

Lesbian mothers and their donor-conceived children:  
Family processes, child development and long-term outcomes

Joanna E. Scheib<sup>1,2</sup> & Paul D. Hastings<sup>1</sup>

<sup>1</sup>University of California, Davis

& <sup>2</sup>The Sperm Bank of California, Berkeley

Joanna E. Scheib

Department of Psychology

University of California

Davis CA 95616 USA

&

The Sperm Bank of California

2115 Milvia St., Suite 201

Berkeley, CA, 94704 USA

jescheib@ucdavis.edu

Paul D. Hastings

Department of Psychology

University of California

Davis CA 95616 USA

&

Center for Mind and Brain

University of California

267 Cousteau Place

Davis, CA, 95618 USA

pdhastings@ucdavis.edu

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## Abstract

In this chapter we review the development and well-being of children born to lesbian couples who used donor insemination to build their families. We examine the effect of parental sexual orientation, as well as psychological processes such as parenting stress and the quality of relationships. Findings are discussed from infancy through adolescence and into early adulthood. We also consider how family openness about having donor origins affects child and later adult well-being. Indeed, openness is a major change that planned lesbian families bring to DI family-building.

## Biographical Notes

Joanna E. Scheib, PhD

Title: Associate Adjunct Professor at the University of California, Davis  
& Director of Research at The Sperm Bank of California (Berkeley, USA)

### Main areas of work:

Reproduction and family-building through sperm donation: Psychosocial factors and policy development. This includes examining the effects of open-identity donation on families, donors, and adults with donor origins, and developing policies for releasing sperm donor identities to adult offspring. Other research focuses on family-building and well-being among lesbian couples, single women, and their children, and identifying factors that predict conception.

### No published books

### Recent publications:

Scheib, J.E., Riordan, M. & Rubin, S. (2005). Adolescents with open-identity sperm donors: Reports from 12-17 year olds. *Human Reproduction*, 20, 239-252.

Scheib J.E. & Cushing RA. (2007). Open-identity donor insemination in the USA: Is it on the rise? *Fertility & Sterility*, 88, 231-232.

Scheib J.E. & Ruby A. (2008). Contact among families who share the same sperm donor. *Fertility & Sterility*, 90, 33-43.

Paul D. Hastings, PhD

Title: Associate Professor at the University of California, Davis  
Associate Adjunct Professor at Concordia University (Montreal, Canada)

Main areas of work: Transactional contributions of children's psychophysiological self-regulatory systems and experiences of parental socialization to adaptive and maladaptive trajectories of social and emotional development. This includes examinations of children's hypothalamic-pituitary-adrenal axis functioning and autonomic control of peripheral arousal; assessments of parents' control and discipline, induction and guidance, warmth and involvement, and emotion socialization; and considerations of family structure, sociodemographic conditions, and cultural contexts.

Books and Monographs:

Grusec, J. E., & Hastings, P. D. (2007). Handbook of socialization. NY, NY: Guilford Press.

Hastings, P.D., Vyncke, J., Sullivan, C., McShane, K. E., Benibgui, M., & Utendale, W. (2006).

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Recent publications:

Benibgui, M., & Hastings, P. D. (2007). L'Influence de la physiologie du stress sur le bien-être

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### **Lesbians Bring Change to the Practice of DI**

Donor insemination (DI) was once the domain of heterosexual couples. With that came physician-providers advising parents to keep complete secrecy around their use of DI, and anonymous donors about whom little was known. The practice is now changing – moving toward more openness, where DI assistance is not as hidden and children are learning much earlier about having a donor, sometimes even knowing from the beginning. We argue that increased openness emerged from two distinct sources: agitation and advocacy among donor-conceived adults and their parents for whom secretive DI practices were not working; and a new majority among DI users, specifically lesbian couples and single women. We briefly review these sources of change, then focus on lesbian couples forming families through DI, the well-being of their families, and the changes they bring to this form of family-building.

#### Background

For the last 125 years, until the last decade, DI was practiced in relative secrecy. Physicians provided DI to heterosexual couples who suffered from male-based infertility, and recommended that they not discuss their use of donor sperm with anyone, including their child. Physicians believed that maintaining secrecy through such extreme “privacy” would protect the male partner and his family from stigma related to male infertility, and help solidify father-child bonds (Nachtigall et al. 1997). Only anonymous sperm providers (commonly known as “donors”) were used, whose identities could never be known to recipient families. In addition, practitioners (physicians, sperm banks, others) rarely kept records about the donors, a practice that, knowingly

or not, assured donor anonymity. Having so little known about the donor also drove parents to secrecy in an attempt to protect their children from the distress of not being able to learn anything about the donor and half their genetic background. Subsequently, few children – and later adults – learned of their family’s donor origins.

