *Sydney Morning Herald*, February 6.
- American Psychological Association. (2004). *Resolution on sexual orientation and marriage*. Retrieved March 7, 2007, from <http://www.apa.org/pi/lgbcc/policy/marriage.pdf>
- Croome, R. (2006). Homocons on traditional values. *Institute for Public Affairs Review*, 58, 16-18.
- Millbank, J. (2002). *Meet the parents: A review of the research on lesbian and gay families*. NSW Gay and Lesbian Rights Lobby. Available: http://www.girl.org.au/pdf/major_reports/meet_the_parents.pdf
- Millbank, J. (2007). *Human Rights and Equal Opportunity Commission discussion paper on same-sex couples entitlements*. Available: http://www.humanrights.gov.au/samesex/docs/Same_Sex_ResearchPaper200609.pdf
- McNair, R. (2004). *Outcomes for children born of A.R.T. in a diverse range of families*. Melbourne: Victorian Law Reform Commission. Available: [http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted_Reproductive_Technology_and_Adoption/\\$file/Outcomes_for_Children_Born_of_ART.pdf](http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Assisted_Reproductive_Technology_and_Adoption/$file/Outcomes_for_Children_Born_of_ART.pdf)
- Nguyen, K. (2007). No recognition of gay couples' foreign adoptions. *The Age*, February 2.
- Rauch, J. (2003). *Gay marriage: Why it is good for gays, good for straights, and good for America*. New York: Times Books.
- Sullivan, A. (1996). *Virtually normal: An argument about homosexuality*. New York: Knopf.
- Szego, J. (2006). Gays hit in overseas nuptials bid. *The Age*, January 14.
- Szego, J. (2006). Husband and wife for future nuptials. *The Age*, January 7.



HETERONORMATIVITY: PSYCHOLOGY'S NEW (OLD) STR8JACKET

SUE KENTLYN

We've all encountered it a million times. The hotel receptionist or sales assistant who immediately adopts the 'opposite-sex' pronoun to talk about your partner. The application forms that ask for gender and offer only two boxes. The recently married couple who are asked when (not if) they're going to 'start a family'. From the moment my daughter found out she was pregnant, it kicked in with a vengeance. Baby clothes were purchased, baby accoutrements accumulated, and the nursery decorated in appropriate styles and colours. (*She* favoured a jungle motif, but *he* said that would be 'too masculine' if it was a girl. They settled on frogs as a central motif, which at least offers *some* hope of future gonochorism. [Policansky, 1982]). A gay couple who participated in my research on domestic labour in same sex households bought a car together; the company's paperwork showed them as 'Mr and Mrs Cameron or David Smith Jones'¹. After her gender reassignment surgery in Thailand and subsequent change to her gender on her birth certificate, a friend's long-standing marriage was deemed 'invalid' by the Federal government; two women cannot be married to each other in Australia. Another friend's mother vomited in front of him when he first told her about his male partner, so revolted was she by the idea of man-on-man sex.

Heteronormativity. An ugly word for an ugly phenomenon. Coined by Michael Warner in 1991, it describes the pervasive but often invisible model of allegedly stable relations between chromosomal sex, performed gender, and sexual desire, which claims heterosexuality as its origin, when it is more properly its effect (Jagose, 1996, p. 3). In a heteronormative society, one of only two genders is assigned to an individual at birth depending on external genitalia. Based on that assignment, a certain range of behaviours and roles are deemed appropriate for that individual, complemented by the choice of sexual partners of the 'other' gender.

¹ These are pseudonyms.

Individuals who do not conform to this model are stigmatised, and come under varying degrees of pressure to correct their deviance from the norm. GLBTIQ² people are often

² A word on terminology. (Warning: this will satisfy no-one, least of all myself).

GLBTIQ: Gay, Lesbian, Bisexual, Trans, Intersex, Qwir.

Gay – a person who identifies as male, and as primarily same-sex attracted.

Lesbian – a person who identifies as female, and as primarily same-sex attracted.

Bisexual – a person who identifies as being both-sex attracted.

