

## 4. Interviews With Ten-Year-Old Children

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This 4th report from a longitudinal study of U.S. lesbian families presents data from 78 families in which the children were conceived by donor insemination. Results indicate that the prevalence of physical and sexual abuse in these children was lower than national norms. In social and psychological development, the children were comparable to children raised in heterosexual families. Children of unknown donors were indistinguishable from those with known donors in psychological adjustment. In total, 57% of the children were completely out to their peers, and 43% had experienced homophobia. The children demonstrated a sophisticated understanding of diversity and tolerance.

Social and cultural stigmatization create unique challenges for children raised in lesbian families (Anderssen, Arnlie, & Ytteroy, 2002; Golombok et al., 2003; Patterson, 1994; Tasker, 1999), yet longitudinal studies on age-matched cohorts of these children are limited (Morris, Balsam, & Rothblum, 2002; Parks, 1998). The National Lesbian Family Study (NLFS) is the largest prospective longitudinal investigation of lesbian families in the United States. Launched in 1986, the NLFS is a descriptive study that was designed to develop a database on the first generation of lesbian families whose children had been conceived by donor insemination (DI).

The purpose of the first interview (Time 1 [T1]) was to gather information about the prospective mothers during insemination or pregnancy and to learn about the homes, families, and communities into which the children were to be born. Most mothers were openly lesbian in all aspects of their life and planned to be open with their children as well. The mothers, who were equally divided in selecting known and unknown donors, expected to discuss the insemination process with the children when they reached an appropriate age. Most anticipated that their own family would have at least some relationship with the child, although some feared homophobic reactions to their decision to parent. Taking a proactive approach to child rearing, the mothers formed parenting groups for socializing, information sharing, networking, and problem solving. Overall, the T1 interviews revealed that, having chosen to create a family through a lengthy, expensive, and planned process, the mothers strongly desired to raise children (Gartrell et al., 1996).

The second interview (T2) revealed that the 2-year-old index children were being raised by supportive, actively engaged mothers. In most two-parent homes, the birth mother and comother equally shared child-rearing responsibilities. A majority of mothers felt that having a child enhanced their relationship with their own family. Most index children had accepting grandparents. For some children, the biological father was involved in parenting; other children had the option of meeting their sperm donor when they reached the age of 18, and still others had a donor who was permanently unknown. The mothers planned to teach their children about multiculturalism by enrolling them in educational programs that included children from diverse socioeconomic backgrounds. All 156 mothers described the first 2 years of child rearing as the most enjoyable experience of their life (Gartrell et al., 1999).

At the age of 5 years (T3), the children were healthy and well adjusted and related well to peers. Most two-mother homes reported that the child bonded equally with both the birth mother and the comother. The mothers felt that their neighbors accepted them and that the lesbian community played an important role in their child's life. The mothers had done their best to prepare the children for the prospect of homophobia by teaching them to value diversity and by role playing healthy responses to homophobic comments. The children were being raised in supportive and nurturing families (Gartrell et al., 2000).

Studies have demonstrated that children in lesbian families have no higher incidence of psychological or developmental problems than children in heterosexual families (Anderssen et al., 2002; Bliss & Harris, 1999; Chan, Brooks, Raboy, & Patterson, 1998; Golombok et al., 2003; Patterson, 1994). In a review of existing studies on lesbian and gay families, Stacey and Biblarz (2001) found the children less constrained

by gender roles: Girls were less traditional in dress, activities, and occupational aspirations and boys were less aggressive than girls and boys, respectively, raised in heterosexual households. Teachers in a New Mexico survey (Bliss & Harris, 1999) described children raised by lesbian and gay parents as having more problematic social interactions yet more self-confidence, maturity, and tolerance than their peers. Teasing about their mothers' lesbianism is a common occurrence for these children (Anderssen et al., 2002; Tasker, 1999).

The current NLFS report (T4) is based on interviews with the index children and their birth mothers when the children were 10 years old. The T4 study was designed to provide data on the children's psychosocial development. A standardized instrument was used to compare the psychological adjustment of the NLFS children with children in a normative U.S. sample. In addition, the children's experiences of and responses to homophobia were explored. This investigation was intended to generate information for specialists in health care, family services, sociology, feminist studies, education, ethics, and public policy on matters pertaining to lesbian families.

