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Kendra Koeplin
The Impact of Race on the
Decision-Making Process for
Interracial Lesbian Couples
Opting to Conceive Through
Donor Insemination

ABSTRACT

The purpose of this research study was to explore if and how race impacts interracial lesbian couples' decision-making process of conceiving through donor insemination. This exploratory mixed-methods study aims to contribute to a growing body of literature on lesbian donor insemination, while focusing on a population-interracial lesbian couples-that has been largely excluded from the research. The study's main areas of focus were derived from reviewing the peripheral literature. These areas of question included: the couple's individual demographics and racial background; the couples' decision-making process around who would be the biological mother; the influence of the non-biological mother's racial background on donor choice; the experience of obtaining a donor; and, the impact of family of origin on the decision-making process.

A total of 43 women in interracial lesbian relationships who were pregnant, planning to have, or already had children completed an online survey comprised of quantitative and qualitative (open-ended) questions. Participant narratives revealed the planning and emotions that go into the decision-making process when opting to conceive through donor insemination. The major findings revealed that race was important when choosing a donor. There was a direct attempt by participants to find a donor that matched the non-biological mother's racial background and characteristics. Many participants noted difficulties finding their desired donor, specifically donors of color. These findings were in accordance with the few studies on donor

insemination that have included interracial lesbian couples. In response to these findings, suggestions for future research were given that may help professionals working within the medical and social service fields better serve this growing population.

THE IMPACT OF RACE ON THE DECISION-MAKING PROCESS
FOR INTERRACIAL LESBIAN COUPLES OPTING TO
CONCEIVE THROUGH DONOR INSEMINATION

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2008

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CHAPTER I

INTRODUCTION

Known as the “lesbian baby boom” (Gartrell, Hamilton, Banks & Mosbacher, 1996; Laird, 1993; Patterson, 1994), lesbian motherhood has become increasingly noticeable as evidenced by the growing body of research on lesbian families (Appleby & Anastas, 1998; Gartrell et al., 1996). It is difficult to determine the exact number of identified lesbians or lesbian couples (Appleby & Anastas, 1998; Laird, 1994, 2003), let alone the number of interracial lesbian couples. The experiences of interracial heterosexual couples and white gay or lesbian couples are represented more often in the research and literature than the specific experiences of interracial lesbian couples. As interracial lesbian couples become more visible in society, so will their families. Furthermore, with increased knowledge and modern science, many lesbians have been able to conceive through donor insemination (Agigian, 2004; Chabot & Ames, 2004; Jones, 2005). Yet little attention has been paid to the experiences of interracial lesbian couples, particularly around the impact of race on the decision-making process to have children through donor insemination.

This study proposes to investigate how and if race impacts the decision-making process for interracial lesbian couples choosing to conceive through donor insemination. The research method is qualitative in nature and the questions in this study aim to focus on the role of race in the decision-making process. This study borrows from Chabot and

Ames' (2004) decision-making model as a framework for the study questions and the definition of the decision-making process. For the purpose of this study, the operational definition of *decision-making process* is the process of deciding to conceive, determining who will be the biological mother, who will become pregnant, deciding upon a known or unknown donor and the racial identity of the donor, as well as the method of insemination. The term *donor insemination* refers to conception with the assistance of a fertility clinic, medical doctor, or at home by means of self-insemination using the sperm of a male donor. Lastly, the phrase *interracial lesbian couple* refers to a same-sex female couple in which each partner is of a different racial background.

There is a paucity of literature and research that addresses the specific issues faced by interracial lesbian couples deciding to have children. For instance, the research on the decision-making process of lesbians in interracial relationships choosing to have children has been underrepresented in research on lesbian donor insemination, which consists primarily of Caucasian lesbian couples (Bos, van Balen, & van den Boom, 2004; Chabot & Ames, 2004; Gartrell et al., 1996; Jones, 2005; Touroni & Coyle, 2002). There is a substantial amount of research on issues of race within interracial heterosexual relationships in general (Foeman & Nance, 1999, 2002; Killian, 2002; Steinbugler, 2005; Vaquera & Kao, 2005), but only recently have researchers begun to mention interracial gay and lesbian relationships (Greene, 2000; Hays, 1996; Logan, 2006; Long, 2003; Pearlman, 1996; Steinbugler, 2005). This research primarily examines the couple's relationship and does not address the desire to have children within these relationships. Research on lesbian donor insemination that has included interracial couples indicates race is an important factor in the decision-making process when choosing a donor who

will represent both mothers (Chabot & Ames, 2004; Gartrell et al., 1996; Jones, 2005); however, there is no exploration into why race is important for interracial lesbian couples or how the race of the donor/child is decided. To date, I have not found literature explicitly concentrated on interracial lesbian couples with children or the decision-making process for interracial lesbian couples wanting to start a family.

There are several possibilities as to why the research and literature has not focused on this population or addressed this particular subject. One reason may be that the majority of research has been conducted through fertility clinics, which leaves out those couples who chose to conceive via self-insemination. Furthermore, half of the studies have been conducted in Europe, which may contribute to the homogeneity of race, religion, and socioeconomic status. However, it is also possible that lesbians in interracial relationships may be opting not to have children as often as mono-racial (of the same, one race) Caucasian lesbian couples. Regardless, those who are having children are faced with a different decision-making process than Caucasian lesbian couples. This is evidenced by the struggle to find a donor of color for the few interracial lesbian couples represented in the literature (Chabot & Ames, 2004; Jones, 2005).

The following Literature Review will examine the available and applicable literature to provide a framework for this study. The Methodology chapter will describe how data were collected and analyzed, which is followed by a Findings chapter that will provide an overall description of the participants and present the themes extracted from the data. Finally, the Discussion chapter will summarize the findings and compare them to the current research. In addition to adding to the literature on the experiences of interracial lesbian couples and the creation of their families, this study begins to outline

many possible topics for future study that may further benefit mental health and medical professionals working with interracial lesbian couples who want to conceive through donor insemination.

CHAPTER II

LITERATURE REVIEW

There is no research specifically on the experiences of interracial lesbian couples electing to conceive via donor insemination. Most of the literature reviewed for this study addresses the experiences of interracial heterosexual couples or white lesbians choosing to conceive. In the absence of literature on this specific topic, empirical and theoretical studies on related topics at least provide a framework and generate relevant questions. Five related areas are examined: concepts of racial and lesbian identity; identity development among white lesbians in comparison to lesbians of color; literature on interracial heterosexual and gay/lesbian relationships; literature on lesbian families; and, literature on planned lesbian-parent families through donor insemination. These peripheral areas of exploration reviewed in the following literature provide a context in which to view the issues addressed in the proposed research and to identify the areas of intersection between existing literature and the proposed study.

Variations in Racial and Lesbian Identity Development Among People of Color

Separating lesbian identity development from gay male development is a relatively new concept; recently lesbian identity development has attracted more attention from researchers (Chan, 1989; Espin, 1987; Logan, 2006; Morris & Rothblum, 1999). Although the stage-based process of identity development has received some empirical support in the literature (Cass, 1984; Yarhouse, 2001), several of the proposed identity

development models have been criticized for being linear in progression and based primarily on the experiences of white gay males (Logan, 2006; McCarn & Fassinger, 1996; Parks et al., 2004; Reynolds & Hanjorgiris, 2000; Yarhouse, 2001). Furthermore, the majority of research on lesbian identity development has been carried out on white women and cannot be assumed to be representative of the identity developmental process for lesbians of color (Espin, 1987; Greene, 1994; Morris & Rothblum, 1999; Parks et al., 2004; Yarhouse, 2001). The existing models of gay male identity development underestimate the fluidity and relationship aspects of lesbian identity development (Long, 2006; Reynolds & Hanjorgiris, 2000). The literature shows that there are substantial variations between gay men and lesbians suggesting the current models of sexual identity development are inadequate for understanding the experiences of lesbians (Diamond & Savin-Williams, 2000; Yarhouse, 2001). Lesbians can simultaneously be in different phases of the identity development process (Logan, 2006; McCarn & Fassinger, 1996).

McCarn and Fassinger (1996) further state that these identity development models also fail to recognize the effects of multiple minority statuses and multiple oppressive environments. In addition, cultural beliefs and attitudes about lesbian identity vary across cultures. Lesbians in general and lesbians of color in particular must often negotiate the expectations and values of their specific racial and ethnic cultural groups (Fukuyama & Ferguson, 2000; Greene, 1994; Parks et al., 2004).

Most identity development models are based on one single identity such as race, gender, or sexual orientation. The early models of sexual identity development did not delineate between gay men and lesbians or address racial, ethnic, or cultural influences (Greene, 2000; Fukuyama & Ferguson, 2000; Loiacano, 1989; Morris & Rothblum,

1999; Yarhouse, 2001). One of the earliest and most widely recognized theories of homosexual identity formation is the six-stage model presented by Cass in 1979 (Cass, 1984; Chan, 1989; Yarhouse, 2001) which states that gay and lesbian identity develops as follows: 1) identity confusion: acknowledgement of same-sex attraction; 2) identity comparison: evaluation and conclusion of difference; 3) identity tolerance: experimentation with homosexual identity; 4) identity acceptance: acceptance of homosexual identity; 5) identity pride: development of loyalty and pride in homosexuality; 6) identity synthesis: integration of homosexual identity into self-identity. This model and early theories on gay identity development are based on research compiled from studies on gay men and therefore may not be representative of the lesbian experience (Loiacano, 1989; Parks et al., 2004; Yarhouse, 2001). As Parks et al. (2004) and Loiacano (1989) note, few studies have focused exclusively on lesbians, and considering significant gender differences, these models are probably inadequate for women. Theories on lesbian identity development, although specific to the lesbian experience, seem to coincide with Cass's model (Yarhouse, 2001).

As stated, most research on sexual identity development has been conducted with white, middle-class, older gay men (Reynolds & Hanjorgiris, 2000). Literature that once did not include lesbians is now exclusively focusing on the lesbian experience (Diamond & Savin-Williams, 2000; Morris & Rothblum, 1999). One of the largest survey studies on lesbian identity revealed significant milestones in the coming out process for black, Asian, Latina, Native, and white lesbians (Morris & Rothblum, 1999). In the study conducted by Morris and Rothblum (1999) the milestones examined were: 1) age at which participants questioned their sexuality; 2) age at which they first had sex with a

woman; 3) age at which they first thought of themselves as lesbian; 4) age at which they first told someone they were lesbian; 5) age when they first told their mother; 6) first told their father; and 7) first told their siblings. Due to the size of this study, the authors were able to examine the experiences of lesbians of color separately by race. This study was similar to other literature that focused on the identity development of lesbian of color as individuals (Chan, 1989; Espin, 1987; Fukuyama & Ferguson, 2000; Greene, 1994; Parks et al., 2004) by further highlighting the significant differences in the coming-out process based on race and provided a comparison of findings. African American and Native American lesbians reported coming out two years before the average age of white and Latina participants. White, Latina, and Native American lesbians were out to more people in their lives than Asian and African American lesbians. Asian participants reported telling siblings two years before telling their parents, whereas the reverse was true for the other groups (Morris & Rothblum, 1999). These findings do not follow the majority of theoretical models on sexual identity development (Cass, 1984; Yarhouse, 2001).

Many studies have investigated and compared the integration of racial identity development with lesbian and gay identity development (Chan, 1989; Espin, 1987; Fukuyama & Ferguson, 2000; Greene, 1994, 2000; Loiacano, 1989; Parks et al., 2004; Rosario et al., 2004; Yarhouse, 2001). The racially inclusive studies avoid a stage model and propose that both racial and sexual identity development be viewed in a more fluid, ever-changing way in which the individual may choose to identify more closely with being lesbian or a person of color at different times depending on need and situational factors (Chan, 1989; Parks et al., 2004; Rosario, Schrimshaw & Hunter, 2004).

The researchers have found that lesbian and gay people of color both struggle with visibility and invisibility issues in the gay community and within communities of color (Fukuyama & Ferguson, 2000; Greene, 1994; Loiacano, 1989). The few studies that have focused on the combination of lesbian and racial identity suggest the importance of factors such as family support or kinship bonds, religious values, traditional gender roles, involvement in cultural community, and discrimination or oppression when examining identity development in lesbians of color (Chan, 1989; Espin, 1987; Fukuyama & Ferguson, 2000; Greene, 1994, 2000; Loiacano, 1989; Lui & Chan, 1996; Rosario, Schrimshaw, & Hunter, 2004). Lesbians of color struggle with “triple jeopardy” (Greene, 2000; Greene & Boyd-Franklin, 1996), a combination of racism, sexism, and homophobia which leaves them vulnerable to the internalization of negative stereotypes directed at women, people of color and lesbians (Fukuyama & Ferguson, 2000; Greene, 2000; Greene & Boyd-Franklin, 1996).

Identity Development of White Lesbians in Comparison to Lesbians of Color

There are some discrepancies in the empirical studies that have examined the sexual identity development of gays and/or lesbians of various racial backgrounds. The studies present opposing findings that gays and lesbians of color achieve identity development milestones at different times compared to whites, or they report no significant differences in their coming out process of racial groups (Loiacano, 1989; Logan, 2006; Morris & Rothblum, 1999; Parks et al., 2004; Rosario et al., 2004). Some literature suggests that cultural pressures and racism place many lesbians and gays of color behind white gays and lesbians in their identity integration (Chan, 1989; Espin, 1987; Loiacano, 1989). Some literature supports this hypothesis, claiming that gays and

lesbians of color (African American, Latino and Asian) report significantly higher negative attitudes toward homosexuality and are less likely to disclose their sexual identity to other communities of color compared to white gays and lesbians (Chan, 1989; Espin, 1987; Greene, 1994, 2000; Loiacano, 1989; Morris & Rothblum, 1999; Rosario et al., 2004).

Studies on the identity of Asian American gays and lesbians show that many do not come out for fear of rejection and stigmatization by the Asian community; therefore, those who do come out often identify more with their sexual identity than with their racial identity (Chan, 1989; Greene, 1994; Lui & Chan, 1996). The literature shows that Latina lesbians have reported similar fears and they are less likely to come out in Latino communities because of the importance placed on family and community (Espin, 1987; Greene, 1994; Lui & Chan, 1996; Parks et al., 2004). African American lesbians experience cultural pressures against the development of their sexual identity and, similar to other people of color, fear rejection from their own cultural group; however, African American lesbians are seen as more likely to stay involved with their families when children are involved (Green, 1994, 2000; Loiacano, 1989). Many communities of color are viewed by gay and lesbian members as extremely homophobic, which places pressure on lesbian women to remain invisible within their culture (Chan, 1989; Espin, 1987; Greene, 1994; Lui & Chan, 1996). Lesbians, from various cultural or racial backgrounds, have differing views of motherhood, gender-roles, importance of family, religious values, and attitudes toward women who have relationships with other women (Greene, 1997; Logan, 2006).

Morris and Rothblum (1999), Parks et al. (2004), and Rosario et al. (2004) all found that lesbians of color began to question their sexual orientation at a younger age, disclosed their lesbian identity earlier to family members, but were less likely to disclose their sexual orientation to non-family groups than were white lesbians. However, these studies contradicted each other in some areas. Parks et al. (2004) posit that women of color proceed slowly when discovering their sexual identity, whereas Morris and Rothblum (1999) and Rosario et al. (2004) found that lesbians of color think of themselves as lesbians at a younger age than white lesbians. Rosario et al. (2004) propose that overall white gay and lesbian youth have a consistent positive attitude about their sexual orientation compared to youth of color, who experience cultural pressures against the development of their gay and lesbian identity development.

White lesbians and gay men benefit from white privilege; however, the cultural context may alter the consequences of coming out (Greene, 1994; Parks et al., 2004; Rosario et al., 2004). Morris and Rothblum (1999) investigated the impact of white privilege on the coming out process and found that white lesbians publicly announced their sexuality at a younger age than lesbians of color who exhibited a later public coming out process. Researchers have suggested that racial identity development is linked to sexual identity development and acceptance of sexuality (Morris and Rothblum, 1999; Parks et al., 2004). The delay seen in white lesbians' sexual identity development (Morris & Rothblum, 1999) may coincide with a delay in racial identity development as many white lesbians often struggle with viewing themselves as privileged or racial (Tatum, 1997), which may thwart the progress of their white racial identity awareness.

White racial identity development, among other things, is a theoretical way of understanding the meaning of having white privilege. The literature presents a model for white identity development (Helms, 1990; Tatum, 1997) providing a lens in which to view the identity development of dominant white culture. Helms (1990) believes that white racial identity development is a process whereby white people come to an understanding of what privilege means by becoming more racially conscious and active in efforts to eradicate racism.

White people are taught through familial and personal modeling, media influence, and societal structures that they are fundamentally superior to people of color (Tatum, 1997). Helms (1990) states that the white person must “accept his or her own Whiteness, the cultural implications of being white, and define a view of self as a racial being that does not depend on the perceived racial superiority of one racial group over another” (p.49). Whites do not consciously identify as white and can deny the existence of whiteness. Furthermore, when confronted with the concept of racial identity, there can be resulting feelings of denial, self-hatred, and guilt (Helms, 1990; Tatum, 1997).

Helms’ (1990) model of white identity development consists of six stages: contact, disintegration, reintegration, pseudo-independent, immersion/emersion, and autonomy. The authors suggest white identity development to be a two-fold process: Discarding racist thinking is represented in the first through third stages, and developing a non-racist white identity is represented in the fourth through sixth stages (Helms, 1990; Tatum, 1997).

In the first stage, *contact*, whites pay little attention to the significance of their racial identity to themselves or to others. White people become aware of people of color

in two ways: by the transmittance of information from family members, societal institutions and peer groups or through direct contact with a person of color.

Disintegration, the second stage, represents a growing awareness of white privilege as a result of personal encounters where the social significance of race is made visible. At this stage, most white people do not feel good about being white and are often confronted with feelings of guilt, shame, and anger toward their personal prejudices and those of their white family (Tatum, 1997). The *reintegration* stage constitutes a shift toward anger and fear directed at people of color as well as a conscious acknowledgement of one's whiteness. Self-examination and an in-depth look at the myriad of privileges based on whiteness begin to occur at this stage. It may be difficult for white people who also identify with a subordinate identity to claim their whiteness. For example, Tatum states, "White lesbians sometimes find it hard to claim privilege status as whites when they are targeted by homophobia and heterosexism, often at the hands of other whites" (p. 104).

