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and Implications for Practice

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Lesbian-Mother Families Formed Through Donor Insemination

Henny Bos and Nanette Gartrell

For decades, theory and research on family functioning focused on two-parent families consisting of a father and a mother. Over the past 30 years, however, the concept of what makes a family has changed. Some children now grow up in patchwork or blended families, namely, families headed by two parents, one of whom has a child or children from a previous relationship. Other children grow up in planned lesbian-parent families, that is, those headed by lesbians who decide to have children through adoption, foster care, or donor insemination. These lesbian mothers and their children differ from lesbian mothers whose children were born into a previous heterosexual relationship. Such children typically experience their mother's coming out and her separation or divorce from the children's father. This type of

transition could potentially influence the child's psychological well-being. Many other variations in family structures, or combinations of the abovementioned family types, are possible (e.g., a child is born after two lesbian women form a relationship, and both mothers also have a child or children from a previous heterosexual relationship or marriage; see chapter "LGBTQ Parenting Post-Heterosexual Relationship Dissolution"). The present chapter focuses specifically on lesbian-mother families in which the children were conceived through donor insemination (i.e., planned lesbian-mother families).

Since the 1980s, assisted reproductive technologies (ART) have made it possible for lesbians to become parents through sperm banks (if they have the economic means) or private arrangements with known donors. As a result, planned lesbian-mother families are now an integral part of the social structure of many economically developed countries (Parke, 2004). According to data compiled in a 2018 report from the Williams Institute, approximately 114,000 same-sex couples in the USA are raising children; these include 86,000 female couples and 28,000 male couples (Goldberg & Conron, 2018). Most of these couples are raising biological children. It is unclear, however, whether those raised by female couples were born into lesbian relationships or to lesbian-identified mothers.

It is expected that the number of children born into planned lesbian-parent families and raised

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by lesbian mothers will continue to increase. Based on data from the 2011–2013 US National Survey of Family Growth (a nationally representative probability sample of 15–44-year-olds), Riskind and Tornello (2017) found that 78% of childless women identifying as lesbian ($n = 39$) answered “yes” to the question, “Looking to the future, if it were possible, would you, yourself, want to have a baby at some time in the future?” Similar results were reported in the Netherlands where 63% of 464 females between 12 and 24 years of age who identified as lesbian or bisexual wanted to become parents in the future, and 22% indicated that they did not yet know (Nikkelen & Vermey, 2018).

Attitudes toward lesbian parenting have improved during the past 30 years. In 1992, 29% of participants in a US population-based study reported that same-sex couples should have the legal right to adopt a child, and by 2014, 63% of participants agreed (Gallup, 2014). A 2006/2007 report from the Netherlands found that 54% of respondents supported adoption by same-sex couples; this increased to 73% in 2016/2017 (Kuyper, 2018).

These changing attitudes towards same-sex parenting also have meant that ART has become more accessible to lesbian women. For example, in 2008, the statement that a “child needs a father” was removed from the UK Human Fertilization and Embryology Act (see: http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_080211), and between 2013 and 2015, the Ethics Committee of the American Society for Reproductive Medicine concluded that denying access to fertility services for lesbian, gay, transgender, and unmarried people is not justified (Ethics Committee of the American Society for Reproductive Medicine, 2013, 2015).

Nevertheless, the right and fitness of sexual minorities to parent is still widely disputed in the media and in the legal and policy arenas. Opponents of sexual minority parenting claim that the children are at risk of developing a variety of behavior problems. It is assumed that children of lesbians who are raised in fatherless households might be teased by peers because of

their mothers’ sexual orientation (for analyses of opponents’ arguments, see Clarke, 2001; Gabb, 2018). To address these concerns, proponents of marriage equality and lesbian parenthood rely on studies that have been conducted on planned lesbian-mother families. These studies found no evidence to support claims that the traditional mother–father family is the ideal environment in which to raise children (Rosky, 2009).

Research Approaches and Theoretical Perspectives

In general, the studies cited in this chapter can be divided in two groups: those conducted from a between-difference approach (in which planned lesbian families with donor-conceived offspring are compared with different-sex parent families) and a within-difference approach (focusing on diversity within planned lesbian families; Bos, 2019). Studies based on both approaches represent a variety of disciplines, varying from psychology, medicine, and public health to social work and sociology (Farr, Tasker, & Goldberg, 2017). Between-difference studies are often driven by the public debate over whether the two types of families differ in parenting capabilities and child outcomes. The backdrop of this debate includes questions about whether: (a) lesbian mothers should be allowed to parent, (b) lesbian mothers can be appropriate socialization agents, and (c) children need both a mother and a father for a healthy development (Biblarz & Stacey, 2010; Farr et al., 2017; Lamb, 2012). Several of these studies are simultaneously driven by public debate and based on theory. In addition, research question(s) are often derived from a combination of theories (i.e., eclectic paradigm; Eldredge et al., 2016), such as Bronfenbrenner’s (2001) ecological theory, family systems theory (Boss, 2001), and gender and queer theory (Butler, 1990) (for overview, see Farr et al., 2017).

Within-difference investigations focus more on nuanced family dynamics and unique family processes that are specific to lesbian mothers and children conceived through ART (e.g., relationships with donors, parenting with different

biological relationships to the child). An important topic in within-difference investigations is the role of stigmatization on parenting and child development in planned lesbian families with donor-conceived offspring. The frameworks used for these studies are based mainly on theories of stigmatization (Goffman, 1963) and minority stress (Meyer, 2003). Recent studies based on the within-difference approach have focused on resilience within lesbian-parent families. Although grounded in minority stress theory, these investigations not only examined minority stressors as risk factors, but also explored influences that protect families against the impact of these stressors on well-being and development. Resilience studies in lesbian-parent families have been underutilized. However, they offer research opportunities for the future since the outcomes may facilitate the development of clinical and educational programs to promote key family strengths (Prendergast & MacPhee, 2018).

