

REPRODUCTIVE DECISION MAKING
AMONG LESBIAN WOMEN

by

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Presented to the Faculty of the Graduate School of
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

THE UNIVERSITY OF TEXAS AT ARLINGTON

May 2007

ACKNOWLEDGEMENTS

This project is a dream come true. It feels that this work has always been a part of me. I could not have stepped into this place without the loving support I have received from my family and friends.

Theresa, as the dream of completing my PhD has always been a part of me, and so have you. Not only did I find the courage to apply to this program through you, but your endless patience and encouragement has kept me on this path. Without you I would not know the difference between a comma and a semicolon. For endless hours of editing and supporting, I am forever indebted to you. Your belief in me has made me believe in myself.

To my parents, you have instilled in me a passion for learning, understanding, growing, and teaching. There could be no greater gifts to give a child.

To Teresa, Julie, and Devin you have made these lofty concepts so much more real, and so much more important. I have been blessed in so many ways that you have come into my life, my home, and my heart.

March 23, 2007

ABSTRACT

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Publication No. _____

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The University of Texas at Arlington, 2007

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A non-experimental, survey design was used to determine which factors influence a lesbian woman's decision to have, or not have, a child. Data was collected via the internet from 373 adult women, who self identify as lesbian. This study was guided by feminist theory and attempts to connect existing empirical literature regarding decision making with the experiences of lesbian women.

Review of existing theoretical and empirical literature regarding decision making and lesbian headed families showed that six factors; family of origin

support, extrinsic religiosity, perceived ability to parent, internalized homophobia, perceived impact of motherhood, and fear of prejudice and discrimination appear to influence a lesbian woman's plan to have, or not have, children.

Simple logistic regression was used to determine which of these six variables were statistically significant. Those variables that were statistically significant in a bivariate analysis were then entered into the final logistic regression model. The final model included perceived ability to parent, internalized homophobia, perceived impact of motherhood, and fear of prejudice and discrimination. The final model accounted for 51% of the variation in whether participants plan to have a child.

The single best predictor of the plan to have, or not have, a child was perceived ability to parent. Internalized homophobia was the second best predictor of plan to have, or not have, a child. Extrinsic religiosity and family of origin support did not significantly influence a lesbian's decision to have, or not have, a child. Based on these findings, implications for social work theory, policy, practice, and research are presented.

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CHAPTER 1

INTRODUCTION

For decades lesbian and mother have been viewed as the ultimate in contradictions (Baptiste, 1987). As women's rights movements, gay pride movements, and feminism have begun to redefine motherhood, social science researchers, judicial systems, and helping professionals have been challenged to explore the notion that lesbianism and motherhood are not mutually exclusive categories. There is no doubt lesbian women have always existed, and some have been mothers, and almost all have given the idea some thought. The factors which influence a lesbian woman's plan to have a child, or remain childless, are the focus of this research.

Decision theories suggest that humans make choices by considering the impact on self, others, and society. Thus, a lesbian woman considering parenthood must consider all the ways in which motherhood will redefine her view of self, as a woman, a lesbian, her relationships with others, as well as, how she will fit within larger society. Among heterosexual women, motherhood often offers increased social status, yet within circles of lesbian women those choosing motherhood often lose social status. Thus, the impact of motherhood for lesbian women often requires a redefinition of self that integrates lesbian and mother. By applying decision making theories to the existing body of

literature about lesbian women, the author seeks to understand which factors influence a lesbian woman's plan to have, or not have, children.

Presentation of the Problem

While lesbian headed families (a lesbian woman or lesbian couples raising children) have always existed, there has been a shift in how these families are being created. Throughout history lesbian headed families were generally created (or assumed to be created) after a woman living in a heterosexual marriage was divorced. After the divorce, she began to identify herself as a lesbian, and eventually "came out" to her family. Currently a growing number of lesbian couples are planning to begin families via adoption, foster care, or donor insemination. Patterson (1995) has coined this revolution the "lesbian baby boom."

With more lesbian women planning families, rather than bringing children from a previous heterosexual relationship or marriage, courts, social science researchers, and helping professionals have struggled to fit antiquated laws and language with new and diverse family structures. Courts across the country have traditionally been intolerant of gay and lesbian parents. Increasingly frequent court decisions removing parental rights of gay and lesbian parents have caused social science researchers to focus largely on proving fitness of gay and lesbian parents (Flaks, Ficher, Masterpasqua, & Joseph, 1995; Falk, 1989, Green, Mandel, Hotvedt, Gray, & Smith, 1986; Golombok, Spencer, & Rutter, 1983, Harris & Turner 1985, Huggins, 1989; Kirkpatrick, Smith & Roy,

1981). Judicial decisions removing or restricting the parental rights of lesbian mothers have relied on these three assumptions: potential negative impact of maternal gender role orientation on child development; effects of maternal sexual orientation on peer and social development; and the presumption children raised by gay and lesbian parents will be more likely to adopt a gay and lesbian orientation in the likeness of their parents (Falk, 1989). While no evidence has been found to support these judicial assumptions, this quest to determine the fitness of lesbian women to parent, has created large gaps in knowledge. For instance, few studies have included questions regarding the decision making process among lesbian women considering parenthood (Baum, 1996; Crawford, 1987; Patterson, 1995, 1996; Pies, 1990; Touroni & Coyle, 2002). Research has failed to adequately describe how heterosexuals and gay and lesbian women differ in their path to family planning (Bos, Balen, & Boom, 2005). In fact, only two studies (Touroni & Coyle, 2002; Eisenberg, 2002) have been designed to understand the decision making process among lesbian women considering parenthood. Lesbian women choosing parenthood embark on a journey which requires much planning, patience, and often disappointment. The factors which influence a lesbian woman's plan to become a parent, or not become a parent, are the focus of this research.

Dissertation Aims and Rationale

The purpose of this research is to identify the ecological correlates of reproductive decision making among lesbians. The goal is to begin to

understand the process through which lesbian women navigate the plan to have, or not have, children. The major benefit of studying the pattern and predictors of this phenomenon is to be able to develop sound evidenced based social work practices to meet the needs of this emerging population, and to combat social injustices created, and perpetuated by oppression of women and lesbian women.

CHAPTER 2

REVIEW OF THEORETICAL MODELS

Theories are relevant to social science practice and social science research in that they provide tentative explanations for why things are the way they are and where to look for answers. By far second wave feminist theory has dominated professional literature research with lesbian women and lesbian headed families. The following is a review of second wave feminist theory as it has been used to explain, or describe, the political experience of being a lesbian woman and lesbian headed family functioning. Finally, of particular interest is the way in which lesbian women negotiate the plan to have, or not have, children. Thus, a brief review of decision making theories is also provided. Before the presentation of theoretical model, it should be noted that to date, no study has been conducted to connect decision theories to reproductive decision making.

Feminist Theory

First wave feminist theory originated in the mid 1800's when Elizabeth Cady Stanton began to outline the imbalance of power between men and women and subsequently empowering small groups of women to fight for equal rights. More than 70 years later, women were granted the right to vote and second wave feminism began to emerge. Second wave feminist theorists began to assert that contemporary patriarchal society is dominated by men,

resulting in oppression of women on every level. From second wave feminist theory, lesbian feminism was born. For lesbian feminists, choosing lesbianism was a political act -- the deliberate (as opposed to biological) and passionate orientation to other women in a misogynist, heterosexist world. Many lesbian women in the late 60's and 70's found their voice in feminist groups and used feminist thought to shape their identities as women. Within feminist groups, lesbian women were making a political and personal choice to repudiate filling roles that perpetuated oppression of women. Perhaps inadvertently, within second wave feminist groups, the rejection of stereotypical and oppressive roles of women, including mother, left many lesbians believing that they no longer had the choice of becoming a mother.

Feminist theory has by far been the overriding stance taken amongst researchers studying lesbian women and lesbian headed families. Despite wide variation among feminist discourse, it is not difficult to determine how feminist theory is especially suited to the study of lesbian headed families due to the focus on redefining traditional gender roles and the power of language.

A major discourse within feminist literature is the need to "rethink" and redefine the role of family, women, and motherhood (Wright, 1998). Feminists are interested in the way patriarchal society values have devalued the work of women, thus pushing women into the very roles that perpetuate their oppression. Most schools of feminist thought give significant consideration to the idea that sexism and heterosexism are created and perpetuated within the

family structure. Radical feminist thought concludes that the traditional nuclear family is at the very heart of ongoing oppression of women (Firestone, 1972). Regardless of the specific branch of feminism, the importance of redefining the role of the mother is essential. By experiencing family life outside of the dominant norm, lesbian women and lesbian parents are free to challenge and redefine the norm (Wright, 1998). When lesbian women choose to remain outside of the prevailing norm, rejecting traditional gender roles and definitions of family, they have a unique opportunity to raise children in a truly revolutionary fashion (Pollock & Vaughn, 1990).

Feminist theory has a specific focus on the importance of language in definition and explanation. Lesbian headed families are breaking the traditional family mold, and we are currently not equipped with sufficient words to define and describe everyone within these families (Ainslie & Feltey, 1997; Martin, 1993; Chabot & Ames, 2004). Application of a feminist lens allows the opportunity to “rethink” the language traditionally used to describe and define family, replacing antiquated words that do not capture the complexity and diversity of families.

Feminist theory also has some critical limitations. The foremost criticism of feminist theory is that by assuming sexism is the foremost source of oppression in each individual’s life, other, more predominant, experiences of oppression are negated. This criticism rings especially true for women of color and lesbian women. Racism, not sexism, is primary source of oppression and

discrimination suffered by women of color; while heterosexism is the foremost form of discrimination and oppression suffered by lesbian women. The prevailing social movement toward “traditional family values” has intensified heterosexism and homophobia, which permeate the decision making process for lesbian women considering parenthood.

In summary, second wave feminist theory has by far been the most frequently cited theoretical lens applied to research with lesbian women and lesbian headed families. Feminist theory is especially suited for studying this group because lesbian families challenge traditional gender roles. Feminist theory also fails to acknowledge that sexism is not the primary form of oppression experienced among lesbian women. Further, while feminist researchers have not attempted to connect contemporary decision making theories to the assumptions of feminist thought they do appear to share two pivotal foundations. First, the idea that values and ideas are socially constructed. Second, that politics and personal action are also interrelated concepts.

Decision Making Theories

Decision theories are concerned with how an individual (or group) comes to one conclusion, when faced with various possible conclusions. Decision theories are rooted in economics and have been documented since the mid 1700's (Edwards, 1961). Decision theories have contributed to understanding the process through which individuals make decisions. Two models of decision

making, constructed choice process and the social appropriateness theory, appear to most closely relate to the study of reproductive decision making among lesbian women. The following section is written with three goals. First, to provide a definition of decision making and the principles of decision making models, including the most commonly used decision tree model. This model is helpful in understanding the typical process through which a decision is made. However, it is substantially limited because the model assumes that humans will make decisions rationally and consistently based on the costs and benefits associated with each choice. Second, the author hopes to provide a brief introduction to constructive choice theory (CCP). Specifically, the logic of relevance within the CCP model is the attempt to connect decision making with the larger, emotional and social context within which a decision is made. Third, the logic of appropriateness model is presented. The logic of appropriateness model is especially relevant because it is the first model to fully consider the political and social implications of decision making in the face of social dilemmas. Lesbian women considering parenthood do so in a political and social context with suggests they should not, or could not, be adequate parents.

Decision Making

Decision making is defined as the process by which a choice is made among at least two alternatives (Edwards, 1961; Goldsmith, 1996; Thagard, 2001). The process by which decisions are made varies slightly by researcher; however the following is a typical decision making tree (see figure 2.1). Initially,

the problem is defined. This definition includes articulation of what is lacking (i.e. I want children and do not have them). After the problem has been defined, the decision maker begins to gather facts. Once all sufficient information has been gathered, the decision maker begins to look at alternative solutions to solving the problem. Once the decision maker is armed with a clear definition of the problem, all the facts related to the problem, and possible alternatives, she will begin to weigh the information and alternatives before her. Ultimately, the decision maker will determine which alternative is the “best” solution for her, and then implement the solution. After implementing the solution, the decision maker will revisit this process several times in an effort to monitor progress toward the ultimate goal (resolution of the problem).

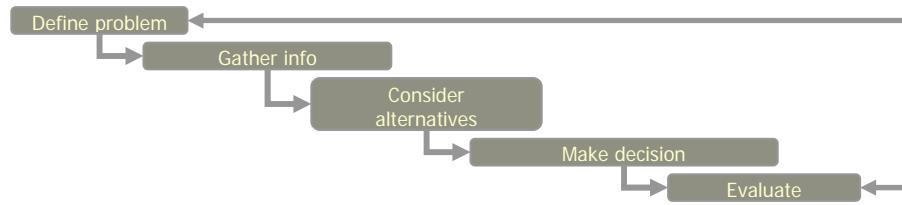


Figure 2.1 Decision Making Tree

Constructed Choice Theory

Constructed choice processes (CCP) attempts to connect existing economic and mathematical decision theory literature with emerging research in the behavioral sciences that suggests the assumptions made within normative models of choice fail to consider the role of subjective and experimental

information, attributions, personal goals, and satisfaction in understanding decision making (Griffin, Liu, & Khan, 2005).

The CCP model represents the interaction between the individual and the environment during decision making (see figure 2.1). The center box represents the choice process as a whole, while the outer boxes represent the personal and environmental context within which an emotional response (“outcome”) will be evoked. The CCP model begins with “content” which consists of all the choice options combined with memory experiences.

In the CCP model Self/Values represents the ongoing personal values of the individual decision makers and the values of larger society. This is in concert with traditional feminist thinking. Decision research suggests that when personal values shift, choices are altered. For instance, a personal value of passing on one’s genetic makeup may cause a lesbian woman to choose artificial insemination over adoption. Likewise, a lesbian woman who has a high degree of internalized homophobia, and thus a negative self concept, may be less likely to plan to have a child.

Further, value shifts and initial choices have been linked to activation of mental health constructs allowing for increased confidence and individual decisions that are inconsistent with previous stereotypes and societal expectations (Griffin, Liu, & Khan, 2005). Given the social structure of this world, the impact of socially constructed expectations can not be overlooked when studying decision making (Weber, Kopelman, & Messick, 2004). A value

shift can be seen in the larger lesbian community through growing numbers of women choosing to become mothers (Patterson, 2002), despite environmental messages suggesting there is less value assigned to such a choice.

