

Feminism & Psychology

<http://fap.sagepub.com/>

The USA National Lesbian Family Study: Interviews with Mothers of 10-Year-Olds

Nanette Gartrell, Carla Rodas, Amalia Deck, Heidi Peyser and Amy Banks

Feminism & Psychology 2006 16: 175

DOI: 10.1177/0959-353506062972

The online version of this article can be found at:

<http://fap.sagepub.com/content/16/2/175>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Feminism & Psychology* can be found at:

Email Alerts: <http://fap.sagepub.com/cgi/alerts>

Subscriptions: <http://fap.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations: <http://fap.sagepub.com/content/16/2/175.refs.html>

Nanette GARTRELL, Carla RODAS, Amalia DECK,
Heidi PEYSER and Amy BANKS

The USA National Lesbian Family Study: Interviews with Mothers of 10-Year-Olds

This report from a prospective, qualitative, longitudinal study of 78 USA lesbian families presents data from interviews with 137 mothers of 10-year-old children conceived by donor insemination (DI). Half of the 37 couples who had remained together since the index child's birth reported that the child was equally bonded to both mothers. Among the 30 separated couples, custody was more likely to be shared if the couple had completed a co-parent adoption prior to splitting. There was no difference in relationship longevity when the participants' divorced heterosexual sisters with children were compared with the study couples whose relationships had dissolved. Although 27 children were conceived by known sperm donors, the majority of these men were not regularly involved in the children's lives. The lesbian mothers' own parents had embraced the DI child and were generally 'out' about their daughter's lesbian family.

Key Words: lesbian mothers, lesbian families, sexual orientation, same-sex couples, children of lesbian mothers, donor insemination

According to a 2004 *USA Today* feature story, heterosexual two-parent households constitute the 'acknowledged gold standard for raising children' (Peterson, 2004: D.01). Such claims highlight the pervasive impact of homophobia and heterosexism on popular literature. In the past 20 years, studies have consistently found that children in lesbian families are as well adjusted as children in heterosexual families (Allen and Burrell, 1996; Anderssen et al., 2002; Golombok et al., 2003; Patterson, 2000; Vanfraussen et al., 2002); in some studies, children raised by lesbians demonstrate even greater mental health (Gartrell et al., 2005; Patterson, 1994; Stacey and Biblarz, 2001). Despite the stigmatization that comes with growing up in a homophobic culture, these children are thriving (Adams, 1997; Gartrell et al., 2005).

Feminism & Psychology © 2006 SAGE (London, Thousand Oaks and New Delhi)
<http://fap.sagepub.com>, Vol. 16(2): 175–192; 0959-3535
DOI: 10.1177/0959-353506062972

Lesbians by their very existence have always challenged heterosexual norms. Yet prior to the 1980s, coming out as a lesbian meant giving up the prospect of having children unless one had already conceived, adopted or fostered a child in the context of a heterosexual relationship (Lev, 2005). The new reproductive technologies made it possible for lesbians with economic access to sperm banks, or personal arrangements with sperm donors, to choose motherhood unrestricted by the limitations and conventions of a traditional heterosexual framework. Raising children in lesbian households became a widespread, very deliberate and thoughtfully scripted process (Clarke and Kitzinger, 2005; Dalton and Bielby, 2000; McNair and Dempsey, 2003; Siegenthaler and Bigner, 2000).

Studies of the first wave of planned lesbian families in which the children were conceived by donor insemination (DI) have found that the mothers are primarily urban, out (open about being lesbian), white, educated, and middle to upper class (Parks, 1998). These demographics reflect the stigma attached to lesbianism in general, and the economics of DI in particular: many lesbian parents are closeted and therefore unavailable for interviews; those who volunteer as research participants are more likely to be out, urban, and educated (Rothblum, 1994; Rothblum and Factor, 2001). Also, since DI can be quite costly, access is limited to the more economically advantaged (Gartrell et al., 1996, 1999).

At the time of the 2000 USA Census, one-third of female-partnered households contained children (Simmons and O'Connell, 2003). Recent studies on lesbian families have shifted from efforts to demonstrate that lesbians and gays can be 'good enough' parents to scholarship that highlights their unique contributions to parenting ideals and standards. DI lesbian mothers have been found to share more equally in childcare and household maintenance than do heterosexual couples (Patterson, 1995; Sullivan, 1996). Lesbian mothers have also contributed to the 'degendering' of parenting through the reconstruction of socially prescribed parenting roles (Dunne, 1997, 1998a, 1998b, 1998c; Gartrell et al., 1999, 2000).

Relationship satisfaction in lesbian-mother couples has been correlated with egalitarian commitment, sexual compatibility, communication skills and anonymous donor selection (Osterweil, 1991). Social supports (families of origin, friends, neighbors, and religious communities) have played a critical role in the establishment of healthy lesbian families. Additionally, institutional validations of lesbian relationships via co-parent adoptions, civil unions, and gay marriages have enhanced the legitimacy of lesbian parenting (Gartrell et al., 1996, 1999, 2000; Solomon et al., 2004).

The USA National Lesbian Family Study (NLFS) was initiated in 1986 to provide prospective, descriptive, longitudinal data on the first wave of planned lesbian families with children conceived through DI. The study was designed to follow a large cohort of lesbian mothers with age-matched children from the conception of their child (hereafter designated the 'index child') until that child reached adulthood. The aim of the NLFS was to document the innovative parenting styles of lesbian mothers, the effects of homophobia on planned lesbian

families, and the impact of childrearing on lesbian mothers' relationships, careers, and community activism.

The first interview (T1), conducted with prospective birthmothers and co-mothers during insemination or pregnancy, found that the children were highly desired and thoughtfully conceived. The prospective mothers, who were out in all aspects of their lives, planned to be open with the children about their lesbianism and the DI process – when the children reached an appropriate age. Most mothers hoped that their own families would be close to the child, although some expressed concern about homophobic reactions to their decision to parent. The mothers had formed parenting groups to socialize, share information, and network with other lesbian families (Gartrell et al., 1996).