As white people move into a non-racist white identity in the fourth stage, *pseudo-independence*, they show curiosity toward people of color and often seek to intellectualize, rethink, and examine racial differences and racism. At this stage, white people may feel devoid of culture and idealize or associate with other cultures as a means to escape guilt. In the *immersion/emersion* stage, the white person works to find a positive self-identity and replace racial myths with accurate information about whites and people of color. Helms describes the resolution of this stage as one of emotional catharsis in which white people acknowledge prior distortions made in disavowing their role in racism and the extent to which they participate in racism. In the last stage, *autonomy*, white people continue to work actively on their racism by seeking out learning

opportunities and by examining other forms of oppression. Helms notes that autonomous white people are not threatened by race and racial differences; therefore, they no longer need to oppress, idealize, or denigrate people of color based on race. In conjunction with Helms, Tatum (1997) believes:

The White person who has worked through his or her own racial identity process has a deep understanding of racism and an appreciation and respect for the identity struggles of people of color. When we see strong, mutually respectful relationships between people of color and Whites, we are usually looking at the tangible results of both people's identity process. (p.113)

Prevalence of Interracial Heterosexual Couples vs. Interracial Homosexual Couples in Society and Research

The number of interracial relationships, in which each partner is from a different racial background (Kenney, 2006), is growing in the United States (Foeman & Nance, 1999, 2002; Kenney, 2006; Killian, 2001; Rosenfeld & Kim, 2005; Solsberry, 1994). Census data gives some insight to the number of interracial couples living together in the United States. The 2000 census revealed that 4% of unmarried partners and 2% of married [heterosexual] partners were interracial (Long, 2003). The majority of research and literature on this population is sociological and focuses on the differences and difficulties of [heterosexual] interracial couples (Killian, 2001; Long, 2003; Solsberry, 1994), or compares mono-racial and interracial [heterosexual] couples (Foeman & Nance, 1999, 2002; Rosenfeld & Kim, 2005; Vaquera & Kao, 2005) while giving little attention to the interpersonal experiences of gay or lesbian interracial couples. Although interracial heterosexual marriages and families are increasingly frequent in society (Foeman & Nance, 1999, 2002; Killian, 2001; Solsberry, 1994; Qian, 2004), U.S. society has been

less than accepting of these relationships and families and the representation of their experiences in literature is still scarce (Killian, 2001; Qian, 2004; Solsberry, 1994; Vaquera & Kao, 2005).

The research that concentrates on the interpersonal issues relevant to interracial [heterosexual] relationships primarily focuses on European American [white] and African American [black] couples (Foeman & Nance, 1999, 2002; Killian, 2002; Solsberry, 1994; Steinbugler, 2005). Within these studies a wide range of issues has been presented as unique to interracial [heterosexual] couples. Issues such as disapproval and/or isolation from family and/or social networks, lack of acceptance or racism from the public community and privilege based on race and class are evident throughout the research (Foeman & Nance, 1999, 2002; Greene & Boyd-Franklin, 1996; Killian, 2001; Qian, 2004; Solsberry, 1994; Vaquera & Kao, 2005), yet the degree to which these issues affect the couples depends largely on where they live (Rosenfeld & Kim, 2005; Qian, 2004), as well as their educational level and socioeconomic background (Qian, 2004; Solsberry, 1994).

Long (2003) and Kenney (2006) suggest that, because the number of interracial couples is increasing, it is plausible that the number of interracial lesbian couples is also increasing. Like many interracial heterosexual couples, interracial lesbian couples are often faced with opposition from their families of origin. The couple may be seen as disloyal to their own family and/or ethnic or racial groups. This may lead to feelings of shame for their involvement in the interracial lesbian relationship (Green & Boyd-Franklin, 1996; Long, 2003). Greene and Boyd-Franklin (1997) state that interracial issues are often pegged as the cause of an interracial couple's problems. The authors

further posit that the physical interracial and cultural differences may cause realistic challenges to interracial lesbian relationships, but are not necessarily the main source of difficulty for these couples.

While interracial heterosexual couples may lack support and experience disapproval from family members based on racial differences, interracial lesbian couples face the greater challenges of racism, sexism, and homophobia which can further complicate acceptance from family and social networks (Greene & Boyd-Franklin, 1996; Pearlman, 1996; Steinbugler, 2005). Greene (1994) refers to the multiple oppressions faced by lesbians of color as “triple jeopardy.” Coping with multiple oppressions can be a challenge to interracial couples and lesbian couples. These couples may experience discrimination based on differences in race, ethnicity, socio-economic status, class of origin, or religion (Long, 2003; Pearlman, 1996). Pearlman (1996) found that for lesbians in interracial relationships, some of the cultural differences emerge in relation to obligations to family, money, time, styles of mothering, and child-rearing.

Many qualitative studies on the challenges faced by gay or lesbian-identified people of color report experiences of oppression and racism even in the gay community (Chan, 1989; Greene, 1994, 2000; Loiacano, 1989; Lui & Chan, 1996; Parks, Hughes, & Matthews, 2004). Since many lesbians of color come from families that value kinship (Chan, 1989; Greene, 1994, 2000; Laird, 2003; Parks et al., 2004), the potential loss of support from families of origin may be traumatic to lesbians of color and not fully understood by white partners (Long, 2003; Pearlman, 1996). Greene and Boyd-Franklin (1996) state the white partner in an interracial lesbian relationship “may be forced to experience the realities of racism for the first time in her life” (p. 260). The limited

research on gay and lesbian interracial relationships presents the distinct challenges faced by these couples (Pearlman, 1996; Steinbugler, 2005).

In their study on the rise of interracial and same-sex unions, Rosenfeld and Kim (2005) presented quantitative evidence demonstrating that same-sex couples are more likely to be interracial than heterosexual couples. Furthermore, many authors attest that, compared to white lesbians, lesbians of color generally have a higher proportion of relationships with women who are not members of their same racial group (Greene, 2000; Greene & Boyd-Franklin, 1997; Tafoya & Rowell, 1988). Tafoya and Rowell (1988) attribute this to the larger number of white lesbians who are “out” about their sexuality. White women who deliberately seek out lesbians of color as partners have been accused of “ethnic chasing” (Greene & Boyd-Franklin, 1997). Greene and Boyd-Franklin (1997) posit this purposeful partnering may be associated with white guilt or a lack of strong ethnic identity on the part of the white person. Qian (2004) states that whites of various European ethnic backgrounds usually have weak ethnic attachments and have options to identify their ethnic identities in a way people of color usually do not.

Greene (2000) has commented on the significance of racial identity for lesbians of color in relationships with women who do not share the same racial background, yet this has not been explored in the context of such relationships. The small body of literature that specifically addresses lesbian interracial couples does not go beyond the relationship dyad to discuss the interracial lesbian family, more specifically the process for interracial lesbian couples deciding to have children. However, research has focused on racial issues within the interracial heterosexual family often giving little to no attention to interracial lesbian families.

Interracial [heterosexual] couples having biracial or multiracial children have been a focus of race research and literature for decades (Keeney, 2006; Qian, 2004) as evidenced by the acknowledgement in the 2000 Census, which allowed Americans to mark two or more racial categories to classify their race. The percentage of racially mixed Americans was 2.4 percent overall, while the population under the age of 18 almost doubled at 4 percent (Qian, 2004).

Many multiracial families are confronted with questions of racial identity when a child's physical appearance is different from one or both of their parents (Keeney, 2006). According to results from Qian's (2004) study on the racial identity of children of interracial couples, Mexican-white or Puerto Rican-white couples are more likely to identify their children as Latino (Mexican or Puerto Rican) than other Latino-white couples. In Asian American-white couples, Japanese and Chinese-white couples had the highest percentages of identifying their children as Asian compared to other Asian and Asian Indian-white couples. These data cannot be generalized, but suggest a stronger racial identity for Latinos of Mexican and Puerto Rican ancestry and Asians of Japanese and Chinese ancestry than of other racial groups studied. Qian (2004) states that parents often provide education and experiences that help formulate racial identities for their children. The interracial couple's racial awareness may be reflected in how they choose their children's racial identity. Qian further posits that internal factors such as couples' ancestry, educational attainment, nativity status, and external factors such as neighborhood diversity are also likely to affect the racial identity assigned to their children.

These findings may be similar for interracial lesbian couples with children; however, there is no research addressing the topic of the racial identity of individual adults and their interracial children or children in interracial lesbian families.

Interracial Relationship Development Theory

While there is a growing body of literature on lesbian identity among different racial, ethnic, and cultural groups (Chan, 1989; Espin, 1987; Greene, 2000, 1994; Greene & Boyd-Franklin, 1996; Lui & Chan, 1996; Morris & Rothblum, 1999; Parks et al., 2004; Rosario et al., 2004), this research does not address the racial identity development of the individual within the context of an interracial lesbian relationship.

Foeman and Nance (1999, 2002) present a model of interracial couples' identity development in four stages: 1) racial awareness, 2) coping, 3) identity emergence, and 4) maintenance. This model was developed for interracial couples, but does not specify the sexual orientation of the couples. It is assumed that this model reflects the experience of heterosexual couples and therefore cannot fully represent the experiences of interracial lesbian couples.

In their study, Foeman and Nance (2002) expand on their earlier model on interracial relationship development presented in 1999. In the first stage, *Racial Awareness*, individuals become aware that they are attracted to one another. Racial awareness begins with attraction, which can lead to sensitivity to each partner's race. Within this stage the couple develops an understanding of four perspectives: their own, their partner's, that of their collective racial group, and their partner's racial group. As Foeman and Nance posit, at this stage communication between the couple functions to deconstruct the racial differences that are seen by others outside the relationship.

Outsiders may view the partners in different ways and the couple may feel pressure to structure and present their relationship in terms of traditional social roles, adhering to racial and gender stereotypes (Foeman & Nance, 1999), which is likely a similar obstacle faced by lesbian and gay couples and may be an attempt to obtain a sense of acceptance from the greater society. Some lesbians in interracial relationships believe that their racial differences make them more identifiable as a couple (Green & Boyd-Franklin, 1996; Long, 2003; Pearlman, 1996).

In the second stage, *Coping* with social definitions of race, the couple develops reactive and proactive strategies to combat potentially harmful or negative situations, in which they learn to turn to each other for support and new perspectives (Foeman & Nance, 1999, 2002). The couple may choose more diverse public places, learn to avoid discussions of race, and learn to ignore those who insist their problems are caused by the couple's racial differences. Foeman and Nance (2002) term this *insulating* and *negotiating*, which can help them to ignore and disregard uncomfortable situations to guarantee survival of the relationship.

Research shows that in the third stage, *Identity Emergence*, the couple rethinks and reframes the relationship. Instead of viewing their differences as barriers, the interracial couple regards their differences as unique and may choose to challenge the negative views projected by others in society (Foeman & Nance, 1999, 2002). Foeman and Nance (1999) assert that, "Successful interracial couples develop skills to resolve problems that threaten the very foundation of our society. They have perspectives that escape others and the wherewithal to define themselves where no set guidelines exist" (p.553).

Lastly, stage four, *Maintenance*, consists of the emergence of experiences, strategies and perspectives that will assist the couple, or individual partners, in revisiting these stages at various points in their life. When and if the interracial couple decides to have interracial children, they may reexamine their experiences and recycle through the stages as a family (Foeman & Nance, 1999, 2002).

This may be similar to the process experienced by interracial lesbian couples as they decide to have children. More than one model may be needed to depict the diverse experiences reported by individuals in interracial relationships, who identify as gay or lesbian and are people of color.

Lesbian Families: Presence in Literature

The lesbian baby boom is noted to have begun in the 1980s and refers to the increase in known lesbians having children within lesbian relationships (Agigian, 2004). Donor insemination, adopting, fostering, or co-parenting a partner's children have all contributed to the lesbian baby boom (Agigian, 2004; Appleby & Anastas, 1998; Gartrell et al., 1996). Lesbian mothers have been an invisible minority, often passing as heterosexual because of their motherhood status. With the growing number of women living openly as lesbian or bisexual and the increase in lesbian relationships, society has taken notice of lesbian mothers. Research investigating lesbian parent families and children conceived through donor insemination has increased since the lesbian baby boom (Agigian, 2004; Baetens & Brewaeys, 2001; Gartrell, 1999; Patterson, 1994). However, many lesbian families still remain hidden and large numbers are difficult to obtain for research (Laird, 1993; Parks, 1998).

Although many authors suggest the figures are underestimated (Agigian, 2004; Appleby & Anastas, 1998; Flaks, Ficher, Maserpasqua & Joseph, 1995; Hare, 1994; Muzio, 1996; Parks, 1998), some researchers offer the following data on this population. According to Appleby and Anastas (1998), the number of gay and lesbian parents in the United States is between two and eight million. Other authors cite an estimated one and a half to five million lesbian parents in the United States alone (Agigian, 2004; Appleby & Anastas, 1998; Hare, 1994; Flaks et al., 1995). Laird (2003) cites nine million children have at least one gay parent. It is estimated that one to five million lesbian parents had children within a heterosexual relationship (Baetens & Brewaeys, 2001; Gartrell et al., 1996). Furthermore, Flaks et al. (1995) reported between five and ten thousand lesbians have had children after coming out as lesbian. Furthermore, in most Western industrialized countries the total number of lesbians who have children within their lesbian relationship is estimated to be in the several thousands (Patterson & Chan, 1999). It is difficult to determine the exact numbers of lesbian families, as availability and reliability of statistical data is limited (Appleby & Anastas, 1998; Bos et al., 2003; Flaks et al., 1995; Laird, 1993, 2003; Parks, 1998). There are no data on the classification of lesbian families by race and ethnicity or estimates on the number of interracial lesbian couples with children.

Although lesbian families have always existed, greater acknowledgement of such families within society has led to an increased focus on lesbian families and their children in research (Baetens & Brewaeys, 2001; Brewaeys, Ponjaert, Van Hall & Golombok, 1997; Dunne, 2000; Gartrell et al., 1996; Hare, 1994; Laird, 1993; Parks, 1998). Prior to the accessibility of donor insemination, the most common way in which lesbian couples

became parents was through children born in previous heterosexual relationships (Appleby & Anastas, 1998; Gartrell et al., 1996; Muzio, 1996). Most of the research in the 1980s and early 1990s focused on lesbian mothers who came out as lesbians after they conceived their children in heterosexual relationships. Today there are more options available to lesbians who wish to have children. The literature addresses the three main methods by which lesbians become parents: from previous heterosexual relationships/sex with a man, fostering or adopting as either single mother or co-mother, or through donor insemination (Agigian, 2004; Appleby & Anastas, 1998; Baetens & Brewaeys, 2001; Brewaeys et al., 1997; Gartrell et al., 1996; Hare, 1994; Hicks, 2006; Kranz & Daniluk, 2006; Muzio, 1996; Parks, 1998; Patterson, 1995). In addition, some lesbian couples are choosing co-maternity, where one partner donates an egg that is then inseminated and implanted in the uterus of the other, making one partner the birth mother and the other the biological (non-birth) mother (Agigian, 2002; Logan, 2006).

Parks (1998) provides a critical review of the literature on lesbian parenthood. She examined 17 studies on lesbian parents and their children published between 1980 and 1996. In the majority of studies reviewed by Parks, the respondents were young, white, middle to upper class, highly educated, living in urban areas, and open about their lesbian identity. Research by Baetens et al. (2001) supports this by noting that lesbian mothers represented in the growing body of research on lesbian motherhood are predominantly white, middle class and well educated. Furthermore, Morris et al. (2002) posit that some lesbian mothers may choose to live in urban areas where they can be closer to other lesbians and the gay community.

The majority of studies on lesbian families have included some characteristics of the following: They have compared lesbian families to heterosexual families focusing on similarities and differences in gender roles or the role of the biological father compared to the non-biological mother (co-mother), have focused on the involvement of and relationship with the donor, have examined the experience and role of the co-mother, have addressed the division of labor within lesbian-led families, have attended to the decision-making process of forming a family, and/or have investigated the development of children raised in lesbian parent families (Bos et al., 2003, 2004; Brewaeys et al., 1997; Gartrell et al., 1996; Hare, 1994; Flaks et al., 1995; Parks, 1998; Patterson, 1995, 1996; Sullivan, 1996; Vanfraussen et al., 2003).

In order to better understand lesbian baby boom families, Patterson (1996) designed the Bay Area Families Study. The participants in this study were primarily white, with seven percent coming from backgrounds of color. Although this study and others have contributed greatly to the literature on various facets of lesbian families, including research on couple functioning, the division of labor, and child adjustment (Patterson, 1995, 1996); they do not include the experiences of interracial lesbian couples; therefore, it is difficult to determine if and how the results might vary for a sample of culturally diverse participants. Parks suggests a move away from descriptions of lesbian-led families and toward a focus on the diversity of origin and process of formation for lesbian families.

Conclusions drawn from Parks' (1998) review, European studies on lesbian motherhood (Bos et al., 2003, 2004; Dunne, 2000; Touroni & Coyle, 2002; Vanfraussen et al., 2003) and additional research on lesbian families all suggest that lesbian couples

use careful and deliberate planning when deciding to have children. Studies comparing lesbian families to heterosexual families reveal no significant differences in quality of relationship and parenting or any empirical support for the idea that children of lesbian parents are any different from children of heterosexual parents (Bos et al., 2003, 2004; Brewaeys et al., 1997; Flaks et al., 1995; Gartrell et al., 1996; Laird, 1993; Parks, 1998; Patterson, 1995). These studies further show that lesbian parents more equally share in child-care and household labor than do heterosexual couples (Bos et al., 2004; Brewaeys et al., 1997; Gartrell et al., 1996; Parks, 1998; Patterson, 1995; Sullivan, 1996).

However, Stacey and Biblarz (2001) conducted an analysis of the research on gay and lesbian parents claiming that researchers have downplayed significant findings. They reframed and challenged many of the findings (such as in Brewaeys et al., 1997; and, Dunne, 2000) and proposed that “heterosexism” has thwarted the exploration and presentation of significant data. The findings summarized supported that there were no significant differences in studies comparing lesbian parents to their heterosexual counterparts and their children in terms of cognitive functioning or psychological well-being; however, other “provocative” findings were left unexplored. They extrapolated from these findings that children raised by lesbian (and gay) parents are more socially attuned, more open to issues of sexuality and gender, and are raised in a more egalitarian family system than children raised by heterosexual parents. Stacey and Biblarz propose that “homophobia and discrimination are the chief reason why parental sexual orientation matters at all” (p.177) and that exploring these indirect effects could be helpful for all families.

