Children Raised by Homosexual Parents: Sexual Orientation, Mental & Sexual Health

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Children Raised by Homosexual Parents:
Sexual Orientation, Mental and Sexual Health

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by
Theresa Gramlich
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Sexual Orientation, Mental and Sexual Health

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## CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>5</td>
</tr>
<tr>
<td>Definitions</td>
<td>5</td>
</tr>
<tr>
<td>II. Review of the Literature</td>
<td>8</td>
</tr>
<tr>
<td>Historical Perspectives</td>
<td>8</td>
</tr>
<tr>
<td>Theories of Homosexuality</td>
<td>13</td>
</tr>
<tr>
<td>Biological</td>
<td>14</td>
</tr>
<tr>
<td>Psychoanalytic</td>
<td>19</td>
</tr>
<tr>
<td>Social Learning</td>
<td>24</td>
</tr>
<tr>
<td>Gender Role Behavior in Pre-Homosexuals</td>
<td>24</td>
</tr>
<tr>
<td>Gay Parenting Effects</td>
<td>26</td>
</tr>
<tr>
<td>III. Methods</td>
<td>34</td>
</tr>
<tr>
<td>IV. Results</td>
<td>37</td>
</tr>
<tr>
<td>V. Discussion</td>
<td>51</td>
</tr>
<tr>
<td>Summary &amp; Conclusions</td>
<td>56</td>
</tr>
<tr>
<td>Appendix</td>
<td>58</td>
</tr>
<tr>
<td>Bibliography</td>
<td>62</td>
</tr>
</tbody>
</table>
Sex and morals have often been factors in custody disputes. Courts have felt that giving custody of children to homosexual parents would create an environment not in the best interest of the child. Many mental health professionals argue that these decisions have been based on prejudice and homophobia. The purpose of this study was to evaluate research on the sexual orientation of children raised by homosexual parents and review data on the mental/psychosexual health of these children. These studies revealed no difference between children raised by gay/lesbian parents versus those raised by heterosexual parents on IQ scores, gender identity, or peer group relations. Daughters raised by lesbian mothers tended to choose more masculine toys and engage in more masculine activities than daughters raised by single heterosexual mothers. Nearly all of the adolescent children of homosexual parents experienced periods of questioning their sexual orientation. They also expressed the possibility of changing their sexual orientation later in life. Problems in research methodology (i.e., pre-experimental designs and lack of external validity)
however, severely limit the validity and generalizability of these conclusions. Given the absence of externally valid, rigorous research on the relationship between homosexual parents and the sexual orientation of their children, these authors conclude that this question remains unanswered. These authors argue that custodial decisions regarding children of homosexual parents be based on sound information in the best interest of both children and parents and not rooted in homophobia.
I. Introduction

Gender and morals have often been determining factors in custody disputes. In recent years, the courts have expressed concerns over the issue of giving child custody to homosexual parents. Primarily, the courts have felt that giving custody of children to a homosexual parent would create an environment that was not in the "best interest of the child" (In re Jane B., 1976). For the most part, judgements rendered in these cases were subjective, stemming from simple prejudices equating the parent's homosexuality with immorality and sinfulness (Riley, 1975). This view became the basis for determining the individual's fitness as a parent (Rivera, 1979).

The relevancy of the parent's sexual orientation as it affected their fitness as a parent was later questioned in such custody hearings as Bezio v. Patenaude, (1980). It was determined by the Massachusetts Supreme Court that a parent's sexuality alone did not render them unfit, and was not sufficient basis upon which to deny a parent's fundamental right to custody. However, this holding did not preclude the courts from reviewing allegations that exposure to a homosexual parent's lifestyle was harmful (In re J.S. & C, 1974). For this reason, rights granted to homosexual parents were often subjected to restrictions.
For instance, some courts granted custody of children to a homosexual parent provided the parent did not cohabitate with their homosexual partner. In addition, courts granted visitation rights only if the homosexual parent visited the children in the company of another "normal" adult (Nadler v. Superior Court, 1967).

With regard to homosexual parents, the courts are concerned with both the short and long term effects of a child's constant exposure to a homosexual parent's lifestyle. These concerns can be summarized as follows (Green, 1982; Knight, 1983): (1) The homosexual's liaisons and activities would overshadow the parental role resulting in neglect of the children. (2) The stigma attached to the children of homosexuals would expose them to ridicule from their peers and cause them to be socially isolated. (3) The exposure of the child to the parent's homosexual attitudes and behavior would create confusion in the sexual identity and result in a greater possibility of homosexual orientation in the child.

These concerns have been reiterated more recently in the issue regarding gay foster parents. The Commonwealth of Massachusetts took legislative action and developed a policy which in effect prohibited the placement of foster children in the care of homosexuals. They further defined homosexual households as being a threat to the psychological and physical well-being of the child (Uhl, 1987). After strong negative reaction by the gay
community, the wording was changed so as not to explicitly prohibit homosexual foster parents. However, the policy did provide for a special review process which gives the commissioner complete control as to whether placement of a child should be made with a homosexual.

Much of the research in the last ten to fifteen years has helped to promote changes in societal attitudes toward homosexuality by disproving many of the stereotypes and myths associated with homosexuals and their lifestyle. The issue of child custody to a homosexual parent, however, is still an especially difficult area of law to decide because of the great discretionary powers of juvenile and family courts in determining "the best interests of the child" (Peters, 1982).

**Significance of the Study**

There is a marked deficiency of post-1970 published data-based research examining the effects of homosexual parenting on offspring's sexual identity development and sexual preferences. A common failing of the post-1970 published data-based research is the absence of external validity. Not a single post-1970 published study utilized a representative sample, and in almost all cases, the studies examined fifty subjects or less.

The problems in sampling can most likely be attributed to the fact that the exact number of gay or lesbian parents is not known. Because of the stigma
attached to being a homosexual, an undetermined number of gay and lesbian parents have remained behind closed doors and unavailable to the researcher. Hoeffer (1981) estimated that 1.5 million lesbian mothers reside with their children, while Lewis and Lyons (1982) estimated this number to be at 3 million. The number of homosexual fathers is even more difficult to estimate since custody of children in America is most often awarded to the mother. In addition to sampling problems, the majority of these studies have focused almost entirely on lesbian mothers and their pre-adolescent children. However, the methods of gender identity and sexual orientation assessment in pre-adolescent children utilized by these studies are of questionable validity (Kirkpatrick, 1987). Studies in this area have indicated that there is no increase in atypical sexual orientation in children raised by a homosexual parent.

The objective of this study is to describe the results of these published studies of the sexual development of children raised in a homosexual environment, in terms of their individual scientific merit and collective contribution to the research question. In reviewing the available evidence, this researcher will:

(1) establish whether there is sufficient evidence to make a definitive judgement on the affects of homosexual parenting on a child's sexual development; (2) provide additional data to assist courts in determining the
fitness of homosexual parents for parenting; (3) provide additional data to confirm or repudiate the issue as a matter of social concern; (4) determine what gender role changes, if any, are correlated with homosexual parenting; and (5) establish some parameters and research gaps to be addressed for future data-based research of this issue.

**Hypothesis**: An assessment of the previous reports on homosexual parenting will reveal no difference between children raised by heterosexual parents and those raised by homosexual parents in their sexual orientation and various measures of mental and sexual health.

**Independent variable**: sexual orientation of the parent(s).

**Dependent variables**: sexual orientation of the children; mental health of the children; sexual health of the children.

**Assumption**: It will be assumed that all information from previous reports is accurate and true.

**Delimitations**: This study will be delimited to the published reports on the effects of homosexual parenting identified in the review of the literature.

**Definitions**:

- **homosexual**: a person whose primary erotic, psychological, emotional and social interest is in a member of the same gender (Crooks and Baur, *Our Sexuality*, 1987)

- **heterosexual**: a person whose primary social,
emotional, and sexual orientation is toward members of the opposite gender (Crooks and Baur, Our Sexuality, 1987).

**bisexual:** a person who feels sexual attraction to or has sexual contact with members of both genders (Crooks and Baur, 1987).

**homosexuality:** a word to identify one's sexual orientation to same-sex partners. It also refers to the general phenomenon of same-sex eroticism.... it comprises all sexual phenomena between persons of the same gender, whether the result is a conscious preference, subliminal desire, or circumstantial exigency (Boswell, 1980).