The current motivational state of the decision maker is encapsulated as “active goals” within the CCP model. Within the CCP model, goals are the product of personal and environmental values. Decision research has produced some evidence that as personal goal accomplishment nears temporality; individuals are less consistent in actions taken to integrate future goals. This theoretical perspective may offer insight into the phenomena that lesbian women spend much time and energy developing a secure and fixed identity that integrates their sexual orientation, with family, faith, and society – yet feel this identity encapsulates their entire persona, and ultimately many lesbian women report they feel they can not be both lesbian and mother.

Additionally, within this model, goals are a means through which we engage in social comparison and as a decision becomes more socially acceptable, decision makers more freely make the same choice as their peers (Griffen, Liu, & Khan, 2005). A large amount of qualitative research suggests that lesbians who were heavily influenced by feminist thinking felt that motherhood was never an option for them (Touroni & Coyle, 2002, Murphy, 1989, Chabot & Ames, 2004). Theoretically, this also appears to fit within the growing numbers of lesbian couples and lesbian women choosing to begin their own families.

Finally, the outcome represents the emotional responses (regret, satisfaction, sadness, etc.) that are evoked by the implemented choice (Griffin, Liu, & Khan, 2005). Three assumptions of emotional responses are significant. First, emotional choices appear to be rated more extreme when anticipating the impact of a decision, rather than recalling a past decision (Griffin, Liu, & Khan, 2005). Second, because emotional responses are past, present, and future oriented, they can be seen as affecting both choice process and choice outcome. Reproductive decision making may be among the most emotionally charged decisions required in a woman's lifetime. Finally, there is some theoretical evidence that in certain situations (choice overload) many decision makers avoid decisions by postponing them, failing to act, or accepting the status quo (Anderson, 2003).

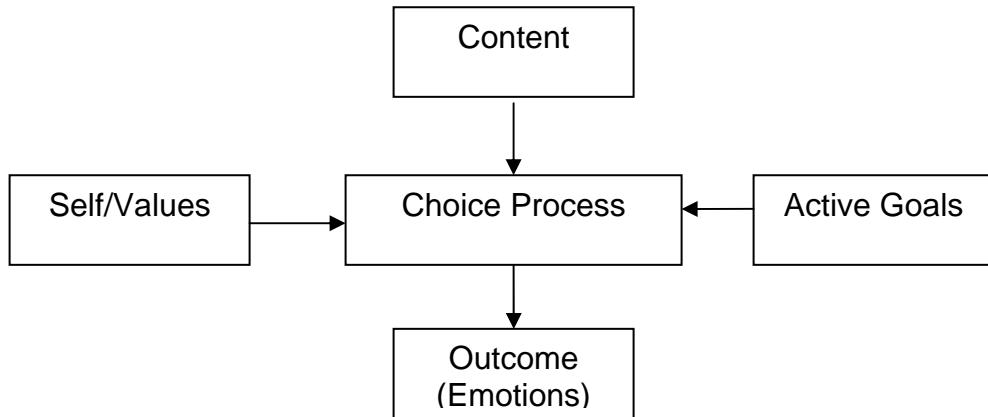


Figure 2.2 The Constructive Choice Process (CCP) Model

The CCP model is unique in that it represents the social context in which decisions are made. Within the CCP model the individual and the environment

jointly determine the values, preferences, and current goals that drive the decision (Griffin, Liu, & Khan, 2005). This social context is especially important to reproductive decision making among lesbian women. Lesbian women considering parenthood face doing so in an environment that both condemns and exalts them. Lesbians, as women, are socialized to want to be mothers. Yet, lesbian women also receive messages within society that as a lesbian, they are less beneficial and more deviant, and less capable of parenting. These messages are intercepted by lesbian women and integrated into their personal identities in the appearance of internalized homophobia. In summary, the CCP models offers theoretical promise for guiding research with lesbian women, and lesbian headed families, because of the value placed on the personal and environmental context in which choices are made.

Logic of Appropriateness Models

Not unlike CCP models, logic of appropriateness models understand the importance of social expectations in decision making, and have been formulated for evaluation of decision making in the face of social dilemmas (see figure 2.2). Logic of appropriateness models assume that decision making begins with definition of the situation. In fact, definition of the situation is the core of appropriateness models (Weber, Kopelman, & Messick, 2004). This definition is created through the personal values of the decision maker. Further, by formally defining the situation, the decision maker becomes formally aware of social norms, expectations, rules, learned behaviors, and skills necessary to

come to a decision (Weber, Kopelman, & Messick, 2004). Thus, defining the situation occurs through a complex intersection of personal identity and situational cues regarding how a person “should” respond in the given situation (Weber, Kopelman, & Messick, 2004). Social cues may include where the event is taking place (i.e. a largely conservative or liberal region of the country), who is involved, legal ramifications, or how such events have been labeled by authority figures. Additionally, identity can affect both the definition of the situation and application of rules (Weber, Kopelman, & Messick, 2004). For example, a lesbian women who is questioning her sexual orientation and remains in a heterosexual marriage will define feelings of affinity towards another woman, and decide a path of action, in a manner all together different than a lesbian women who has been “out” to family and friends.

Another aspect of the logic of appropriateness model that is especially applicable to the study of lesbian women facing reproductive decisions is the interaction between identity and rule selection. Literature in this area suggests that personal identity factors such as personal history and value preferences are likely to inform the rule selection process. For instance, research in the fields of reproductive decision making and lesbian women both support the idea that when a woman’s perceived parenting ability increases, she is more likely to plan to have a family (Eisenberg, 2002). Thus, being able to personally identify part of her persona as mother influences the rules she chooses to impose to make that plan a reality. Thus, identity factors influence the possible rule

selection, ultimately influencing behavior that will drive behavioral choice (Weber, Kopelman, & Messick, 2004). Figure 2.3 provides a visual representation of decision making within logic of appropriateness framework.

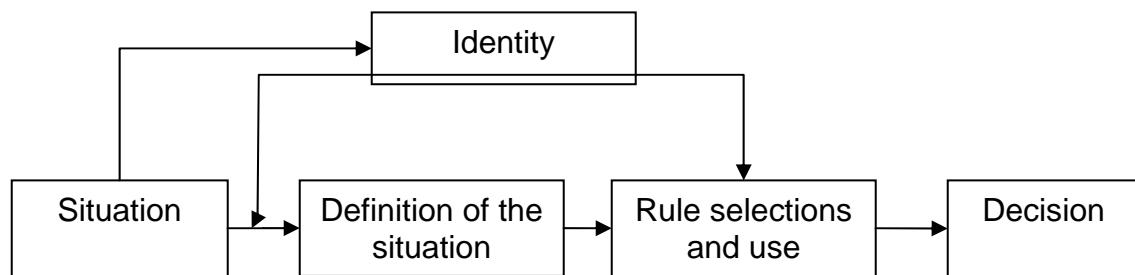


Figure 2.3 The Logic of Appropriateness Framework

Reproductive Decision Making

The decision to become a parent appears to be among the most basic of human desires (Perrin, 2002) and the process by which the decision to parent is made is similar to the previously mentioned decision tree model. Reproductive decision making requires women to balance individual needs, family responsibilities, and social expectations (Population Reports, 2003). Decision making theories are used to explain the process through which reproductive decisions are made.

Women have social roles, and must meet social expectations that may affect reproductive decision making (Sowell, Murdaugh, Addy, Moneyham, & Tavokoli, 2002). Common factors considered when making reproductive decisions include the physical impact that having a child creates (Wood,

Campbell, Townes, & Beach, 1977) such as fear of childbirth and potential medical complications resulting from carrying and birthing a child. Another common consideration is the impact that having a child will have on significant others (Cowan & Cowan, 1992; Landridge, Connolly, & Sheeran, 2000; Gartrell et al., 1996; Tourni & Coyre, 2002; Population Reports, 2003; Wood, Campbell, Townes, & Beach, 1977) such as other children in the home, the impact on the couple's relationship, and approval or disapproval from extended family members. Also considered when making reproductive decisions is the desire to be a parent and the belief that one will make a good parent (Cowan & Cowan, 1992; Landridge, Connolly, & Sheeran, 2000; Gartrell et al., 1996; Tourni & Coyre, 2002; Population Reports, 2003; Poston & Kramer, 1973) and religious beliefs (Sowell, Murdaugh, Addy, Moneyham, & Tavokoli, 2002).

In summary, feminist theory has by far dominated existing theoretical and empirical literature regarding lesbian women and lesbian headed families. Decision making theories have been popular in business, economics, and medical journals for decades, yet only recently have decision researchers begun to link the social, environmental, political, and emotional contexts within which problems are defined and decision making occur. While second wave feminist thought concludes that self identification as a lesbian woman is a political choice, rather than biology, few researchers have attempted to join existing knowledge of lesbian women and lesbian headed families with decision making theories. One goal of the current research is to connect these two

theoretical fields of thought in an attempt to understand which factors (internal and external) influence a lesbian woman's plan to have, or not have, a child.

CHAPTER 3

EMPIRICAL LITERATURE REVIEW

After reviewing prevailing theoretical patterns among research with lesbian women and lesbian headed families, and decision making theories, we must examine the existing empirical literature on the topic. The purpose of this chapter is to outline the existing quantitative and qualitative research available relevant to the current research. While the aim of the current research is not to justify the parenting ability of lesbian women, a well established body of literature with that goal is available for review and has paved the way for looking more closely at the lives of lesbian headed families. Initially, a brief review of research on lesbian headed families and the welfare of children raised in lesbian headed families is presented. Second, internal and external factors that appear to influence a lesbian woman's plan to have, or not have, children are presented. Because these factors were found so consistently throughout available empirical literature, these factors will become the predictor variables in this research. Following the presentation of internal and external factors influencing a lesbian woman's reproductive decision making, a model for reproductive decision making in planned lesbian headed families is presented. Finally, the six primary research hypotheses which have guided the current research study are presented.

Lesbian Headed Families

While the focus of many lesbian studies have been proving no psychological or developmental trauma is suffered by children raised by lesbian parents, research has also revealed some of the dynamics that make lesbian families unique. Lesbian headed families have consistently been different than heterosexual families when comparing division of labor and child rearing behaviors (Brewaeys, Pajaert, Van Hall, Golombok, 1997; Chan, Raboy, Patterson, 1998; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Falk, 1989, Green, Mandel, Hotvedt, Gray, & Smith, 1986; Golombok, Spencer, & Rutter, 1983, Harris & Turner 1985, Vanfraussen, 2003, Huggins, 1989; Kirkpatrick, Smith & Roy, 1981). Researchers have found lesbian couples tend to divide household and child rearing responsibilities more equally than heterosexual couples (Gartrell, 1999; Patterson, 1995; Touroni & Coyre, 2002). Unlike the heterosexual father, lesbian co-parents (non-biological or legal parent) have equally high rates of interaction, attachment, and parenting responsibilities (Chan, Raboy, Patterson, 1998; Brewaeys, Pajaert, Van Hall, Golombok, 1997; Golombok, Spencer, & Rutter, 1983, Harris & Turner 1985, Vanfraussen, 2003, Huggins, 1989; Kirkpatrick, Smith & Roy, 1981). Planned lesbian families also tend to have higher levels of parenting skills when compared to fathers in heterosexual families (Chan, Raboy, Patterson, 1998).

The methodology of this body of research is largely qualitative, utilizing structured or semi-structured interviews. Additionally, the sample sizes are

small. In fact, all but one study (Gartrell, 1996) used sample sizes less than 35. Small sample sizes effect ability to generalize and make conclusions about statistical significance inaccurate. Another limitation of available empirical literature is that the samples are generally collected from gay pride events or specialized feminist or lesbian parenting groups, which may not be representative of all lesbian women or lesbian parents. It is easy to conclude women who attend these events have developed a more secure identity that fully incorporates their sexual orientation, which can lessen feelings of isolation, depression, and internalized homophobia.

Children of Lesbian women

Research has failed to produce evidence children raised by lesbian parents are psychosocially or psychologically damaged due to their parents' sexual orientation. There is no evidence children raised by lesbian women are more likely to be gay (Falk, 1989), or lesbian women are less capable to parent than heterosexual women (Flaks, Ficher, Masterpasqua, & Joseph, 1995; Falk, 1989, Green, Mandel, Hotvedt, Gray, & Smith, 1986; Golombok, Spencer, & Rutter, 1983, Harris & Turner 1985, Huggins, 1989; Kirkpatrick, Smith & Roy, 1981).

Special Issues for Lesbian Women Considering Parenthood

The path of lesbian women choosing motherhood is often fraught with challenges and often disappointments (Martin, 1993, Oswald, 2002, Perrin, 2002, Stacey, 1996). In the United States, lesbian women live within a majority

culture that favors Caucasian, heterosexual, Christian, men with Eurocentric values. Women who identify as lesbian must negotiate the norms and expectations of a heterocentric culture while simultaneously coming to terms with a stigmatized minority identity. Thus, for lesbian women, choosing motherhood requires careful consideration and much planning (Dunne, 2000). In addition to those factors which appear to influence all reproductive decision making (heterosexual and lesbian alike), there appear to be specific concerns which exert influence only among lesbian women considering parenthood. These lesbian specific concerns can be conceptualized as internal (those demands coming from within) and external factors (those demands coming from outside of the self).

Internal Factors Influencing Lesbian Women Considering Parenthood

Internal factors measured by a lesbian woman considering parenthood include; the personal perceptions and opinions each individual has about herself as a lesbian, her ability to successfully raise children, and the impact children will have on her lifestyle, and her internalized religious beliefs (extrinsic religiosity). Internal factors that appear to influence a lesbian woman's plan to have children are levels of internalized homophobia, personal perception of their ability to parent (Touroni & Coyle, 2002), the perceived impact of being a parent (Touroni & Coyle, 2002; Eisenberg, 2002), as well as, the individual's level of extrinsic religiosity (Gartrell et al, 1996).

Internalized Homophobia. Internalized homophobia is internalization of negative feelings and assumptions about gay men and lesbian women (Shidlo, 1994, Sophie, 1997). Most research regarding internalized homophobia has been conducted with gay men; only one study has exclusively explored internalized homophobia amongst lesbian women (Szymanski & Chung, 2001). Szymanski & Chung (2001) posit internalized homophobia among lesbian women consists of five distinct dimensions. The five dimensions of internalized homophobia among lesbian women are: connections within the lesbian community; public identification as a lesbian; personal feelings about being lesbian; moral and religious attitudes toward lesbianism; and attitudes towards other lesbian women.

A connection within the lesbian community refers to connection or separation from the lesbian community at large (Szymanski & Chung, 2001). Empirical evidence suggests lesbian women who have high rates of connection with other lesbian women have lower levels of internalized homophobia (D'Augelli & Garnets, 1995; Gartrell, 1984; Sophie, 1987).

