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Lesbians’ right to choose, children’s right to know

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During the second wave of feminism many lesbians seeking pregnancy preferred to use anonymous donor insemination as a means of avoiding patriarchal interference in their families. In the years since, there has been greater interest in what is seen as the more child-friendly alternative: finding an identifiable sperm donor with whom the child can seek contact.

In this chapter, I consider the relative influence of the Women’s Liberation ‘right-to-choose’ and the more recent ‘right-to-know drawing on the stories of three lesbian mothers: Trish Williams, Karen Bell and Gale Attard. Trish Williams, who conceived and gave birth to daughter Sarah in 1988, was a member of a Melbourne-based lesbian feminist self- insemination group. Trish was influenced by a lesbian separatist-inspired commitment to donor anonymity that became tempered by exposure to arguments in support of children’s right to know. By the time Karen Bell and Gabe Attard had their children in 2000, the ideologically inspired use of unidentifiable donors had all but disappeared among lesbian prospective parents. But the struggle to balance right-to-choose with right- to-know remains just as important. These women’s stories serve to illustrate the political and social shifts over the past twenty years between lesbians’ own sense of reproductive and familial autonomy, and their awareness of the significance of biological fathers to children’s understanding of family and identity.

Trish, Karen and Gabe are all participants in my study of planned parenthood among Australian lesbians and gay men. The research explores how lesbians’ and gay men’s notions of family are influenced by dominant understandings of what constitutes a family. It also examines the political ideas about reproduction and family formation that have characterised feminist, gay and lesbian discourse and activism over the past two decades.

In the 1970s, Women’s Liberation-era lesbians and single heterosexual feminists were quick to understand the potential of the new reproductive technologies to separate sex from conception. Self-insemination adapted the Billings method of birth control towards the reverse goal of getting pregnant with carefully timed insertion of donor sperm. Discussions of self-insemination began to appear in American and British women’s health movement publications from the mid-1970s. From the early 1980s, self- insemination networks began to form among lesbians in Australian cities.

In 1986, Trish Williams and a few of her friends formed [a group called] Great Expectations after one of them came across an English pamphlet in a feminist bookshop. The tiny book gave them the idea that there were other successful
ways to have children apart from going to a fertility clinic or having sex with a man. The women met in each other’s lounge rooms, with membership fluctuating between five and ten. Guided by the booklet, members of the group learnt the techniques of self-insemination, including how to chart the menstrual cycle in order to pinpoint ovulation, how to insert semen using a turkey-baster or needle-free syringe, how long sperm could survive in ejaculate outside a man’s body and the climatic conditions that must be maintained for optimum sperm motility. They found a couple of local doctors and pharmacists willing to provide new syringes and pooled their resources when it came to finding men prepared to give them sperm. Lesbians interested in having babies heard about the group through word of mouth or through the local lesbian newsletter.

For radical feminist activist women like Trish, lesbian motherhood arose in the context of imagining women-controlled families that could flourish by refusing to cooperate with patriarchal attitudes and working and living in predominantly ‘women-only’ environments. Their jobs were in refuges, sexual assault agencies and other community organisations endeavouring to end the oppression of women. Trish’s descriptions of Great Expectations meetings in those Melbourne lounge rooms not only emphasised learning about the technical dimensions of self-insemination but also encapsulated the Women’s Liberation maxim ‘the personal is political. Conversations in the group ranged from the ramifications of lesbians and feminists bringing children into the world to resisting gender stereotypes in child-rearing.

‘A blow to the power of the fathers’

Although Trish had lost the little book to which Great Expectations was so indebted, she recalled very well its political character: 'It was coming from separatism, where lesbians didn’t want to have anything to do with men? Dismantling the cultural and social authority of the patriarchal father in the traditional heterosexual nuclear family was the central idea. According to feminist academic Renate Klein, the booklet proclaims, 'Self- insemination deals a blow to the power of the fathers’ and, in a section called ‘Setting up the Donors Group it explains how important it is that the men who provide sperm to group members must be possessed of strong pro-feminist political motivations devoid of patriarchal assumptions: ‘The men who might become donors were clear that they would be biological fathers only and have no contact or right to a relationship with the children? In dealing this blow to patriarchal power, anonymity of the men was crucial. Trish explained: ‘I didn’t want to know who the father was, which was again the done thing?