Trans – a kind of shorthand term I use to cover persons who identify as transgender, transsexual, transvestite, M2F, F2M, gender variant, genderqueer, gender outlaw, gender-fucked, cross-dresser, gender-dysphoric, butch woman, effeminate man, androgyne, drag queen, people who would prefer to answer to new pronouns or to none at all, and members of non-Western European indigenous cultures who claim such identities as the Native American *berdache* or two-spirit status, Brazilian *travesti*, Indian *hijras*, Polynesian *mahu*, Omani *xanith*, African "female husbands," and Balkan "sworn virgins." This list is neither exhaustive nor fully justifiable. It is important to remember that these terms are highly contested, especially among those who so identify.

Intersex – persons who identify as having sex chromosome configuration, external genitalia or internal reproductive systems that fall outside the norms for 'male' or 'female' bodies. May also be known as hermaphrodites.

Qwir (a variant of 'queer', which I have appropriated for my own purposes from Minning, 2004) – a term *I use* in the context of academic discourse to connote any person who identifies as differing from heteronormative understandings of sexuality and/or gender. I use this variant spelling, much as some feminists have used the variant spelling of *wymmin*, to signify a rupture with the word's original meaning whilst still finding it useful as a descriptor of a segment of the population.

Again, it is important to remember that *all* of these terms are highly contested, and in all but the last, I try to be guided by how individuals choose to identify. For example, I would only refer to both-sex attracted individuals as 'bisexual' if they themselves actually embrace this identity category.

estranged from their family of origin and social networks. In some countries they may be executed, suffer physical violence, institutionalisation, and find their economic opportunities severely curtailed. In all countries, their civil and political rights are circumscribed to some degree, and they are liable to encounter prejudice and discrimination. Nowhere is this more in evidence than in the realm of parenting, families and relationships. The nuclear family is the heteronormative institution *par excellence*, predicated as it is on the sexual relations between one man and one woman producing their genetic offspring - what Warner calls *reprosexuality* - the interweaving of heterosexuality, biological reproduction, cultural reproduction, and personal identity (1991, p. 9). While the private sphere of the home has often been considered the only safe and appropriate place for Qwir² people to express their identity, it is also constructed as the quintessential site of heteronormative ideology and practice (Radford, 2001; Mallett, 2004).

Psychology's history in regard to Qwir individuals has not been a happy one. Most psychosexual theories have been based on the belief that male/female pair-bonding is the developmental norm for adult sexual behaviour, giving rise to various 'treatments' to 'cure' same sex attracted and gender variant individuals. These 'reparative therapies' have included psychoanalytic and behavioural modalities, such as aversion therapy, and have worked in conjunction with medical interventions such as medication, lobotomy, clitoridectomy and castration, sterilisation, and electroshock treatment (Lev 2006). But surely, since 1973 when homosexuality was officially removed from the American Psychiatric Association's Diagnostic

and Statistical Manual (DSM), psychology's understanding and treatment of sexuality and gender issues has become more informed and affirming?

Perlesz and McNair (2004) suggest that, at least in the area of parenting and family in Australia and New Zealand, this is not the case. They reveal the dearth of articles in marital and family therapy journals with any explicit lesbian and gay content, most particularly the *Australian and New Zealand Journal of Family Therapy* itself, and they demonstrate the lack of student training to deal with Qwir families and issues. They find these omissions all the more puzzling because lesbian and gay practitioners are well represented among Australian family therapists, and because of the significant rise in the number of families with Qwir members, as well as in the number of lesbian-parented families. They further document studies revealing homophobic and heterosexist attitudes among psychologists and social workers, as well as biased, inadequate or inappropriate treatment of Qwir clients. They suggest that, in this, family therapists are simply reflecting the heteronormative, heterosexist and homophobic attitudes endemic to Australian society (2004, p. 130).

More than merely addressing the deficits mentioned above, their research represents an attempt to transform the lens through which lesbian-parented families, in particular, are viewed. Rather than using heterosexual family models as a 'benchmark' for 'normality', they attempt to present the lesbian-parented family as a unique, highly diverse, postmodern family structure, with much to teach researchers about the meaning of family and the nature of social change. They foreground the accounts of family members themselves, of how lesbian parents construct their parenting experience, and show how these accounts point to some of the many issues that might arise in everyday therapy practice. They urge therapists to adopt a more grounded and compassionate Qwir-friendly approach in their work, through an increasing awareness of the social and legal issues such families face, and through a deeper understanding of the interface between the private lives of Qwir families and a heteronormative public arena.

