Same sex families in Australia

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Abstract

It is an oft-heard lament that families are not what they used to be. This sentiment assumes that families are static through time, culture and region. Families are in fact an ever-evolving social institution. The family unit is responsive to social, political, economic, legal and historical pressures and continues to transform itself due to these external pressures. Contemporary Australian families have diversified from the romanticised version of the 1950's style two-parent heterosexual unit. Many different family structures exist today. One of these is the gay/lesbian family, or same sex couples parenting children. First, a basic understanding of the history of the family unit is explored. Then, an explanation of gay/lesbian parenting and family units is outlined. Understanding the implications for children with same sex parents is important as a midwifery health professional to provide appropriate and responsive care to this type of family. Social, educational, health, sexual, legal, and parenting implications for children of same sex parents are analysed in greater depth.

Same sex parenting is a controversial topic, tapping into deeply-held personal beliefs. The literature on this topic was mostly biased, either for or against same sex parenting. This depended
on the authors’ views on same sex parenting or which organisation was publishing the work. The
author of this paper is naturally writing from a biased viewpoint also, as the author’s personal views
reflect the interpretation of evidence and research on the topic. In order to be upfront and remove
the pretense of being unbiased, the author of this paper states freely that she is supportive of same
sex parents and their children. Even from this viewpoint, an in-depth analysis of the implications of
this type of family on children is still possible and relevant to contemporary midwifery practice.

An understanding of family and its historical context is important to gain insight into
contemporary Australian families. Healey (1995, p. 2) defines a family as two or more people
related by blood, marriage, adoption or a de facto relationship who live in the same household. The
most common type is the married couple with or without children. However, single parent families
and families of related adults are also considered families. The 1991 census found that ninety-nine
percent of households in Australia contain one family. However, the composition of these families
is changing. The traditional two-parent heterosexual family unit is now becoming less pervasive as
one parent families increase. One parent families are on the rise due to multiple factors. The 1975
Family Law Act legalised no-fault divorce. Consenting adults can obtain a divorce and this frees
couples from the “until death do us part” view of marriage. Women gained paid employment
outside the home. This increased women's financial security and job opportunities. This also
allowed women to break away from institutionalised dependence on husbands for access to money
(Burbidge 1998, p. 10). Society's changing attitudes towards divorce, separation, women's
liberation, and equal rights have all shaped present family structures. Blended families have
developed with the higher divorce rate. People who remarry and combine children from their other
marriages into one family form blended families (Healey 1995, p. 1). Families are traditionally a
“main conduit of socialisation” (Calhoun Davis & Friel 2001, p. 669). What will the impact of
decreasing numbers of intact two-parent families be?

Families change over time. However, a noticeably rapid period of change for the family
unit occurred after World War II. After the trauma of World War II, the surviving men came home
from war and stability and security were rebuilt from the ruins of global warfare. Women's roles as
mother and homemaker became firmly established in the post war era. Families became more
children-focused, and children started to be dependent on their parents longer. Children were no
longer sent into the work force to contribute financially to the family. Instead, the family supported
the children (Burbidge 1998, p. 12). Advances in family planning technology allowed for recreational sexuality separate from procreation. More resources were available for each child as women and men could better control the number and timing of children (Coontz 2000, p. 291).

Then, the 1960's heralded an increased societal emphasis on individualism. The rights of the individual and the civil rights movement changed the focus from the family as a single unit to a group of individuals functioning as a social unit together. In the 1970's, with the introduction of the Family Law Act 1975 legalising no-fault divorce, separation and divorce rates increased as a byproduct of this turn towards individualism. Government support in the form of pensions enabled single parent families to become a financially viable option, thus removing the traditional financial restrictions on family dissolution (Burbidge 1998, pp. 1-13).