Today, at least two factors have led to DI being practiced more openly, with these changes most evident in countries such as the US and Canada, the UK and Netherlands. First, adults whose parents used DI during the era of secrecy now challenge its wisdom. Reports continue to emerge from individuals who suffered from accidentally learning about their family’s origins and/or sensing that all was not right (Cordray 1999/2000; Turner/Coyle 2000; Franz/Allen 2001; Hewitt 2002; Lorbach 2003; Daniels/Meadows 2006; Morrissette 2006; Spencer 2007; Mahlstedt et al. in press). Similarly, a recent study revealed a link between secrecy, topic avoidance and lower functioning in DI families (Paul/Berger 2007). Parents also report that living with secrecy was a “troublesome burden” (Daniels et al. 2009, p. 5). Donor-conceived individuals (e.g., Spenderkinder, [www.spenderkinder.de](http://www.spenderkinder.de); International Network of Donor Conception Organizations, [inodco.org](http://inodco.org)) and mental health professionals (review in Thorn/Wischmann 2009) are now speaking out, advocating that DI be practiced with the children’s and family’s well-being as the ultimate goal, rather than simply providing infertile couples with a baby. Reproductive associations and federal governments are slowly responding. For example, American Society for Reproductive Medicine practice guidelines now recommend that DI parents tell their children about the family’s origins at as young an age as possible (Ethics Committee, ASRM 2004). This helps the children incorporate donor origin information into who they are as their identity develops, and avoids secrets and negative repercussions. Going one step further, several countries internationally also now require that donor identifying information be

stored permanently, and made available to any donor-conceived adults who want it (e.g., the Netherlands in 2004, UK in 2005; Blyth/Frith2009).

Second, who uses DI is changing. Heterosexual couples now have available reproductive techniques that enable the father, as well as the mother, to be genetically-related to the child (i.e., intracytoplasmic sperm injection; Schover et al. 1996; Brewaeys et al. 1997b). Although some heterosexual couples still use DI, lesbian couples and single women are now the majority users in the US (Amato/Jacobs 2004; Ehrensaft 2008). In Europe, same-sex parents are gaining access to until-now barred assisted conception services (e.g., 2005 in Sweden, Werner/Westerstahl 2008; UK Human Fertilisation and Embryology Act 2008 dropped the “need of [the] child for a father” consideration in section 13(5)). Clearly both market-demand and more progressive attitudes have led to better DI access for lesbians. These changes in who uses DI also reflect a more general trend of increasing diversity in family forms in Western countries (e.g., Patterson/Hastings 2007; Bos et al. 2008; Ethics Committee ASRM 2009).

An outcome of the change in user-demographics is that more children are learning about their donor origins. Among lesbian couples, there is no male infertility to hide, nor a need to keep the family’s origins a secret. In addition, the children will question how their family came to be, and why, unlike many of their classmates, they have no father. Thus, by default almost all of these families will be open about their donor origins from the beginning. Further, because many lesbians may have experienced secrecy and its repercussions as related to their sexuality, they may be even less willing to keep secrets again (Ehrensaft 2008). Consequently, lesbians may be the most open among DI parents about using a donor to build their families (Brewaeys et al. 1993; Gartrell et al. in press).

With these changes come many questions. We focus on two. First, what happens to children when they are raised by lesbian couples? What is their level of well-being and adjustment? What are the relationships like between each parent and child, and between the two parents? How do the families compare to both heterosexual-couple DI families and families with conventionally-conceived children? Second, what is the outcome of children who are raised in relative openness about their family's donor origins? What we know about DI family functioning primarily comes from heterosexual-couple families who used anonymous donors and maintained secrecy about their donor origins both within and outside their families. We now need to look at how children fare when raised in relative openness and as adults can sometimes even contact their donor through open-identity DI programs.

#### DI lesbian families

In the last 30 years, the number of lesbian-couple families has grown exponentially. Initially, lesbian-parented families formed after children were conceived in heterosexual unions and the mothers "came out" and established new same-sex partner relationships. Interest in the well-being of these children emerged from judicial concerns, specifically in child custody cases in which lesbian mothers were at risk of losing their children. Concerns in addition to general well-being and adjustment included whether the children would develop an atypical gender identity and/or be harmed by any stigma and discrimination associated with their mother's sexual orientation. The resultant studies focused on how the children compared to children from matched families who had also experienced divorced, but differed in the mother's sexual orientation. In general, findings indicated that they did not differ: children of lesbian mothers were doing as well as those raised in matched heterosexual families, in terms of their overall development and well-being, as well as in their gender identity development (e.g.,

Tasker/Golombok 1995, 1997; see reviews in Bos et al. 2005; Patterson 1992, 2005). In the current paper, we focus on a newer form of lesbian families – planned lesbian-couple DI families – who used the assistance of an anonymous sperm donor or an open-identity donor who could not be known to the families for at least the first 16-18 years of the child’s life. These families differed from earlier lesbian-couple families in that (i) the mothers identified as lesbians before having children, so the children were raised from birth by two same-sex parents, (ii) a sperm donor was used, and (iii) there was never a father present. (For a discussion of family formation among planned lesbian families, see Lisa Green, this volume.) The majority of these studies were published in the last 10-15 years and the majority of families used anonymous sperm donors. We review these below and consider the effect of parental sexual orientation on children’s and early adolescents’ well-being within the context of psychological processes and parent-child relationships.

