

Families – Beyond the Nuclear Ideal

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Donor-conceived Children Raised by Lesbian Couples

Socialization and development in a new form
of planned family

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As a family structure, a two-mother, lesbian-parented family is not a new or recent construction. However, the way in which lesbian families typically form has been evolving. In the past, many lesbian mothers had their children through heterosexual relationships prior to recognizing their lesbian identity. The ability of publically 'out' single and partnered lesbians to conceive children was limited to a small number of progressive donor insemination (DI) programs that used anonymous donors or known donors, such as male friends or relatives. In recent years, lesbians have gained greater access to assisted reproduction technologies and more opportunities to build their families without the direct involvement of male partners. It is likely that multiple factors led to this change.

Perhaps foremost is the fact that attitudes towards sexual minorities have changed, leading to greater public acceptance of lesbian families (Bos and Gartrell 2010; Goldberg 2010). Social policies have changed accordingly. For example, in the UK, the phrase 'need of [the] child for a father' was dropped from section 13(5) of the Human Fertilisation and Embryology Act in 2008. Similar changes were recommended earlier by the American Society for Reproductive Medicine's Ethics Committee in 2006. Such changes officially opened access to assisted reproductive technologies to single women and lesbian couples. In addition, many infertile heterosexual couples now choose improved reproductive techniques over DI that preserve genetic links between father and child. In North America, this left a consumer void in DI programs, such that some clinics began to actively solicit lesbian couples and single women as clients. Not surprisingly, these populations now constitute the majority of DI clients in the US (Amato and Jacob 2004; Ehrensaft 2008). The net result is that there are now more lesbian-headed families raising children conceived through DI than ever before.

An outcome of this 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 likely question how their family came to be, and why, unlike many of their classmates, they have no father. Thus, the majority of lesbian parents will be open with their children about the family's donor origins from early on. 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).

Some parties have raised concerns that we are now engaged in an unguided social experiment that increases the rights of sexual minorities to become parents, to the detriment of the children's wellbeing (Somerville 2003, 2010). It is not the case, however, that we are lacking in knowledge regarding children's development in diverse family structures (Patterson and Hastings 2007). More specifically, research into lesbian parents' socialization practices, family processes and the development of children conceived through DI actually predates the recent changes in attitudes, social policy, and DI clinic practices. Patterson, Gartrell, Golombok and their colleagues initiated ground-breaking programs of study with lesbians who were successful in accessing DI programs in the 1980s in order to examine the development of children in DI-conceived lesbian families. Thus, there is a considerable body of well-designed, cross-sectional and prospective longitudinal research that speaks directly to these concerns. What is less clear is whether developmental outcomes of children differ depending on whether they 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 also 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. In this chapter, we will review this research and draw conclusions regarding the development of children in DI lesbian families and the factors that promote their positive growth and wellbeing.

What happens to children who are raised in DI lesbian-couple families?

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 wellbeing? Findings from the earliest studies on

small samples of DI lesbian-couple families indicated a preliminary yes. Steckel (1987) conducted the first systematic comparison of eleven children (aged three to four years) raised by lesbian couples to eleven same-age children who were conventionally-conceived and raised by heterosexual couples. Using structured interviews with the mothers and children, and both parental and 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 behaviour than expected, whereas the boys of lesbian couples appeared slightly less aggressive than those raised by heterosexual couples. The latter finding has been replicated in a larger sample of children who were on average ten years old (range seven to seventeen; 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 1990s, Patterson (1994, 1996) conducted the Bay Area Family Study – the first to examine psychosocial development in elementary-school age children (four to nine years) being raised by lesbian parents. All but three of the thirty-seven children were donor-conceived. Whereas the results did not distinguish between coupled (70 per cent) 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 behaviour, 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 behavioural problems, and most areas of self-concept – fell within normal, non-clinical ranges, as did their gender-role preferences. However, children reported experiencing more reactions to stress (for example, feeling angry, upset), but also a greater sense of wellbeing (for example, 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 and 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 will 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 and Golombok 2005; Landau *et al.* 2008; Landau and Weissenberg 2010.) A common feature among all these families was that the parents tended to be somewhat older (starting families in their thirties), 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 *et al.* (1995) compared a sample of fifteen DI lesbian-couple families to fifteen matched heterosexual-couple families (conventional conceivers, CC) with three to nine 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 behavioural 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 well-functioning ranges of the standardized samples for the measures used.