Planned Lesbian-Mother Families Compared with Different-Sex Parent Families

Early studies on planned lesbian-mother families were often aimed at establishing whether lesbians can be good parents, whether they should be granted legal parenthood, and whether they should have access to assisted reproductive technologies (e.g., Kirkpatrick, Smith, & Roy, 1981; Mucklow & Phelan, 1979). The emphasis was originally on proving the normality of planned lesbian-mother families and the children who grow up in them (for overviews, see Clarke, 2008; Sandfort, 2000; Stacey & Biblarz, 2001). In order to inform family policy and regulations on assisted reproduction, it continues to be important to compare parents and children in planned lesbian-mother and different-sex parent families. It is also important to continue this research focus in order to further theoretical understanding of the influence of family structure (same-sex vs. different-sex parents) and family processes (parent-child relationships, relationships between parents) on child development.

The association between family structure and outcomes for children can be complex, with family structure often playing a less important role in children's psychological development than the quality of the family relationships (Golombok, 2015).

The results of studies that compare planned lesbian-mother and different-sex parent families are presented below. These studies focused on three main areas: (a) family characteristics, (b) parenting, and (c) the development of offspring.

Family Characteristics

Age of Mother and Motivation to Have Children In a Dutch study of 100 planned lesbian-mother families and 100 heterosexual two-parent families (with children between 4 and 8 years old), Bos, van Balen, and van den Boom (2003) found that both biological and co-mothers in planned lesbian-mother families were, on average, older than heterosexual parents. At that time, the age difference may have been related to several issues: (a) lesbian women may have begun to think about having children later than heterosexual women; (b) lesbians have to make several decisions regarding the conception (e.g., deciding on donors), which takes time; and (c) it takes longer to achieve pregnancy through donor insemination than by natural conception (Botchan et al., 2001). Now that sexual minority parent families are more visible and accepted in society, it is conceivable that lesbian family planning will start at an earlier age.

In Bos et al.'s (2003) study, participants were also asked about their motives for parenthood. The lesbian biological mothers and co-mothers differed from heterosexual mothers and fathers in that they spent more time thinking about their motives for having children. Because lesbians carefully weigh the pros and cons of having children, their process to parenthood may be comparable to that of infertile heterosexual couples, with an enhanced awareness of the importance of parenthood in their lives. However, Bos et al. (2003) found that lesbian and heterosexual

parents ranked their parenthood motives similarly. Both types of parents reported that their most important motives were feelings of affection toward children and an expectation that parenthood would provide life fulfillment (Bos et al., 2003).

Division of Family Tasks How parents in lesbian-mother families and heterosexual two-parent families divide their time between family tasks (unpaid work such as household tasks and childcare) and paid work tends to be measured in two ways: via questionnaire (e.g., the “Who Does What?” measure [Chan, Brooks, Raboy, & Patterson, 1998; Cowan & Cowan, 1988] or via a structured diary record of daily activities [e.g., Bos, van Balen, & van den Boom, 2007]). Overall these studies found that lesbian-parent families with young children were more likely to share family tasks to a greater degree than mothers and fathers in heterosexual two-parent families. It is possible that the absence of gender polarization and having more flexible gender identities in lesbian-mother families led to more equal burden-sharing (Goldberg, 2013), which might explain findings that lesbian mothers were more satisfied with their partners as co-parents than heterosexual parents (Bos et al., 2007). Analysis of diary data also revealed that lesbian biological mothers and co-mothers spent similar amounts of time on employment outside the home, in contrast to heterosexual two-parent families in which the fathers spent much more time at their work outside the home than their partners did (Bos et al., 2007). It is also possible that lesbian partners may be more attentive and sensitive to issues of (in)equality in their relationships (Goldberg, 2013) and understand each other’s career opportunities and challenges better than do heterosexual partners (see Dunne, 1998).

Parental Justification and Self-Efficacy Parental justification or the feeling that one has to demonstrate to people that one is a good parent has been an important concept to examine because it is potentially related to parenting stress. Bos et al.

(2007) found that Dutch lesbian co-mothers felt more pressured to justify the quality of their parenting than heterosexual fathers. An explanation for this finding might be that, in the absence of a biological tie to the children, co-mothers do their utmost to be “good moms.”

Feeling obligated to demonstrate their competence as parents could influence the parental self-efficacy of lesbian mothers. However, a nationally representative Dutch survey on parenting and child development found that the birth mothers in two-mother families felt more competent than mothers in different-sex parent households (Bos, Kuyper, & Gartrell, 2017). The unequal division of labor within mother–father families may provide a possible explanation for this finding. Mothers in different-sex parent households carry a greater burden of household responsibilities, which may contribute to their feeling they have less time to devote to competent parenting.

Parenting

Parental Stress In their study of Dutch lesbian-mother families with young children, Bos, Van Balen, and Van Den Boom (2004a) found that parental stress among lesbian mothers was comparable to that of heterosexual parents. These data are congruent with reports from other countries. Shechner, Slone, Meir, and Kalish (2010) examined maternal stress in 30 Israeli lesbian two-mother families, 30 heterosexual two-parent families, and 30 single-mother families (all with children between 4 and 8 years old). Single heterosexual mothers reported higher levels of stress than lesbian or heterosexual mothers; lesbian mothers’ stress scores did not differ from those of the heterosexual mothers. Similar findings were found in a Dutch study of first-time parents whose children were 4 months old. There were no significant differences between lesbian mothers with donor-conceived infants, heterosexual parents with in vitro fertilization (IVF)-conceived infants (who did not use gamete donation), and gay fathers who became parents through surrogacy (van Rijn-

van Gelderen et al., 2017). In contrast, a US population-based study drawn from the National Survey of Children's Health found that female same-sex parents of children and adolescents experienced more parenting stress than different-sex parents to whom they were demographically matched (Bos, Knox, van Rijn-van Gelderen, & Gartrell, 2016). A similarly designed population-based study in the Netherlands reported no differences in parenting stress when same- and different-sex parents were compared, but fathers in same-sex couples and mothers in different-sex couples felt less parental competence than their counterparts (Bos et al., 2017).