The second dimension of lesbian internalized homophobia, public identification as a lesbian, refers to how a lesbian manages disclosure of her sexual orientation and fear associated with discovery of her sexual orientation (Szymanski & Chung, 2001). Lesbian women who have formed secure identities are more likely to disclose their sexual orientation, and less likely to be

fearful that someone will inadvertently discover their sexual orientation (Cass, 1979).

Personal feelings about being a lesbian is the third dimension of internalized homophobia, and refers to the struggle lesbian women go through while coming to define themselves as lesbian. Often women report feelings of self-hatred when they initially begin to recognize a sexual attraction to other women (Cass, 1979; Neisen, 1993). These feelings of self-hatred are associated with high levels of internalized homophobia.

The fourth dimension of internalized homophobia reflects one's religious and moral attitudes toward lesbianism. In the process of developing a lesbian identity women often struggle to integrate their spiritual and sexual selves. This integration often calls for women to challenge many of the fundamental religious and moral beliefs engrained by their family of origin in order to develop a secure lesbian identity. Research suggests that lesbian women with extrinsic higher religious beliefs and behaviors have higher levels of internalized homophobia (Helminiak, 1995; Wilcox, 2002).

The final dimension of internalized homophobia among lesbian women measures attitudes toward other lesbian women. Within the lesbian community feelings toward other group members can vary from hostility to tolerance to acceptance (Szymanski & Chung, 2001). Lesbian women with high levels of animosity towards other lesbian women have higher scores on measures of internalized homophobia (Szymanski & Chung, 2001).

Internalized homophobia affects all lesbian women, to differing degrees, due to living in a world that rejects a significant portion of her identity. High levels of internalized homophobia among lesbian women have been associated with high levels of loneliness, low self esteem, depression, insecure sense of self, frequent somatic complaints, and feelings of inadequate social support (Szymanski & Chung, 2001). However, attempts to correlate levels of internalized homophobia and decision to remain childless have been inconclusive (Eisenberg, 2002).

Perceived parenting ability. In studying voluntary childlessness, one internal factor that influences the plan to have children is having the perception one will be good parent. Ability to parent is generally defined as the ability to provide all necessary material items, to provide financially for the child, to create a stimulating and nurturing environment, and provide positive role models (Eisenberg, 2002). These issues are especially momentous for lesbian women considering parenthood. For instance, it is more expensive for lesbian women to become parents as they must utilize alternative methods such as adoption and artificial insemination to create their families. Additionally, feelings of internalized homophobia create lasting stigma that lesbian women cannot be good parents, or should not be allowed to parent. There is a positive correlation between perceived ability to parent and intent to parent (Eisenberg, 2002)

Impact of Parenthood. Research suggests women considering parenthood make the decision by analyzing the costs and benefits of having children when

compared to remaining childless (Eisenberg, 2002). One substantial consideration among lesbian women considering parenthood that heterosexual women are not faced with is the potentially damaging social impact of having children. Despite societal and political shifts, many lesbian women still perceive an inconsistency between their lesbian identity and parenting. Many lesbian women reported feeling the effects of this changing political climate in their own lives, as they are, for the first time coming to believe that being a lesbian does not exclude them from the role of mother (Touroni & Coyle, 2002).

Aside from the potential political and social implications of being a lesbian parent, lesbian women considering parenthood also assess the financial impact of having a child, changes to self-concept, and possible changes in relationships with her partner, friends, family, and having to disclose her sexual orientation to social systems such as schools and hospitals. Decision making theories suggest the more risk associated with a possible choice, the less likely an individual is to choose that alternative. Research with lesbian women considering parenthood and lesbian parents supports the assumption that the higher the perceived impact of parenthood, the less likely one will make the decision to be a parent.

Levels of Religiosity. Religiosity has been widely debated within academic literature. Generally, religiosity is defined as a commitment to institutionalized beliefs and attitudes (Stander, et al., 1994). According to Glock (1965) five categories; ideological (beliefs), intellectual (knowledge), ritualistic (overtly

religious behaviors), experiential (experiences), and consequential (the effects of the other four categories) are separate and distinct components of religiosity. These five dimensions were accepted as the only comprehensive method to measure religiosity for nearly a decade when a series of researchers (Faulker & DeJong, 1966; Clayton, 1968; Clayton & Gladden, 1974; Weigert & Thomas, 1969) conducted multiple factor analyses which determined religiosity is not multidimensional, but one-dimensional. Contemporary thought suggests ideology is the nexus of religious commitment. That is, a basic belief is required in order for any form of religious commitment to take place. This understanding that belief drives religious commitment and spirituality is considered to be the reason for decline in participation in organized religion in the United States (Wilcox, 2002).

Moving away from the ritualistic religious commitments of organized religion, to a more individualized religion, has been especially prevalent among lesbian women. Many lesbian women report strong ideologies and difficulty integrating their spiritual and lesbian identities (Buchanan, Dzelme, Harris, & Hecker, 2001; Wilcox, 2002). This struggle to integrate one's spiritual and lesbian identity is central to lesbian identity development (Helminiak, 1995). Lesbian women who "come out" often get the message you cannot be Christian and a lesbian which causes them to "sift" through biblically based messages and apply those which are self affirming and ignoring those which are not (Wilcox, 2002). This ability to "sift" is often the only way lesbian women are

able to resolve the tension between their ideological commitments and their lesbian identity.

Another aspect of religious study that is especially relevant to research with lesbian women is the notion of intrinsic versus extrinsic orientations. Intrinsic orientation allows a person to individualize religious beliefs, taking truth and meaning from their own experiences (Buchanan, Dzelme, Harris, & Hecker, 2001; Barret & Barzan, 1996). People with an intrinsic orientation often report having a strong set of internal beliefs that are reflected in their daily actions (Stander, Piercy, MacKinnon, & Helmeke, 1994).

While intrinsic orientation places value on gaining insight from personal experience, extrinsic orientation places expertise in the hands of religious leaders, scriptures, and rituals (Buchanan, Dzelme, Harris, & Hecker, 2001). Religious fundamentalism is closely aligned with extrinsic orientations, which can cause seemingly insurmountable tension in women trying to synchronize their religious and sexual identities. While many lesbian women are ultimately able to “sift” through the extrinsic orientations surrounding them in political and social structures, the process can be exceedingly difficult, potentially influencing their reproductive decision making process.

External Factors Influencing Lesbian Women Considering Parenthood

External factors acknowledge the impact the environment has on making a plan to have, or not have, children. Often times, the social context within which all alternatives are considered will dominate reproductive decision

making (Population Reports, 2003). This is remarkably true among lesbian women considering parenthood. Lesbian women considering parenthood do so within a society that largely condemns them as immoral, deviant, and bad for society. Homophobia is an irrational fear of gay men and lesbian women. Heterosexism is the institutionalization of homophobia. Common examples of heterosexism in America include the continuing ban against lesbian and gay military personnel; widespread lack of legal protection from antigay discrimination in employment, housing, and services; hostility toward lesbian and gay committed relationships, recently dramatized by passage of federal and state laws against same-gender marriage; and the existence of sodomy laws in more than one-third of the states.

External factors appear to influence the decision making process for lesbian women considering parenthood include; fear of the possible implications of raising children in a homophobic and heterosexist society (Gartrell et al., 1996; Hare, 1994; Harris & Turner, 1986) and fear of the possible response of the individual's family of origin (Touroni & Coyre, 2002).

Fear of Prejudice and Discrimination. Though society has not yet embraced the diversity of possible family dyads, there has been a noticeable shift in the social and political climate which has influenced lesbian women to become open to the possibility of having children (Griffen & Mullholland, 1997; Touroni & Coyle, 2002). Still, lesbian women choosing parenthood do so in a hostile environment. The most cited fear among lesbian women considering

parenthood or those with children are the potential hardships the child(ren) may suffer because of his/her parent's lesbian identity (Griffen & Mullholland, 1997; Muzio, 1993; Touroni & Coyle, 2002). Although research indicates the stresses suffered by children with lesbian parents is no greater than the stresses children from traditional families suffer (Tasker & Golombok, 1997), this is still a primary consideration for lesbian parents and lesbian women considering parenthood. In response to this fear, lesbian parents have taken particular steps to prepare their children for peer and adult responses when their family structure is disclosed (Saffron, 1996). This phenomenon has also been seen in African American families and high rates of resiliency have been attributed to this practice. Fear of prejudice and discrimination is positively correlated to the decision among lesbian women to remain childless (Eisenberg, 2002).

Lack of Support from Family of Origin. Aside from the possible discrimination lesbian mothers and/or their children face from society at large, many lesbian women report fear of losing support from their family of origin if they choose to become a mother (Touroni & Coyle, 2002). Many times during the "coming out" process, lesbian women choose to disclose their sexual orientation to their family of origin only after "coming out" to friends, and often only after they are cohabitating for more than one year (Murphy, 1989). In fact, many lesbian women report while their family of origin is tolerant of their lesbian lifestyle, they "draw the line" at the thought of raising children in a lesbian headed home (Murphy, 1989). Although qualitative studies have identified a trend among

lesbian women considering parenthood, and lesbian parents, who fear losing support from their family or origin (Touroni & Coyle, 2002), sufficient evidence is not yet available to determine the priority the issue has in the decision-making process for lesbian women considering parenthood.

The Decision Making Process for Lesbian Women Considering Parenthood

The process through which lesbian women negotiate the decision to have children, or remain childless, has been overlooked in most psychological, sociological, and social work research. In fact, Patterson (1995) identifies this as a significant gap in research. Chabot & Ames (2004) have constructed a model that reflects the decision making process among lesbian women who are pursuing parenthood via donor insemination. The model is based on the typical decision tree models common in early decision research. Thus, the assumption of the model is that a problem is identified, and all obstacles are considered, and hence removed through education and support gathering. Because this area of research is so sparse, Chabot & Ames' (2002) model is reviewed here despite theoretical limitations.

The actual decision making process for lesbian women considering parenthood can be conceptualized as a series of interrelated questions (Chabot & Ames, 2004). The process begins by establishing a desire to be a parent. A maternal identity and lesbian identity are separate, and until recently, considered mutually exclusive. Following this line of thought, many lesbian

women have initially suspended their dream of having children once they began to develop a lesbian identity (Chabot & Ames, 2004).

If a desire to have children is recognized, the lesbian will begin to consider ways to gather information and locate potential sources of support (Chabot & Ames, 2004). This lengthy information gathering phase is also experienced by heterosexual women considering parenthood (Population Reports, 2003). This information gathering process occurs to some extent with heterosexual couples who are seeking fertility assistance. However, lesbian women generally utilize different sources of support and information. Lesbian women considering parenthood utilize created kinship networks for information and support, as often times blood family members are not available, or are unwilling to provide support. These kinship groups also provide lesbian women and lesbian couples support and resources. Creating social support systems has been a strong influence within the gay and lesbian community for decades. Many lesbian headed families have continued the tradition of creating extended kinship network by attending (or creating) social support groups for lesbian headed families. These social support groups provide lesbian parents the opportunity to gather information about lesbian friendly adoption agencies, methods of conception, parenting advice, and other forms of support (Oswald, 2002; Chabot & Ames, 2004). Lesbian women parents who are actively involved in social support groups catering to the special needs of lesbian

parents report decreased anxiety and feelings of isolation (DiLapi, 1989; Chabot & Ames, 2004; Oswald, 2002).

Once information has been gathered, and support systems are in place, the focus shifts to consideration of all the possible ways of starting a family. Adoption, known donor insemination, unknown donor insemination, having a heterosexual sexual encounter, invitro fertilization, or foster parenting, are among a few of the possible avenues available to lesbian women wishing to start a family. While all avenues offer the possibility of establishing a family, and all avenues have unique challenges, many lesbian women are choosing donor insemination because it offers a chance to experience pregnancy, birth, and the desired genetic link (Daniels, 1994). The majority of lesbian couples planning families have chosen unknown sperm donors (Gartrell et al., 1996; Patterson, 1995). The option of unknown donor insemination is also attractive to lesbian women as it lessens the fear custody could be lost to a heterosexual parent (Chabot & Ames, 2004).

If a couple is making the decision to become parents, then the next consideration is who will be the biological mother. Lesbian women couples choosing to experience pregnancy and childbirth consider the age of each partner in the relationship, the desire of each partner to actually carry a child, medical conditions supporting or preventing pregnancy, available insurance plans for each partner, availability of paid leave from work, and ability to be

flexible at work are among the most influential factors during consideration of which partner will become pregnant (Chabot & Ames, 2004).

The final consideration among lesbian women considering parenthood is how to create a language among family and friends which establishes the complexity and reality of their family. This process is referred to as “naming” (Oswald, 2002), and is used to define the role of each family member, as well as, give legitimacy to each role within the family. Often times, lesbian couples were less tied to the idea that the birth mother had to be named “mother” but searched for creative ways to name both the biological mother and co-parent. Often the couples settled on non-traditional names, opting for names that were significantly culturally (Oswald, 2000; Chabot & Ames, 2004) such as “Emah” among Jewish couples or “Godmother” among African Americans. Despite much labored consideration on the part of the parents as to the “best” naming practice to include all members of the family, often the child would choose the names of each parent (Chabot & Ames, 2004).

The body of available research regarding decision making among lesbian women considering parenthood is very sparse. Two researchers (Chabot & Ames, 2004) have attempted to encapsulate the decision making process by which lesbian women begin a family via donor insemination. Another researcher has used a research design that calls for lesbian parents to look back at their experiences while starting their families (Touroni & Coyle, 2002). Limitations of the models presented here are the decision tree model

utilized with fails to consider more contemporary decision making research linking the social, political, and emotional construction of problem formation and decision making. Despite the brevity of available research designed to explain the process by which lesbian women negotiate the decision to have children, available research does appear to establish some consistent factors that may influence the decision making process.

Research Hypotheses

Based on a review of theoretical and empirical literature internalized homophobia, perceived ability to parent, the perceived impact of parenthood, level of religiosity, fear of discrimination, and lack of support from one's family of origin appear to be significant factors in reproductive decision making. The goal of the current research is to begin to understand which factors influence lesbian women's plan to have, or not have, children. The following hypotheses will guide this study.

1. Lesbian women who have lower levels of family support are less likely to plan to have children.
2. Lesbian women who have high levels of extrinsic religiosity are less likely to plan to have children.
3. Lesbian women who have lower levels of perceived parenting ability are less likely to plan to have children.
4. Lesbian women who have higher levels of internalized homophobia are less likely to plan to have children.