Family structure has changed in the last thirty years. The proportion of families comprising a heterosexual couple with dependent children has decreased from 49.6% in 1996 to 47% in 2001. It is still the dominant family structure but other types of families are appearing also. Step families and blended families are on the rise with people who have been previously married and have children living together and forming a new family unit (Wise 2003, p. 2). Grandparents are assuming residential care of grand-children when parents are unable. The number of children per household has decreased. Children were once viewed as an insurance for parents as they age. The longer dependence of children on their parents for educational and financial support and the rise of individualism and separation from family post training and education, means children are more of a drain on resources than contributors (Coontz 2000, p. 289). In 2001, the fertility rate was 1.73 babies per woman. Twenty percent of women are choosing not to have children at all. This was previously not an option when women married in order to secure financial stability and were unable to obtain paid employment outside the home. Families with three or four children were once the norm and are now rare. Two-child families are more usual these days (Wise 2003, p. 4).

Non-traditional family structures have developed as a result of these societal changes. Family structure has multiple dimensions. It can be the parents' relationship to the children in their household, like the biological or non-biological parent. Family structure can also be defined by the marital status and relationship history of the parents, such as divorced, remarried, or separated. And parents' sexual orientation can define a family structure as well, as in gay/lesbian/same sex couple families. All of these family structures provide a variety of diverse families that previously were
unheard of. Single-parent families are the fastest growing type of family unit due to the high divorce and separation rates and births outside of marriage. The status of women has changed and they are more socially and financially independent. Thus, women are often the “main” parent responsible for child-rearing and income-support in single parent families. Some other examples of non-traditional families are step-families, foster, surrogacy, blended and gay/lesbian families. As the conventional nuclear family dominance wanes and non-traditional families develop, questions about the provision and caring for children in these families arise (Wise 2003, vi-5).

With the upheaval of the “traditional” family unit, what is the future for the Australian family? In what direction will families develop? Coontz argues that the concept of the “traditional” family unit is sentimentalisation and that families have always been in a state of constant change. Family is defined by its historical, social, cultural and political context and therefore changes as time and history progress. So, the “collapse of the family” is an overstatement. These diverse family structures that are evolving in present day Australian society are a natural progression in continual family development. The changes to family structure are neither all good nor all bad (Coontz 2000, pp. 283-291). After all, Pollack (1995, p. 106) states that “love makes a family” and love is certainly not going away.

Gay/lesbian families are one of the new family structures in Australian society. Census results have not historically asked about sexual orientation (Healey 1995, p. 10). The 1996 census was the first to recognise same sex couples. This census reported 8 296 same sex couples in Australia, and 1 483 of those with children (Wise 2003, p. 3). However, these statistics should be viewed as an underestimate. Obtaining an accurate count of self-identified same sex couples is fraught with difficulties as many gay/lesbian people fear discrimination due to negative societal views about homosexuality and they hide their sexual identity. Often, mothers and fathers in same sex relationships have children from a previous heterosexual relationship that has broken down. More and more same sex couples are utilising advances in reproductive technology to access an array of family options (Coontz 2000, p. 289). A survey in 2001 of same sex couples in Victoria found that forty-one percent of couples were hoping to have children. Clearly, this new family structure is growing. As it becomes culturally acceptable to have same sex relationships, society's attitudes to the gay/lesbian family will adjust as well (Wise 2003, p. 3).
Gay/lesbian families show a variety of “non-traditional” family structures. Blended families are created when a couple bring children from previous relationships to the family unit. Single parent families form when a heterosexual marriage breaks down after a partner “comes out”, or self-identifies as a homosexual, and the gay/lesbian partner has custodial care of the child or children. Foster care and adoption are non-biological options of parenting for gay/lesbian couples. Gay men use surrogacy to have a biological child of one of the partners. And lesbian women utilise donor insemination, from a known or unknown donor, to have a biological child of one of the partners. Consequently, children in gay/lesbian families can have multiple parent figures instead of the traditional heterosexual model with just two biological parents. Some potential relationships to children are step-parent, birth mother, donor father, surrogate mother, resident co-parent or separated co-parent. A step-parent is the parent of a child from a partner's previous heterosexual relationship or donor insemination. A co-parent has jointly planned, conceived and raised a child (Millbank 2002, p. 9-16).