## Method

### *Participants*

*Eligibility and recruitment.* The study began in 1986. Lesbians who were attempting to become pregnant or who were already pregnant, using a known or unknown donor, and any partners who planned to share parenting were eligible for participation. Recruitment was solicited via announcements at lesbian events, in women's bookstores, and in lesbian newspapers. To sample racial and ethnic sub-groups of the lesbian community, study announcements were distributed at multicultural events. Prospective participants were asked to contact the researchers by telephone, and the nature of the study, including the importance of planning for long-term participation, was discussed with each caller. Interviewers were trained mental health professionals representing the fields of psychiatry, psychology, public health, nursing, and social work. The study was closed to new families in 1992. Additional details of the study design have been reported elsewhere (Gartrell et al., 1996, 1999, 2000).

*Demographic characteristics.* Eighty-four families with children conceived by DI began the study when the mothers were pregnant with the 85 index children (one set of twins). At the initial interview (T1), 70 households consisted of a prospective birth mother and a comother, and 14 were headed by a prospective single mother. Seventy-three of the families had both a birth mother and a comother at the time of the index child's birth. By the fourth interview, 6 families had dropped out; consequently, 78 families (93% retention) participated at T4. However, 5 additional children declined or were not allowed to be interviewed, which resulted in a sample size of 74 for those variables based on child report only.

The participants originally resided in the metropolitan areas of Boston; Washington, DC; and San Francisco. By T4, 27 of the families had moved to other areas of the United States. The mothers are predominantly college educated (67%), middle and upper middle class (82%) professionals or managers (85%). Median household income at T4 was \$85,000 (interquartile range = \$51,500-\$120,000). Ninety percent of families occupied single-family dwellings, and 10% shared housing.

At T4, the birth mothers' age range was 34-52 years ( $M = 44$ ,  $SD = 4.1$ ), and that of the comothers was 34-59 years ( $M = 46$ ,  $SD = 5.7$ ). Most mothers are Christian (56%) or Jewish (33%) (Gartrell et al., 1996). Eleven percent of the children had developed unique religious interests within their family by T4. In terms of race, 93% of the mothers are White/Caucasian, 3% are African American, 2% are Native American, 1% are Latina, and 1% are Asian/Pacific Islander. The children demonstrated slightly greater heterogeneity: Eighty-nine percent are White/Caucasian, 4% are Latino, 2.5% are African American, 2.5% are Asian/Pacific Islander, and 1% are Native American (Gartrell et al., 2000).

By T4, 32 index children had younger siblings: Sixteen had been delivered by the birth mother, 8 had been delivered by the comother, and 8 had been adopted.

### *Procedure*

The T4 interviews were conducted with the index children when they were 10 years old. The children were interviewed by telephone after the questionnaire had been discussed with their mothers.

Additionally, the mothers were interviewed separately by telephone. Each mother also completed a Child Behavior Checklist/4-18 (CBCL) (Achenbach, 1991). The research protocol calls for subsequent interviews with the mothers and children when the index children are 17 (T5) and 25 (T6) years old. Approval for the NLFS has been granted by the Institutional Review Board at the California Pacific Medical Center in San Francisco.

To maintain continuity in a longitudinal study of this nature, participants are contacted annually for address and telephone number verification. They are also sent copies of NLFS publications and encouraged to provide feedback about the project.

### *Child Interview*

The 10-item open-ended questionnaire was designed to assess the child's feelings about growing up in a lesbian household and about her or his experiences of homophobia. The first item asked the child to describe what was special about having a lesbian mom. The remaining items addressed the child's experiences of and responses to homophobia.

### *Mother Interview*

The semistructured, 70-item, open-ended T4 questionnaire was modified from the T2 and T3 instruments so that questions appropriate for mothers of 10-year-old children could be included (Gartrell et al., 1999, 2000). The T4 questionnaire assessed six areas of motherhood experience: health status, parenting experiences, relationship issues, support systems, educational choices, and discrimination concerns. Questions about health concerns focused on the index child's health and development, family health status, the mother's use of mental health services, and the mother's substance use history. Under the topic of parenting experiences and relationships, the mothers were asked to comment on the pleasures and stresses of raising children with continuous partners, with the children's stepparents, as divorced coparents, or alone. In the section on support systems, the mothers were queried about acceptance by their family of origin and the lesbian community. Regarding secular education and spiritual practices, participants provided information about school choices and spiritual training for their children. The mothers also discussed the impact of homophobia on their family. The average duration of the T4 mother interviews was 1 hour.

