

LAVENDER PARENTS

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Abstract

The recent introduction of a number of bills in Parliament that affect lesbian, gay and bisexual (LGB) people has engendered a great deal of public discussion. Some of this discussion has focused on relationships and parenting. Much of the existing data on LGB parents in New Zealand is inferential. *Lavender Islands: Portrait of the Whole Family* is the first national strengths-based study of LGB individuals, and includes specific questions on relationships and parenting. The present paper is based on a subsample of that study. Of the 2,269 respondents, 22.6% had some kind of parenting relationship to children. The sample was highly educated, with relatively high incomes. LGB parents reported that they did not feel pressured into having children and that their children were very important to them, particularly when the child lived with them. There are a variety of routes to parenting and data suggest that the decision to parent may be independent of any decisions about lived sexual identity. The strongest predictor of having a child after a participant identified themselves as LGB was whether they had a child prior to identifying themselves as such. Issues included the responses of other people and professionals who worked or socialised with the children of LGB parents. The policy implications of these findings are discussed.

INTRODUCTION

The question of parenting by same-sex couples and single lesbian, gay and bisexual (LGB) people has emerged as an important subject in New Zealand. This issue has been raised not only in regard to the recently enacted Care of Children Act, but also the Civil Union and the Relationships (Statutory References) bills, as well as considerations

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about adoption. Most of the research in this area is international, and has focused on the effect of same-gender parenting on children (e.g. Brewaeys and van Hall 1997, Chrisp 2001, Dundas and Kaufman 2000, Fitzgerald 1999, Golombok and Tasker 1996, Golombok et al. 2003, MacCallum and Golombok 2004, Perrin 2002), although there have been studies on the LGB family structure itself (e.g. Boggis 2001, Dalton 2001, Miller 2001, Riemann 2001, Sullivan 2001, Bozett 1987, Ciano-Boyce and Shelley-Sireci 2002, Harris and Turner 1985, Lynch 2000, Lynch and Murray 2000, Medeiros 2003, Rockney 1997, and in New Zealand, Saphira 1984) and stigma against these families (Clarke 2000, King 2001, Maney and Cain 1997). However, it is increasingly important for legislators and human services agencies in New Zealand to understand more about LGB parents who have had children, or who are choosing to become parents.

This article draws directly on data from a large New Zealand research study of lesbian, gay and bisexual persons, and is a step towards describing and understanding more about LGB parents. Much of the negative response toward legislative reforms has proposed that such legislation will result in an unprecedented increase in homosexual parenting. What our research found was a very large number of LGB parents already living in their relationships, and parenting their children. There were also some interesting and perhaps important differences between LGB parents and non-parents. The purpose of this article is two-fold: (1) to describe LGB parents, and in that process possibly deconstruct some myths about LGB parenthood, and (2) to articulate some policy implications of LGB parenting based on actual data about LGB parents.

BACKGROUND AND METHOD

Much of the existing, putative data about the LGB communities in New Zealand is inferential, based on Statistics New Zealand census data. These data are inevitably limited because there has been no way to identify LGB census respondents except to infer their existence from reported de facto partnerships together with same-sex flatmates or housemates. Data on single LGBs and coupled LGBs whose partners do not live with them are missing entirely. There has also been a substantial amount of appropriately problem-focused research on the LGB populations in New Zealand, including discrimination and workplace problems (Atmore 1995, Guy 2002, Hyman 2001, McDonald 2001, Pratt and Tuffin 1996, Rankine 1997, Vincent and Ballard 1997), health and mental health (Saphira and Glover 1999, Welch et al. 2000), identity (e.g. Ross 1983), suicide (Fergusson et al. 1999, Skegg et al. 2003), alcohol and drugs (Madgeskind and Semp 1997, Welch et al. 1998), prevalence (Dickson et al. 2003), and of course HIV (Davis 1996, McNab and Worth 1999, Mills et al. 2002, Saxton et al. 2002, Worth 2003).

“Lavender Islands: The New Zealand Study” (Henrickson et al. in press) is the first national strengths-based study of lesbian, gay and bisexual people in New Zealand.