Parenting Styles Studies based on parental self-report data in the UK, the USA, the Netherlands, and Belgium found that lesbian co-mothers of young children had higher levels of emotional involvement, parental concern, and parenting awareness skills than fathers in heterosexual two-parent families (Bos et al., 2004a; Bos et al., 2007; Brewaeys, Ponjaert, van Hall, & Golombok, 1997; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Golombok, Tasker, & Murray, 1997). In the Bos et al. (2007) Dutch study comparing lesbian and heterosexual two-parent families, data were also gathered through observations of the parent relationship during a home visit in which the parent and child were videotaped performing two instructional tasks, which were later scored by two different trained raters. Co-mothers differed from fathers in that they showed lower levels of limit-setting during the parent-child interaction (Bos et al., 2007). These differences were not found between lesbian biological mothers and heterosexual mothers. Explanations offered for these findings focused on gender: Women are expected to be more expressive, nurturant, and sensitive, while men more often exhibit instrumental competence, such as disciplining (Lamb, 1999).

In a follow-up of the aforementioned Dutch 2007 study, when the offspring reached adolescence (average age 16 years), they were asked

about parental monitoring of their behavior, disclosure about their personal lives to their parents, and the quality of the relationship with their parents (Bos, van Gelderen, & Gartrell, 2014). The adolescents' scores on these variables (measured with standardized instruments) were compared with a matched group of adolescents in different-sex parent families; no significant differences were found. Of note is the offspring were asked about their parents in general, and no distinction was made between parents.

Golombok et al. (2003) used standardized interviews to assess the quality of parent-child relationships in a community sample of 7-year-old children from 39 lesbian-mother families (20 headed by a single mother and 19 by a lesbian couple), 74 heterosexual two-parent families, and 60 families headed by single heterosexual mothers. In this study a significant difference was found for emotional involvement, with fathers scoring higher than co-mothers. However, it should be noted that a substantial number of the lesbian co-mothers were stepmothers who had not been involved in the decision to have the child and did not raise the child from birth.

In their longitudinal study in the UK, Golombok and Badger (2010) compared 20 families headed by lesbian mothers, 27 families headed by single heterosexual mothers, and 36 two-parent heterosexual families, at the time their offspring reached early adulthood. Lesbian and single heterosexual mothers were more emotionally involved with their offspring than heterosexual mothers in two-parent families. Lesbian and single heterosexual mothers also showed lower levels of separation anxiety than mothers in the heterosexual two-parent families. Single mothers reported less conflict and less severe disputes with their adult offspring than did the lesbian mothers.

In sum, empirical studies reveal some differences between lesbian and heterosexual parents. Lesbian mothers are more committed as parents, spend more time caring for their children, and show higher levels of emotional involvement with their children.

Child and Adolescent Development

Psychosocial Development Research on the children raised in planned lesbian-mother families has mainly focused on their psychological adjustment and peer relationships. Most studies found no significant differences between children raised in lesbian-parent and heterosexual two-parent families with regard to problem behavior, well-being, and emotion regulation (Baiocco et al., 2015; Bos et al., 2007; Bos & van Balen, 2008; Brewaeyns, Ponjaert-Kristoffersen, van Steirteghem, & Devroey, 1993; Crouch, Waters, McNair, Power, & Davis, 2014; Flaks et al., 1995; Patterson, 1994; Steckel, 1987). There are, however, some exceptions to the abovementioned findings. In the US National Longitudinal Lesbian Family Study (NLLFS), for example, the 38 10-year-old daughters of lesbian parents had significantly lower mean scores on externalizing problem behavior (as measured by the Child Behavior Checklist, or CBCL; Achenbach, 1991; Achenbach & Rescorla, 2001) than the Achenbach age-matched normative sample of girls (Gartrell, Deck, Rodas, Peyser, & Banks, 2005). Golombok et al. (1997) found that when the offspring from planned lesbian-mother families in the UK were 6 years old, they rated themselves less cognitively and physically competent than did their counterparts in father-present families. At the age of 9, however, there were no significant differences on psychological adjustment between the two groups (MacCallum & Golombok, 2004). In Belgium, Vanfraussen, Ponjaert-Kristoffersen, and Brewaeyns (2002) reported that although the 24 children in lesbian-parent families were not more frequently teased than the 24 children in heterosexual two-parent families about such matters as clothes or physical appearance, family-related incidents of teasing were mentioned only by children from lesbian-parent families. Vanfraussen et al. also gathered data on the children's well-being through reports from teachers, parents, and children. Teachers reported more attention problem behavior in children from lesbian-mother families than in children from mother-father families. However, based on reports from mothers and the children

themselves, no significant differences in the children's problem behavior were found. An explanation for this discrepancy could be that the teachers' evaluations were influenced by their own negative attitudes towards lesbianism. A US study revealed that preservice teacher attitudes toward gay and lesbian parents were more negative than their attitudes towards heterosexual parents (Herbsttrith, Tobin, Hesson-McInnis, & Joel Schneider, 2013).

In the earlier mentioned Dutch follow-up study, it was found that the adolescents raised in lesbian two-mother families had higher scores on self-esteem and lower scores on conduct problems than their counterparts raised in mother-father families (Bos et al., 2014). However, it should be mentioned that like many other investigations on adolescents with lesbian mothers, this study did not use a multi-informant approach; the findings were based only on the information provided by the adolescents. As a consequence, the results could be influenced by reporter bias as adolescents in same-sex parent families develop a keener awareness of their minority status (Rivers, Poteat, & Noret, 2008).

