

What makes a same-sex parented family?

Recognising the diversity of same-sex parented families could assist clinicians to provide optimal care

In 2011, we saw the Australian Census of Population and Housing recognise same-sex marriages for the first time.¹ However, we have also recently witnessed the winding back of civil union legislation in Queensland, which had previously allowed for legally recognised unions between same-sex couples, and there have been suggestions that same-sex couples should be written out of surrogacy legislation in that state. It is in this contradictory context that we are aiming to capture complete data on the physical, mental and social wellbeing of Australian children with at least one same-sex attracted parent through a national research project, the Australian Study of Child Health in Same-Sex Families (ACHESS).² In developing this study, we considered what makes a same-sex parented family and how many of these families there might be in Australia. Here, we bring a fresh perspective to the concept of same-sex parented families in Australia by posing key research questions and drawing from the history of same-sex parenting and the present experience of these families in Australia. In the process, we identified that this group comprises a very diverse range of family types, with possible implications for health care delivery.

Questions for researchers

What is a same-sex parented family?

There are many ways in which same-sex attracted people are creating families, through a mixture of different conception methods and adoption processes. Just some examples of same-sex parented families are: a single lesbian woman who has children from a previous heterosexual relationship; a co-parenting arrangement between a lesbian couple and a gay male couple; a gay male couple having children through surrogacy; and a bisexual man having children with a heterosexual woman.

How many same-sex parented families are there in Australia?

To date, there are no valid and accurate data available that describe the complete range of family types in Australia that might be considered as same-sex parented families. Data from the 2011 Census indicated that there were 33 714 same-sex couple households in Australia, and that there were 6120 children living in these households.¹ Although these data provide a starting

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point, the figures are a very conservative estimate as they only capture families in which two people self-identified as being in a same-sex de facto or marriage-like relationship. By comparison, for the purposes of the ACHESS, a same-sex parented family is defined as any family in which at least one parent self-identifies as being same-sex attracted.²

Lessons from history

In Australia, as in many other Western countries, same-sex parented families became more visible in the 1970s,³ as lesbian women with children from heterosexual relationships gradually started to “come out” and establish new relationships with female partners. Although more gay men were also revealing their homosexual identities during this period, children generally continued to reside with their mother when issues of custody arose.

Over subsequent decades, lesbian women increasingly created their families within the context of their same-sex relationships, initially using home-based self-insemination with known donors (often gay men), and later using assisted reproductive technologies (ART) with clinic-recruited donors as an alternative, when this option became available.⁴ The availability of ART to lesbian women is a relatively new option in Australia, with states and territories only recently making legislative changes to enable it.

Gay men have also had children in the setting of previous heterosexual relationships and, like their lesbian counterparts, are now increasingly creating families within the setting of their same-sex relationships.⁵ Initially, this may have been through co-parenting arrangements with lesbian couples or single women, by providing the donor sperm and playing varying roles in the lives of the children. However, gay men have now begun to use surrogacy as an option to create their families.⁵ Early on, due to laws in Australia that restricted surrogacy arrangements, this required overseas travel, often to the United States. This incurred considerable expense, limiting this option to relatively few men. In the past few years, surrogacy practices in India have become well established, with lower costs, so surrogacy has become accessible to a younger and more diverse group of gay men. Some Australian states and territories are also beginning to enact limited legislation enabling surrogacy for gay men, but many still appear to choose the overseas surrogacy option.⁶

Fostering has often been the only, and occasionally preferred, choice for many same-sex attracted people

1 A summative model of gay, lesbian, bisexual and transgender parented family construction

Parental orientation and current relationship

- Male couple — gay or bisexual
- Female couple — lesbian or bisexual
- Single man — gay or bisexual
- Single woman — lesbian or bisexual
- Bisexual man or woman with heterosexual partner
- Bisexual man and bisexual woman
- Transgender person (male-to-female or female-to-male) with heterosexual or homosexual partner (identity of partner might be based on person's gender before or after transition)
- Single transgender person
- More than two parents (combinations of gay, lesbian and heterosexual men and women)

Methods of family formation

- Home-based self-insemination
- Clinic-based insemination or in-vitro fertilisation (known or unknown donor)
- Heterosexual sex
- Provided sperm as known donor
- Provided egg as known donor
- Co-parenting arrangement
- Surrogacy
 - traditional: using the surrogate's egg
 - gestational: using a donor egg
- Adoption
- Fostering
- Blended families