At T2, when the children were 2 years old, most couples shared parenting and felt that nurture was as strongly associated as biology with mother–child bonding. Most index children had accepting grandparents who had become closer to their lesbian daughter since the index child's birth, although birthmothers rated their own parents as closer to the children than co-mothers rated *their* parents. Some children had a biological father involved in parenting; the remaining children either had the option of meeting the donor when they reached the age of 18 or had a donor whose identity was permanently unknown. The mothers, who uniformly described the first 2 years of childrearing as the most enjoyable experience of their lives, planned to teach their children about multiculturalism and educate them about homophobia (Gartrell et al., 1999).

In the third report (T3), the 5-year-old children, who were being raised in supportive and nurturing families, were described as well adjusted, although many had already experienced homophobia from peers or teachers. In most two-mother homes, the child was equally bonded to both the birthmother and the co-mother. Most couples reported compatibility in their child-rearing philosophies and felt that having a child strengthened their relationships. Many families were active participants in the lesbian community (Gartrell et al., 2000).

When the children were 10 years old (T4), standardized tests were used to assess social and psychological functioning; the NLFS children were as well adjusted as their peers on some tests and demonstrated even greater mental health on others (Gartrell et al., 2005). The prevalence of physical and sexual abuse in NLFS children was substantially lower than USA norms. The children were academically successful and relating well to peers. Children of unknown donors were indistinguishable from those of known donors in psychological adjustment. Most children were out about growing up in a lesbian family and nearly half had experienced homophobia. Being out had no impact on psychological well-being, but homophobic discrimination was associated with more behavioral problems. The mothers had been vigilant about limiting the children's exposure to homophobia, had taught them healthy responses to harassment, and had been sensitive to their children's concerns about being out at school. The children demonstrated a sophisticated understanding of diversity and tolerance (Gartrell et al., 2005).

The current article focuses on the T4 interviews with lesbian mothers at the end

of the first decade of the index child's life. Topics addressed in this interview included the following:

1. Parenting and relationship experiences: Which aspects of mothering 10-year-olds provided the greatest pleasure and which caused the most concern? How egalitarian was the childrearing among the continuously coupled participants? Did lesbian mothers stay together longer than their married heterosexual sisters who had children (Rothblum and Factor, 2001)? In families where the mothers had split up, how were custody and childrearing handled? Did being a parent affect dating and subsequent partnerships?
2. Support systems: How did their families of origin relate to the lesbian mothers and their 10-year-old children? How did the mothers define their social networks? Were the mothers more closely affiliated with other parents – regardless of sexual orientation – than the lesbian community? If the donor was known, how involved was he in family life?
3. Health concerns: What kinds of health problems were the mothers of 10-year-olds experiencing? Were the mothers attentive to nutrition and exercise? Were they sexually active? Did they misuse substances?

The data from these interviews are intended to inform specialists in healthcare, family services, sociology, feminist studies, education, ethics, and public policy on matters pertaining to lesbian families.

METHOD

Eligibility and Recruitment

In 1986, lesbians who were inseminating or pregnant by a donor, whether known or unknown, and any partners who planned to share in parenting, were invited to participate in a longitudinal study of lesbian families. Recruitment was solicited via announcements that were distributed at lesbian events, tacked to bulletin boards in women's bookstores, and printed in lesbian and progressive community newspapers. In order to increase diversity in the sample, the researchers also handed out flyers about the study at multicultural events. Prospective participants were asked to contact the researchers by telephone and the nature of the study was discussed with each caller. All interested callers became study participants. The study was closed to new families in 1992. Interviewers have been health professionals representing the fields of psychiatry, psychology, public health, nursing, and social work. Additional details of the study design have been reported elsewhere (Gartrell et al., 1996, 1999, 2000, 2005).

Demographic Characteristics

Eighty-four USA families with children conceived by DI have been followed since the mothers were pregnant with the 85 index children (43 girls and 42 boys,

including one set of twins). At the initial interview (T1), 70 households consisted of a prospective birthmother and a co-mother, and 14 were headed by a prospective single mother. Seventy-three families had both a birthmother and a co-mother at the time of the child's birth. By the current interview (T4), six families had dropped out, and 30 of the remaining 67 couples (48%) had separated. Nine co-mothers and two birthmothers were unavailable for T4 interviews, and one co-mother was deceased. Consequently, 78 families (93% retention), represented by 76 birthmothers and 61 co-mothers, of whom 37 were continuous couples and seven were continuous singles (including one birthmother who is a female-to-male (FTM) transsexual), participated at T4.

The mothers originally resided in the Boston, Washington, DC, and San Francisco metropolitan areas, where the researchers also lived. Since the T1 and T2 interviews were conducted in person and homophobia precluded any possibility of obtaining government funding for this project, geographic proximity was essential. By T3 and T4, 27 of the families had moved elsewhere. The mothers were predominantly college-educated, middle- and upper-middle-class (82%), professionals or managers (85%) (Gartrell et al., 1996). Median household income at T4 was \$85,000 (interquartile range = \$51,000 – \$120,000). Ninety percent of families occupied single-family dwellings, and 10 percent shared housing.

At T4, the birthmothers ranged in age from 34 to 52, $M = 44$, $SD = 4.1$, and the co-mothers 34–59, $M = 46$, $SD = 5.7$. The mothers were predominantly Christian (56%) or Jewish (33%) (Gartrell et al., 1996). Racially, 93 percent of the mothers were white/Caucasian, 3 percent African American, 2 percent Native American, 1 percent Latina, and 1 percent Asian/Pacific Islander. Eighty-nine percent of the children were white/Caucasian, 4 percent Latino, 2.5 percent African American, 2.5 percent Asian/Pacific Islander, and 1 percent Native American (Gartrell et al., 2000).

In 38 families, the index child had no siblings. Other family constellations included: nine where the index child had a sibling born to the birthmother; six where the index child had a sibling born to the co-mother; three where the index child had an adopted sibling and a foster sibling; one where the index child had two siblings born to the birthmother; one where the index child had two siblings born to the birthmother and one born to the co-mother; one where the index child had four adopted siblings and one foster sibling; and one where the index child had an adopted sibling, a foster sibling, and a sibling born to the co-mother. Seven index children had stepmothers, two had stepfathers (one birthmother and one co-mother had repartnered with men), and two had stepsiblings at T4.