5. Lesbian women who perceive motherhood to have higher costs, and lower benefits, will be less likely to plan to have children.
6. Lesbians who have high levels of fear of discrimination are less likely to plan to have children.

CHAPTER 4

METHODOLOGY

The goal of this chapter is to provide a clear description of the methods used to answer the research hypotheses which guided this study. Initially, the research design is described. Then, the sampling plan and methods of data collection are outlined. Next, each variable is defined and the measurement instruments are described. Finally, data analyses and limitations are discussed.

Research Design

The research design is a non-experimental, cross-sectional, survey design. Cross sectional, survey designs are the most popular method of collecting data among social science researchers (Singleton & Straits, 2005). Survey design is especially suited for asking sensitive questions, behavioral intentions, reports of past experiences, social background information, and attitudes (Singleton & Straits, 2005) which are all a part of the current study. The current research utilized a questionnaire which included items related to a person's sexual orientation and asks participants to recall positive and negative memories resulting from their sexual orientation, which makes survey research design especially applicable.

Sampling Plan

The current study employed a non-random, purposive, snowball sampling plan. A non-probability, snowball, sampling plan was chosen due to

the limited and specific nature of the studied population (lesbian women). Further, it is impossible to obtain an accurate (or nearly accurate) estimate of the total number of lesbian women. Because it is impossible to create a representative sampling frame or adequate estimate of the target population, snowball sampling is especially appropriate for this current study and word of mouth was used to locate a sufficient number of participants.

Although random sampling is impossible, which makes generalizations inappropriate, special consideration must still be given to determining the most adequate sample size. Ensuring that the sample size is adequate ensures that statistical significance levels are interpreted accurately and resources are efficiently allocated (Rubin & Babbie, 2001). Statistical power analysis is a complex mathematical theory that uses effect size, sample size, alpha/significance level, and power/beta level to detect a relationship between variables. By fixing effect size, alpha/significance level, and beta/power levels, an adequate samples size is obtained.

Effect size refers to the proportion of variance in the dependent/criterion variable that can be explained by the independent/predictor variable (Rubin & Babbi, 2001). Although debate regarding where to set effect size exists among social science researchers, an effect size of .4 to .5 generally indicates medium effects, and was used in determining the sample for this study.

Significance level, or alpha, is the second consideration when using power analysis to determine sample size. Significance refers to the percent

chance of making a Type I error, or interpreting changes in the dependent variable as a result of the independent variable when such conclusions are inaccurate. In accordance with most social science researchers (Rubin & Babbie, 2001), alpha is set at .05 for this study indicating a 95% probability of making accurate conclusions regarding the null hypothesis.

The final consideration in power analysis is the power level, or beta. Beta relates to Type II error or accepting a null hypothesis when it should have been rejected, or interpreting change when none occurred. Rubin and Babbie (2001) suggest a .20 probability of committing a Type II error be used as the maximum possible, meaning that beta should be fixed at .8 for this study indicating an 80% chance of rejecting a false null, and a 20% chance of committing a Type II error (Rosenthal, 2001).

With an effect size of .4, an alpha/statistical significance level of .05, and a beta/power level of .80, the required sample size for the current research study is not less than 99 cases for each group (lesbian women with/wanting children and lesbian women without/not wanting children) and 200 total cases. The total sample size used in this study was 373, which included more than 99 cases in each group.

Data Collection

Participants were sought via various gay and lesbian groups advertised through Google. Identified lesbian women were asked to refer others interested to the researcher. An invitation to participate in the current study was

distributed via email to the contact person listed for various gay and lesbian friendly groups.

Benefits of using a cross sectional design includes more time efficiency and less cost. Significant limitations of the chosen data collection plan also exist. The data collection method is cross sectional, thus data is collected at one point in time. It is difficult to provide sufficient evidence of causality when a cross sectional research design is used. Additionally, because a non-probability snowballing approach to recruiting applicants is used, it is impossible to say that the sample population is an accurate representation of the target population. Specific concerns relating to the survey design are the assumption of literacy. Because the survey will be administered and completed without the researcher being present, there is an assumption that potential participants are literate and are able to read on at least an 8th grade level. However, utilization of a survey design also allows participants to take as much time as they need to complete the survey and address sensitive topics in a natural setting.

Operationalization and Measurement of Variables

The current research is designed to determine the extent to which family support, extrinsic religiosity, perceived ability to parent, internalized homophobia, perceived impact of motherhood, and fear of discrimination and prejudice (predictor variables) impact the plan to parent, or remain childless (criterion variable) (see figure 4.1). The unit of analysis is a single person.

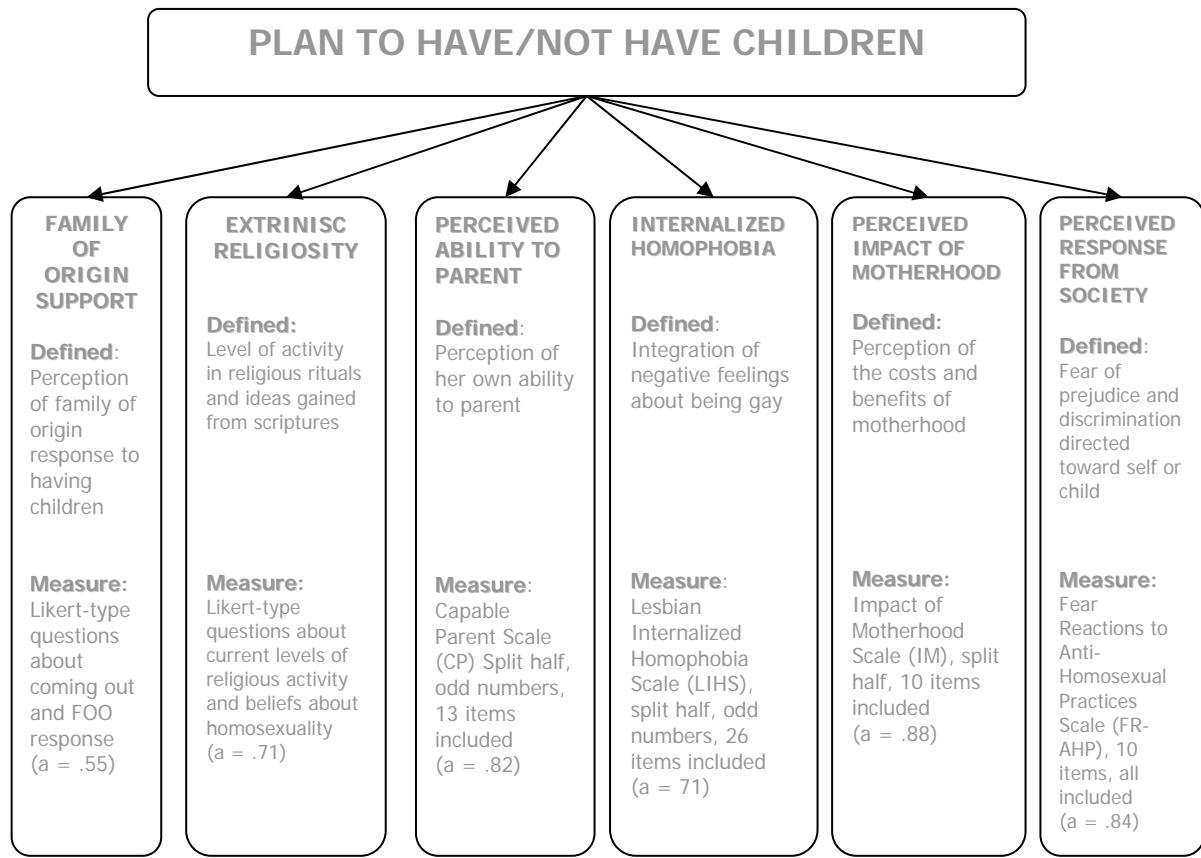


Figure 4.1 Operationalization and Measurement of Variables

Family of Origin Support. Qualitative research suggests that many lesbian women report fear of losing support from their family of origin if they choose to become a mother (Touroni & Coyle, 2002). Because no previously validated quantitative measurement instrument was located for use during this study, family support was measured through a series of three likert scale items which were included as parts of the other scales utilized during this research. Participants were asked to rate their responses to the following questions from 1 (strongly disagree) to 5 (strongly agree); I have the family support and

resources I need to help with all aspects of childcare; I feel comfortable talking about my sexual orientation with my family; My parents would accept any child my partner and I have, or raise. High scores indicate higher levels of family support. The current Chronbach's Alpha is .55, indicating a low degree of internal consistency.

Extrinsic Religiosity. Religiosity is defined as a commitment to institutionalized beliefs, attitudes, and activity (Stander, et al., 1994). Extrinsic religiosity was measured through a series of nine demographic and likert scale questions about frequency of attendance at religious services, importance of religious commitment, and spirituality. Participants were asked to rate their responses to the following questions from 1 (strongly disagree) to 5 (strongly agree); I believe that regular church attendance is essential to my spiritual identity; I look to church or religious leaders for guidance and wisdom in all aspects of my life; I believe that spirituality is more important than church attendance; When reading religious materials I take the messages literally rather than leaving room for interpretation; The religion I grew up in accepted homosexuality; and I had difficulty accepting my sexual orientation because of the religious beliefs of my childhood. Additionally, participants were asked to rate their level of church attendance on the following likert scale: 1 (never/none), 2 (on holidays), 3 (about one time per month), 4 (one time per week), and 5 (daily). High scores indicate higher levels of extrinsic religious orientation. One of the nine questions was reverse coded. This method of measurement is consistent with

research in this area, including the General Social Survey. The current Chronbach's Alpha is .71, indicating a moderate degree of internal consistency.

Perceived ability to parent. Perceived ability to parent refers to a lesbian woman's opinion of what makes a good mother. Perceived ability to parent was measured with the Capable Parent Scale (CP), which was previously tested and proven valid and reliable. The original CP consisted of twenty six items measuring ability to provide the necessary material items, good role models, act in a nurturing manner, parenting skills, physical aspects of childbirth and pregnancy, and the role of sexual orientation. The scale yields one score, derived from self-report from each woman, with higher scores indicating higher perceived parenting ability. Clearly, the scale is designed to measure each woman's perception of their own parenting capabilities, rather than demonstrated parenting abilities. In an attempt to reduce the total items on the questionnaire used for this research a split half (odd numbered questions) of the original twenty six items were included during this research, leaving thirteen items. Of the included thirteen items, six were reverse coded. The CP was chosen as an appropriate measure for this research because it is the only scale designed for use with lesbian women and has been proven valid with a Chronbach's alpha of .85 (Eisenberg, 2002). However, the current Chronbach's Alpha is .82, indicating moderate internal consistency.

Internalized homophobia. Internalized homophobia is internalization of negative feelings and assumptions about gay men and lesbian women (Shidlo, 1994,

Sophie, 1997). The Lesbian Internalized Homophobia Scale (LIHS) is the only scale designed to measure internalized homophobia in lesbian women (Szymanski & Chung, 2001). Originally, the scale consisted of 52 items which measured five dimensions of internalized homophobia. The five dimensions of internalized homophobia measured within the LIHS are: connection with the lesbian community, public identification as a lesbian, personal feelings about being a lesbian, moral and religious attitudes toward lesbianism, and attitudes toward other lesbians. The 52 items were randomly placed throughout the original questionnaire. In order to reduce the total items, half of the original items (all odd numbered questions) were included in the final questionnaire for this study. Twenty six of the original LIHS items were included in the current research, of which thirteen were reverse coded. The LIHS has been proven valid and reliable through test-retest and split half measures (Szymanski & Chung, 2001) and has a Chronbach's Alpha of .94, indicating a high level of internal consistency. Thus, including only odd numbered questions should not interfere with the validity of the measure. Permission from the authors has been given allowing use of the LIHS scale for this, and any future, project (see Appendix B). The current Chronbach's Alpha is .71, indicating a moderate level of internal consistency. Although this is a reduced alpha, it remains sufficient for use.

Perceived impact of motherhood. The perceived impact of motherhood is each individual's perception of the impact that parenthood will have on her personal,

financial, and social identity. Impact of motherhood was measured using the impact of motherhood scale (IM), which was been designed to assess the costs and benefits associated with motherhood among lesbian women. Originally, the scale consisted of nineteen items, which measured five areas which had been theoretically linked to the perceived impact of motherhood. The five areas presumed to impact a woman's perception of motherhood are; impact on identity, lifestyle, career, relationships, and society at large (Eisenberg, 2002). The IM yields one score, with higher numbers indicating the participant associated higher positive benefits of being a mother, and lower costs. In an attempt to make the final questionnaire as brief as possible, a split half of the IM scale (all odd numbered questions) was used, which included ten items. Of the ten included questions, eight were reverse coded. The IM was chosen as an appropriate measure for this research because it is the only scale designed for use with lesbian women and has been proven valid with a Chronbach's alpha of .86 (Eisenberg, 2002). The current Chronbach's Alpha is .88, indicating a moderate degree of internal consistency.

Fear of discrimination. Fear of discrimination is defined as the level of anticipation that negative events will happen if one's sexual orientation is discovered. Fear of discrimination is measured through the Fear Reactions to Anti-Gay and lesbian Practices (F-RAHP-27) because this scale was designed for use with lesbian women considering parenthood and was previously tested and proven reliable with a Chronbach's Alpha of .94, indicating high internal

consistency (Eisenberg, 2002). The F-RAHP-27 originally consisted of 27 items. For brevity, ten of the original items were included in the current research. The current Chronbach's Alpha is .84, indicating a moderate level of internal consistency.

Internal Validity

Internal validity refers to the extent to which the changes in the dependent variables are actually caused by the independent variables (Rubin & Babbie, 2001). The internal validity of the current research design is threatened by history, instrumentation and selection. History refers to any extraneous events that may occur during the course of the study which may confuse the results of a study (Rubin & Babbie, 2001). It is impossible to control for this threat in the current research design. Another threat to the internal validity of the current research study is instrumentation. Instrumentation errors are possible as the survey instrument is a compilation of several separate scales and data extracted from the completed surveys is compromised of self report measures only. In an attempt to address the threat to validity posed by instrumentation, a small pilot testing the instrument was conducted and changes were made to the final instrument. Another threat to internal validity is selection. Selection is a threat to all research designs that do not employ random assignment, which is not possible with the specific population of which this study will focus.

External Validity

External validity refers to the ability to generalize results from the current study to the entire target population, across time, and additional settings.