## **What Happens to Children who are Raised in Planned Lesbian-Couple Families?**

### I. Differences in child outcomes across family types

Can lesbian couples parent their children in a way that supports a child’s positive adjustment, development, and well-being? Findings from the earliest studies on small samples of planned lesbian-couple families indicated a preliminary yes. In the late 80s, McCandlish (1987) interviewed 5 lesbian couples with children between ages 1.5 – 7 years. Her intensive interviews suggested that the children appeared to be doing well and that lesbian couples underwent some of the same transitions as heterosexual couples after their child’s birth – intensive bonding between the genetically-related (birth) mother and child initially, followed by the usual shift of attachment to both parents. Steckel (1987) conducted the first systematic comparison of 11

children (age 3 – 4 years) raised by lesbian couples to 11 same-age children who were conventionally-conceived and raised by heterosexual couples. Using structured interviews with the mothers and children and both parental and outsider (teacher) reports, she found healthy, normal separation-individuation in both groups of children. In addition, the girls of lesbian couples showed no more androgynous or masculine behavior than expected, whereas the boys of lesbian couples appeared slightly less aggressive than those raised by heterosexual couples. This has since replicated in a larger sample of children who were on average 10 years old (range 7 – 17; Vanfraussen et al. 2002). Overall, keeping in mind the small sample sizes, these initial findings indicated that having a co-mother rather than a father did not appear to negatively affect a child.

In the early 90s, Patterson (1994, 1996) conducted the Bay Area Family Study – the first to examine psychosocial development in elementary-school age children (4 – 9 years) being raised by lesbian parents. All but three of the 37 children were donor-conceived. Whereas the results did not distinguish between coupled (70%) and single parents, the study's strengths included using standardized measures with norms to which the children's scores could be compared, score cut-offs to identify clinically problematic behavior, and reports from sources outside the family, such as teachers. Findings suggested that children raised by lesbian parents were developing normally. The children's adjustment levels – as measured through social competence, closeness with peers, numbers of behavioral problems, and most areas of self-concept – fell within normal, non-clinical ranges, as did their gender-role preferences. Children did differ, however, in that they reported experiencing more reactions to stress (e.g., feeling angry, upset), but also a greater sense of well-being (e.g., feeling comfortable with themselves, joyful) as compared to normed reports from similar-age children of heterosexual parents.

Patterson interpreted this as either the children experiencing a higher number of stressful events, but having the skills to cope with them, or being more open to expressing their feelings, both negative and positive. This last finding has yet to be replicated.

A series of studies followed that used the same methodology – interviews, standardized and normed measures (most commonly the Child Behavior Check List, CBCL; Achenbach/Edelbrock 1983, 2000), and outsider reports. Additionally, they included comparative groups of heterosexual-couple and single-mother families who were demographically matched on parental age, education, socioeconomic status, relationship length, and child age. Optimally, DI heterosexual-couple families were also included, but this was less common due to recruitment difficulties. (These couples often maintain complete secrecy about using DI and fear that participating in a study would expose their family's origins to their children.) Using a comparative approach allowed investigators to address questions about the effect of parental sexual orientation, absence of a father, and number of parents in the household, and this continues to be the dominant study paradigm to date. (For the little research available on single-mother DI families see Murray/Golombok 2005; Landau et al. 2008). A common feature among all these families was that the parents tended to be somewhat older (starting families in their 30s), well-educated, financially secure, and established in their relationships. Risk factors, such as divorce, poverty, lack of education, and instability were relatively rare, giving the children an advantage from the start. In addition, among the DI families clearly these were wanted children; their parents intentionally underwent a personally intrusive and somewhat costly procedure to have them. In turn, the children appear to have benefited.

In the first of this next wave of studies, Flaks, Ficher, Masterpasqua and Joseph (1995) compared a sample of 15 lesbian-couple families to 15 matched heterosexual-couple families

(conventional conceivers, CC) with 3 – 9 year old children. Results of standardized measures based on parental and teacher reports again indicated no differences between the children on the CBCL's measures of social competence and behavioral adjustment, and on Wechsler's (1974, 1989) measures of cognitive functioning. With the exception of an average Performance IQ among boys of heterosexual couples, in all areas the children in both groups scored in the upper ranges of the standardized samples for the measures used.