Many authors describe how lesbian motherhood challenges the expectations of lesbians and motherhood (Agigian, 2004; Appleby & Anastas, 1998; Brewaeys et al., 1997; Dunne, 2000; Gartrell et al., 1996; Kranz & Daniluk, 2006; Laird, 2003; Muzio, 1997); however, solid empirical evidence has shown that lesbian mothers are as capable of raising children as well as heterosexual mothers (Agigian, 2004; Bos et al., 2003, 2004; Brewaeys et al., 1997; Parks, 1998; Touroni & Coyle, 2002; Vanfraussen et al., 2003). Potential mothers will often spend a significant amount of time reflecting on and considering the consequences of having children in a lesbian relationship (Baetens et al., 2001; Parks, 1998). However, according to Parks (1998) internalized homophobia and pervasive societal beliefs often create self-doubt in lesbian mothers. Muzio (1996) infers that, “As lesbians overcome the internalized obstacles to motherhood, they are invariably confronted with external obstacles in the form of institutionalized homophobia” (p. 360). Obstacles are experienced by all lesbians who must seek assistance in becoming mothers, either through adoption or donor insemination. Lesbian couples who involve biologically-related male family members of the non-biological mothers to create a child biologically related to both parents may face resistance from family members who oppose their chosen method of conception (Kranz & Daniluk, 2006). Lesbians also often encounter medical or social service professionals who may perpetuate institutionalized homophobia and have the power to deny or facilitate their ability to become parents (Agigian, 2004; Gartrell et al., 1996; Muzio, 1997). In the studies on lesbian couples seeking donor insemination, the few that included interracial couples provided examples of institutional barriers, racial insensitivity, and a disregard for the couple’s desire to have

a child that racially and ethnically represented their lesbian parents (Chabot & Ames, 2004; Jones, 2005).

Motherhood is noted as an important part of female identity within African American, Native American, Asian American and Latino cultures and communities. In many of the cultures of people of color, a lesbian identity is viewed as a rejection of the cultural expectations and the potential for isolation is increased, as women often have to choose between identities in social and familial contexts (Chan, 1989; Espin, 1987; Fukuyama & Ferguson, 2000; Greene, 1994, 2000; Loiacano, 1989; Lui & Chan, 1996). Using data from the Lesbian Wellness Survey, Morris, Balsam and Rothblum (2002) summarize the variables involved in motherhood for women of color. They found that Asian American and Pacific Islander lesbians had fewer children than other racial groups; however, these women were five times more likely than other groups to have children through insemination with an anonymous donor (and through adoption). Latina women were most likely to have children in the context of a heterosexual relationship, and reported the highest rate of having been threatened with the loss of custody. Statistically, Native American women had the most children and were more likely to be raising a relative's children as well. African American lesbian and bisexual women were the least likely to have been married to a man or to fear the loss of custody. White lesbians reportedly held the highest rates of losing custody of their children, while at the same time they reported taking primary responsibility for raising children (Morris et al., 2002). Morris et al. reinforce the conclusion that there are remarkable difference in patterns of motherhood among each racial and ethnic group and argue that these groups have been underrepresented in research on lesbian mothers.

Literature addressing lesbian families often incorporates a discussion of the choices available for women seeking to have children through donor insemination, including a variety of options and combinations for lesbian women desiring children through natural childbirth. These consist of utilizing a sperm bank or fertility clinic, having a known donor, having limited knowledge of the donor (for example, a medical history and some identifying characteristics) or unknown donor, or having total anonymity (Agigian, 2004; Appleby & Anastas, 1998; Baetens & Brewaeys, 2001; Chabot & Ames, 2004; Hare, 1994; Jones, 2005; Kranz & Duniluk, 2006; Laird, 1993; Muzio, 1996; Patterson, 1995, 1996; Tourni & Coyle, 2002; Vanfraussen et al., 2003). Selecting among these methods is part of the early decision-making process for lesbian couples starting families. Although lesbians have many options for becoming parents, barriers and gatekeepers are also present (Agigian, 2004; Chabot & Ames, 2004; Kranz & Daniluk, 2006). After deciding to become parents, the next step in the decision-making model is where to find information and support (Chabot & Ames, 2004). Bos et al. (2003) posit that lesbian couples become parents at a much later age than heterosexual couples due to the extensive decision-making process and planning that must take place before many of these couples can conceive. The decision to have a child is not taken lightly, for lesbian couples have to go through a long and difficult process before they have a child (Gartrell et al., 1996; Tourni & Coyle, 2002). Respondents in a study by Bos et al., (2003) reported that they were often questioned by their family, friends, and others regarding their motives for wanting a family.

Planned Lesbian Motherhood via Donor Insemination

According to Agigian (2004), tens of thousands of children are conceived through donor insemination methods each year; however, determining the number of children born to lesbian couples through donor insemination is impossible. Data on the number of lesbian inseminations performed in the United States is lacking. Furthermore, the lesbians who self-inseminate outside the medical system are often not included in research and data collection adding to the number of underreported lesbian pregnancies. These mothers and prospective mothers are vulnerable to homophobia and often may not disclose their sexuality or same-sex relationship to physicians, who used to and may still play the role of gatekeeper and refuse services to known lesbians (Agigian, 2004). Baetens et al. (2001) state that self-insemination offers more autonomy for couples, as it involves no medical staff or social workers. Donor insemination (DI) in a clinic is often chosen when a couple has difficulty with self-insemination and/or because the medical screening of donors may make it a safer procedure (Agigian, 2004; Baetens et al., 2001). An increasing number of lesbian couples are visiting fertility clinics for DI (Baetens et al., 2001). The literature and research does not contain an estimate of the number of lesbian families created through donor insemination, yet most authors surmise that the number of lesbian couples having children through donor insemination is growing and is evidenced by what is referred to as the “lesbian baby boom” (Agigian, 2004; Appleby & Anastas, 1998; Baetens et al., 2001; Bos et al., 2004; Dunne, 2000; Gartrell et al., 1996; Hare, 1994; Patterson, 1996; Vanfraussen et al., 2003).

Planned lesbian families through donor insemination have received considerable attention from researchers in recent years. There are several categories of literature

regarding lesbian planned motherhood. The first focuses on donor insemination through clinics outside of the United States, the second compares heterosexual couples' experiences to lesbian couples', the third assesses the decision-making process and concerns for lesbians planning motherhood, and the fourth is informative literature regarding the process of lesbian childbearing (Agigian, 2004; Appleby & Anastas, 1998; Baetens & Brewaeys, 2001; Bos et al., 2003, 2004; Chabot & Ames, 2004; Flaks et al., 1995; Gartrell et al., 1996; Jones, 2005; Kranz & Daniluk, 2006; Parks, 1998; Touroni & Coyle, 2002; Vanfraussen et al., 2003).

Although studies of donor insemination among lesbian couples are based on predominantly Caucasian [white] samples, those studies that do include interracial lesbian couples have included some specific concerns and challenges faced by these couples. The concerns discussed in the current research center on the desire to create a genetic link between the child and the non-biological mother, raising a child in a non-traditional family, and identifying the effects of multiple discriminations on these children (Agigian, 2004; Appleby & Anastas, 1998; Baetens & Brewaeys, 2001; Chabot & Ames, 2004; Gartrell et al., 1996; Jones, 2005; Kranz & Daniluk, 2006; Vanfraussen et al., 2003). Many of these are concerns that all lesbian couples encounter; however, they may be more heightened for interracial lesbian couples due to race and racial identity. Baetens et al. (2001) stipulate that it may be difficult for a child conceived in a lesbian relationship to be integrated into the non-biological mother's family due to the absence of a genetic tie. The couples in Kranz and Daniluk's (2005) study were "very aware of their minority status as lesbian families" (p. 21). These parents anticipated their children

might have to face negative comments about their families and were prepared to teach their children about how to cope with prejudice.

Some researchers have directly addressed the decision-making process faced by interracial lesbian couples within the context of their larger studies (Chabot & Ames, 2004; Gartrell et al., 1996; Kranz & Daniluk, 2006; Jones, 2005; Patterson, 1995); furthermore, in comparison to the majority of research participants, interracial lesbian couples were unrepresented in all studies. The decision-making process for lesbian couples opting to have a child through donor insemination is followed by many subsequent decisions, for example, who will carry the child, who will be the biological mother, how will conception occur, will the donor be known or unknown, will the couple self-inseminate or seek assistance from a fertility clinic or doctor, and how will the kinship relationship with the non-biological mother's family be negotiated (Appleby & Anastas, 1998; Chabot & Ames, 2004; Gartrell et al., 1996; Jones, 2005; Kranz & Daniluk, 2006; Touroni & Coyle, 2002). This process is conceptualized and represented in the decision-making model presented by Chabot and Ames (2004). Overall, the process of deciding to have children is described as exciting, challenging at times exhausting, and involving years of personal reflection and information-gathering (Chabot & Ames, 2004; Gartrell et al., 1996; Jones, 2005; Kranz & Daniluk, 2006).

The opportunity to select specific racial or ethnic characteristics of the donor as part of the decision-making process is mentioned by a few authors (Agigian, 2004; Chabot & Ames, 2004; Jones, 2005). Furthermore, many researchers do not go into detail about the importance of kinship for [interracial] lesbian couples (Bos et al., 2003, 2004; Brewaeys et al., 1997; Gartrell et al., 1996; Touroni & Coyle, 2002). Vanfraussen

et al. (2003) surmised that the absence or presence of a biological link was not considered important or relevant to participants in a study on the relationship between donor-inseminated children and non-biological mothers; however, all these families were Caucasian. There is a lack of racial, ethnic, and economic diversity among the populations surveyed in studies on lesbian donor insemination.

According to Agigian (2004), lesbian alternative insemination in the United States is a trend among white, middle-class and upper-class lesbians. The majority of studies conducted both in the United States and Europe reported similar patterns in their samples. The literature does not thoroughly address if and how these decisions and issues are different for interracial lesbian couples and families. However, in Kranz and Daniluk's (2006) study, respondents chose donors who were in some way similar to the non-biological mother in terms of cultural background and/or physical features. This suggests that racial or ethnic similarity may be important to non-biological mothers and their partners.

A few studies addressing lesbian planned motherhood have noted the different issues and experiences of interracial lesbian couples (Chabot & Ames, 2004; Gartrell et al., 1996; Jones, 2005). Participants in Jones' (2005) study felt that choosing a donor of the same racial background as the non-biological mother would be considered an understandable and normal request for a heterosexual couple. Jones posits that this provides the interracial lesbian couple with a "bio-genetic" link between the non-biological mother and the child. The importance of kinship was also found to be important in mono-racial Caucasian lesbian couples that have different ethnic or cultural backgrounds. Jones examined the experiences of an interethnic couple in which one

partner identified as Jewish. Gartrell et al. (1996) and Dunne (2000) also found significance in a genetic preference for Jewish heritage in couples in which the non-biological mother was Jewish. Thirty-three percent of the prospective mothers in the study by Gartrell et al. desired Jewish children and sought out a donor of Jewish descent. The participants in Dunne's study located Jewish donors through friendship networks or by advertising.

Jones (2005) further explored the ways in which racial and ethnic (bio-genetic) continuity is a link to the non-biological mother's family of origin. For one interethnic lesbian couple, using a Jewish donor created a Jewish identity for their child, which provided a cultural connection with the non-biological mother's family. Jones' findings show that kinship is meaningful in many ways depending on the needs and desires of the couple.

Many non-biological mothers of color desired a closer genetic relationship to their children and were concerned with finding a donor of a similar race or ethnicity (Chabot & Ames, 2004; Jones, 2005). As Jones (2005) stated, the request for specific donor characteristics is dependent on donor availability. In research compiled by Agigian (2004), sperm banks are shown to strictly enforce racial divisions where Caucasians are heavily represented. Difficulty obtaining the desired race and/or ethnicity was experienced by interracial lesbian couples in the following studies. This coincides with the experience of an African-American participant in the research carried out by Chabot and Ames (2004). The couples in Jones' study who requested an African-Caribbean donor were told by the clinic there were no black donors and instead were offered a half-Chinese donor. This couple waited until their desired (African-Caribbean) donor was

available. The African American women in Chabot and Ames' (2004) study could not locate a clinic with a desired donor. Through friends, she was able to contact a donor. For the interracial lesbian couples represented in these studies, their decisions to wait for a donor who provided a genetic racial or ethnic match exhibit the importance of matching as a family.

Some researchers suggest that lesbians of color less frequently use donor insemination through clinics than Caucasian lesbians (Agigian, 2004; Gartrell et al., 1996). Many authors believe this may have decreased the diversity of their study (Bos et al., 2003, 2004; Brewaeys et al., 1997; Chabot & Ames, 2004; Gartrell et al., 1996; Jones, 2005; Kranz & Daniluk, 2006). Racial disparity is seen not only in studies on lesbian women seeking insemination services, but also for heterosexual women of color. According to Agigian (2004), women of color (Latina/Hispanic, African American, and Asian American) are far less likely to receive fertility services compared to white women. Furthermore, income level is a high predictor of those who do and those who do not receive services (Agigian, 2004). Patterson (1995) found that 58% of planned lesbian families had an annual income over \$60,000. Agigian (2004) stated that lesbians whose requests are not met or who are denied services from fertility clinics may choose to self-inseminate. This may have influenced the demographics of research samples taken from fertility clinics. The participants in the research by Gartrell et al. (1996) selected racially or ethnically diverse donors with the intent to create heterogeneous families. It is possible that what Gartrell et al. and Agigian (2004) proposed about lesbians of color, specifically that African American lesbians' lower rate of access to fertility clinics, in addition to the unavailability of desired donors of color, evidenced by the experiences of the lesbians of

color in the research (Jones, 2005; Chabot & Ames, 2004) may all be factors that affect the decision-making process for interracial lesbian couples.

The majority of studies conducted in the United States and Europe provided samples that were predominately white and middle class to upper class (Baetens & Brewaeys, 2001; Bos et al., 2003, 2004; Brewaeys et al., 1997; Chabot & Ames, 2004; Gartrell et al., 1996; Jones, 2005; Touroni & Coyle, 2002). In *The National Lesbian Family Study* by Gartrell et al. (1996), out of 84 lesbian families only 13% of them expected to raise children of color; however, it was not mentioned if the 13% were children conceived within an interracial relationship or children of color conceived within a mono-racial Caucasian lesbian relationship. Regardless of the researchers' attempts to diversify the samples, the majority of participants in these studies identified as Caucasian lesbians.

Summary of Literature

The body of literature directly related to the focus of this study is extremely limited. In this chapter, I have identified areas of intersection that may offer some insight into the decision-making process for interracial lesbian couples opting to conceive via donor insemination. Sexual and racial identity development models as well as the model of interracial couple's identity development created by Foeman and Nance (1999, 2002) offer a conceptual understanding of how an interracial lesbian couple experiences and develops their identities both individually and as a couple. These models may also provide insight concerning how lesbians in interracial relationships negotiate race when choosing a donor. The proposed models of racial, ethnic, and sexual identity development for people of color and white people may offer insight as to how interracial lesbian

couples negotiate this process for themselves and their children. The literature on interracial heterosexual couples and the model of interracial relationship development suggest that interracial lesbian couples may share similar experiences; however, there are gaps in the literature on the specific experiences of interracial lesbian couples who not only face racism within their relationship, but also homophobia.

Only a few authors have begun to investigate how lesbian couples make the decision to have children. There is a need to better understand if and how race influences the decision to conceive via donor insemination and its importance to interracial lesbian couples. It is necessary to examine the racial and ethnic identity convictions of the couple and posit their effects on the decision-making process when deciding to have children within an interracial relationship.

Several features of this study make it unique among research on planned lesbian families. My aim is to examine the importance of race on the couple's choice of a donor, how couples will decide who will be the biological mother, and how they go about obtaining a donor. Previous research, although limited, presents interracial lesbian couples as having struggled with obtaining a donor of color. On the basis of prior research, I expect to find no differences in the experiences between my sample and the interracial lesbian couples presented in the studies by Jones (2005) and Chabot and Ames (2004). In addition, I expect to find that interracial lesbian couples will prefer a donor that represents the non-biological mother, that they will have difficulties finding a donor of color, and that couples will have to compromise their choice for a specific racial identity due to lack of available donors of color.

In the next chapter, I will further elaborate on the purpose of this study and the methods used in exploring this topic. As more consideration must be given to this population, the research design, ethics and safeguards, method of data collection and data analysis will all be presented in support of an exploratory study.

CHAPTER III

METHODOLOGY

The purpose of this study was to answer the following question: How does race impact the decision-making process for interracial lesbian couples opting to conceive through donor insemination? Several features of this study make it unique among research on planned lesbian families. There is a need to better understand how aspects of race do and do not influence the decision to conceive via donor insemination and why race is or is not important to these couples. It was also necessary to examine if and how the racial identity of the interracial lesbian couple affects the decision-making process when deciding to have children within such a relationship. Therefore, the research question focused on the salient experiences of interracial lesbian couples in deciding to conceive through known or unknown donor insemination.

Research Design

To fully delve into this topic, an exploratory mixed methods—qualitative and quantitative—inductive study was conducted. Since there is a dearth of research on the proposed question, the benefit of such a design in a study of donor insemination within interracial relationships was its flexibility in the analysis of individual experiences. An exploratory design allowed for a small sample size. Although I had some predictions, the intent for this study was to identify patterns and themes in the participants' responses.

This chapter outlines the research methodology for this study, including the sampling, data collection, and data analysis procedures that were followed.

Sample

Individuals who participated in the study had to meet all of the following criteria:

1) self-identify as lesbian or a biological woman in a relationship with another biological woman; 2) currently be in an interracial relationship; 3) within the context of their current interracial relationship, either be in the process of conceiving through known or unknown donor insemination, pregnant from insemination, or have had children through donor insemination.

The study was conducted through [surveymonkey.com](https://www.surveymonkey.com), an online host for questionnaires, and was advertised nationwide in hopes of gathering a diverse sample with varying experiences. Recruitment occurred primarily via email to online interest groups and social networks accessed by lesbians, national gay and lesbian organizations as well as through the researcher's personal, social and professional networks. Other methods of distribution included obtaining study participants through snowball sampling. Snowball sampling was used to obtain a non-probability sample of convenience. Contacts were encouraged to forward the study information in an introductory email, via a flyer with online posting in an attachment, and the [surveymonkey.com](https://www.surveymonkey.com) URL to others who may have been interested in participating. Telephone, email, and face-to-face contacts were made to the researcher's personal contacts who were then encouraged to assist in the recruitment process. Participation was random and voluntary on the part of respondents. (See Appendices B and C for recruitment materials.)

