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A Qualitative Exploration of the Needs of (Pre)Parenting: Women Parenting with Women in Southern Ontario

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A qualitative exploration of the needs of (pre) parenting women parenting with women in

southern Ontario

by

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THESIS

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ABSTRACT

Over the years research has examined various aspects of Women Parenting with Women (WPW) and their families. The focus of the research on these families has to an extent, been influenced by the social and political debates throughout the years that saw these families struggle through one challenge to the next. Through these challenges, research has examined the claims and accusations for and against these families, generating information on the mental health and suitability of same-sex parents, the well-being of their children, and how these families function without a nuclear family structure. As the social and political climate continues to warm (in some countries) to these individuals and families, research has yet to shift its focus to what these families need in order to flourish and succeed in their goals of achieving well-being in their everyday lives. In light of this gap in the literature, the current research examined WPW in Southern ' Ontario, Canada, who were planning on becoming parents or who were parents of children. A qualitative exploration of ten interviews (five pre-parents and five parents) revealed that these women had a number of needs that if met, would have greatly assisted them in their efforts to reach their family goals. A number of needs were presented, ranging from accessible, accurate information, to having more social outlets (both formal and informal) available for women to interact with other women undergoing similar experiences. Findings from this study are useful to service providers and regions that would be interested in providing inclusive, comprehensive services for women parenting with women.

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Over the years research has examined various aspects of women parenting with women (WPW) and their families. The particular focal points of research on these families has to an extent, been influenced by the social and political climates throughout the years. It has not been too long in Canadian history since being non-heterosexual was a criminal offence or recognized as a mental health illness. As little as forty-one years ago, homosexuality was decriminalized in Canada (Drescher, 2005) and eventually (twenty-one years later) removed from the Diagnostic and Statistical Manual (Johnson & O'Connor, 2002). As Canada enters a new era of increased legal and social acceptance (though not unanimous) of these families, research has yet to catch up and turn its focus to what these families need in order to flourish and succeed in today's world.

Parenting, regardless of one's sexual orientation, is a demanding role fraught with challenges and struggles. When same-sex sexual orientation is added into the mix, parenting becomes even more difficult; overall, heterosexuals have largely dominated the realm of parenting. The 'traditional' family consisting of one father and one mother has enjoyed supremacy in family structures for most of the history of humanity. As time progresses in Canada, the social climate is 'warming' up to these families and bringing them into society's attention (Golding, 2006). This new visibility and acknowledgment has not come easily however, nor is it uncontested. Debates continue heatedly in many parts of both the United States (U.S.) and Canada over same-sex marriage, equal rights, and of the suitability of Lesbian, Gay, and Bisexual individuals to be parents (Cameron, 2005; Herek, 2006; Patterson, 2006).

The primary purpose of this study was to address issues that women face when they want to have a child, or to parent with another woman. The population of the study consequently, was of women who identified as lesbian or bisexual (gender identity was not the interest of the study). The main inclusion criteria were that women were, or had been, engaged in the process of having a child or were parenting. In order to make language less cumbersome, throughout the study the terms 'lesbian, and bisexual (LB)' and 'women parenting with women (WPW)' were used to reflect both the literature on WPW and participants. Transgender individuals and gay men were not included in the LB acronym, as the focus of the research was on women that identified as lesbian or bisexual. nThe research was guided by an overarching purpose to explore what the needs of same-sex (pre) parents were, describe what services and/or supports they had used, and ultimately, what these women believed their most important needs were in achieving their family well-being.

Literature Review

The Issue of LGB Parenting

Parenting by people from sexually diverse backgrounds is not a new phenomenon. For decades, lesbian and bisexual individuals (LB) have become parents and navigated family joys and hardships like their heterosexual counterparts (Berger, 2000; Fredrickson, Goldsen & Erera, 2003; Gartrell, Farrell, Deck, Rodas, Peyser & Banks, 2005; Kindle & Erich, 2005). Unlike other families however, same-sex parents have had to maneuver unwelcoming social contexts and overcome systemic barriers in realizing their dreams of becoming parents and having families (Garnets & D'Augelli, 1994; Gartrell, Hamilton, Banks, Mosbacher, Reed, Sparks & Bishop, 1996; Henrickson, 2005). Such difficulties and·hardships are not specific to any one subgroup of LGB individuals (Ben-Ari & Livni, 2006; Berger, 2000; Garnets & D'Augelli, 1994).

Parenting in general is not a simple task or one that comes with simple answers. Common stressors (like finances and time) contribute to making parenting difficult to navigate successfully over time (Juby & Rycraft, 2009). Families often have to deal with pressing and competing demands placed on members. For example, in current economical times it is more common for both parents to have to work outside the home with less time spent with each other (Gornick & Meyers, 2003). More families than ever do not match the elusive 'nuclear' family with many consisting of only one parent (Statistics Canada, 2004) who oftentimes must work long hours to supply income for housing in substandard locations and/or conditions (McLanahan & Sandefur, 1994). Women parenting with women face such difficulties as well. When hardships from

belonging to a stigmatized, discriminated identity are added into the mix, parenting

becomes even that much more difficult. For the many non-heterosexual Canadians

parenting and becoming parents, their journeys have been fraught with social resistance

and barriers over the decades.

Research on Same-Sex Families

Two women parenting together. This concept is becoming more familiar to many

people in Canada. It was not too long ago since the idea of two women (or two men)

parenting together was thought of as unacceptable or impossible. There was a time when

a woman could identify as a lesbian or have a family – but to have both was either

unheard of or never thought to be a plausible choice (Warner, 2002). For the many

women who do identify as lesbian or bisexual, being a mother is not contingent upon a

heterosexual sexual orientation. Prior to the rapid advances of reproductive technologies,

most families headed by two women were the result of heterosexual relationships that

had come to an end. Ensuing partnerships with other women resulted in newly formed

lesbian-headed step families. These days, women can identify as a lesbian and head their

families with pre-existing children or choose to create families with their female partners.

With the help of legal advancements and increased access to reproductive technology,

women are now able to plan their families with more options and flexibility than ever

before.

A growing body of literature has been following the plight of WPW over the

years. Much of the freedom for WPW to parent today without hesitation or fear is due to

the many women who came before. After all, it has not been to long in Canada's history

since being lesbian, gay, or bisexual was a criminal offence or recognized widely as a

mental illness. Over the last few decades, LGB Canadians who dreamt of leading open,

accepted, lives as parents struggled through one barrier to the next. As these individuals

and families ploughed onward through stigmatization, discrimination, and legal battles,

researchers dedicated toward social justice began to examine these families.

Five decades ago, using terms 'lesbian' and 'family' together seemingly was a

social oxymoron. Women could identify as lesbian but subsequently lead secretive

'underground' lives. Likewise, women could have children and raise families but only

under the mask of heterosexuality – to have both was unseen and unheard of. During this

period, research hardly existed on these families since the families themselves hardly

existed. To be 'out' or to openly acknowledge one's membership to homosexuality in

any form was dangerous. Lesbian, gay, bisexual, and transgender men and women had to

lead covert lives hidden from the knowledge of the heterosexual world – including

researchers – as losing one's career, and social support were not far-fetched outcomes

(Warner, 2002). It was not until the mid-sixties and onward that research took form and

marked the beginning of our knowledgebase on LB women.

During the 1960's Canada faced a tumultuous period where many conservative

and traditional worldviews began to be challenged rather than assumed. It was during

this period that research (mainly on gay men) took root and began to examine and

document the many claims and positions that were being made toward (and commonly

against) LB individuals. An infamous event in Canadian history fuelled momentum and

focus onto LB individuals' lives during this period. A man had been criminally charged

and convicted for 'indecent offences' and placed into the federal penal system. This

event sparked media attention and opened up political discussions on the nature of

homosexuality and its place (or lack thereof) in the criminal code. With people from both

sides of the debate wanting evidence to back their claims, the seeds were planted for

future researchers to examine the men and women that had thus far, only known negative,

punitive attention. In 1969 Canada took an active step toward equality for LGB

individuals by decriminalizing homosexuality. Not all Canadians approved of this

decision and many people's attitudes lagged behind the changes to the laws. One

byproduct of this event was the newfound attention and discourse that was opened on the

subject. Lesbian, gay, and bisexual people were no longer hidden in the obscure shadows

of mainstream attention (unlike transgender individuals). Now that being homosexual

was not considered a criminal offence, attention was placed on describing and

understanding who these people were and what they were like.

Discussion on the nature of homosexuality took centre stage. In a world where

seemingly most people were heterosexual, discourse focused on why some people would

'choose' to be homosexual – an apparently unnatural deviation from the 'norm' of

heterosexuality. Embedded in such a worldview, opponents to LGB individuals

perceived these people to be suffering from a mental health disorder that inhibited them

from identifying as heterosexual. Debates around the inclusion or exclusion of

homosexuality from the then, Diagnostic and Statistical Manual II (DSM-II), were strong

and controversial (Drescher, 2005; Warren, 2002). In response to claims against the

wrongful labeling of the mental health status of LGB men and women, opponents of this

medicalized, oppressive viewpoint, began to research the mental health of LGB

individuals.

Over the years, LGB individuals have been the subjects of research focused on

mental health. In particular, a wealth of research has examined the self-esteem,

depression, stress, and coping of men and women identifying as LGB and showed that

there are not any significant differences between heterosexual and homosexual people on

these outcomes (DeMino, Appleby, & Fisk, 2007; Golding, 2006; Meyer, 2003; Ross,

2005; Slater, 1995; Warner, 2002). The monumental work by psychologist Evelyn

Hooker set the stage for research on the mental health and social adjustment of

homosexual people. In a groundbreaking study examining the social adjustment of

homosexual men, Hooker conducted a study using a comparison group of thirty-eight

heterosexual men with thirty-eight homosexual men; participants were matched on IQ,

education, and age. Professionals and judges alike were unable to identify accurately, the

homosexual men based on results from psychiatric tests. Her conclusions strongly stated

that there is no evidence to clinically diagnose homosexual men as different from or

inferior to the mental health of heterosexual men, and that their sexual orientation may

deviate from the assumed heterosexual orientation, but that it is in no way a psychological

impairment (Hooker, 1957). Political pressure matched with research, led to the eventual

removal of homosexuality from the DSM-II, (Drescher, 2005; Johnson & O'Connor,

2002; Spitzer, 1981; Warner, 2002) and with position statements made by the American

Psychological Association (APA, 2005). Officially, men and woman could identify as

LGB and not face criminal charges or be labelled as mentally inferior compared to

heterosexuals.

With fewer social and legal obstacles in their way, there were fewer pressures for

lesbian women to stay in heterosexual relationships (Johnson, & O'Conner, 2002). Upon

ending these relationships, women were able to find new partnerships and create newly

formed step families. Step families led by two parents of the same gender are

representative of many WPW families (Milan, Vezina, & Wells, 2007). Literature

examining same-sex step families often has focused on how these families function, and

in comparison to the standard nuclear family consisting of one mother and one father. In

particular, people began to wonder if children in these newly formed, 'alternative'

families would suffer in a range of areas. Opponents to these families believed that

children would suffer detrimental cognitive, behavioural, and social outcomes compared

to their peers raised in heterosexual families. Anderssen, Amlie, and Ytteroy (2002)

reviewed the literature on child outcomes in same-sex families between 1978 and 2000.

Their review discovered that twenty-three empirical studies on this topic had been

completed and over 615 youth were researched. Their findings suggested that children

did not differ in sexual orientation, gender identity, cognitive or emotional functioning, or

behaviour. Other studies have found similar findings in social and emotional adjustment,

(Golombok, Perry, Murray, Mooney-Somers, Stevens, & Golding, 2003; Hastings,

Vyncke, Sullivan, McShane, Benibgui, & Utendale, 2006; Wainright, Russell, &

Patterson, 2004), family relationships, (Bos, van Balen, & van den Boom, 2004; Bos, van

Balen, & van den Boom, 2007; MacCallum & Golombuk, 2004) and overall adjustment

(Gartrell, Deck, Rodas, Peyser, & Banks, 2005). The findings from such studies were important as many court battles for custody over children and decisions around adoption focused on whether or not children's well-being would suffer in a family headed by two parents with the same gender. Indeed, the debates and resistance around the well being of children in these families has, and in some places continues to be, so strong that the American Psychological Association stepped forward and made a statement indicating that research has shown no evidence that children are worse off in families headed by same-sex parents (American Psychological Association, 2005). Along with looking at the outcomes of children, people also looked at how these families functioned.