Golombok and her colleagues in the UK (1997) reported similar findings. They compared thirty 3 – 9 year old children from lesbian families (combined couples and singles) to children in 41 CC heterosexual-couple families and 30 single-mother families and found overall that the children were developing normally. Only a small number of differences emerged among the family types. The children in father-absent homes had greater attachment security than children in heterosexual-couple families. The children themselves reported no differences in being accepted by peers (see also Gartrell et al. 2000), but children in the lesbian and single-parent families reported feeling less cognitively and physically competent than children from the families with fathers. However this finding did not replicate in a follow-up of 25 of the lesbian families when the children were age 12 (MacCallum/Golombok 2004; see also Vanfraussen et al. 2002). In addition, as young adults – the only study so far of adults from planned lesbian families (18 adults, 20 mothers) – they reported the opposite, that is, higher levels of self-esteem and lower levels of depression, anxiety and hostility (Golombok/Badger 2010). Furthermore, contrary to suggestions that children raised by lesbians might identify as lesbian or gay themselves, all but one young adult identified as heterosexual.

Further findings continued to support the idea that the adjustment of children is remarkably similar – or by some measures, better – in planned lesbian-couple families as

compared to heterosexual-couple families. In a European study (Belgium and the Netherlands), Brewaeys and colleagues (1997b) assessed the gender role development and emotional and behavioral problems in 4 – 8 year olds from families headed by 30 lesbian couples and 68 heterosexual couples (30 CC, 38 DI). Study participants were recruited from university hospital fertility and obstetrics departments. All lesbian couples agreed to participate, making the findings representative of planned lesbian-couple families who had used DI during that time period. Additionally, including all three family types allowed Brewaeys and colleagues to test whether DI families in general differed from conventionally-conceived families (i.e., the two DI groups versus the CC group) and provided a better test of the effects of parental sexual orientation in comparing the two DI families who were matched on using assisted conception, having a donor, and having a child who was not genetically related to one of her/his parents<sup>1</sup>. As before, parental and teacher reports on the CBCL indicated that children from lesbian-couple families did not differ from the two heterosexual groups in their adjustment, and their scores looked similar to Dutch norms. No differences were found in gender role development (see also Bos/Sandfort 2010). Later, more extensive assessment of the children's well-being at age 10 indicated much the same pattern of development, with the exception that teachers reported more attention problems in the lesbian couples' children than in the children of CC heterosexual couples (a DI heterosexual group was not included). However, the level of these problems was still within the normal range and the groups did not differ on either mother- or child-reported attention problems. In addition, children of lesbian couples reported fewer aggression and anxiety problems than children of CC heterosexual couples (Vanfraussen et al. 2002).

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<sup>1</sup>See Golombok et al. 1995 for an effective study design to test the effects of using assisted conception and genetic asymmetry in heterosexual-couple families. Their groups included infertile, assisted conception families with genetic asymmetry (DI families), infertile, assisted conception families without genetic asymmetry (IVF families), infertile families without assisted conception and genetic asymmetry (adoptive families) and conventionally-conceived families.

Brewaeys et al.'s (1997b) study of the younger, 4 – 8 year old children was one of the first to include a comparison sample DI heterosexual families. When results from the three family types (DI lesbian, DI heterosexual, CC heterosexual) were compared, children from DI heterosexual families experienced a higher incidence of behavioral and emotional problems than those from CC families, suggesting something problematic about the heterosexual – but not lesbian – couples using DI. One difference between the two DI family types (beyond sexual orientation) was their openness about using DI: all but one lesbian couple had told their children about their donor origins, whereas only one heterosexual couple had and few intended to. This was one of the first indications from a comparative study (in addition to case reports) that openness and secrecy might lead to different outcomes for children. It also suggested that family processes, such as quality of communication, might be more important than parental sexual orientation.

Chan, Raboy, and Patterson's (1998a) findings provided strong evidence for this idea. Using the resources of one sperm bank, they recruited a representative sample of 80 matched families with 5 – 11 year old children conceived through the DI program. They then compared the children's adjustment, social competence and adaptive functioning across family types varying by sexual orientation (lesbian, heterosexual) and number of parents (single, couple). Again, family type was not associated with differences in most measures of child outcomes (see similar findings in Gartrell et al. 2005, in press; Bos et al. 2007). Based on reports from both parents and teachers, the results indicated that the children were developing normally, however co-mothers reported more internalizing and externalizing problems than fathers. It is noteworthy that this was not evident in the reports by the biological mothers and teachers, and fathers tended

to report fewer problems and better adjustment than all other groups. What better predicted child outcomes were family processes as we discuss below.