This type of sample may have produced biases that are impossible to assess or define, but are considered in the data analysis. Attempts were made to recruit lesbians of color from various racial, ethnic, and cultural backgrounds and various combinations of interracial couples, which may consist of two women of color, but of different racial backgrounds as well as women of color in relationships with Caucasian women. For the purposes of including perspectives from non-dominant cultures, biracial and multiracial lesbians were included in the study sample for their unique experiences within an interracial relationship and their perceptions of the impact of race on their children created through donor insemination.

I hoped to attain a minimum of twenty-five participants to provide more qualitative data, yet not so much that the findings would be flooded. I was curious to see if there were any trends among subgroups that might be pervasive enough to suggest further study.

Ethics and Safeguards

Every possible precaution was taken to safeguard the confidentiality and anonymity of participants. SurveyMonkey.com is designed in such a way that participation is completely anonymous and individual responses cannot be traced to the participants. Participants' responses were collected and stored online through surveyMonkey.com during analysis. The survey and data were accessible only to the researcher through a password-protected account. Participants access the survey by a program link that does not retain respondents' email addresses or ask that they identify themselves in any way. All materials are kept in a secure location and destroyed after

three years, or are kept secure as long as they are needed; when no longer needed they are destroyed as mandated by federal law.

When participants first accessed the survey website, they were immediately directed to the informed consent, which preceded the survey itself. The informed consent (see Appendix A) included information about the nature of the study, criteria for participation in the study, and confidentiality safeguards, in addition to information concerning risks, benefits and rights of participants. No participant was able to begin the survey without reading and electronically signing the informed consent form by clicking on the “I consent” button that was provided. Respondents who clicked the “I do not consent” button automatically skipped the survey and were directed to the resource page at the end of the survey. Participants were asked to print out the “informed consent” page of the survey and keep it for their records. Participants were given the option to withdraw from the survey at any time by closing the survey.

Data Collection

The primary design for this study included the use of an online mixed-methods survey. An online survey was chosen because this study utilizes a flexible methods research design, which is generally employed to investigate a phenomenon that has not been previously studied or is not fully understood. The computer program, surveymonkey.com, collects and initially compiles the data for further research. Participants who met all selection criteria, agreed to participate, and thoroughly completed all required survey questions were included in the final sample. Participants were not allowed to skip specific, required questions imperative to this study, but were

able to decline to answer optional questions that were either not applicable to their situation or expanded on a required question.

As a mixed-methods study, the survey began with quantitative questions to collect demographic data such as age, racial identity, sexual orientation, place of residence, and other specifics about the participant, her partner and the chosen donor. In the family process section of the survey qualitative questions were interspersed with quantitative questions. Open-ended qualitative questions were chosen to elicit information around particular themes, and to allow participants to discuss their individual experiences, reactions, and responses. Examples of the required qualitative questions were: “Please discuss the process and experience of deciding who would be the biological mother of your children.” “Please comment on the following two questions: 1) How and why was the biological mother chosen?” and, “Is/was it important to you for the child to represent the non-biological mother’s racial background? Please describe.” The following section of the survey also consisted of quantitative and qualitative questions related to the process of obtaining a donor. Quantitative questions indicating such issues as the donor’s racial identity were followed by open-ended questions such as, “How and why was the particular donor chosen?” These questions were placed at the end of this section so as to not influence the preceding questions and as an attempt to gather concrete, objective answers on their decision-making process. The final section asked participants to comment on open-ended questions about their family of origin and its reactions to the participant’s interracial lesbian relationship and decision to have a child through donor insemination. (See Appendix D for full collection instrument.)

Data Analysis

This study used descriptive statistics to analyze the demographic data. The surveymonkey.com analysis tool calculated the demographic questions with specific assigned answers, whereas the open-ended, narrative, questions and questions with an “other” option choice were manually calculated. Narrative data were collected through open-ended essay questions in the survey and therefore were in transcribed form. The narrative data were coded based on themes identified as common and pertinent to the research topic. Themes were then chosen for either their commonality or their uniqueness. Both negative and positive experiences were coded and included to clearly represent the full spectrum of participants’ experiences through the decision-making process. The data were organized and sorted by question, and further broken down according to responses given by specific participants. Themes from individual subgroups, such as from Caucasian participants and participants of color, were uncovered by coding the data. In a qualitative analysis, the information extracted from themes in participants’ narratives provided a structured, concrete answer to the study question: How does race impact the decision-making process for interracial lesbian couples opting to conceive through donor insemination?

Pre-study Expected and Unexpected Findings

I expected the data would reveal the various ways race affects how interracial lesbian couples navigate the process of deciding to have children through donor insemination. Other expected findings, drawn from the related literature, research, and personal observations and conversations were as follows: 1) participants of all racial backgrounds in interracial relationships may desire to have a biracial/multiracial child if

they strongly identify with their race; 2) non-biological mothers will strongly desire a child that represents their racial background; 3) those couples desiring a donor of color may encounter barriers of availability; 4) couples may opt to use friends/acquaintances of color as a donor; and finally, 5) race will impact the decision-making process for the majority of participants. One possible unexpected finding may be that these couples do not encounter any barriers or have any difficulty obtaining a donor of color. This finding may be truer for those couples who obtain sperm from a friend, acquaintance or relative rather than from a sperm bank or fertility clinic.

Researcher Bias and Pre-study Limitations

Researcher bias and self-analysis will be considered carefully in conducting this study and analyzing the data. There is a potential bias in my interpretation of the findings. First, I have expectations concerning how the participants will respond based on personal conversations with interracial lesbian couples with children and on the current research and literature. Second, I identify as Caucasian female and am currently in an interracial same-sex relationship. Furthermore, my biases may impact the design of the survey questions in that I have inherent interest in certain areas and experiences within the decision-making process. However, every effort was made to phrase the questions so as to not impose my personal assumptions and values about lesbianism, race, and interracial relationships.

This study is limited in its generalizability because of its potentially small sample size and because it will be the first study to address the impact of race for interracial lesbian couples deciding to conceive through donor insemination. Additionally, since the survey was only accessible through the internet, the responses are restricted to a

population that has internet access. The strength of this study is that it will contribute to the small body of literature on the experience of interracial lesbian relationships coupled with the relatively new phenomenon of lesbian donor insemination.

This study was designed to evaluate the decision-making process for interracial lesbian couples opting to conceive through donor insemination. It is the first study in this area to focus specifically on interracial lesbian couples planning motherhood and to assess the impact of race on their decision-making process. The following chapter will present the findings from the proposed study.

CHAPTER III

FINDINGS

The specific focus of this research study was to investigate the process by which interracial lesbian couples became pregnant, chose a donor, and if or how race impacted their decisions. In this chapter the quantitative and qualitative responses from 43 survey participants are presented to assist in understanding the research topic. The central themes were chosen based on the frequency of participants' notations. In addition, this chapter addresses the major outlying responses to all qualitative questions. Presentation of the participants' own words occurs whenever possible, as direct quotations are found to be the most effective means for presenting the material. The major findings are divided into the following four sections with subsections:

1. Participant and partner demographics.
2. Family process.
3. Donor choice.
4. Influence of family of origin.

Participant and Partner Demographics

This study yielded a total of 51 respondents who replied to the online survey. However, eight respondents were not considered to be participants because they either indicated they did not consent to participate in the survey or they consented but did not complete any of the required survey questions. In all, 43 women fit the criteria to

participate, responded to all required survey questions and, therefore, were included in the following findings. Furthermore, only 70% (n=32) of the total participants completed both the required and optional questions. The women who participated reflected a variety of backgrounds, revealing some of the differences and similarities within the lesbian community. The demographic data of the participants and their partners are presented in the following subsections.

Residential Area

Participants were asked to identify their type of residence: rural, urban, or suburban. To maintain confidentiality participants were not asked to disclose their city or state of residence. Slightly half (53%, n=23), of the participants reside in urban areas, with 40% (n=17) in suburban areas, and 7% (n=3) living in rural communities within the United States.

Age of Participant

The women ranged in age from under 20 to between 45 and 49. Thirty-three percent (n=14) of the women were between the ages of 30 and 34, with 23% (n=10) between 35 and 39 years old. Nineteen percent (n=8) of the women were between the ages of 40 and 44, 14% (n=6) between 25 and 29, 9% (n=4) between 45 and 49, and 2% (n=1) under 20 years old.

Sexual Orientation of Participant

Although this study required that women be in interracial lesbian relationships, participants were given the option to select the sexual orientation with which they choose to identify. The options included: lesbian, bisexual, queer, gay, heterosexual, or other. The majority (65%, n=28) of participants identified as lesbian, while 14% (n=6)

identified as bisexual, 9% (n=4) as queer, 7% (n=3) as gay, and 4% (n=2) as other.

Participants who selected “other” were prompted to specify. One participant identified as “dyke” and another stated, “I identify as a woman who is lesbian and transgender, and passes as a man. ‘Queer’ represents who I am in some ways.” None, 0%, of the participants identified as heterosexual.

Racial Identity of Participant

Participants were asked to identify their primary racial identity using the following standard racial categories: Native American/Alaska Native Indian, Black/African American, Latina/Hispanic/Chicana, Asian, Southeast Asian/Asian Indian, Caucasian, and other-not listed. Twenty-eight (67%) of the participants identified as Caucasian. The second majority consisted of six Latina/Hispanic/Chicana women comprising 14% of the sample. Four (10%) identified as other-not listed. Black/African American women comprised 7% (n=3) of the sample and 4% (n=2) identified as Asian. Two other options were provided on the survey: Native American/Alaska Native Indian (0%) and Southeast Asian/Asian-Indian (0%), but none of the participants indicated either to be her primary racial identity. The 9% who selected other-not listed specified their racial background as: “Multiracial;” “My primary racial identity is Chinese/Mexican/Spanish;” “Muti-racial;” and, “Bi-racial: Asian (Japanese) and White.” As previously stated, the majority of participants who completed the survey identified their racial identity as a Caucasian partner in an interracial relationship. Likewise, the majority of couples consisted of one Caucasian partner and one partner of color.

Participants were encouraged to further elaborate on their racial background providing more detail on their ethnicities, nationalities, and/or cultural identities. Twenty-

four participants chose to answer this optional question. Several (n=11) participants chose to describe one race/ethnicity or nationality, for example: “Canadian;” “Filipino;” “Jewish;” “Italian;” “Northern European;” “Panamanian;” and, “Chilean.” Some (n=8) chose to include multiple racial and ethnic identities, such as: “Puerto Rican, Black, Native American;” “English, Scottish, Welsh;” “Cape Verdean and Portuguese;” “½ Puerto Rican and ½ Italian;” “French Canadian, Russian ‘Jewish’, English, Irish;” “I am ¾ Chinese and ¼ Mexican/Spanish;” “German, Armenian and Euro mix;” and, “Native American and Western European.” Other (n=5) participants further explained their nationality (place of birth), parent’s nationality, and/or personal circumstances. Examples of such statements are as follows: “American-born Chinese, parents Philippines-born Chinese;” “Eastern European Jew born in America;” “Born and raised in Colombia, South America;” “Irish, French, Cherokee that is all I know my father was adopted;” “I’m Native American and Caucasian but perceived as Caucasian most of the time.”

The final question relating to racial identity asked participants to rate the importance of their racial identity on a five-choice scale from very important to unimportant. Fifteen (36%) of the participants reported race to be a “3-Moderately important part of my identity,” while a close 31% (n=13) felt race to be “4-Important part of my identity.” Race as a “5-Very important part of my identity” was indicated by 16% (n=7) of the participants, and 13% (n=6) noted race to be “2-Of limited importance to my identity.” Only 4% (n=2) found race to be an “1-Unimportant part of my identity.”

Participants were given the option to comment on their choice. The three main themes derived from these responses are: white privilege; acknowledgement of one’s

multiple identities; and, awareness. A dominant theme was a recognition and awareness of white privilege which can be assessed in the following statements:

I recognize that my whiteness is of great importance in terms of the privileges I've received in life, the opportunities I've had, and the ways I'm treated; however, I am not proud of these advantages and so I wouldn't say that my race is a "very important" part of my self-identity (though I know it shapes how I see the world...)

A similar statement was shared by another participant who said:

I would say that I am aware of my whiteness, and my race is an important part of my identity in that being conscious of my whiteness is an important part of being anti-racist.

A variation to this was discussed by a participant who identifies two contrasting ethnicities:

I recognize how my WASP/Jewish ethnicity impacts my values and beliefs, but I do not embrace many of the pieces of either of these cultures. I am currently doing a lot of personal work on white privilege, so to that extent being white is an important part of my identity.

The second theme was the acknowledgement of multiple identities, as one participant who identified as multiracial (“¾ Chinese and ¼ Mexican/ Spanish”) stated, “I have many identities, and this one is as important as all the rest of them.” Another participant noted, “I am Native American and Caucasian, but perceived as Caucasian most of the time.” The third theme was around awareness. One example comes from a participant who identifies as Caucasian (Portuguese-American) and has been partnered with a Black/African American woman for 10-12 years.

My race is important to my analysis of issues and my understanding of the difference in experiences between myself and others--I know that my sons and my partner have had and will have very different experiences, expectations and questions than I have.

Age of Participant's Partner

Partner age ranged from between 25 to 29 years old and 50 to 54 years old. The majority (33%, n=14) of the partners were between the ages of 30 and 34 with 31% (n=13) being between 35 and 39 years old. Seven (16%) of the partners were between 45 and 49, 11% (n=5) between 40 and 44, 7% (n=3) between 25 and 29, and 2% (n=1) between 50 and 54. The average age of partners is five years older than the participants.

Sexual Orientation of Partner

Partners were identified as 78% (n=33) lesbian, 14% (n=6) bisexual, 4% (n=2) queer, 2% (n=1) gay, and 2% (n=1) other. None of the partners was identified as heterosexual; however, the one other specified "divorced."

Racial Identity of Partner

The partners represented all racial categories provided. The majority (33%, n=12) of the partners identified as Caucasian. Nine (20%) identified as Other ("Arabic;" "½ Caucasian and ½ Mexican-American;" "Haitian;" "Filipino;" "Black/Caribbean;" "Pacific Islander-Guamanian;" "Mixed;" "Mixed black and white;" "Filipino mother and Indian father;" "Multiracial"). Another nine (20%) of the partners identified as Black/African American. Seven (16%) partners identified as Latina/Hispanic/Chicana, three (7%) partners as Asian, with one partner (2%) identified as Southeast Asian/Asian-Indian, and another one (2%) as Native American/Alaska Native Indian.

Twenty-two (51%) of the participants chose to further elaborate on their partners' racial backgrounds. Similar to the way in which participants described their own racial backgrounds, many chose to list ethnicities and nationalities, as well as information about parents' racial/ethnic backgrounds. For example, these responses consisted of the

following: “50% Okinawan, 25% Korean, 25% Italian;” “German;” “Italian and Irish;” “bi-racial (white mother, black father) and adopted by a white family;” “Greek;” “ $\frac{3}{4}$ Filipino and $\frac{1}{4}$ White (Mormon mom);” “100% Cuban;” “Black, born and raised in the Caribbean;” “Mexican;” “Quinault Tribe;” “From Guam;” “African-American and Danish;” “Her father is Black, mother is from Guyana and is of Chinese and Indian descent;” “White and black, identifies as black;” “African-American woman adopted by white parents;” “First generation Mexican-American;” “Mixed race African American and Creole;” and, “Irish and Dutch.”

Family Process

This section contains family process data that consisted of both quantitative and qualitative responses. The quantitative responses will be presented first, followed by the qualitative responses. The data are presented in the following subsections: years in relationship; number of children and current parenthood status; birth mother and method of conception; choosing the birth mother; and, importance for child to represent non-biological mother’s racial background.

Years in Relationship

Participants were asked to indicate the duration in years of their current interracial lesbian relationship. The majority (36%) of participants reported being in relationship for 7-9 years. Close to that number, ten (24%) participants reported a relationship of 10-12 years and 21% (n=9) were together 4-6 years. Fourteen percent (n=6) of participants have been in a relationship 1-3 years. Relationships lasting 13-5 years and 16 years or more were less represented at one participant (2%) each. None (0%) of the participants reported being in a relationship with their partner for less than one year.

Number of Children and Current Parenthood Status

The bulk (74%) of participants stated that they have 0-1 children from their current interracial lesbian relationship. Fewer (24%) participants are raising 2-3 children and one (2%) participant has 3-4 children. None (0%) of the participants reported having 5 or more children with their current partner.

Participants were asked to identify all of the following that applied to their current parenthood status: planning to conceive; currently pregnant; partner is currently pregnant; and/or, currently raising children together. Most participants (n=29) are currently raising a child/children with their partner. Fewer participants (n=16) are planning to conceive, and even fewer are pregnant (n=5) or their partner is pregnant (n=4). Many participants selected more than one of the options to represent their current status. Of those who selected more than one, 11.5% (n=6) are currently raising children and planning to conceive. In addition, 5% (n=3) of participants are pregnant themselves while raising children, and another 5% (n=3) of participants reported that their partner is pregnant and that they are currently raising children together.

Birth Mother and Method of Conception

Of the women who participated in the survey, 60% (n=25) identified themselves as the biological birth mother, 21% (n=10) stated they were the non-biological co-mother/social mother, and 19% (n=8) reported being the non-biological birth mother.

The majority (67%) of participants reported the method of conception to be through a fertility clinic or sperm bank. Self-insemination was used by 15% of the participants. However, the second majority (19%) used a method other-not listed. Participants who selected 'other' were asked to specify their means of conception. The

following is a combination of the responses: family/OBGYN/PC doctor assisted (n=4); not yet chosen method/still planning (n=2); with previous male partner/heterosexual intercourse (n=2).

Choosing the Birth Mother

The question (How and why was the biological mother chosen?) was designed to gather information on what influenced the decision-making process of who would be the biological birth mother. The responses to the aforementioned question are divided into three themes. Desire, age, and medical conditions were the most common factors in determining who would be the biological birth mother.

Desire

The majority, 86% (n=37), of participants commented on some form of desire as a determining factor. Twenty-two women (51%) discussed their own or their partner's personal preference, need, or wish to be pregnant. Of those 22 women who desired pregnancy, 13 (59%) of them were partnered with someone who did not desire to become pregnant. One participant stated, "I had a stronger desire to carry a child; my wife wasn't interested in conceiving a child, but thrilled at the idea of being a mom." Similarly another woman noted, "It was more important to my partner to conceive. We agreed on having children, and I have no desire to be pregnant." Only five participants (11%) indicated that both partners desired to be pregnant. One woman responded, "We discussed who was going to give birth first and my partner had a real need to go first. I will be the one carrying our second pregnancy." For this particular participant desire was the primary reason the biological mother was chosen; for others the order was based on other issues that preceded desire, such as age.