Sperm provision in the clinical setting throughout this century has often been considered by members of the medical profession as analogous to blood donation, despite the fact that, unlike blood, sperm contains genetic material capable of contributing to the formation of a new person. As researcher Ken Daniels has observed, ‘In those circumstances, the psychosocial factors associated with providing semen do not have to be considered, the focus is
on the provision of “material” and the man is much the same as a machine – ‘the producer of products’.

Trish remembered discussing sexual health issues over the phone with the man who became her daughter’s biological father, and whether there were any genetic diseases within his family of origin that might be passed on to a child. She did not imagine ever meeting him nor that he would become involved in any way in her child’s life. Another safeguard preserving the anonymity of the donor was the use of other group members or partners as go-betweens who found a wiffing donor and organised transporting the semen from biological father to the prospective birth mother. This was a strategy to avoid the parties having to meet. Trish recalled that her donor left his semen in a clean jam jar in his meter box inside a woolly sock. Her partner, Kate, would then race to his house to pick it up within the thirty minutes before the sperm died.

Political separatism was not the only motive for such clandestine behaviour. There was a fear among the women that donors may change their minds and use their status as biological fathers to attempt to get custody of or have contact with the children, should they be able to identify the women to whom they gave sperm. According to Trish, gay donors were considered ‘safer’ than heterosexual donors by some women because they assumed gay men were less likely to waver in their support for lesbians’ rights to be parents. It was also believed that the homophobia prevalent in the legal system would mean a gay man was less likely than a lesbian woman to be granted parental status in a court of law.

‘Right-to-know’ and managing the known-donor relationship

It was not long before Great Expectations members began to question the wisdom of obscuring the identity of a child’s biological father. There were health reasons for this, including growing concern about the possibility of contracting HIV from men whose sexual history was unknown. There was also another shift in attitude occurring. Among the women I interviewed, the belief that children should have the option of information about their biological fathers was more of a preoccupation than health risks. For instance, Trish friend Janette, a single lesbian mother who was also an early member of Great Expectations, had conceived her first child on an overseas trip in the early 1980s after several inseminations at a Californian sperm bank. Janette had come to regret her decision to conceive with an anonymous donor because her son had found it very distressing from a relatively young age that his biological father could never be identified.

I heard variations on this story several times in the course of interviewing lesbian mothers. Sometimes the child had invented an imaginary father who was talked about to other children. At other times the child repeatedly asked questions about the biological father’s identity, refusing to be satisfied with being told that this information was unobtainable. It was very difficult to know whether it was a case of the same one or two stories having gone into
hyper-circulation or whether there were several stories about different children. In any event, the information passed around the self-help networks proved unsettling. A great deal of concern about children’s welfare was obviously generated by these stories.

Trish and her partner, Kate, had their daughter, Sarah, in 1987 and have jointly parented her since birth. Before Sarah was born, Trish decided to contact the sperm donor to find out if he was willing to be known to her child in the future: ‘It was just from completely anonymous to, oh, some time in the future, the child might like to know him.’ Kate decided to meet him, although Trish herself chose not to, and a means of future contact was established. Trish has never regretted the decision and has never felt that Sarah has been disadvantaged by growing up in a family with two mums, knowing that she may contact her donor if she ever wants to. Sarah has been aware of the circumstances of her conception since she was four years old. In her first year at school she would enthusiastically engage other children in arguments if they insisted she must have a father. Several years later, Sarah asked her donor’s name, which Kate was able to tell her. Since that time, she has shown hardly any interest in knowing anything more about him. According to Trish, Sarah’s biggest concerns, now she is a teenager, are her weight and the fact that she would have preferred having a brother or sister to being an only child.

**Lesbian parenting beyond 2000**

In the Melbourne-based lesbian prospective parents self-help group that continues from the time Trish and her peers had their children, discussions or publications featuring the word ‘patriarchy’ don’t get much of an airing.