Bringing people together to form a new family is fraught with difficulties around roles, boundaries, and stigma (Berger, 2000). In the absence of a traditional family structure, people began to examine how roles were delegated and interpreted (Bialeschki & Pearce, 1997; Ciano-Boyce & Shelley-Sireci, 2002). Heterosexual nuclear families can offer their members gendered, scripted roles which to follow that are absent in same-sex step families. Indeed, according to research on same-sex step families, their experiences can appear unscripted and leave parents wondering if they are doing the right thing or if they should engage in stereotypical gendered roles (Claxton-Oldfield & O'Neill, 2007; Fredrickson-Goldsen & Erera, 2003; Hequembourg, 2004; Lynch, 2004). Despite this uncertainty in parenting roles, research has shown that these families often demonstrate quite equal roles and division of tasks (Hequembourg, 2004). These families appeared to function quite ordinarily like any other. A concern of conservatives and

opponents to same-sex families however, was that children could not be successfully

raised in the 'absence' of a father or male figure.

MacCallum and Golombok (2004) examined the impact of male figures in child

outcomes in their research of lesbian-led families, single mother families, and

heterosexual families. Results suggest that children in fatherless families experienced

more interaction with their mothers, demonstrated behaviours that were more feminine

but no less masculine and did not differ socially or psychologically from their peers.

Findings from Clarke and Kitzinger (2005) provided further insight and support. The

researchers examined the media's use and arguments for male role models in lesbians'

lives. They examined selected television media over a period of four years and found

that lesbian women frequently experienced the topic of male influence in their families.

They found that lesbians' two main counter arguments to critics were that they did not

live on 'planet lesbian' as if no men were in their area, and that men were involved in

their lives in a number of ways. Regardless of male presence, children were not worse

off for being in same-sex families. A similar, yet perhaps larger concern of opponents to

same-sex families, was the fear that children in these families would grow up persuaded

to identify as gay or lesbian.

The family is a place where cultural norms and morals are passed to children and

where they develop a worldview of life. The family then, faces pressure to conform to

society's standards of what 'ought to be' in terms of gender (Naples, 2004). Research on

the topic of parents' sexual orientation influencing that of their children demonstrates that

these concerns hold no ground. Adolescents and young adults raised in families with

same-sex parents are no more likely to identify as LGB than youth who have been raised

in heterosexual families (Golombok & Tasker, 1996; Wainright, Russell, & Patterson,

2004). Researchers have even begun to wonder how it seems these children thrive and

benefit from their diverse families (Foster, 2007; Leung, Erich, & Kanenberg, 2005).

On June 10, 2003, it became legal for same-sex couples to wed in Ontario (CBC,

2005; Lahey & Alderson, 2004; Larocque, 2006). Assisted by easier access to advanced

reproductive technologies, women could now plan and form their families with fewer

social and legal obstacles. Literature on these families has followed a similar focal point

to the research conducted on WPW step families, with a great deal of it having took place

before the legalization of same-sex marriage. These families too were the focus of

research examining how they functioned. Just like WPW step families, researchers

wondered if families created with two mothers would influence the division of labour

(Bos, van Balen, & van den Boom, 2004). For example, would the non-biological

mother take on more or less household responsibility? Findings generally agree that

these parents equally divided the household tasks (Bialeschki, & Pearce, 1997; Goldberg,

& Perry-Jenkins, 2007; Reimann, 1997) and actually divided these tasks more evenly

than did heterosexual couples (Chan, Brooks, Raboy, & Patterson, 1998). Although there

is no clear answer as to why WPW households may divide their tasks more evenly,

researchers believed it had something to do with not prescribing to rigid gender roles

(Ben-Ari, & Livni, 2006). Strongly related to the division of labor is the topic of role

negotiations.

A unique feature of these families is the inclusion of two women as parents. Specifically, in families where one parent carried the child to term, issues around 'social' and 'biological' mothers could be examined. Ben-Ari and Livni (2006) found this topic interesting and examined lesbian mothers across the transition to parenthood. Of particular interest to the researchers was how these families would deal with the new roles created upon becoming parents: biological mother and social mother. What they found was that these new social statuses did affect mothers but only in the way of making the social mother feel less legitimate and more inclined to defend her mother status to outsiders. Despite separate statuses as mothers, these researchers along with others found evidence of negotiating roles evenly (Ciano-Boyce, & Shelley-Sireci, 2002; Goldberg, & Perry-Jenkins, 2007; Reimann, 1997; Tasker, & Golombok, 1998). One area in which these families did not experience equal division was in primary parent attachment. Factors such as maternal nurturing and time spent with children (Bennett, 2003) affected with which parent children were more likely to develop primary bonds (Goldberg, & Perry-Jenkins, 2007). Even though this difference was found between parents, these families also demonstrated positive child outcomes. In light of how women can find many pathways to form a family, the literature points toward more similarities than differences in how WPW families develop and function.

Stigma and Discrimination

Despite the social landmarks that have taken place over the years, the social context in which WPW families have lived and grown remains negative. In 2001 and 2002 Statistics Canada data painted a less than positive social context as reported cases of

hate crimes based on sexual orientation were the third most prevalent only behind

ethnicity and race (Statistics Canada, 2004). Although federal statistics have shown a

recent decrease in the incidence of hate crimes, (Statistics Canada, 2007), LGB

Canadians have reported experiencing higher numbers of violent victimization from their

heterosexual counterparts (Statistics Canada, 2004). Indeed, LGB individuals are at a

greater risk of experiencing sexual stigma and prejudice than are heterosexual individuals

(Balsam, Rothblum, & Beauchaine, 2005). Although not completed in Canada, a

comprehensive telephone survey of 667 self-identified LGB individuals revealed a harsh

social life. Of the 667 individuals, nearly half reported experiencing harassment and just

under a quarter of respondents reported being victims of either a personal or property

crime since the age of 18 (Herek, Cogan, & Gillis, 2002). This illustrative study

demonstrated that victimization occurs in a variety of ways across locations. Even

though legal strides had been made along with official statements supporting these

families, (APA, 2005) the social context remained less than positive.

People in LGB families have to contend with social stigma and discrimination in

many aspects of their lives. Overall, to identify as anything other than heterosexual

enables a life of stigma and challenges around prejudice and discrimination (Herek, 2004;

Balsam, Rothblum, & Beauchaine, 2005). In narrowing focus down to families, it

becomes clear that they are not free from the homophobic and heterosexist beliefs of

society. Indeed, these families face persistent stigma and negative perceptions from an

array of sources. Stereotypes about these families can fuel negative attitudes about their

functioning and satisfaction (King & Black, 1999).

Pre-existing attitudes in service providers can influence their interactions with WPW families over critical matters such as counselling, (Choi, Thul, Berenhaut, Suerken, & Norris, 2006) legal decisions (Falk, 2007) and adoption (Hebl, Bigazzi-Foster, Mannix, & Dovidio, 2002). Women Parenting with Women must face social networks and spaces that are not accepting and supporting of them and their families. For example, simple matters such as negotiating school systems with their children can be fraught with challenges (Jeltova & Fish, 2005). To illustrate such difficulties further, Garnets and D'Augelli (1994) were interested in learning of barriers experienced by lesbian and gay people. What the researchers found was that a number of barriers were in place that impeded LGB individuals from achieving both personal and community development. The researchers concluded that heterosexism was one barrier that "...[fuelled] the disenfranchisement of lesbians and gay men by perpetuating the view that their sexual orientation is inherently flawed" (p. 455). Negativity can be experienced within the LGB community as well.

Discrimination Within Lesbian, Gay, and Bisexual Community

The LGB community is not inherently supportive of all its members despite facing oppression from the larger society. Lesbian women who have become parents may encounter a lack of support from peers who were otherwise supportive. Indeed, Kindle and Erich (2005) surmised that lesbians might encounter increased resistance from peers and less support, as the mothering lifestyle is quite different from a lifestyle without children. An interesting study completed by DeMino, Appleby, and Fisk (2007) sought to examine the stigma LGB families experienced from their community. The

research examined if becoming a mother affected one's perception of availability of social support. Comparing lesbian mothers and lesbian non-mothers, the researchers concluded that mothers experienced more internalized homophobia, perceived less social support from friends, and more support from family than did lesbians without children. Gaining social support and taking refuge from stigma then, is not as simple as relying on one's LGB community.

For the many women and children who belong to such families, stigma can take on a whole new angle when you belong to a 'triple-stigmatized family' (Berger, 2000). Triple-stigmatization means that step families must contend with compounded stigma and prejudice from more than one source. These families do not follow the traditional family structure of having children from birth and therefore become a target of stigma (Berger, 2000; Claxton-Oldfield, & O'Neil, 2007; Robitaille & Saint-Jacques, 2009). Similarly, they are not a 'nuclear' family consisting of a father and mother and consequently, are targeted for being non-heterosexual (Robitaille, & Saint-Jacques, 2009; Van Dam, 2004). In addition, these families face prejudice from *within* the LGB community because they are families and have lifestyles that differ from single lesbian women (Berger, 2000; Hall & Kitson, 2000; Lynch, 2005). Along with heterosexism and stigma, LGB parents also must navigate heteronormative social contexts.

Heteronormativity

Heteronormativity can be understood as the underlying assumption that heterosexuality is normal and the standard by which other sexualities are compared (Short, 2007). As a LGB individual or family, finding and using resources predominantly

directed at heterosexuals may be difficult. In a personal account of her experiences as a

lesbian non-birth mother in a childbirth class, Naples (2004) believed her presence as the

only woman coach in the class served as a challenge to the gender essentialism found in

prenatal services. Indeed, when all one sees are depictions of family completely different

from his or her own, it begs the question of how useful such services are for these diverse

families. Research focused on this question showed that services directed to WPW were

well received. Indeed, women reported that they felt included, had a sense of belonging,

and were relieved they did not have to reiterate their parenting journey to others as if it

were exceptional (Lev, Dean, DeFilippis, Evernham, McLaughlin, & Phillips, 2005;

Short, 2007). Unfortunately, not much else is known on this subject. More research is

needed to explore how women feel about these services (Kaufman & Dundas, 2000;

Ryan, 2000) and importantly, what Canadian women think.

Health Care

Health care for WPW has not received a lot of attention in research and even less

so in Canadian research. What is known about health care for Canadian WPW is not

completely positive. The history of health care for these women has been negative with

women having to confront homophobic service providers, disclose their identities (or

hide them), and be met with prejudice and less than positive care (Hudspith, 1999).

Some women use health care services less often due to previous negative experiences

(Hutchinson, Thompson, & Cederbaum, 2006). Statistics Canada found that LGB

individuals were twice as likely than heterosexual individuals to have had an unmet

health need (Tjepkema, 2008). For women thinking about starting families, the issue of

health care is vital, as research has found these women present unique needs (McManus,

Hunter, & Renn, 2006; Renaud, 2007; Ross, Steele, Goldfinger, & Strike, 2007). Indeed,

these women have reported the need to have supporting, knowledgeable health care

providers who are not anxious or uncomfortable working with WPW (Renaud, 2007).

Unfortunately, there is not a great deal of research that focuses on the needs of women as

they maneuver the transitions from preconception, conception, and postpartum stages of

parenthood.

Filling in the Gaps

A great deal of the research on WPW families has not been Canadian.

Researchers from Europe and the United States have taken precedence in this field (see

Bos, van Balen, and van den Boom, 2004 and also Patterson, 2001). Regardless of

location, the focus of this research has to a large extent, highlighted parental suitability,

child outcomes, and family functioning. Although highly informative and interesting,

such a view leaves an unbalanced picture. Research is needed to address issues of

relevance for these women and their families, with findings being applicable to their daily

lives (Mercier & Harold, 2007). Despite research becoming more mature in this field as

it departs from comparing WPW families to heterosexual families, (Mercier & Harold,

2007) there is room for growth. Topics such as what women need when deciding to

become parents and what they need once they are parents, both deserve more attention in

research. More women are becoming consumers of neonatal health care and their

experiences are in need of exploration (McManus, Hunter, & Renn, 2006; Renaud, 2007).

Currently, little research exists on these women's uses of supports and services and of what they believe would be beneficial to have as they become parents and raise children.