**heterosexuality:** a word to identify one's sexual orientation to opposite-sex partners (Crooks and Baur, 1987).

**bisexuality:** refers to attraction to both same- and opposite-sex partners (Crooks and Baur, 1987).

**gay:** a word commonly used for homosexual. It is most often used to describe homosexual men although it may also be used to identify homosexual women as well as social concerns related to homosexual orientation.

**lesbian:** a word used to describe homosexual women.

**homophobia:** irrational fears of homosexuality in others, the fear of homosexual feelings within oneself, or self-loathing because of one's homosexuality (Crooks and Baur, Our Sexuality, 1987).

**sexual orientation:** the sexual responsiveness to the same or other gender, as indicated by erotic attractions,
sexual fantasies, and dreams, and sociosexual experiences
(Ehrhardt and Meyer-Bahlburg, 1981).

**sexual identity or gender identity:** the subjective
feeling and conviction of belonging to one gender or the
other (Langevin, 1985, p.3).

**sex role or gender role:** a collection of attitudes
and behaviors that are considered normal and appropriate
in a specific culture for people of a particular gender.
Gender roles establish sex-related behavioral expectations
that people are expected to fulfill. Behavior thought to
be socially appropriate for a male is called masculine,
for a female, feminine. The stereotypic masculine role in
Western Society is to be competitive. Men are encouraged
to be unemotional, strong, capable, in control, and
independent (Crooks and Baur, 1987). Boys learn that it
would make them feminine if they were tender, caring, or
if they acknowledge their weaknesses and needs (George and
Behrendt, 1987). The stereotypic feminine role is to be
passive, non-assertive, illogical, emotional, dependent,
subordinate, warm, and nurturing (Crooks and Baur, 1987).

**gender non-conformity:** a lack of conformity to
stereotypic masculine and feminine behaviors (Crooks and
Baur, 1987).

**cross-gender behavior:** to engage in sex-typed
behavior that is culturally associated with, or expected
of, the opposite gender (Green, 1974).
II. Review of the Literature

HISTORICAL PERSPECTIVE

Homophobia is defined as an unhealthy attitude or fear, anger, or hatred towards homosexuals and homosexuality (Weinberg, 1972). Although the term itself is relatively new, the attitudes it defines, and the prejudices it influences have been documented since the beginning of the Christian era.

Perhaps the only era of time that homosexuality enjoyed favor was in the pre-Greco-Roman civilizations where it was not only accepted, but in some cases praised as being even more genuine and tender than heterosexual love (Karlan, 1971). According to Aristophanes, homosexuality was a "natural necessity, like heterosexual desire, eating, and laughing" (Boswell, 1980). In contrast, Jews have had a long-standing and strict prohibition against both male and female homosexuality which is reflected in the Old Testament.

The idea that homosexual behavior is condemned in the Old Testament stems from several passages. Probably the most well known and universally accepted, as a condemnation of homosexuality, is the account of Sodom in Genesis 19.
"They had not gone to bed when the house was surrounded by the men of the town, both young and old, all people without exception. Calling to Lot they said" Where are the men who came to you tonight? Send them out to us that we may know them" (Genesis 19:4-5).

The anti-homosexual interpretation of this verse states that when the men of Sodom demanded Lot's guests be brought out so "we may know them" this was to know them in a sexual way. Recently however, biblical scholars have pointed out that the Hebrew verb "yadha" (to know) is rarely if ever used in a sexual sense (Bailey, 1970). Moreover, other references in the Old Testament to Sodom and its fate indicate the city was destroyed to punish idolatry and the sin of inhospitality to strangers (Boswell, 1980).

New Testament condemnation of homosexuality can be found in the writings of St. Paul. Paul associated spirituality with sexual abstinence, and viewed marriage as a weaker alternative to celibacy. He further condemned homosexuality as a degrading passion: "where women turned from natural intercourse to unnatural practices, and men were consumed with passion for each other, doing Shameless things with other men" (Romans 1: 26 and 27). Since Jesus Himself never alluded to nor condemned homosexuality, the writings of St. Paul have often been regarded as a means of establishing group identity. Because Christianity was competing for followers with various other cults of the time, condemnation of homosexuality as unchristian was an
effective differentiation technique between Paul's Christian followers and the pagan population (Riley, 1979).

Following St. Paul, the crucial figure in the development of Christian sexual attitudes was St. Augustine. Like Paul, Augustine preached that sexual restraint was the cornerstone of moral behavior. Celibacy was viewed as the most blessed state. Furthermore, it would be best if man and wife lived without sex, but if they could not, sex was to be an instrument of procreation. Likewise, St. Thomas Aquinas expanded Augustine's thinking and defined as "unnatural" those sex acts that did not lead to conception. No pleasure was to be derived from any sexual experience. Therefore, homosexuality, oral-genital sex, and masturbation—which could not lead to conception—were automatically forbidden. The church gave final definition and authority to these doctrines in the Council of Trent 1563 (Karlan, 1971).

With the Reformation in Europe, the power to investigate and prosecute homosexual acts passed steadily from ecclesiastic to civil courts. At that time, civil law was often an extension of Church laws and attitudes, thus punishment for homosexuality passed from simple penance to death when Henry VIII made sodomy a felony in 1583 (Karlan, 1971). The laws of the Puritan colonies in New England, which influenced America's present view on
the morality of homosexuality, were as harsh as those of old England. The penalty for sodomy was death. This Puritan legacy dominated the West for centuries.

The trend toward easing the penalties for homosexual acts began in this century. In 1955, the American Law Institute devised a Model Penal Code which made homosexual acts criminal only when they involved force, fraud, or a minor. To date, approximately ten states have adopted proposals to exclude from criminal law all sexual practices between consenting adults (Riley, 1979).

The scientific study of sexual variance, which began in the late eighteenth and early nineteenth century, recognized homosexuality more as an illness or sickness and less as a sin. The pioneer of such theory was Richard von Kraft-Ebing. In his *Psychopathia Sexualis-- A Medico Forensic Study* (1902), Kraft-Ebing argued that homosexuality could only exist if there was some hereditary weakness of the nervous system, which rendered it highly excitable and in need of strong stimulation as in homosexuality. At the end of his book, Kraft-Ebing called for tolerance and legal reform of harsh anti-homosexual laws because one should not punish a sickness for which there was little hope of cure (Karlan, 1971).

Another view of homosexuality emerged at the turn of the century. Backed by men such as Havlock Ellis, the general belief was that homosexuality was congenital, caused by hereditary damage that appeared as neuropathy
and was exacerbated by masturbation.

These early scientific studies of homosexuality set the stage for many more to follow. However, the outcome of these studies convinced many people that homosexuality was now to be regarded as a psychological illness more than a sin. This theory resulted in the development of many treatments such as lobotomies, shock treatments, and various forms of psychotherapy and psychoactive drugs aimed at "curing" the homosexual. Though some of these treatments did change homosexual behavior, none were successful at changing the homosexual orientation or preference (Paul, W; Weinrich, W., 1981).

In general, homosexuality is still not accepted in our society; however, attitudes are not as harsh as they were at the beginning of the twentieth century. Research has failed to provide evidence that the homosexual is "sick" or poorly adjusted. This position has received official professional recognition by the American Psychiatric Association. In 1973, after considerable debate, the APA reversed its previous decision of homosexuality as a mental disorder. Subsequently, the American Psychological Association urged "... all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with a homosexual orientation (American Psychological Association press release, Jan. 24, 1975; cited in Crooks and Baur, 1987).
THEORIES OF HOMOSEXUALITY

Attitudes towards homosexuality vary considerably from one culture to another. In some societies, homosexual activities are considered normal and socially acceptable. In Western Society, anti-homosexual attitudes, or homophobia, stem primarily from Judeo-Christian tradition which still views homosexuality as a sin. Aside from this view, irrational fears of homosexuality within oneself stem from ignorance that exists in the general public about what makes people homosexual. Many people still believe that homosexuality is either a lifestyle that one freely chooses, or that it is transmitted from one person to another as if it were some illness or moral defect. For this reason, it has often been assumed that children exposed to homosexual adults (especially parents) are in danger of modeling their behavior and thus becoming homosexual themselves. Therefore, the focus of some research has been to show that gender identity, gender role behavior, and sexual orientation are not adversely affected by the sexual orientation of the parent.