Golombok and her colleagues in the UK (1997) reported similar findings. They compared thirty three to nine year old children from lesbian families (combined couples and singles) to children in forty-one CC heterosexual-couple families and thirty single-mother families and found that overall 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 was not maintained in a follow-up of twenty-five of the lesbian families when the children were age twelve (MacCallum and Golombok 2004; see also Vanfraussen *et al.* 2002). In addition, as young adults – the only study so far of adult-outcomes from DI lesbian families (eighteen adults, twenty mothers) – they reported the opposite: young adults with lesbian mothers or single heterosexual mothers reported higher levels of self-esteem and lower levels of depression, anxiety and hostility compared to young adults from CC heterosexual families (Golombok and 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 DI lesbian-couple families as compared to heterosexual-couple families. In a European study (Belgium and the Netherlands), Brewaeyns and colleagues (1997b) assessed the gender role development and emotional and behavioural problems in four to eight year olds from families headed by thirty lesbian couples and sixty-eight heterosexual couples, including thirty-eight DI and thirty CC families. Study participants were recruited from university hospital fertility and obstetrics departments. All lesbian couples agreed to participate, making the findings representative of lesbian-couple families who had used DI during that time period. Additionally, including all three family types allowed Brewaeyns and colleagues to test whether DI families in general differed from CC 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 parents¹. As before, parental and teacher reports on the CBCL indicated that children from lesbian-couple families did not differ from the two heterosexual-couple groups in their adjustment, and their scores looked similar to Dutch norms. No differences were found in gender role development (see also Bos and Sandfort 2010). Later, more extensive assessment of the children's wellbeing at age ten 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 couple 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).

Brewaeyns *et al.*'s (1997b) study of the younger, four to eight year old children, was one of the first to include a comparison sample of DI heterosexual-couple 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 behavioural 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 could be associated with different outcomes for children. Clamar (1989) had earlier suggested that the challenge of keeping secrets negatively affected families. Whereas both DI lesbian co-mothers and fathers might have trouble accepting their non-genetically related

children as their own, the additional challenge of hiding the father's potentially stigmatizing infertility might hinder family processes, such as communication quality, and negatively affect the child. Together, the facts that Brewaeys and colleagues found comparable or better outcomes for lesbian-couple families, that other research suggests better outcomes for disclosing over non-disclosing heterosexual-couple families (Golombok *et al.* 2002; Lycett *et al.* 2004; see section below on openness) and that DI fathers appear to differ little from adoptive and CC fathers in their relationships with their children (Golombok *et al.* 1995; Owen and Golombok 2009; see Golombok *et al.* 2002 for same pattern with one exception) suggests that it is the secrecy that is a problem for DI families (Daniels *et al.* 2011). Secrecy versus openness, and related family processes, may be more important determinants of child wellbeing than parental sexual orientation.

Chan, Raboy and Patterson's (1998a) findings provided strong evidence for the importance of family processes. Using the resources of one sperm bank, they recruited a representative sample of eighty matched families with five to eleven 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 (fifty-five lesbian, twenty-five heterosexual) and number of parents (thirty single, fifty couple). Again, family type was not associated with differences in most measures of child outcomes (see similar findings in Gartrell *et al.* 2005, 2011 in press; Bos *et al.* 2007). Based on reports from both parents and teachers, the results indicated that the children were developing normally, although 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, suggesting that the finding reflected reporter differences rather than true child differences. What better predicted child outcomes were family processes, as we discuss below.

Differences in parenting and family processes across family types

Decades of socialization research have shown that how parents raise their children has important and lasting influences on children's development (Grusec and Hastings 2007). Studies have shown that it is as true for DI 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 DI lesbian-couple families and DI heterosexual-couple families on measures of parental stress, self-esteem, depression and spousal relationship quality. With a smaller subset of these families (thirty lesbian and sixteen 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 fifteen DI lesbian-couple families with fifteen 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 DI lesbian-couple families and 100 matched CC heterosexual-couple families of six 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, as well as 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.