Summary

The review of the literature revealed the context in which many WPW families find themselves and highlighted the focus of past research. It has not been too long in Canada's history since sexually diverse people faced criminal offences or negative mental health diagnoses. The struggle for legitimacy and visibility has been fraught with challenges and resistance but individuals and families have come through these hardships, and have continued to flourish. Research on these families has followed closely the ebb and flow of the tension between politics and the LGB community's efforts to develop and grow. Research has generally matured from focusing on the suitability of WPW and the outcomes of the children in these families, to what these families look like and how they function. More research is needed however to support these families in their endeavours and specifically, in what they need to succeed in society.

Research Rationale

The rationale for choosing this research project was based on three significant factors: (a) there is generally a lack of research that examines WPW's needs in pre-parenting and parenting; (b) concerns about the availability and status of WPW (pre) parenting services expressed to me from service providers in the field; and (c) lastly, my own personal curiosity in what these diverse individuals and couples believe could be

done to improve their efforts of becoming parents and raising their children. The

literature review concluded that research examining these women and their families from

a focus other than child outcomes, parental suitability, and family functioning would be a

novel inclusion in the field. Research focusing on what these women and their families

may need to achieve their goals and well-being would be beneficial for two reasons.

First, it would serve to build awareness on the experiences of these women and bring

attention to services that may be desired. Second, it could enable service providers to re-

examine their services and determine if changes need to take place to make them more

accessible and comfortable for the diverse families of Southern Ontario.

Research Purposes and Questions

The purposes of the research were as follows:

1. Explore what the needs of women were, as they navigated one of two phases of

    parenthood: 1) pre-parenthood, and 2) parenthood.

2. Explore similarities or differences between women in the two phases of parenting

As such, the research was focused further and directed by four research questions. Each

of the following research questions was used for both groups of the study. The research

questions were as follows:

1. How do (pre) parenting WPW perceive their cities?

2. What needs do WPW identify?

3. What services and supports have WPW used?

4. What are the top three needs of (pre) parenting WPW?

5. Do needs differ by phase of parenting?

Method

Standpoint

The role of the researcher is important for a number of reasons. Of particular importance is how the role of researcher influences the research process. This influence can occur through multiple pathways such as identity, values, and biases. As such, it is important for a researcher to examine one's location in the research and to "embrace our subjectivity and actively identify its impact on the research process" (Kirby, Greaves, & Reid, 2006 p. 20). Indeed, values, experiences, and identity of the researcher influence the research (Wagle, & Cantaffa, 2008). That is, the researcher becomes a tool of the actual research. Experiences and assumptions give shape to research interests, questions, and choices about how to carry out a project. It is with this understanding that I acknowledge my background and that it undoubtedly has, and will continue to, influence this study.

One of the primary ways in which my background influenced the research project was through my identity. For the past seven years, I have openly identified as a lesbian woman. Select family members, peers, strangers, and services such as healthcare, often assumed my sexual orientation to be heterosexual. People asked frequently where my boyfriend was, what I was looking for in a man, and (while at medical appointments) how I could be sure I was not pregnant. Other times, people would make jokes and derogatory comments about sexual minorities forgetting that one was among them. The people in these incidents put the onus on me to choose to say something or to 'out' myself and disclose my sexual orientation.

One area in which I have experienced heterosexism (from even my close family and friends) has been within the topic of parenting. One evening, I sat down with my family and we started a light discussion about the future of the family. What could or would happen to us, to our family, in five years from now, or even ten years from now? One of my parents lamented that they would never be a grandparent to which I replied, "...well, I would like to have a family one day". This remark received doubtful looks and pessimistic responses because I was a lesbian woman. Curious, I asked why this reaction was the case and they stated it was unlikely I would have a child if I had a woman as a partner. It would be simply too difficult and fraught with challenges right from the beginning. My parents justified their opinion by grounding it in their experiences of WPW. For example, they never saw WPW and their only exposure to the topic had been in the media about bullying, hate crimes, and difficulties. In their minds, why would their daughter ever want to experience that negativity and raise a child in such an environment?

Within a few years of that family conversation, a friend of mine who was a lesbian did become pregnant and gave birth to a son. As I sat with my friend's then six-month-old son on my knee, the overwhelming desire to ask them how their experience was from planning to childcare came forward. Questions around if they had encountered difficulties in services, healthcare, and from friends or family raced around my head. After all, I was not a stranger to heterosexism and had experienced less than positive health care. Further, it is common for rumours and stories of negative experiences in health care to circulate in the LGB community. All that they had to say I took in eagerly;

some rumours of pregnancy and health care were dismantled, while others were

confirmed further. Around the time of this conversation, I was entering the thesis year of

my academic program. As I listened to my friends' experiences I became increasingly

interested in exploring the topic of WPW to learn more.

My motivation to learn more about this topic was based on two primary reasons.

First, my undergraduate research involved focus on an issue of importance to LGB

individuals and I desired to continue my academic pursuits within this field. Second, I

knew that I wanted to some day become a parent and that the state of affairs for WPW

would be something I too would experience eventually. That said, the issue had personal

relevance for me along with academic interest; I decided to bring these two motivations

together and pursue a research project that would help me make sense of my friends'

experiences and my own interests.

Aware that my background, values, and passion would influence my research, I

became motivated to understand how my background would always be present in the

research process. At the outset of the project, I knew that my identity had influenced my

decision to choose same-sex (pre) parenting needs. In particular, the decision to focus on

WPW over gay men further confirmed my beliefs that my own values, interests, and

background were already driving the research. At this time, I sought to create a journal in

which I could write my thoughts on the project and voice my concerns. The journal

helped ground my beliefs and opinions when they threatened to surface and strongly steer

my interactions with participants and in data analysis.

There were times during interviews when my shared identity affected what women discussed. As a result of Kitchener-Waterloo's small LGB community, there were times in the research when participants would know who I was and how I identified. Consequently, during interviews some women would look at me and say: "well, you know how it is…". In some of these cases I could relate to their stories while in other cases I could not; I did not know 'how it was' and I would have to ask them kindly to elaborate. Indeed, such comments existed even in interviews outside of Kitchener-Waterloo. By virtue of being a lesbian woman, participants believed our backgrounds to overlap more than what I believed to be the case. For example, our backgrounds were only shared in degrees and hardly overlapped greatly; even though one day I wished to become a parent, I was far from planning and could not imagine what it would be like to already be a same-sex parent. During these discussions, I had to monitor continually for any instances where an assumed shared understanding would inhibit further elaboration.

During data analysis I noticed how easy it was for me to become entangled in women's stories and allow my own opinions and thoughts to emerge. It was during these moments that I found my journal to be useful as a means to allow myself to take a step away from the research and see what was going on in my mind. Notes made during and between interviews, and in analyses helped ground me in the research and remind me that my identity was influencing decisions and conclusions that at first glance, I could not see. There were key areas where I believe my identity affected the research process and of my interpretation of the findings. Specifically, I am the product of my generation and have been somewhat blinded to the fact that many women parenting started their families

through step families, and not through planned families. Further, there were likely key

areas where more probing could take place yet did not due to my identity. In particular,

my knowledge of certain services, networking, and concerns, at times led to a shared

understanding in my mind but not an explicit, written explanation on a transcript that

could be integrated into data. Consequently, I have come to the belief that even though

an insider lens has its advantages – like shared understanding, willingness to share stories

etc., - being an 'outsider' may have enabled me not only to be more thorough in my

research questions, but also in probing for more clarification.

Research Approach

A qualitative methodology was chosen for the research. The needs of same-sex

(pre) parents is not a well known field, with a lack of previous research existing upon

which to build hypotheses or guide prospective studies. Qualitative research allows for a

flexible and intimate exploration of topics not well documented in the literature. Denzin

and Lincoln (1994) provide further insight into how qualitative research enables such

inquiry:

> *Qualitative researchers stress the socially constructed*
> *nature of reality, the intimate relationship between the*
> *researcher and what is studied, and the situational*
> *constraints that shape inquiry. They seek answers to*
> *questions that stress how social experience is created and*
> *given meaning. In contrast, quantitative studies emphasize*
> *the measurement and analysis of causal relationships*
> *between variables, not processes.*

For the purposes of the current research then, it should be noted that quantitative methods

were not seen as less useful but rather as 'down-the-road' inquiry. Further, I believe it

was important to describe the topic of same-sex (pre) parenting needs free from the restrictions of structured, closed-ended questionnaires. The current research sought to study a poorly documented area and bring to light issues and information that would later set the stage for more in-depth lines of inquiry.

Research Design

A two ($k = 2$) group design was used in the study. The groups, referred to as pre-parenting and parenting, were created to explore the experiences and needs of women while they were in one of the two stages of parenting. Terms of inclusion in the sample for pre-parents involved women who identified as lesbian or bisexual individuals and were planning on becoming parents within the next few years. For parents, the terms of inclusion were LB women who were parents of children under the age of eighteen. Data collection involved ten semi-structured interviews – five in the pre-parenting group and five in the parenting group. The unit of analysis was held at the interview level; if two women were in an interview, their experiences were not analyzed separately but as one interview.

Research Context

The broader context in which the research took place was Southern Ontario and in particular, the region known as the "Golden Horseshoe". According to data collected for the 2001 census, approximately 45 300 same-sex couples (common-law and married) resided in Canada. Just over half were male (53.6%) and a little under half were women (46.4%). Women were more likely than men to have children, and this held true

regardless of marital status (Milan, Vezina, & Wells, 2007). Although statistics on same-

sex couples and their families were not collected for the Golden Horseshoe region

specifically, data were collected on the major metropolitan areas within this region. The

region of the Golden Horseshoe encompasses Ontario from Barrie down to the Greater

Toronto Area and around the western edge of Lake Ontario. This region is populous with

slightly over eight million Canadians calling it home. Data taken from the last census

revealed that out of respondents from the census metropolitan areas, less than 1%

reported to be a sexual minority (Statistics Canada 2007).

Participants

Participants came from various cities across the Golden Horseshoe in Southern

Ontario. During the interviews, I asked women about their families and their

backgrounds. Even though there were only ten interviews, a total of twelve ($n = 12$)

women participated. Two of the ten interviews involved couples, while the other eight

took place with individuals (see Table 1). All participants identified as lesbian or

bisexual. None of the women in the pre-parenting group had previous children. Women

in the parenting group had a total of nine children from prior heterosexual relationships.

Formal demographic information was not collected from the women. Instead, much of

what I learned about their lives was through conversation with them about their

backgrounds.

Interviews

Semi-structured interviews (Appendix A) were held with women. This method enabled a flexible, exploratory glimpse into the experiences of these women's lives. Ten interviews were held in person or over the telephone. The decision to meet in person or hold the interview over the telephone was made by the participant. Interviews generally were around thirty-forty minutes in length. There were a few exceptions however, with two interviews being only between fifteen-twenty minutes and two being over one hour.

Table 1

Summary of Pre-Parent and Parent Interview Information

Group	Interview	Participant	Relationship Status	Participate As Couple Or Individual	Telephone or In Person
Pre- Parents	1	Amy & Sarah	Couple	Couple	In Person
	2	Jordyn	Single	Individual	Telephone
	3	Sasha	Single	Individual	In Person
	4	Susan	Couple	Individual	In Person
	5	Joanne & Mary	Couple	Individual	Telephone
Parents	6	Becki	Couple	Individual	Telephone
	7	Nicole	Single	Individual	Telephone
	8	Liz & Beth	Couple	Couple	In Person
	9	Nat	Couple	Individual	Telephone
	10	Mel	Couple	Individual	Telephone

Procedure

Recruitment of participants took place within the region of the Golden Horseshoe over the span of a year. Recruitment in this population can be complex, (Binson, Blair, Huebner, & Woods, 2007; Johnson & O'Conner, 2002) in this study it difficult and prolonged. Originally, the scope of the study was restricted to the city of Kitchener-Waterloo. Around both cities' downtown cores, I placed posters that provided a description of the study with my contact information (see Appendix B). Posters were in place for a month when half of them had to be replaced for weather damage or were taken down for unknown reasons. Replacement posters were up for an additional three weeks. Nearly two months had elapsed with no success. The assumption that posters would be a successful tool for recruitment, was largely a product of my own inexperience and naivety in recruiting.

At this time, I undertook a purposeful snowball sampling technique that had been shown to be particularly useful in qualitative research samples of marginalized populations (Binson, Blair, Huebern, & Woods, 2007; Carter & Little, 2007). Living in Kitchener-Waterloo for over six years enabled me to build my social networks on campus and off, within and out of the LGB community. As such, I initially put to work my social network and spread the word of my study through word of mouth and over online mediums like Facebook and public advertisements. Around this time, a new school year was approaching and four of ten people recruited through word of mouth declined to participate over concerns of schedule conflicts with work or school. Discouraged over the lack of progress in finding participants, I took time to re-examine the methods being

employed to find informants. The question of why I had restricted the scope of the study

to only Kitchener-Waterloo began to trouble me. In particular, restricting the scope to

such a small location could be affecting the ability of snowball sampling to take its form.