I have adopted the term *qwir* as defined above solely for ease of communication, fully cognisant of the fact that the term is repugnant to many I would describe in this way. For this I apologise, and welcome any suggestions of a better way to negotiate the highly contested terrain of terminology.

I have arranged the terms in this order because that is the order in which I have most frequently encountered them, and not to rank them in importance, numbers, or prestige.

What they fail to do, in my opinion, is to urge therapists to consider the impact of heteronormativity on clients who do *not* identify as Qwir. Michael Warner talks about a 'queer' politics that is no longer content to carve out a buffer zone for a minority constituency, but seeks to challenge the heteronormativity of modern societies (1991, p. 3). This is the challenge that confronts Psychology. Rather than simply seeking to understand and work with the dynamics of Qwir behaviours and institutions in a subcultural context, contemporary Psychology should be calling into question the sex and gender scripts and stereotypes that constrain so many people who do not identify as Qwir, impoverishing their lives and relationships: the gentle boy who violates heteronormative understandings of masculinity, incurring his father's wrath and the harassment of his peers; the young man, like my son at the time of my divorce, who has to weather personal crisis with no meaningful support from his mates because they're all so unequipped and unwilling to talk about their feelings and to give and receive emotional support; the married man desperately trying to reconcile his overwhelming desire for sex with men with his genuine love and commitment to his wife and children; the woman who finds herself in a heterosexual partnership after years as a lesbian, vilified and excluded by her former lesbian community, her identity universally 'read' as straight by virtue of her relationship with a man; and the couple who choose not to have children and are forced to give an account of this decision to a myriad of hostile critics accusing them of 'selfishness'. The list could go on and on.

Psychology should also be interrogating the *ideological* foundations of human institutions themselves, such as 'marriage', 'family', 'community' and even 'identity', to render those institutions more legible and liveable for 21st century human beings. This is not, as the politicians would have it, 'social engineering'; it is simply catching up with people's lived experience rather than trying to shoehorn them into social discourses and institutions which no longer fit. Sedgwick (1990, p. 1) asserts that "an understanding of virtually any aspect of Western culture must be inadequate and in fact *damaged* in its central substance to

the degree that it does not incorporate a critical analysis of modern homo/heterosexual definition" (emphasis added). Further, I would argue that sexuality and gender are so inextricably entwined that *together* they must be seen as a primary category for the critical analysis of practices and institutions, even those that do not initially seem to involve issues of gender and sexuality.

These are not 'Gay and Lesbian' concerns, this is not a 'Special Issue', this is a Human Issue, that applies to us all. It embraces notions of gender, family, individual freedom, the state, public speech, consumption and desire, nature and culture, production and reproduction, politics, fantasy, class and ethnicity, ethics and morality, trust, integrity, integration and individuation, censorship, intimacy, self/other relations, terror and violence, health, the body. There is no domain of human experience unaffected by heteronormativity, no aspect of human life that wouldn't be enriched by liberation from its strictures. It's time for Psychology to cast off the str8jacket of heteronormativity and challenge its constraints on the human condition.

Author Note

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Reference

- Lev, A. I. (2006). Psychotherapy. *GLBTQ: An encyclopedia of gay, lesbian, bisexual, transgender & queer culture*. Chicago: GLBTQ, Inc. <http://www.glbtq.com/social-sciences/psychotherapy.html>
- Mallett, S. (2004). Understanding home: A critical review of the literature. *The Sociological Review*, 52, 62-88.

Minning, H. (2004). Qwir-english code-mixing in Germany: Constructing a rainbow of identities. In W. L. Leap & T. Boellstorff (Eds.) *Speaking in queer tongues: Globalization and gay language*. Urbana: University of Illinois Press.

Perlesz, A. & McNair, R. (2004). Lesbian parenting: Insiders' voices. *The Australian and New Zealand Journal of Family Therapy*, 25, 129-140.

Policansky, D. (1982). Sex change in plants and animals. *Annual Review of Ecology and Systematics*, 13, 471-495.

Radford, N. A. (2001). Wolfenden, John Frederick. In R. Aldrich & G. Wotherspoon (Eds.) *Who's who in contemporary gay & lesbian history*. London, Routledge.

Sedgwick, E. K. (1990). *Epistemology of the closet*. Berkeley, CA: University of California Press.