Age

Fourteen (32%) participants reported age as a factor in why the biological mother was chosen. Otherwise age was in combination with other reasons. For some participants (16%, n=7) age was the first factor mentioned in the decision-making process of who was to be the biological mother. One participant noted, “There are many reasons but the main one is that I'm a year older than my girlfriend. We are planning on both having one biological child.” Otherwise age was in combination with other previously mentioned and/or unmentioned factors. One participant stated, “I am younger and had a strong desire to be pregnant; my partner was not particularly interested in pregnancy and was in her 40s by the time we decided to have children.” A variation in age is seen in another participant’s decision, “I am four years older and at the time we were planning on getting pregnant, I was healthier.”

Medical Conditions

Twelve (27%) participants indicated a medical condition that kept one partner from conceiving and/or influenced the other partner to conceive; this consisted primarily of general health issues and reproductive health issues. As previously mentioned, many decision-making factors co-existed: For example, medical conditions were associated with age for 11% (n=5) of the participants. This was affirmed by one participant who stated, “My partner tried to conceive first as she is 9 years older than me. Unfortunately, she had medical problems and was unable to become pregnant, so I began the process and we were successful.” Seven (58%) of the women who reported a medical condition specified a reproductive health issue as the inhibiting factor. One participant reported, “I tried for many years, ended up with a full hysterectomy. I was the first choice but given

the circumstances.” Another woman stated the biological mother was “the one that had the better eggs.”

Outliers

For several participants, the combination of two or more of these themes was a deciding factor. For example, one participant stated, “While we both are interested in having biological children I have gone first because of my age and previous knowledge there would be infertility issues to get past.” Both partners desiring biological children, age, and potential medical conditions (“infertility issues to get past”) were all factors that had to be considered for these women. Another participant commented on the influence of age and desire, “We made the decision based on our age, I am younger and we decided it would be safer for me to carry both times. Also, my partner preferred not to carry. Both factors played a part.” Similarly, medical conditions and desire played a role for this woman, who stated:

I always wanted to be pregnant and bear a child. My partner did not have this desire. My partner has health issues that require her to take medications that she would not be able to take if pregnant.

Desire was a predominant theme, while age and medical conditions also played significant roles.

Other notable factors that were mentioned as contributing to the decision-making process of who was to be the biological mother included: change in circumstance resulting in a change in the originally chosen biological mother (n=6, 13%); order of who was to carry child first, second (n=3); and, cost (n=2). Order was the only outlier that was not consistently combined with another factor. Two participants exclusively referenced order: “She went first, I’m going next”; and “I went first. Partner second.”

One participant stated that she was not comfortable discussing their process and experience of deciding who would be the biological mother.

Importance for Child to Represent Non-biological Mother's Racial Background

In response to the question is/was it important to you for the child to represent the non-biological mother's racial background, thirty (69%) of the participants responded with a "yes," two (4%) stated "no," and four (9%) expressed a slight or mixed importance. Seventeen (39%) of the participants specifically referenced wanting their child to "look like" or "match" the non-biological mother so that the child would "reflect" or "represent" both mothers' racial backgrounds. Four (9%) of the participants reported obtaining a willing-to-be-known donor to be more important than finding a donor that had a similar racial background as the non-biological mother. From these findings came the following themes: level of importance, reflection of non-biological mother's racial background, and other issues of importance.

Level of Importance

Of the 30 women who indicated that "yes" it was important for their child to represent the non-biological mother's racial background, nine (30%) of those participants expressed enthusiasm in the form of an exclamation point and/or through the use of an adverb, such as "very" or "absolutely." One participant professed "Yes!!! Definitely!!!," while another wrote, "Absolutely! Not choosing a black donor would have meant that I would have been effectively erased."

In contrast, six (13%) participants felt race was either not important or they expressed mixed feelings of importance. The unimportance of race was demonstrated by one woman who commented, "No, I wouldn't care if our new child were purple." Other

participants' statements such as, "Important but not a deal breaker" and "I'm mixed about that. Part of me would really like that, part of me doesn't care" express more ambivalence.

A variation to this was a participant who identified herself as Caucasian and the non-biological mother. Her partner is multi-racial and currently pregnant. She said the following:

We discussed it at length, but it was not the most important factor in our donor selection process, and we did consider donors who did not match my race and ethnicity. My partner has a stepdaughter (from a previous relationship) who is white, and particularly when my partner toted her around as a toddler, she was frequently presumed to be the child's nanny. We wanted our kids to look like "our" kids. That said, with the biological mom being mixed, the donor was less important, if that makes sense . . . if I were to be the biological mom, I think our criteria for finding a donor would be very different and we would have far fewer options.

Reflection of the Non-biological Mother's Racial Background

Many (39%) of the participants who declared it important for their child to represent the non-biological mother's racial background further expressed a wish to have their child look like both parents. Participants described in various ways the importance of a sense of kinship: "We picked a donor that reflected my (non-bio mama) culture and racial background"; "We chose the donor who best matched my partner's ethnic background"; "We wanted to get as close as possible to making a child with similarities of non-biological mother"; and, "It was critical that our sperm donor match my partner's race as closely as possible." Further emphasizing similar feelings, one woman stated:

I wanted our baby to be as much a representation of my partner as myself. As a mixed race/ethnic couple we agreed the donor would be as much like my partner as possible.

In one example, a participant discussed how she and her partner both conceived with donors of similar racial background to the non-biological mother in hopes that their children would match them.

We hoped that our child would look a little bit like each of us. When my partner tried to conceive, we used a donor who had a similar background to me (Irish) and when I started the process, we found a new donor who was more similar to my partner (African-American).

Other participants expressed a similar desire in relation to “identity,” “heritage,” or “ethnicity.” One participant reported, “We wanted our children to feel a connection to the non-bio mom through their ethnicity.” Another woman shared the following:

We feel that having an interracial child will represent both of our heritages. We're seeking a Native American sperm donor, and the NBMTB (non-biological mom to be) looks forward to passing on the traditions she learned growing up.

Lastly, one woman stated:

She is a minority and I am white, and her ethnicity is very important to her, it is very important to both of us that our sperm donor is Indian as well, so that our baby will be a minority too. Also, we want to be able to say that the baby looks like her other mother.

Outliers: Other Issues of Importance

For some (n=4) participants obtaining a known donor took precedence over finding a donor that matched the non-biological mother’s racial background. All four of these women sought known or willing-to-be-known donors of color; however, none of them was able to obtain their desired donor race. One participant reported, “It was important but didn't happen. We wanted a willing-to-be-known Latin donor but unfortunately the selection was very, very minimal.” A Caucasian participant and her African-American partner had a similar experience. They wanted a donor that

represented the non-biological mother's race, but settled with a known donor that was Caucasian. Their experience is as follows:

We wanted our children to represent my partner's race and we also wanted to have an identity release donor (so that our future children could find out the identity of the donor if they so chose). At the time that we were inseminating with our older child there weren't any African-American donors available who were [willing to sign an] identity release. We then had to choose between the two, and chose an identity release donor.

Finally, the issue of sibling connection was noted by two (4%) of the participants. These participants stated, "It was very important to have the biological father be the same for both siblings," and "We chose a biracial donor for our first child. We've used the same donor for my pregnancy."

Donor Choice

Participants were asked three multiple-choice questions and four open-ended questions regarding the donor selection process.

Donor Identity (known vs. unknown)

In responding to the first question ("What was the donor identity (known vs. unknown) of your most recent child conceived through donor insemination?"), the majority (63%) of participants reported the donor to be "unknown-some identifying information through a fertility clinic or sperm bank." Six (14%) of the participants indicated "unknown-no identifying information through a fertility clinic or sperm bank." In contrast, four (9%) stated that the donor was "known-a friend, acquaintance, or relative." Few (n=3, 7%) noted obtaining a "known-full identity through fertility clinic or sperm bank." Lastly, another 3% marked "other-not listed." These (n=3) participants described their donor identity as: "in process of deciding;" "It will definitely be unknown

through a clinic though;” “unknown-some ID, ID release at 18;” and “willing to be known donor.”

Donor Racial Background Match to Non-biological Mother

In answer to the second donor selection question (“Was the donor of the same racial background as the non-biological mother?”), 73% (n=31) of participants indicated “yes,” 23% (n=10) responded “no,” and finally 4 % (n=2) stated, “Don’t know.”

Donor Racial Identity

The third question (“What was the donor’s primary racial identity”) was divided into six standard racial categories (Native American/Alaska Native Indian, Black/African American, Latina/Hispanic/Chicano, Asian, Southeast Asian/Asian Indian, and Caucasian) with the added options of “unknown” and “other-not listed.” Participants choose donors from all racial backgrounds. Twelve (28%) Caucasian donors were chosen, ten (23%) Black/African American donors, eight (20%) Latina/Hispanic/Chicano donors, four (9%) Asian donors, two (4%) Native American/Alaska Native Indian donors and one (2%) Southeast Asian/Asian Indian donor. Six (14%) of the participants selected “other-not listed,” three of whom indicated a bi-racial (“white/black” and “Japanese/white”) or multiracial (“East Indian, Native American, South American, Caucasian”) donor. Two participants, who marked “other-not listed,” specified the donor’s race to be “Arabic” and “Black/Caribbean American.” Lastly, one woman noted that they “haven’t selected yet.” None (0%) of the participants indicated using a donor with an unknown racial identity.

Twenty (46%) of the participants chose to elaborate on the donor’s racial identity. Several (n=8) participants discussed donors that were either biracial or multiracial. One

participant described their donor as, “Italian, Columbian, and Spaniard,” another noted “some Irish and Native American ancestry.” Other responses (n=9) were indicative of a mono-racial donor, such as “from Argentina,” “Mexican,” “White Jewish,” and “Lebanese.”

How and Why Donor was Chosen

The question, “How and why was the particular donor chosen?” was presented to participants as open-ended, allowing them to comment in their own words on the experience of deciding on a donor. The responses to this question were divided to represent the three major themes discussed by participants and the outlying responses. These three themes are: race and ethnicity; interests, intelligence, and personality; and, health and athleticism.

Race and Ethnicity

Nineteen (44%) participants directly mentioned race or racial characteristics as a determining factor in selecting a donor. Two women simply stated, “We chose him because he is Chinese/Latino” and “Because he was Latin American.” Other participants included other factors (to be discussed) in addition to race. An example is found in the following responses: “Primarily we wanted a donor of Mexican descent like my partner. We also wanted him to have coloring and height similar to my partner”; “. . . African American with dark brown skin”; and, “We chose a donor based on my race/ethnicity as German.” The desire to obtain a donor with a Native American background is emphasized in the following participant’s statement:

We had chosen a 100% Native American but lost that baby so we switched donors and this one is only 1/2 Native American. However, he is a strong advocate for

Native American rights as well as a musician and indie filmmaker. Those qualities led us to choose him.

Furthermore, several (n=11, 29%) participants further noted obtaining a donor with a similar or matching racial background to the non-biological mother. One participant stated, “He was of the same race/ethnicity of my partner,” while another reported, “He is very similar to me in terms of race-ethnicity.”

Along the same lines, eight (21%) participants commented on “ethnicity” alone or in combination with race as a deciding factor of who would be the donor. For example, one participant indicated that “the donor's ethnicity and skin tone were our primary criteria.” A different participant declared, “We wanted to find someone whose ethnic and physical attributes were as close to my partner's as possible.”

Interests, Intelligence, and Personality

Sixteen (37%) of the participants noted interests, intelligence, and/or personality in their response to the question of why and how the donor was chosen. All of these participants gave responses that included another factor--such as race or health--in conjunction with interests, intelligence and personality. One participant listed her preferences in order. She stated, “First, Chinese; second, height; third, personality/intelligence/interests.” Another participant simply stated, “He sounded like a good man.” Other participants listed their reasons: “. . . he had good SAT scores, he was athletic and intelligent”; “Physical characteristics, racial background, well-written essays, education”; “He was chosen based on health, interests, features, and education.” An example of how personality, intellect, and interest come together with other factors can be seen in the following participant’s statement:

He agreed to be a yes donor, he had characteristics we were looking for (interests and skills in line with ours), he had no significant medical issues or family history of issues, we liked his answers on the questionnaire and he sounded like a sweetie.

A similar perspective was shared by another participant, who said:

It took us several days of pouring through donor information. The sperm bank we chose offered audio interviews, very detailed medical/personal history, and lifetime photos. Our donor has the physical traits we were looking for. He also has the intelligence level and his audio interview is what sealed the deal for us. His responses to the questions were sweet, sincere and he had the same views/opinions that we had.

Health and Athleticism

Health and/or athleticism was documented by thirteen (23%) of the participants; however, it was always grouped with other desired factors, such as those previously mentioned. Some participants (n=4) listed that the donor was “athletic,” while others (n=9) commented on his health. One participant phrased this by noting, “. . .the health screen was positive,” while another noted, “he had a healthy medical background.” Family medical history was noted by three participants. One participant was specific in stating, “. . . he had no specific medical issues or family history of issues.” For one participant health issues prevented her and her partner from using their first choice (Latino) donor and instead they conceived with a Caucasian donor. She stated, “. . . The only other known Latino donor that we had on our list had medical issues that prevented us from eventually asking him. He had severe allergies (as do I) and mental health issues.”

Outliers

Other factors presented by the participants that influenced how and why the donor was chosen included: donor willing-to-be-known when child turned 18 years old,

physical attributes (such as height and appearance), and background presented in profile from sperm bank/fertility clinic.

Eight (18%) of the participants indicated that obtaining a willing-to-be-known donor was a factor in donor choice. The participants who commented on wanting or finding a willing-to-be-known donor stated limitations in selection of desired donors. Two participants elaborated on their experiences of searching for an African-American donor that was willing to be known when the child turned eighteen. One woman said:

Truthfully, our choices were very narrowly defined, since of the many sperm banks we researched, there were only about half a dozen black donors with dark brown skin. The "marketplace" of sperm was definitely skewed towards people who wanted white donors. It was very eye-opening and disturbing, actually.

Along the same lines, another participant commented:

We were looking for an African American donor, willing to be known at 18, with other qualities as well. We found only a couple such donors in the country, and they each had disqualifying health issues. We gave up on the known at 18 criterion. We chose our donor because of his race, his athletic background (like my partner), college education and sense of humor.

A successful outcome was discussed by one woman who stated:

We spent many, many hours pouring over donor catalogs reviewing hundreds of profiles. We were very interested in a "willing to be known" donor, which limited our options. My partner was traveling on business near one of the clinics with a high number of willing to be known donors, so she went in person to review profiles and donor photos. After chatting with the clinic employee about two of the donors we were interested in, the employee suggested we check out a newer donor, and they showed my partner the photos of this donor (baby/childhood photos). Immediately my partner was struck by how much the photo looked like me; the second picture looks exactly like a baby picture of my little brother. So, after months of pouring over profiles and agonizing, we changed gears and fell for a photo.

Experience and Process of Acquiring a Donor

Participants were asked three optional, if applicable, open-ended questions regarding the experience and process of obtaining a donor. They were first asked: If a donor of color was chosen, comment on the experience and process of acquiring the donor. Second, was the request for a particular donor race achieved immediately or did you have to wait? Third, if you waited for the desired donor, for how long and what was that experience like? Due to the paucity of responses, the data presented will reflect the major themes overall for the three above questions. The main themes of: 1) time spent searching; 2) expression of a difficult experience and/or feelings of frustration; and, 3) limited donors of color each can be used to gather insight into the participants' experiences of acquiring a donor. In addition, outliers are included to present other existing issues.

Limited Donors of Color

Fourteen (67%) of the participants who responded to the first question regarding the experience and process of acquiring a donor of color mentioned a limited number of donors of color. Statements such as: "Very few choices for black donors"; "It was a relatively quick process, since there were so few options of African American/black men available"; and, "The process was very easy because there are SO few black donors to begin with" were indicative of the limited availability of donors of color, specifically Black/African American donors evidenced by the participants comments. One participant who desired a "Black/Caribbean American" donor for her most recent pregnancy stated:

It was very difficult to find a sperm bank with donors of color. Most had no or only one donor available. We went with the biggest sperm bank we could find, and even they had only 5-9 donors of color available (it was different for each kid).

Along the same line, some participants discussed the limited options in sperm banks for known donors and/or donors of more than one racial background. One stated, “Very few donors - Limited options for willing-to-be-known African American donors.” Another woman noted, “There are much fewer black sperm donors - at least at the two banks we considered. There were no biracial (black/white) donors at all.”

Seven (25%) of the participants who commented on waiting or not waiting for a particular donor race noted there being a limited availability of donors of color. One participant stated that “availability was limited,” but once they found a donor his sperm was obtainable “immediately.” One participant who is currently pregnant from an “African American” donor said, “Immediate for our first child, but for our (future) second child we had to be on a waiting list with many other people to acquire sperm.” Other participants were less fortunate and decided to use Caucasian donors because they were unable to find a donor with the racial background they desired. One woman who wanted an African American donor commented, “We were unable to find a suitable donor of color, so we went with plan B, white donor.” Similarly another woman who desired a Latino donor noted, “We couldn't get a donor with the race/ethnicity we wanted.”

Although the responses were few (n=7) to the third question, three participants (42%) made mention of not finding a donor with their desired racial background. Two of these responses were previously given as examples in other themes, although they

overlap with the theme of limited donors of color in that both participants were unable to find donors of color (“Guamanian” and “Cuban”). Another participant noted that, “oh, yes, we did have to wait for this (our 1st choice, mixed race donor) ...and did try with other donors, primarily Caucasian,” although she became pregnant with her first choice donor who happened to be multiracial (East Indian, Native American, South American, and Caucasian).

Two participants, who both reside in suburban areas of the country and sought donors of color, presented a twist to the findings on limited donors of color. One stated, “We used an anonymous donor through a sperm bank in Georgia, where there is a larger selection of AA donors,” while the other commented, “Our bank of choice has a large selection of many races and ethnicity. We were able to immediately have sperm available.”