Procedure

The T4 interviews took place with the mothers when the index children were 10 years old. Birthmothers and co-mothers were interviewed separately by telephone. The research protocol calls for subsequent interviews when the index children are 17 (T5) and 25 (T6) years old. Because continuity is critical in a

longitudinal study, participants are asked to verify contact information annually. Approval for the NLFS has been granted by the Institutional Review Board at the California Pacific Medical Center in San Francisco.

Semi-Structured Mother Interviews

The semi-structured, 70-item, open-ended T4 questionnaire was modified from the T2 and T3 instruments to incorporate questions appropriate for mothers of 10-year-old children (Gartrell et al., 1999, 2000). This questionnaire assessed six areas of motherhood experience: health status, parenting experiences, relationship issues, support systems, educational choices, and discrimination concerns. Health questions focused on the index child's health and development, and the mother's physical and mental health status. Regarding parenting and relationships, the mothers were asked to comment on the pleasures and stresses of raising children with continuous partners, with stepparents, as separated co-parents, or as single parents. The mothers also provided information about relationship continuity among their married heterosexual sisters with children. In the section on support systems, the mothers were queried about their affiliations with families of origin and the lesbian community. Under the topic of 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 families. The average duration of the T4 mother interviews was 1 hour.

Data Analysis

This report presents selected information from the birth- and co-mother interviews at T4. A standardized coding scheme was developed to enable statistical analysis. Some questions in the interviews lent themselves to pre-coding, allowing categories such as 'yes' or 'no' to 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. The number of coded responses per question reflected the variability of the mothers' responses. Consensus among three raters was achieved prior to scoring each response. If there was any disagreement about coding a specific response, the participant was contacted for clarification.

The concurrence between birthmothers' and co-mothers' responses to categorical questions was assessed with the kappa coefficient of agreement. This statistic was not subjected to significance testing because the choice of a null value would have been arbitrary. Tests, except when an a priori hypothesis was specified, used a two-tailed .05 significance level.

RESULTS

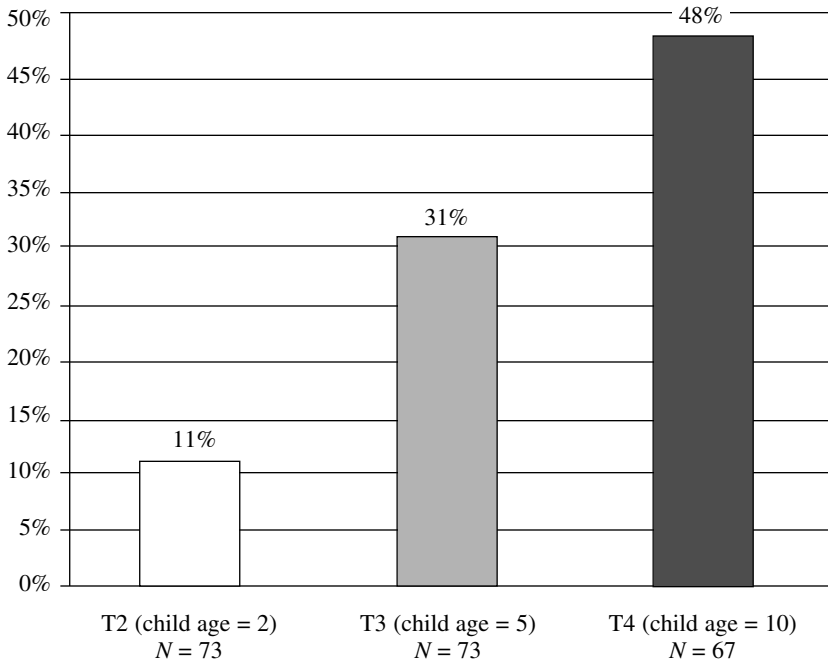
Parenting and Relationship Experiences

When asked what gave them the most pleasure in parenting, the mothers were uniformly enthusiastic about participating in their child's growth and development. Of the 37 original couples who were still together at T4 (referred to as 'continuous couples'), the birthmother and co-mother agreed that childrearing and domestic responsibilities were equally shared in 14 families, that the birthmother shouldered more responsibility in seven families, and the co-mother more in five families (kappa for agreement = .79); they agreed that the child was equally bonded to both mothers in 19 families and that the child was more bonded to the birthmother in three families (kappa for agreement = .31); and they agreed that the co-mothers expressed more jealousy or competitiveness regarding bonding in 18 families – a continuous phenomenon first noted at T2 (kappa for agreement = .37). Twenty-two continuous co-mothers had adopted their children by T4.

Seven mothers continued as single parents at T4. Four single mothers were happy with their choice to parent alone, preferring autonomy in decision making and the special single mother–child bond. Three singles expressed regret that they had no co-parent with whom to share the joys and challenges of motherhood. The single mothers agreed that parenting made dating more difficult.

At T4, the mothers juggled work and parenting. In answers that were not mutually exclusive, 51 percent satisfactorily managed career and motherhood responsibilities, 39 percent felt they never had enough time for either. Seventy-four percent of mothers worked full-time and 26 percent part-time. Twelve percent of mothers reported less career advancement due to the choice to prioritize parenting. At T2, when the children were toddlers, 53 percent of the mothers were working part-time and 63 percent anticipated that prioritizing childrearing would limit career possibilities. Within some families, the birth- and co-mother took turns working reduced hours, but there was no difference between birthmothers and co-mothers in the number of years spent in full- or part-time work.