In order to understand the results and concerns of these various studies, a review of sexual identity formation and associated semantic terms is warranted. According to Green (1974), sexual identity is made up of three components:
Core-morphologic identity or gender identity is the term given to our own individual sense that we are male or female.

Gender-role behavior or Sex-role behavior refers to observable characteristics or behaviors that are culturally associated with, or expected of, males and females. These behaviors are termed either masculine or feminine. A term associated with gender-role behavior is sex-typing. This term refers to the stereotypic traits associated with one gender. Inappropriate gender-role behavior (or gender non-conformity) is the presence of sex-typed behaviors in an individual that are usually associated with the other gender.

Sexual orientation or sexual partner preference refers to the erotic preference one has for males, females, or both. Many people continue to see homosexual orientation as a negative outcome of development stemming from homosexual or inadequate role-model identification. This mistaken notion arises from the association of atypical gender-role behavior with homosexuality. Although gender-role behaviors can be learned by imitation of models, sexual orientation is a much more complex array of both biological and psychological determinants. At best, sexual orientation should be viewed as fluid, or undergoing continuous development rather than fixed.

The development of homosexual orientation is a complex process influenced by a variety of psychosocial and biological factors. These factors, though controversial, provide the theoretical framework of previous studies regarding the effects of homosexual parenting.

**BIOLOGICAL THEORIES**

The purely biological theories of homosexuality would support the claim that an individual has no control over his/her sexual orientation. These theories explore the possibility of either a genetic link or hormonal imbalance as a predisposition to homosexuality. Early studies by
Kallman (1952) indicated an association between genetic factors and the development of homosexuality. Studying monozygotic twins, Kallman found 100% concordance for homosexuality among the pairs. That is, if one twin was homosexual, the other had a 100% chance of being homosexual. Among dizygotic twins, however, this degree of concordance was only 11.5%. Closer examination of Kallman's study revealed numerous research flaws, including the fact that the identical twins were all reared together, and thus they shared not only common genes, but also a common environment. Subsequent studies have failed to replicate the same 100% concordance rate as Kallman. In their review of previous family studies, Pillard and colleagues, (1981, p.469), cited the twin studies by Rainer et al., (1960), Mesnikoff et.al., (1963), Parker, (1964), and Green and Stoller, (1971) and concluded from these that the concordance for homosexual orientation in monozygotic twins is probably closer to 50%, and higher for monozygotic than for dizygotic twins. A more recent investigation of homosexuality in twins estimates the concordance rates for monozygotic and dizygotic twins to be closer to 75% and 19% respectively (Whitman and Diamond, 1986, as cited in Crooks and Baur, 1987, p. 317).

Despite the fact that a genetic link can not be conclusively found, there is considerable evidence to suggest that homosexual orientation and heterosexual
orientation is familial (Pillard, 1981). Using a family study method, homosexual orientation has been shown to run in families. Twin and family history studies have both revealed that homosexual subjects have more homosexual siblings than do heterosexual subjects. In fact, Pillard's study reported an excess of homosexual brothers of homosexual men, but not of sisters, mothers, or fathers (Pillard, 1982). Also, the majority of male homosexual relatives were related through the mother's (or sister's) side, and the percentage of homosexual brothers increased the more strongly homosexual a male was. That is, the increase of homosexual brothers was directly related to the male subject's degree of homosexual activity and fantasy based on the Kinsey scale. While this evidence does not indicate a cause of homosexuality, the family studies suggest predisposing factors of sexual orientation such as personality traits and intellectual abilities which may be clustered in families but differ between families.

Another speculation about a possible biological cause is that homosexuality developed as a result of an exposure to inappropriate hormone levels during the prenatal period. Recent evidence has suggested that functional differences exist in the brains of males and females and that the process of sex differentiation of human brains occurs in large part during prenatal development (Money & Ehrhardt, 1972, Dorner, et al., 1975). Since the
hypothalamus has the major role in controlling the production of sex hormones from adolescence throughout adulthood, it is theorized that an excess or deficiency in certain hormones, particularly androgen levels, would predispose an individual to later homosexual orientation (Dorner, et. al., 1975; Money, 1987; Ehrhardt, et. al., 1981). Although clinical studies of prenatal hormone manipulation involve animals, some genetically-induced hormonal abnormalities in humans have provided scientists with an opportunity to study and formulate possible theories of homosexual orientation.

Perhaps the most studied hormonal abnormality in humans is the Adrenogenital Syndrome. In females, increased androgen levels cause masculinization of the external genitalia although the internal genitalia escape alteration. Depending on the severity of this external genital masculinization, some genetically female children have been reared as boys and some as girls. What has been found is that their respective gender identities typically agree with their sex rearing. That is, females with the Adrenogenital Syndrome who were assigned and reared as females in early childhood, identify as girls and women. Likewise, those gonadal females, who because of extreme masculinization of the external genitalia were assigned and reared as males, identify as males, often growing up to have an adolescent romantic and erotosexual life with a female partner (Money, 1987). Genetic males with the
Androgenital Syndrome are always raised as boys and identify as such (Ehrhardt, et.al., 1981).

The prenatal androgenization, however, does seem to influence gender role behavior. In clinical studies, the behavior of prenatally androgenized girls differed significantly from that of controls in that they typically demonstrated: (1) a combination of intense active outdoor play, increased association with male peers, and long term identification as a "tomboy" by self and others; (2) decreased parenting rehearsal such as doll play and baby care, and a low interest in the role rehearsal of wife and mother versus having a career (Ehrhardt, A., et.al., 1981).

The behavior of boys with the Adrenogenital Syndrome has also been assessed. Comparing these boys to a control group revealed higher levels of energy expenditure in play and sports (Money, 1972). Thus, on the basis of such longitudinal studies, it is theorized that those patients, both male and female, with excessive androgen exposure in prenatal life would develop a sexual orientation toward females. Those with a lack of androgen exposure would develop a sexual orientation toward males (Money, 1987; Ehrhardt, A., et.al., 1981).

Based on the assumptions of the above mentioned theories, other studies have been conducted to test the hypothesis relating maternal stress to the alteration of prenatal neurohormonal factors resulting in an altered sexual orientation. A study conducted on women in Berlin
who were pregnant during a five-year period of WWII, showed that men born during those years of the Allied Blitz were recorded as having higher rates of homosexual behavior compared to men born five years before or five years after the war (Dorner, et.al., 1975). In a more recent study, Ellis and colleagues, (1988), found that mothers of homosexuals reported the greatest severity and frequency of stress-related factors during pregnancy. Theoretically, stress hormones, such as cortisone and adrenaline, cross the placental barrier and temporarily interfere with fetal production of various sex hormones, especially testosterone.

Although these hormonal theories provide some possible explanation of the origins of sexual orientation, they can in no way be solely responsible. According to Money, (1987):

"With respect to orientation as homosexual or bisexual, there is no human evidence that pre-natal hormonilization alone, independently of postnatal history, inexorably preordains either orientation. Rather, neonatal antecedents may facilitate a homosexual or bisexual orientation, provided the postnatal determinants in the social and communicational history are also facilitative."

Psychoanalytic Theories

Psychoanalytic theories have as their foundation the writings of Sigmund Freud. Freud believed that all people had an inborn bisexual predisposition. Certain circumstances in the first five to six years of life would influence psychosexual behavior. The normal phases of the
Oedipal complex (penis envy, castration fear, and resolution of the family romance) are essential to heterosexual development. Theoretically, improper resolution of the family romance, most notably influenced by parent-child relations, would result in incomplete psychosexual development which would manifest itself as adult homosexuality.

By far the majority of studies concerning parent-child relations and their effect on sexual orientation have been done on male homosexuals with particular emphasis on parental characteristics such as dominance, rejection, passiveness, or physical absence of one parent (mainly the father). The central hypothesis in such studies has been that a parent-child relationship characterized by a weak or passive father and a dominant mother would cause males to identify more strongly with their mothers and withdraw from all future competition for other females' affection. For females, a non-caring or distant mother and an indifferent or absent father would cause females to continue to seek love from other females. Using both clinical and non-clinical samples, many studies have shown only a weak correlation between homosexuality in males and females and dominant mothers and weak or passive fathers (Bieber, 1962; Millic & Crowne, 1986; Wolf, 1971; Johnson, et.al., 1981).