Warner, M. (1991). Introduction: Fear of a queer planet. *Social Text*, 29, 3-17.



NONBIOLOGICAL LESBIAN MOMS – HOW MUCH DESCRIPTION CAN YOU GET INTO THREE WORDS! OR, WHEN IS A MUM A MUM?

MARY DANCKERT

Harlyn Aizley Ed. (2006). Confessions of the other mother: Nonbiological lesbian moms tell all! Boston: Beacon Press.

This book provides a number of women with the opportunity to write about their experiences of getting ready for the birth of a baby and the challenges they face in the first few months post the birth. The authors are all articulate and reflect in intelligent and thoughtful ways upon their relationships and their social location.

They raise themes that are familiar to most parents anticipating the birth of their child, and those particular to families where the parents are lesbian women. The book successfully fulfills the need identified by the editor for a resource that provides "tales from the front lines of nonbiological motherhood, optimistic, funny stories of otherwise happy and contented lesbian moms..." (p. x)

My favorite chapter was by Mary Cardaras; *Family of the Heart*. All of the women raise and address the concerns that are inherent in the title of the book, but Mary Cardaras tackles them head on. She makes it clear why the title has within it a paradigm that can position families with two mothers as less. That is, the conjunction of the words 'nonbiological' and 'motherhood', combined with a suggestion of anxiety, could be taken by some to infer that they are somehow contradictory terms. Mary Cardaras writes beautifully of being adopted and knowing at a deep level that all families are *made*, rather than simply existing. She describes her refusal to be bowed by the dominant presumption that "blood relations are somehow superior" (p. 152).

As the women in the book attest, biology *is* an issue. It *does* matter who births the child and who breast feeds the child. Yet to position biology as so central, right at the beginning of the story of 'the making of our families', as the

title of the book could be seen to do, starts us off on the back foot. Or, as another writer says, by some people she is "defined by what I am not: a nonbiological parent, the non birthmother" (Klempnauer Miller, p. 10). Next to the word mother could as easily be the word nurturer, or breadwinner, or athletic, as the word nonbiological. It may seem facetious to suggest that who births the child is as significant as who is more adept at nurturing, or earning an income, or playing sport. However, the title could be read as affirming the fiction that 'motherhood' is 'natural' and that this naturalness is signified by the biology of the body that carries the child. All women are constrained by automatic associations between the often fuzzy ideas of biology, instinct, and being 'a real mother'.

This is not to disregard the real and urgent concerns that the women describe. Each chapter details sensitively the disempowerment felt by parents when there is no legal recognition of their reality. A number of women describe the crushing experience of invisibility and marginalisation when language does not seem to be available to describe what we are living through and when dominant culture thinks that we are invalid. "The presumption that I am a 'lesser mom' hurts..." (Derosier, p. 73). Most of the women describe instances of the pain of feeling unseen, or unrecognised as a parent by family, friends and community: "I thought the other one was her mother." (Bliss, p. 85).

The book reminded me again of the importance of language in placing us as individuals in our social context, of making us 'real', and of providing the tools with which we relate meaning and make meaning. One woman described part of her experience of her child's birth: "It left me not a father, not a birthmother, not even really an adoptive mother. In most parts of Canada (and the world), that option doesn't exist. I am totally transformed, with no name for myself that

doesn't begin with a lack. Consider *non*biological mother, *non*-birthmom, and the *other* mother" (p. Spector, 28). Yet, as this woman says, even as she struggles with the gaps in our language, "the baby still needs to be fed and so I am a mother. A mother for sure..." (p. 29). Or, another writer who describes herself at times as a Lesbian Dad says, "...I felt a responsibility to begin carving out a place for myself, linguistically, socially, emotionally" (Pagenhart, p. 38). These women describe how, with courage, they proceed to create their families, day to day, and night to night, through nappies, sleeplessness, visits to the doctors and all the other caring and work that goes into the job.

Other concerns described in the book include the responses of strangers and family, such as the endless curiosity and questions like; "who/where is the father?", and the concern of having a known donor that 'the rest of the world' would be anxious to place, and have a ready made fit for, as Dad. Other mothers describe similarities with heterosexual Dads, such as feeling like a third wheel when watching a partner breastfeed their child.