Thirty couples had split up by T4 (see Figure 1). There was a significant increase in break-ups between T2 and T3, as well as between T3 and T4 (McNemar's test for significance of change T2–T3 Chi-square = 13.0; d.f. = 1; $p < .001$; and T3–T4 Chi-square = 9.0; d.f. = 1; $p = .003$). Custody (legal and parental responsibility) was shared after 13 separations: childrearing decisions were made jointly by both mothers and the children spent equal time in each household. The birthmother retained sole or primary custody in 15 cases. Nine separated couples had completed a co-parent adoption prior to splitting; seven of these nine couples shared custody. Co-parent adoption, whereby the co-mother gains legal guardianship of the child while the birthmother retains guardianship, is available in a limited number of counties within the USA – though unavailable to lesbian couples in many other countries. The adoptive co-mothers felt strongly that having a legal relationship with the child ensured shared custody after the



T2-T3: $p < .001$; T3-T4: $p = .003$

FIGURE 1
Break-ups original couples

separation. 'If we hadn't done [the adoption], I wouldn't even know him now', said a co-mother. The co-mothers who had limited or lost custody of their children were resentful. Ten separated couples rated communication with their former partner as 'excellent', and 14 as 'mixed' or 'poor'.

The issues that led to separation included incompatibility/growing apart in 46.7 percent of couples, an affair in 26.7 percent, and differences in parenting style in 20 percent. Unwillingness to share domestic, economic, and childrearing responsibilities contributed to relationship dissolution in some couples. 'We broke up because she [the co-mother] refused to do her part and I was doing it all', said one birthmother. 'She wasn't contributing financially and I got fed up', said another. Others broke up because of sexual dissatisfaction. 'We had no sex life. I was interested in having one and she wasn't', said one co-mother. Another concurred: 'We weren't in love, we weren't sexual, and we couldn't agree on parenting decisions, so why stay together?'

Twenty-two separated couples said that having a child delayed the dissolution of their relationship. The impact of separation on the index children corresponded to the child's age and awareness, and the degree of conflict between the mothers.

School-aged children typically had a very difficult time; they expressed distress in tears, anxiety, and anger. As one mother described it, 'He had the typical behavior of a child going through a separation. It made him fearful, anxious, confused. There were scheduling problems, new limits, different houses, different rules.' The children missed one mother when they were with the other. Homophobia also played a role in some children's responses. 'He had to explain that he had two moms and now he has to explain that we've "divorced"', noted a mother. Couples who described their break-up as amicable found that their child coped better than they had expected: 'We have worked hard to maintain communication and a relationship with each other', said one such mother. 'She [the child] has adapted incredibly without signs of [the separation] being a big event in her life.'

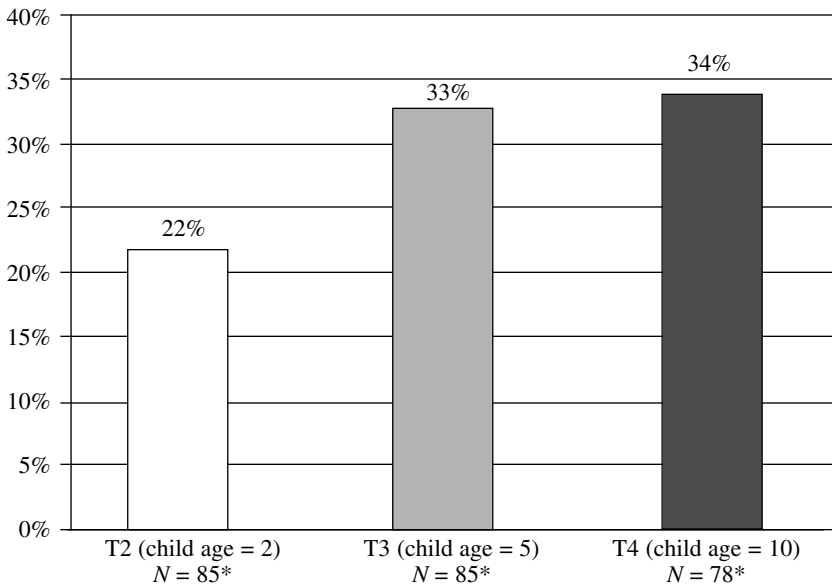
The mean relationship duration in separated NLFS couples was 9.9 years (SD = 4.9). The index child's mean age at separation was 4.5 years (SD = 2.8). Fifty-four percent of NLFS mothers had a biological heterosexual sister who was a mother and 30 percent of those sister-mothers had divorced. There was no significant difference in relationship duration when the divorced heterosexual sister/mothers (12.2 years, SD = 8.0) were compared with NLFS separated mothers ($t = 1.23$, d.f. = 51, NS). Separated NLFS birthmothers had between one and six new relationships that the child had been aware of after splitting with the co-mother ($M = 2.3$; SD = 1.58).

Support Systems

Most T4 mothers were actively participating in the lesbian community (79%). Seventy-one percent felt that the community welcomed lesbian families. Social networks for the T4 mothers included more parents than non-parents, and more straight families than when the index children were younger. Fifty-three percent of mothers indicated that they socialized with both lesbian and straight families, whereas 34 percent associated primarily with straight families. Only 13 percent reported that they socialized mainly with lesbian families – down from 76 percent at T3. For the most part, known donors were not regular participants in NLFS family life: among the 27 children with known donors, 13 percent saw their donor/dads regularly – sometimes weekly, if geographically close – and 14 percent saw them occasionally.