### *CBCL*

The CBCL (Achenbach, 1991) was designed to assess competencies and behavioral/emotional problems in 4-18-year-old children as reported by parents or other caregivers. The child's score is compared with a normative sample to determine whether she or he falls in the clinical, borderline clinical, or nonclinical range. The CBCL distinguishes between the normative and clinical range of functioning for social competencies as well as internalizing (i.e., inhibited or overcontrolled) and externalizing (i.e., antisocial or aggressive) behavior problems.

The 20 Competency items include parents' reports of the amount and quality of their child's participation in hobbies, sports, games, and activities. The child's school performance and social relationships are also rated. Answers are combined to create an overall Competency score (Total Competence).

The 118 Problem items and two open-ended questions are scored on a three-level scale (0 = *not true*, 2 = *very true/often true*). Several syndrome scales group the various problem scores together. In addition to the overall Problem score, there are Externalizing, Internalizing, and Sexual Problems subscales. Achenbach (1991) provided extensive information about the validity and reliability of the CBCL.

### *Data Analysis*

The data analyzed here represent a small subset of the total data collected for T4. This report presents information from the child interviews, from the CBCL, and from items related to the children in the birth mothers' interviews.

Some questions in the child and mother interviews lent themselves to precoding, such that categories could be checked off during the interviews themselves. For the remaining questions, categories for

qualitative data were developed from the text itself rather than imposed on it. Consensus among three raters was achieved before each response was scored. Because parametric assumptions were not satisfied by the distributions of the ordinal variables, the Spearman rank correlation coefficient was used to test for association among them, and the Mann-Whitney  $U$  was used to test differences between groups. Where the data appeared to justify the use of parametric tests, one-sample and two-sample  $t$  tests were used. The chi-square test for independent samples was used to compare frequency data between groups. When repeated tests of the same hypothesis were performed, the Bonferroni correction was applied to maintain the overall significance level. Tests, except when an a priori hypothesis was specified, used a two-tailed .05 significance level.

## Results

### *Physical and Mental Health*

Twenty children had health problems at T4. Among these children, 6 (8%) had asthma, although none of their mothers smoked. Of the children whose mothers smoked (5% of all mothers), none had developed asthma. Six children had neurologic conditions (migraines or seizures), 2 had kidney/bladder reflux, and 3 had other medical problems. Fifteen percent of the children had developmental disorders, including attention deficit disorders, disruptive behaviors, and tics as well as disorders of learning, motor skills, communication, eating, and elimination.

By T4, none of the children had been physically abused. None of the boys had been sexually abused, but 2 girls (5.7%) had been sexually abused by older, unrelated men. An additional girl had been molested by a male peer.

The CBCL scores for the Social Competence, Internalizing, Externalizing, Sexual, and Total Problems scales were calculated for each birth mother's report about her child. The NLFS children's scores were then compared with the mean scores for the normative and clinical samples studied by Achenbach (1991). Achenbach provided age-adjusted, gender-specific norms for large heterogeneous normative samples, which were used as population means in single-sample  $t$  tests. Two-tailed tests were used with a Bonferroni correction to protect the significance level against inflation resulting from multiple comparisons. Thus, only tests with a  $p$  value below .005 (the conventional level of  $p < .05$  adjusted for the 10 comparisons) are considered statistically significant.

As shown in Table 1, social competence among children in the NLFS was rated as normal. Although the Internalizing, Externalizing, Sexual, and Total Problems scores for the NLFS children were lower than those for the children of the clinical sample, they did not differ significantly from the normative sample. The NLFS children differed from the normative population on only one measure: The mean for girls on the Externalizing behavior scale was significantly lower than the norm, indicating fewer such problems than would be expected.

Table 1  
*Children's Social Competence and Behavior Problems in the Current NLFS Report*

	Girls					Boys				
	Normative Sample		NLFS		$t$	Normative Sample		NLFS		$t$
CBCL scale	$M$	$SD$	$M$	$SD$		$M$	$SD$	$M$	$SD$	
Competence	50.2	9.8	53.5	8.2	$t(40) = 2.56$	50.3	9.6	49.5	8.1	$t(36) = -0.58$
Problems	50.1	9.9	45.6	10.5	$t(40) = -2.74$	50.0	9.8	49.3	11.5	$t(36) = -0.38$
Internalizing	50.1	9.7	47.3	9.5	$t(40) = -1.87$	50.2	9.6	52.8	11.1	$t(36) = 1.40$

Externalizing	50.0	9.6	45.3	8.8	$t(40) = -3.44^*$	49.9	9.8	47.3	10.4	$t(36) = -1.53$
Sexual	52.0	5.4	53.1	6.3	$t(38) = 1.09$	51.6	5.0	52.8	6.4	$t(35) = 1.11$

*Note.* Normative sample is the nonclinical population from the Child Behavior Checklist (CBCL; Achenbach, 1991).