The abovementioned studies on the psychological development of children were all based on convenience samples: The planned lesbian-mother families were recruited with the help of gay and lesbian organizations, through friendship networks or hospital fertility departments, or sometimes through a combination of these methods. However, other studies used a different recruitment strategy. Golombok et al. (2003) extracted household composition data from the UK Avon Longitudinal Study of Parents and Children dataset. They used this information to identify households headed by two women and compared them with different-sex parent families. They found no differences in the psychological well-being of young children in the two types of households.

A similar strategy was used by Wainright and colleagues (Wainright & Patterson, 2006, 2008; Wainright, Russell, & Patterson, 2004), who used the US National Longitudinal Study of Adolescent Health (Add Health) dataset to identify

households headed by two mothers. They identified 44 families headed by two mothers, and each of them was matched with an adolescent of the Add Health dataset who was reared in a different-sex parent family. They found no differences in substance use, relationships with peers, and progress through school between adolescents in households headed by two women and those in different-sex parent families.

Because of their strong associations with child and adolescent health outcomes, parental relationship (in)stability or (dis)continuity, and family transitions (e.g., fostering or adopting) have been considered in some population-based comparative studies. Using aggregate 1997 to 2013 data from the National Health Interview Survey, Sullins (2015a, 2015b) found higher rates of emotional problems in children with same-sex parents. However, the Sullins studies did not account for family stability and transitions (e.g., separation/divorce, foster care, adoption) in comparing the different types of families, which may have influenced the outcomes (American Sociological Association, 2015). In a comparison of 6- to 17-year-olds with same- and different-sex parents drawn from the US National Survey of Children's Health, Bos et al. (2016) focused only on families in which neither the parents (i.e., through divorce or separation) nor the children (i.e., through adoption or foster care) had experienced a major instability or transition. The 95 children and adolescents with female same-sex parents did not differ in general health, emotional difficulties, coping behavior, or learning behavior from a demographically matched sample of 95 children and adolescents with different-sex parents. Likewise, using data from the Dutch Youth and Development Survey, 43 female and 52 male same-sex couple families were demographically matched with 95 different-sex parent families (Bos et al., 2017). None of the 5- to 18-year-olds in either type of family had experienced major instability or transition, and no differences associated with family type were found in their psychological well-being.

Among other studies on adolescents, Golombok & Badger's, 2010 longitudinal study in the UK found that at the age of 19, adolescents

born into lesbian-mother families showed lower levels of anxiety, depression, hostility, and problematic alcohol use, and higher levels of self-esteem, than adolescents in father-mother families. Likewise, Gartrell and Bos (2010) found that at the age of 17 years, the US NLLFS offspring (39 boys and 39 girls) demonstrated higher levels of social, school/academic, and total competence than gender-matched normative samples of American teenagers (49 girls and 44 boys). Although the US NLLFS sample and the comparison sample were similar in socioeconomic status, they were not matched on, nor did the authors control for, race/ethnicity or region of residence. This type of matching was done in another US NLLFS publication about substance use (Goldberg, Bos, & Gartrell, 2011). The researchers used the Monitoring the Future (MTF) data as a comparison group, and by using a 1:1 matching procedure on gender, age, race/ethnicity, and parental education, they randomly selected 78 17-year-old adolescents from the MTF dataset. There were no differences in the two groups on the likelihood of reporting heavy substance use (Goldberg et al., 2011). On a standardized assessment of quality of life, the US NLLFS adolescents scored comparably to their matched counterparts, who were drawn from a representative sample and raised by different-sex parents (van Gelderen, Bos, Gartrell, Hermanns, & Perrin, 2012).

When the US NLLFS offspring reached the age of 25, they completed the Achenbach Adult Self-Report, which assesses mental health through a series of questions about relationships and school/job performance and a checklist about behavior (Gartrell, Bos, & Koh, 2018). The scores of these adults raised in two-mother households were compared to a demographically matched group from the population-based Achenbach normative sample (Gartrell et al., 2018). No significant differences were found in the two groups with respect to family, friends, spouse/partner relationships, school/college or job performance, behavioral/emotional problems, or the mental health diagnostic scales. These positive findings regarding individuals raised in planned lesbian-parent families may be

partly explained by the mothers' commitment to and involvement in the rearing of their children, or by other aspects regarding the quality of the relationships within the family (e.g., sharing parental responsibilities).

Gender Role, Sexual Questioning, and Sexual Behavior Other frequently studied aspects of the development of children in planned lesbian-parent families are the children's gender roles and sexual behavior. MacCallum and Golombok (2004) studied 25 lesbian-mother families, 38 families headed by a single heterosexual mother, and 38 two-parent heterosexual families in the UK and found that boys in lesbian- or single-mother families showed more feminine personality traits than boys in two-parent heterosexual families. However, other studies that focused on children's aspirations to traditionally masculine or feminine occupations and activities did not find differences between children in lesbian-parent families and those in two-parent heterosexual families (Brewaews et al., 1997; Fulcher, Sutfin, & Patterson, 2008; Golombok et al., 2003).

In the Netherlands, Bos and Sandfort (2010) studied the gender development of 63 children with lesbian mothers and 68 children with heterosexual parents from a multidimensional perspective by focusing on five issues: (a) gender typicality (the degree to which the children felt that they were typical members of their gender category), (b) gender contentedness (the degree to which the children felt happy with their assigned gender), (c) pressure to conform (the degree to which the children felt pressure from parents and peers to conform to gender stereotypes), (d) intergroup bias (the degree to which the children felt that their gender was superior to the other gender), and (e) children's anticipation of future heterosexual romantic involvement. The authors found that when the children were between 8 and 12 years old, those in lesbian-parent families felt less parental pressure to conform to gender stereotypes, were less likely to experience their own gender as superior (intergroup bias), and were more likely to question

future heterosexual romantic involvement than those in heterosexual two-parent families. An explanation for these findings might be that lesbian mothers have more liberal attitudes than heterosexual parents toward their children's gender-related behavior (Fulcher et al., 2008). That children in lesbian-mother families are less certain about future heterosexual romantic involvement might also be a result of growing up in a family environment that is more accepting of homoerotic relationships.