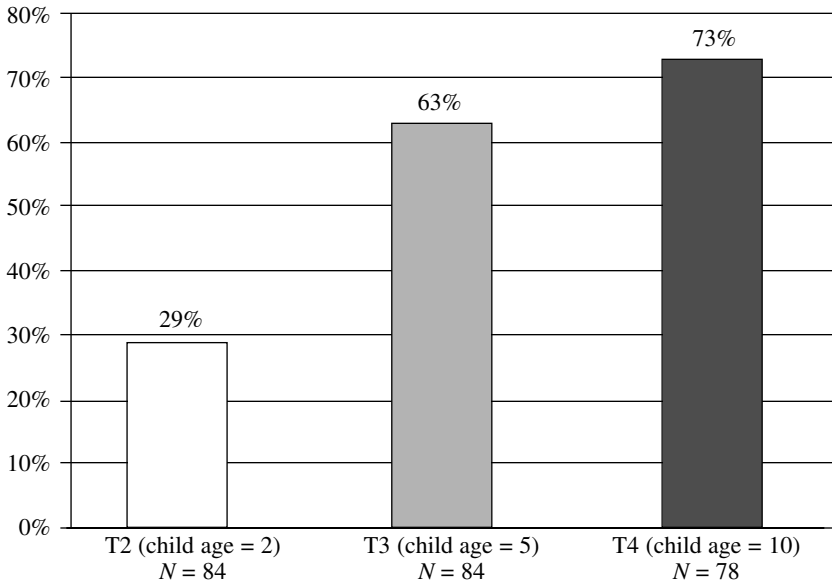
Forty-six percent of T4 mothers were politically involved: their social justice activism included educating others about diversity and discrimination. As reported at T2 and T3, the mothers were committed to creating a safe path for their children in schools, neighborhoods, and communities. At each interview, more children were enrolled in schools that embraced multiculturalism and, if possible, had lesbian teachers on staff (McNemar's test for significance of change T2–T3 Chi-square = 6.39; d.f. = 1; $p = .012$) (see Figure 2).

Eighty-eight percent of birthmothers and 97 percent of co-mothers reported that their families of origin embraced the index child and treated the child no



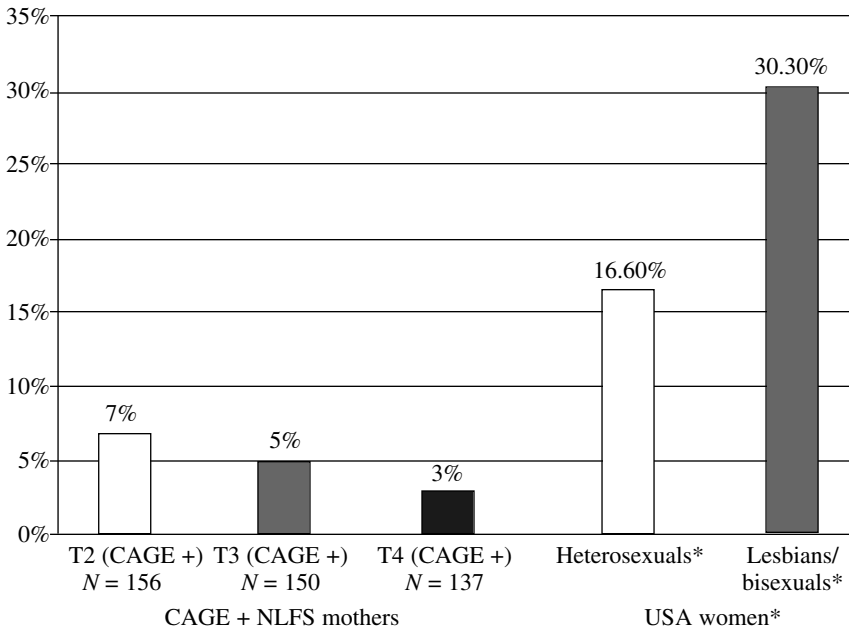
Notes: *One set of twins; T2–T3 $p = .012$; T3–T4 NS

FIGURE 2
Percent of children at schools with lesbian teachers



Notes: T2–T3 $p = .005$; T3–T4 $p = .034$

FIGURE 3
Grandparents' 'outness' about grandchild's lesbian family



Notes: * Very high or drunk 3+ times/year
 Source: Cochran et al., 2000

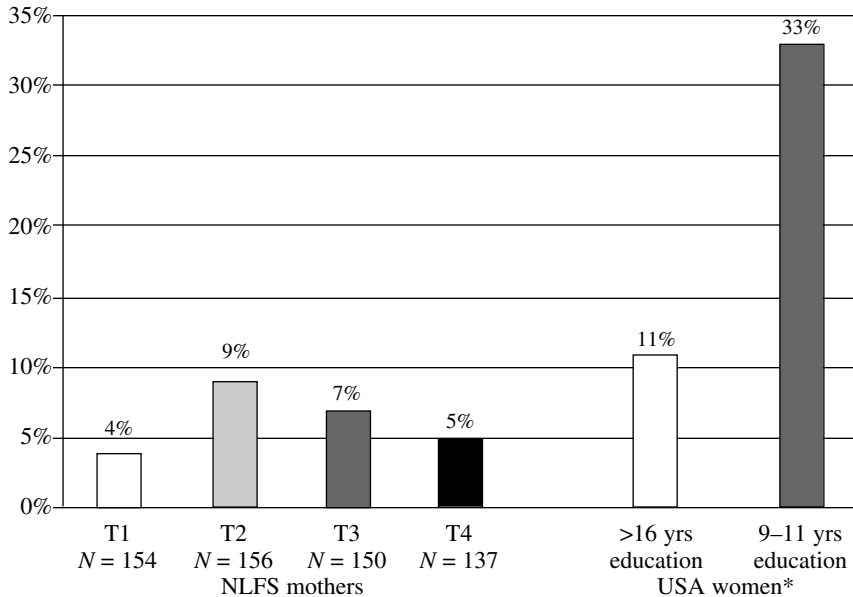
FIGURE 4
 Alcohol abuse in NLFS mothers

differently from any other family member. The mothers’ parents had also become more public about having a lesbian daughter who was raising their grandchild (McNemar’s test for significance of change T2–T3 Chi-square = 8.0; d.f. = 1; $p = .005$; T3–T4 Chi-square = 4.5; d.f. = 1; $p = .034$ (see Figure 3).

Health Concerns

Seventy-two percent of the mothers ate healthily, and 65 percent exercised regularly. Sixteen mothers reported major health problems at T4 and an additional five had mood disorders. Seventy-six percent had sought psychotherapy between T3 and T4, mostly for relationship problems. Fewer mothers at T4 than T3 were drinking excessively, as determined by their answering affirmatively to two or more questions on the CAGE questionnaire (Ewing, 1984; Seppa et al., 1998), or smoking cigarettes (see Figures 4 and 5); 3.3 percent acknowledged smoking marijuana and none used cocaine or other substances.