Once the university's ethical review board approved the decision, I expanded the scope of

the study to include the Golden Horseshoe and informants were finally being recruited.

Women interested in the study contacted me through either email or telephone. After

discussing the study's goals and procedures, women who were still interested set times in

which they would be available for an interview. Before interviews commenced, I

reviewed the information and consent form (Appendix C) and notified the women that I

may ask them for an additional interview for accuracy and further clarification. All

informants agreed to the possible additional interview and understood its purpose. When

we were both ready to begin the interview, I asked women if they were comfortable with

it being digitally recorded. All informants permitted the interviews to be recorded. In the

case of interviews completed over the telephone, I read aloud the information consent

form and notified informants that I would mail a copy of the information consent form to

their residence in an enclosed, stamped and addressed envelope. Informants were

instructed to sign and return the form. Member checks with informants followed a

similar procedure.

Two member checks took place after the initial interviews. One interview from

each group was chosen as a member check. The rationale behind which of the ten

interviews to choose from rested primarily on interesting cases, or a need to follow up on

a concept that required further clarification. At this point in the research, preliminary

categories were emerging, and participants selected for member checks received a copy

of their transcripts along with a summary of the preliminary findings. Both participants

were emailed notification and a request to participate in a member check. In the member

check interviews, participants engaged in a discussion with me about the content of their

interview, any omissions that occurred, or clarifications that they desired to include.

These member check interviews lasted around half an hour.

Analysis

An important aspect of qualitative research is to honour the insight and

experiences shared by participants. To do so, qualitative researchers often employ

procedures to ensure the integrity of participants' voices is not lost in the analysis. To

date, there is no clear consensus among qualitative researchers on one primary method to

ensure validity, (Morse, Barrett, Mayan, Olson, & Spiers, 2002) however there are

popular strategies in use.

One of these strategies is 'trustworthiness' put forth by Lincoln and Guba (1985).

Trustworthiness of qualitative data must be established so the audience of the research –

including the participants and the researcher – can rely on the information to adequately

describe the phenomena under investigation. The trustworthiness of qualitative data can

be accounted for by adherence to one or more of the following guidelines: Credibility,

transferability, dependability, and confirmability. Credibility requires that data hold true

to participants' constructions of reality while transferability refers to the extent that data

apply to other, similar situations and contexts. Dependability relates to the consistency of

data; along similar lines, confirmability is the extent to which other researchers and/or

communities can replicate similar findings. To engage in these strategies of

trustworthiness, researchers can do a number of methods such as audit trails, member

checks, and confirming findings with participants.

How researchers use these methods varies. Kirk and Miller, (1986) discuss how

researchers may determine which method is appropriate to ensure trustworthiness of data.

Because research varies in scope, timelines, and resources, expecting researchers to

employ all proposed strategies by Guba and Lincoln is not feasible.

Preliminary Analysis

In the preliminary analysis stage I undertook the collection and organization of

my notes from the interviews. I believed it was important for me to have these notes

available for each interview, as these notes would assist me in the transcription and

eventual analysis. The rationale for this belief centered on my background, and how I

thought my role in the research would influence the analysis. To have these notes

available enabled me to see biases and question my initial reasoning behind preliminary

codes. In this stage of analysis, I began the task of transcribing all the interviews

verbatim. These interviews were transcribed into word documents and entered (by

myself) into NVivo, an electronic data management program. Any identifying

information such as names or the names of partners, children, and/or (former) spouses

were changed to provide anonymity of participants. I read the transcripts to ensure

accuracy and to reinforce my familiarity with the interviews. Likewise, my thoughts and

questions from notes during the interviews were attached to each transcript. During this

preliminary stage, analysis took the shape of systematically coding nodes by each

research question across both groups. For example, I would examine the first research

question for all participants in the pre-parenting group and then proceed to examine this

question in the parenting group before moving onto the second researcher question. This

method was followed for each research question except the last one, which focused on a

comparison between the two groups. While this descriptive coding was taking place, I

developed a codebook that contained key concepts, examples of these concepts, emerging

codes and their respective examples from the transcripts. During the coding process, there

were multiple times when my own questions, doubts, and biases were surfacing into my

work. I made an effort to create memos of these events and to include them in my journal

for later examination and reflection.

Thematic Analysis of Codes

The second stage of analysis involved examining codes and looking for patterns

for preliminary categories. Thematic coding took place by group and by question

systematically. At this stage of analysis, there was more back-and-forth activity between

original codes and possible thematic categories, as a deeper involvement in the data

began to take place. In light of this awareness, my audit trail began to grow as more

questions, ideas, and even doubts into the meaning being attached to categories took

place. These thoughts and concerns took form in small memos and notes I would jot

down in the margins of my codebook, that would eventually make their way into my

research journal. Much of the contents from the research journal were raised in meetings

with my advisor along the way. These review meetings of the progress of analysis

grounded my interpretation of the codes and formation of categories. Such meetings can

act as important tools in assisting with the validity of the analysis. In the case of the

current study, meetings with my advisor and committee helped me find alternative ways

of explaining data along with providing an external mindset into the categories' meaning

and contents.

<center>Findings</center>

The findings section is presented in four sections. First, I report on the

participants' insights on their lives, including how they perceived their cities, talked

about discrimination, and the support they received from family and peers. Second, I

describe women's needs. Moving on from women's needs, the third section documents

services and supports women used. Then, in the fourth part, findings of the rank order of

needs is presented, followed by the fifth and final section that reports results of (pre)

parenting women's needs.

Thoughts on Cities, Discrimination and Supports

Before I asked women about their (pre) parenting experiences, I first asked them

to share a little about their backgrounds with me. This information was collected because

I believed it would help me situate their (pre) parenting experiences in a broader context.

The first question focused on what it was like for women to be planning or parenting

where they lived.

Perceptions of City.

Women spoke of both positive and negative experiences in relation to planning or

parenting a child in their current city. For women who reported positive surroundings,

issues like being able to be 'out' in the open without being met with negative comments

or actions, and finding a niche with which to locate oneself, helped these women feel like

their city was a good place to live. For one pre-parent, her location was described as

positive due to all of the support she was able to receive from other people:

> *I haven't really interacted with a lot of people who have*
> *had negative views. Everyone at work is very supportive as*
> *are my friends and those I've met in the gay community. I*
> *guess I've sort of surrounded myself by positive people.*

> *Sasha*

Similar to some of the pre-parents, a few parents also expressed positive remarks about

their locations. For one parent, her city was viewed as positive as she was able to find

support from her local LGB community:

> *I would say in general, Oshawa has a pretty large gay*
> *community...so um, in that respect there is a lot of support*
> *from other people who have gone through it...it is easy to*
> *meet other people and talk with people who have gone*
> *through it.*

> *Nat*

Another parent from the same city believed it had been a positive place to be a same-sex

parent due to the support she received from peers and the hospital where she gave birth

to her daughter:

> *I've found it fine, um, I don't think anybody's ever treated*
> *me any differently or anything like that. Like, the hospital*
> *was good and a friend was there while I gave birth to my*
> *daughter...so everybody assumed she was my partner but,*
> *like after they asked if she wanted to stay with me and*
> *that...everybody was good.*

> *Mel*

An additional quality that made cities positive for women was what one

couple mentioned as an absence of any 'real issues' such as homonegative

attention. The general lack of alarming homonegative events led to the

couple saying their city was a good place to live:

> *Liz: Well I haven't seen any real issues...we're never*
> *confronted; we've never gotten stares or glares...I*
> *think people look at us when we go out as a family and*
> *we do a lot of family activities.*
>
> *Beth: I think people look at us and it's real positive.*
>
> *Liz: We haven't gotten any negative comments. We don't*
> *hide it...we'll hold each other's hands and we're with*
> *the children too.*
>
> <div align="right">Liz & Beth</div>

This apparently safe environment brought comfort to this couple and enabled them to

carry out life as any couple or family might. Actions like engaging in family activities

and/or holding each other's hands while with their children outdoors were commonplace

activities for them. Although the above (pre) parents stated positive remarks about their

respective cities, not everyone had affirmative experiences.

Some women reported their cities to be less than welcoming places to someone

who has same-sex desires. Negative experiences ranged from feeling isolated from an

open and knowledgeable environment, to experiencing difficulty in establishing a sense

of community with a hard-to-find LGB community. For one pre-parent, moving to her

current location was fraught with difficulty and less than positive sentiment as she went

through what she called, a sense of 'culture shock':

> *...we were in a queer bubble for sure...looking around and seeing queer parenting was not something unusual, and now not seeing that represented here is harder...I still feel like I'm back in my coming out process because I have to explain everything again... the same way I did eight years ago when I*
>
> *came out...and had to explain myself and my situation to people and things I take for granted as really obvious...*

> *Joanne & Mary*

For her, moving from a city that had inclusive services and a sizeable LGB community to one that lacked both of these, felt like a second, 'forced' coming out process. A pre-parenting couple also expressed this feeling of culture shock:

> *Amy: ...when I came to Kitchener... it was quite a huge culture shock I'd say because I didn't know where to go, it was hard to find anything.*
>
> *Beth: I think my experiences are really the same. I came from Toronto as well and coming back here was a culture shock... going from one extreme to another extreme environment, where one is extremely open and you have people, you have community and people who are very supportive and things are a lot more open and then coming back here...everything is a lot more closeted and you can't tell you know...there's no obvious support anywhere...*

> *Amy & Beth*

For some of the women, not being able to find a community of similar others inhibited efforts to feel connected in their city:

> *...so it's really incredibly difficult to be a member of the queer community if you don't know the community or have the connections already...*

Susan

*I think it's more with the [school] parents because I don't
have any friends here, and no sense of community...*

Becki

Not all of the women's accounts of negative experiences dealt with the

lack of finding a local, inclusive community. For one parent, her experiences

took place in Toronto, which is known for its large and visible LGB

communities. For this parent, her sense of safety and identity were tied to the

local LGB communities, and the further she traveled from it, the less safe she

felt.

In summary, it appeared that some women in the study thought their cities were

positive places to be planning or parenting, or at the very least, were places that had not

yielded any negative events specific to being a same-sex (pre) parent. For those women

who reported their city to be a less than welcoming atmosphere, things like not being able

to find their local LGB community, experiencing hardship in establishing a sense of

community, and feeling like they must re-experience a second 'coming out' affected their

views towards their cities. Despite women sharing their views toward their cities, there

lacked a clear direction of whether women in this study found their cities to be either

positive or negative. Indeed, out of the ten interviews, there was not a strong inclination

toward positive or negative views of one's city. Instead, when women reflected on this

issue, sentiments were split evenly between good ($n = 5$) and poor ($n = 5$) accounts. To

take a deeper glimpse into what it was like for these women to be either planning or

parenting as a same-sex woman in their respective locations, issues of heterosexism and

homonegativity were examined.

Heterosexism and Discrimination.