These women wittily and generously share stories that describe their journey, that of being a co-parent with a woman who birthed their child. Recurring is the theme of overwhelming love they experience at seeing their child for the first time and their realisation that the relationship they have with the child/ren defines them, and that the definitions are fluid and dynamic, although linked to well-worn concepts and language. One described her experience as "at the same time traditionally fatherly and anciently female" (Pagenhart, p. 49).

A theme through all the chapters is the critical importance of public validation, including legal recognition and ceremonies, for the health and well-being of our families. The book contains much evidence of the need to remove discrimination from family-related and other laws. Although (and partly because) the book charts the difficulties many families experience, such as lack of social validity, and finding a pathway when there may be few role models available and many obstacles to

overcome, it is in itself a celebration of women making families.

Author Note

Mary Danckert has been active in social change movements for over twenty years, primarily in the areas of gender, class and race. She has a Masters degree in Women's Studies and works in the community sector.

References

- Bliss, F. (2006). Naked brunch. In H. Aizley (Ed.) *Confessions of the other mother: Nonbiological lesbian moms tell all!* Boston: Beacon Press.
- Klempnauer Miller, A. (2006). Watching. In H. Aizley (Ed.) *Confessions of the other mother: Nonbiological lesbian moms tell all!* Boston: Beacon Press.
- Pagenhart, P. (2006). Confessions of a Lesbian Dad. In H. Aizley (Ed.) *Confessions of the other mother: Nonbiological lesbian moms tell all!* Boston: Beacon Press.
- Spector, S. (2006). High-femme dad. In H. Aizley (Ed.) *Confessions of the other mother: Nonbiological lesbian moms tell all!* Boston: Beacon Press.



BOOK REVIEW

KATHERINE CHENG

Pallotta-Charolli, M. (2005). When our children come out. Sydney: Finch Publishing, ISBN 187645144-0, pp. 244.

This book commences with a foreword written by the Honourable Justice Michael Kirby, who speaks of the secrecy that ruled his childhood and youth. He writes of acceptance from his family but also that he never broached the issue of sexuality with his mother until shortly before her death. His mother's reply was: 'Michael, you've been bringing Johan to dinner for 30 years. Get real'. And in this book Maria Pallotta-Charolli attempts to do just that: get real.

The book is divided into three sections, creating a clear and easy to follow structure. In the first, parents, children, and teachers tell us some of their experiences and stories (bad and good). From these the author makes recommendations about how to deal with any difficult questions or objections. For example, there is a section in Part One that deals with 'Ten Common Questions Parents Ask', in which she includes answers to questions that some people ask, such as:

Where did we go wrong?
Could this be just a phase? Are they sure?
Should we take our child to a psychiatrist?
Why does our child have to flaunt their difference with their behaviour/s?

Further in the chapter is a section called 'When you get asked dumb questions about your children . . . ask smart questions right back!' In this section, Maria deals with responses to questions such as:

Why do homosexuals recruit people into their lifestyle?
Why are homosexuals paedophiles?

Part Two, 'When our children come out in schools', starts with a short essay by Abe Whyte (eight years old) in which the writer says: "If I were a teacher, I would show kids

that lesbians and gays aren't different, they are loving, funny, friendly and natural just like most other people" (p. 55). It is a powerful piece of writing and sceptics may find it difficult to believe that an eight year old could come up with: "I would show them that even though being lesbian or gay may seem weird to them, it doesn't mean they're mentally unstable and sexuality is only one part of a person" (p. 56). It is nevertheless a thought-provoking piece which can be used by teachers and others to introduce topics in school such as bullying, intolerance, and embracing diversity.

This section also contains a teacher's checklist, and a list of assumptions and ways of countering them. There is also an excerpt of an interview with a Catholic parent, dealing with the so-called 'ethnic excuse' and a diary-of-sorts from a nineteen-year-old Project Worker who introduced a programme called Pride & Prejudice into schools.

One of the most powerful aspects of the book for me was the suggestion from a twenty-four-year-old to other GLBT youth that they write to their schools about their experiences, good, bad or a bit of both. There is a suggested letter which broaches 'things that you would have liked your school to do'. I also enjoyed the wonderfully humorous illustrations, among them one in which a woman says, 'Oh I don't mind learning . . . just don't tell me I'm being educated'. It is – once again – simply written but powerful.