Among the 37 continuous couples, 18 couples (48.6%) agreed that they were sexual less than once per month, seven couples (19%) agreed that the frequency



Source: *CDC, Surgeon General Report, 2001

FIGURE 5
Cigarette smoking in NLFS mothers

was between once per week and once per month, and one couple agreed that the frequency was at least once per week (κ for agreement = .85). Sexual activity in the continuous couples declined sharply after the birth of the index child, and then increased after T3, when 70 percent of continuous couples reported a sexual frequency of less than once per month (Gartrell et al., 2000).

DISCUSSION

Since the early 1980s, increased access to DI has resulted in a growing population of planned lesbian families in which the children were conceived *after* their mothers came out. Whereas mainstream feminist inquiry into the organization of work and home life often assumes a heterosexual framework, planned lesbian families challenge the conventional concepts of these investigations. Incorporating lesbian experience into the feminist debates on motherhood highlights the limitations of patriarchal family structures, and underscores the value of shared responsibilities (Dunne, 1997, 1998a, 1998b, 1998c). The NLFS, initiated during the first wave of the USA gayby boom, was designed to document this major social phenomenon as it is happening.

The pleasures of parenting 10-year-old children far outweigh the mothers' anxieties about raising them in a homophobic culture, yet most NLFS mothers have expressed concern about the impact of homophobia on their children (Gartrell et al., 1996, 1999, 2000). The NLFS mothers have spent time educating healthcare providers, teachers, colleagues, neighbors, and relatives about lesbian families. The mothers have also taught their children healthy verbal responses to discrimination (Gartrell et al., 2005). Nevertheless, some mothers' fears that their children would be stigmatized have been realized and such children show signs of psychological distress (Gartrell et al., 2005).

By T4, social networks for the NLFS mothers had expanded to include more straight parents than at T1–T3, reflecting their children's choices of friends and playmates. Since many NLFS children had been enrolled in schools with multi-cultural curricula, the family's friendships presumably developed in like-minded environments where diversity was valued.

Coming out is a continuous and multi-generational process in lesbian families. The NLFS mothers came out before the index child's birth (Gartrell et al., 1996); they came out again when they were assumed to be heterosexual during pregnancy or with a toddler (Gartrell et al., 1999). Later, their children came out (Gartrell et al., 2000). Then, the mothers began to tone down their visibility in response to their pre-adolescent's concerns about homophobia (Gartrell et al., 2005). Meanwhile, the number of grandparents who have come out to peers about having a lesbian daughter who is the mother of their grandchild has steadily risen.

The varied NLFS family constellations at T4 reflect the diversity of USA family structures. Many index children have full, half, adopted, and foster siblings. As the couples separated and the mothers formed new relationships, the NLFS families reconstituted to incorporate stepparents and stepsiblings. The T5 data on the number of parents and siblings per index child while that child lived at home should provide interesting commentary on evolving lesbian family dynamics.

Using biological heterosexual sisters as a control group for lesbians offers researchers the opportunity to compare siblings of similar race, ethnicity, and socioeconomic status (Rothblum and Factor, 2001). Stereotypes about relationship brevity in lesbian couples were not substantiated when the NLFS mothers were compared with their married heterosexual sisters who had children. Just as the option to marry has had little impact on the rising divorce rate among heterosexual couples (Hampson and Peterson, 2004), being denied access to marriage has not fostered relationship instability in lesbian families. Nevertheless, many believe that marriage makes families stronger, safer, and more secure (Waite and Gallagher, 2000). As marriage becomes an option for lesbian people throughout the USA, it will undoubtedly influence family formation and partnering decisions for decades to come (Rothblum, 2004). At T5 and T6, the NLFS mothers and children will be asked how the changing cultural perspectives on domestic partnerships, civil unions, and marriage have affected their own families.

Unlike the gendered division of labor in typical heterosexual partnerships, the

mothers in many continuously coupled NLFS families have shared childrearing responsibilities, domestic chores, and income earning. Continuous couples also took turns working full- or part-time in order to be more available to the child. If a partner was *unwilling* to share parenting, household and economic responsibilities, that constituted sufficient grounds to dissolve the relationship in some NLFS households. As studies of planned lesbian families have shown (Dunne, 1997, 1998a; 1998b; 1998c; Patterson, 1995; Tasker and Golombok, 1997, 1998), the equitable distribution of household and income-generating labor gives both mothers the opportunity to be actively engaged in parenting. Even when one NLFS mother is more involved in childrearing and the other more focused on career, such decisions are achieved by consensus rather than by social prescription.

Yet despite shared roles, some co-mothers continued to experience jealousy or competitiveness around bonding with the index child. This type of conflict was reported in the same families during breastfeeding (Gartrell et al., 1999). Perhaps the increased availability of co-parent adoptions at birth will help co-mothers feel less marginalized during the early years of their child's life. Separated co-mothers who had become adoptive parents prior to splitting felt strongly that the adoption helped ensure continued access to their children.

The NLFS mothers led very child-focused lives at T2 and T3 (Gartrell et al., 1999, 2000). At T4, although they were pursuing more of their own interests, the mothers in continuous couples were relatively sexually inactive. The NLFS is the first study to follow relationship longevity and sexual activity in lesbian parents prospectively. Although sexual activity declines over time in most long-term partnerships, without comparable prospective data on long-term lesbian couples who do not have children, it is impossible to know whether the decrease in sexual frequency or the rate of relationship dissolution among NLFS couples is related to their choice to parent. Heterosexual mothers do not constitute a useful comparison, since one cannot control for the influence of testosterone on libido.

Further distinguishing lesbian mothers from the heterosexual paradigm, a partner's emotional unavailability was an incentive for separating in some NLFS couples. At T5 and T6, the mothers will be asked to update their relationship history since T4 and T5, respectively. It will be interesting to see if the NLFS findings on patterns of intimacy in the first wave of DI lesbian parents will be supported by other studies.