Perhaps the most comprehensive studies involving parent-child relationships were performed by Bell and
Weinberg (1981). Using non-clinical samples numbering over 200 homosexual males and females with matched heterosexual male and female groups, Bell and Weinberg found that homosexual males often had negative perceptions of their fathers or strong identities with their mothers, and homosexual females tended to report relatively negative relationships with their mothers. Bell and Weinberg concluded that these variables had very little effect on the son or daughter's emerging sexual preference. However, negative father-son relationships and detached or hostile father-daughter relationships did seem to correlate with gender non-conformity and early homosexual experiences. This concept was further supported in a study by Rosen (1977) who found that fathers of cross-gender identified boys tended to be either psychologically or physically distant in a majority of cases.

With respect to gender-role behavior, one assumption is that the absence of a masculine father-figure would increase the likelihood of feminine sexual identification due to the lack of a male parent as an object of identification (Kagel & Schilling, 1985; Hoeffer, 1981). Previous work on father-absence has demonstrated that the amount of father-son shared time in the first five years of life is a key variable associated with the development of extensively feminine or conventionally masculine behavior in sons (Green, 1986). Approximately 46% of
Green's sample of boys who exhibited extreme feminine behavior were separated from their biological father before their fifth birthday as compared to only 22% of boys who exhibited typical masculine behavior (Green, 1976).

In many of the previous psychoanalytic studies, gender role behavior is equated with sexual orientation. That is, the homosexual not only makes an inappropriate object choice, but also has an abnormal gender identification from failing to identify with the same-sex parent and thus has not acquired masculine identity (for male homosexuals) or feminine identity (for lesbians). Although previous studies have shown a relationship between gender non-conformity and adult sexual preference (Bell, et.al., 1981; Green, 1976), they do not explain why many homosexual people do not have a family background of a dominant mother and emotionally detached or physically absent father, or why many heterosexual people who have been raised in a situation where this pattern prevailed did not develop a homosexual preference.

**SOCIAL LEARNING THEORY**

Behaviorists believe that an individual's socialization process influences their erotic inclination and establishes the behavioral patterns and attitudes that with maturity develop the psychosexual orientation (Poole, 1972). According to Poole (1972):
"the cardinal actors in the child's development of gender orientation are the significant others who by gestures, overt behavioral manifestations, and role model performance, shape the adult erotic role behavior."

The adoption of specific sex-role behaviors and attitudes by the child is enhanced or discouraged by the response consequences the child anticipates (Perry & Bussey, 1979). That is, children are more likely to model behavior for which they have observed or received a positive response and are less likely to model behavior for which they observed or received a negative response. For this reason, children are more likely to imitate the behavior of same-sex models since they have received parental and societal approval for such behaviors.

Another factor which influences the modeling process is the characteristics of the model. Children are more likely to imitate a model who possesses a high degree of nurturance, competence, status, similarity to the subject, and control or dominance (Nungesser, 1980, Riddle, 1978). Regarding the issue of warmth and dominance, mothers who are high in warmth tend to be imitated, especially by girls; however, both boys and girls tend to imitate a dominant mother more than a dominant father. Paternal warmth facilitates imitation equally in boys and girls (Hetherington & Frankie, 1967). These findings would appear to reinforce previous assumptions from the psychoanalytic studies on parent-child relations and the associated "dominant mother-homosexual son relationship."
Although parents are not the only models in the socialization process, in the early years of childhood development parents usually have the most influential role on the development of sexual identity. At birth, parents label their child as a "boy" or "girl" and proceed in the culturally defined differential treatment of them. For example, boys are typically encouraged to be independent, aggressive, and engage in rough and tumble play; whereas girls are treated as more fragile and are encouraged to be more nurturant, dependent, and engage in quiet play such as dolls and dress-up. When these behaviors deviate from the social norm, boys more than girls will receive negative responses, particularly from the father and from peers (Green, 1987).

GENDER ROLE BEHAVIOR IN PRE-HOMOSEXUAL ADULTS

Since parents often encourage their children to use certain toys as a means of preparing them for adult roles, sex role behavior is often measured by observing children's preference for sex-typed masculine or sex-typed feminine toy selection and game play. Substantial differences in the play activities of boys and girls have been documented for many years through the use of checklists. From these lists, separate masculinity and femininity scales based on children's play activities have been developed. Thus, such scales have been used to study the childhood play activities of homosexuals and to
discriminate effeminate and noneffeminate behavior (Bates and Bentler, 1973; cited in Grellert, et.al., 1982).

A retrospective study of 206 male homosexuals and 78 male heterosexuals was performed by Whitman (1977) which involved specific questions dealing with such areas as toy-game preference, cross-dressing, peer group composition, preference for the company of older females, labeling, and sexual interest. With regard to these areas, homosexual males and heterosexual males had significantly different childhoods. For nearly all homosexuals, the most powerful indicators of atypical gender role formation were playing with sex-inappropriate toys and cross-dressing. Likewise, Grellert, et.al., (1982) performed a similar study and their data revealed that both male and female homosexuals could recall an association with cross-dress play behavior. Follow-up studies involving male children identified in childhood with cross-gender behavior and then re-evaluated during adolescence or young adulthood were performed by Green (1985) and Davenport (1986). Extensive data were collected and revealed a strong association between extensive cross-gender behavior in boyhood and homosexual behavior in adulthood.

Further support for the influence of socialization processes on gender role conformity was presented in retrospective studies of both male and female homosexuals by Bell and colleagues (1981) and Poole (1972).
Collectively the results of their studies revealed that lesbians seldom experienced role playing of "mother" with dolls or playing house, and pre-homosexual males and females were less likely to be socially involved with their same-sex peers than pre-heterosexual males and females. This sense of alienation from peers for gender-related reasons, as well as a sense of sexual difference correlated strongly with the process of homosexual development (Bell, et al., 1981).

**GAY PARENTING EFFECTS**

The major concerns of society regarding children raised by homosexual parents encompasses more than just atypical sexual orientation. There is a general assumption that children reared by a homosexual parent will also suffer emotional distress and an increased likelihood of psychopathology resulting from such factors as social stigmatization, peer rejection, and decreased parent-child interaction because of the homosexual-lover relationship. The impact of such factors must be considered by the courts in determining "the best interests of the child".

In Hall vs. Hall, (1980), the court held that the wife's homosexuality was properly considered as one factor in determining moral fitness. The evidence showed that in a conflict, the mother would unquestionably choose her lesbian relationship over her children. Therefore,
custody was awarded to the father. Though some people assume that the homosexual parent might give preference to their lover over their children, recent studies have reported results which would dispute this claim. Miller, J. (1981), in her study comparing the home environment of lesbian vs. heterosexual mothers found that lesbian mothers assume the principal role in childcare responsibility regardless of their live-in partner. Likewise, Bozzett, (1981), revealed that gay fathers have a greater emotional investment in their children than they have in a new relationship. In fact, most fathers reported that the needs of their children came first even if it meant losing a relationship with a lover. In general, most studies have concluded that there may be some conflict between children and the parent's lover, usually centering around the area of discipline. These problems, however, are no different than the problems experienced by children when a parent re-marries in a heterosexual relationship (Riddle & Arguelles, 1981; Harris, 1986; Louis, 1985).

The courts also fear that a child will be harmed by the stigmatizing process that surrounds the issue of the parent's homosexuality. This can result in various forms of teasing and peer rejection which may have a significant emotional impact on the child. Riddle and Arguelles (1981), Wyers (1987), Cramer (1986), and Epstein (1979), reported in separate studies that some children, primarily
adolescents, experience relationship problems with other people because of their knowledge of their parent's homosexuality. As a result, many of these children retreat into secrecy. They assume the enormous responsibility to hide the truth about their parent's sexual preference from friends, classmates, and strangers outside the home (Epstein, 1979). This isolated atmosphere tends to exaggerate the feeling of difference these children already experience. In addition, these children often experience confusion, depression, and even open rebellion when they are unable to adapt and cope with the secrecy necessary to live in such families (Baptiste, 1987).