Heterosexism is a fairly common phenomenon in society. Research that looks at

heterosexism states its pervasiveness is partly due to society's normalization of anything

heterosexual (Herek, 1994). For half of the sample, their experiences of heterosexism

came through interaction with professional services. For three of the women,

heterosexism became prominent when they were dealing with medical services. For two

of the women, the language with which their physicians asked them questions led to them

feeling frustrated about assumptions:

> *... things like when you go to the doctor and they ask you if
> you're sexually active and you have no idea what they
> mean when they say sexually active. Do they mean 'penis-
> in-vagina sex'? I mean...they don't make it explicit what
> they mean; they just kind of assume that if you are sexually
> active, that it's with men and in a very certain way.*

> *Jordyn*

> *Well I think heterosexism is everywhere. Like I know when
> I've had to see gynecologists they ask questions like 'are
> you pregnant?' and 'are you sure?' and I'm like, 'I can
> guarantee you I am not' and then they question how I can
> guarantee that like, 'do you practice safe sex?' and I'm
> like, 'I'm gay'...*

> *Liz & Beth*

The third woman encountered heterosexism while her partner was in hospital with a

mental health illness. While she was visiting her partner, the staff made it clear to her

that two women in a relationship was not normal:

> *...when my partner was in hospital...they wouldn't let me*
> *visit because I wasn't considered a family member...and*
> *when doctors or therapists I met...instead of calling me,*
> *'partner' or 'girlfriend' would refer to [me] as a friend, so*
> *just diminishing the you know, the value of the*
> *relationship...and I felt...if we were a heterosexual couple,*
> *giving a hug would be normal.*

<div align="right">

Sasha

</div>

Experiences of heterosexism were not constrained to medical interactions. Other services

too, had been sources of heterosexism for some women. One pre-parent recounted the

time she had inquired into health insurance and had the agent redouble over hearing her

partner's name:

> *...even when I call a doctor around my insurance thing and*
> *I say 'my partner blah', I knew I definitely heard a 'sorry, I*
> *thought you said a woman's name'.*

<div align="right">

Susan

</div>

Experiences of heterosexism were also reported outside of services and within the realm

of social ties. In particular, two women reported having experienced subtle, heterosexist

remarks around their relationships while being with friends or families. One case

illustrated how friends of WPW can discuss their own relationships as normal

conversation, yet believe that any discussion of same-sex relationships is abnormal and

excessive:

> *I feel like my outness is...offputting or a sense of it being*
> *uncomfortable... like 'why does your whole life have to be*

> *about being gay?' and I'm like, 'well why does your whole*
> *life have to be about being straight?'...it's like, 'oooh,*
> *Joanne is talking about the gay thing again'... I have a*
> *partner who happens to be a woman...*

Joanne & Mary

For the women in this study, heterosexism was at times subtle and in others, more

overt. It came across in interactions with professional services and particularly in the

form of language that held true to heterosexual normalcy. For some of the women,

heterosexism found its way into their social support networks, and made itself noticeable

in ways that compartmentalized women's relationships to sexuality. Related to

heterosexism was homonegativity.

Homonegativity is a concept that very much stems from the more populous use of

homophobia. It breaks away from homophobia however, in its reconceptualization of

negative attitudes, not irrational fears, being the main driving force behind negative

actions toward individuals expressing same-sex attractions or being in a same-sex

relationship (Herek, 1994). For the (pre) parents in this study, fortunately

homonegativity was not something prevalent in their lives. Out of the ten interviews,

only two ($n = 2$) women discussed homonegativity at length and their accounts were void

of any significant, homonegative event. Instead, their accounts were of more frequent,

less intense incidents. For example, the thought that homonegativity could happen

lingered in one woman's mind, and especially so as she had experienced minor negative

events. This contemplation did not stop her from being out in public with her partner

however:

...I've definitely seen like, people make faces or have some
sort of issue but it's not been terrible. At this point I feel
fairly comfortable walking down the street holding my
partner's hand...but I do once in a while consider it.
Actually, I always consider it and I always hold my
partner's hand while out in public and I know people look
at us but I don't usually have bad experiences.

Susan

Heterosexism and homonegativity were not strangers to the women in the study but they

were not highly prevalent activities either. Fortunately, most of the incidents were subtle

and did not strongly direct women's views toward being a WPW in their respective cities.

Factors behind why women believed they had not experienced great amounts of

heterosexism or homonegativity were not examined in this study, but questions around

women's informal support were asked in an effort to place positive and negative

experiences in a broader context.

Family Support.

Women's informal support networks were examined. In particular, women were

asked to describe their informal support for both family and peer networks. In terms of

family support, women reported a variety of support along a continuum of strong family

ties to not being in touch with their family any longer. Of the women who reported

strong family support, (*n* = 2) their discussions focused on the unconditional inclusion

and acceptance of them and their partner and/or children. Indeed, these women (one pre-

parent and one parent) shared accounts of their families being supportive of them

regardless of what their relationship status was or whether or not they desired to parent or

were currently parenting in a same-sex relationship. Mel, a parent of a young toddler,

summarized this unconditional support in her account of her family:

> ... *My parents are supportive; they love it and they love my*
> *daughter and that's all that pretty much matters. As long as*
> *I'm happy that's all that matters to them*
>
> *Mel*

Further along the continuum of family support were reports by women of having some

support from their families, but also of having some confrontation or avoidance by family

members who were uncomfortable with having a relative in a same-sex relationship. Nat,

a parent of a young child, shared how her mother was relatively supportive of her being a

mother in a same-sex parenting partnership but how her father had a more difficult time

and took a less supportive stance:

> *My mum has been pretty good with the whole*
> *transition...my dad, he's taken more of a benign denial*
> *stance...he doesn't talk about it...*
>
> *Nat*

For Nicole, her experiences of family support were all 'ups' and 'downs' and at first,

non-existent. Her family did not approve of her being a same-sex parent and had little

communication. Over time, her family opened up to her and her child and they became

open and supportive. Unfortunately, she is no longer close with her family but her story

demonstrated the mixed and fluctuating support that occured:

> *My family and I are no longer speaking...we're not close*
> *anymore. Before we sort of parted ways, they...they had a*
> *hard time at first. They didn't want to consider him to be*
> *my child at all, but once they met him and got to know him,*
> *they fell in love with him and kind of got into it like, 'you*
> *should come over with him!'...*

Nicole

Peer Support.

Women were also asked to reflect on their peer support. Overall, both the pre-

parents and parents in the study had positive peer support. Women's friends were an

important source of support and recreation. The support received by peers was reflected

in an account by one parent who believed her friends to be truly helpful and supportive:

> *I'm the only one that has a child at all, so they've all been*
> *fantastic with him. Anytime I need somebody to watch him*
> *or like, if we're doing something together people always*
> *want to come with us. They've been great and helping me*
> *continue feeling like I'm a part of the fun group and not*
> *like I have some alien creature. They've been really*
> *wonderful and good with our needs. So if I say, 'yeah, let's*
> *watch a movie but at seven', they're all good with that.*

Nicole

Additional examples of the support received by friends was provided by women who

thought they were doing well in terms of social support and were subsequently satisfied:

> *Yeah, I have a lot of support. Everything has been pretty*
> *good for me.*

Mel

> *We have a...couple of other friends I've met through*
> *work, or I happen to know before...people from*
> *Toronto have moved out here...or people that would*
> *hang out in Toronto a lot of the time, so we have a*
> *really small support group here...*

Joanne & Mary

The women in this study overall had positive peer support. Friends were a source of comfort, recreation, and camaraderie. Women tended to surround themselves by a close group of a few good friends who were supportive not only of who they were, but also of their desires to become a parent or be a parent. Looking at women's social support and their cities set the stage to explore what they believed their needs were in contemplating parenthood or in parenting.

Needs

The second research question focused on the needs of women (pre) parenting with women. Responses to this question varied as women thought of and discussed various experiences and issues that they believed had been troublesome in their pursuit of family. Across the ten interviews, four main categories emerged that represented women's stated needs; these are reported below in descending order of frequency reported.

Accurate and Accessible Information.

The issue of accessible and accurate information for both pre-parents and parents was viewed as important by women. Women desired information that would help them plan their families and offer guidance as their families continued to grow and develop. They expressed a desire to be able to find information that was relevant to them, but also to have a way of knowing if particular information was accurate and therefore, suitable to assist them in their pursuits. Types of information need included, but was not limited to, legal information around adoption, insemination, and divorce, 'how-to' information about starting families, as well as information sessions, social gatherings, and where to go for

help. A particularly important aspect of accessible information for women was for it to

be better advertised. Indeed, many women shared accounts of not knowing where to go

for information, or of relying on gossip or rumours to find what they were looking for.

Jordyn, a woman contemplating parenting within the next few years, stated her frustration

about the lack of advertisement for same-sex parenting services and sources of

information:

> *I don't really know how queer positive they are...and*
> *especially in terms of things like health...I'm not sure really*
> *where um, I actually have no idea where I would go if I was*
> *looking to start a family.*

> *Jordyn*

Joanne and Mary discussed this lack of accessibility and provided a suggestion to make

things easier for women like themselves in their situation:

> *Even something like pink pages or you know...gay and*
> *lesbian resource guide and phone book or whatever...It's a*
> *starting place you know...I'm not aware of anything like*
> *that. Part of it is probably because we haven't stumbled*
> *across it yet because we're new.*

> *Joanne & Mary*

Meanwhile, Amy and Sarah, who were also contemplating parenting, had found

information but had no way of confirming its accuracy and subsequently, its ability to

help them choose one potential course of action over another:

> *I guess just having information more accessible. Maybe a*
> *confirmation or have someone available who you could talk*
> *to that would know the current status of things like, 'we*
> *heard this, is it true?'.*

> *Amy & Sarah*

As well as having information be accessible and accurate, some women wanted

information to be relevant to their lives. The issue of relevance was particularly

significant for one parent who found the role of step parent nebulous:

> *I am tomboyish, so do I take a role like a step dad or do I*
> *become another step mum ...So it's just...what happens if*
> *we are two females? Very girly girly? Do I take another role*
> *as "mum"? So where's the step dad? It would have been*
> *nice to have some kind of information on how to go about it,*
> *how do I talk to them about it? Do I talk? Is it me?*
> *....you?....both of us? I want some guidance.*

> *Liz & Beth*

Relevant information for another parent took the form of materials for her children when

she had to come out to them and explain the separation between her and her then-

husband. In her case, she was given information but not information that would help her

children understand a parent's coming out in the midst of a difficult separation:

> *I don't find there was a lot of information out there when I*
> *was first coming out...but the kids even...the group that I*
> *called on how to discuss this with the kids pretty much told*
> *me what I knew already...like, 'go by their age and tell them*
> *what they want to know'...but it wasn't really like how do I*
> *explain this to my kids when I know my ex is going to have a*
> *total hissy fit...there just wasn't any service out there for my*
> *situation.*

> *Nat*

Another need that was frequently discussed by (pre) parents was the desire for same-sex

focused services.

Same-Sex Inclusive/Staffed Services

Quite a few women in the study discussed the need for same-sex focused services.

Overall, six interviews (four pre-parents and two parents) discussed at length the

importance of having services dedicated toward same-sex people and their families.

Joanne, a pre-parent in the early stages of planning, discussed her need for an inclusive,

same-sex focused service. For Joanne, it was important for her to have same-sex services

because parenting for her, was complicated by being a lesbian:

> *...parenting isn't really specific to queerness but it is*
> *complicated by our queerness in that we also need to*
> *find a doctor that um, we don't have to go through the*
> *whole dance of explaining our situation...we need*
> *them to be queer positive and not just*
> *understanding...but actually understanding and get*
> *it...*

> *Joanne & Mary*

Parenting involves more than one's sexual identity but as Joanne put it, it can be

complicated by it. Therefore, it was important for this couple to have medical services

that would do more than be tolerant; medical services would have to ensure that they

were inclusive and had staff on hand that would truly understand and relate to what this

couple was going through. This ability to understand, sympathize, and connect with

same-sex (pre) parents, was deemed important as it would increase women's comfort in

using services:

> *I think it would be nice to see one [service] that was geared*
> *just toward our community...just because there will be a lot*
> *more people comfortable that way...I know a lot of*
> *programs out there like Lamaze or what not for women*
> *trying to conceive...but whether they would address your*

> *unique needs I don't know...so it would be nice to see a*
> *group just for our community.*

<div align="right">

Nat

</div>

Without staff on hand who could understand what women were facing and experiencing,

some women believed that there would be a gap between them and their physicians and

that would affect the quality of care provided. Indeed, Amy and Sarah, a couple who

have been planning parenthood for some time, talked about the gap between themselves

and their doctor:

> *...my doctor at the time was this elderly, Asian man who I'm*
> *sure is not going to have any connections with the gay*
> *community whatsoever and also being an elderly man, how*
> *is he going to understand our lifestyle and be sensitive to*
> *our situation which is just women?... there was nothing to*
> *correlate with my situation and his situation.*

<div align="right">

Amy & Sarah

</div>

For another pre-parent, not having someone who understands her experiences translated

into frustration over language barriers. Specifically, when she visited non-inclusive

professional services, their inability to use appropriate language made the lack of

understanding and disconnection between her experiences and theirs even more evident:

> *Most of what you'd see, you'd go there and tell somebody*
> *this is my situation and they'd be scrambling around for*
> *those very, very few resources...and they're all straight so*
> *they'd try to use clinically correct terms and be messing up,*
> *they're trying...there's a general attempt to be more queer*
> *positive. They don't know where to start, or they've only*
> *just recently started and they're fumbling around and don't*
> *know what to do...they don't have any strong theoretical*
> *backings so they don't know what to do, they just sort of*
> *draw straws and see...*

Jordyn

Not having inclusive and supportive services was frustrating because of language and a

lack of "understanding" lesbian women's experiences and needs. For two other women,

they simply wanted to see same-sex oriented services because having that type of service

meant knowing that she and her partner would be welcomed. That was a comforting

thought:

> *I really strongly think that there should be someone*
> *who is queer, not just queer positive…who should be*
> *available to the community and who understands the*
> *queer experience.*

Susan

> *It would be nice to have something around lesbians and*
> *children…*

Mel

The importance of having services focused on same-sex needs centered on inclusive

language and staff. In particular, women thought it vital for staff to do more than simply

tolerate them and their families and to instead embrace their diversity through appropriate

language and knowledge. To do so, women suggested that services should hire LGB

individuals or at the very least, have knowledgeable people who could ease the gap

between heterosexual and same-sex individual's experiences. Another important need

expressed by women was the need for same-sex (pre) parenting groups.