The mothers reported more health problems at T4 – a finding consistent with an aging population. The mothers continue to seek mental health services when needed, at rates comparable to other surveys of USA lesbians (Morgan and Eliason, 1992; Morris et al., 2002). The percentage of mothers consulting counselors paralleled the length of time between interviews – 59 percent sought therapy in the 2 years between T1 and T2, 65 percent in the 3 years between T2 and T3, and 76 percent in the 5 years between T3 and T4. These rates of mental health utilization, although higher than in other countries, reflect the NLFS participants' economic access to such services and the high level of acceptance

of therapy to lesbians and to mothers in the USA (Davis et al., 1996; Morris et al., 2002). Alcohol abuse and cigarette smoking among the NLFS mothers was at a remarkably lower rate than USA population averages for women (Centers for Disease Control, Tobacco Information and Prevention Source, 2001; Cochran et al., 2000), reflecting lesbian mothers' overall sensitivity to raising children in a healthy environment (Gartrell et al., 1996, 1999, 2000).

This study is limited in following a self-selected US population that is not necessarily representative of lesbians as a whole (Gartrell et al., 1996). Nevertheless, the NLFS has a very high retention rate since it began in 1986. Hopefully, as the children mature, they will share their mothers' interest in continued participation.

In sum, the findings of the NLFS at T4 suggest that the mothers of 10-year-olds have more time to pursue their own interests, yet continue to lead very child-focused lives, sometimes neglecting their own relationships. Co-parent adoptions have legitimized the role of co-mothers, yet some co-mothers continue to feel jealous of the birthmother's bond with the child. The mothers strive to provide healthy home environments as well as homophobia-free schools for their children. The mothers have developed closer ties with other parents – both lesbian and straight – than with non-parents, and strong ties with their own parents, who have not only embraced their grandchild, but also come out about the grandchild's lesbian family. During the next two decades, the NLFS will offer a unique window into lesbian family life in the changing sociopolitical landscape of the USA.

ACKNOWLEDGEMENTS

This study was funded in part by grants from the Arcus Foundation, the Susan A. and Donald P. Babson Charitable Foundation, the Bay Area Career Women's 'A Fund of Our Own' administered by the Horizons Foundation, The California Wellness Foundation, The California Endowment, the Gill Foundation, the Horizons Foundation, the Joyce Mertz-Gilmore Foundation, the Lesbian Health Fund of the Gay and Lesbian Medical Association, the Roy Scrivner Fund of the American Psychological Foundation, and An Uncommon Legacy Foundation. The authors would like to thank the above mentioned organizations for their support as well as Dr. Esther Rothblum and Sue Thiemann, MS, for assistance in the preparation of this manuscript.

REFERENCES

- Adams, R.S. (1997) 'Preventing Verbal Harassment and Violence toward Gay and Lesbian Students', *Journal of School Nursing* 13(3): 24–8.
- Allen, M. and Burrell, N. (1996) 'Comparing the Impact of Homosexual and Heterosexual Parents on Children: Meta-analysis of Existing Research', *Journal of Homosexuality* 32(2): 19–35.

- Anderssen, N., Amlie, C. and 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: 335–51.
- Centers for Disease Control, Tobacco Information and Prevention Source (2001) *Women and Smoking: A Report of the Surgeon General – 2001*, accessed 23 May 2003. Available: http://www.cdc.gov/tobacco/sgr_forwomen.htm
- Clarke, V. and Kitzinger, C. (2005) 'We're Not Living on Planet Lesbian: Constructions of Male Role Models in Debates about Lesbian Families', *Sexualities* 8(2): 137–52.
- Cochran, S.D., Keenan, C., Schober, C. and Mays, V.M. (2000) 'Estimates of Alcohol Use and Clinical Treatment Needs among Homosexually Active Men and Women in the US Population', *Journal of Consulting and Clinical Psychology* 68(6): 1062–71.
- Dalton, S.E. and Bielby, D.D. (2000) 'That's our Kind of Constellation: Lesbian Mothers Negotiate Institutionalized Understandings of Gender within the Family', *Gender & Society* 14: 36–61.
- Davis, N.D., Cole, E. and Rothblum, E.D. (1996) *Lesbians and their Therapy: From Both Sides of the Couch*. New York: Harrington Park Press.
- Dunne, G.A. (1997) *Lesbian Lifestyles: Women's Work and the Politics of Sexuality*. London: MacMillan; Toronto: University of Toronto Press.
- Dunne, G.A. (1998a) 'A Passion for "Sameness": Sexuality and Gender Accountability', in E.B. Silva and C. Smart (eds) *The 'New' Family?*, pp.66–82. London: Sage.
- Dunne, G.A. (1998b) 'Pioneers behind Our Own Front Doors: Towards New Models in the Organization of Work in Partnerships', *Work, Employment & Society* 12: 273–95.
- Dunne, G.A. (1998c) 'Add Sexuality and Stir: Towards a Broader Understanding of the Gender Dynamics of Work and Family Life', *Journal of Lesbian Studies* 2(4): 1–8.
- Ewing, J.A. (1984) 'Detecting Alcoholism: The CAGE Questionnaire', *The Journal of the American Medical Association* 252: 1905–7.
- Gartrell, N., Deck, A., Rodas, C., Peyser, H. and Banks, A. (2005) 'The National Lesbian Family Study: 4. Interviews with the 10-year-old Children', *American Journal of Orthopsychiatry* 75(4): 518–24.
- Gartrell, N., Banks, A., Hamilton, J., Reed, N., Bishop, H. and Rodas, C. (1999) The National Lesbian Family Study: 2. Interviews with Mothers of Toddlers', *American Journal of Orthopsychiatry* 69: 362–9.
- Gartrell, N., Banks, A., Reed, N., Hamilton, J., Rodas, C. and Deck, A. (2000) 'The National Lesbian Family Study: 3. Interviews with Mothers of Five-year-olds', *American Journal of Orthopsychiatry* 70(4): 542–8.
- Gartrell, N., Hamilton, J., Banks, A., Mosbacher, D., Reed, N., Sparks, C. and Bishop, H. (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. and Goldblum, J. (2003) 'Children with Lesbian Parents: A Community Study', *Developmental Psychology* 39(1): 20–33.
- Hampson, R. and Peterson, K.S. (2004) 'The State of our Unions; Divorce and Adultery are Common; Still Nearly all Americans at Least Try Marriage', *USA Today*, 26 February: A.01.
- Lev, A.L. (2005) *The Complete Lesbian and Gay Parenting Guide*. New York: Berkeley Books.
- McNair, R. and Dempsey, D. (2003, February) 'Exploring Diversity in Lesbian-parented Families. Paper 1: Family Formation and Women's Roles', accessed 10 June 2003.