NLFS = National Lesbian Family Study.

\*  $p < .005$ , with the conventional level of  $p < .05$  adjusted for the 10 comparisons.

### Donors

When asked about their father in school or other settings, 74% of the children answered honestly, according to their mother's reports. Twenty-seven children had known donors, 30 had permanently unknown donors, and 18 had the possibility of meeting their donor after they reached the age of 18 (Gartrell et al., 1996,1999,2000). Among the 27 children with known donors, 13% saw their donor/dads regularly, and 14% saw them occasionally. Thirteen children with known donors considered and referred to their donors as "Dad." The mothers of children with known donors reported that their children benefited from having a father, from having information about his family, and from experiencing less stigmatization than their peers without a father. The children who can eventually meet their donors were nearly evenly divided in regretting that they had to wait until they were 18 ( $n = 5$ ) and in not caring about the prospective meeting ( $n = 7$ ). Seventy percent of children with permanently unknown donors had no regrets about not having a father.

The children of known donors were compared with the children of currently unknown donors ( $n = 48$ , the sum of children with permanently unknown donors and those who could meet their donor when they reached 18) on the CBCL; there were no significant differences in the competencies or problems in the two groups of children. The children of known donors were no more likely to be "out" about having a lesbian family than their peers whose donors were unknown.

### Schools

Seventy-seven percent of the children were enrolled in public schools. According to their birth mothers, 85% of the children did well academically, and 81% related well to their peers. Seventy-eight percent of the children attended multicultural schools, 64% went to school with children from other lesbian families, 44% had lesbian or gay teachers or administrators at their school, and 47% of NLFS children had some lesbian-gay-bisexual-transgender (LGBT) curricula in their education.

### Child Interviews

The children were uniformly positive in describing what is special about having a lesbian mom. Some children (13%) felt that their moms were more available than the heterosexual parents of their peers, as this child indicated:

It is a little different because one parent is always there for me. Most of my friends with dads only get to see them once in a while - say in the evenings. I can see at least one of my moms any time of the day.

Other children were happy to have access to specific activities for lesbian and gay people, such as lesbian and gay pride parades and summer camps: "There is one place where we go for vacation and at the time we go the only people who go are lesbians or gays - that's a bonus of having a lesbian mom!"

Forty-three percent of the children indicated they had experienced homophobia by T4 - an increase of 25% from T3. Most of these children (69%) felt angry, upset, or sad about the incidents. Experiencing homophobia was associated with a higher CBCL Problem score (Pearson  $r = -.23$ ,  $p = .03$ , one-tailed). In response to peers' homophobic comments about their moms, 39% of the children spoke out - telling their peers that they were "wrong," "not nice," or "stupid." Typical of responses among those who spoke out were the following:

One kid said one time that he didn't like gays and lesbians and I said, "You mean like my mom?" and he said, "I didn't know your mom was." So I told him that if he had a friend and he was Black would he stop being his friend and he said, "No." I told him it was the same thing.

I got kind of upset because I couldn't imagine people saying really mean things about your parents being lesbian. They're basically ordinary people. They're not that rare.

At first when I was in second grade some kids said things to me on the bus. Now they don't.... I ignored them. I felt bad.

The only time I remember was once last year a girl told me my moms were going to hell. I probably turned away and told a teacher. It's hard to remember [how I felt] - probably sad, definitely annoyed, not at the point of tears.

There's one kid who [says mean things about my moms]. He says bad things about all people. I said, "Take that back!" Sometimes other kids try and help me. Afterward, I felt - I can't explain - like I really wanted to punch him.

It hurts my feelings because I know it's not bad. Some of the people who really care about me and I care about are lesbian and gay people. If those kids knew somebody who was gay, they wouldn't say the things they do.

Sixty-eight percent of the children said that their school reprimands kids for sexist, religious, or ethnic insults, and 63% said that their school does so for homophobic comments. Some of the children were distressed that their teachers were less concerned about homophobia than other types of slurs: "Teachers don't allow kids to make negative comments about skin color or gender, but they don't stop them from saying negative things about gays."

The importance of educating the teachers and administration about homophobia was also stressed:

I tell them it's not nice [to say mean things]. I've told my teachers, principal, and moms about it. One time my moms went to talk to the principal and teachers and told them about me having two moms. Everybody seems to be okay with it now.