Researchers deliberately chose not to focus this project on traditional problem areas such as mental health, suicidality, health, alcohol and other drugs, and HIV/AIDS, but focused rather on developing a more general understanding of LGBs. The study was developed by an interdisciplinary research team in close consultation with a community advisory group made up of LGB community leaders and members. Multidisciplinary interest areas were developed by the community advisory group, and included identity and self-definition, families of origin, families of choice (including partnerships and children), immigration and internal migration, wellbeing, politics, work, income and spending, careers and leisure, community connections, challenges, and spirituality.

The 133-item survey was made available both by website and paper copy from April to July 2004. In all, 2,269 unduplicated responses were received, 83.6% from the website and 16.4% on paper (returned by Freepost). Of the entire sample, 45.3% was female and 54.7% male. (There were five transgender and intersex responses received, which have been removed from gendered analysis in this article.) A detailed methodology and results from some of these data have been reported elsewhere.

We acknowledge that this study has the limitations inherent to self-selected samples, including that these respondents are willing to self-identify to the extent of participating in such a study, and that they are people whose identity has coalesced to the extent that they are willing to identify with an LGB community. (It is important to note that there were no significant differences in education or income between website and paper responses, so that differences in this sample do not have to do so much with the response medium, as with their willingness and ability to participate in the study itself.) Nevertheless, the sample is unique and quite large, and is in many ways comparable to New Zealand census data and other relevant studies.

This article focuses exclusively on the Lavender Islands data about parenting and children, including responses to questions concerning:

- the respondents' roles in relation to children in their lives
- how many children were born or adopted before and after respondents came to identify themselves as LGB
- whether respondents ever felt pressured to have children
- whether having a child was important to respondents
- to what extent having children is a part of an individual's identity in New Zealand
- whether participants felt that their children had been disadvantaged in any way because of the parents' identities or relationships.

Participants also commented about parenting and children in a free-response question at the conclusion of the survey.

For the purpose of the analysis reported here, the question about the respondent role in relation to children was recoded as either a parent or not a parent. Anyone who reported giving birth, co-parenting or adopting was coded as a parent; anyone who reported only being a sperm donor or egg donor was not coded as a parent. As noted above, transgendered respondents who were also parents are excluded from any gendered analysis that follows.

RESULTS

Of 1,846 respondents to the question about children, 22.6% ($n = 417$) said they had some kind of parenting relationship with children. It is not possible to estimate the number of children with same-sex parents, because if both parents responded to the survey this number would overestimate the number of children. There were significant differences between urban and rural areas. Respondents from urban centres were significantly more likely to report “no child” (62.7%) than respondents from non-urban areas (57.4%); and respondents in non-urban areas were significantly more likely to have given birth to at least one child (14.6%) than in urban centres (9.8%).

The parents were significantly older than the non-parents. Respondents who had given birth (a mean of 46.7 years of age at the time of the survey), co-parented (a mean of 48.5 years) or adopted (a mean of 48.6 years) were all older than non-parents (a mean of 34.3 years).

This was overall a very highly educated sample, with 51% of all respondents reporting an undergraduate or postgraduate degree. There were significant differences in educational qualifications between parents and non-parents, although the pattern of difference is complex. There were more non-parents in the “any secondary” and “undergraduate degree” qualification categories, and more parents in the “post-secondary/diploma” qualification and the postgraduate degree categories. In an analysis by gender, these differences were significant for women but not for men. These differences in educational qualification may therefore reflect a return to education, particularly by women (as reported by Maani and Maloney 2004), possibly after having given birth to children. Because of the unusual profile of the results, these educational data are summarised in Table 1.