- Available: <http://www.aifs.org.au/institute/afrc8/mcnair.pdf>
- Morgan, K.S. and Eliason, M.J. (1992) 'The Role of Psychotherapy in Caucasian Lesbian's Lives', *Women and Therapy* 13: 27–52.
- Morris, J.F., Balsam, K.F. and Rothblum, E.D. (2002) 'Lesbian and Bisexual Mothers and Nonmothers: Demographics and the Coming Out Process', *Journal of Family Psychology* 16(2): 144–56.
- Osterweil, D.A. (1991) 'Correlates of Relationship Satisfaction in Lesbian Couples who are Parenting their First Child Together', doctoral dissertation, California School of Professional Psychology, *Dissertation Abstracts International* 52(11): 6093.
- Parks, C.A. (1998) 'Lesbian Parenthood: A Review of the Literature', *American Journal of Orthopsychiatry* 68(3): 376–89.
- Patterson, C.J. (1994) 'Children of the Lesbian Baby Boom: Behavioral Adjustment, Self-concepts, and Sex Role Identity', in B. Greene and G.M. Herek (eds) *Lesbian and Gay Psychology: Theory, Research, and Clinical Applications*, pp. 156–75. Thousand Oaks, CA: Sage.
- Patterson, C.J. (1995) 'Families of the Lesbian Baby Boom: Parents' Division of Labor and Children's Adjustment', *Developmental Psychology* 31: 115–23.
- Patterson, C.J. (2000) 'Family Relationships of Lesbians and Gay Men', *Journal of Marriage and Family* 62(4): 1052–69.
- Peterson, K.S. (2004) 'Looking Straight at Gay Parents', *USA Today*, March 10: D.01.
- Rothblum, E.D. (1994) 'I Only Read about Myself on Bathroom Walls: The Need for Research on the Mental Health of Lesbians and Gay Men', *Journal of Consulting and Clinical Psychology* 62(2): 213–20.
- Rothblum, E.D. (2004) 'Same-sex Marriage and Legitimized Relationships: I Do, or Do I?', *Journal of GLBT Family Studies* 1: 21–31.
- Rothblum, E.D. and Factor, R. (2001) 'Lesbians and their Sisters as a Control Group: Demographic and Mental Health Factors', *Psychological Science* 12(1): 63–9.
- Seppa, K., Lepisto, J. and Sillanaukee, P. (1998) 'Five-shot Questionnaire on Heavy Drinking', *Alcoholism, Clinical and Experimental Research* 22: 1788–91.
- Siegenthaler, A.L. and Bigner, J.J. (2000) 'The Value of Children to Lesbian and Non-lesbian Mothers', *Journal of Homosexuality* 39(2): 73–91.
- Simmons, T. and O'Connell, M. (2003) 'Married-couple and Unmarried-partner Households: 2000', accessed 1 June 2004. Available: <http://www.census.gov/prod/2003pubs/censr-5.pdf>
- Solomon, S.E., Rothblum, E.D. and Balsam, K.F. (2004) 'Pioneers in Partnership: Lesbians and Gay Male Couples in Civil Unions Compared with Those Not in Civil Unions, and Married Heterosexual Couples', *Journal of Family Psychology* 18(2): 275–86.
- Stacey, J. and Biblarz, T.J. (2001) '(How) Does the Sexual Orientation of Parents Matter?', *American Sociological Review* 66(2): 159–83.
- Sullivan, M. (1996) 'Rozzie and Harriet? Gender and Family Patterns of Lesbian Coparents', *Gender and Society* 10(6): 747–67.
- Tasker, F. and Golombok, S. (1997) *Growing Up in a Lesbian Family: Effects on Child Development*. New York: Guilford.
- Tasker, F. and Golombok, S. (1998) 'The Role of Co-mothers in Planned Lesbian-led Families', *Journal of Lesbian Studies* 2(4): 49–68.
- Vanfraussen, K., Ponjaert-Kristoffersen, I. and 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(4): 237–52.

Waite, L.S. and Gallagher, M. (2000) *The Case for Marriage: Why Married People are Happier, Healthier, and Better off Financially*. New York: Broadway Books.

Nanette GARTRELL, MD, is Associate Clinical Professor of Psychiatry, Center of Excellence in Women's Health, University of California, San Francisco.

ADDRESS: 3570 Clay Street San Francisco, CA 94118, USA.

[email: ngartrell@onebox.com]

Carla RODAS, MPH, has a Master's in Public Health. She has been a research associate on our study for 10 years and most recently was in the family medicine department at the University of California, San Francisco.

ADDRESS: 3570 Clay Street San Francisco, CA 94118, USA.

[email: rodaspina@yahoo.com]

Amalia DECK, MSN, has a Master's in Nursing. She is a nurse at San Francisco General Hospital's Birth Center. She has been a research associate for the National Lesbian Family Study for the past 8 years.

ADDRESS: 3570 Clay Street San Francisco, CA 94118, USA.

[email: amaliad@sbcglobal.net]

Heidi PEYSER, MA, holds a degree in LGBTQQ (Lesbian Gay Bi Trans Queer Questioning) Psychology and has been a reviewer for the *Journal of Lesbian Studies*. She is the coordinator for the National Lesbian Family Study.

ADDRESS: 3570 Clay Street San Francisco, CA 94118, USA.

[email: heidipeyser@sbcglobal.net]

Amy Banks, MD, is Director of Advanced Training at the Jean Baker Miller Training Institute; Instructor in Psychiatry at Harvard Medical School and Co-editor of *The Complete Guide to Mental Health for Women* (Beacon Press, 2003).

ADDRESS: 3570 Clay Street San Francisco, CA 94118, USA.

[email: abanks32@aol.com]