How children respond to the news of their parent's homosexuality is still another area of concern. Depending on the age of the child at the time he or she is informed, initial reactions vary from confusion, misunderstanding, and shame, to relief, sympathy, or no reaction at all (Harris, 1985). Paul (1986) reported from his study that the age when children learned of their parent's sexual orientation was significant in determining their reactions. Children past adolescence reacted more positively when initially informed about their parent's homosexuality, as did very young children. Adolescents, however, had the greatest amount of difficulty initially, and boys reacted more negatively than girls. For adolescent boys, the negative reaction is often the result
of a "bruised self-esteem" (Lewis, 1980) and a feeling that their own masculinity is threatened (Kirkpatrick, 1987). Since adolescence is a period when the child is trying to handle his own emerging sexuality, news of the parent's homosexuality can create greater conflict and uncertainty. For all children of gay or lesbian parents, the erotic image of their parents as sexual beings engaged in same-sex relationships is often accompanied by feelings of discomfort and distaste (Epstein, 1979; Paul, 1986).

Since the adolescent period is the time of emerging sexuality, it is not unusual for children with homosexual parents to question their own sexual orientation. In his study of the experiences of young adults with a homosexual or bisexual parent, Paul (1986) reported that most respondents had gone through a period of questioning their own sexuality. This question occurred more among females than males. In addition, when the respondents were asked if they could conceive of the possibility of someday relabeling their sexual orientation, most endorsed this possibility of some future change. In a similar study, Lewis (1980) also reported that children of lesbian mothers expressed the possibility of being either gay or straight "depending on their influences". Girls especially, thought that an unsatisfying heterosexual relationship might persuade them to turn to a same-sex relationship with another woman.

Difficulties experienced by the children of gay or
lesbian parents can not be entirely attributed to the factor of a parent's sexuality. In all studies published to date on children raised by a homosexual parent, the parents had been divorced, and the consequences of dissolving the family must be considered. The divorce event itself is not the central factor in determining the outcome for children, but instead, it is the divorce process or chain of events. These factors include coping with the possible changes in residence, friendships, lowered socioeconomic status (for single mothers primarily), as well as the reduced accessibility of one parent and the break up of the family unit (Kelly & Wallerstein, 1976). The impact of this chain of events has been found to have different effects on children according to their age and gender. Generally, all children suffer a loss that is akin to grief (Pfeffer, 1979). This loss may manifest itself by regression, depression, feelings of anxiety and helplessness as well as lowered self-esteem, all of which inhibit the child from optimal social and cognitive development. Although this loss is experienced by both young and adolescent age children, the coping mechanisms are better in older children. However, a recent 15 year study on the impact of divorce (Wallerstein, 1989) revealed that preschool children were better adjusted after 10 years than their older siblings who experienced their parents' divorce during adolescence.
In regard to gender, Kelly and Wallerstein (1982), and Hotvedt and Mandel (1982) found that boys are more likely than girls to exhibit behavioral problems such as increased aggression, running away, and poor school performance. This may be due in part to a greater sense of loss with regard to a departed father in mother-custody family arrangements. More recent research on father-custody has revealed that boys may be better adjusted than those raised in mother-custody arrangements (Santrok, 1979).

Although children of gay and lesbian parents may experience unique problems associated with their non-traditional family arrangement, these problems should not be confused with those most generally seen as a byproduct of the actual separation and divorce. Most children of gay and lesbian parents state that the breakup of their parents marriage was much more difficult to accept than finding out about their parent's homosexuality (Lewis, 1980; Louis, 1985; Hotvedt and Mandel, 1982; Riddle, 1981; Green, 1982; Wyers, 1987; and Paul, 1986).

It should be mentioned that gay parents may actually facilitate important developmental learning in their children. Gay parents often demonstrate a variety of sex role behavior (or androgyny) which may offer the child the possibility of learning non-traditional, multi-optional adult lifestyles. For example, since lesbians often adopt masculine traits, they are likely to be models for
integrating assertion and nurturance (Riddle, 1978). Similarly, gay men are less likely than heterosexual men to be same-sex-typed in their behavior and may therefore have a greater potential for modeling a less stereotypic masculine sex role for boys. This assumption was supported in a study by Scallen (1981) who assessed the relationship between sexual orientation and the father's child rearing attitudes and behaviors and found that homosexual fathers present a more traditional view of the maternal role in problem solving.

As of 1978, Bell and Weinberg (1978) reported that at least a third of all lesbians and a tenth of all gay men have children, and at least 19% of homosexuals are involved in active parenting. This non-traditional family atmosphere may actually add a new dimension in child-rearing. The androgynous sex-role behavior that gay and lesbian parents tend to exhibit may not only be more healthy for the children, but may actually lead to less negative attitudes toward homosexuality (Riddle, 1978), and more social tolerance in general.

Special problems, such as societal oppression and discrimination may continue to be inherent in this type of family. However, discrimination can occur in society for a multitude of reasons and should not constitute a reason for custody determination. Instead, the parent who best facilitates the development of personality and self-esteem should be deemed the best custodian (Wittlin, 1983). When
children receive the love and support of a parent or parents, they will be more secure and less confused regardless of the parent's sexual orientation.
III. METHODS

Purpose of the Study: The original purpose of this study was to cumulate the results of published studies regarding the sexual orientation of children raised in a homosexual environment. With this information, the intent was to perform a meta-analysis to analyze results across several studies based on the research question: Does homosexual parenting increase the tendency for homosexual or bisexual orientation in children raised in this environment? However, after an extensive review of all available studies concerning this subject, it was revealed that the quantity of information was scarce and too varied to perform a meta-analysis. Therefore, the focus of this study was changed. It is now the purpose of this study to review and discuss information regarding the mental and sexual health of children raised by a homosexual parent.

Hypothesis: Children raised by a gay or lesbian parent will not be found to be different than heterosexual children in terms of their sexual orientation and various measures of mental and sexual health.

Population: The population of interest will include gay and lesbian parents and their children derived from all published studies that have looked at this issue.
**Procedure:** A thorough search of all available studies regarding children raised in homosexual households was conducted. Using such key words as Homosexuality, Lesbianism, Transsexualism, Bisexuality, Parent-Child relations, sexual identity, and sexual orientation, five computer searches were performed through two primary retrieval systems: BRS and DIALOGUE. These data bases provided the available citations from several indices, including Mental Health Abstracts, PSYCINFO, SOCIOL, Legal Resource Index, NCJRS, Criminal Justice Periodical Index, Medline, RELI, NCFR, and Family Resources. In addition, a manual search of Psychological Abstracts, Sociological Abstracts, Dissertation Abstracts International, and textbooks was also performed. Finally, certain professional organizations such as the National Gay Task Force, The Society for the Scientific Study of Sex, and Parents and Friends of Gays and Lesbians were contacted for possible leads to additional information.

With the studies obtained, an analysis of each study on key standards of scientific inquiry was performed. Particular emphasis was given to study design, sample selection and criteria, testing conditions, instrumentation, dependent variables, analysis, and results. Data were then summarized and presented in a manner to allow for the determination of the validity of individual studies and the collective group of studies in answering the research question. Finally, conclusions and
recommendations for future data-based research of this issue are addressed.
IV. RESULTS

The thirteen studies on children in homosexual family units focused on the following family types: (1) lesbian single mothers and their children; (2) lesbian mothers, their sexual partners and children; (3) gay fathers, their sexual partners, and children; and (4) homosexual parents with biological children living with heterosexual marriage partner. Single lesbian mothers with children for the most part were divorced or separated, and had no male or female sexual partner sharing in parenting responsibilities. Lesbian mothers, their sexual partners and children composed a family unit consisting of the lesbian mother, her sexual partner and the children of both of these women all living in one household. Gay fathers, their sexual partners and children also composed a family unit consisting of the gay father, his sexual partner, and the gay father's children. No sexual partners of gay fathers had children living in the same household for any of these studies. Homosexual parents still involved in a heterosexual marriage were all identified as gay men and represented a very small, but undetermined number of those families studied. (See Summary Table Appendix "A").

The total number of children studied from homosexual
parent households was 283. Two hundred twenty nine (229) of these children were raised in lesbian mother households, most of which included the lesbian mother's sexual partner. Thirty four (34) children were raised or frequently visited their gay fathers and their male sexual partners. One study (Green, 1978) reported that 16 children were raised by transexual parents and another study (Paul, 1986) reported that 4 children were raised by both a lesbian mother and a gay father. The mean child sample size was 21.8 children (SD = 14.8). The mean age of the entire sample of children was 12.7 years (SD = 5.08) and the median child age was 9.7 years. Almost the entire group of children came from white, predominantly middle class, well-educated parents. One study did have a black family and two Hispanic families in their sample. However, it was not determined whether these two families were in a control group or lesbian single-parent group. All of the children in the lesbian mother and gay father households had experienced the effects of parental divorce. Although the ages of these children at the time of their parents divorce varied, nearly all of the studies reported that the children had been father-absent at least one year prior to the time the studies were conducted.