## II. Differences in parenting and family processes across family types

Decades of socialization research has shown that how parents raise their children has important and lasting influences on children's development (Grusec/Hastings 2007). Studies have shown that is as true for planned lesbian-couple families as it is for DI and CC heterosexual-couple families. Although children have not been found to differ in consistent or marked ways across these family types, it is still possible that their socialization experiences differ. In this section we examine the evidence for whether such differences in child-rearing practices exist across family types.

Paralleling the pattern of findings regarding children's characteristics, studies have identified few differences in parenting and family processes across family types. For example, Chan, Raboy and Patterson (1998a) found no differences between 55 lesbian-couple families and 25 DI heterosexual-couple families on measures of parental stress, self-esteem, depression and spousal relationship quality. With a smaller subset of these families (30 lesbian and 16 heterosexual), Chan and colleagues (1998b) found that lesbian mothers had a more equal division of child-care roles and responsibilities than did heterosexual parents, despite heterosexual mothers wishing that their husbands participated in child care more equally. Brewaeys and colleagues (1997b) also found that lesbian-couple families reported more equal co-parenting, or greater involvement of the non-biological parent in child care, than did heterosexual couples.

In their comparison of 15 lesbian-couple families with 15 matched DI heterosexual-couple families, Flaks and colleagues (1995) identified only one difference in parental

socialization. Lesbian parents were more effective parenting problem solvers, meaning they were able to generate a greater variety of solutions to potential child-care problems, compared to heterosexual parents. This difference was mainly attributable to fathers in the heterosexual families, who scored lower on problem solving than all mothers.

Conversely, in an extensive study of 100 lesbian-couple families and 100 matched CC heterosexual-couple families of 6 year-old children (Bos et al. 2004, 2007), heterosexual mothers and fathers, and lesbian genetically-linked mothers and co-mothers (not genetically linked) did not differ in their self-reported competence as parents. They also did not differ in feelings of parental burden, or access to social support outside the family. However, there were some parenting differences across the family types. Lesbian mothers (both types) reported stronger desires to have children, greater need to justify their roles as parents, and less concern for traditional child-rearing goals than did heterosexual parents, and greater couple and co-parenting satisfaction than heterosexual mothers. Lesbian genetically-linked mothers engaged in less structuring and limit-setting than heterosexual mothers, and compared to heterosexual fathers, all lesbian mothers were more emotionally involved, supportive and respecting of children's autonomy, and less power assertive. Lesbian co-mothers reported being less power assertive and less of a supportive presence than heterosexual mothers, but more emotionally invested, concerned, likely to use inductive techniques instead of power assertion, and respecting of children's autonomy than heterosexual fathers.

Interestingly, longitudinal research has shown that some apparent differences in child-rearing and family processes change over time, indicating they may be tied to the family and parenting demands of specific developmental stages. In Brewaeys and colleagues (1997b) study of 4 – 8 years-olds in lesbian-couple, DI heterosexual-couple, and CC heterosexual-couple

families, lesbian co-mothers reported more positive relationships with their children than did fathers in either of the heterosexual family types, although the children's reports of relationship quality did not differ for lesbian co-mothers and fathers. When families were seen again four years later, though, the researchers did not find any differences in parental socialization or parent-child relationship quality between heterosexual families and lesbian families (Vanfraussen et al. 2003b).

Similarly, comparing lesbian families (combined single and coupled parents) to single (combined DI and CC) and coupled CC heterosexual families, Golombok et al. (1997) reported only one difference, that single heterosexual mothers were more engaged with their 6 year-old children than were lesbian mothers. When these families were seen again six years later (MacCallum/Golombok 2004), however, this difference was not maintained. As had been noted when children were younger, there were also no differences across family types in parents' reports of warmth, affection, use of reasoning, parental monitoring and discipline. There were some differences in the parents' perspectives on family disputes. Single heterosexual mothers reported the highest levels of aggression during discipline, and all mothers in father-absent homes reported more serious disputes than mothers in father-present homes. Conversely, compared to children in father-present homes, 12 year-old children in father-absent homes reported that their mothers were more available and dependable, and engaged in more activities with them.

It is interesting that these differences emerged when children were entering adolescence, when one would expect increases in the rate of parent-child conflicts due to normative adolescent individuation processes, but also a desire of youths to maintain family connectedness (Collins/Steinberg 2006). This would continue as children approached the end of adolescence.

Correspondingly, when these children reached early adulthood (Golombok/Badger 2010), lesbian mothers reported less discipline, but more frequent and severe conflicts, than did single heterosexual mothers. However, their adult children did not perceive this difference, as the two groups reported similarly positive relationships with their mothers. Thus, at the beginning and end of adolescence, it might be the case that lesbian mothers are more attuned to or sensitive about the normative disputes that occur between parents and their maturing children. Reflecting the greater emotional involvement and concern reported by Bos and colleagues, lesbian mothers might perceive as potentially problematic what other parents, and what their children, experience as the normal “sturm und drang” of adolescence.