The effects of same sex parenting on children is difficult to ascertain. Much of the published literature is biased either for or against same sex parenting, according to the author's or publisher's own agenda. Christian sources state that there is not enough research and evidence available on such a small “out” gay/lesbian parent population to adequately allay fears for children's' welfare. Religious publications give evidence against same sex relationships and parenting, citing child sexual abuse, relationship breakdown, sexual promiscuity, gender identity confusion, peer isolation and ostracisation, need for “father” and “mother” figures for role modelling, reduced mental health and psychological well-being and Biblical edicts. Other organisations who support same sex parenting, such as the Gay Lesbian Bisexual and Transgender Lobby and the Tasmanian Law Institute, state that twenty-five years of research studies have proven that there are no differences between children parented by heterosexual or homosexual people. And in fact, same sex couples are more supportive, egalitarian, and better at co-parenting and interparental relationships than heterosexual parents (Wise 2003, p. 28). While many studies have been conducted analysing the parenting skills of same sex parents compared to heterosexual parents, there is a noticeable lack of literature from the children's perspectives. Only one source spoke to a child raised in a gay/lesbian family. She was the child of two gay men and she gave favourable reports on social acceptance, both within the family as well as outside (Healey 1995, pp. 11-12).
The biological option of procreation by sexual intercourse between a man and a woman is not an option for same sex couples. Therefore, they have a diverse range of methods of becoming parents. Many people in same sex relationships are parents to children born to a previous heterosexual relationship before their homosexual identity was clear to them, or they “came out.” Blended families are common, as each partner may have children from prior relationships. The usual concerns of step-parenting pressures, contact with the non-custodial parent and financial issues are found in these blended families. Same sex couples seeking to have children together use donor insemination and other assistive reproductive procedures, adoption, fostering and surrogacy (Wise 2003, p. 26).

As assistive reproductive technology becomes more developed, accessible, and known to the public, these options will be utilised more commonly (Millbank 2002, p. 24). Single and coupled lesbians who want to give birth opt for donor insemination. This can be with a known or unknown donor. Depending on the availability and accessibility of fertility services, lesbian couples may choose to go to a fertility clinic and use an anonymous donor. The advantage with this method is that the sperm donor has had health checks and fertility tests. Lesbian couples in the United States are more likely to use an anonymous donor. In Australia, lesbian couples are likely to use a known donor. Self-insemination at home is the preferred technique. The advantage of this arrangement is that the couple know the donor and have chosen them specially to be the biological father of their child. In some cases, this donor becomes a co-parent or uncle-type figure for the child (Millbank 2002, pp. 11-47).

Gay couples use adoption, fostering and surrogacy to have children. However, same sex couples can't both be the legal parents of an adopted child due to their sexual orientation. Adoption agencies specify that the adopting couple must be a man and a woman married to one another. Same sex couples cannot legally marry in Australia. So, couples usually have one partner adopt the child, leaving the other partner as a parent but with no legal rights to care for the child (Morgan 2002, pp. 24-36). The Tasmanian Law Institute wrote a report in 2003 recommending changes to the Adoption Act in Tasmania that will allow same sex couples to adopt. Opponents argue that adoption for same sex couples is a non-issue as there hasn't been any demand for the service in Tasmania to date and it is not a pressing public issue (Tasmanian Law Reform Institute 2003, pp.
The Tasmanian Law Institute defends the recommendations stating that the laws are discriminatory to gay and lesbian people (Tasmanian Law Reform Institute 2003, pp. 34-37). Having children for same sex couples is a complicated affair, but more and more couples are pursuing and creating alternative options to have children.