The final part, 'When our children come out in communities', deals with a range of issues that come up, including working with GLBT people and their ethnic communities and coming out in religious communities. Maria has worked in the school system and this comes through in her practical advice.

While many schools these days have anti-bullying and anti-harassment policies, there is still a sense that discussing GLBT issues is 'too

controversial' or 'too hard'. There is also a belief that such discussions will alienate parents, even though it is often known and acknowledged that there are gay and lesbian parents in schools. This book will enable adults in families, schools and in the general community to support GLBT youth. This book is full of practical advice, real stories and voices, humour and resilience. It deserves to be publicised and to be in public libraries, school libraries and teacher resource files of all schools, particularly the Church-based schools.

Author Note

Katherine has worked as a Counsellor in an EAP (Employee Assistance Programme), as an Adviser for International Students at TAFE and university, and as a psychologist in the State Education system. She is currently a psychologist/counsellor in an Independent School. Contact email:
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BOOK REVIEW

ANTHONY VENN-BROWN

Drescher, J. & Zucker, K.J. (2006). Ex-gay research: Analysing the Spitzer study and its relation to science, religion, politics and culture. New York: Harrington Park Press, ISBN: 1560235578, pp. 352.

I think the consistent underlining and notes throughout my copy of *Ex-gay research: Analysing the Spitzer study* is a good indication of how helpful and relevant I found this book. It might help if I briefly give you my background. This book was particularly relevant to me, as through personal experience I have a deeper insight into the content than most people. I admitted myself into Australia's first ex-gay live-in program for 6 months in 1972 in order to free myself of unwanted homosexuality and 'become straight'. Subsequently I married in 1974 believing that God had healed me and that I had the power to overcome any future same-sex temptations. Being married for 16 years and fathering two children, I probably would have volunteered for a study such as Spitzer's. As a high profile preacher though, there was a constant battle going on behind the scenes in order to maintain the façade. That ended quite tragically and publicly in 1991. I now live as a totally out, fulfilled gay man. In addition, for seven years I have been moderating a Yahoo Group (www.groups.yahoo.com/group/Exex-gay) for survivors of ex-gay programs as well as working with people who are same-sex-oriented from Christian backgrounds.

This book is a cleverly constructed collection of essays from over 30 academics, researchers, psychologists and social commentators. All of the essays focus in varying ways on Spitzer's 2003 study that examined whether 'conversion' to heterosexuality was possible for lesbians and gay men. The spectrum includes a few who feel Spitzer's study is valid, in addition to those who say it was highly irresponsible to even publish it. There is also a chapter of Spitzer's in response to the criticisms and finally an interview with him. As one reads, one becomes quickly aware of the limitations in his research methodology. Those gaping holes are restated ad infinitum throughout the book. Spitzer surveyed 200 people who once believed they were homosexual, but after going through some form

of 'reparative therapy' (a misnomer in itself), now believe they are heterosexual. Spitzer interviewed each one personally over the telephone for 45 minutes in which they were asked 114 questions.

The common criticisms of his methodology are.

1. *Self-reporting.* The anecdotal reporting of the individuals leaves a wide space for self-deception, denial and changing of memories over time. I am very familiar with this having spent many years pretending to be heterosexual and excusing my occasional 'slip-ups' as 'just temptation'.
2. *Not using penile or vaginal photoplethysmography to determine sexual orientation.* Most of the writers agree this is the only way sexual arousal can be gauged objectively.
3. *The sample was very limited.* Mostly white middle class, middle-aged men and women: people who grew up in a society with anti-sodomy laws, an intense pressure to conform, and considerable stigma attached to homosexuality.
4. *The sample was extremely religious.* 93% said that religion was extremely or very important in their lives. A significant number were actually in ex-gay ministries and made their living working with people with unwanted homosexual 'feelings'. The strong vested interest in reporting successful outcomes is obvious.
5. *The sample is small.* Whilst Spitzer admits this, he fails to mention that it took him over 18 months to find the 200 participants and had to enlist the help of people such as the now infamous Dr. Laura (a high profile member of the Christian right). Others claim the search was more like three years to actually find 200.
6. *'Reparative therapy' is never clearly defined.* It has many hybrids none of which are based on scientific research.
7. *Length of time.* Previous studies with people who underwent aversion therapy and had married showed 20 years later that all marriages had failed (see chapter by Carlson). One wonders if these people who underwent 'reparative therapy' were interviewed in

another 10 years whether their marriages would also have failed. From my experience, it is frequently in midlife that these unresolved issues have to be dealt with.