Social Groups.

Having a place to go to, or a group of people to meet and share experiences, was expressed as an important need by same-sex (pre) parents. For some women, having such a group available was important because it enabled them to see other women parenting:

> *I think seeing other people go through it and modeling it is*
> *hugely important, especially when you are newer...after*
> *you've had kids and your kids are two, four, and six...and it*
> *becomes less important but at my stage it's important to see*
> *other people doing it.*
>
> <div align="right">*Susan*</div>

When asked to describe what such groups would look like, or what they would involve, women elaborated a little to reveal flexible, open, atmospheres. For some women, the idea of having a place to meet other same-sex (pre) parents meant that they would be able to take refuge at least once a week with other women who would understand their experiences and be able to offer advice:

> *I want to meet others and chat...I'd love that but there's*
> *nothing here in my age group...Just any, you know, getting-*
> *together with two to four couples...not a big group of 16-20*
> *people but maybe 6-8 people, couples, you know, that have*
> *children and it doesn't have to be the same age as us,*
> *maybe a little older than us would be nice so we could hear*
> *what they went through...so we could talk about*
> *anything...maybe once a month or week...would be nice.*
>
> <div align="right">*Liz & Beth*</div>

These social groups were expressed as a much-needed place for women to be able to see and meet other women and their families. Mel, a parent of young child, wanted a group

to go to so she could meet and socialize with other women while her son met and played

with children with families similar to his own:

> *I would actually like to meet more parents, like lesbians to*
> *interact with...or you know...like interact with more*
> *children as well. I don't really have any friends who have*
> *children.*

<div align="right">

Mel

</div>

In Mel's case, the only time where she would get to see other parents would be when she

dropped off her child at daycare or a play date. She would see other parents briefly

during these moments but would not have the opportunity to talk more in depth with

them or to socialize outside of child-related activities. Meeting other same-sex (pre)

parents offered a piece of normalcy for women in that they could see other families like

their own yet also get to talk about shared or similar experiences and offer/receive advice.

An additional need to having same-sex parenting groups expressed by women was the

importance of having centralized, convenient services.

Centralized, Convenient Services.

The need for services that were dedicated to same-sex families from planning to

childhood were important for just under half of participants. Four women ($n = 4$) thought

it was important for convenient, centralized services to exist where women could go to

have many of their related planning and/or pregnancy and post-pregnancy needs met. For

Amy and Sarah, they believed their planning attempts would be much easier if only they

had a place to go to that could help them out in a number of areas all at once:

> *I think it would be great to have an organization that is*
> *dedicated to all of this and will be well rounded in this*
> *knowledge you know, in how to become pregnant, have the*
> *contacts…and can provide women in the support*
> *throughout all of the different aspects of this. I think that*
> *there should be at least a gay organization dedicated to*
> *this.*

> *Amy & Sarah*

Indeed, for this couple, such a service would act as a 'one stop shop'

where they could find information, ask questions, and receive support

throughout their planning, pregnancy, and parenting. Similarly, another

woman in the planning stages spoke of her need for a centralized 'hub' of

services:

> *There definitely needs to be some place in our community*
> *where people know all things…all areas be they around*
> *having children or whatever. There needs to be some*
> *central hub, staffed and professional enough to follow up…*
> *at the same time…there needs to be a clear place for*
> *parents to go to, or [for] people who are becoming parents*
> *that have legal issues, medical issues, and social issues…*

> *Susan*

The importance for services to move from being scattered to centralized, is not enough

however. Even though there is a need for centralized services, such a service would have

to exist in more than one location within a city. For example, creating a convenient 'one

stop' service where women could get a cross section of needs met, would not be helpful

if it meant making the services more difficult to access geographically. Indeed, this

problem was expressed by one parent who knew a centralized service existed in Toronto

but no where else in Southern Ontario:

> *I think more local resources and this always makes me*
> *angry...the fact that the resources are in big urban centres*
> *and they ignore rural areas [like where I live]. I would like*
> *to see a 519 in every community.*

> *Becki*

Having such centralized services should not take the place of enabling similar 'hubs' of

services from existing in nearby locations. For a parent in Oshawa, a city not too far

from Toronto, feelings of frustration were surfacing because she felt like she was losing

out on services due to her location. In particular, she felt like she had been 'put into a

bucket' of nearby cities to Toronto, and therefore was expected to make the commute.

Specifically, Nat who is a parent of three preteens felt the chaos of getting everyone

together for a drive in rush hour was not worth the effort:

> *We're only 25 minutes from Toronto and I'm not willing to*
> *drive that far...the further you get from Toronto, the fewer*
> *communities you have and fewer resources...it's like you*
> *get thrown into a bucket since you're closer to Toronto and*
> *it's just not feasible...it's hard to get the kids in the car for*
> *a long car ride for some program in Toronto.*

> *Nat*

It seems then, that for some women it is important for services to be centralized in terms

of having a centre where one could have multiple needs met in one place. Equally

important however, is the issue of women's proximity to such services.

Inclusive or Exclusive Services for Women Parenting with Women.

Women shared their thoughts on whether services should (or not) be directed

toward WPW. Four women ($n = 4$) in total discussed this issue, with mixed thoughts

being expressed. Services for women planning pregnancy, going through pregnancy, and

afterwards, exist in many urban centres. The question of how useful these services are or

accommodating for WPW, is another issue. In discussing their needs for (pre) parenting

services, some women believed that such services needed to become exclusive to same-

sex individuals because their needs as a sexual minority are unique compared to

heterosexual women. For one pre-parent however, she acknowledged that she does want

to be treated like everyone else who is becoming a parent, but that there are particular

aspects for WPW that are unique and subsequently, make their needs differ from

heterosexuals:

> ...the thing is, treated like everyone else means different
> things. I want to be treated...that our issues and our
> children are just as legitimate as everyone else but the
> thing is, we do have unique concerns around it like, there is
> no sperm...

> *Susan*

In contrast, other women ($n = 2$) believed that services should remain inclusive as they

see themselves first, as women becoming parents, and then as lesbian or bisexual (pre)

parents. Indeed, Sasha, a pre-parent in the early stages of planning, thought about this

issue and shared her thoughts on wanting to be treated like any other parent:

> I don't think I would want to feel like I was isolating myself
> more if I went to specific groups for new gay mums and all
> that stuff...I'd feel like I'd just want to be like any other
> parent...I wouldn't want to go to special groups for gay
> parents, I'd just want to be a parent...I mean, I just think of
> myself like anyone else who would be thinking about having
> a baby...I don't really feel like I need to do anything special.

> *Sasha*

This point was further illustrated by Nicole, a mother of a young child who believed

herself to be a mother first, and then a lesbian mother:

> *See for me, I don't think...that there's really a difference*
> *between me being a single mum and a lesbian mum.*

Nicole

The issue of services being inclusive or exclusive to WPW remains mixed and complex.

For some women, they see their needs as unique and stemming from barriers that are

absent for heterosexual individuals. Subsequently, services that are focused on these

unique barriers would provide more in-depth and focused services. The issue becomes

complex however, as some women do not want to be isolated, yet realize they have

unique needs. After discussing what women believed their needs were, the research

question shifted to which services and supports (pre) parents had used.

Used Services and Supports

A number of categories emerged from the services and supports (pre) parents had

reported using in their planning or parenting efforts. Medical, informational, daycare,

and recreational services, along with informal support, comprised the categories of used

services and supports.

Health Services.

Women in over half of the interviews ($n = 8$) mentioned having used medical

services in a range of capacities. Of these medical services used, half of the sample ($n = 5$) reported positive experiences with their health care providers. Indeed, one pre-parent

spoke in depth about what made her previous doctor in Toronto such a positive

experience:

> *...we're in a LGBQ clinic right now with tons of resources,*
> *programming, and excellent nursing staff...any of the*
> *doctors and physicians and even the reception staff [are]*
> *all LGBTQ identified in some sort of way to be in that*
> *clinic. I don't have to explain things in that clinic...I don't*
> *have to explain that I'm not pregnant, when I'm having a*
> *physical or doing an ultrasound or whatever needs to be*
> *done, otherwise I don't have to go through all of that*
> *again...the first time that I met my current doctor...she was*
> *going through all the questions...like the initial assessment*
> *or whatever, there were no assumptions...asking questions*
> *that were relevant and leaving everything open and*
> *normalized...*

> *Joanne & Mary*

For three other women, what made their experiences positive with their health care

professionals was the open, inclusive, and helpful treatment they received. Indeed,

Sasha, a pre-parent, had her physician initiate a conversation on planning pregnancy and

offered his help, while Mel, a parent of an infant, shared accounts of her labour and

delivery and how accommodating her medical team was for her and her family. A case

that illustrated how health professionals' inclusive practices can make women's

experiences positive was shared by Liz and Beth:

> *...they don't treat us any differently...We go to hospitals*
> *and they ask for the next of kind and I'll say it's me. I'll say*
> *I'm the life partner. I've gone a few times and they've*
> *asked if Beth is still my life partner.*

> *Liz & Beth*

For some women however, experiences in health care were less than positive. Indeed, for

these women, fear of having a negative encounter with a health care professional fuelled

by stories in their communities acted as barriers for accessing future health care services:

> *I'm obviously not as eager to go visit the doctor these*
> *days… I don't think I've actually been to a doctor since*
> *I've left a relationship with a man and have gone with a*
> *woman. I hear…I hear horror stories about health*
> *services…*
>
>   *Jordyn*

Informative Services.

Some women ($n = 4$) reported using services in an attempt to gather information

to help them in their (pre) parenting situations. Of these four interviews, women's

sources of information varied, with some seeking help through counselling, parenting

groups, and even researching school board policies related to LGB tolerance and

inclusion. Three out of the four women did not have much success in finding appropriate

and useful information for their questions. Indeed, one pre-parent had a negative

encounter with a counsellor whose lack of openness about sexual orientation issues

prevented her from receiving the information she sought:

> *…I've been there three weeks and I still have no sense*
> *whether you think this is a terrible thing and her reaction*
> *was like, 'no, no, no, I have a lesbian friend'. I never went*
> *back. I was like, 'great, you totally have me because you*
> *have a friend'. It's like me saying, 'oh, I can definitely*
> *counsel women from you know, the Congo, because I have*
> *a friend who visited the Congo'. It's like, a completely*
> *different reality.*
>
>   *Susan*

Susan's experience did not make it possible to draw any definite insight into the

counselors training. Even though that may be the case, Susan felt the counselor could not

grasp the intensity of her experiences simply because she 'had a lesbian friend', thus

rendering her services as un-useful for Susan. Meanwhile, Nat, a parent of a couple of

teenagers, had the opposite experience from Susan. While pursuing legal advice over her

recent separation from her husband, Nat received a great deal of useful information from

a lawyer who provided her with vast knowledge of the law and same-sex issues relevant

to her situation:

> *I had called him with a specific question regarding when*
> *my ex had first found out I was dating a woman and um,*
> *was giving me a hard time and talking about taking the kids*
> *and blah, blah...Um, I had called him specifically to see*
> *what I needed to do and he was just like, very supportive*
> *and played it straight...and said, 'there's nothing he can*
> *absolutely do to take the kids away, he'd have to prove you*
> *were harming then...', he didn't blink an eye and just*
> *accepted it as fact.*
>
>   *Nat*

The difference between these two women's use of services for information came down to

the attitude of the service provider toward LGB issues and of their knowledge and

comfort around discussing them openly with the women respectively. An additional

support (pre) parents reported using was the informal support from their friends and

families.

Informal Support.