Of the entire sample of children, roughly half (51%) came from large cities (e.g. San Francisco, New York, and Los Angeles) where homosexuality is more accepted and more open. These cities all have locally-based Gay/Lesbian
support groups that are politically strong and active. It was through these support groups that eight of the thirteen published reports solicited "volunteers" for their studies. Members of these organizations may not be typical of the general population of homosexuals who do not identify with any feminist or gay rights group and who are less willing to disclose their sexual orientation to friends or family. Therefore, this method of sample selection compromises the external validity of these studies and limits the generalizability of their results even to the large cities surveyed.

The evaluation designs of the 13 reviewed reports included two case studies, four retrospective studies utilizing no control group, and the remaining seven were retrospective studies utilizing control groups. The dependent variables included children's intelligence, gender identity, sex-role behavior, psychological functioning, peer relationships, and sexual orientation. These variables were assessed in a variety of ways ranging from open-ended questions by the interviewer to complex pencil and paper exams and drawings assessed by psychologists and child psychiatrists.

The two case studies (Weeks, et.al., 1975; Jarvaid, 1983) involved three children (1 male, 2 females) who had been undergoing psychotherapy for maladaptive behavior for a period of two to four years. The children had all experienced the divorce of their parents. One female and
one male each lived with their lesbian mother and their mothers' lovers. One female lived with her heterosexual single mother, but visited her gay father and his gay lover frequently (Weeks, et al., 1975). Through various unspecified psychological tests performed during the course of psychotherapy, results showed each of these children to have several indices of maladaptive behavior. Those mentioned were low academic performance, hostility toward family members, early sexual activity, homosexual experimentation (for one female), difficulty forming peer relationships, insecurity, and questioning of sexual orientation. Both psychiatrists concluded that the children's maladaptive patterns of behavior could have been related to the parents' sexual object choice, but tempered their conclusions by commenting not enough evidence was available for a definitive observation.

The eleven remaining studies used a variety of tests and measures to assess psychosexual development. Four studies utilizing control groups examined the issues of intelligence and self-concept in children raised by a lesbian mother (Kirkpatrick, et al., 1981; Puryear, 1983; Smith, 1981; & Green, et al., 1986). Using the Wechsler Intelligence Scale for Children and the Wechsler Preschool and Primary Scale of Intelligence, scores were compared between the children of lesbian mothers and the children of heterosexual mothers via analysis of variance. No significant differences were found between the two groups.
As for self-concept, children were administered the Piers Harris Self-Concept Scale. This scale consisted of 80 "yes-no" items that covered areas of self-concept, particularly physical aspects, abilities, and personality. The items were developed by Jersild's (1952, as cited in Puryear, 1983) collection of children's statements about what they liked and disliked about themselves. Its test-retest reliability was (.77) for a large sample of subjects ranging in age from 8-15 years. The scale was self-administered and took 15-20 minutes to complete. Both boys and girls of lesbian mothers scored no differently than boys and girls of heterosexual single mothers.

Five studies assessed gender identity development through interview and/or observation of children's toy and game preference, peer group preference, clothing preference, vocational aspiration, and sex of the first figure drawn (Draw a Person Test). Only one of these five studies (Hoeffer, 1979) used a standardized test (modified version) for the assessment of gender identity. The Modified Toy Preference test was used to assess gender identity by having children select preferred toys from photographs instead of actual toys. The Modified Toy Preference Test was pre-tested for validity by Hoeffer (1979) on a sample of ten boys and ten girls, ages 5-8, from Caucasian middle class families. T-test results for the photographs were approximately the same as those for
the actual toy preference test. This supported the conclusion that the photographs were valid substitutes for actual toys if used to classify the subject's choices as masculine, feminine, or neutral. Children were individually instructed to sort the pictures into three piles: those toys most preferred, those toys somewhat preferred, and those toys least preferred. Separate scores for masculine, feminine, or neutral toys were then derived. This modified toy preference test and the Q-sort scoring procedure had no established test-retest reliability.

Two of the five studies assessing gender identity used blind psychologist ratings of children's responses, or structured playroom observation (Kirkpatrick, 1981; Smith, 1981). A child psychiatrist and psychologist combined their blind evaluation of each child and arrived at a combined Rutter Scale rating (Rutter and Graham, 1968). The Rutter Scale was developed as part of the Isle of Wight epidemiological studies and has demonstrated reliability and validity.

One study assessing gender identity used only gross measures of toy-game preference referred to in previous research and no information as to the validity and reliability was given (Green, et al., 1986). The fifth study used two statistical tests of significance to determine results from children's interview responses (Golombok, et al., 1982). Gender identities appeared
normal for each child assessed in all five studies. Two studies (Green, et al., 1986; Hoeffer, 1979) did find that daughters of lesbian mothers differed significantly in some sex-role behaviors from daughters of heterosexual mothers. Specifically, they found that daughters of lesbian mothers played more with masculine-typed toys and had more masculine vocational aspirations than daughters of heterosexual mothers. Though statistically significant, these differences did not indicate abnormal gender identity formation.

Although the play activities of boys and girls have been used for many years as an instrument to assess gender identity, their validity and reliability at predicting sexual orientation are suggestive at best. While most of the children exhibited typical play activities for their gender, this does not conclusively reflect their established personality structure. These children were all pre-adolescents, a time when the developmental process is fluid and subject to many influences. Therefore, a single evaluation measure should not be accepted as definitive.

Pertaining to the Social Learning Theory proposition that homosexual parents may present different sex-role models to their children, sex-role behavior of the children was examined in two of the studies through the use of the Bem Sex-Role Inventory test (Rees, 1979; Paul, 1986). This test consists of 60 adjectives descriptive of
personality characteristics selected on the basis of sex-typed social desirability (Bem, 1975 p.635, as cited in Rees, 1979) as either masculine, feminine, or neutral. Subjects rate themselves on a 7-point scale for each item ranging from 1 (never or almost never true) to 7 (always or almost always true) according to how well each characteristic describes him or her. Summing the scores on each scale provides a score of masculinity, femininity, androgynous, or undifferentiated. The instrument was standardized on a group of college students (444 males and 279 females), and junior college students (117 males and 77 females). The masculinity and femininity scores were shown to be highly reliable in each sample (≥ .80). Test-retest reliability utilizing Product-movement correlation demonstrated this test to be reliable (≥ .90) for both male and female adults. For one of the present studies (Rees, 1979), however, adolescents were administered this test without any comparative norms.

Only one study (Rees, 1979) found that children of lesbians were more sex-typed in their behavior. Boys were typically more masculine, and girls more feminine than children of heterosexual mothers. One of these two studies did not utilize a control group. Results of the other study (Paul, 1986) indicated no significant differences between children of lesbian or gay parents and children of heterosexual parents on measures of sex-role behavior.
In addition to the two case studies, three studies looked at assessing psychological functioning or the presence of emotional disturbances in children raised in a homosexual parent family. One study presented only descriptive data obtained through open-ended questions by the investigator (Miller, 1979). There was no mention of the validity or reliability of these questions. The other two (Kirkpatrick, et al., 1981; Smith, 1981) utilized two standardized tests. One, the Human Figure Drawing, is assessed by the Kopitz System which correlates the presence of two or more specific emotional indicators with the presence of pathology (Bates & Bentler, 1973; Kopitz, 1968, as cited in Smith, 1981). These emotional disturbance indicators are not primarily related to age and do not increase or decrease in frequency of occurrence as a result of children's increase in age (Smith, 1981). The emotional indicators are rare and occur in 15% or less of all Human Figure Drawings at any level. The other test, Holtzman Inkblot Technique (HIT), consists of two equivalent forms of forty-five inkblots each. Subjects provide only one response per card and inquiry is done immediately after each response. This test has published norms for children ages 5 - 12 and has been previously used in research on children in this age range. There was no mention of its validity or reliability. The subjects group scores on this test were compared using a two-by-two analysis of variance. Both of these studies utilized
control groups of children raised in heterosexual single mother homes. Results of the Human Figure Drawing from both studies revealed disturbed children in each group, although differences between the two groups of children could not be distinguished. Results from the Holtzman Inkblot Test revealed that heterosexual children had a greater ability to synthesize in their organizing ability and intellectual functioning. The means for all children in both subject groups did not differ significantly from the norms established by Holtzman (1958, as cited in Smith, 1981) so the variance was not indicative of pathology. Children of lesbians showed a significantly higher level of fantasized anxiety, and the daughters of lesbians showed the highest level of actual anxiety. All children were normal in their coping skills.