Overall, then, the evidence suggests that the socialization experiences of children in planned lesbian-couple families are far more similar to those of children in heterosexual families than they are different. The families are similarly warm, engaged and involved, with positive parent-child and spousal relationships. Compared to heterosexual parents, lesbian mothers might be less likely to promote traditional child-rearing goals such as conformity and obedience. Children with lesbian mothers likely see their parents sharing child-care duties more equally than do children with heterosexual parents. They might also experience less assertive discipline and more emotional approaches to child-rearing. Lesbian mothers see their relationships with their adolescents as more tumultuous than heterosexual parents, but their children do not appear to share that perspective.

### III. Relations between parenting, family processes and child outcomes

Only three of the studies of planned lesbian-couple families examined how parenting and family processes are associated with children’s characteristics. Bos and colleagues (2007) found that in both lesbian and CC heterosexual families, couples who reported lower satisfaction with the

partner's role as a co-parent had children with more internalizing and externalizing problems. (It is important to note, again, that the levels of children's problems were low and certainly within age-normed expectations for behavior; the analyses did not predict clinically-meaningful levels of problems.) Similarly, across lesbian and DI heterosexual families, Chan and colleagues (1998a,b) found that when parents reported less satisfaction with the division of household labor, more parenting distress, and more dysfunctional parent-child relationships, children manifested (non-clinically) more behavior problems. These studies also reported several correlations between parents' well-being and child-rearing behaviors and children's adjustment that were consistent with a large body of socialization research, such as children evidencing more internalizing or externalizing problems when parents were more depressed or used more power assertion (Bos et al. 2007; Chan et al. 1998a). However, these associations were not independent of the effects of spousal and parent-child relationship quality, and there is no clear evidence that parental sexual orientation is consistently linked with relationship quality.

#### Summary: Planned lesbian-couple family processes and outcomes

In summary, evidence available thus far suggests that the same family processes that support positive child adjustment in heterosexual families also function to the benefit of children in planned lesbian-couple families. Children are best when their parents are satisfied with their spousal relationship and sharing of household and child-care tasks, when parents do not feel distressed by the challenges of child-rearing, and when parents and children share positive and close relationships. For the most part, lesbian- and heterosexual-couple families are quite similar on these characteristics, such that there should be no surprise that their children are similarly well-adjusted.

## **What is the Outcome of Children who are Raised in Openness about their Family's Donor Origins?**

Despite the remarkably similar and positive outcomes for children in DI heterosexual- and lesbian-couple families, the families differ dramatically in how open they are about having donor origins. Until recently, heterosexual couples rarely told their children about using DI to build their families (e.g., anywhere from none to 30% as reviewed in Brewaeys 2001, McWhinnie 2001; more recently 10 – 70% as reviewed in Scheib et al. 2003, Paul/Berger 2007, Daniels et al. 2009). In contrast, virtually all lesbian couples tell their children, almost all when they are quite young (Brewaeys 2001; Scheib et al. 2003). Indeed, this openness is a major change that planned lesbian families bring to DI family-building. Yet we are now just starting to understand how openness affects child and later adult well-being. In addition, once the donor-conceived person knows about his or her origins, we have only preliminary findings on what offspring want or need to know about the donor and the significance he holds. We discuss this below.

### Openness in DI families

Keeping a family's donor origins secret is becoming increasingly difficult with developing technologies in DNA and ancestry identification. The secrecy, risk of inadvertent disclosure, and perceived deception by one's parents is highly likely to damage family relationships and the psychological and medical well-being of the donor-conceived person (reviews in McGee et al. 2001; McWhinnie 2001; Ethics Committee ASRM 2004; Daniels/Meadows 2006). We expect then that being open within the family about having a donor will lead to better outcomes for the offspring and families more generally. But a major impediment to openness is that most families have anonymous donor for whom little is known. It is not clear then whether living with the potential frustration of never being able to learn more about or meet the donor is worse than not

knowing at all. And unlike lesbian couples, heterosexual couples can opt not to take this risk with their children.