The abovementioned findings are all based on studies of children. Three studies on adolescents also included questions about sexual and romantic behavior and sexual orientation. The Wainright et al. (2004) study using Add Health data revealed no significant differences in heterosexual intercourse or romantic relationships between young adults with female same-sex parents and young adults with different-sex parents. The 2010 longitudinal UK study by Golombok and Badger found that as young adults (mean age 19), individuals with lesbian mothers were more likely to have started dating than young adults from heterosexual-parent families. However, the US NLLFS found that the 17-year-old female offspring of lesbian mothers were significantly older at the time of their first heterosexual contact compared to an age- and gender-matched comparison group from the National Survey of Family Growth (Gartrell, Bos, & Goldberg, 2012). The daughters of US NLLFS lesbian mothers were also significantly less likely to have been pregnant and more likely to have used emergency contraception than their peers (Gartrell et al., 2012). In both the UK and the US studies, most offspring of lesbian mothers identified as heterosexual. However, nearly one in five of the US NLLFS girls identified in the bisexual spectrum, which is consistent with the theory that an accepting family environment makes it more comfortable for adolescent girls with same-sex attractions to explore intimate relationships with their peers (Biblarz & Stacey, 2010; Stacey & Biblarz, 2001). At the age of 25, although most NLLFS offspring identified as "heterosexual or straight," compared to their counterparts in a population-based survey, the adult offspring were

significantly more likely to report same-sex attraction, sexual minority identity, and same-sex sexual experience (Gartrell, Bos, & Koh, 2019).

Comparison Between Biological Mothers and Nonbiological Mothers in Planned Lesbian-Mother Families

In studies that compare biological and nonbiological mothers in planned lesbian-parent families, there are three main topics of interest: (a) the pregnancy decision-making process and the desire and motivation to have children, (b) the division of tasks (household and childrearing), and (c) parenting. Interest in the differences and similarities between biological and nonbiological mothers is linked to the role and position of the mothers who did not bear the child, especially because these mothers are living in a societal context in which the biological relatedness of the parents is often perceived as important.

Pregnancy Decision-Making Process and Desire and Motivation to Have Children

Several studies have examined the decision-making process concerning which of the partners in lesbian couples will conceive and bear the children. Goldberg (2006) interviewed 29 American lesbian couples about their decision regarding who would try to become pregnant and the reasons behind this decision. The most frequently mentioned reason was the biological mother's desire to experience pregnancy and childbirth; for some, it was also important to have a genetic connection with the child (Goldberg, 2006). However, many couples had other reasons, such as age: The older partner was chosen because it could have been her last chance to become pregnant, or the younger partner was chosen because they both thought that the age of the older partner might make it difficult for her to conceive. Additionally, some couples invoked their employment situation, such that the partner with the

most flexible job was chosen to conceive. Chabot and Ames (2004) interviewed 10 American lesbian couples (with children between 3 months and 8 years old) and observed these couples during support group meetings for lesbian parents. Similar results were found to Goldberg's, 2006 study on how the couples decided who would carry the child.

Each partner in a lesbian couple can theoretically carry a child. Studies have shown, however, that few couples make the decision to do this. For example, a study of 95 lesbian couples who were undergoing donor insemination at a clinic in Belgium found that only 14% wanted both partners to become pregnant; these couples wanted first the older and then the younger partner to do so (Baetens, Camus, & Devroey, 2002). A study of 100 Dutch lesbian couples with one or more children (the oldest between 4 and 8 years old) found that in only a minority (33%) of cases had both mothers given birth to a child (Bos et al., 2003). While in Baetens et al.'s (2002) study it was the older partner who had been the first to attempt pregnancy, in Bos et al.'s (2003) study there was no significant age difference between the two would-be parents.

Bos et al. (2003) also compared mothers who became pregnant with those who did not. They found that the former group had spent more time thinking about why they wanted to become mothers, stated more frequently that they had had to "give up almost everything" to become pregnant, and more frequently described "parenthood as a life fulfillment." Indeed, it would be interesting to examine the extent to which gender identity (i.e., whether women use stereotypic feminine or masculine personality traits to describe themselves) is a predictor of the desire to experience pregnancy and childbirth. For heterosexual women in economically developed cultures, being a mother is considered evidence of femininity (Ulrich & Weatherall, 2000).

In 2010, shared IVF motherhood began to receive more attention in the literature about lesbian-mother families (Marina et al., 2010). This practice, also called "reception of oocyte from partner" (ROPA), involves one partner in a lesbian couple providing the ovum and the other

carrying the fetus to term. ROPA reflects the wish of a lesbian couple to conceive a child together (although they still need the contribution of a sperm donor) through a combined genetic and biological link (Pennings, 2016). ROPA is also consistent with egalitarianism in lesbian relationships (Pelka, 2009), because it avoids the biological versus nonbiological asymmetry (Raes et al., 2014) and diminishes feelings of envy (Pelka, 2009). ROPA is an acceptable, successful, and safe treatment option for lesbian couples with financial means (e.g., Bodri et al., 2018). The number of ROPA pregnancies seems to be growing (Machin, 2014), although in 2017, ROPA was only allowed in a few countries (i.e., in countries where same-sex marriage is allowed, lesbian women are eligible for all forms of ART, and known egg donation is legally authorized; Bodri et al., 2018). ROPA is still an understudied topic in research on lesbian-mother families.