8. *Bisexuality*. It appears that a large group of his sample were not initially exclusively homosexual and were possibly bisexual.

9. *Quality of their current heterosexual functionality is very subjective*. Some men reported having 'sex with a 100 men once but had sex with one woman 100 times'. My initial homosexual experiences, though frequent, were very limited and never contained the elements of love, passion, affection or intimacy and were constantly linked with self-loathing and guilt. Whilst having a fondness and love (not in love) for my wife, I realise now that sex was often little more than duty or release. I genuinely believed, as I had nothing else to compare it with, I was doing the right thing and that this was just how it was. This book helped me to see that experience as 'situational heterosexuality'.

10. *The study didn't look at those for whom 'reparative therapy' didn't work or did harm*. Mental health professionals have agreed that attempts to change one's sexual orientation cause stress and depression, often leading to thoughts of suicide because of constant failures. Some in the sample group had been in therapy for up to 15 years.

Religious groups immediately hailed the Spitzer study as a breakthrough, justifying their position that homosexuality is 'a chosen lifestyle'. It wasn't long before the dangerous implications of the study became evident. Chapter 36 (Stalstrom & Nissinen) tell us that opponents of the bill granting civil rights to same sex couples quoted Spitzer's work in the Finnish Parliament as authoritative. He wrote to the parliament and explained that his report was "based on a very unique sample", and that such results "are probably quite rare, even for highly motivated homosexuals". He added in the letter, "it would be a serious mistake to conclude from his research that homosexuality is a choice" (p. 310).

Reading this book brought many questions to mind. The one that comes up repeatedly though is "Why would an intelligent man like Spitzer have even done this study knowing how controversial it would be and that his methodology was lacking?" The answer finally comes in Chapter 35 "Political Science" from Wayne Besen's book *Anything but Straight*. Wayne gives us a behind the scenes account of communications with Spitzer, from the moment, in 1999, when he warns him of how such a study will be used politically, to Spitzer calling him after the release of the study crying "Wayne, help me get out of this mess" (p. 292). Maybe the answer lies in Spitzer's own words in the final chapter "And, I admit, there is something in me that is always looking for trouble or something to challenge the orthodoxy." (p. 305).

Chapter 34, "An Analysis of the Media Response to the Spitzer Study" (Lund & Renna) is a timeline of the events after the release of the paper that gives additional insight into the background of the entire saga. Spitzer's study does answer the question "Can Some Gay Men and Lesbians Change Their Sexual Orientation?" The answer is "no", but if you believe something strongly enough and develop behaviours that reinforce that belief, it will be real for you. That doesn't mean of course that it is reality... only the one you've created to make you feel secure, loved and accepted.

Author Note

Anthony Venn-Brown is the author of *A Life Unlearned* (New Holland Publishers), the co-convenor of Freedom 2b (a support forum for LGBTIQ people from Pentacostal backgrounds), and works as a life coach, for Personal Success Australia. Email: anthony.venn-brown@psalifecoaching.com



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CALL FOR CONTRIBUTIONS

Special Issue *Sexualities*

Recognising and Celebrating Non-Heterosexual Relationships: Current developments in theory and research

Guest Editors: Victoria Clarke & Elizabeth Peel

The provisions of the Civil Partnership Act 2004 recently became a reality for same-sex couples in the UK. The UK is one of a growing number of jurisdictions that offer recognition to same-sex partnerships. Forms of recognition range from (not legally binding) commitment ceremonies, blessings and partnership registers to full, legal marriage. It would seem that legal and social recognition of same-sex relationships is no longer a fairy tale, and radical gay and lesbian feminist demands that marriage be dismantled are whispers from a distant past. Theory, research and practice in relation to legal recognition are often polarised around two distinct and competing positions: that legal recognition is the key to non-heterosexual equality and that legal recognition of same-sex relationships represents accommodation to heterosexual standards and the loss of distinctively non-heterosexual cultural and relational practices. Current debates about same-sex marriage are in danger of only recycling positions that were established in the 1980s, failing to take account of the substantial changes in the political and legislative climate since then. The legal recognition of same-sex relationships opens up a new agenda for research on non-heterosexual relational and familial practices and the possibility of reinvigorating debates on recognising and celebrating non-heterosexual partnerships.