Time Spent Searching

In the first question (if a donor of color was chosen, comment on the experience and process of acquiring the donor), eight (38%) of the participants who responded commented on searching and/or time spent looking for a donor. Several (n=5) responses centered on participants searching through sperm banks or catalogs. This was discussed by the following participants. One woman responded, “We looked at the catalogs of every sperm bank in the country, searching for a donor whose racial mix and other personal traits matched my partner's the best.” Another woman commented on her experience, “We looked into 5 sperm banks and only 2 had Latin American men.” Similarly, one participant stated, “We searched the country and changed donors several

times. There were no known donors of Mexican decent.” The following participant searched over a year for a specific donor and was satisfied with what she found:

We searched for over a year and a half for a Cuban donor. One day I searched the bank again and came across our donor. We just knew it was right! It was a very very long process, but when we found our donor we started the pregnancy process within 2 months.

In discussing the second question (“Was the request for a particular donor race achieved immediately or did you have to wait?”), eleven (40%) of the responses indicated time spent searching. Some made statements similar to the two participants who said, “We had to search quite a bit” and “we had to do some searching.” Others alluded to searching through statements noting time such as, “I had to wait 6 months for the original 100% Native American donor” and “We looked at donor lists over a period of approximately 6 months.” The experience of searching and not finding their first choice donor was conveyed by the following participant who stated, “We searched for over a year and a half--then we had to settle.”

The third question (“If you waited for the desired donor, for how long and what was that experience like?”) yielded fewer responses, four (57%) of which referenced searching and/or expressed time. One woman expressed how once they found a donor they were able to begin the process. She said, “We didn’t really wait, but we did have to do a lot of searching.” Another participant noted that, “After several months, we were able to purchase and store seven months worth of sperm.” Some (n=2) participants expressed feelings of hopelessness toward ever being able to find the right donor. One woman noted, “Throughout our search, it just did not seem real. It felt as if all our talk about getting pregnant would remain talk.”

Difficult Experience and/or Feelings of Frustration

Feelings of frustration or difficulty were frequently expressed in participants' comments as they discussed the process of searching for a donor. In the first questions, on the experience of acquiring a donor of color, 38% (n=8) of the participants who replied having chosen a donor of color prefaced their responses with statements such as "It was very difficult . . ."; "It was so hard. . ."; or, "Difficult to find." Two participants framed their feelings this way: "At the time, difficult to find a donor who was Latino"; and, "Hard to find many Chinese donors over 5'6"!" In one instance, a participant expressed, "We were frustrated that we were not able to find one willing-to-be-known donor, who was also African American."

In contrast, when discussing the second question ("Was the request for a particular donor race achieved immediately or did you have to wait?"), 40% of the participants who responded expressed little frustration and experienced little to no wait time for their desired donor. Most (n=11) participants simply stated, "Immediately" as their response, while some noted: "We did not have to wait," or "It was available right away." However, 33% (n=9) of the participants did express frustration or difficulty in obtaining their desired donor. These women expressed frustration in the process of searching, not wanting to wait any longer for a specific donor, and/or having to change donors. However, once they found an adequate donor they were available immediately. For example, one participant stated, "Achieved immediately once we selected him, but took a few months of looking to find him." In terms of not wanting to wait, one participant stated, "We decided not to wait. The birth mom was 39 when she got pregnant

and non-birth mom 41 -- too little time left to wait!" A similar predicament was discussed by another participant, who said:

We were able to find donors that matched most of our criteria right away. Neither donor matched the non-bio mom exactly (i.e.: brown wavy hair rather than black curly hair), but we weren't willing to wait for a perfect match.

Frustration in having to change donors was expressed in terms of waiting to get pregnant rather than actually having to wait for a donor. Some (n=3) participants expressed frustration over not getting pregnant with their first choice donor or it taking time to inseminate. One participant commented, "There is a limited selection; we went through several Chinese/American donors on several IF treatment cycles." Another noted, "We tried three biracial donors, unsuccessfully, before achieving pregnancy with our current donor."

Of the participants who waited and discussed that experience in the third question, three (42%) expressed feelings of frustration or a difficult experience. One participant reported that, "Not finding the Guamanian donor was the hardest. I really tried, but in the end I had to give up on that." Another participant stated, "It was very frustrating not to find a Cuban donor."

Outliers

Despite the limited selection of donors of color, frustrations, and time spent searching, 16% (n= 6) of participants who responded to the three open-ended questions regarding the experience and process of obtaining a donor of color expressed positive feelings of excitement, joy, and/or luck. These responses included statements such as, ". . . It was an exciting time;" ". . . We were very pleased with who we found;" and, "We were lucky that we found a donor fairly quickly." One participant encapsulated her

experience and ultimate feelings of joy when she discussed how her children resemble the non-biological mother. She said:

We chose a donor with darker skin, hair and eyes with the hope that our children would look more like their non-bio mom, as I am fair-skinned, with blond hair and blue eyes. Both our children did turn out resembling their non-bio mom in their skin/hair/eye coloring, which thrills us.

Influence of Family of Origin

The final two open-ended questions generated data on the family of origin's influence on the participants' decision-making process. The questions were: First, "How has your family responded to your decision to raise a child within an interracial lesbian relationship?" Second, "How has your family of origin and relationship with parents/siblings affected your choice of sperm donor? If you're the non-biological mother, how has your family responded to the donor choice?" The resultant themes from both questions were combined. These themes were: supportiveness, acceptance of interracial lesbian relationship, and influence on donor choice. Outliers are not included as all responses corresponded with at least one of the three major themes.

Supportiveness

Overall, twenty-five participants (58%) commented on a variation of support in their families' response to raising a child in an interracial lesbian relationship. Of those (n=25) participants, only one (4%) participant noted receiving negative support. She responded, "Not well" to the question, "How has your family responded to your decision to raise a child within an interracial lesbian relationship?"

However, eighteen (72%) of those (n=25) participants indicated some form of positive support or a well-received response from their family. Several participants

expressed their family's support in the following comments: "With great joy and support;" "They are very happy about it and very supportive. I'm lucky;" "Pretty well;" "They are all supportive;" and, "Both sides have been very supportive." One participant expressed concern about her family's reaction and stated, "I was a little apprehensive about telling my parents that we used a black donor at first, but they reacted well."

Six (24%) of the participants discussed a mixed response from family in terms of split support either within the family or from different sides of the family. Two participants noted being estranged from their own family, but support from their partner's family. One commented, "I disowned my family 20 years ago. My partner's family is fine," and another said, "I don't talk to my mother. My partner's family is very welcoming." The following response is an example of how one participant's family exhibited split support. This woman stated:

My brother is supportive. Our parents know that we want children, but we have not involved them in the trying to conceive process. This is complicated by the fact that my mother thinks its wrong in general for lesbian couples to have children biologically (she says, "Why would you do that to a child?") We anticipate that my wife's mother will be thrilled, but that my parents will have a negative reaction. This happened when we announced we were getting married. Though my parents ended up attending, they freaked out for a while and took some time to warm up to the idea. So, I think they'll have some problems with it but we hope they'll get over it before the baby arrives (and if not, we're prepared to let them know that until they can accept us both as parents, they won't be welcome in their grandchild's life).

While this participant expressed split support, she also indicated a split in acceptance from her various family members over her lesbian relationship. Her response exhibits a parallel between support and acceptance.

Acceptance of Interracial Lesbian Relationship

Fifteen (34%) of the participants commented on various forms of acceptance that their families of origin have toward their interracial lesbian relationship. For example, some participants discussed their family's acceptance of their lesbian relationship and their decision to have a biracial or multiracial child. Other participants discussed their family's acceptance over one factor, such as the interracial aspect of the relationship, along with their family's hesitation or non-acceptance toward the lesbian relationship.

Nine (60%) of those who discussed acceptance noted overall positive acceptance from their families of origin. One participant commented, "They have always been accepting of my partner and our relationship, and they are equally accepting of our children." Similarly, another woman said, "My family is incredibly supportive of our relationship and family, and they're all obsessed with our daughter (and with the babies due in a few months too)." Along the same lines, one participant who's been with her partner for 4-6 years reported, "My family loves my partner and her family. We have had a truly wonderful reaction to our relationship and family." One participant described her family's responsiveness to her interracial relationship in the following way,

Both of our families have been welcoming and celebratory in the history of our family. We incorporate European/American traditions along with Mexican/Chicano traditions, including speaking Spanish, in our holiday and birthday celebrations.

Six (40%) participants described mixed or split acceptance over one aspect of their interracial lesbian relationship and/or their decision to have a child within such a relationship. One participant described her family response as follows: "Initially some mild resistance, 'it will be too hard for your child to have two moms plus the race piece,'

but none since the children were born.” Four participants commented on a lack of acceptance toward their lesbian relationship from a certain family member or an entire side of the family. For example, one participant stated: “My family is comprised of only interracial relationships. The lesbian factor was and has been the only issue.” Another participant indicated the lesbian relationship was unaccepted by the parents when she stated: “One set of parents are very happy and believe we can raise a wonderful family including all aspects of our backgrounds. Other set of parents are not approving of the lesbian relationship.” Likewise, another shared the following:

My family is more unaccepting of me being gay than of my partner being Cuban. There are a lot of cultural differences that my family is trying to get used to. My family was upset that we chose a Hispanic, but hopefully seeing our beautiful children has changed their mind.

None of the participants who responded to the family of origin questions noted being completely unaccepted by their family because of their interracial lesbian relationship.

Influence on Donor Choice

The overall influence of the participants’ families of origin in choosing the donor was noted by eleven (25%) of participants. Participants either commented on their family having no influence (n=4) on their donor choice or having some influence to significant influence (n=7). Of the 63% (n=7) who noted family as being influential, four (57%) of those participants reported on the donor looking like the non-biological mothers and/or the non-biological mother’s family. Such was the case with one participant who noted, “We did seek a donor with some similar characteristics to family of origin. . .” Also with another who reiterated the influence of family by sharing that, “My family of origin was the no. 1 factor in our choice of donor. . .” Two participants emphasized the impact of the

child resembling the non-biological mother's family. One stated, ". . . my partner's family seemed happy that the baby photo of the donor looked like her." In a similar manner, a participant who identified as the non-biological mother commented that, "My family felt that having a child that was my ethnicities (even though I wasn't giving birth) in some ways made her more related to me, and hence them, than if that wasn't the case."

Summary

The findings presented in this chapter have conveyed the participants' experiences, feelings, and attitudes on a variety of topics related to the impact of race on the decision-making process for interracial lesbian couples who have conceived through donor insemination. The participants' experiences, demonstrated in their narratives, reveal how the themes have a propensity to overlap and intersect with one another. The four sections and succeeding subsections presented in this chapter reflect the complex decision-making process that the participants underwent and the findings illustrate the impact of race, along with a myriad of other factors that have influenced and coincided with the participants' decisions. There were variations in what influenced participants' decisions of who would be the biological mother and of how the donor was chosen. The findings suggest race to be a prevalent and central theme as participants widely discussed the importance of creating a racial connection between their child and the non-biological mother by obtaining a donor with a similar racial background. The impact of race was mainly seen in discussion of the non-biological mother, the donor, and the family of origin. The only area in which race was not a dominant theme was in choosing the biological mother. These findings will be further discussed and summarized in the

concluding chapter, which will also address the limitations of generalizing these findings, and suggest the implications for practice and future research.

CHAPTER V

DISCUSSION

The objective of this study was to explore the impact of race on interracial lesbian couples opting to conceive through donor insemination. Exploration of this topic involved attempts to capture the participants' experiences, thoughts, and beliefs about the decision-making process to conceive using donor insemination, and as a partner in an interracial relationship, if and/or how race impacted their decisions. A review of the literature revealed an absence of research on this specific topic, which resulted in the examination of related, but peripheral, areas of literature. This chapter will present the major findings and discuss them in conjunction with the current available literature. The discussion will focus on the salient themes that emerged from the data and were discussed in the literature review. These themes are presented in the following subsections: participant demographics focusing on racial and sexual identity; lesbian families and the family process; donor insemination process for interracial lesbian couples; and, the influence of the families of origin in terms of creating kinship. This chapter concludes with a review of the expected and unexpected findings, a discussion of the strengths and limitations of this study, and the implications for the social work profession and future research.

Participant Demographics: A Focus on Racial and Sexual Identity

The major findings of research on sexual identity development, lesbian families, and donor insemination included findings that are limited by the fact that most studies are based almost entirely on the experience of white participants, primarily young, white, highly educated, middle-to upper-class individuals and/or couples who reside in urban areas. This study intended to attract a more racially and socially diverse group of participants than those represented in previous research. There are two key points to note regarding the participants who responded to this study. One is the diversity of the individuals who responded and what they presented with in terms of their own racial and sexual identity; the other is the awareness participants exhibited, as partners in interracial lesbian relationships, of the variety of racial and sexual identities and how their multiple identities influence their decisions.

It is intriguing that the majority (67%) of the participants who partook in this study identified themselves as a Caucasian partner in an interracial lesbian relationship. Furthermore, none of the participants identified as Native American or Southeast Asian/Indian; however, the identified partners represented all racial categories. In addition, compared to the participants, twice as many partners were identified as being of an 'other-not listed' racial background, in which they were further described as being biracial or multiracial. It is difficult to determine what influenced the racial composite of the participants; however, it seems that the majority of participants (Caucasian partners) may frequent the online social networks and groups that advertised this study.

This study intended to attract and focus on all variations of interracial lesbian couples; however, the couples primarily consisted of one Caucasian partner and one

partner of color. Only three couples were comprised of two women of color. Although no definitive conclusions can be reached, the high number of Caucasian lesbians coupled with lesbians of color in this study may support what some authors have suggested about lesbians of color having relationships with women who are outside their racial group (Greene, 2000; Greene & Boyd-Franklin, 1997; Tafoya & Rowell, 1988; Qian, 2004). These authors have attributed this to many factors such as a larger number of Caucasian lesbians, to “ethnic chasing” (Greene & Boyd-Franklin, 1997), white guilt, or a lack of ethnic identity on the part of the Caucasian person. However, motives may vary, as some authors state that interracial (lesbian) relationships are increasing and becoming more visible in society as social acceptance is growing (Agigian, 2004; Kenney, 2006; Long, 2003; Pearlman, 1996). Long (2003) stated that stereotypes about mate selection need to be avoided and it is important to acknowledge the possibility of authentic caring, admiration, and enjoyment of activities along with sexual attraction in interracial lesbian relationships. In addition, Tatum (1997) was quoted discussing how white people who have intimate relationships with a person of color must have worked through their own racial identity process, understand racism, and show consideration for the strife of people of color. Tatum also states that interracial partnerships are a product of both partners having processed their racial identity. It was not within the scope of this study to determine reasons for or patterns of coupling. Moreover, none of the Caucasian participants discussed white guilt or “ethnic chasing;” rather many discussed understanding and support for their partner. Considering the current literature and narratives from this study addressing racial identity, future study may be beneficial in further understanding the individual within the interracial lesbian couple.

Participants were asked to elaborate and comment on their racial identity as well as rate how important their racial identity is to them; however, it was not a focus of this study to determine the participant's racial identity development process. When asked to rate the importance of their racial identity, the majority of responses fell into the options of "moderately important" and "important." However, it should be noted that participants of color tended to see their racial identity as more important than did white participants. They identified their racial identity within the choices of "moderately important," "important," and "very important," while Caucasian participants identified race to be "unimportant," "of limited importance," "moderately important" and "important." None of the Caucasian participants felt their race to be a "very important" part of their identity and none of the participants of color felt their racial identity to be "unimportant" or "of limited importance."

When discussing their racial identity, participants of color and Caucasian participants' responses revealed the following three themes: white privilege, acknowledgement of one's multiple identities, and general awareness of race. These themes are congruent with the literature on individual racial and sexual identity development. Tatum (1997) referenced a connection between racial identity development of white people and the struggle to view themselves as privileged. The participants in this study who commented on white privilege did so in a manner that suggests an understanding of the social implications of their whiteness and self-awareness of their white identity. According to Helms (1990) and Tatum (1997), this type of awareness comes from the later stages of white identity development, developing a non-racist identity. This coincided with the theme of awareness, as some of the participants in this

study discussed being aware of how others experience life differently because of their race (skin color). The individuals who commented on having multiple [racial] identities were primarily participants of color who identified their racial identity as being important or very important. In agreement with Greene and Boyd-Franklin (1996) and in the study conducted by Morris and Rothblum (1999), many lesbians of color exhibited an awareness and acknowledgement of their multiple identities. These findings revealed some links between the literature on racial identity development theory, yet it is beyond the capacity of this study to determine the participants' individual stage of racial identity development.

Many authors connected racial identity development to the coming out process (Greene, 1994; Morris and Rothblum, 1999; Parks et al., 2004; Rosario, 2004); however, the data from this study does not allow for such a comparison. Participants' responses showed a variance of sexual orientation/identity. The findings indicate that the majority (n=28) of the participants identified as lesbian, six as bisexual, four as queer, and one as other (lesbian-transgendered). The identification of the partners were of the same majority, with thirty-three identified as lesbian, six as bisexual, four as queer, one as gay, and one as other (divorced). In accordance with Cass' 1979 model of homosexual identity development (Cass, 1984), for participants to self-identify as lesbian, bisexual, queer, gay or transgender and to be in a same-sex relationship with another woman they would occupy the later stages (identity acceptance, identity pride, or identity synthesis) on the continuum of homosexual identity development. Nothing is known of the participants' coming out process, age of significant milestones [such as presented in Morris & Rothblum's (1999) study], or early experiences of sexual identity development.

With regard to the spectrum of sexual identity, it is possible that participants chose to identify their sexuality with the term that they most feel comfortable using.

A notable participant demographic to discuss in comparison with the literature is the findings on participant place of residence. Similar to other studies on interracial heterosexual couples and lesbian families, the participants in this study noted living in mostly urban and suburban locations throughout the United States. This may be attributed to what Morris et al. (2002) suggested, in that some lesbian mothers choose to live in urban areas to be closer to a lesbian community. Similarly, the literature on interracial (heterosexual) couples (Foeman & Nance, 2002; Rosenfeld & Kim, 2005; Solsberry, 1994) also reinforces the theory that urban areas are accepting of interracial couples and provide various social networks.