Nowadays, many lesbians become parents with little exposure to or knowledge of the lesbian feminist ideas that gave some women the courage to pursue motherhood by donor insemination at a time when same-sex relationships were far more stigmatised. However, contemporary prospective parents continue to be influenced by the stories in circulation about lesbian mothers with older donor-insemination children. Questions of how best to balance lesbian parents’ and children’s interests in familial arrangements continue to take up substantial space on the self-help meeting agenda.

A popular pregnancy-planning exercise among contemporary Great Expectations participants involves brainstorming the pros and cons of known or anonymous sperm donors. Increasingly, the choice between known and anonymous has come to mean the difference between self-insemination after face-to-face negotiations with a known man and travelling interstate for clinical inseminations. Throughout the 1990s, the reproductive medicine clinics in New South Wales became increasingly popular and available to Victorian lesbian prospective parents, despite continuing restrictions on access to donor insemination through local fertility clinics. Managing reproductive negotiations through intermediaries, which previously allowed for donor
anonymity in tandem with self-insemination, appears to have fallen from favour, possibly because anonymity can be managed more reliably through a clinic. Recent research by Ruth McNair and her colleagues indicates that lesbians seeking donor insemination from clinics do so because they can be sure the semen has been screened for diseases.

At the Lesbian Parenting 2000 conference, I observed a brainstorming exercise with thirty or so prospective parents. It was apparent that choosing clinical insemination was perceived as a decision that supports greater familial autonomy for the lesbian couple or single mother, as opposed to taking the apparently more child-centred route that includes access to information about or contact with an identifiable donor. For instance, the bulk of the arguments in support of clinical donor insemination emphasised lesbian parents’ ability to have total responsibility and control without ‘interference’ from the biological father or his family of origin. Those against emphasised the potentially negative effect on the child of being unable to have identifying information about the biological father. Conversely, arguments for a known donor tended to emphasise the benefits to the child rather than the lesbian parents: access to a positive male role model as well as information about cultural and medical history. The drawbacks of having a known donor were perceived as the general uncertainty for lesbian parents. These included potential difficulties in predicting and maintaining control over how children understood the relationship with the biological father and his family and, in the worst case scenario, legal challenge to the lesbian parents’ negotiated status as primary resident caregivers.

Gabe and her partner Kath chose inseminations at a Sydney reproductive medicine clinic as their first and best option for having children. Gabe is six months pregnant and intends to be their child’s primary carer. Kath wants to retain her full-time job while participating in the child’s life as co-parent. She intends to apply for a Family Court order as soon as their baby is born, to ensure that her legal status as a parent equates with the status Gabe will have automatically as birth mother. Gabe and Cath chose clinical inseminations primarily because they want to be clear about the social and legal parameters of their family:

We just want to be a family unit ... We want to create a situation where we are a family, Kath and me and the child. It’s not that we don’t want the man, the biological father, in our child’s life. It’s the fact that we don’t want the child to be torn between two houses. Because he’s never going to be part of our family.

Gabe also emphasised that it was not ideal to travel to Sydney for inseminations rather than negotiate with a man they knew: ‘The hardest thing has been, not so much that [the sperm donor] is anonymous, but that through Sydney we can’t ever identity-release and that’s really hard. That’s something that we really wanted the option of doing.’

Precisely because of the lack of identity-release provisions, Karen Bell’s decision to have a known donor was more common than Gabe’s among the lesbian parents and prospective parents who participated in my research.
Karen’s rationale for using a known donor, echoed by many other women, was her understanding of the problems faced by adopted children:

Lots of children or adults who were adopted have talked about feeling like there’s this hole in their lives because they don’t know who their mother or their father is. I wanted my child to be able to have a full picture of who they were, where they had come from and why, and I felt really strongly about that.

Karen is the mother of Lara, aged four months. She shares parenting with Therese, her co-habiting partner, who will be Lara’s primary carer next year when Karen goes back to work. Lara’s donor is Matthew, a gay man who answered the women’s ad. Matthew has seen Lara once since she was born, and her mothers have sent him photographs in accordance with the agreement the trio reached before commencing inseminations. Karen hopes Matthew will want to visit Lara, ‘as a friend of the family rather than her dad several times a year while she is still an infant, and be amenable to more contact if Lara wants this as she grows up. Karen and women who shared her views about the parallels between donor insemination and adoption want their children’s desires for contact with known donors to be taken into account. However, they tended to be wary and strategic about the potential complexity of known donor relationships. Detailed pre-conception discussions and written agreements are now popular between lesbian prospective parents and known donors as a means of managing expectations about family relationships in the future.