Table 1 Highest Educational Qualification, by Parent Status and Gender

Females			
Qualification	Non-parents (%) n = 546	Parents (%) n = 297	Total (%) n = 843
Primary school	1.3	1.7	1.4
Pre-secondary	2.4	4.4	3.1
Any secondary	19.2	10.4	16.1
Post-secondary	20.0	28.6	23.0
Undergraduate degree	33.3	29.3	31.9
Postgraduate degree	23.8	25.6	24.4

Males			
Qualification	Non-parents (%) n = 875	Parents (%) n = 117	Total (%) n = 992
Primary school	0.9	1.7	1.0
Pre-secondary	2.7	3.4	2.8
Any secondary	25.9	23.9	25.7
Post-secondary	22.7	25.6	23.1
Undergraduate degree	30.6	24.8	29.9
Postgraduate degree	17.0	20.5	17.4

There were also significant differences between female parents and female non-parents by income; this trend was also observed among men, but was not statistically significant. In general, there were more women parents earning more than \$40,000 per year than non-parents. Among men, there were more non-parents earning between \$40,000 and \$70,000, but more parents earning more than \$70,000. Since we did not ask at what age parents had children, it is not possible to determine whether older respondents with higher incomes felt more prepared to have children, or whether having children is simply more likely among older persons, who are also more likely to have more education and higher incomes than young people starting out their careers. In the qualitative responses some respondents reported that they had children from a previous heterosexual relationship and were now parenting their children in same-sex relationships. Because of constraints on length, the survey tool did not distinguish the kind of relationship in which children first appeared; this is clearly an area that merits further investigation.

Significantly more women (35.1%) than men (11.8%) were parents. This difference is consistent by age: 16.4% of women under the age of 40 had children, compared with 4.8% of men in that age category. However, 22.3% (n = 87) of men aged 40 and over had children, and 57.6% of women over 40 (n = 217) had children. Significantly more women (13.8%, n = 117) than men (5.8%, n = 58) parented at least one child who has

lived with them. This significance held for age category: of the 239 participants who parented at least one child who has lived with them, 25.6% were under the age of 40. There was no significant difference by gender with respect to adoption: 12 of the 25 respondents who adopted were women. Of those who reported adopting, 75% were aged 40 or over. Because of the preponderance of parents who are women it is probable that some of the findings reported here and below reflect this predominance. A separate manuscript has been submitted that explores the differences between female and male responses generally (Henrickson et al. in press).

A “first glance” profile of parenting LGBs in this sample is, therefore, that they are more likely to be women, over the age of 40, highly educated, and earn more than non-parents.

The mean age at which LGB non-parents first “felt different” from other children was 12.01 years, compared with 14.46 years for parents. The mean age at which non-parents first “came out” to themselves (that is, identified themselves as lesbian, gay or bisexual) was 18.5 years, compared with 26.8 years for parents. Perhaps even more importantly, the average length of time between experiencing oneself as different to identifying as LGB was 6.7 years (standard deviation = 5.8) for non-parents, and 12.3 years (standard deviation = 10.6) for parents who have given birth or co-parented – almost twice the number of years as non-parents, although the much larger standard deviation indicates a large variance in this period.

It is not possible from these data to determine whether this attenuated length of time was the result of deferring coming out due to the birth of a child, or because of other causes (such as social pressure, or unawareness about a “true” sexual identity). However, the comparatively late “awareness of difference” and “coming out” both suggest that there were sufficient reasons to deny or defer an LGB identity among parents, to maintain (at least the appearance of) an opposite-sex partnership and/or to produce children. It is also possible that for some people the drive to have children was stronger than the drive to establish and resolve self-identity concerns.

Indeed, LGB parents were significantly less likely than non-parents to say that their sexuality has remained constant over their lives: 60.2% of parents said that their sexuality has “always been this way” compared with 77.0% of non-parents. Twice as many parents (33.4%) said that their sexuality changed at some point in their lives, compared with non-parents (15.9%). Parents who have given birth to at least one child were significantly less likely to say that LGBs were “born that way” than non-parents, and non-parents were significantly less likely to say that LGBs “choose to be that way” than parents. These data suggest that a third of LGB parents initially understood themselves as heterosexual, but that at some point in their lives – later than non-parents – they felt that something about their identity changed. It is worth noting that while there are significant differences between parents and non-parents on these measures,

at least two-thirds of both groups believed that their sexual identities have always been LGB, and that they were born that way.