The final demographic to be discussed is participant age. As noted, previous research on sexual identity development, lesbian couples, and donor insemination have generally yielded samples of younger individuals. When focusing on the limited research on lesbian couples planning to conceive through donor insemination and the research comparing planned lesbian families to heterosexual families (Bos et al., 2003), the age of the lesbian parents is seen as older than average. In Bos et al.'s (2003) study comparing lesbian couples to heterosexual couples in the Netherlands, the age of the lesbian couples was significantly higher than the age of the heterosexual couples. Furthermore, the mean age of the non-biological lesbian partner was higher than the heterosexual father. Similar to other research, the age range of the partners in this study was five years higher than the participants, who were mostly the biological mothers. The average age of participants and partners fell between the 30 and 34 years old, which also corresponds with the age range

of lesbian parents in previous studies. Most authors attribute the older age of lesbian couples, compared to heterosexual couples, to factors such as: time spent planning to conceive; deciding a donor; long waiting lines at fertility clinics; and the process of conception (Baetens & Brewaeys, 2001; Bos et al., 2003; Chabot & Ames, 2004; Gartrell et al., 1996; Touroni & Coyle, 2002). Many participants commented on one or more of the above factors being significant during the decision-making process.

Lesbian Families and the Family Process

As many researchers have indicated, the actual numbers of lesbian families are undetermined (Agigian, 2004; Appleby & Anastas, 1998; Gartrell et al., 1996; Laird, 1993; Patterson, 1994); however, it is known that there is a growing number of lesbian couples choosing parenthood through donor insemination (Agigian, 2004; Appleby & Anastas, 1998; Baetens & Brewaeys, 2001; Gartrell et al., 1996). Some authors state that lesbian mothers often avoid donor insemination in a clinical setting because gatekeepers and others may not approve of or support lesbians becoming parents (Agigian, 2004; Baetens & Brewaeys, 2001). These authors also contend that lesbian couples opt to utilize self-insemination instead. However, in this study the majority (67%) of participants used the assistance of a medical professional—fertility clinic, sperm bank, or primary care doctor—to inseminate, while only (15%) used self-insemination. Only two participants (4%) noted using heterosexual intercourse with a previous male partner to conceive, which according to the literature was the primary method by which lesbian couples became parents in the past (Appleby & Annastas, 1998; Baetens & Brewaeys, 2001; Gartrell et al., 1996; Muzio, 1996). Furthermore, studies by Chabot and Ames (2004) and Jones (2005), included interracial lesbian couples who experienced

institutional barriers and racial insensitivity toward their request for a donor of a specific racial identity.

In contrast, the findings from this study suggest that more (interracial) lesbian couples are seeking insemination assistance from medical professionals. In addition, none of the participants commented on a negative experience in relation to the medical profession. Participants were not asked specific questions concerning the experience with medical professionals and thus it cannot be determined if they had a positive or negative experience. Research into this area would help to verify if medical professionals have become more open to [interracial] lesbian couples conceiving through donor insemination.

Such findings do raise the question, “Was this the participants’ first attempt at conceiving or had they encountered fertility issues that required them to seek medical assistance?” In this study, medical conditions were a main theme in the decision-making process around choosing the biological mother. Some participants specified reproductive health issues as a reason they or their partners were chosen as the biological mother. Although many participants did note multiple attempts to conceive and with different donors, this study did not investigate the details of the insemination process in terms of how many attempts were made. It would be an area of interest to further explore the insemination process and how prevalent and necessary medical interventions are for these couples.

Parks (1998) suggested researchers move away from describing lesbian families, and focus on the diversity and process of the formation of their families. This study looked at the multiple factors that contribute to the process of how interracial lesbian

couples decide to have children. The first decision examined in this study was the choice of who would be the biological mother. As discussed, “medical conditions” was one of the three themes discussed by participants in this study. “Desire” and “age” were the other two predominant themes. The majority (86%) of participants commented on either desiring or not desiring to be the biological mother and/or give birth. Some authors have noted motherhood to be important to female identity in many cultures of people of color; however, a lesbian identity is often seen as a rejection of cultural expectations and motherhood (Espin, 1987; Fukuyama & Ferguson, 2000; Greene, 1994, 2000; Lui & Chan, 1996). None of the participants in this study associated their desire to be the biological mother or their lack of desire with their racial or cultural background. Race was not reflected as a factor in the participants’ decision-making process of who would be the biological birth mother.

The biological mother was chosen based on a combination of factors, such as desire and age. In some of the couples both partners desired to have a biological child, but often because of age differences the older partner was designated to carry the first child. However, if the older partner or partner who desired to be the biological mother was found to have a medical condition, the other partner would then be the biological mother. The findings indicate a propensity for flexibility within the couples and a desire for at least one partner to be the biological mother.

Commonalities existed in the findings generated by this study and the findings that emerged from Chabot and Ames’ (2004) study. Participants’ experiences in this study mirrored the decision-making model presented by Chabot and Ames. The fourth decision, who will be the biological mom, in Chabot and Ames’ model was similar to the

question asked in this study on choosing the biological mother. Both studies yielded similar responses; age and infertility were a determinant factor in both studies, although Chabot and Ames found work schedules and insurance plans to be of concern as well. None of the participants in this study mentioned external factors such as their work schedules or insurance plans in relation to choosing the biological mother. The findings showed that one partner usually expressed a strong internal desire to be pregnant, while the other partner did not, thus making the decision easy and minimizing the influence of external factors. It is unknown why desire came up as a dominant theme in this study on interracial lesbian couples. It would be difficult to determine if and how a desire to be pregnant or lack of desire relates to being an interracial couple, as each couple and individual holds different personal views on pregnancy and motherhood.

Another interesting area of overlap with the literature was found in the couples' relationship length. Similar to Chabot and Ames' (2004) study, over half the participants in this study were in a relationship with their partner for seven years or more. Almost three quarters (74%) of the participants were planning, pregnant, or raising one child, while some (n=12) were pregnant or planning a second child. The time in a committed relationship, age of participants and the number of children represents what the previous literature suggests; lesbian couples spend a long time planning their families. Most researchers have commented on lesbian couples utilizing careful and deliberate planning when deciding to have children (Bos et al., 2003, 2004; Chabot & Ames, 2004; Dunne, 2000; Parks, 1998; Touroni & Coyle, 2002; Vanfraussen et al., 2003). Similarly, the couples in this study exhibited long-term relationships and extensive examination of all the factors that contributed to their decision-making and the process of becoming parents.

Donor Insemination Process for Interracial Lesbian Couples

The findings are largely consistent with Chabot and Ames (2004) and Jones (2005) who reported on planned lesbian families through donor insemination. When selecting a donor, many participants in this study reported similar priorities to the participants in previous studies. The findings further indicate that there are several similarities between the interracial couples from this study and those in the literature (Chabot & Ames, 2004; Jones, 2005). At the same time, it was expected that interracial lesbian couples' experiences and processes of selecting a donor would be different in obtaining a donor of color compared to the mono-racial Caucasian couples represented in the majority of studies on lesbian donor insemination.

In Chabot and Ames' (2004) decision-making model, deciding between a known and unknown donor was a key decision for participants. Similar to other studies (Baetens et al., 2001; Chabot & Ames, 2004; Jones, 2005), the participants primarily obtain donors from fertility clinics or sperm banks. The majority (77%) of participants in this study reported using an unknown donor. Their reasoning for choosing an unknown donor was not discussed; however, some authors (Agigian, 2006; Chabot & Ames, 2004) suggest lesbian couples fear a custody battle or other legal implications that could result in losing their child. Several participants in this study indicated a desire to obtain or obtaining a known donor or willing-to-be-known donor. None of the participants in this study who desired a willing-to-be-known donor of a particular racial background was able to obtain a donor that fit both criteria. These participants either gave up on a willing-to-be-known donor or chose a donor of a different racial background than the one they initially desired, which often was a match to the non-biological mother's racial background.

Donors in this study were first chosen for their race and/or ethnicity, then for interests, intelligence and personality, and finally for their health and athleticism. Race and/or ethnicity were mentioned directly by almost half of the participants. Almost all of the participants used a donor of the same racial background as the non-biological mother, which signifies a deliberate effort to find a matching donor. However, some were unable to find their desired donor of color and inseminated with a donor that did not match the non-biological mother's racial background.

Searching for the desired donor was a theme noted by participants in this study, as well as in other studies (Dunne, 2000; Jones, 2005). Searching was often associated with the limited number of donors of color and/or an attempt to find a donor with various characteristics that matched the non-biological mother. The effort to find a donor who matched the non-biological mother's characteristics was also found in couples where the non-biological mother was Caucasian. In addition, seeking a donor with physical characteristics similar to the non-biological partner was seen in studies on Caucasian lesbian couples and heterosexual couples using donor insemination as well (Dunne, 2000; Jones, 2005).

Over half of this study's participants, many of whom specified limited Black/African-American donors, lamented over the fact that there are limited donors of color. Interracial couples in Chabot and Ames' (2004) and Jones' (2005) studies also discussed limited availability of donors of color. The participants in this study used donors of all racial backgrounds with several being identified as biracial or multiracial. In relation to that, what was interesting about this study was that several of the participants identified themselves or their partners as biracial or multiracial. Many

couples sought biracial or multiracial donors, and displayed intent to match the non-biological partner's racial background completely—wanting a donor with the exact same racial make-up as the non-biological mother. Some couples were unable to find a biracial or multiracial donor that matched the non-biological partner's multiple racial identities, and noted settling for certain racial identities that were more easily accessible.

Participants expressed how this further challenged their aspiration and ability to create an exact match with the non-biological mother.

To add to the discussion on obtaining a desired donor of color, two participants who reside in suburban areas and who both sought a Black/African-American donor, commented on having no trouble finding a donor. They both noted using a sperm bank with a large selection of donors of all races. One participant specifically mentioned a sperm bank in Atlanta, Georgia. Therefore, it seems that location and donor availability may be related. Because this study did not require participants to disclose their city/state of residence there can be no correlation between specific geographic areas and donor of color availability. However, the U.S. Census does show racial groups to vary depending on the city and state. It can be speculated that donors of a particular race are more or less available depending on location. Overall, the majority of participants experienced difficulty finding their desired donor of color.

Of the participants who desired a donor of color almost half expressed frustration or a difficult experience. This was also seen in participant narratives in Jones' (2005) study. However, in this study, the same number of participants noted that they experienced little to no wait time for their desired donor. The wording of the question, "Was the request for a particular donor race achieved immediately or did you have to

wait?”, may have influenced the responses as most participants gave short answers and did not discuss the process of obtaining that donor. In other questions about the donor selection process, many participants stated that once they found an adequate donor, they (the sperm vials) were available immediately.

Despite the similarities to previous studies, participants in this study indicated several areas of difficulty that were not present in studies with a homogeneous Caucasian sample. The aggregate motivation and determination to find a donor that would represent the non-biological mother, specifically in racial identity, illustrates that for interracial lesbian couples the racial background of the donor is significant. This was seen in other studies on donor insemination; however, interracial couples were highly underrepresented. This study provided a larger sample of exclusively interracial lesbian couples, and exemplified how race impacts the decision-making process in terms of choosing a donor. The impact of race was demonstrated in the themes extracted from participants’ narratives. For example, the majority of participants noted the donor’s racial identity as the main factor in donor choice; they then further discussed a limited number of donors of color, and later expressed frustration over not finding a donor with their desired racial background.

The Influence of the Families of Origin in Creating Kinship

The questions regarding family of origin were include in this study to gather information on if and how interracial lesbian couples’ extended families influence their decision-making process in conceiving through donor insemination, and how supportive their families are about these decisions. The limited literature that even mentions the influence of family of origin deals mostly with the impact of creating a biogenetic

connection through racial and ethnic matching (Baetens et al., 2001; Dunne, 2000; Jones, 2005), and does not include discussion of how interracial lesbian couples experience support from their families of origin. In the literature on counseling lesbians and lesbian couples, exploring family of origin issues in regards to beliefs and support is seen as paramount (Logan, 2006; Long, 2003).

When discussing donor choice, the majority of participants directly stated or expressed a strong desire to find a donor that matched the non-biological mother's racial background. However, the racial background of the donor was not just important to create a connection with the non-biological mother, but also to the non-biological mother's family. A few participants elaborated on why this was important to them. These participants generally discussed the concept of family resemblance and wanting their child to be accepted by their (non-biological) extended family. Baetens et al. (2001) stipulated that, due to the absence of a genetic connection, it may be difficult for a child conceived in a lesbian relationship to be integrated into the non-biological mother's family. Other authors have discussed participants' comments in relation to their families of origin and wanting a donor that carries the same racial and/or ethnic genetic characteristics (Gartrell et al., 1996; Kranz & Daniluk, 2006; Jones, 2005). For example, one participant discussed her mother wanting her and her partner to use a Jewish donor, so that their child would have some cultural connection to the non-biological mother's family of origin. Similar attempts to create kinship, specifically around using a Jewish donor, were discussed by participants in other studies as well (Dunne, 2000; Gartrell et al., 1996; Jones, 2005).

In contrast to the high percentage of participants who stated that it was important for the donor to represent the non-biological mother's racial background, participants had varying perspectives when asked about the influence of their families of origin. Barely half of the participants who responded to the questions on family of origin stated their families as influential in the decision-making process. Although some participants did note an intention for the child to represent the non-biological mother's family of origin, others stated there was no correlation between their families of origin and their decision-making process. The inconsistency in the findings may be a consequence of many participants and/or partners not having positive relationships with their families, as reported by the participants. Therefore, they did not include their families in the decision-making process of conceiving through donor insemination.

The findings on support were derived from participants' comments on the question, "How has your family responded to your decision to raise a child within an interracial lesbian relationship?" The questions on the influence of family of origin were intended to gather information on the importance of creating kinship; rather, they generated responses around family of origin supportiveness and acceptance of the participants' interracial lesbian relationship. An interesting finding was that, although most participants reported having positive support from their families, many discussed at length some aspect of their family's disapproval toward their (interracial lesbian) relationship. Some participants noted that their families were split; meaning some family members or only one set of parents accepted the participants' relationship.

One important contribution not addressed in the literature, but expressed by a small component of the participants, was families' tendency to be less accepting of the

lesbian component of the interracial lesbian relationship compared to the interracial component. Although this was not discussed in the literature review, some authors discussed negative societal views toward lesbians as parents and the impact this may have on those working with lesbian couples who want to become parents (Agigian, 2004; Logan, 2006). Some of the participants' family members may also believe societal myths and stereotypes about lesbian parents, which may account for their lack of acceptance of the lesbian aspect of the participants' relationship. It would be of interest to further explore acceptance within families and racist and/or homophobic beliefs that may perpetuate such disapproval.

To summarize, this study found that race impacts primarily the decision concerning choice of donor rather than the biological mother when interracial lesbian couples opt to conceive through donor insemination. These findings build upon the findings of Chabot and Ames (2004) and Jones (2005) who included interracial lesbian couples in their discussion when they addressed issues of conceiving through donor insemination. Additional research is needed to clarify and support the experiences of these couples and how racial identities and kinship affect donor choice. Perhaps the saddest finding of this study is that many couples were unable to find a donor who matched the non-biological mother's racial identity. Although many participants described difficult experiences, disappointment and/or frustration, the majority of participants were delighted to be parents regardless of the racial identity of the donor.

Expected and Unexpected Findings

As previously stated in the methodology chapter, there were five possible expected findings and one possible unexpected finding. These expected findings were

drawn from the related literature, research, and personal observations and conversations. They were as follows: 1) participants of all racial backgrounds in interracial relationships may desire to have a biracial/multiracial child if they strongly identify with their race; 2) non-biological mothers will strongly desire a child that represents their racial background; 3) those couples desiring a donor of color may encounter barriers of availability; 4) couples may opt to use a friend/acquaintance of color as a donor; and finally, 5) race will impact the decision-making process for the majority of participants. The possible unexpected finding would be that participants would not encounter any barriers or have any difficulty obtaining a donor of color, and that this finding might be truer for those couples who obtain sperm from a friend, acquaintance or relative rather than from a sperm bank or fertility clinic.

The findings from this study concur with some, but not all of the above assumptions. Additional research is needed to supplement these findings and to discover the variables that may impact the first expected finding. It was difficult to determine the correlation between the level of importance of participants' racial identity and desire to have a biracial/multiracial child. Furthermore, the fourth expected finding was not supported in this study, as the majority of participants did not use a friend/acquaintance of color as a donor. However, the second, third, and fifth expected findings were supported by participants comments as evidenced by the importance of the child to represent the non-biological mother's racial background, the limited number of donors of color, and the overall impact of race on donor choice, within the decision-making process. The proposed unexpected finding was also not supported as the majority of

participants chose to use a fertility clinic or sperm bank and did in fact experience difficulty obtaining their desired donor of color.

Strengths and Limitations of this Study

The research question, “How does race impact the decision-making process for interracial lesbian couples opting to conceive through donor insemination?,” suggested an exploratory study on the proposed topic. The qualitative questions posed to participants were meant to elicit responses related to the research question. However, being open-ended, the questions were left to interpretation, which generated a wide range of responses. The larger than expected sample size, which may have been due in part to the collection method of online recruitment, reinforced the central issues illustrated by participants. This study does provide a strong beginning for further research on the experiences of this population and suggests various questions to be further explored. Many of the strengths also reveal similar limitations of this study.

There are several factors that contribute to the limitations of this study. As mentioned in the methodology chapter, this study’s findings are limited in generalizability because of its restricted empirical support, sample size, snowball sampling method, and the collection method. As a qualitative study the sample size was large. However, since the study employs mixed methods, the results cannot be generalized to the larger population of lesbians in interracial relationships. While an attempt was made to collect participants from around the United States, the exact geographical location of the participants is unknown and the sample cannot be representative of interracial lesbian couples around the country.

Furthermore, participants were not asked to identify their socioeconomic class. The majority of studies have found that (Caucasian) lesbian couples seeking donor insemination are upper-to middle-class. Agigian (2004) noted that economic barriers may keep many single lesbians and low-income lesbian couples from utilizing donor insemination. She proposed that those women who cannot afford insemination might choose to become pregnant through intercourse with a man. There are definite economic barriers, especially through fertility clinics or sperm banks, which can cost those seeking donor insemination thousands of dollars. Similar to not knowing the geographical location of participants, not knowing the socioeconomic class of participants limits this study. It may be more socially acceptable for lesbian couples to utilize donor insemination; however, it might not be economically feasible.

A methodological concern that limited this study was the collection instrument and collection process itself. The use of an online survey narrowed responses to those who have access to and regularly utilize the internet; specifically online chat groups for lesbian parents. Although it is unknown exactly how each participant became privy to the survey, the majority of participant recruitment was done online through such groups. A limitation discussed in the findings was that the majority of participants who completed the survey were racially homogenous, which presented primarily the perspective of a Caucasian partner in an interracial lesbian relationship. Furthermore, the use of an online survey may have produced shorter answers than in-person interviews would have, potentially resulting in less narrative data to analyze. Since this is the first known exploratory study on the specific topic of the impact of race on interracial lesbian

couples' decision to conceive through donor insemination, it is difficult to compare the sample presented in this study to samples in the previous research.