We seek full-length empirical and theoretical papers and shorter commentary pieces that address the following (and related) themes and questions:

- *Popular cultural representations of civil partnership, civil union, same-sex marriage and same-sex weddings
- *The rise of the 'pink wedding' industry
- *Feminist, queer and LGBT perspectives on relationship recognition and celebration
- *Legal, social and ideological implications of civil partnership, civil union, and marriage – recognition or regulation?
- *The meanings of dominant relational practices, rituals and symbols (such as name-sharing, ring exchanges, public celebrations) for non-heterosexuals
- *Experiences of non-heterosexuals in civil partnerships, civil unions and marriages

The deadline for submissions (maximum 6000 words) is **1 July 2007**. Informal enquires and submissions should be sent to:

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Gay and Lesbian Issues and Psychology Review

Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

- Empirical articles (4000 word max)
- Theoretical pieces
- Commentary on LGBTI issues and psychology
- Research in brief: Reviews of a favourite or troublesome article/book chapter that you have read and would like to comment on

B)

- Conference reports/conference abstracts
- Practitioner's reports/field notes
- Political/media style reports of relevant issues
- Book reviews (please contact the Editor for a list of books available & review guidelines)
- Promotional material for LGBT relevant issues

The Review also welcomes proposals for special issues and guest Editors.

Each submission in section A should be prepared for blind peer-review if the author wishes. If not, submissions will still be reviewed, but the identity of the author may be known to the reviewer. Submissions for blind review should contain a title page that has all of the author(s) information, along with the title of the submission, a short author note (50 words or less), a word count and up to 5 key words. The remainder of the submission should not identify the author in any way, and should start on a new page with the submission title followed by an abstract and then the body of the text. Authors who do not require blind review should submit papers as per the above instructions, the difference being that the body text may start directly after the key words.

Each submission in section B should contain the author(s) information, title of submission (if relevant), a short author note (50 words or less) and a word count, but need not be prepared for blind review.

All submissions must adhere to the rules set out in the Publication Manual of the American Psychological Association (fifth edition), and contributors are encouraged to contact the Editor should they have any concerns with this format as it relates to their submission. Spelling should be Australian (e.g., 'ise') rather than American ('ize'), and submissions should be accompanied with a letter stating any conflicts of interest in regards to publication or competing interests. Footnotes should be kept to a minimum. References should be listed alphabetically by author at the end of the paper. For example:

Journal Articles: Riggs, D.W. (2004). The politics of scientific knowledge: Constructions of sexuality and ethics in the conversion therapy literature. *Lesbian & Gay Psychology Review*, 5, 16-24.

Books: Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.

Edited Books: Coyle, A. & Kitzinger, C. (Eds.) (2002). *Lesbian & gay psychology: New perspectives*. Oxford: BPS Blackwell.

Book Chapters: MacBride-Stewart, S. (2004). Dental dams: A parody of straight expectations in the promotion of 'safer' lesbian sex. In D.W. Riggs & G.A. Walker (Eds.), *Out in the antipodes: Australian and New Zealand perspectives on gay and lesbian issue in psychology* (pp.393-416). Perth: Brightfire Press.

References within the text should be listed in alphabetical order separated by a semi-colon, page numbers following year. For example:

(Clarke, 2001; Peel, 2001; Riggs & Walker, 2004)
(Clarke, 2002a; b) (MacBride-Stewart, 2004, p. 398)

Authors should avoid the use of *sexist*, *racist* and *heterosexist language*. Authors should follow the guidelines for the use of non-sexist language provided by the American Psychological Society.

Papers should be submitted in Word format: title bold 12 points, author bold 11 points (with footnote including affiliation/address), abstract 10 points left aligned, article text 10 points left aligned. All other identifying information on title page for section A articles should be 10 points and left aligned.

All submissions should be sent to the Editor, either via email (preferred): damien.riggs@adelaide.edu.au, or via post: School of Psychology, The University of Adelaide, South Australia, 5005.

Deadlines

January 30 for April edition

May 30 for August edition

September 30 for December edition