The social implications for children with same sex parents are varied. There is a negative stereotypical belief that the mental health and stability of same sex couples is less than that of heterosexual couples (Buxton & Warner 2003, p. 28). Some other common social concerns for children in gay/lesbian families are gender confusion, problems with social relationships, family disruption due to shorter relationships between homosexual people, fear of sexual molestation and a difficult social and emotional development due to the parents' sexual orientation (Wise 2003, p. 26). Wise (2003, p. 8) states that studies have shown no causal relationship between children's well-being and the family structure they grew up in. Children can function in any family structure as long as certain conditions are met. Some major factors in child outcomes are family dynamics and environment. Parenting style, behaviours, monitoring and involvement with their children, attitudes, beliefs, values and interparental relationships constitute these positive family dynamics (Wise 2003, pp. 5-10). The relationships between adults, communication, openness and warmth in the home have major environmental impacts on child development (Millbank 2002, p. 5). Same sex parents function similarly to heterosexual parents in these ways and no parenting situation has been inevitably associated with positive or negative outcomes for children (Morgan 2002, p. 33).

A peer implication for children growing up with gay or lesbian parents is conflict. Thirty-three percent of children of same sex couples report being bullied, teased and subjected to homophobic language from their schoolmates (Wise 2003, p. 28). Children may be embarrassed about their parents' sexual orientation when they are in public or at school. Some sources posit that this risk of social ostracisation is detrimental to children in same sex families (Morgan 2002, pp. 73-76). On the contrary, other sources claim that children develop ways to cope with this social pressure from peers and show no long-lasting developmental, psychological or social scars from their experiences (Wise 2003, p. 27). One child of two gay men states that she exercised discretion amongst her school peers, choosing who to tell her parents were gay and who not to tell (Healey 1995, pp. 10-12). Children harass people who are different and at this stage in the development of the Australian family, gay/lesbian families remain different.
Educational implications for children with same sex parents stem from the assumption that all children have two heterosexual parents. As the traditional family evolves into more diverse family structures, schools will have to adapt to keep pace with the changes. School forms usually leave blank spaces for one mother and one father for each student. This fails to cater for single-parent and same sex families. Presently, curricula do not include teaching about gay and lesbian families (Pollack 1995, p. 26). Some gay/lesbian parents are concerned that teachers' negative attitudes toward same sex parents will have negative effects on their children's well-being and self-esteem. Maney & Cain (1997, p. 236) conducted a survey of newly trained teachers in the United States and their attitudes to same sex parenting. They concluded that the majority of the teachers they surveyed felt comfortable with homosexual parents and teaching a curriculum that includes gay and lesbian lifestyles. Female teachers were found to be more comfortable with children of same sex parents and teachers with strong religious views harboured more negative attitudes toward lesbian parents. As diverse family structures emerge into the mainstream and away from “alternative” status, the educational system will have to incorporate these lifestyles into their curricula to represent our diverse society (Maney & Cain 1997, p. 236).

There are few health implications that apply solely to children in gay and lesbian families. One potential problem may be homophobia encountered from health professionals. Twenty-three percent of lesbian mothers reported homophobic attitudes from health professionals during their pregnancies (Millbank 2002, p. 50). Lesbian women may choose not to disclose their sexual orientation to health professionals. An anecdotal example of this is a lesbian couple where one woman was giving birth on the maternity ward at the Royal Hobart Hospital. The midwives assumed that the two women were single mother and support person or friend, and never asked if they were partners. Another person who knew their relationship “outed” them to the health professionals. Homophobic views may affect the children later in life when they visit the doctor with two mothers. Professionally, health workers are bound by Codes of Conduct to treat their clients or patients in a respectful, non-judgmental and non-discriminatory way.