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 four to eight years-olds in DI 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 six year-old children than were lesbian mothers. When these families were seen again six years later (MacCallum and 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, twelve 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 and Steinberg 2006). This would continue as children approached the end of adolescence. Correspondingly, when these children reached early adulthood (Golombok and 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 own children, experience as the normal turmoil of adolescence.

Overall, then, the evidence suggests that the socialization experiences of children in DI 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.

Relations between parenting, family processes and child outcomes

Only three of the studies of DI lesbian-couple families examined how parenting and family processes are associated with children's characteristics. Bos and colleagues (2007) found that in both DI 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 behaviour; the analyses did not predict clinically-meaningful levels of problems.) Similarly, across DI lesbian and DI heterosexual families, Chan and colleagues (1998a,b) found that when parents reported less satisfaction with the division of household labour, more parenting distress, and more dysfunctional parent-child relationships, children manifested (non-clinically) more behaviour problems. These studies also reported several correlations between parents' wellbeing and child-rearing behaviours 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 DI lesbian-couple families. Children fare 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

(for example, anywhere from none to 30 per cent as reviewed in Brewaeys 2001; McWhinnie 2001; more recently 10 to 70 per cent as reviewed in Scheib *et al.* 2003; Paul and Berger 2007; Daniels *et al.* 2009). In contrast, virtually all lesbian couples tell their children, and almost all when children are quite young (Brewaeys 2001; Scheib *et al.* 2003; Beeson *et al.* 2011). Indeed, this openness is a major change that lesbian families bring to DI family-building. Yet we are now just starting to understand how openness affects child and later adult wellbeing. 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 wellbeing of the donor-conceived person (reviews in McGee *et al.* 2001; McWhinnie 2001; Ethics Committee ASRM 2004; Daniels and Meadows 2006; see also Hamilton 2002; Daniels *et al.* 2011). 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 an anonymous donor about whom little is known. Parents sometimes argue that living with the frustration of never being able to learn more about or meet the donor is likely to be worse than not knowing at all². So unlike lesbian couples, heterosexual couples can and often do 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 behavioural adjustment of four to eight year olds, although only eight out of thirty-eight heterosexual couples had told or planned to tell their child. Lycett and colleagues (2004) had a larger group of four to eight years olds in disclosing families (eighteen) and found more positive parent-child relationships among them than among the twenty-eight non-disclosing families. But they also emphasized that outcomes among the non-disclosing families were still good – the families scored within the normal ranges on standardized measures. In a qualitative study, Hunter and colleagues (2000) interviewed a sample of eighty-three 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 three months to fifteen years); the rest planned to tell

(child average age 1.5 years; range eleven weeks to four years). No measures of wellbeing 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 if they disclosed when children were younger, and reported that children tended to respond neutrally and/or with curiosity (see also Rumball and Adair 1999; Lindblad *et al.* 2000; Mac Dougall *et al.* 2007). In Brewaeys and colleagues' (1997b) sample of thirty lesbian-couple families, where non-disclosure was unrealistic, the four to eight year olds (and later ten 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. Among one of only two samples of adolescents so far, Scheib and colleagues found continued wellbeing across all family types – lesbian-couple, single-woman, and heterosexual-couple parented. This sample of twelve to seventeen year olds had open-identity donors who could be identified and potentially contacted when the youths reached age eighteen. 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 or positive, with the vast majority expressing curiosity about the donor. While the researchers did not use standardized measures of wellbeing, 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 seven (range five to eleven years; 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 behavioural and emotional adjustment and social competence indicated that overall the children were well-adjusted, thus indirectly suggesting that disclosure was not negatively affecting families at that point in time.