Division of Tasks

There is a great deal of variability in the labor arrangements (paid and unpaid work) within lesbian parenting relationships (Goldberg, 2010, 2013). Several studies found an equal division of both child-rearing tasks and paid work between the partners in planned lesbian-mother families (Chan et al., 1998; Gartrell et al., 1999; Gartrell et al., 2000). However, other research found that biological lesbian mothers were more involved in childcare than their partners and that the nonbiological lesbian mothers spent more time working outside the home (Bos et al., 2007; Downing & Goldberg, 2011; Goldberg & Perry-Jenkins, 2007; Patterson, 2002; Short, 2007). In interviews with biological and nonbiological mothers about differences in their contribution to paid and unpaid (childcare) work, they rarely mentioned the biological link as an explanation of the division of their roles in family tasks (Downing & Goldberg, 2011). There is evidence that when differences in the division of

family tasks occur in lesbian-mother families, the partner with less job prestige, less income, and/or less formal education typically does more of the unpaid work (Sutphin, 2013).

Parenting

Relatively few studies have examined whether there are differences in parenting styles and parenting behavior between partners in planned lesbian-mother families. When such a comparison is made, the unit of analyses is the biological tie (or its absence) with the child(ren). Goldberg, Downing, and Sauck (2008) asked the lesbian mothers whom they interviewed whether they observed in their children a preference for the biological or the nonbiological mother. Many of the women mentioned that as infants their children had preferred the birth mother, but that over the years this preference had faded such that at the time of the interviews, the children (who were then 3.5 years old) had no preference. According to the mothers, the initial preference of the child was related to the pregnancy and breastfeeding. Notably, some nonbiological mothers were jealous of these experiences of their partners. Gartrell et al. (1999) found that lesbian co-mothers of 2-year-old children reported feelings of jealousy related to their partners' bonding with the child during breastfeeding (see Gartrell, Peyser, & Bos, 2011).

Bos et al. (2007) compared Dutch biological and nonbiological mothers in 100 planned lesbian-mother families with respect to parenting styles and parental behavior. No differences were found between the partners on most of the variables: They did not differ significantly on emotional involvement, parental concern, power assertion, induction (all measured with questionnaires), supportive presence, or respect for the child's autonomy (all measured through observations of child-parent interactions). However, lesbian biological mothers scored higher on limit-setting the child's behavior during the observed parent-child interactions.

Diversity Within Planned Lesbian-Mother Families

The third set of studies focused on diversity among planned lesbian-mother families and the potential effects of such diversity on child-rearing and children. Three aspects of diversity within planned lesbian-mother studies that have been investigated are: (a) donor status (known or as-yet-unknown donor), (b) absence of male role models, and (c) parent and offspring experiences of stigmatization. The focus on diversity within lesbian-parent families represents a relatively new type of inquiry in studies of lesbian-mother families.

Questions regarding why mothers use known or as-yet-unknown donors, and what the choice means for the mothers and their offspring, should be placed in a broader discussion about how the absence of information about their donors may affect offspring identity and psychological development, especially during the vulnerable period of adolescence. Interest in the role of male involvement in these families is based on theories and ideas about gender identification and how the absence of a traditional father or father figure may affect children. The experience of stigmatization in lesbian-mother families should be understood in terms of the role of personal, family, and community resources in reducing the negative impact of homophobia on the offspring's psychological development (van Gelderen, Gartrell, Bos, & Hermanns, 2009).

Donor Status

Many fertility clinics in the USA offer couples a double-track option of using either the sperm of a donor who will remain permanently anonymous (unknown donor) or that of a donor who may be met by the offspring when she or he reaches the age of 18 (identity-release donor) (Scheib, Riordan, & Rubin, 2005). It is increasingly being argued that gamete donor offspring have a fundamental right to know the identity of their sperm donor (see Ravelingien & Pennings, 2013 for analyses of the arguments).

The right to know the sperm donor is based on the proceedings from the United Nations Convention on the Rights of the Child (1989) which state that children have the right to preserve their identity and know/be cared for by their parents (McWhinnie, 2001). As a result of these proceedings, several countries (e.g., the Netherlands) implemented legal and policy changes such that sperm donation from a permanently anonymous donor is no longer allowed. However, in her US study of 29 pregnant lesbians and their partners, Goldberg (2006) found that 59% of the women preferred an unknown donor, because they wanted to raise their children without interference from a third party. Touroni and Coyle (2002), who interviewed nine lesbian couples in the UK, found that six had chosen a known donor because they believed that children have the right to know their genetic origins and/or to form relationships with their donors early in life. Gartrell et al. (1996) found that among the lesbian women in the US NLLFS who preferred a known donor were many who worried that children conceived by unknown donors might experience psychological and identity problems during adolescence or later in life.

Few studies have assessed the impact on offspring to have known or unknown donors. In Belgium, Vanfraussen, Pontjaert-Kristoffersen, and Brewaeys (2003a, 2003b) asked 24 children (mean age = 10 years old) with lesbian mothers whether, if it were possible, they would want to have more information about their donors. Nearly 50% of the children answered "yes"; they were especially curious about their donors' physical features and personalities. Scheib et al. (2005) found that for adolescents conceived by identity-release donors and raised in lesbian-mother families, the most frequently mentioned questions were, "What's he like?", "What does he look like?", "What's his family like?", and "Is he like me?" The Belgian study also assessed whether the children who wanted to know more about their donors differed in self-esteem or emotional and behavioral functioning from their counterparts who did not share this curiosity, and no significant differences were found (Vanfraussen et al., 2003a, 2003b).

At the time of the first US NLLFS data collection, the mothers-to-be were either pregnant or inseminating, and the donor preferences were almost equally divided between permanently anonymous and identity-release donors (Gartrell et al., 1996). In the fifth wave of the US NLLFS, nearly 23% of the adolescents with unknown donors stated that they wished they knew their donors, while 67% of those who would have the option to meet their donors when they turned 18 planned to do so (Bos & Gartrell, 2010).

Analysis of the data collected by the Donor Sibling Registry (i.e., the largest US web-based registry) revealed that of the 133 individuals (age range: 13–41+) conceived in the context of two-parent planned lesbian families, 8% reported that they had met the donor (Nelson, Hertz, & Kramer, 2013). Of those who had not yet met their donor, three-quarters mentioned that they hoped to contact the donor; the most frequently mentioned reason was curiosity about his physical appearance. Some individuals reported that they already had contact in some way (e.g., by email or in person) with one or more half-siblings (Nelson et al., 2013; Persaud et al., 2017).