Another factor possibly limiting this study centers on my interpretation and analysis of the data. As stated in the methodology chapter, my identity, relationship status and experiences may have influenced how this study was conducted. I have experience as a Caucasian partner in interracial lesbian relationships. Furthermore, I have had discussions with partners as well as other interracial lesbian couples on the topic of conceiving through donor insemination. While I tried to be as neutral as possible when analyzing the data, by using themes derived from participant's comments, some biases may have affected the process and presentation. I strongly believe that issues of race are difficult to ignore when in an interracial relationship. My assumption is that any interracial lesbian couple, no matter the race of the biological mother, would want a child who resembles both parents. I do know (interracial lesbian) couples that just want to be parents; race is not a priority. I chose to investigate the impact of race to challenge my own biases and assumptions.

Implications for Future Research and Mental Health Professionals

This study aimed to explore and document the impact of race on interracial lesbian couples opting to conceive through donor insemination, with the intent that it will influence future study on the experiences of this population. Future research might benefit from both quantitative studies employing larger sample sizes as well as more in-depth qualitative studies using face-to-face interviews. A comparative study on the experiences of interracial lesbian couples from various geographical regions may shed more light on the availability of donors of color. A more racially diverse sample and

more questioning around racial identity development could be used to compare racial groups. To explore the concept of kinship, a study of only the non-biological mothers could be conducted and include the impact of families of origin. These are just a few of the prospects for further research on a topic that offers many unexplored areas.

There are several crucial professional and practice implications of this study. Many authors discussed in their studies how mental health and medical professionals must educate themselves on the issues faced by interracial lesbian couples before and after having children (Agigian, 2004; Chabot & Ames, 2004; Kenney, 2006; Kranz & Duniluk, 2005; Logan, 2006; Long, 2003; Morris et al., 2002; Parks, 1998; Pearlman, 1996). Some of these authors suggest mental health professionals working with lesbian couples examine their own attitudes and beliefs surrounding lesbianism, race and racism, interracial relationships, lesbian motherhood, and donor insemination. Professionals who choose to work with this population need to be aware of the ways in which they might implicitly reinforce heterosexist family values and ensure they are able to provide appropriate support, information, resources, and assistance when working with these couples on conceiving through donor insemination.

Similarly, the social work community needs to establish an open and accepting environment in which interracial lesbian couples thinking of conceiving through donor insemination can feel comfortable seeking help without fearing judgment. Clinicians must not only expand their knowledge base regarding issues facing lesbian parents, women of color, and lesbian interracial relationships, but they must also examine their own attitudes and biases toward this population. It is imperative that mental health professionals not succumb to societal myths and stereotypes of [interracial] lesbian

couples in order to maximize the therapeutic benefit to their client. In addition to avoiding stereotypes and biases, it is necessary to be sensitive to class and gender as it relates to privilege. Furthermore, therapists and counselors assisting lesbian couples must realize that their clients may have related and unrelated experiences compared to heterosexual couples, or even to other lesbian couples. Each couple's experience may have some unique aspects. Thus, providing resources and support services to clients is also crucial.

To help interracial lesbian couples make fully informed decisions, social work professionals can assist couples in prioritizing the criteria for their donor selection by exploring the influence and importance of race and kinship issues within their family. This may be done through intergenerational family therapy. Therapist and counselors need to be more responsive to the specific needs of these clients. They can empower couples to manage gatekeepers in the medical and legal systems, as well as provide support around family acceptance of the couple's relationship and decision to conceive. Social workers can help interracial lesbian couples examine the advantages and disadvantages of known or anonymous donor insemination and refer couples to legal counsel as needed for second-parent adoption and other rights for the non-biological mother. There is also a need for consideration of infertile lesbian partners or couples, whose loss may go unacknowledged and unnoticed (Agigian, 2004; Chabot & Ames, 2004; Kranz & Duniluk, 2005).

Conclusion

The information from the participants in this study reflects the experiences and feelings of women in interracial lesbian relationships who opt to conceive through donor insemination. The impact of race is irrefutable as the majority of couples specified racial issues as influential in their decision-making process. As a partner in an interracial lesbian relationship, I found myself agreeing with most aspects of the results and empathizing with many of the responses. I found the results to be similar to previous research that included interracial lesbian couples. In addition, the findings corresponded with what I have heard in the lesbian community from other interracial couples. However, I believe the number of couples who utilized self-insemination was underrepresented in this study because of the focus and usage of the term *donor insemination*. I feel self-insemination occurs more frequently and the use of a friend or an acquaintance as the donor is employed in couples who do not have the financial resources or choose not to obtain a donor from a sperm bank or fertility clinic. Regardless, this population offers a variety of avenues in which to research. It is my hope that this study and its results have provided useful information about this understudied population and topic.

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APPENDIX A

Human Subjects Review Approval Letter

November 13, 2007

Kendra Koeplin

Dear Kendra,

Your revised materials have been reviewed and all is now in order. It is an excellent idea to include the non biological co-mother as she must also have been involved very much in the discussion and decision about the race of the doner. I did note that although you said in the body of the Application that you would include the national NASW referral source, it does not appear on the list at the end of the questionnaire. Please add it. We are happy to give final approval to your very interesting study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Warm Regards,
Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee
CC: Joan Laird, Research Advisor

APPENDIX B

Informed Consent Form

Dear Respondent,

My name is Kendra Koeplin, and I am a candidate for a Master of Social Work degree from the Smith College School for Social Work in Massachusetts. I am conducting a research study to examine the decision-making process for interracial lesbian couples who have had children within their interracial relationship by means of known or unknown donor insemination. The data I collect will be used for my thesis and for other professional publications and presentations on this topic.

In order to participate in this study, you must currently be in an interracial same-sex relationship with a woman and in the process of conceiving, be pregnant, or had children born into the interracial relationship. The survey takes approximately 30-45 minutes to complete and includes questions about demographics, the decision-making process to conceive, and attitudes regarding race and racial identity.

You must read and electronically sign this informed consent form by clicking on the “I consent” option below before proceeding to the survey. Once you consent, you will automatically enter the survey, and your responses will automatically be saved.

There is no way to erase your answers once you begin although you may change them. If you choose to consent, please print out this page and keep it for your records. If you click the “I do not consent” option below, you will immediately exit the survey.

The software program used to conduct this study (Survey Monkey) is designed in such a way that participation is completely anonymous and individual responses cannot be traced back to the respondent. The link to the survey does not retain your email or IP addresses or ask that you give your name. The data is delivered to the researcher in aggregate form. Only my research advisor, the Smith College School for Social Work’s statistical research analyst, and I will have access to this data. All research data will be kept secure in a locked location for a minimum of three years, as mandated by federal law, and they will be destroyed when they are no longer needed.

There may be a risk of emotional discomfort from participating in this study. Thinking and writing about personal subject matter such as pregnancy, sexual orientation, and racial identity may bring up unwanted memories. You will be asked to reflect on issues of race as they pertain to your identity as well as the process of deciding on a sperm donor. If at any time during or after participation in this study, you feel any discomfort and/or desire to consult a professional for assistance, please see the following suggested national support services. You also have the right to exit this study at any time and the uncompleted survey will be deleted.

In terms of benefits, there will be no monetary or material compensation provided to you in exchange for your participation in this study. It is possible, however, that you may benefit from having this opportunity to reflect upon your experiences of becoming a parent. You may also benefit from the knowledge that you are helping to expand the research and information on the experiences of interracial lesbian couples and their decision-making process to have a family. The research presented on the information gathered may be helpful to mental health and medical professionals who may serve you and others like you.

Your participation in this study is voluntary, and you may decline to be involved in this study without repercussion. Please feel free to contact me, with questions or concerns. I am best reached by email at kkoeplin@email.smith.edu. If you should have any concerns about your rights or about any aspect of this study, you may also contact the Smith College School for Social Work Human Subjects Review Committee at (413) 595-7947.

I hope that you will decide to participate in this study.

YOUR SIGNATURE, BY CLICKING “I CONSENT” BELOW, INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

(I Consent)

(I Do Not Consent)

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

APPENDIX C

Recruitment Materials

Email Letter for Online Postings with Organizations

Greetings,

My name is Kendra Koeplin and I am writing to request your assistance in completing my master's degree thesis research through the Smith College School for Social Work. The purpose of my study is to examine the impact of race on the decision-making process for interracial lesbian couples choosing to have children through donor insemination.

The survey is easily accessible through the internet survey vehicle of Survey Monkey and is anonymous. Participants will be provided further information about the study, confidentiality, and potential risks and benefits prior to beginning the survey.

My goal is to gather information and document the experiences of interracial lesbian couples nationwide. I am asking for your help in posting, advertising, and/or forwarding this information (email and/or flyer) to your organizations contact list as appropriate.

Feel free to contact me with any questions or concerns. Thank you for your time and assistance!

Flyer below and in Attachment.

For Survey Link Click Here:

(http://www.surveymonkey.com/s.aspx?sm=0pN2noMEjTmHNAELcZFZQw_3d_3d)

Sincerely,

Kendra Koeplin

kkoeplin@email.smith.edu

Recruitment Letter for Friends and Colleagues

Dear Friends,

As you may know, I am currently a candidate for a Masters of Social Work degree from the Smith College School for Social Work. I am writing to request your assistance in completing my master's degree thesis research. The purpose of my study is to examine the impact of race on the decision-making process for interracial lesbian couples choosing to have children through donor insemination. While there is a growing body of research on lesbian families, there is very little information on the experiences of interracial lesbian couples who have had children and the influences of race on their process of choosing a donor. My study is designed to gather information that will fill this gap, but I need your help in order to complete it!

Participants in this study must meet all of the following criteria: 1) self identify as lesbian or a biological woman in a relationship with another biological woman; 2) currently in an interracial relationship; 3) within the context of their current interracial relationship are in the process of conceiving through known or unknown donor insemination, or are pregnant from donor insemination or have had children through donor insemination.

I am writing to invite your participation and/or solicit your help in identifying other eligible persons you know who might be willing to participate. The study is conducted online and takes 30-45 minutes to complete. The software program utilized is designed in such a way that participation is completely anonymous and a specific response cannot be traced back to any individual. The link to the survey does not retain email addresses or require participant's name and/or address, thus the risks of participation in this study are minimal.

If you are willing and eligible to participate, please click the link below. To help me recruit others, I am asking that you forward this link to anyone you know—coworkers, colleagues, friends, family, etc.—who might be willing to participate. I have attached an electronic sample letter introducing my study so that all you need to do is fill in your name and contact information and forward it to others. Feel free to contact me with any questions or concerns. Thank you for your time and assistance!

For Survey Link Click Here:

(http://www.surveymonkey.com/s.aspx?sm=0pN2noMEjTmHNAELcZFZQw_3d_3d)

Sincerely,

Kendra Koeplin

kkoepin@email.smith.edu

Letter for Friends and Colleagues to Forward

Dear Friends,

I am writing to ask you a quick favor. My friend, Kendra Koeplin, is conducting a research study for her thesis in partial fulfillment of her Masters of Social Work degree from the Smith College School for Social Work. The purpose of her research is to examine the impact of race on the decision-making process for interracial lesbian couples choosing to have children through donor insemination.

In order to do her research, she needs as many women meet all of the following criteria: 1) self identify as lesbian or a biological woman in a relationship with another biological woman; 2) currently in an interracial relationship; 3) within the context of their current interracial relationship are in the process of conceiving through known or unknown donor insemination, or are pregnant from donor insemination or have had children through donor insemination. The survey takes 30-45minutes to complete.

You can participate now by clicking on this link:
(http://www.surveymonkey.com/s.aspx?sm=0pN2noMEjTmHNAELcZFZQw_3d_3d).
Survey Monkey is a computer program designed in such a way that participation is completely anonymous and cannot be traced back to individual participants. The informed consent form at the beginning of the survey will further explain confidentiality as well as the risks and benefits of participating in this study. You may withdraw from study at any time during the survey by exiting the survey.

Please feel free to contact the researcher (kkoeplin@email.smith.edu) at any time for questions and/or concerns.

Sincerely,
(Your Name)
(Your contact information)

APPENDIX D

Advertisement

Are you currently in an interracial lesbian relationship?

Are you or your current partner:

*In the process of conceiving through known or unknown donor insemination?

*Pregnant from donor insemination?

OR

*Do you have biological children through donor insemination?

If you fit the above criteria, you are invited to participate in a graduate research study exploring the impact of race on the decision-making process for interracial lesbian couples having children through donor insemination. By participating you are helping to expand the research and information on the experiences of interracial lesbian couples and their process of utilizing donor insemination. The information gathered will be helpful to mental health and medical professionals who may serve you and others like you.

Link to Survey:

http://www.surveymonkey.com/s.aspx?sm=0pN2noMEjTmHNAELcZFZQw_3d_3d

The study takes 30-45 minutes to complete. Survey Monkey is designed in such a way that participation is completely anonymous and a specific response cannot be traced to any individual. The link to the survey does not retain email addresses or require participant's name and/or address, thus the risks of participation in this study are minimal. Please read the informed consent in full for further information on this study, the researcher, confidentiality, and for potential risks and benefits.

Survey Ends February 29th, so log on now!

APPENDIX E

Collection Instrument

Interracial Lesbian Couples and the Impact of Race on Donor Insemination

Demographic Questions

Please respond to the following questions about yourself.

1. Your residence is:

- _rural
- _urban
- _suburban

2. Your current age is:

- _20 or under
- _20-24
- _25-29
- _30-34
- _35-39
- _40-44
- _45-49
- _50-54
- _55-59
- _60-60
- _70 or older

3. Sexual orientation (how you identify):

- _Lesbian
- _Bisexual
- _Queer
- _Gay
- _Heterosexual
- _Other-not listed (please specify)
- [Comment box]

4. Racial Identity: Please choose the one that is your primary racial identity.

- _Native American/Alaska Native Indian
- _Black/African American
- _Latina/Hispanic/Chicana
- _Asian
- _Southeast Asian/Asian-Indian
- _Caucasian
- _Other-not listed (please specify)
- [Comment box]

5. Please further elaborate on your racial identity. If you identify as biracial or multiracial this is the space to include the other racial identities.

Feel free to give a more detailed list of your ethnicity, nationality, and/or cultural identities-example: Jewish, Irish, Caribbean, Mexican, Iranian, or any tribal affiliation(s).

[Comment box]

6. Please rate the importance of your racial and or ethnic identity.

Very important part of your identity

Important part of your identity

Moderately important part of my identity

Of limited importance to my identity

Unimportant part of my identity

Please comment on your choice.

[Comment box]

Partner Demographics

Please respond to the following questions about your current same-sex partner.

7. Partner age:

20 or under

20-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-60

70 or older

8. Partner Sexual Orientation: (How do they identify?)

Lesbian

Bisexual

Queer

Gay

Heterosexual

Other-not listed (please specify)

[Comment box]

9. Racial Identity: Please choose the one that is your primary racial identity.

Native American/Alaska Native Indian

Black/African American

Latina/Hispanic/Chicana

Asian

Southeast Asian/Asian-Indian

Caucasian

Other-not listed (please specify)

[Comment box]

10. Please elaborate on your partner's racial background, ethnicity, nationality, and/or cultural identity, if known.

[Comment box]

Family Process Questions

When answering the following questions, please respond for your family including you, your current partner and any children from you current relationship.

11. You and your current partner have been in a relationship:

1-12 months

1-3 years

4-6 years

7-9 years

10-12 years

13-15 years

16 or more years

12. Please check all that apply to your current situation.

You and your partner are planning to conceive

You are pregnant

Your partner is pregnant

You and your partner are currently raising child/children together.

13. You and your partner have ___ children together.

0-1

2-3

3-4

5 or more

14. Of your most recent child/pregnancy through donor insemination, are you the:

Biological birth mother

Biological mother-social (non-birth) mother

Non-biological birth mother

Non-biological social mother

15. What method of conception was used for the current/most recent pregnancy?

_Self-insemination

_Fertility clinic/sperm bank

_Other-not listed (please specify)

[Comment box]

16. Please discuss the process and experience of deciding who would be the biological mother of your child/children. Please comment on the following two questions:

1. How and why was the biological mother chosen?

[Comment box]

2. Is/was it important to you for the child to represent the non-biological mother's racial background? Please describe.

[Comment box]

Donor Questions

Please answer the following questions about donor choice.

17. Was the donor of your most recent child (conceived through donor insemination):

_known-a friend, acquaintance, or relative

_known-full identity through a fertility clinic/sperm bank

_unknown-some identifying information through a fertility clinic/sperm bank

_unknown-no identifying information through a fertility clinic/sperm bank

_Other-not listed (please specify)

[Comment box]

18. Was the donor of the same racial background as the non-biological mother?

_Yes

_No

_Don't know

19. What was/is the donor's primary racial identity?

_Native American/Alaska Native Indian

_Black/African American

_Latino/Hispanic/Chicano

_Asian

_Southeast Asian/Asian-Indian

_Caucasian

_Other-not listed (please specify)

[Comment box]

20. Please elaborate of the donor's racial background, ethnicity, nationality, and/or culture, if known.

[Comment box]

21. Please comment on the process and experience of deciding upon a donor. Use the following questions to guide your response.

1. How and why was the particular donor chosen?
[Comment box]
2. If a donor of color was chosen, comment on the experience and process of acquiring the donor.
[Comment box]
3. Was the request for a particular donor (racial background) achieved immediately or did you have to wait? If you waited, for how long and what was that experience like?
[Comment box]

Family of Origin Questions

Influence of your and your partner's family of origin.

22. Please comment on the following, if applicable:

1. How has your family responded to your decision to raise a child within an interracial lesbian relationship?
[Comment box]
2. How has your family of origin and relationship with parents/siblings affected your choice of a donor? If you're the non-biological mother, how has your family responded to the donor choice?
[Comment box]

END OF SURVEY

Thank you for your time and contribution to this important research!

Below are resources where supports can be accessed or located for GLBT participants, if so desired.

Referral Sources

NASW-National Social Worker Finder

Search for a licensed social worker in your state at:

<http://www.helppro.com/aspdocs/naswbsearch1.asp>

Gay and Lesbian National Hotline

888-843-4564

info@glbtnationalhelpcenter.org

Couples National Network Inc.

<http://www.couples-national.org>

1-800-896-0717

PFLAG National

www.pflag.org

General: info@pflag.org

Main Phone: 202.467.8180