Of the 408 parents responding to a question about their current relationships, 52.0% of women reported that they were in a primary relationship and living with another woman, and 43.9% of male parents reported that they were in such a relationship with another man. (Again, it is possible that both parents may have responded to the survey, resulting in an overestimate of relationships.) Some partners did not live together: 16.7% of women and 8.8% of men were in a primary relationship but their partners did not live with them. Finally, 4.8% ($n = 14$) of women parents reported that they were currently married to or living with a man, and 11.4% ($n = 13$) of male parents were currently married to or living with a woman. The survey did not ask further detailed questions about relationships, such as whether donor fathers shared parenting with two women in a relationship, or about other multiple-parenting models, although this would be an important and useful avenue for further exploration.

Of those parents who had children after having identified themselves as LGB, 45.2% were currently in a primary relationship with a same-sex partner. We can only comment on their current relationship status, since we do not know if they were in this relationship when they became parents. Becoming a parent after having identified as LGB was not significantly related to current relationship status. There was a significant correlation between having a child after identifying as LGB and having a child prior to self-identifying as LGB ($p = 0.001$).

Most respondents said that they had not felt pressured to have children. Interestingly, 79.7% of the group that had given birth to (or fathered) at least one child ($n = 191$) said they had not felt pressure to have a child; this group in fact experienced the least pressure, suggesting that giving birth was very much a free choice, although whether this is subject to recall bias cannot be determined. More than three-quarters (76.0%) of the adoptive parents said that they had not experienced pressure to have a child. Other groups included 81 parents of children who lived with the respondent (69.0% reported no pressure), 30 parents of children who did not live with the respondent (68.4% reported no pressure) and 25 co-parents (56.7% reported no pressure). Of respondents who had no parenting relationship with any child, 70.4% reported they had never felt pressure to have a child. Overall, it appears that for the majority of respondents, the decision to parent, and even co-parent, a child was one that they made on their own.

Participants were also asked to indicate on a seven-point scale (1 = lowest, 7 = highest) whether having a child was important to them. Those that parented a child who lived with them scored this item the highest (mean = 5.84, $n = 174$) followed by those who had given birth to (or fathered) at least one child (mean = 5.66, $n = 238$) and those who

adopted (mean = 5.33, n = 24). Respondents with no parenting relationship to a child scored a mean of 3.02 (n = 1,378). The difference between these means was statistically significant. From these data we may draw the conclusion that for parents, having a child is very important to them, particularly when the child lives with them.

Using the same seven-point scale, we asked how much having children was part of an individual's identity in New Zealand. On this item, co-parents (n = 30) scored the highest (mean = 5.33), followed by parents of children who live with them (mean = 4.62), those who had given birth to at least one child (mean = 4.55), parents of children who did not live with them (mean = 4.39, n = 74), and adoptive parents (mean = 4.25, n = 24). Non-parents scored a mean of 3.65 (n = 1,359). This suggests that significantly more parents than non-parents felt that having a child was part of a New Zealand identity, although this aspect of their kiwi identity was less important than the individual's decision to parent a child.

Of the 414 male or female parents who answered a question about problems their children faced, 66.7% reported that their children had not been disadvantaged in any way because of the LGB parents' sexual identities. Of the 33.3% who reported that their children had experienced problems, the single largest category was "school problems" (23.6%, n = 98), followed by club and sport problems (8.2%, n = 34), health-care provider problems (5.8%, n = 24) and problems with friends and/or friends' parents (1.4%, n = 6). Unspecified other problems were experienced by 12.0% (n = 50) of respondents. Thus, two-thirds of parents reported that their children had not faced unusual problems because of their parents, but those that did have problems faced them at school, in the medical office and in clubs and sport. A greater proportion of female parents (38.2%) reported problems than did male parents (22.8%). Children of female parents may have faced more problems, but it is not clear whether this was because mothers were more likely to notice problems than fathers, or whether there were actually more problems.

VOICES OF PARTICIPANTS

Survey respondents had the opportunity to add anything they wished in an open question that concluded the survey. While we make no claim that the excerpts cited below are representative or scientific, they provide additional insight into the experiences of some of our respondents. (Spelling, grammar and punctuation have been standardised.)

Some respondents told us that they had been in heterosexual partnerships. Some of these regretted the partnerships and the social pressures that pushed them into such relationships, but none regretted the children of these relationships.

"I have two children that were conceived at a time when I knew I was gay, but was trying to abide by social mores of the times."