External validity is influenced by the representativeness of the study sample (Rubin & Babbie, 2001). This is especially challenging when working with gay and lesbian populations because much ambiguity about the nature of the population still exists. There is no way to definitively deduce that study results are representative of the larger population.

Another threat to external validity is reactivity (Rubin & Babbie, 2001). Reactivity refers to the changes in responses by participants solely because they know they are being observed or studied. Anytime subjects know they are being studied (as is the case here) results cannot be generalized outside of the study population. Reactivity is reduced by using an experimental design, which is not possible here.

Since the current research study employs a non-random, cross sectional research design, it is impossible to make generalizations across time. Further, because there is no clear picture of the target population, making generalizations from this study to the larger population is inappropriate. Finally, current research methods require participants be aware they are being studied and the highly sensitive nature of questions being asked, reactivity is a serious threat to the external validity of this study.

Limitations of the Research Design

Utilizing a survey research design calls for special attention to be given to the possibility of reactivity, measurement error, and mono-operational bias. Reactivity is especially present in survey research design because respondents are likely to provide answers that are the most social desirable (Singleton & Straits, 2005). The design of survey research is also especially susceptible to systematic measurement error because data is collected at one point in time, and requires participants to recall past behaviors, attitudes, or experiences. Measurement error may be produced by a respondent not telling the truth about a past event, inflating or deflating the significance of a past event, or misunderstanding the question asked (Singleton & Straits, 2005). Another criticism of survey research design is that it only utilizes one method of collecting data. The current research design calls for participants to complete a questionnaire, but does not include any direct observation or personal interviews. Lack of triangulation raises concerns surrounding internal validity.

Additional concerns for survey research include coverage error and non-response error. Coverage error refers to the difference in the target population and the sampling frame (Singleton & Straits, 2005). Non-response error refers to the difference in those who choose to participate in the study and those who do not (Singleton & Straits, 2005). Both coverage error and non-response error are threats to the validity in the current study because there is no way to get an accurate list of lesbian women, and those lesbian women who choose to

participate likely have lower levels or internalized homophobia and a more secure identity.

The danger in using a purposive, snowball technique is that it may be impossible to gain enough variability to make accurate interpretations. This risk is minimized by locating several starting places (groups and internet) and then asking for word of mouth from the various initiating points. This will decrease the likelihood of having a fully homogeneous sample. Due to using a non-probability, snowball sampling plan, accurate generalizations are impossible.

Statistical Analysis

Univariate, bivariate, and logistical regression will be employed during the current study.

Predictor Variables

The selection of predictor variables was made after a thorough review of theoretical and empirical literature involving lesbian women and lesbian parenting. The predictor variables of internalized homophobia, perceived ability to parent, perceived impact of motherhood, extrinsic religiosity, and fear or discrimination and prejudice will be used to predict desire to parent.

Criterion Variable

The dichotomous criterion variable is the plan to parent, or remain childless, among self identified adult lesbian women.

Univariate Analysis

Univariate, or descriptive, statistics were used to describe the central tendency, variability, and shape of the distribution. Univariate analysis is the first step in any statistical analysis and is used to obtain detailed descriptions of the sample population. Univariate analysis was used initially to determine the mean, median, mode, degree of variability, and to determine if the sample responses are normally distributed or skewed.

Bivariate Analysis

Bivariate statistics, such as correlations, were used to determine whether or not there is a relationship between variables. Additional bivariate analyses were used to determine reliability of the six scales used in the present research. Finally, bivariate analysis was preformed by calculating a logistic regression for each variable. If a statistically significant relationship was obtained, that predictor variable was included in further statistical testing. After the bivariate analysis produced significant variables, anticipated mediating variables were included as controls during multivariate analysis.

Multivariate Analysis

Multiple variable logistic regression is a form of multivariate analysis. It is similar to regression; however in logistic regression the criterion variable is dichotomous. There are several advantages to using logistic regression. First, logistic regression does not require that all the assumptions of regression be met. Logistic regression does not require predictor variables are normally

distributed, a linear relationship between variables, or have equal variances.

Another benefit of using logistical regression analysis is that predictor variables can be a combination of continuous, discrete, and dichotomous variables (Tabachnick & Fidell, 2001). Finally, logistic regression does not produce negative predicted probabilities.

Logistic regression offers several benefits over other multivariate statistical methods and allows the researcher to predict group membership through use of a dichotomous criterion variable from a set of categorical or interval predictor variables (Tabachnick & Fidell, 2001). Logistic regression requires that the criterion variable be dichotomous. The criterion variable for this research is plan to parent (0=do not plan to parent, 1=plan to parent). Logistic regression was used to determine which predictor variables forecast the increased likelihood of the event (planning to parent) occurring.

CHAPTER 5

FINDINGS

The purpose of this study was to determine what factors influence a lesbian woman's plan to have, or not have, children. In order to begin to understand the impact of reproductive decision making participants, were asked to complete an online questionnaire, with the goal of identifying which factors may differentiate those lesbians who plan to have children, from those whom do not plan to have children.

The findings presented in this chapter will be divided into four sections. First, results from the initial univariate analysis are presented using descriptive statistics. Second, the results from the bivariate analysis conducted on each predictor variable and criterion variable are presented. Within the bivariate analysis section, results from reliability analyses of each scale are presented along with multicollinearity statistics. Third, the results from the multivariate analysis are presented and significant predictors of reproductive decision making will be identified. Finally, results from each research hypothesis are presented.

Descriptive Statistics

Three hundred and seventy three women participated in this study. Participants in the study ranged in age from 20 to 69, with a mean age of 39.35 years ($SD = 9.710$ years). Respondents indicated that just under half of women

currently had, or were co-parenting children (42.6%). The majority of participants were partnered (62.2%). About 20% of women had been previously married to a man, and 14.2% had children from a previous heterosexual relationship. Respondents' highest level of education ranged from 3% having only graduated high school, to 16.7% having completed an advanced degree. Racially, the sample consisted of 82.3% Caucasian, 9.9% African American, 4% Asian/Pacific Islanders, 4.7% Latino/Hispanic, 1.7% Bi-racial, and .3% Native American. Comparisons were made across groups and all were similar.

Table 5.1 Family Plan of Sample

Family Plan	Yes		No		Total	
	f	%	f	%	f	%
Want Children at Some Point in Life	216	58.9	116	31.6	332	90.5
Currently Have, or Co-Parent Children	139	37.9	116	31.6	324	88.3
Have Children from Previous Heterosexual Relationship	49	13.4	292	79.6	341	92.9
Currently Trying to Start a Family	36	9.8	280	76.3	316	86.1

Table 5.2 Demographic Information

	Do Not Want Children (<i>n</i> = 116)		Want Children (<i>n</i> = 216)	
	f	%	f	%
Race				
African American	13	4	19	5.9
Asian/Pacific Islander	0	0	4	1.2
Biracial	1	.3	4	1.2
Caucasian	92	28.5	173	53.6
Latino/Hispanic	8	2.5	8	2.5
Native American	0	0	1	.3
Race Totals	114	35.3	209	64.7
Relationship Status				
Single	34	10.4	35	10.7
Partnered	68	20.9	135	41.4
Separated	2	.6	3	.9
Legally Married to Same Sex	3	.9	4	1.2
Partner				
Registered Partnership	4	1.2	20	6.1
Other	3	.9	15	4.6
Relationship Status Totals	114	35	212	65

Table 5.2 - Continued

Education				
Some High School	1	.3	0	0
High School	3	.9	4	1.2
Some College or Trade School	28	8.6	33	10.1
Bachelor Degree	23	7.	51	15.6
Some Graduate School	9	2.8	18	5.5
Masters Degree	22	6.7	64	19.6
Some Post Graduate School	4	1.2	12	3.7
Advanced Degree	24	7.3	31	9.5
Education Totals	114	34.9	213	65.1

Bivariate Analyses

After obtaining all relevant descriptive information, a series of bivariate analyses (correlations) were conducted. Bivariate analyses are concerned with the relationships between pairs of variables. A simple logistic regression was conducted for each predictor variable. Those variables that were determined to be statistically significant were then entered into the final multivariate logistical regression model. Bivariate analyses were also used to determine if multicollinearity is present in this sample.

Simple Logistic Regression

A simple logistic regression was conducted for all predictor variables and the criterion variable (see table 5.3). Internalized homophobia, perceived ability

to parent, impact of motherhood, relationship status, and age were statistically significant. Fear, extrinsic religiosity, income, education, and family support were not statistically significant.

Table 5.3 Simple Logistic Regression Values

Predictor	B	S.E.	Wald	Sig.	Exp(B)
Family Support	.060	.050	1.480	.224	1.062
Extrinsic Religiosity	.018	.016	1.265	.261	.982
Ability to Parent	.070	.012	95.170	.000	1.072
Internalized Homophobia	-.035	.012	8.230	.004	.966
Impact of Motherhood	-.053	.025	4.543	.033	.948
Fear	-.003	.017	.035	.852	.997
Age (Control)	-.119	.017	51.605	.000	.888
Education (Control)	.050	.066	.576	.448	1.051
Relationship Status (Control)	.310	.105	8.646	.003	1.363
Income (Control)	.000	.000	1.280	.258	1.000

Multicollinearity Analysis

In logistic regression models, multicollinearity is a result of strong correlations between predictor variables. When present, multicollinearity inflates the variances of the parameter estimates, causing the research to make incorrect conclusions about the relationships between predictor and criterion

variables. Thus, multicollinearity diagnostics were computed using SPSS software for all predictor variables. SPSS generates two measures for concluding the presence of multicollinearity among variables, tolerance and variance inflation factor (VIF). Values for tolerance range from 0 to 1, with values closer to 1 being desired (indicating the absence of multicollinearity). Although there is no formal cutoff value to use with VIF for determining presence of multicollinearity, values exceeding 10 are often regarded as indicating multicollinearity. However, in models utilizing logistic regression, values above 2.5 may be a cause for concern (Allison, 1999). The following table lists the tolerance and VIF scores for the six predictor variables in this research. Multicollinearity is not an issue in the current data set.

Table 5.4 Multicollinearity Screening of Predictor Variables

	Tolerance	VIF
Family Support (FS)	.969	1.032
Extrinsic Religiosity (ER)	.968	1.034
Perceived Ability to Parent (CP)	.709	1.411
Internalized Homophobia (IH)	.601	1.664
Perceived Impact of Motherhood (IM)	.694	1.441
Perceived Response from Society (FR)	.598	1.672

Multivariate Statistics

Multiple Logistic Regression

Multiple logistic regression analyses were conducted to determine which of the four remaining predictor variables (perceived ability to parent, internalized homophobia, perceived impact of motherhood, and perceived response from society) has the greatest influence on a lesbian woman's reproductive decision making when controlling for age and relationship status. Logistic regression allows the researcher to predict group membership when the criterion variable is dichotomous (Tabachnick & Fidell, 2001). The criterion variable in this research is the plan to have children (0 = no, 1 = yes), and the predictor variables are each the sum of a set of ordinal, thus logistic regression is the most appropriate statistical method to address the current research hypotheses.

The sample size for the logistic regression was 239 cases, which excludes 128 cases where partial missing data made inclusion impossible. A final, included sample size of 239 cases remains true to the power analysis, which suggests at least 99 cases in each group (plan to have children = 138, do not plan to have children = 101). The overall model was significant in distinguishing between lesbian women who planned to have children, and those who did not, when controlling for age and relationship status (-2LL = 189.607; $\chi^2=106.179$, $p<.000$).

The Wald Statistic is commonly used to determine significance of individual logistic regression coefficients for each independent variable. The

Wald statistic indicated that three variables were significant in predicting the plan to have, or not have, children at the .05 confidence level, controlling for the influence of other variables (see table 5.5). Perceived parenting ability was significant in predicting plan to parent ($\text{Wald} = 30.665$, $p < .000$). The odds ratio, $\text{Exp}(B)$, indicates the factor by which the odds of planning to have children increases or decreases when the predictor variable increases by one, and all other predictor variables are held constant. An odds ratio of greater than 1.0 indicates an increased likelihood of the event occurring. Conversely, an odds ratio of less than 1.0 indicates a decreased likelihood of an event occurring (Morgan & Teachman, 1988). So, the odds of a lesbian woman planning to have children is increased by a factor of 4.795 for each unit increase in perceived parenting ability ($\text{Exp}(B) = 4.795$).

Internalized homophobia was also a significant predictor of plan to parent ($\text{Wald} = 4.358$, $p < .05$). As the degree of internalized homophobia increases by 1, the odds of a lesbian woman planning to have a child decreases by a factor of approximately .6 ($\text{Exp}(B) = .606$). Internalized homophobia was the second most efficient variable in predicting reproductive decision making among lesbian women when controlling for age ($B = -.501$).

The third variable that produced a statistically significant result in the logistic regression analysis was age. As age increases by one, the odds of a lesbian woman planning to have a child, decreases by a factor of about .85 ($\text{Exp}(B) = .853$).

Three variables failed to yield statistically significant results when controlling for all other variables. The perceived impact of motherhood failed to produce a statistically significant result (Wald = .803, p>.05) in the logistic regression analysis when controlling for age and the effects of other variables. Fear of prejudice and discrimination also failed to yield a statistically significant result when controlling for age and relationship status (Wald = 3.504; p>.05). Relationship status also failed to yield statistically significant results when controlling for all other variables (Wald 2.476, p>.05).

In summary, perceived parenting ability, internalized homophobia, and age appear to significantly impact reproductive decision making among lesbian women. Further, perceived parenting ability appears to be the most efficient predictor of plan to parent ($B=1.568$).

Table 5.5 Multiple Logistic Table

Predictor	B	S.E.	Wald	Sig.	Exp(B)
Ability to Parent	1.568	.283	30.665	.000	4.795
Internalized Homophobia	-.501	.240	4.358	.037	.606
Impact of Motherhood	.189	.211	.803	.370	1.208
Fear	.455	.243	3.504	.061	1.577
Age (Control)	-.159	.026	38.207	.000	.853
Relationship Status (Control)	.253	.161	2.476	.116	1.288

Results of Hypotheses

The following section will display the results of each research hypothesis separately. An in depth discussion of results is presented in chapter six.

Hypothesis 1: Lesbian women who have lower levels of family support are less likely to plan to have children.

A simple logistic regression was calculated predicting participants plan to have (or not have) children on their perceived levels of family support. Simple logistic regression failed to produce a significant result. The perceived level of family support does not appear to significantly influence a lesbian woman's reproductive decision making.

Hypothesis 2: Lesbian women who have high levels of extrinsic religiosity are less likely to plan to have children.