Despite the risks, a growing number of parents beyond lesbian couples are choosing to be open with their children. Preliminary findings suggest either no association between disclosure and family outcomes or a positive association. In one of the first systematic comparisons, Brewaeys et al. (1997a) found no differences based on disclosure plans in the emotional and behavioral adjustment of 4 – 8 year olds, although only 8 out of 38 heterosexual couples had told or planned to tell their child. Lycett and colleagues (2004) however had a larger group of 4 – 8 years olds in disclosing families (18) and found more positive parent-child relationships among them than among the 28 non-disclosing families. But they also emphasized that outcomes among the non-disclosing families were still good – the families scored within the normal range. In a qualitative study, Hunter and colleagues (2000) interviewed a sample of 83 heterosexual-couple parents who belonged to a support group for DI families who wanted to be open. Almost half had told their child (average age 3.5 years; range 3 months – 15 years); the rest planned to tell (child average age 1.5 years; range 11 weeks – 4 years). No measures of well-being were used, but it is telling that the parents did not regret their decision to tell their child, nor did they regret using DI. They also found it easier to tell the younger the child was and children in turn tended to respond neutrally and/or with curiosity (see also Rumball/Adair 1999; Lindblad et al. 2000; Mac Dougall et al. 2007). In Brewaeys and colleagues' (1997b) sample of 30 lesbian-couple families, where non-disclosure was unrealistic, the 4 – 8 year olds (and later 10 year olds; Vanfraussen et al. 2002) scored as well-adjusted, suggesting that knowing about the family's donor origins was not associated with negative outcomes (see also Gartrell et al. in press). Among the only sample of adolescents so far, Scheib and colleagues found continued well-being across all family types --

lesbian-couple, single-woman, and heterosexual-couple parented. This sample of 12 – 17 year olds had open-identity donors who could be identified and potentially contacted when the youths reached age 18. Most youths reported having learned early, often so early that they could not recollect a time when they did not know about having a donor. In turn, their responses tended to be neutral (because of their young age) or positive, with the vast majority expressing curiosity about the donor. While the researchers did not use standardized measures of well-being, reports from both the youths (Scheib et al. 2005) and their parents (Scheib et al 2003) indicated that disclosure had either a positive or no effect on the relationships between parents and children, and that the youths remained comfortable and relatively open about their donor origins into adolescence. Many of these same youths had also participated in a study that measured their adjustment at age 7 (range 5 – 11 yrs; Chan et al. 1998a; Fulcher et al. 2006). While not focused on the effects of disclosure, almost all the children knew about their origins. Measures of behavioral and emotional adjustment and social competence indicated that overall the children were well-adjusted, thus indirectly suggesting that disclosure was not negatively affecting families. Little is known about the well-being of adults who were raised as children in planned lesbian-couple families. Recently however, Golombok and Badger’s follow-up study of the now 19 year-old children of lesbian families provided one of the first reports with standardized measures of well-being (Golombok/Badger 2010). Similar to earlier work, the researchers found continued healthy psychological functioning among the young adults along with high quality parent-‘child’ relationships, again suggesting positive outcomes associated with openness in families.

When individuals learn about their family origins in adolescence or adulthood, we see very different responses. It is important to emphasize that such late disclosure is rarely possible

among planned lesbian-couple families. Most of what we know comes from individuals who were born to heterosexual DI couples and these individuals as yet do not form a representative study sample due to the secrecy common during their childhoods. No studies yet have included standardized measures of well-being and only one measured family functioning. Instead, feelings toward parents and attitude toward one's donor origins serve as proxies. Despite these caveats, findings remain crucial to understanding mental health outcomes among people with donor origins. As discussed earlier, disclosure at such late stages often happens by accident and in difficult situations such as family arguments, divorce, and death. Donor-conceived people's responses – not surprisingly – include anger about being deceived, losing one's sense of trust, sadness, and genealogical bewilderment along with the disruption of one's sense of self and identity. Adolescents and adults also report discomfort with having donor origins and terrible frustration with having no access to donor information (Cordray 1999/2000, Turner/Coyle 2000; Hewitt 2002; Spencer 2007; review in McWhinnie 2001). Even disclosure subsequently followed by avoiding the topic leads to lower family functioning (Paul/Berger 2007). In the largest sample to date of 165 donor-conceived adults, in which nearly 40% had learned as teens or adults, late disclosure actually predicted more negative attitudes toward having donor origins (Jadva et al. 2009). But unlike earlier studies, age at disclosure did not predict feelings toward parents – some who learned late still felt positively toward parents, while others who learned early could feel the opposite. Although the researchers did not collect much information about the manner of disclosure, only a minority of participants had learned accidentally in contrast to earlier studies, which might partly explain why findings around feelings toward parents differed from previous studies. In another study of 85 adults, the majority (66%) had learned as teens or adults, and similar to Jadva and colleagues, the majority (64%) were told during planned conversations

(Mahlstedt et al. in press). In this sample, no evidence was found for a link between age at disclosure and attitude towards one's donor origins, but instead attitude was better predicted by the quality of the relationship with their mother and viewing their (social) father as their "real father." In considering these relational and familial processes (e.g., communication and relationship quality), as well as age at disclosure, these last three studies help begin to identify what might really be going on in families around openness and secrecy. Although overall findings suggest that donor-conceived individuals who learn early and are raised in openness will fare better than those who learn late, it is likely that psychological aspects of family processes will be similarly important predictors of well-being and comfort with donor origins.