"I am currently a single mum with three darling children ... Bringing up my children is the most important thing/job I will ever do in my whole life ... I had three while I was married but have not had any since."

"I wish I had come to terms with my sexuality earlier in my life and had had the courage to stand up and say who I really am, but I succumbed to family pressure to follow the path of heterosexual marriage plus children. Having said that I wouldn't be without my children. I am a married woman having an intimate relationship with another married woman. Neither of us wants to come out because we don't want to hurt those we love."

Some respondents reported that they were still facing some social stereotypes simply because they had children.

"I have a lesbian doctor, used lesbian midwives so get excellent care, but the times I have gone to A&E clinic or similar there is the presumption that I am straight, especially with my two children."

A number of respondents produced children while in a long-term same-sex partnership.

"My partner and I have two children (one biologically each). They were conceived after we were together."

"This is a huge phenomenon in New Zealand and I think we lead the world in how many lesbian women use known donor gay fathers ... I think there is a developing lesbian/gay family community via these joint parenting arrangements and it is wonderful. There is now a rainbow children playgroup in Auckland for children of lesbians ... It has 15 to 20 families."

Many of these families have constructed lives that centre on their children, and even grandchildren.

"My social life centres around other lesbian/gay families with birthday parties for our children, etc, being a way we meet and socialise, and a way gay men and lesbian women can cooperate."

"In terms of having children, I love and adore my partner's teenage child who lives full-time with us. Had I been younger when I came out and met my partner I would have loved to have had a child of my own."

"I'm in a long-term same-sex relationship with my partner ... He has a 25-year-old daughter who now lives with us and a granddaughter of eight who visits twice a year from Australia."

"I was fortunate to have married and had children and now we have two beautiful granddaughters. My partner, who also has a child, and I love our children, grandchildren."

Some respondents noted that their sexual identity had been important in shaping the lives and attitudes of their children.

"Despite my negative experience on coming out to my parents 11 years ago, I am very comfortable with sexuality and proud that my five (now) adult children are accepting of all sorts of diversity."

Not all respondents were positive about their experiences as parents, although some attributed their difficulties to their social environment.

"The importance of having a family, I believe, is somewhat of an issue for lesbian couples. Many, like myself, find that society's values make it very difficult to have a child through a sperm donor or adoption."

"I am not in support of lesbians having babies. It makes them feel whole, but it is not easy for the children and so I think it is selfish. If I had come out before I had a child I would not have had one."

"My concern is for my children. They worry that their friends and peers will find out I am bisexual. My daughter is uncomfortable with my sexuality, but accepts other queers. My son accepts it, but is worried he will be bullied and teased."

"My son suffered quite a lot from my being a lesbian: teasing from an early age, right up until he left school at 18. He is now 23 and we have recently had some serious talks about it all and how unhappy he was. He told me he had to fight for me all the time."

"Did I choose to have children? No, they were the result of rape. However, I have raised one of my sons who is now also coming out as a gay man."

It is important to note that in all of these comments LGB parents and grandparents were clearly devoted to their children, but, together with their children, faced complicating pressures of social disapproval and sometimes violence.

SUMMARY AND POLICY IMPLICATIONS

Our research has found that about one-quarter of LGB respondents to the Lavender Islands survey have borne and parented children in a constellation of different ways.

- Some LGBs had children while they were in heterosexual relationships. They may have been in these relationships before they understood themselves to be LGB, or they may have known they were LGB but for various reasons undertook opposite-sex partnerships.
- Some LGBs found themselves as co-parents to a long-term same-sex partner's children.
- LGBs may have undertaken fostering (or whāngai) relationships with the children of relatives.
- Several lesbian respondents reported that they had children as the result of rape; some relinquished custody, but some continued to parent those children.
- Some LGBs in long-term relationships chose with their partners to bear children biologically and raise them together.
- Inevitably, of course, a number of LGBs found themselves not only parents but also grandparents.

Many LGB parents “came out” at a much later age than non-parents, although it is not possible to identify the reasons based on these data. We also found that for LGBs who had children the decision to parent was more often an individual one, not one that was the result of social or personal pressure. Some respondents reported pressure to conform to “traditional” social standards. All the parent groups were significantly more likely to report that having a child was important to them than were the non-parents. The strongest predictor of LGBs becoming parents is whether they had a child prior to self-identifying as LGB.