A simple logistic regression was calculated predicting participants plan to have (or not have) children and level of extrinsic religiosity. Simple logistic regression failed to produce a significant result. The level of extrinsic religiosity does not appear to significantly influence a lesbian woman's reproductive decision making.

Hypothesis 3: Lesbian women who have lower levels of perceived parenting ability are less likely to plan to have children.

A simple logistic regression was calculated predicting participants plan to have (or not have) children on the perceived parenting ability. A statistically significant result was obtained. The perceived parenting ability of each

participant does appear to significantly influence a lesbian woman's reproductive decision making, with those perceiving greater parenting ability being more likely to plan to have a family.

Hypothesis 4: Lesbian women who have higher internalized homophobia are less likely to plan to have children.

A simple logistic regression was calculated predicting participants plan to have (or not have) children on the level of each woman's internalized homophobia. A statistically significant result was obtained. Internalized homophobia does appear to significantly influence a lesbian woman's reproductive decision making, with those women having higher levels of internalized homophobia being less likely to plan to have a family.

Hypothesis 5: Lesbian women who perceive motherhood to have higher impact on their lives will be less likely to plan to have children.

A simple logistic regression was calculated predicting participants plan to have (or not have) children on the perceived impact of motherhood. A statistically significant result was obtained during a bivariate logistic regression. The perceived impact of motherhood does appear to significantly influence a lesbian woman's reproductive decision making, with those perceiving greater impact being less likely to desire a family. However, during a multiple logistic regression, the impact of motherhood is not a significant predictor of plan to parent.

Hypothesis 6: Lesbians who have high levels of fear of discrimination are less likely to plan to have children.

A simple logistic regression was calculated predicting participants plan to have (or not have) children and level of perceived negative response from society. Simple logistic regression failed to produce a significant result. The level of anticipated fear of a negative societal response does not appear to significantly influence a lesbian woman's reproductive decision making when all other factors are considered.

Despite non-significant results the fear variable remains consistently theoretically linked within literature and was thus left in the final model. Previous studies (Gartrell et al., 1996; Hare, 1994; Harris & Turner, 1986; Touroni & Coyle, 2002) have stressed to relative importance of fear of discrimination as a mediating factor in all aspects of the minority experience, fear of prejudice and discrimination remain in the final model.

CHAPTER 6

DISCUSSION

The study used empirical data collected, via the internet, from 373 adult women, who self identify as lesbian, with the purpose of determining which ecological correlates effectively predict the plan to have, or not have, children among lesbian women. The purpose of this chapter is to provide an in depth discussion of findings, outline the limitations of this research, and to define the implications of this research to social work theory, policy, and practice.

Discussion of Findings

After extensive theoretical and empirical literature review, six hypotheses were derived, and those six hypotheses guided this inquiry. The findings from this study are discussed here in relation to existing theoretical and empirical evidence regarding lesbian women, lesbian headed families, and reproductive decision making. For clarity, this discussion is presented in conjunction with each hypothesis.

Hypothesis 1: Lesbian women who have lower levels of family support are less likely to plan to have children.

A small body of qualitative research exists suggesting that often times lesbian women fear losing the support of their family of origin once plans to start a family are revealed (Touroni & Coyle, 2002, Murphy, 1989, Chabot & Ames, 2004). No research attempting to determine the priority that unsupportive

families of origin in a lesbian woman's reproductive decision making was located during an extensive literature review. Some research suggests that heterosexual and lesbian women alike consider the available support of extended families when making reproductive decisions (Cowan & Cowan, 1992; Landridge, Connolly, & Sheeran, 2000; Gartrell et al., 1996; Tourni & Coyle, 2002; Population Reports, 2003; Wood, Campbell, Townes, & Beach, 1977), and a small body of qualitative research with lesbian women suggests that this may also be a consideration (Touroni & Coyle, 2002, Murphy, 1989, Chabot & Ames, 2004). Moreover, one study suggests that lesbian women with children receive less support from their families of origin, when compared to heterosexual women (Oswald, 2002). Thus, the decision was made to assess the impact that insufficient family support has on a lesbian woman's reproductive decision making by including several questions regarding perceived family support into this research.

The hypothesis that when faced with insufficient family support, a lesbian woman is less likely to plan to have a child was not supported by the available data through bivariate or multivariate analyses. Insufficient variability may be the cause of statistically insignificant results. Within the sample, the majority of respondents (about 83%) reported that their family would accept any child born, or adopted, within their lesbian relationship. Because the majority of women which this sample represents feel high levels of support from their family of origin, sufficient variability was not obtained to accurately determine the impact

of insufficient family support as a predictor of reproductive decision making among lesbians.

Thus, although the current data did not yield statistically significant results allowing low levels of family support to predict the decision to voluntarily remain childless, there is an emerging theoretical basis that suggests this may be related to reproductive decision making.

Hypothesis 2: Lesbian women who have high levels of extrinsic religiosity are less likely to plan to have children.

Many lesbian women, with strongly held extrinsic religious beliefs, report difficulty accepting their sexual orientation (Buchanan, Dzelme, Harris, & Hecker, 2001; Wilcox, 2002). The definition of extrinsic religiosity is wildly debated within professional literature. Extrinsic religiosity is defined, within this study, based on commonalities within professional literature, as literal interpretation of biblical messages and texts, reliance on religious leaders for guidance, frequency of church attendance and activities.

The hypothesis that a lesbian woman with high levels of extrinsic religiosity will be less likely to plan to have a child was not supported during bivariate or multivariate analyses. This, too, may be the result of insufficient variability within the sample to accurately determine the significance of extrinsic religiosity as a predictor of reproductive decision making among lesbian women. The majority of women (about 70%) reported they did not feel church attendance was essential to their spiritual identity. Nor did the majority of

respondents look to religious leaders for guidance in their lives (about 81%). Extrinsic religious activity was also very low among participants, with about 50% never attending organized religious services, and about 80% attending services twelve times per year or less. Thus, in all areas of extrinsic religiosity participants scored very low creating only minimal variability among responses.

In summary, because levels of extrinsic religious beliefs and activities were so low among participants in this study, it is impossible to use these results to accurately determine the impact of extrinsic religious attitudes on reproductive decision making among lesbians. Although the current data did not yield statistically significant results allowing high levels of extrinsic religiosity to predict the decision to voluntarily remain childless, there is an emerging theoretical basis that suggests that women who have high levels of extrinsic religiosity may have higher levels of internalized homophobia, which is a significant predictor of reproductive decision making.

Hypothesis 3: Lesbian women who have lower levels of perceived parenting ability are less likely to plan to have children.

A simple logistic regression was calculated predicting participants' plan to have (or not have) children on the perceived parenting ability. A statistically significant result was obtained. The perceived parenting ability of each participant does appear to be the most reliable predictor of a lesbian woman's reproductive decision making, with those perceiving greater parenting ability being more likely to plan to have a family. This connection to family planning

and perception that one will make a good parent has also been found in previous research among both heterosexual and lesbian women (Cowan & Cowan, 1992; Landridge, Connolly & Sheeran, 2000; Gartrell et al., 1996; Tourni & Coyle, 2002; Population Reports, 2003; Poston & Kramer, 1973; Eisenberg, 2002).

This inquiry further supports previous empirical conclusions that women who perceive themselves as good parents are more likely to plan to have children. Conversely, those who feel they would not be good parents are less likely to plan to have children. In fact, within this sample approximately 10% of respondents indicated some concern about their ability to be a parent due to their sexual orientation, and about 11% reported believing in some degree that being raised in a lesbian headed home is detrimental to children. It is important to consider the genesis of this assumption and the ramifications of it.

The perception of one's self is typically constructed through a complex interpretation of messages received through micro, mezzo, and macro systems. Despite two decades of empirical research suggesting that lesbian women are able to provide all aspects of parenting and successfully raise socially, cognitively, and emotionally thriving children, lesbian women continue to receive messages, at all levels, that they can not be good parents. Lesbian women who integrate messages from these systems that suggest they will not be adequate parents because of their sexual orientation are far less likely to

plan to have children, and more likely to have high levels of internalized homophobia, and lower self esteem.

The idea that lesbian women could not be adequate parents can currently been seen in all conservative religious and political sectors. However, the idea that lesbian women should not want to be mothers has come from within the feminist lesbian community as well. Second wave feminism, which gave rise to lesbian feminism, encouraged women to adopt a lesbian identity as the ultimate form of shedding the oppressive roles created for women – especially the role of mother (Firestone, 1972). This is where the idea of the quintessential “lesbian utopia” originated, where two women would live a life free to nurture and care only for themselves. Perhaps inadvertently, yet undeniably, this message was internalized by lesbian women who believed they would not get support within their own community if they chose to be a mother. Approximately 15% of respondents in this research suggested that having a child would negatively impact their identity as a lesbian woman which suggests that while results were not statistically significant, the idea that the role of lesbian and mother are still mutually exclusive remains within the lesbian community.

In a large part the view of lesbian women not being capable of being a parent is a wholly socially constructed idea, with no empirical basis. Results of this research, previous research, and future research should be used to combat destructive myths and mistruths that continue to permeate public opinion about

lesbian women's ability to parent. Based on findings from decision making research in the face of social dilemmas, it can be expected that as public opinion changes, the messages received by lesbian women will change, and increased positive self image will be possible (Weber, Kopelman, & Messick, 2004).

Hypothesis 4: Lesbian women who have higher internalized homophobia are less likely to plan to have children.

Internalized homophobia is a complex and multidimensional process that can be broadly defined as the integration of negative feelings about being gay (Shidlo, 1994; Sophie, 1997). A simple logistic regression was calculated predicting participants plan to have (or not have) a child based on the level of each woman's internalized homophobia. A statistically significant result was obtained in this study, suggesting that internalized homophobia does appear to significantly influence a lesbian woman's reproductive decision making, with those women having higher levels of internalized homophobia being less likely to plan to have a family.

Internalized homophobia has been linked to a variety of negative experiences among lesbian women. For instance, lesbian women with higher rates of internalized homophobia consistently score higher on scales of depression, low self esteem, substance abuse, frequent somatic complaints, and social isolation (Szymanski & Chung, 2001). Although previous attempts to correlate internalized homophobia with the decision to remain voluntarily

childless among lesbian women has been inconclusive (Eisenberg, 2002), the results of this study successfully linked theoretical presumptions suggesting that the negative integrations of internalized homophobia would render lesbian women less likely to plan to have children.

Hypothesis 5: Lesbian women who perceive motherhood to have higher benefits, and lower costs, will be more likely to plan to have children.

Simple logistic and multiple regressions were calculated predicting participants plan to have (or not have) children on the perceived impact of motherhood. A statistically significant result was obtained during a bivariate logistic regression. The perceived impact of motherhood does appear to significantly influence a lesbian woman's reproductive decision making, with those perceiving greater benefits and lower costs, being more likely to plan a family.

Previous research has concluded reproductive decisions are by analyzing the costs and benefits of having children when compared to remaining childless. Those women who associated higher perceived costs of parenthood, and lower perceived benefits, were less likely to decide to be a parent (Eisenberg, 2002). Although, not statistically significant, the results of the current study are in keeping with these results.

Hypothesis 6: Lesbians who have high levels of fear of discrimination are less likely to plan to have children.

A simple logistic regression was calculated predicting participants plan to have (or not have) children and level of perceived negative response from society. Simple logistic regression failed to produce a significant result. The level of anticipated fear of a negative societal response does not appear to significantly influence a lesbian woman's reproductive decision making.

Although not statistically significant, results indicate that as fear of discrimination increases, so does the plan to have children. The most cited fear among lesbian women considering parenthood or those with children are the potential hardships the child(ren) may suffer because of his/her parent's lesbian identity, and perhaps this result indicates that while fear does not predict the plan to have children, among those lesbian women choosing motherhood, there is a more prevalent fear of discrimination and prejudice, as suggested by previous researchers (Griffen & Mullholland, 1997; Muzio, 1993; Touroni & Coyle, 2002). This study supports the presumption that lesbian women fear being the victims of prejudice and discrimination. In fact, about 58% of the sample report feeling some level of fear of attack when their sexual orientation is revealed.

Limitations

Utilizing a survey research design calls for special attention to be given to the possibility of reactivity, measurement error, and mono-operational bias. Reactivity is especially present in the current survey research design because respondents are likely to provide answers that are the most social desirable

(Singleton & Straits, 2005). The design of survey research is also especially susceptible to systematic measurement error because data is collected at one point in time, and requires participants to recall past behaviors, attitudes, or experiences. In fact, the researcher received many emails from participants suggesting difficulty relating to a single response regarding items concerning family support. For instance, one item requires respondents to rate their level of support for the statement "I was/am afraid my family would "disown" me if they knew I was a lesbian." Emails from participants suggested that this question may have been answered very differently when sexual orientation was originally revealed to family members.

Another criticism of survey research design is that it only utilizes one method of collecting data. The current research design calls for participants to complete a questionnaire, but does not include any direct observation or personal interviews. Additionally, there is no longitudinal aspect of this research, thus we can not determine the percentage of participants whose "plan" to have or not have children remains consistent. Lack of triangulation raises concerns surrounding internal validity.

Additional concerns for survey research include coverage error and non-response error. Coverage error refers to the difference in the target population and the sampling frame (Singleton & Straits, 2005). Non-response error refers to the difference in those who choose to participate in the study and those who do not (Singleton & Straits, 2005). Both coverage error and non-response error

are threats to the validity in the current study because there is no way to get an accurate list of lesbian women, and those lesbian women who choose to participate likely have lower levels or internalized homophobia and a more secure identity. This was seen in the current research as the majority of respondents indicated they were secure in their identities, had high levels of family support, low levels of fear, and extrinsic religiosity.

The danger in using a purposive, snowball technique is that it may be impossible to gain enough variability to make accurate interpretations. This was a significant concern in the current study. The majority of respondents indicated they had very high levels of family support, low levels of extrinsic religious behaviors, were well educated, and had high incomes. Although, efforts were taken to minimize this risk by locating several starting places the sample remained largely homogeneous. Due to using a non-probability, snowball sampling plan, accurate generalizations are impossible.

Implications for Theory

Society places a large emphasis on the role of mother. Thus, it can be hypothesized that all women, despite sexual orientation, will consider the possibility becoming a mother. Still, there is little research designed to link what is known about decision theory to reproductive decision making among lesbian women. The goal of this research was to strive to begin to empirically connect the constructs of decision making theory to the reproductive decision making among lesbian women through one of the first quantitative studies in this area.