Locus of control was measured in two of the studies using the Rotter Internal/External Locus of Control test and the Norwick-Strickland Locus of Control Scale (Rees, 1979; Puryear, 1983). The Rotter Locus of Control Scale (Rotter, 1966 as cited in Rees, 1979) consists of 23 forced-choice dichotomous items plus six films to veil the area of interest. Items are scored based on the number of external control choices. Its construct and content validity (.58) have been tested using samples of eighteen year old subjects from Columbus and Boston and 10th through 12th graders from a Purdue opinion poll. There is no mention of this test's reliability and validity for use
with groups below the age of fifteen. The Norwich-Strickland Locus of Control Scale for children (Nowicki and Strickland, 1973 as cited in Puryear, 1983) measures generalized expectancies for internal versus external control of reinforcement among children. This 40-item paper-and-pencil test in "yes-no" response form was originally used on children aged 8 to 14. Test-retest reliabilities at the third grade level were .63 and .66 at the seventh grade level. The scores obtained on the scale reflect the total number of items answered in the externally controlled direction. For both tests, the higher the score a child obtains, the more externally oriented the child is said to be. For both studies, no significant differences were found between children of heterosexual or lesbian mothers.

Each of the thirteen studies in some manner assessed the peer relationships of children raised in homosexual parent families. For most, this was included in the questionnaire or interview assessment of gender identity development or socialization measures previously mentioned. Still others used open-ended questions concerning friendships during children's individual sessions with the investigators. While gender identity assessments revealed no significant differences between children of homosexual parents and heterosexual parents on gender of peer relationships, the open-ended interviews revealed that many children of gay or lesbian parents were
very concerned about peers ostracizing or making fun of them (Louis, 1985; Paul, 1986). For many, the fear of ridicule and rejection by friends had caused them to be selective in choosing their friends. In fact, 19 (56%) of the respondents in Paul's (1986) study expressed concern over the burden of keeping part of their lives secret. They learned quite early who it was safe to talk to about the family. Fifteen (44%) of these same respondents felt that their parent's sexuality had placed special demands or constraints upon their friendships.

Perhaps one of the most important variables to assess was the sexual orientation of children raised in homosexual parent families. While ten of the thirteen studies looked at this variable, only four studies dealt with children over the age of 12 when formation of sexual orientation starts to become apparent. More important, gay preference does not emerge for boys until their late teens or early twenties, and for girls until their mid to late twenties (Paul, W., et al., 1982). This was a major weakness in nearly all of these studies. Only two of them examined children of gay parents at an age when people will admit or practice homosexuality (Paul, 1986; Miller, 1979). Neither of these two studies utilized control groups. For the most part, sexual orientation was assessed in these two studies by the investigator during interviews with each subject by obtaining historical data on erotic dreams, fantasies, and romantic crushes. In
Miller's (1979) study of 14 children of gay fathers, 2 children were self-identified as homosexual. Paul's (1986) study of 34 children raised by gay, lesbian, or bisexual parents revealed 3 children who were self-identified as homosexual. In these other studies, the sexual orientation of three other children was questionable (Green, et al., 1978; Weeks, et al., 1975). These three children were pre-adolescents and the development of sexual orientation was not yet complete. While this small number does not appear to represent a disproportionate amount of homosexuality among the children of homosexual parents, it does not reflect the numbers of children who have experienced periods of questioning their sexual orientation. Since homosexual preference does not emerge until after adolescence, this is critical to the research question.

Two studies using open-ended interview questions revealed that most of the adolescent respondents had already begun to question their own sexuality (Paul, 1986; Louis, 1985). This occurred more often among girls than boys. Most of these children spoke emphatically of not wanting to be homosexual; however, they also appeared to be open to the possibility of homosexual experimentation. In one study, (Paul, 1986) 79% (27 of 34) respondents expressed the possibility of a potential change in sexual preference in later life. Once again, this was expressed more by girls than boys. There was also evidence of early
sexual activity in females in three of the studies (Weeks, et al., 1975; Miller, 1979; Jarvaid, 1983). None of these three studies utilized control groups; therefore an analysis of the possible influence of their parent's sexual orientation as compared to normal development was not possible.
V. DISCUSSION

These published studies (with the exception of the case studies) did not reveal any developmental abnormalities in children raised by homosexual parents. The individual case studies of children in psychotherapy have the advantage of covering three children in some depth on a weekly basis over a long period of time, especially through adolescence. However, the lack of comparison between these children and other children undergoing psychotherapy for similar maladaptive patterns of behavior who do not have a homosexual parent prevents any conclusive evidence as to the cause of such behavior patterns.

The remaining eleven studies suffer from various threats to both internal and external validity. Standard criteria upon which to measure sexual identity and sexual orientation varied among the studies making it difficult to compare results. Some studies used standardized sex-role inventory scales and measures of toy and game preference. Others used data from open-ended questions presented by the investigator. Because of the absence of scientific control and rigor within these reports, inferences as to cause and effect can not be confirmed. Still others did not provide any information on
instrumentation such as validity or reliability.

Only seven studies utilized control groups in an attempt to control for certain threats to internal validity, and these were only controls for lesbian mother families. No controls were used in the three studies that examined gay fathers and their children.

Nine (69%) of the studies utilized at least one paper and pencil test instrument. Responses to paper and pencil tests may not accurately reflect internal feelings and thoughts, especially from self-references. It could also be since all children's parents volunteered for these studies that participants may have "selected in" because they knew they would do well on written tests and wanted to present themselves and their children as well-adjusted and happy. Along this same line, information from lesbians or gays who allowed the investigator into their homes may have been different or biased from those who refused to participate in such studies. Also, respondents may have been apprehensive about being evaluated by persons who are experts in personality adjustment or assessment of human skills. In such cases, respondents will attempt to present themselves to such persons as both competent and psychologically healthy (See Cook & Campbell, 1979, Evaluation Apprehension).

None of the thirteen studies controlled for the effects of divorce on these children. Recent research on the impact of divorce on children has revealed that it has
a lasting psychological effect on children which may be permanent (Wallerstein, 1989). In view of this, it is highly probable that divorce was a confounding factor in the results of gay parent studies to date.

External validity was compromised by all of the thirteen published reports as a result of non-representative small samples. All studies used samples of convenience. The mean sample size was 23.5 (SD = 14.8) children with a range of 1-56. Such small sample sizes reduce the power of statistical techniques to detect differences between groups. In addition, nearly all of the 283 children sampled came from white, middle class, well-educated parents and therefore were not representative of the general population. No studies have been published to date on the effects of homosexual parenting in minority groups. According to Williams (1986) in a report on "AIDS Risk Reduction", the stigma attached to homosexuality in the black community is far worse than the white community. It is therefore conceivable that such stigma may present more hardships for children raised by a black homosexual parent.

Of the entire sample, 229 (81%) were raised or are being raised in lesbian single-parent homes. While society still voices its disapproval of homosexuality, gay men receive a greater degree of this disapproval. Thus social stigmatization would appear to be worse on children raised by gay fathers. Very little is known, however,
since data on gay-fathering is virtually non-existent.

Finally, it must be mentioned that the geographic location of these children may have had some effect on responses and outcomes of these studies. Roughly half (51%) of these children came from more liberal areas of the country (San Francisco, Los Angeles, and New York) where sexual experimentation and alternative lifestyles are more acceptable.

Eleven of the thirteen studies revealed no mental or sexual abnormalities in children raised by homosexual parents. Although two studies did reveal such problems, these were case studies of children undergoing psychotherapy and their behavioral abnormalities could not be entirely attributed to their parents' homosexual orientation. While such results are encouraging, in view of custody litigations which determine parental fitness, one cannot lose sight of the fact that their lack of external validity prevents their results from being generalized to the gay parenting population. Furthermore, the small self-selected sample sizes and the use of questionable instrumentation to measure gender identity and future sexual orientation warrant caution in acceptance of these favorable results. Based upon the analysis critique of these 13 published reports on the effects of homosexual parenting, there is no clear evidence of ill or anti-social effects on the children raised in these non-traditional families. However,
neither a definitive conclusion nor generalizability can be confirmed because of the lack of published data and scientific rigor necessary to render an objective and scientific determination.