The second sample of adolescents – at age seventeen – comes from a longitudinal study of lesbian families who were followed from before the children were born (Bos and Gartrell 2011). Whereas detailed information was not available about when the youths learned about their family's donor origins, most knew from an early age. Bos and Gartrell assessed psychological adjustment overall, as well as whether youth adjustment varied according to their type of donor – known from birth or currently anonymous. No differences emerged based on whether or not the youths knew their donor, and overall they evidenced positive wellbeing (see similar finding among four to eight year olds in Bos and Hakvoort (2007); re-analysis of Chan *et al.*'s (1998) sample by Scheib (unpublished) also indicates no difference in the adjustment of five to eleven year olds based on whether the donor was anonymous or open-identity). Knowing about one's origins and additionally donor type does not

appear detrimental to donor-conceived youths' wellbeing. Similarly, Golombok and Badger's (2010) study of nineteen year old offspring of DI lesbian couple families suggested that positive development in open-origin families continues into early adulthood.

When individuals do not learn about their family origins until adolescence or adulthood, we see very different responses. It is important to emphasize that such late disclosure is rarely possible among DI 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 wellbeing and only one measured family functioning. Instead, feelings towards parents and attitude towards one's donor origins serve as proxies. Despite these caveats, findings remain crucial to understanding mental health outcomes among people with donor origins. 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 (for example, Hamilton 2002). Adolescents and adults also report discomfort with having donor origins and terrible frustration with having no access to donor information (Cordray 1999/2000; Turner and Coyle 2000; Hewitt 2002; Spencer 2007; Beeson *et al.* 2011; review in McWhinnie 2001; see also recent British Columbia, Canada Supreme Court decision based on this negative identity experience, Pratten v. British Columbia (Attorney General), 2011 BCSC 656). Even disclosure subsequently followed by avoiding the topic leads to poorer family functioning (Paul and Berger 2007). In a large sample of 165 donor-conceived adults, in which nearly 40 per cent had learned as teens or adults, late disclosure actually predicted more negative attitudes towards having donor origins (Jadva *et al.* 2009). But unlike earlier studies, age at disclosure did not predict feelings towards parents – some who learned late still felt positively towards parents, while others who learned early felt the opposite (but see Beeson *et al.* 2011). Although the researchers did not collect much information about the manner of disclosure, only a minority of participants had learned accidentally. This difference from earlier studies might partly explain why Jadva and colleagues found more positive feelings towards parents. In another study of eighty-five adults, the majority (66 per cent) had learned as teens or adults, and were told during planned conversations (64 per cent) (Mahlstedt *et al.* 2010). 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 (for example, communication and relationship quality), as well as age at

disclosure, these last three studies help to begin identifying what might 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 the qualities of family communication and other processes will be similarly important predictors of wellbeing and comfort with donor origins.

On a final note, in studies in which children (or their parents; Rumball and Adair 1999; Lindblad *et al.* 2000; Vanfraussen *et al.* 2001, 2003a; Gartrell *et al.* 2005), adolescents (Scheib *et al.* 2005; Bos and Gartrell 2011) or adults (Cordray 1999/2000; Turner and Coyle 2000; Hewitt 2002; Spencer 2007; Scheib *et al.* 2008; Jadvá *et al.* 2009; Mahlstedt *et al.* 2010; Beeson *et al.* 2011) were questioned about the donor, the vast majority expressed curiosity and wanting to know more about him. 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 and Feast 2000). Questions about the donor often centred around three main issues: what is the donor like as a person, what does he look like, and is he like me (for example, Scheib *et al.* 2005; Beeson *et al.* 2011). Donor-conceived adults also often had medical questions (for example, Jadvá *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 (Benward, in press). 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 or 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; Bos and Gartrell 2011). While remaining preliminary, these findings suggest that having substantial information about a family's donor, and perhaps also an open-identity option, may lead to better outcomes among donor-conceived individuals and their families (Benward, in press). Based on the positive outcomes seen among children in DI 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 DI 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 that donor-conceived people are at risk for psychological difficulties when they 'discover' their family's donor origins late, in adolescence or 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 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 wellbeing 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 (Beeson *et al.* 2011; Benward, in press).

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 wellbeing.

Notes

- 1 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.
- 2 It is noteworthy that adults who learn late about their donor origins often remark that it is better to know than not know (Kirkman 2003; Mahlstedt *et al.* 2010) and encouraging honesty in families appears to be a general theme among both those with and without donor origins (for example, Hamilton 2002; Kirkman *et al.* 2007; Jadva *et al.* 2009).

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