### *Visibility and Identity*

Fifty-seven percent of the children reported that they were completely out to their peers about having a lesbian family, 39% were out to some, and 4% concealed information about their family from classmates. Children who were out were indistinguishable on the CBCL from those who were more secretive. Whereas most mothers were out at T2 (93% out at work, and 81% out to childcare workers), by T4, nearly one third (28%) were less public about their lesbianism. This change in visibility reflected the mothers' sensitivity to their preadolescent child's increased concerns about homophobia.

When asked about their child's eventual sexual orientation, 53% of birth mothers could not predict at T4. Thirty-seven percent anticipated that their child would be heterosexual, 6% predicted their child would be lesbian or gay, and 4% thought their child would be bisexual.

### **Discussion**

Most of the children were physically healthy at T4. The prevalence of asthma in NLFS children (8%) was lower than the national norm (14.4%) (American Lung Association, Epidemiology & Statistics Unit, Research and Scientific Affairs, 2003). Childhood asthma is highly correlated with household smoking. Only 5% of the mothers in this study were smokers, compared with 11% of U.S. women with more than 16 years of education and 33% with 9-11 years of education (Centers for Disease Control, Tobacco Information and Prevention Source, 2001). The prevalence of developmental disorders in NLFS children (15%) was comparable to that of U.S. children under 18 (17%) (Centers for Disease Control, National Center on Birth Defects and Developmental Disabilities, 2002).

The prevalence of childhood sexual abuse among NLFS girls (5%) and boys (0%) contrasts strikingly with national rates: Thirty-eight percent of U.S. women (Russell & Bolen, 2000) and 5%-10% of U.S. men (Finkelhor, 1994) report that they were sexually abused as children. None of the NLFS children had been physically abused. Golombok et al. (2003) found a lower incidence of physical abuse in lesbian than in heterosexual families. Although the NLFS mothers were the informants and the index children had not yet reached maturity, these data suggest that the absence of adult heterosexual men in households may be protective against abuse and its devastating psychological sequelae.

In social and psychological development, the NLFS children were comparable to children raised in heterosexual families. The NLFS girls demonstrated fewer behavioral problems than age-matched peers. These findings are consistent with other studies demonstrating a high degree of emotional well-being in children of lesbian families (Anderssen et al., 2002; Bliss & Harris, 1999; Golombok et al., 2003). It is noteworthy that there was no difference in psychological functioning in NLFS children with known donors versus those with unknown donors. Although the children with known donors benefited from having a father, most who had not yet met or would never meet their donor were unconcerned about not having a father.

According to Vanfraussen, Ponjaert-Kristoffersen, and Brewaeys (2002, 2003), it is easier for some children in lesbian families to say that they do not have a dad than to say that they have two moms. At 10 years old, more than half of the NLFS children were completely out, and nearly half had already experienced homophobia. The children who reported homophobic encounters demonstrated more psychological distress than those who had not been harassed. Many NLFS mothers have been vigilant about helping their children to avoid homophobia, have taught their children healthy responses to harassment, and have been sensitive to their children's concerns about being out at school (Gartrell et al., 1996,1999,2000). Even so, homophobia hurts.

The NLFS children displayed a sophisticated understanding of diversity and tolerance. They were saddened when schools or classmates were discriminatory. Even though their mothers tried to provide LGBT-affirmative educational environments, finding schools that are judgment free is challenging for any parent. Most NLFS children attended multicultural schools with children from other lesbian families. Having LGBT faculty and curricula was additionally helpful for many index children.

Although the NLFS mothers are self-selected and not necessarily demographically representative of the lesbian population as a whole (Gartrell et al., 1996), the study has had a remarkably high retention rate since it began in 1986. We hope that, as the children mature, they will share their mothers' enthusiasm for ongoing participation. At T5, when the children are 17 years old, they will be asked to recount their experiences with homophobia as teens. Additionally, the teen interviews will cover a broad spectrum of topics, ranging from academic achievements to physical and mental health to drug use and sexual exploration. The mothers will be asked to complete the CBCL/6-18 (Achenbach & Rescorla, 2001) so that the psychological adjustment of the NLFS teens may be compared with that of normative U.S. populations. The T5 questionnaires will be designed to elicit information that will be helpful to experts in health care, education, social services, and the legal system who are attending to the needs of lesbian and gay families and to policy makers concerned with lesbian and gay marriage, civil unions, foster care, and adoption.