The US NLLFS (Bos & Gartrell, 2010) assessed the associations between donor status and problem behavior among youth over time through parental responses to the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001). This data collection was done in the fourth and fifth waves (when the children were 10 and 17 years old, respectively). The analyses revealed that donor type (known and as-yet-unknown donors) had no bearing on the development of the psychological well-being of youth over a 7-year period from childhood through adolescence. These results are important, because lesbian prospective parents are often uncertain about the long-term effects of donor selection on the well-being of their children.

Also, when their offspring were 17 years old, the NLLFS mothers were asked about their retrospective feelings concerning the types of sperm donors they selected. More than three-quarters (77.5%) indicated that they would make the same choice if they had it do over again, regardless of the type of donor chosen (Gartrell, Bos, Goldberg,

Deck, & van Rijn-van Gelderen, 2015). Of those who were satisfied with their choice of a known donor, nearly all mentioned reasons that were related to the relationship between the donor and the offspring and/or the mother(s). That their 17-year-old offspring would soon have the option to meet their donors and learn more about them was the most frequently mentioned reason for being satisfied among mothers who chose an open-identity donor. Among the mothers who used an unknown donor, most were satisfied because they had avoided legal conflicts and/or parenting involvement by a third person. In addition, these mothers were pleased with the overall outcome that having an unknown donor did not negatively affect their children's life and well-being.

Some studies investigated the narratives that were used to describe the donor. Goldberg and Allen (2013) reported that adolescent and adults raised by lesbian mothers used a variety of terms to refer to their donors: (a) strictly donors and not members of their family, (b) extended family members but not parents, and (c) fathers. Other studies document similar narratives (Mahlstedt, Labounty, & Kennedy, 2010; Raes et al., 2015). The data from the earlier mentioned Donor Sibling Registry showed that most individuals raised in lesbian-parent families used the terms "donor" or "sperm donor" (Nelson et al., 2013).

Male Role Models

Little research has focused on lesbian mothers' ideas about male involvement in the lives of their offspring, and only one study has examined the effects on adolescents of growing up in lesbian-mother families with or without male role models. Goldberg and Allen (2007) interviewed 30 lesbian couples in the USA during pregnancy and when their children were 3 months old. More than two-thirds of the mothers were highly conscious of the fact that their children would grow up in the absence of a male figure, and these mothers believed that this could negatively impact their children's psychological well-being. Many of these parents, in turn, had already made

plans to find such men. According to the authors, as well as Clarke and Kitzinger (2005), this concern may be a response to cultural anxieties about the necessity for male role models in the development of children.

The US NLLFS found that when the mothers were inseminating or pregnant, 76% stated that they hoped to provide their children with positive male role models (often described as “good, loving men”; Gartrell et al., 1996), and by the time the children were 10 years old, half of the families had incorporated male role models into these children’s lives (Gartrell et al., 2005). During wave 5, the 17-year-old US NLLFS adolescents with and without male role models were compared on the feminine and masculine scales of the Bem Sex-Role Inventory and on psychological adjustment (Bos, Goldberg, van Gelderen, & Gartrell, 2012). No differences were found on any of these comparisons based on the presence or absence of male role models.

Stigmatization

Mothers’ Experiences of Stigmatization The US NLLFS found that most prospective lesbian mothers viewed raising a child in a heterosexist and homophobic society as potentially challenging (Gartrell et al., 1996). Experiences of stigmatization and rejection were assessed in the Dutch longitudinal study by Bos, Van Balen, Van den Boom, and Sandfort (2004b). The 200 mothers (100 couples) were asked about such experiences when the children were between 4 and 8 years old. The authors developed a scale to measure the mothers’ perceived experiences of rejection. This instrument included 7 forms of rejection related to being a lesbian mother. Lesbian mothers were asked to indicate how frequently each form of rejection had occurred in the previous year (Bos et al., 2004). The forms of rejection that were most frequently reported were “Other people asking me annoying questions related to my lifestyle” (reported by 68% and 72% of the biological mothers and the co-mothers, respectively) and “Other people gossiping about me” (27.3% and 32.7% of the biological and the co-mothers,

respectively). Less frequently reported experiences were disapproving comments (13% and 12.1% of the biological and the co-mothers, respectively) and being excluded (12% and 9.1% of the biological and the co-mothers, respectively). These 7 items formed a reliable scale, and higher levels of rejection were found to be associated with more experiences of parenting stress, feeling a greater need to justify the quality of the parent–child relationship, and feeling less competent as a parent (Bos et al., 2004). The study from which these data were drawn was conducted in the Netherlands, which is relatively accepting of lesbian and gay people and same-sex marriage (Sandfort, McGaskey, & Bos, 2008). Shapiro, Peterson, and Stewart (2009) found that living in a country with same-sex marriage had a positive effect on lesbian parents.

Lesbian-parent families also experience homophobic stigmatization and heteronormativity in the child healthcare system. In the UK, USA, Canada, Australia, and New Zealand, same-sex couples have reported anxiety about prejudicial treatment by child health professionals (e.g., Chapman, Watkins, Zappia, Combs, & Shields, 2012; Cherguit, Burns, Pettle, & Tasker, 2013; Hayman, Wilkes, Halcomb, & Jackson, 2013). Fearing judgment, some female same-sex parents were reluctant to seek professional support (Alang & Fomotar, 2015). Wells and Lang (2016) reviewed the literature on lesbian parents’ experiences with child healthcare in Nordic countries (e.g., Sweden, Norway, Denmark, Finland, and Iceland). Even though these countries rank as the most gender-equal countries in the world, lesbian parents still faced discriminatory practices and procedures. For example, co-mothers felt that they were inappropriately treated like fathers (Wells & Lang, 2016).