We found that in many ways LGB parents were extraordinary only in their ordinariness. If we were to remove gender or other identity references from the qualitative responses it would be difficult to determine whether we were describing LGBs or heterosexuals in second relationships. The Lavender Islands study suggests that the desire to reproduce and parent children among LGBs may be quite separate from the desire for a fulfilling relationship with a partner. It may be that the desire to have children is stronger in some people than the drive to have a meaningful relationship that is consonant with an individual's sexual identity. An interesting social question that emerges from these data is whether it is preferable for a child to be raised in a household that has the appearance of heterosexual partnership while the partners may in fact engage in same-sex sexual activity outside the relationship, or in a same-sex partnered household of mutually faithful individuals. Many of the challenges faced by LGBs are what have become the routine challenges of living in blended families. Finally, implicit in the data from the parents is that children were living, and were

willing to live, in loving family relationships with their parents, regardless of the gender of their parents' life partners.

These data have social and policy implications for New Zealand. Nearly one-quarter of the LGBs in the Lavender Islands study were parents, some of whom chose to become parents in relationships with same-sex partners. Legislative protections must recognise an existing reality for these parents. Parenting, co-parenting and de facto adoption among LGB partners is already occurring, and families now exist in all kinds of flavours. We must make no more assumptions about the parenting of LGB parents than we do about opposite-sex parents. A great deal of the myths and fears that have been a part of the debate about LGB families appear to be based on neo-Freudian theorising and social role construction theories rather than on evidence and research.

Indeed, the literature we cite above reports that there are few if any differences between children of LGB households and children in opposite-sex households. Māori have shown us that whānau relationships generally are inclusive and can be constructed in a wide variety of ways. These historical and inclusive cultural models may provide us with a pathway to inclusiveness in our current and future recognition of LGB families. Legislative and regulatory support for inclusive family relationships will allow parents to get on with the critical business of parenting, rather than struggle with agency bureaucracies to establish their legal parenting relationships with their children. (The obvious example of this is a co-parent trying to give permission to immunise a child.) Protective policies would look after not only LGB parents, but also their children, regardless of their social or sexual identity. Policy decisions must recognise the reality that some LGBs have children while they are in heterosexual relationships, and that they wish to continue in a close parenting relationship with their children. LGBs in relationships who are co-parents to a same-sex partner's children, or in fostering or whāngai relationships, must have the opportunity to have those relationships and their parenting role formally recognised and endorsed.

It would be useful for anyone wishing to have a role in policy making about LGB parents to be fully informed by New Zealand research. Becoming fully informed and minimising rhetoric would set a positive example for public education and awareness, which must form a part of the policy package on this issue. Educators, health-care professionals, coaches, opposite-sex parents and their children must understand how important their reactions are to children of LGB parents.

Our data indicate that LGB parents who adopt do so because children are important to them. There is a growing body of literature that addresses outcomes of these adoptive relationships (e.g. Golombok 2002). It is important, however, to ensure that school and social environments are as supportive of adopted children of LGB parents as are the LGB parents themselves.

Finally, it may be useful to convene a structure to investigate the ethical and fiscal dilemmas posed by assisted reproductive technologies in same-sex couples. As we have seen above, some LGBs in relationships chose with their partners to bear children biologically and raise them together. An informed policy framework to recognise and address those relationships needs to be developed. Murphy (2001), for example, begins to address this issue, and Stevens et al. (2003) have explored the implications for children born of assisted reproduction. A discussion of the implications of this issue is beyond the scope of this article, but our data show that both female and male couples have made these choices. Consultation with these people can help to create a humane policy and regulatory framework for them and their children.

We acknowledge that these data only begin to help us frame questions for further investigation. Clearly the issue of LGB parenting requires specific additional research in New Zealand and its unique policy and cultural environment. We encourage relevant ministries and child advocacy and protection agencies to undertake and fund such research initiatives, and to undertake to treat LGB parents as parents. We found that LGB parents become and continue to be parents for the simple reason that they love their children and want to be parents.

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