Overall, the T4 investigation confirms that the children of lesbian mothers are resilient and thriving. As anticipated (Gartrell et al., 1996,1999, 2000), the NLFS children are experiencing homophobia. However, the NLFS mothers are educating their children about diversity and preemptively preparing them to confront discrimination. As the NLFS continues into the coming decades, it is expected to provide invaluable information about the everyday realities of growing up in American lesbian families.

## References

- Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist/4-18 and 1991 Profile*. Burlington: University of Vermont, Department of Psychiatry.
- Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA school-age forms & profiles and manual for the SCICA*. Burlington: University of Vermont, Department of Psychiatry.

American Lung Association, Epidemiology & Statistics Unit, Research and Scientific Affairs. (2003). *Trends in asthma morbidity and mortality*. Retrieved June 20, 2003, from <http://www.lungusa.org/data/asthma/ASTHMAdt.pdf>

Anderssen, N., Amlie, C., & Ytteroy, E. A. (2002). Outcomes for children with lesbian or gay parents. A review of studies from 1978 to 2000. *Scandinavian Journal of Psychology*, *43*, 335-351.

Bliss, G. K., & Harris, M. B. (1999). Teachers' views of students with gay or lesbian parents. *Journal of Gay, Lesbian, and Bisexual Identity*, *4*(2), 149-171.

Centers for Disease Control, National Center on Birth Defects and Developmental Disabilities. (2002). *Developmental disabilities*. Retrieved May 17, 2003, from <http://www.cdc.gov.ncbddd/dd/default/htm>

Centers for Disease Control, Tobacco Information and Prevention Source. (2001). *Women and smoking: A report of the surgeon general*. Retrieved May 23, 2003, from [http://www.cdc.gov/tobacco/sgr\\_forwomen.htm](http://www.cdc.gov/tobacco/sgr_forwomen.htm)

Chan, R. W., Brooks, R. C., Raboy, B., & Patterson, C. J. (1998). Division of labor among lesbian and heterosexual parents; Associations with children's adjustment. *Journal of Family Psychology*, *12*, 402-419.

Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *Future of Children*, *4*(2), 31-53.

Gartrell, N., Banks, A., Hamilton, J., Reed, N., Bishop, H., & Rodas, C. (1999). The National Lesbian Family Study: 2. Interviews with mothers of toddlers. *American Journal of Orthopsychiatry*, *69*, 362-369.

Gartrell, N., Banks, A., Reed, N., Hamilton, J., Rodas, C., & Deck, A. (2000). The National Lesbian Family Study: 3. Interviews with mothers of five-year-olds. *American Journal of Orthopsychiatry*, *70*, 542-548.

Gartrell, N., Hamilton, J., Banks, A., Mosbacher, D., Reed, N., Sparks, C., et al. (1996). The National Lesbian Family Study: 1. Interviews with prospective mothers. *American Journal of Orthopsychiatry*, *66*, 272-281.

Golombok, S., Perry, B., Burston, A., Murray, C, Mooney-Somers, J., & Stevens, M. (2003). Children with lesbian parents: A community study. *Developmental Psychology*, *39*(1), 20-33.

Morris, J. F., Balsam, K. F., & Rothblum, E. D. (2002). Lesbian and bisexual mothers and nonmothers: Demographics and the coming-out process. *Journal of Family Psychology*, *16*(2), 144-156.

Parks, C. A. (1998). Lesbian parenthood: A review of the literature. *American Journal of Orthopsychiatry*, *68*, 376-389

Patterson, C. (1994) Children of the lesbian baby boom: Behavioral adjustment, self-concepts, and sex role identity. In B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory, research, and clinical applications* (pp. 156-175). Thousand Oaks, CA: Sage.

Russell, D. H., & Bolen, R. M. (2000). *The epidemic of rape and child sexual abuse in the United States*. Thousand Oaks, CA: Sage.

Stacey, J., & Biblarz, T. J. (2001). (How) does the sexual orientation of parents matter? *American Sociological Review*, *66*, 159-183.



Tasker, F. (1999). Children in lesbian-led families: A review. *Clinical Child Psychology and Psychiatry*, 4(2), 153-166.

Vanfraussen, K., Ponjaert-Kristoffersen, I., & Brewaeys, A. (2002). What does it mean for youngsters to grow up in a lesbian family created by means of donor insemination? *Journal of Reproductive and Infant Psychology*, 20, 237-252.

Vanfraussen, K., Ponjaert-Kristoffersen, I., & Brewaeys, A. (2003). Family functioning in lesbian families created by donor insemination. *American Journal of Orthopsychiatry*, 73, 78-90.

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