Parental relationship status at time of family formation

- Current same-sex relationship
- Intentional single parent
- Previous heterosexual relationship
- Previous homosexual relationship

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who wish to raise children. While this has not always been a positive experience, with recorded incidents of discrimination against same-sex attracted prospective parents within the foster care system,⁷ some foster care agencies have recently targeted same-sex attracted people in recruitment campaigns, due to a shortage of foster carers and an awareness of interest in fostering among the gay and lesbian community.⁸ Conversely, adoption is limited or not available to same-sex couples and single parents in many states and territories of Australia.

Glimpses of the present

Research conducted in 2008 to explore variation in same-sex parented families provided an initial idea of the proportion of families created using different methods.⁹ The study used an online survey to collect data from 434 same-sex attracted parents (85% women and 14% men) in Australia and New Zealand. It found that most same-sex attracted male parents had children through heterosexual relationships (57% had at least one child by this method), but 23% had acted as a known sperm donor for a single woman or lesbian couple, and 18%

had engaged in surrogacy arrangements. Female parents had most commonly used a form of insemination (59% for home-based self-insemination and ART combined), although a significant proportion (42%) had had at least one child through heterosexual sex. Building on this initial work, we have expanded the concept of same-sex parented families to summarise the complex array of family creation methods and relationships in Box 1.

To provide a truer picture of the Australian context and the complexity of the issues, it is essential to collect accurate data on same-sex parented families from representative samples. However, we already know that same-sex attracted parents and their families often encounter stigmatisation, which is known to affect their health and wellbeing. Experiences of stigma, as described by same-sex attracted parents, have been shown to be associated with lower scores on measures of psychological wellbeing for their children.² The relationship between stigma and child health in same-sex parented families will be explored further in the ACHES.

Possible implications for clinicians

There is a general lack of recognition among health service providers that same-sex parented families exist, and non-biological parents are often not acknowledged as parents. Australian research has shown that lesbian parents perceive barriers when accessing health services.¹⁰ This can lead to a sense of vulnerability, when the health care system should “be a safe place for lesbians [and gay men] to authentically talk about their relationships with lovers, friends and family”.¹¹

The current population of same-sex parented families has evolved through a changing social context. For these families, social parenting (ie, parenting of non-birth or non-biological children) plays an important role, and the definition of family relationships is frequently not restricted to biological ties. Clinicians need to be aware of the diversity in family formation methods represented by these families, and the social context in which they live. This needs to be openly acknowledged with families within consultations, along with recognition of different

2 Examples of health care issues that could affect same-sex parented families

Conception planning for women: advice on known donor screening or clinic-recruited donor selection, ovulation monitoring, preconception care, acquisition of legal advice regarding involvement of known donor, and referral for assisted reproductive technologies

Conception planning for men: advice on options for surrogacy in Australia with known surrogates, or overseas alternatives

Perinatal care for same-sex attracted women: selection of lesbian-sensitive services

Infant and early childhood care: supportive care for parents and children that recognises varying family structures

Family transitions: recognising the difficulties associated with transition from heterosexual to same-sex relationships and the stresses this may place on parents and children

Disclosure: understanding and respecting decisions around disclosure of parents' same-sex relationships within health care services, including permission to record this in referral letters and medical records

Non-biological parents: clarifying, acknowledging and accepting the role of non-biological parents

Stigma: willingness to ask about experiences of stigma and subsequent impacts on health of parents and children

family structures and roles — not just “mother” and “father”.

Some of the specific health care issues that could affect same-sex parented families are summarised in Box 2. More detailed guidelines for health care providers working with same-sex parented families are available from the Bouverie Centre at La Trobe University (<http://www.bouverie.org.au>).

We believe health care professionals should be aware of the historical, legislative and social contexts in which same-sex parented families exist. The ACHESSE will use high-quality epidemiological methods and internationally validated measurement tools to provide a more complete contemporary picture of the health and wellbeing of Australian children with same-sex attracted parents. It will include an analysis of the relative impact of the social environment and attitudes and examine how this might affect child health and wellbeing. In the meantime, we believe health care professionals need to put aside any preconceptions about these families and remain open to the rich social experiences in which children with same-sex attracted parents live and, hopefully, thrive.

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