On a final note, in studies in which children (or their parents; Rumball/Adair 1999; Lindblad et al. 2000; Vanfraussen et al. 2001, 2003a, Gartrell et al. 2005), adolescents (Scheib et al. 2005) or adults (Cordray 1999/2000, Turner/Coyle 2000; Hewitt 2002; Spencer 2007; Scheib et al. 2008; Jadva et al. 2009; Mahlstedt et al. in press) were questioned about the donor, the vast majority expressed curiosity and wanting to know more about him. This finding applied whether the study included a representative sample or not. Among youths, degree of curiosity was not associated with their adjustment level (Vanfraussen et al. 2003a), much as interest in birth origins among adoptees is not associated with pathology (Howe/Feast 2000). Questions about the donor often centered around three main issues: What is the donor like as a person, what does he look like, and is he like me (e.g., Scheib et al. 2005). Donor-conceived adults also often had medical-related questions (e.g., Jadva et al. 2010). Such questions appear motivated by the desire to learn more about oneself – about who you are – reflecting the normal developmental process of identity-formation. When frustration was expressed about having donor origins, as commonly reported by adults, it went hand-in-hand with having an anonymous donor about whom little to

nothing was known. Frustration was much less common and much less intense among adolescents with open-identity donors (we know nothing about any other age group with this type of donor), as seen when youths wanted their donor's identity sooner than at adulthood (Scheib et al. 2005; see also Gartrell et al. 2005). While remaining preliminary, these findings suggest that having substantial information about a family's donor, and even an open-identity option, may lead to better outcomes among donor-conceived individuals and their families. Based on the positive outcomes seen among children in lesbian families who learn early, the combination of early and honest disclosure, having information about the donor, and being open to children's questions about their family's origins may lead to the best outcomes yet observed for DI families.

## **Conclusion**

In conclusion, the existing literature strongly indicates that children and parents in lesbian DI families are doing at least as well as those in heterosexual DI families, such that the DI literature mirrors the larger literature comparing children of lesbian and heterosexual parents. The sexual orientation of parents does not seem relevant. Rather, the family processes that support positive child development appear to be the same in DI heterosexual and lesbian-couple families. These include parents being satisfied with their spousal relationship and sharing of household and child-care tasks, parents feeling competent in their child-rearing skills, and parents and children sharing positive and close relationships. Given how similar lesbian- and heterosexual-couple families are on these characteristics, the similarly better-than-average adjustment and mental health of their children should come as no surprise.

Whereas family-building through DI often leads to positive outcomes for families, two major risk factors remain. First, it is becoming clear from the studies reviewed above that donor-conceived people are at risk for psychological difficulties when they “discover” their family’s donor origins late, in adolescence or early adulthood. Second, donor-conceived adolescents and young adults experience distress when they are unable to learn about their genetic and ancestral origins due to having anonymous donors, or being denied access to donor information. Notably, the former of these two risks would pertain most particularly to DI heterosexual-couple families. One of the few salient differences between heterosexual- and lesbian-couple families is with respect to the parents’ degree of openness with their children about the family’s DI origins. Children of planned lesbian-couple families are much more likely to learn about having a donor in early childhood, and to grow up knowing that in addition to their two mothers who are raising them, a man also made a biological contribution to their lives. Openness does not appear to harm children raised in lesbian families, as we see continued well-being into adolescence and young adulthood. With open and sensitive parents – whether lesbian or heterosexual – donor-conceived children will have the opportunity to develop a stable and healthy identity that includes this fact about their origins. However, if secrecy, shame, or concerns about the “developmental appropriateness” of divulging the use of DI leads parents to delay informing their children of the donor until adolescence, after they have made considerable progress in their identity formation, then identity conflict, confusion, anger and distress could result.

With regard to the second risk, regardless of family structure, the vast majority of donor-conceived children, youths and adults who know about their origins are curious about the donor and their ancestry. If their attempts to obtain that information are blocked, at a minimum they are likely to be frustrated. This curiosity of donor-conceived individuals is normal, and when it

cannot be fulfilled then risks for more substantive psychological distress or difficulties might also increase. This might become increasingly salient in adulthood, when concerns about their donor's genetic or medical conditions might affect their own family-planning or their own health, and when consolidation of the normative adolescent process of identity exploration should be resolved. This has important implications for health policies around the use of open-identity versus anonymous donors. If donor-conceived individuals want to be able to learn about their origins, then providing the means for them to access that information would seem to be supported on the grounds of psychological well-being.

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