This research has shown that in a sample of 373 adult women, who self identify as lesbian, socially constructed variables such as individual perception of the parenting ability, level of internalized homophobia, the impact of motherhood, and fear of prejudice and discrimination are factors in reproductive decision making. The results of this research informs theory in three ways. First by connecting feminist theory and decision research. Second, this research informs theory by connecting decision theory to reproductive decision making. Third, this research informs theory exposing the disconnection between systems theory and the problem solving model which are both commonly used in social work.

The current research informs theory by connecting feminist theory and decision research. Critical to feminist thought is the idea that the personal is political. Feminist theorists have long presumed that the choices made by women are completed in an environment that is laden with sexist oppression, and to reject the typical roles prescribed to women by men (especially that of mother), through adopting a lesbian identity is the ultimate way to alleviate oppression of women. Although contemporary decision theories do not presume one conclusion to decision making is preferable, they are beginning to recognize the importance of the socially constructed views of self and identity as critical in the decision making process. This allows expansion of feminist views to be joined with emerging decision research. As evidenced in the

current research the blend of ideas is a good fit to the experiences of lesbian women considering parenthood.

The current research is also pioneering in that it connects decision making theories to reproductive decision making. Previously, few, if any, attempts have been made to understand the path of women making reproductive decision making. Those studies connecting decision making and family planning generally involved specific circumstances such as selective abortion following fertility treatments or HIV+ women considering parenthood or pregnancy. Within such specific circumstance, reproductive decision making was considered from a normative perspective. The normative model of decision making relies solely on costs and benefits analysis, without consideration for the emotional, political, and social implications of problem formation and conclusion. This approach has limited the applicability of such models. The current research links reproductive decision making and contemporary decision theory that recognizes the importance of the social nature in which problems are defined.

This research informs theory exposing the disconnection between systems theory and the problem solving model which are both commonly used in social work. Many social workers use systems theory to guide their practice with clients. General systems theory is used to organize and demonstrate complex interactions between systems, suggesting all parts of a system are affected by a change in one part of the system. Key concepts within systems

theory include boundary definition, maintenance between systems, interdependence, synergy, and homeostasis.

Problem solving models (see figure 2.1) generally assume a logical, linear progression through definition of the problem, gathering information, considering alternatives, making a decision, and evaluating the success of the chosen decision. These models are often used by social workers to facilitate client decision making. While the ability to apply practical, and mechanical decision making is an intrinsic part of healthy adjustment and daily coping, it is insufficient for encapsulating the truly complex nature of interactions between individual and environment which constitute decision making in humans. This may explain why traditional models of problem solving and decision making have been insufficient in predicting human behavior. That is to say, the traditional problem solving model fails to consider the interaction between systems which affect all aspects of decision making – assumptions that are key within the systems theory adopted by professional social workers. For instance, traditional problem solving models begin with definition of the problem, but fail to consider the impact of systems on the definition of the problem. More contemporary decision models, such as the logic of appropriateness model (see figure 2.3), account for complex interactions between person and environment in every step of decision making. For instance, the logic of appropriateness framework assumes that interaction between person and environment will color the definition of the situation, identity of the individual, and rule selection.

Concessions such as socially constructed views of self, problem, and plan of action, within more contemporary decision theories allow social workers to more accurately uphold their theoretical assumptions in all aspects of practice.

Implications for Policy

Few rights are as fundamental and accepted by society as the rights of parents to raise children (McNeill, 1998). Lesbians choosing motherhood are faced with creating their families in a society that does not support them.

Political implications of research with lesbians and lesbian headed families highlight the importance of legitimizing same sex relationships and advocating for second-parent adoption privileges.

Recognizing Same Sex Relationships

According to the 2000 Census approximately 1:9 cohabitating couples are gay men or lesbians (US Census, 2000). Same-sex couples have sought to have their relationships legitimized within courts across the country by pursuing same-sex marriage, civil unions, and domestic partnerships. Legal marriage is the only way in which lesbian couples can receive all the federal and social benefits of marriage. Federal benefits of marriage number more than 1,000 and include social security benefits given the death of a spouse, power to make medical decisions in the event of an emergency, marriage and family tax incentives. Social benefits of marriage include saying that one is married, discounts on car insurance, and so forth.

One alternative to same-sex marriage is creating a separate category that extends some, but not all of the rights of marriage, to same-sex couples. Civil unions are recognized only at the state level, thus none of the federal benefits of marriage apply. Without federal recognitions, the benefits of civil unions are limited. Portability and availability are also limited by civil unions. Portability is a major limitation of civil unions because states have (and exercise) the right to refuse to acknowledge civil unions. Availability is also a serious limitation, as Vermont is currently the only state in the United States that recognizes or offers civil unions. However, civil unions are currently available to same-sex couples living in Canada, France, Denmark, Norway, Sweden, Iceland, Germany, and Switzerland.

Another alternative to legally sanctioned marriage is a registered domestic partnership. Domestic partnerships generally allow same-sex couples to register with the state to receive state supported benefits, such as filing joint state income taxes, and in some cases the ability to adopt their same-sex partner's child (second-parent adoption). While the benefits of domestic partnerships can include all state supported benefits, this may vary from state to state. In addition, domestic partnerships do not secure any of the federally protected benefits associated with marriage. As with civil unions, the portability of domestic partnerships is limited. Availability of domestic partnerships is also limited. Currently outside of private industry, the only states offering domestic

partnerships are California and New Jersey. They are only available, and of benefit, to couples who are living in an area that has adopted them.

Second-parent Adoption

The traditional American family has been at the center of the political and legal agenda for almost a decade. Recently gay and lesbian headed families have strengthened their fight to have their relationships acknowledged and respected by society and within legal systems. While there are many ways that gay men and lesbian women may begin their families, most want both parents to be recognized legally. Without the ability to marry, gay and lesbian headed families lack the legal security of the thousands of benefits provided by the state. The desire to create two legal parents leads many to attempt second-parent adoption. A second-parent adoption (also called co-parent adoption) is a legal procedure that allows a same sex parent to adopt her or his partner's biological or adoptive child without terminating the other parent's legal status as a parent. Second-parent adoptions protect children in same sex parent families by giving the child the legal security of having two legal parents. Second-parent adoption also protects the rights of the second-parent, by ensuring that he or she will continue to have a legally recognized parental relationship to the child if the couple separates or if the biological (or original adoptive parent) dies or becomes incapacitated.

When court decisions are rendered in custody cases involving same sex couples and lesbian parents' rulings have been especially inconsistent.

However, courts have given considerable weight to the testimony of social workers and expert witnesses speaking in favor of the adoption (Connolly, 1996). Thus, this is an area in which our profession has a grand chance to impact policy and uphold the letter and spirit of our professional Code of Conduct. Judges look to expert witnesses to establish that the adoption would bring no change or trauma to the daily lives of the children, while increasing their legal and economic securities (Connolly, 1996). This creates tremendous implications for social workers who are likely to be called upon to be knowledgeable of social science research that destroys myths that children raised in lesbian headed families are damaged as a result of their parents' sexual orientation.

Implications for Practice

Practice implications resulting from growing knowledge about lesbians, lesbian headed families, and the decision-making process amongst lesbians considering parenthood include the need for practitioners to be aware of the various forms that families can take, and challenge assumptions that are based on traditional, two parent heterosexual family structures. Clinicians may also be aware of the potential impact that living in a heterosexist and homophobic world creates for these women and their families. Also, as lesbian headed families are becoming more vocal, practitioners may be called upon to help navigate that decision making process. The current research was done with the aim of understanding the process through which a lesbian woman navigates the plan

to have, or not have, a child. The results of this research may guide clinicians in the development of evidenced based practices.

Therapists are not generally prepared to meet the needs of gay and lesbian clients, and they need to be better informed about gay and lesbian lifestyles in order to help such families (Neisen, 1987). Lesbians choosing parenthood challenge the psychodynamic and family systems theories that provide the foundations of social work practice. No empirical support for prevailing notions that children's cognitive, psychosocial, or psychological functioning are damaged by being raised in a lesbian headed family (Flaks, Ficher, Masterpasqua, & Joseph, 1995; Falk, 1989, Green, Mandel, Hotvedt, Gray, & Smith, 1986; Golombok, Spencer, & Rutter, 1983, Harris & Turner 1985, Vanfraussen, 2003, Huggins, 1989; Kirkpatrick, Smith & Roy, 1981) By dispelling the myth that in order to develop normally, children must have a man and a woman in the traditional "mother" and "father" roles creates a gap in which new theories and language must be created.

Often times, the focus of clinical interventions with lesbians and lesbian parents is on reducing the effects of internalized homophobia. The current research supports the idea that lesbian women with higher levels of internalized homophobia are less likely to want children, and to feel like they would make a good parent. Clinicians may benefit from becoming familiar with models of lesbian identity development and measures of internalized homophobia. Therapists working with children of lesbian families may also benefit from being

aware of the impact living in a non-traditional family creates for a child, and be willing to address concerns stemming from such experiences.

While lesbian headed families may share some of the same concerns as heterosexual families, such as parenting and discipline, they face unique challenges as well (Bunker, 1992; Roth 1989). When faced with a lesbian or lesbian couple, who are considering parenthood, the professional might discuss the specific methods available to begin a family, potential barriers to achieving that goal, potential sources of support within the community, and common experiences of lesbians who have made the same choice. The current research supports the notion that lesbian women fear becoming the victims of prejudice and discrimination and that this fear reaction impacts their reproductive decision making.

Implications for Research

Research with lesbians and lesbian parents is relatively new in relation to other areas of social science research. The novelty of empirical research with this group supplies fertile ground for empirical criticism. Limitations of the current body of empirical research regarding lesbians and lesbian families are the use of non-random, purposive sampling methods, small sample size, and methods of comparison.

External validity has been a significant issue for researchers working with lesbian families. Specifically of concern is that due to small sample sizes and sampling methods, results may not be representative of the larger population of

lesbian parents (Patterson, 1995). The majority of research has been conducted with middle aged, Caucasian, college educated women who are attending gay centered events. It is possible that these groups of women are more likely to participate in research regarding lesbianism because they have greater security in their lesbian identity and lower levels of internalize homophobia. Another threat to external validity, is the use of small samples sizes which make it impossible to make accurate generalizations. Further concern stems from the exclusive use of purposive, snowball sampling methods. Snowball methods of sampling are especially applicable to groups that are largely hidden, such as lesbians. However, the use of nonrandom, purposive sampling methods elevates concerns of external validity.

Of additional concern, is that the use of poorly matched, or no control groups in designs that call for such controls. For instance, several comparative studies have been conducted in which lesbian headed families and their children were compared to single heterosexual mothers and their children (Kirkpatrick, Mandel & Hotvedt, Golombok, Spence, & Rutter, 1981). Research designed to ensure that children raised by lesbian families should aim to include comparison groups of children in two parent heterosexual families when studying lesbian couples. In addition, variables such as reasons for parental separation, length of separation, and paternal involvement should be controlled for when using heterosexual single mothers and their children as a comparison group.

Despite methodological concerns surrounding sampling methods, small sample sizes, and poorly matched control groups knowledge gained from research with lesbians and lesbian headed families has been exceedingly consistent. Although sample sizes remain small, and sampling methods remain purposive, results from study to study support the notion that lesbian families are increasing in number and the children raised within lesbian headed families are able to thrive. Future research should strive to use sampling methods that allow maximum variability when possible, increase sample sizes, and employ accurate comparison groups.

Summary

A non-experimental, survey design was used to determine which factors can most accurately predict a lesbian woman's plan to have, or not have children. Data on family of origin support, extrinsic religiosity, perceived parenting ability, internalized homophobia, perceived impact of motherhood, and fear of prejudice and discrimination were collected, via the internet, from 373 adult women, who self identify as lesbian.

Simple and multiple logistic regressions were calculated in an attempt to determine the most parsimonious model that efficiently predicts reproductive decision making among lesbian women. The final model included perceived ability to parent, internalized homophobia, perceived impact of motherhood, and fear of prejudice and discrimination. The model accounted for about 51% of the

variation in whether participants reported a plan to have a child at some point in their lives.

When controlling for age, perceived parenting ability is the most efficient predictor of reproductive decision making, with those women with high perceptions of their own parenting abilities being more likely to plan to have a child, when compared to those women with low levels of perceived parenting ability. Internalized homophobia was the second most efficient predictor of plan to have a child, with those women with lower levels of internalized homophobia being more likely to plan to have a child when compared with those women with high levels of internalized homophobia.

APPENDIX A

RESEARCH INSTRUMENT

Hello. My name is Misty Wall. I am a PhD student in the School of Social Work at the University of Texas at Arlington. I am interested in learning more about what types of specific circumstances influence a lesbian's decision to have or not have children. This research is part of my doctoral dissertation in Social Work.

If you choose to participate, all you have to do is complete the following pages of information about yourself and your experiences. In order to participate in the survey, you must self-identify as lesbian, be at least 18 years old, and willing to share your experiences by filling out the enclosed questionnaire. I expect the questionnaire to take about 30 minutes to complete.

Be assured that all of your responses are confidential. Because this questionnaire does not gather any identifying information, be assured that it is impossible to share any information that would reveal your identity. If the results of this study are shared, the information will be presented as a whole, with no single person's responses used.

Your participation is voluntary. You may decline to participate in the survey, or you may stop participating at any time before the survey is submitted. Once you have submitted the survey, there is no way to retrieve your questionnaire, because there will be no way to determine which questionnaire is yours.

The following questions are designed to help me learn more about your experiences as a woman, a lesbian, and reasons why you want to have, or not have, children.

By completing the following survey your consent and understanding are implied. Thank you for your time and efforts. If you have any questions, please contact me at misty.wall@charter.net or Maria Scannapieco, PhD at 817-272-3535 or the Chairman of the Institutional Review Board at 817-272-1235.

Misty L. Wall, MSSW, LCSW
Licensed Clinical Social Worker

Please answer the following questions about yourself.