Karen and Therese met regularly with Matthew over many months before inseminating, during which time the three adults discussed their expectations in great detail. Karen stressed that it was she and Therese who would live with the child, take responsibility for day-to-day care and have authority over long-term decisions such as medical treatment and schooling. Before inseminations began, the three adults signed an agreement that outlined their intentions for any future child. Matthew agreed not to seek parental contact and the women agreed not to ask for child support payments from him. The agreement also specified that Matthew would not be at the child’s birth nor known as ‘Dad’ nor recorded as father on the child’s birth certificate. Karen was aware the document was not legally binding: ‘It was drawn up so we had to be really honest with each other and as a matter of protecting everyone’s bottom lines’ she explained.

The political valorisation of unidentifiable biological fathers has all but disappeared from contemporary lesbian parenting resources and women’s stories of achieving motherhood. This signals the decline in influence of radical feminist ideologies. Despite the willingness of some contemporary lesbian mothers to use sperm banks, the permanent anonymity of the donor generally represented by this avenue to pregnancy was likely to be regarded as a drawback. The available evidence suggests that lesbian mothers now tend to favour children’s right-to-know over the earlier focus on women’s right to autonomy. Dr John McBain, a Melbourne gynaecologist who is consulted by many local lesbian parents, stated in 2000 at The Great P/F
Debate held at Melbourne’s Royal Children’s Hospital that most of the lesbians he saw in his practice preferred to have access to identifying information about the sperm donor.

It is important to emphasise here that it remains controversial in the academic literature just how similar the identity issues are for donor-insemination children and adopted children. Further, the more maverick scholars working in the arena of assisted reproduction see in right-to-know not the ‘facts’ about children’s purported rights but evidence of a certain Genes-R-Us maimer of thinking that is becoming increasingly difficult to disregard. As scientists continue to propose and find evidence that our genetic histories hold the key to predicting our future health and disease trajectories, it becomes harder for the public (including lesbian mothers and their donor-conceived children) to ignore genes as links to a sense of who we are and what we will become.

However, claims of right-to-know are not exclusively based on the science of genetics. Australian lesbians conceive their children in a Western culture which has long revered ‘blood ties’ between parents and children as emotionally resonant and grounds for meaningful, lasting and intimate kin relationships. Under these circumstances, despite the love and care children receive from their lesbian parents, it is difficult to predict how individual children will respond to lack of knowledge about or access to an identifiable biological father as they grow up.

Studies of the children of lesbian mothers conceived by anonymous donor insemination have started to appear in the international literature. What has been learnt thus far about children’s desires for knowledge or contact with donors offers little guidance in the way of dear decision-making for lesbian prospective parents. Psychologists Vanfraussen, Ponjaert Kristoffersen and Breuwaesys published a study in 2001 of forty-one children aged seven to seventeen. They found considerable variation in children’s responses to discovering they were conceived by anonymous donor insemination. About half of the children preferred the donor to remain anonymous and the other half wanted to know more about him, especially who he was. Boys outnumbered girls in wanting identifying information. Perhaps the most interesting findings, published in a follow-up article in 2003, were that neither the quality of the relationship between lesbian parents and children nor the children’s emotional well-being appeared to influence the child’s desire to have more information about the donor. Curiosity was the most salient motive.

Access to clinical insemination with ‘identity-release’ provisions would represent the best compromise between the desired parental autonomy of the lesbian couple or single mother and the perceived interests of their children. Such access is, at the time of writing, available only to lesbians in Western Australia and infertile lesbians in Victoria. Both states require donors to register identifying information which is available on request from the child on reaching adulthood. Unless clinics in other states change their policies about permanent anonymity for sperm donors, many lesbian prospective parents
will continue to negotiate donor insemination arrangements with men they know—despite the potentially uncertain legal and social consequences.

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Selected bibliography