**RECOMMENDATIONS FOR FUTURE STUDIES**

While obtaining a true random sample of the homosexual population would be virtually impossible, future studies could extend the current data-base for the research questions in several areas. One would be to take larger samples from several geographic locations across the country, especially the South and Midwest which have heretofore been ignored. Incorporating the same designs and instruments as some of the more rigorous past studies would allow for better replication of results across several studies. There is also a glaring need for studies on gay fathers utilizing control groups of non-gay single fathers to determine the effects of male gay parenting versus lesbian parenting. Since pencil-and-paper measurements and interviews may differ from actual observable behavior of femininity, masculinity, overt sexual dysfunction, or sexual preference, more observational type studies are needed to correct for these discrepancies. These would involve the investigator becoming a participant observer of these children in natural settings such as schools, activities, and social gatherings as well as family situations. Additionally,
longitudinal studies are noticeably absent from the literature and are needed to assess latent effects of homosexual parenting on children.

There is also a glaring need to study the effects of homosexual parenting in minority populations. Since locating such a population may be difficult, individual case histories may serve to add to our knowledge base. Case studies have most commonly been used to study minority groups which are not easily located for larger scale studies and whose experiences are more distinctive or uncommon and hence less well known than those members of majority groups (Hakim, 1987).

Finally, follow-up studies should be performed on children in previous studies. With the development of an instrument with recognized criteria for sexual orientation, changes in sexual identity or sexual orientation could be more accurately assessed.

SUMMARY

The purpose of this study was to review and discuss information regarding the mental and sexual health of children raised by a homosexual parent. The thirteen published reports studied a total of 283 children from predominantly white, middle-class, well-educated lesbian mothers who resided for the most part in liberal areas of the United States. Only three children from the thirteen published reports gave evidence of psychopathology and
sexual identity conflict of any significance. These three children were undergoing psychotherapy and the cause of their maladaptive behavior patterns could not be solely attributed to their parents' homosexual orientation. The remaining eleven reports revealed no significant abnormalities in mental or sexual health of children raised in a homosexual parent family. There was mention of early sexual activity and questioning of sexual orientation in some studies, but the lack of control groups makes linkage between respondents' feelings, behaviors, and growing up with a homosexual parent quite speculative. Future research should substantiate the results of the previous studies by taking larger samples across several geographic locales across the country, especially the South and Midwest. In addition, studies of minority groups and gay fathers should be done as well as follow-up studies on the children of these previous studies. Finally, longitudinal studies from early childhood through adolescence may give much more information on a larger scale. Until then, the results of these thirteen studies, though favorable and encouraging, must be interpreted with caution and can not be generalized to all homosexual parent families living in the United States. At present, the data-based research on gay parenting is not sufficient to conclude the effects on children raised in these families.
APPENDIX A
<table>
<thead>
<tr>
<th>INVESTIGATOR(S)</th>
<th>DESIGN</th>
<th>SUBJECTS</th>
<th>SELECTION</th>
<th>TEST CONDITIONS</th>
<th>INSTRUMENTS</th>
<th>DEPENDENT VARIABLE</th>
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</thead>
<tbody>
<tr>
<td>1. Weeks, R.B.,</td>
<td>Case Study</td>
<td>Male, 1 female; white, ages 7 &amp; 14</td>
<td>undergoing psychotherapy</td>
<td>observation/interview</td>
<td>Various psychological tests (unspecified)</td>
<td>child's intelligence, personality, &amp; relationships.</td>
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<td>Langman, M.,</td>
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<td>Derdeyn, A.P.</td>
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<td>2. Green, R.</td>
<td>Retrospective without controls</td>
<td>37 children, (18 m, 19 f); ages 3-20; all white</td>
<td>children's parents were undergoing counseling for sex re-assignment</td>
<td>observation/interview by the investigator</td>
<td>Draw A Person Test</td>
<td>sexual identity, erotic fantasies, sexual behavior</td>
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<td>1978</td>
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<td>3. Miller, B.</td>
<td>Retrospective without controls</td>
<td>46 Gay fathers and 14 of their children (6 m, 8 f); ages 4-33 yrs; all white</td>
<td>'snowball sample' of homosexual men from small Canadian &amp; American cities</td>
<td>observation/interview</td>
<td>Author-created questions</td>
<td>child's compensatory behavior to finding out father was gay</td>
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<td>1979</td>
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<td>4. Rees, R.L.</td>
<td>Retrospective utilizing controls</td>
<td>12 lesbian-child pairs (7 m, 5 f); ages 10-20 yrs; 12 heterosexual mother-child pairs (6 m, 6 f); all white</td>
<td>solicited through private sources known personally to investigator from San Francisco Bay area; adds in newspapers; special interest in lesbian groups; &amp; Parents without Partners</td>
<td>1-hr. session initially with each household</td>
<td>Parent Attitude Research Instrument, Good Impression Scale from California Personality Inventory, Parent Questionnaire (for demographics), Kohlberg Moral Dilemmas Test, Rotter Internal/External Locus of Control</td>
<td>child's moral maturity, locus of control, sex-role identification</td>
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<td>5. Kirkpatrick, M.,</td>
<td>Retrospective utilizing controls</td>
<td>20 children of lesbian mothers (10 m - 10 f); 20 children of single heterosexual mothers (10 m - 10 f); all aged 5-12; all white</td>
<td>mothers contacted through friendship circles &amp; through adds in local newspapers, personal interviews &amp; telephone, notices posted in local newspapers</td>
<td>Mothers interviewed by male psychiatrist</td>
<td>WISC, Holtzman Inhibitory Technique, Human Figure Drawing, Blind Psychiatric Rating</td>
<td>gender development, psychological functioning</td>
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<td>Smith, C., &amp; Hay, R.</td>
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<td>1981</td>
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<td>6. Hoefler, B.</td>
<td>Retrospective utilizing controls</td>
<td>20 lesbian mother-child pairs (10 m - 10 f); 6-9 yrs; 20 heterosexual single mother-child pairs (10 m - 10 f); 6-9 yrs; all white</td>
<td>sample obtained through contact with lesbian mother support groups in San Francisco Bay Area; notices posted in bookstores and campuses</td>
<td>data collected in two sessions at subjects residence, observation of playroom activities &amp; personal interviews by investigator</td>
<td>Modified Children's Sex-Role Inventory, Modified Block's Fling &amp; Manosevitz's Parental Interview</td>
<td>children's play activities and interests, sex-role behavior</td>
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<tr>
<td>Study</td>
<td>Design</td>
<td>Sample</td>
<td>Data Collection Methods</td>
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<td>Smith, K.</td>
<td>Retrospective utilizing controls</td>
<td>20 children of lesbian mothers (12 m - 12 f) ages 5 - 12 yrs. 20 children of single heterosexual mothers (12 m - 12 f) ages 5-12 yrs.</td>
<td>individually tested by 3-member team Developmental history by female psychiatrist Semi-structured playroom interview Classroom behavior as rated by teachers Test materials answered by mothers &amp; returned by mail. Audio-tape interviews with lesbian mothers Children given IQ tests &amp; interviewed.</td>
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<td>13. Paul, J.P.</td>
<td>Retrospective without controls</td>
<td>34 white adults raised by gay or lesbian parents (19 f - 15 m) ages 18-28 recruited by notices placed in local bisexual monthly &amp; two gay/lesbian weekly periodicals. Ads were placed in papers on college campuses &amp; posters.</td>
<td>Structured interviews of one and a half to two hours. Interviews were taped &amp; subjects filled out questions.</td>
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</table>

| | San Francisco Bay Area | snowball sample from | Marriage Concepts Questionnaire (MCQ) Roseberg Self-Esteem Scale (RSE) Romantic Self-Image Scale (RIS) Em Sex-Role Inventory (short form) Locke-Wallace Marital Adjustment Test Standardized Question format for demographic data (Miller, 1977) |

| | | | Parent-child relationship Self-esteem Sex-role orientation Peer relationships Sexual orientation |
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51. Money, J., "Sin, Sickness, or Status?: Homosexual