Another health concern for children of same sex couples is sexuality and sexual development. Opponents of same sex couples worry that children will be “subjected to the effects of atypical adult preferences” and the “troubling aspects of ‘gay’ behaviour, like rampant
promiscuity (Morgan 2002, pp. 25-26).” Rampant promiscuity is not the domain of homosexual people only. And homosexuality has not been proven to be an atypical sexual preference. Calhoun Davis & Friel (2001, p. 669) suggest that factors other than family structure are more significant in a child's sexual development. A child's sexuality is based more on context than parental sexual orientation. For example, the relationship between the child and their mother and the mother's attitudes toward sex affects children's initiation to sexuality more than the parents' sexual identities. A quality mother-child relationship has a protective effect on children, regardless of the sexual orientation of the mother. A mother with more permissive attitudes and behaviours in relation to sex is more likely to transmit these attitudes and behaviours to her adolescent children (Calhoun Davis & Friel 2001, pp. 671-677). Parents who are very involved in their children's lives and have high levels of interaction establish the system of norms and values that their children will live by. The argument that children will be homosexual if their parents are homosexual is unfounded. Heterosexual parenting does not ensure heterosexual children. Homosexual people's parents are heterosexual after all (Buxton & Warner 2003, p. 35)!

There are legal implications for children of same sex couples. The biological mother of a child has social, legal and biological custody of the child automatically. But what about the co-mother? What are the legal duties of a step-parent or co-parent? Adoption by same sex couples was legalised in Western Australia in 2002 (Buxton & Warner 2003, p. 43). The Tasmanian Law Institute in 2003 documented their support for creating a legal pathway for same sex couple to adopt in Tasmania (Buxton & Warner 2003, pp. 5-19). Same sex couples where one partner is the biological parent often apply for adoption by the non-biological parent, step-parent or co-parent. Lesbian couples who use donor insemination apply for adoption by the co-mother. And gay couples apply for adoption if they use a surrogate mother. In this way the continuity of care for children remains intact in the event of an illness or death of the biological parent. Results can be disastrous for children of same sex couples in places where same sex couples are not legally allowed to adopt. There have been instances in the United States where same sex couples can only legally have one parent adopt. Then, the legal parent has died and the children became wards of the state and were taken away from their other social and emotional, if not legal, parent (Pollack 1995, p. 35). Opponents to the amendment of Tasmania's adoption laws argue that less than two percent of the population is gay and there has been no case of a same sex couple wanting to adopt in Tasmania yet (Tasmanian Law Reform Institute 2003, pp. 96-99). The Tasmanian Law Institute
argues that the law that excludes same sex couples is discriminatory on basis of sexual orientation and must be amended, regardless of demand. All these legal issues impact on the future of children in gay and lesbian families.

Parenting issues have important implications for children of same sex parents. Research on same sex parenting over the last twenty-five years has found that sexuality does not affect parenting skills (Buxton & Warner 2003, p. 30). Same sex parents however face barriers and obstacles to parenting. These are the biological, legal or social obstacles highlighted previously. Gay and lesbian couples are usually very motivated parents because they have to work outside societal norms to have children (Pollack 1995, pp. 24-33). All children are wanted in gay/lesbian families and the parents usually went to great lengths to have them (Buxton & Warner 2003, p. 33). There aren't many supports for homosexual parents, but support groups and services will increase as this model of family becomes more common. For example, a lesbian mother in the United States has formed her own Mommy's Group for other lesbian mothers (Pollack 1995, p. 103). Finding good child care can be another hurdle for same sex couples due to homophobic attitudes. All these factors increase parenting challenges for same sex parents and affect their children.

In conclusion, traditional family structures are changing toward more diverse families in contemporary Australia. The history of the evolution of Australian families has been discussed. Gay and lesbian families are one of the diverse range of family structures seen in Australia today. The dynamics of gay and lesbian families are outlined. And implications for children growing up with same sex parents are highlighted, specifically social, peer, educational, health, sexual, legal and parenting issues faced by these families. As Australian society continues to develop over time, “alternative” families, such as gay/lesbian ones, will become more accepted and mainstream.

References


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