Q1) Age: _____	
Q2) Annual income: _____	
Q3) The highest level of education I have completed is	<input type="checkbox"/> Some high school <input type="checkbox"/> High school <input type="checkbox"/> Some college/trade school <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Some graduate school <input type="checkbox"/> Masters degree <input type="checkbox"/> Some post graduate school <input type="checkbox"/> Advanced degree
Q4) My racial/ethnic group is (<i>check all that apply</i>)	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Biracial <input type="checkbox"/> Caucasian (non-Hispanic) <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____
Q5) I identify my sexual orientation as	<input type="checkbox"/> Lesbian women <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Other: _____
Q6) My current relationship status is	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="radio"/> How long? _____ <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____
Q7) Have you ever been legally married (to a man)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Q8) Do you have children from any previous heterosexual relationships?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Q9) I would like to be married if legal, same-sex marriage was an option	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree

Please answer the following questions about your family of origin

Q10) I was/am afraid my family would "disown" me if they knew I was a lesbian	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree
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Q11) My family reacted negatively when I told them I was a lesbian	<input type="checkbox"/> I have not told my family <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree
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Please answer the following questions about starting a family

Q12) I plan to have children at some point in my life	<input type="checkbox"/> YES <input type="checkbox"/> NO
Q13) Does your partner share in your plan to have/not have children?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Q14) The method I would MOST like to have a child through is	<input type="checkbox"/> I do not want to have a child <input type="checkbox"/> Artificial insemination by an unknown donor <input type="checkbox"/> Artificial insemination by a known donor <input type="checkbox"/> Heterosexual sex <input type="checkbox"/> In vetro fertilization <input type="checkbox"/> Adoption <input type="checkbox"/> Foster care
Q15) The method I would LEAST like to have a child through is	<input type="checkbox"/> I do not want to have a child <input type="checkbox"/> Artificial insemination by an unknown donor <input type="checkbox"/> Artificial insemination by a known donor <input type="checkbox"/> Heterosexual sex <input type="checkbox"/> In vetro fertilization <input type="checkbox"/> Adoption <input type="checkbox"/> Foster care
Q16) I feel that being in a committed relationship is important when planning a family	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree
Q17) I believe the most important thing to consider when deciding to have kids is	<i>Please use this box to write your answer</i>
Q18) I believe the most difficult thing for a lesbian planning a family is	<i>Please use this box to write your answer</i>

Please answer the following questions about your spiritual/religious experiences during your childhood and currently.

Q19) When I was growing up my religious affiliation was	<input type="checkbox"/> Jewish <input type="checkbox"/> Baptist <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Buddhist <input type="checkbox"/> None <input type="checkbox"/> Other:
Q20) When I was growing up attending church was important to my family	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree
Q21) I had difficulty accepting my sexual orientation because of the religious beliefs during my childhood	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree
Q22) The religion that I grew up in/around accepted homosexuality	<input type="checkbox"/> Not applicable <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Unsure/neutral <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Strongly agree
Q23) My past religious involvement can be described as	<input type="checkbox"/> None/not active at all <input type="checkbox"/> Occasionally active <input type="checkbox"/> Pretty active <input type="checkbox"/> Very active
Q24) I believe that regular church attendance is essential to my spiritual identity	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree
Q25) I look to church or religious leaders for guidance and wisdom in all aspects of my life	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree

Q26) I believe that spirituality is more important than church attendance	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree
Q27) My current religious affiliation is	<input type="checkbox"/> Jewish <input type="checkbox"/> Baptist <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Buddhist <input type="checkbox"/> None <input type="checkbox"/> Other:
Q28) Currently, I attend church/temple/mosque, etc.	<input type="checkbox"/> Never <input type="checkbox"/> On holidays <input type="checkbox"/> About one time a month <input type="checkbox"/> About one time per week <input type="checkbox"/> Daily
Q29) Currently, my religious involvement can be described as	<input type="checkbox"/> None/not active at all <input type="checkbox"/> Occasionally active <input type="checkbox"/> Pretty active <input type="checkbox"/> Very active
Q30) When reading religious materials I tend to take the messages literally rather than leaving room for interpretation	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Moderately disagree <input type="checkbox"/> Slightly disagree <input type="checkbox"/> Slightly agree <input type="checkbox"/> Moderately agree <input type="checkbox"/> Strongly agree

Please answer the following questions about “coming out”

Q31) I was _____ years old when I began to question my sexual orientation	
Q32) I “came out” to myself around _____ years old	
Q33) I “came out” to my friends around _____ years old	<input type="checkbox"/> I have not told my friends
Q34) I “came out” to my mother around _____ years old.	<input type="checkbox"/> I have not told my mother
Q35) I “came out” to my father around _____ years old.	<input type="checkbox"/> I have not told my father

Please answer the following questions about your sexual orientation.

	Strongly disagree	Moderately	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
1. I am afraid of being laughed at and made fun of for being a lesbian.	0	1	2	3	4	5
2. Many of my friends are lesbian women.	0	1	2	3	4	5
3. I am afraid of losing my straight friends if I tell them I am a lesbian.	0	1	2	3	4	5
4. I am afraid that I would receive worse medical treatment if my doctor knew I was a lesbian.	0	1	2	3	4	5
5. Female homosexuality is a natural expression of sexuality.	0	1	2	3	4	5
6. Attending lesbian events and organizations is important to me.	0	1	2	3	4	5
7. I believe female homosexuality is a sin.	0	1	2	3	4	5
8. I feel comfortable with the diversity of women who make up the lesbian community.	0	1	2	3	4	5
9. I feel isolated and separate from other lesbian women.	0	1	2	3	4	5
10. If some lesbian women would act in a more socially acceptable way, lesbian women as a group would not have to deal with so much negativity and discrimination.	0	1	2	3	4	5
11. I am not worried about anyone finding out that I am a lesbian.	0	1	2	3	4	5
12. I am afraid of being rejected or receiving inferior service from my insurance company if they found out I was gay.	0	1	2	3	4	5
13. Being a lesbian is an acceptable lifestyle.	0	1	2	3	4	5
14. I am familiar with lesbian books, magazines, and music.	0	1	2	3	4	5
15. I feel my sexuality will make it difficult for me to be a good mother.	0	1	2	3	4	5
16. As a lesbian, I am loveable and deserving of respect.	0	1	2	3	4	5
17. I feel having a child will negatively impact my lesbian identity.	0	1	2	3	4	5
18. I feel comfortable talking about homosexuality in public.	0	1	2	3	4	5
19. If I could change my sexual orientation to heterosexual, I would.	0	1	2	3	4	5
20. I feel comfortable joining a lesbian social group, lesbian sports team, or other lesbian organization.	0	1	2	3	4	5
21. Being a lesbian makes my future look bleak and hopeless.	0	1	2	3	4	5
22. I feel comfortable talking to heterosexuals about my everyday life with my girlfriend/lover/partner or lesbian centered events.	0	1	2	3	4	5
23. I am afraid of being discriminated against because I am a lesbian.	0	1	2	3	4	5
24. My feelings toward other lesbian women are often negative.	0	1	2	3	4	5
25. I feel comfortable being a lesbian.	0	1	2	3	4	5
26. I wish some lesbian women did not flaunt their lesbianism. They only do it for shock value and it doesn't accomplish	0	1	2	3	4	5

anything positive.						
27. I am familiar with lesbian movies.	0	1	2	3	4	5
28. I would feel isolated as a lesbian mother.	0	1	2	3	4	5
29. I am afraid of confronting a bigot about his/her homophobia even when I don't think I will be physically hurt.	0	1	2	3	4	5
30. If there were problems in my relationship, I might take it out on my child.	0	1	2	3	4	5
31. I act as if my lesbian lovers are merely friends.	0	1	2	3	4	5
32. I am afraid of being attacked if I am too open about my sexual orientation.	0	1	2	3	4	5
Please answer the following questions about your sexual orientation.	S t r o m o d S i g S i g n M o d S o r t					
33. I could not/cannot afford to provide my child with food, clothing, and shelter.	0	1	2	3	4	5
34. I am afraid to bring my partner/lover/girlfriend to a party at work.	0	1	2	3	4	5
35. I could NOT confront a straight friend or acquaintance if she or he made a homophobic or heterosexist statement to me.	0	1	2	3	4	5
36. I feel that I have good communication skills which will allow me to communicate well with my child.	0	1	2	3	4	5
37. Lesbian women are too aggressive.	0	1	2	3	4	5
38. Growing up in a lesbian headed family is detrimental for children.	0	1	2	3	4	5
39. I think that I could provide well for a child.	0	1	2	3	4	5
40. I would not want to devote my time to a child.	0	1	2	3	4	5
41. Raising a child would bring me personal fulfillment.	0	1	2	3	4	5
42. I feel that I am/would be a good role model to my child.	0	1	2	3	4	5
43. When speaking of my lesbian lover/partner to a straight person, I often use neutral pronouns so the sex of my lover/partner is vague.	0	1	2	3	4	5
44. I would rather spend money on things other than children.	0	1	2	3	4	5
45. I did not have good parental role models when I was a child.	0	1	2	3	4	5
46. I am afraid that other people will see me as inferior if they know I am a lesbian.	0	1	2	3	4	5
47. I feel comfortable talking about my sexual orientation with my family.	0	1	2	3	4	5
48. I can/would be able to love my child unconditionally.	0	1	2	3	4	5
49. A child would get in the way of my career goals.	0	1	2	3	4	5
50. I feel that I would be able to set appropriate limits with my child.	0	1	2	3	4	5
51. I have the skills to be a good mother.	0	1	2	3	4	5
52. Having a child makes a couple more stable.	0	1	2	3	4	5
53. I am concerned about how my body will feel during pregnancy.	0	1	2	3	4	5
54. A child will help me feel a sense of family.	0	1	2	3	4	5
55. I would not want to bring a child into the world as it is now.	0	1	2	3	4	5
56. I feel that I would be nurturing to a child.	0	1	2	3	4	5
57. I want to be able to pass on my genes.	0	1	2	3	4	5

58. I can afford the financial costs associated with getting pregnant or adopting a child.	0	1	2	3	4	5
59. I don't think lesbian women should have children.	0	1	2	3	4	5
60. I feel that I would be able to spend enough time with my child.	0	1	2	3	4	5
61. I have the financial, family, and support resources to help with all aspects of child care.	0	1	2	3	4	5
62. I cannot afford insurance and healthcare for my child.	0	1	2	3	4	5
63. I do not feel I could handle the stress of having a child.	0	1	2	3	4	5
64. I do not feel I can/could handle the responsibility of having a child.	0	1	2	3	4	5
65. I feel capable of handling problems that may arise for my child.	0	1	2	3	4	5
66. I am concerned that my child will have unclear ideas about gender roles.	0	1	2	3	4	5
67. I am afraid of childbirth.	0	1	2	3	4	5
68. My parents would accept any child that my partner and I have/raise.	0	1	2	3	4	5
69. I worry about being discriminated against because I am a lesbian.	0	1	2	3	4	5

**Thank you for your time. If you have any questions, please contact Misty Wall at
misty.wall@charter.net.**

APPENDIX B

PERMISSION TO USE THE LESBIAN INTERNALIZED HOMOPHOBIA SCALE
(LIHS)

PERMISSION TO USE THE LESBIAN INTERNALIZED HOMOPHOBIA SCALE

(LIHS)

Main Identity

From: dawnszymanski@msn.com
To: Misty L. Wall <misty.wall@charter.net>
Sent: Monday, January 9, 2006 4:07 PM
Attach: Lesbian Internalized Homophobia Scale.doc
Subject: Re: LIHS

Yes, you have my permission to use the scale. Attached is the scale. Good luck! Dawn

From: Misty L. Wall misty.wall@charter.net
Sent: Monday, January 9, 2006 4:07 PM
To: dawnszymanski@msn.com
Subject: Re: LIHS

Hello, I am a PhD student at the University of Texas at Arlington School of Social Work. I am planning my dissertation around decision making in planned lesbian headed families. I have found your work on the LIHS and am wondering where I may find a copy of the scale, and if I may have permission to use this in my upcoming study. Sincerely, Misty L. Wall, MSSW, LCSW

APPENDIX C

INFORMATION FORM AS VIEWED BY PARTICIPANTS

Information Form

This information is designed to ensure that you have all the information necessary to decide to participate, or not participate, in this research study. It will help you to understand what the study is about and what will happen in the course of the study.

If you have questions at any time during the research study, you should feel free to ask them and should expect to be given answers that you completely understand. The means by which you may contact the principal investigator is indicated below.

After all of your questions have been answered, if you still wish to take part in the study, you will be asked to indicate on the secure website housing the questionnaires that you agree by pressing an "I agree" button after reading the consent form. Please understand that you are not giving up any of your legal rights by volunteering for this research study or by signing this consent form.

Why is this study being done?

The goal of this study is to understand the process through which lesbians choose to have, or not have, children.

Who may take part in this study? And who may not?

Adult women (18 and older) who self identify as lesbian may take part in this study. If you are uncomfortable answering questions about your sexual orientation, or do not feel you are a lesbian, you should not participate in this survey.

How long will the study last and how many subjects will take part in it?

The time required to complete the questionnaire will vary from person to person, but will likely take about 30 minutes to complete.

What will you be asked to do if you take part in this research study?

Before answering the questions on the survey, you must indicate that you agree to participate by clicking on the "I agree" button on the bottom of this consent form. You can then download the survey questionnaire, complete the questions and submit them anonymously from the website.

The survey questions will only be available to you once you have clicked on the "I agree" button at the bottom of this information form. By clicking on that button, you are indicating that you have read this form and that you understand and agree to participate in the survey. You should clearly understand that the survey questions are on the topic of your experiences as a lesbian.

What are the risks and/or discomforts you might experience if you take part in this study?

There are questions in this survey that are sensitive in nature. Other than this temporary discomfort, there are no risks associated with this project.

Are there any benefits for you if you choose to take part in this research study?

As an individual participant you may receive no direct benefit from taking part in this study.

What are your alternatives if you don't want to take part in this study?

You do not need to complete this questionnaire and may stop doing so at any time during the process.

Your personal identity, that is your name, address, and other identifiers, will NOT be asked. Your data may be used in scientific publications, but again, there will be no information collected that would ever identify you (e.g., your name, address, etc.). If the findings from the study are published, you will never be identified by name. You can change your mind and revoke this approval at any time. If you change your mind, you must revoke your approval in an e-mail request to the principal investigator, Misty L. Wall (wallmist@uta.edu) from the secure website.

Will there be any cost to you to take part in this study?

There is no cost for participating in this research.

Will you be paid to take part in this study?

There is no payment for participating in this study.

Who can you call if you have any questions?

If you have any questions about taking part in this study, you can call the

principal investigator:
Misty L. Wall, MSSW, LCSW, PhD Candidate
University of Texas at Arlington
School of Social Work
wallmist@uta.edu
817-938-2358

If you have any questions about your rights as a research subject, you can call:
Office of Research Integrity and Compliance (IRB)
817-272-3723

What are your rights if you decide to take part in this research study?

You understand that you have the right to ask questions about any part of the study at any time. You understand that you should not press "I accept" unless you have had a chance to ask questions and have been given answers to all of your questions.

You have read this entire electronic information form, or it has been read to you, and you believe that you understand what has been discussed. All of your questions about this form and this study have been answered.

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