Friends and family acted as tremendous sources of support for both pre-parents

and parents. Women in five of the interviews reported having used their friends or family

for support, and women in two interviews stated having used the Internet as a means of

sustaining informal support. Of the women who had reported their families as sources of

support, their experiences were quite positive:

> *My family is supportive...I'm the oldest and I'm one*
> *of the oldest of all my generation across cousins and*
> *stuff, so um, you know I think that my parents really*
> *like Mary, my partner, so I think my mum has*
> *dropped the uh, the baby mentioning thing like, 'well,*
> *would that work if you were going to have kids? So*
> *when were you thinking of that?'.*

> *Joanne & Mary*

The case was similar for women's peer supports. Women reported positive experiences

with their friends. Mel and Nicole, two participants, not a couple, living and parenting in

different cities both spoke about their friends and how supportive they had been and

continue to be:

> *Yeah, I have a lot of support. Everything has been pretty*
> *good for me.*

> *Mel*

> *Absolutely wonderful. I'm actually the only one that has a*
> *child at all and they've been so fantastic with him...*

> *Nicole*

Two other parents mentioned their use of peer networks, yet how they used them differed

from Mel and Nicole's accounts. These two parents connected to their friends and LGB

community through electronic means:

> *Durham Pride or something...I called them for information*
> *about how to talk to the kids about [coming out]...*

Nat

MSN, MySpace...that keeps it close.

Becki

Regardless of how women kept in touch – in person or over the Internet – their friends

and family proved to be strong sources of support for women to go to when in need.

Women kept in touch in various ways and had varying levels of support from family and

friends. Social support was combined with women's use of services for health needs,

daycare, legal information, and recreational facilities and programs.

Women's Ranked Needs

The focus of the fourth research question was to see how women would rank their

top three (pre) parenting needs. Responses from women were tabulated by frequency for

each group respectively. Table 2 portrays women's ranked needs.

Pre-Parents.

When asked what they thought to be their top three most pressing needs, pre-

parents expressed overwhelmingly, the need for relevant and accurate information. As

Table 2 illustrates, women stated accurate and relevant information frequently regardless

of rank. As such, it was difficult to provide a clear picture or distinction between pre-

parent's top three needs. If collapsed by rank and tabulated by frequency, pre-parent's

top need was to have accurate and relevant information, followed by knowledgeable and

convenient services, and then finances.

Table 2

Summary of Ranked Needs for (Pre) Parents

Group	Participant Ranking	Participant	Need
Pre-Parents	1st	Joanne	Relevant and accurate information
		Amy & Sarah	Relevant and accurate information
		Jordyn	Knowledgeable and convenient services
	2nd	Amy & Sarah	Relevant and accurate information
		Sasha	Finances
		Susan	Knowledgeable and convenient services
		Joanne	Socializing with other parents
		Jordyn	Relevant and accurate information
	3rd	Joanne	Relevant and accurate information
		Jordyn	Relevant and accurate information
		Sasha	Relevant and accurate information
		Amy & Sarah	Finances
		Susan	On-going support
Parents	1st	Nat	Social group for children
		Liz & Beth	Social group for children
		Nicole	Social group for children
		Becki	Inclusive languages in schools/services
	2nd	Liz & Beth	Socializing with same-sex (pre) parents
		Nicole	Socializing with same-sex (pre) parents
		Becki	Knowledgeable and convenient services
		Nat	Relevant and accurate information
	3rd	Liz & Beth	Relevant and accurate information
		Becki	Knowledgeable and convenient services
		Nat	Knowledgeable and convenient services

Even though finances had not been spoken of in great detail by women when they

discussed their general needs, for two pre-parents, the topic became of importance when

asked to list their top three needs.

To begin with pre-parents' most frequently reported need, to have accurate

information readily available was thought to be convenient and seen as a comfort. This

need was particularly important to Susan, who was in the early stages of planning. For

her, a great deal of anxiety rested on not being able to find the information she needed,

and once found, having a way to verify it's accuracy:

> *I need to feel like when I actually go to do it that there are*
> *knowledgeable people who understand the medical and*
> *legal piece because right now I don't really*
> *understand...for me the concept of having someone give me*
> *their sperm and I can use that is fairly easy but then all the*
> *legal things like that...and I would like to know that if I*
> *chose to have this option that throughout my child's life*
> *there's going to be resources available for my family too in*
> *terms of parenting support...*
>
> *Susan*

Susan's case is illustrative of pre-parent's uncertainty around what is true or untrue on

issues relevant to planning pregnancies. This uncertainty existed particularly so in areas

such as insemination, adoption, and legal issues. The second most frequently reported

need by pre-parents' was the importance of having knowledgeable and convenient

services.

Services that were well informed and staffed by knowledgeable people were

viewed as an important necessity for pre-parents. In particular, pre-parent's expressed the

importance that services should have materials on hand along with staff that are not

second guessing themselves and noticeably fumbling with language. For Jordyn, having

someone on hand who was well versed on the topic was important for her:

> *Knowing that there is somebody in place who is queer*
> *positive would be a huge asset to me. So, anytime I know*
> *I'm talking to a straight person who's not well versed and*
> *what my experience might be, is going to be an automatic*
> *gap...I mean, it's nice having someone who knows what*
> *you're going through and cares enough to make the effort*
> *to learn about you and that kind of thing is really important*
> *to me and is number one.*

Jordyn

The third need expressed by pre-parents was the importance of having suitable

finances. Although not spoken in great detail by pre-parents in the general discussion of

needs, finances surfaced twice when asked to talk about their top three needs. For two of

the pre-parents, they briefly stated that a concern of theirs in planning parenthood was to

have secure finances, for things such as adoption or insemination which are costly – not

to mention the costs of raising a child.

Parents.

The most frequently reported need for parents focused on the need for social

groups to exist for their children. The importance of parents to have social outlets for

their children did not surface when asked to think generally about their overall needs.

However, when these same women were asked to reflect on what they believed their

most important need was, social groups for their children was the most frequent response.

One couple had looked into social opportunities for their children. This couple lived in a

mid-size city on the northern side of the Golden Horseshoe. Their search for social

groups yielded poor results. What they did find did not suite their purposes:

> ... *a lot of the groups for this area that I know are for gay*
> *kids and not for kids with gay parents...*

Liz & Beth

For Liz and Beth, many of the groups they did find were focused on youth who identified

as lesbian, gay, bisexual, or transgendered, and not on the sexual orientation of the

parents. Meanwhile, for another parent, she wanted her children to have a social outlet

where they can talk to other children who have similar family make-ups. For Nat, it was

not good enough for social groups to exist for parents with the option of children, as

sometimes children need their own space where they can talk about issues when resorting

to their parents may not be an option:

> ...*to go and talk about what they're going through*
> *because they can't always talk to mum and mum, and they*
> *definitely can't talk to dad...*

Nat

These two illustrations depict a glimpse into parents' stated importance of social groups

for their children. In the first case, the parents could not find a suitable social outlet for

their children. In the second case, the parent stated why she wanted such a group.

Children with same-sex parents may not benefit from going to groups for same-sex

youth, and bringing children to social groups for parents may inhibit them from being

able to talk to similar others who share a similar experience. The need for social outlets

did not stop with WPW's children. Parent's expressed as their second ranked need, the

importance of having socializing opportunities with women like themselves.

Women expressed the need to socialize with other same-sex parents. Women

spoke of the desire to get out and meet and talk with other women where they could share

similar experiences that others would understand. To be able to simply meet and chat

with these women was seen as an opportunity to open up and connect with similar others.

Nicole, a mother of a young child, provided a case for this need when she reflected on

how nice it would be to meet other parents. For Nicole, she wanted a group to meet other

parents so she could get to know people within her age bracket that were parents and

more importantly, people who were in a similar situation:

> *I think that even though I bring him to the 519 and*
> *everything, it can be difficult to find or get to know other*
> *parents because we only get to see each other when we*
> *drop the kids off or pick them up...so it's kind of hard to get*
> *to know others who are like me...*

> *Nicole*

Behind parents' desire to see social groups for themselves, was their desire for services to

be more conveniently accessible and staffed by knowledgeable people. Convenience of

services meant for one parent, that people should be able to access services without

driving long distances or maneuvering tricky public transportation routes full of transfers.

As one parent stated:

> *...the further you get from Toronto the fewer communities*
> *you have and fewer resources, and it's like you get thrown*
> *into a bucket since you're closer to Toronto and it's just*
> *feasible. It's hard to get the kids into the car for a long car*
> *ride for some program in Toronto.*
> Nat

Pre-Parents and Parents: Differences and Similarities

Upon reviewing these data, it appears that pre-parents and parents are more similar than different in their overall use of services and needs, yet have a couple of key differences in their most important needs. Both groups of women had similar thoughts toward their respective cities, and women's level of informal support from friends and family appeared quite similar. In terms of what needs women believed they had in becoming parents or raising their families, once again there were similarities, yet a few differences also existed.

Among the similarities, women in both groups desired to be met by service providers with a level of professionalism. In particular, both groups of women mentioned the importance for service providers to be accepting, supportive, and knowledgeable at the very least, of appropriate language and relevant resources in their respective areas. Where a couple of differences between these two groups emerged, was in their ranking of needs. Out of (pre) parents' top three needs, two out of the three needs differed. For pre-parents, the most important need was to be able to access accurate and reliable information as they began to gather information and explore resources. Parents on the other hand, wanted social opportunities for their children to meet other youth with similar family backgrounds. This finding in the ranking of women's needs matches nearly exactly, the similarities and differences in what they expressed as general needs. When attention was placed on what could be their second most important need, the two groups seemed to have slightly different ideas once more. For pre-parents, their attention was on securing knowledgeable and convenient services. Parents on the other hand,

spoke of wanting to be able to meet other WPW and gain a sense of camaraderie and visibility. The third most important need for (pre) parents differed as well. For pre-parents, the matter of securing finances suitable enough for adoption, insemination, and/or raising a child were central, while parents wanted knowledgeable and convenient services to become available.

Even though (pre) parents did not match on their top three rankings, both groups did mention the need for having services staffed by knowledgeable people and for these services to be conveniently located. The differences in these groups' rankings tend to focus on where women's energies are in terms of which phase of parenting they are in. For example, pre-parents believed it was very important that they have accurate information and secure finances to help them build families, whereas parents who already have a family, were more focused on finding social resources for their families.

Discussion

The discussion section begins with a review of key findings from the study. Following this discussion, a review of the study's limitations takes place along with discussion on practical and research implications. In closing, I offer suggestions for future directions in research and conclusions that may be drawn from this study's findings.

Family planning and parenting for WPW offers researchers an interesting field in which to explore. To the casual observer, these women and their families may seem inherently different from traditional families or similar enough not to draw any further thought. Indeed, whichever line of thought a person takes is more reflective of his or her

own beliefs than of the issue itself. The women in this study provided insight into their lives and of their experiences around family planning and parenting for WPW. One finding that stands out in this study is that pregnancy is not only a medical phenomenon for WPW. It embraces far more. These women have to contemplate and face social, family, and medical challenges as they form and raise their families. Even though such challenges are faced by families with a father and mother, what makes WPW families' challenges unique is the matter of their non-traditional make-up being interwoven throughout their experiences in a largely traditional area of adult life.

An interesting social challenge that some of the women in this study faced was a sense of 'culture shock'. This sensation was experienced when women would move to a new city and find a lack of noticeably available social supports and WPW services. For some of these women, they found themselves having to go through the routine of coming out again to people at work, in their social networks, and in their day-to-day activities. Also, it was necessary for them to have to dig and search for their respective LGB communities where previously not much effort was required to locate one of more LGB communities. It is interesting and yet at the same time alarming, that for some of these women, moving meant re-living the discomfort and energy involved in coming out to others and connecting to supports that they may have experienced in their past.

Another noteworthy finding was the strength of the positive relationships women had with their peers. Not one (pre) parent in the study reported having a negative peer relationship. One woman even commented that if a friend became negative, they would not hesitate to terminate the friendship. Even though some women had reported a sense

of 'culture shock' in moving to new locations and difficulties in finding a sense of

community with others, women were able to connect with other WPW and develop peer

networks. In contrast, the informal support women had from their families was not as

strong across this sample compared to their peer support. Indeed, for some women, their

families were resources of great support while for other women their families were not in

the picture at all. The finding of women having strong peer support and a range of mixed

family support matches recent research that examined this pattern in same-sex (pre)

parents in the United Kingdom.