Offspring Experiences of Stigmatization In the follow-up of the longitudinal Dutch study, the children (aged 8–12 years) were asked about their experiences of rejection (Bos & van Balen, 2008). Sixty percent of the children in the lesbian-mother families reported that peers made jokes

about them because of their mothers' lesbianism. Other frequently reported forms of rejection were: annoying questions (56.7%) and abusive language (45.2%) related to the mothers' sexual orientation, gossip about their lesbian mothers (30.6%), and exclusion because of their family type (26.2%).

Here, differences in sociolegal context between countries are also important. In the fourth wave of the US NLLFS, Gartrell et al. (2005) assessed experiences of homophobia by asking the children: "Do other kids ever say mean things to you about your mom(s) being lesbian?" Nearly 38% of the 41 boys and 46% of the 38 girls responded affirmatively. In Dutch planned lesbian families (Bos & van Balen, 2008), 14.7% of the 36 boys and 22.2% of the 38 girls answered "yes" to the same question. When the NLLFS offspring were 25 years old, the most frequently cited experiences of homophobia were (a) asking annoying questions about the mother(s)' sexual orientation and (b) making jokes about the mother(s)' sexual orientation (Koh, Bos, & Gartrell, 2019).

Although studies comparing children of lesbian and heterosexual parents (or comparing the former group with nationally representative samples) have found that having sexual minority parents is not in itself a risk factor for developing psychological problems (e.g., Bos et al., 2007; Carone, Lingardi, Chirumbolo, & Baiocco, 2018; Golombok et al., 2003), children who were stigmatized because of their mothers' lesbianism had lower scores on self-confidence and exhibited more behavioral problems (Bos et al., 2004b; Bos & van Balen, 2008; Gartrell et al., 2005). This association between homophobic stigmatization and behavioral problems was also found in emerging adults with lesbian parents (Koh et al., 2019). Attending schools with LGBTQ curricula, their mothers' participation in the lesbian community, and having frequent contact with other offspring of sexual minority parents protected children against the negative influences of stigmatization on their well-being (Bos & van Balen, 2008).

Future Directions for Research

Most studies described in this chapter were based on data from parents (semistructured interviews with parents, or self-administered questionnaires completed by them). Parental reports could be biased if the mothers are motivated to impress the researchers with their parenting skills. To limit self-report bias, future research should utilize other sources such as teacher reports or researcher observations of parent-child interactions (which some studies already have).

Another issue for future research concerns the representativeness of the study samples and the generalizability of the findings. Most studies on planned lesbian-mother families used comparatively small samples, and respondents were recruited via such sources as organizations of lesbian and gay parents. As a consequence, they are not representative, which limits the generalizability of the findings (Tasker, 2010). Large general population studies with an intersectional focus offer an opportunity to conduct analyses based on family type and structure, genetic and nongenetic relationships between parents and children, parental gender identity and sexual orientation, race/ethnicity, and socioeconomic status. These studies will be an important contribution to the literature, because the parents in a majority of planned lesbian-mother families studied to date have been White, middle to upper middle class, highly educated, and urban-dwelling (see chapter "Race and Ethnicity in the Lives of LGBTQ Parents and Their Children: Perspectives from and Beyond North America").

In general, previous studies on planned lesbian-mother families used a cross-sectional design; thus, causal directions cannot be determined for the associations that were found (e.g., between experiences of stigmatization and a child's psychological adjustment). There are several studies in which data are gathered over multiple waves (e.g., Bos et al., 2007; Bos & Sandfort, 2010; Gartrell et al., 1996, 2018; Goldberg, 2006; Golombok et al., 1997; Golombok & Badger, 2010). However, the instruments that were used were sometimes different across phases, and as a consequence it was not possible to examine

children's psychological well-being longitudinally. More longitudinal studies focusing on the long-term consequences of stigmatization and resilience are needed.

Finally, studies based on the within-difference approach that focused on the role of stigmatization underscore the importance of conducting research on lesbian-parent families with a goal of understanding resilience and protective factors—that is, the ability of the parents and children to function well despite challenging circumstances (Prendergast & MacPhee, 2018). A theoretical model of family resilience may facilitate our understanding of factors on the parental, family, and child levels that buffer youth from the effects of stigmatization and discrimination (Masten, 2018; Prendergast & MacPhee, 2018).

Practical Implications

The overall finding that lesbian-mother families formed through donor insemination are functioning well has implications for the clinical care of lesbian-parent families, for the expert testimony on lesbian-mother custody, and for public policies concerning sexual minority parenting. Overall, the data provide no justification for restricting access to reproductive technologies or child custody on the basis of the sexual orientation of the parents. Pediatricians and other health care professionals should provide the findings of the studies mentioned in this review to prospective lesbian parents. It would also be useful to review information provided at clinics to assess whether all types of families are represented, including lesbian-parent families with children born through sperm donation. Making these families more visible enhances their feelings of inclusion and legitimacy.

Clinicians and educators working with planned lesbian-parent families should be prepared to counsel them about the direct and indirect effects of heterosexism and homophobia and provide resources to those who have been stigmatized. Clinicians and educators should be aware of possible difficulties that children of sexual minorities may face as a result of discrimi-

nation, and they should be able to discuss how protective factors, such as socializing with or attending school with other children with lesbian and gay parents, affect children's well-being (see chapter “[Clinical Work with Children and Adolescents Growing Up with LGBTQ Parents](#)”). Clinicians and educators should also reflect on their own views on and behavior toward sexual minority parent families. If aware of inherent bias, it is incumbent that the clinician or educator receive training on confronting and unlearning homophobia.

All types of families face challenges, some of which are unique to members of minority groups. Although they show more similarities to than differences from heterosexual-parent families, lesbian families formed through donor insemination still struggle with societal acceptance even though their egalitarian parenting style serves as a model for co-parents everywhere.

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