Kindle and Erich (2005) investigated women's experiences as they went through

the process of becoming parents and found that women with strong peer supports before

becoming parents often encountered increased resistance from peers and less support as

they took on a parenting lifestyle. For women who had little family support to begin

with, they could find themselves in a situation with decreased peer support and lacking

family support (Coleman, Strapko, Zubrzycki, & Broach, 1993). Fortunately, the women

in the current study did not share any accounts of experiencing a decrease in peer support

as they made the transition to becoming parents. Some of the factors discussed by Kindle

and Erich for the decrease in peer support, were differences in attitudes toward parenting

and in the lifestyle differences between parents and non-parents. The importance of their

study however lies with its implications on service provision for these women when

social supports fail. For example, Rawsthorne, (2009) stated that if these women's

informal support systems fracture and dissipate upon becoming parents, then formal

support systems are needed to pick up the slack and help these families. For the women

in this study then, the importance of establishing connections with other (pre) parents and

sources of support becomes even more important if they have poor ties to their families.

The need for a formal outlet of social support becomes even more important in light of

similar research that found new same-sex parents' perception of stigma may change once

they become a parent.

Research on social support groups has indicated that they are instrumental in

cases where members share a common experience and undergo similar challenges that

ultimately make this type of support desired (Helgeson & Gottlieb, 2000; Lyons & Zarit,

1999). Specifically, these support groups offer women a shared understanding and

mutual support that cannot be gained from people coming from different backgrounds

(even if they are sympathetic and allies) (Helgeson & Gottlieb, 2000; Shaw, McTavish,

Hawkins, Gustafson, & Pingree, 2000). These types of support groups do not have to be '

formal in nature to meet women's needs. Even informally communicating with others

who have this shared experience and struggles can be helpful (Coleman, Strapko,

Zubrzycki, & Broach, 1993; Rains & Young, 2009). For the women in the current study,

what was of most importance was having the opportunity to see and meet other women

who would connect with them on issues and be able to provide advice in ways that

heterosexual people could not grasp.

A number of women discussed the idea of having a central location in which to

find information, connect to others, and receive a variety of services such as legal aid and

health care. In Toronto, such services exist in The 519 Church Street Community Centre

and the nearby Sherbourne Health Centre. Both facilities offer a variety of services to the

LGB community that make people's search for information and use of services convenient and inclusive. The women in this study described such service centres and wished to see similar ones in their communities. The importance of replicating and expanding such services is high, as many women in the study voiced frustration over dealing with unprofessional or unknowledgeable service providers or having to 'jump through hoops' to find information and assistance in their cities.

An additional interesting finding was women's thoughts toward inclusive or exclusive services. For the most part, women in this study voiced opinions on both sides of the matter, with some desiring to see services exclusive to WPW while other women did not want to be treated any differently than other to-be parents. Overall, women in both groups wanted services to be at the very least, directed toward and supportive of their needs. As such, the findings from this study suggest that services may not need to create an entirely exclusive service for same-sex (pre) parents, but rather, to ensure that these women are not overlooked or simply "tagged" onto pre-existing services as an afterthought. Indeed, the women in this study did not all agree on, or mention the topic of exclusive versus inclusive services, but did mention that services directed toward them should have inclusive language, comprehensive information, knowledgeable staff, and an accepting and inviting environment. That said, if services are willing to re-examine how they provide services to (pre) parents, and try to make them more suitable and inviting to WPW, the issue of exclusive versus inclusive may become less important.

In summary, it is evident that (pre) parenting WPW from this study were more similar than they were different. Both groups of women reported having similar informal

supports from family and friends. Pre-parents and parents alike demonstrated a range in

their informal support networks, from total inclusion and acceptance from family to

having no contact at all. Status of parenthood did not play into women's accounts of

support. Likewise, pre-parents and parents reported having used formal services to assist

them in their parenting goals – with the focus of these services being slightly different for

each group. Even though the focus of (pre) parent's service use did differ, (with pre-

parents using more informative services and parents using child-focused services) both

groups reported similar barriers and problems they had encountered in accessing these

services. Further, when given the opportunity to discuss what they believe should be

changed to meet their needs, (pre) parent's suggestions overlapped more than they

diverged. Inferring why these two groups appeared more similar than different was

beyond the scope of this study, but would make an interesting addition to a future study.

Limitations

As with all research, this study is not free from limitations. Like many qualitative

research projects, one of the limitations of the study was the small sample from which the

findings were analyzed and discussed (Patton, 1990; Silverman, 2000). Even though

qualitative designs often have smaller sample sizes (Kirby, Greaves, & Reid, 2006;

Patton, 1990) the sample in this study was small and especially so considering the

geographic range from which informants were drawn. The small size of the sample

stemmed from the many challenges I faced in recruitment. Trying to locate and get LGB

individuals to participate in research is no small feat and oftentimes can prove

challenging for many researchers (Binson, Blair, Huebner, & Woods, 2007). Overall,

this community is vulnerable and marginalized thereby making it difficult to find. Once found, people may not be interested in research stemming from a general distrust of the process or motives of the research. Similar to my experience in recruitment, I found it challenging to find WPW even though I was a same-sex woman.

The difficulty I experienced in recruiting women may have been a result of my naïve belief that sharing an identity with the people I wished to research would facilitate community entrée (Patton, 1990). For example, in quantitative research (my background) it is very common for researchers to post advertisements of studies instead of immersing oneself in the social contexts and activities of the desired participants. I believe it was naïve of me, and a sign of my novice experience to assume participants would come to me, instead of my going to them. My attempts at finding WPW and gaining their trust led me to pursue activities that I initially would have not participated in (like joining an informal same-sex soccer league for Kitchener-Waterloo's lesbian and bisexual community). Over the span of a year, joining in activities, community events, and other research projects put me in contact with WPW who eventually began to know me and became interested in my academic research. Had my community entrée not been so difficult and prolonged, it may have been possible for me to include more women in the study and subsequently use other methods (like focus groups) or have potentially more diverse findings.

An additional effect of having a small sample size is that it precludes generalizing the findings to the larger population of Toronto WPW or to other geographic locations. The findings must be taken with the understanding that they are from these specific

informants and that other WPW in the informants' cities may have completely different experiences. As such, the findings are not without use. Taken generally, insight can be provided from the findings of this study and set the stage for future research that addresses such limitations.

The issue of triangulation is popular in qualitative research. Qualitative method books and articles dedicate pages to triangulation, as it is one means by which credibility of data can be built (Binson, Blair, Huebner, & Woods, 2007; Kirby, Greaves, & Reid, 2006; Patton, 1990; Silverman, 2000). With only ten interviews conducted with considerable time spans in between, I did not engage in triangulation of methods. Instead, I chose to use member checks with informants in the shape of interviews along with having informants review their transcripts and add to, or clarify, statements. In doing so, I hoped to build some credibility of the research. Future research may consider focus groups for both pre-parents and parents to build a more solid ground upon which to draw a picture of what these women's needs are and how to meet them.

One way in which the depth of these data were impacted, resulted from the interview questions acting as pre-existing codes. Indeed, in the formation of the research questions, an assumption was made that WPW would even have needs, and that barriers were in place that would be discussed. In restricting focus so narrowly at the outset, participants only had a given range of potential discussion from which data could be drawn. Further, my inexperience in interviewing lacked insightful use of probes that could have enabled a deeper understanding and analysis of women's needs.

Implications

The implications of the study exist in two forms. First, this study and its limitations can act as a seed for future research that can overcome its downfalls and provide a wealth of information on an important topic. The literature review reveals that not much is known about these women's needs with even less being known about Canadian WPW's need. Far from perfect, the present study at the very least provides insight into a topic overlooked in research, yet of no less importance. Second, if the findings are taken in generalities, the study has practical implications as well. Indeed, women have many suggestions on how their needs, along with the needs of their families, can be met. In particular, services demonstrated a powerful hold on women's focus with suggestions around advertisement, staffing, and content being freely and amply given by informants. Service providers may use this information as signposts to direct them in examining their services and whether or not WPW might feel welcomed and supported or overlooked and ignored. In light of the limitations and implications of this research, there is great potential for future research to move this field forward.

Future Directions

Future research has a lot of potential to shed light on these women's experiences and needs. As the literature review revealed, much of the research on these women's lives has not extended beyond their functioning as parents or families and whether or not their children are at a disadvantage for having two mothers. As same-sex families become more visible and prevalent, the time has arrived for research to shift its focus onto what these families need in order to succeed and lead satisfying, healthy, and

enriching lives. For example, research could explore further the sense of community in same-sex (pre) parents and how women connect with others. Additionally, more research is needed that explores protective factors in these women's lives and that of their families, which enables them to maneuver their oftentimes less than inclusive and visibly accepting surroundings. Based on the findings from this study, it would be interesting to interview more women. Specifically, there could be great insight gained from looking at the experiences and needs of women as they plan parenthood, become parents, and then parent their children.

Even though this study did not find great differences in (pre) parents' needs, a larger sample with an additional group (women in the process of becoming parents) might give researchers information that a small study would miss. With a larger sample size and more resources for a more in-depth, broader design, a potential study could be created that would systematically examine the needs of these women in multiple dimensions such as social support, health care, recreation, and information. Further, due to the rather unexplored nature of this field, it would be advantageous for researchers to focus on one phase of parenting at a time to gain a more thorough, and comprehensive sense of what these women need in each stage of parenting. Future research also could take place in ways that would help regions decide if new services should be made or how existing services should be advertised and delivered.

In examining these two groups more in depth the diversity within the groups of WPW will become clearer. Identities influence how women view parenting and their parenting needs. This issue has implications for service providers, as some women's

identity of "mother" or "lesbian/bisexual mother" affects their thoughts toward service use. For example, future research could examine if women who view themselves as mothers first, and then as a lesbian/bisexual woman, would use services similarly to women who view themselves primarily as lesbian/bisexual mothers. Similarly, future research could explore if WPW with high or low levels of informal social support differ in their perceptions of service needs and/or use of services.

Conclusion

Women parenting with women have a wealth of information and insight to share on their experiences and parenting needs. Out of the stories WPW tell, a common thread between them is how frustrations, needs, and ideas for service improvement are more similar than different. For the women in this study, it is important that services are comprehensive and accessible, staffed by knowledgeable and inclusive providers, and for social networking opportunities to exist at both informal and formal levels. If the current trends in Canadian's attitudes toward these individuals and their families continues to improve, the need for research to document what these families need in order to thrive in their socio-political climate would become ever more important.

Appendix A: Interview Guide

What Parenting Services do LGBT Women Need?
Individual Interview Script for Parenting Group
Wilfrid Laurier University

Rapport Building

Begin with some casual conversation. Could be about the weather, traffic getting to the focus group etc. Spend some time making the women feel comfortable.

Discussion about language

"There's lots of different language around this topic. I would like to use words that you are comfortable with. Some people say LGBTQ, others say lesbian, bisexual, transwoman, and still others say queer as a positive "taking back the word". What would you like me to use?"

Study Purpose

Review the purpose of the interview. Explain that the researcher would like to learn more from participants, what their needs are, how they have or have not been met, and what they think could be done to meet these needs. Also tell participant that these interviews are a way for the researcher to ensure that the information received in the focus group was interpreted correctly.

What Will Happen Today

- I'll be asking some questions about their experiences parenting services, gaps in these services, and needs.
- The interview will be recorded.
- Their answers will be kept confidential – their names won't be attached to their answers.
- Can stop at any time.
- Can refuse to answer any questions.
- It should take around 1 hour.
- Ask if they have any questions.
- Ask if I can start the interview. "Are you ready to start the discussion? Can I start recording?"

Interview

1. Let's focus on where you're living right now. How has it been like to be a gay woman parenting in your city?
   a. Probe for:
      i.   Informal supports like friends, family, groups
      ii. Formal supports like doctors, schools, daycares, legal stuff
      iii. Heterosexism or homophobia incidences
2. Turning our attention to services in your area, try to think about parenting services like hospitals, doctors, daycares, or other such services you may have used. Could you share with me please, what your specific experiences were (positive or negative)?
   a. Probe for:
      i.   What were these services?
      ii. Where are these services?
      iii. What did they provide to participant?
      iv. Approximately how many times did participant try services?
      v.   What about access issues?
3. Could you share with me please, a specific positive experience with a professional parenting service?
   a. Probe for:
      • What needs did you have that were met?
         o Different types of needs: informational, medical, social, support, etc?
      • How did the service meet your needs?
         o Can you give an example?

4. Could you share with me please, a time when you had a negative experience with a professional parenting service? (if any).
   a. Probe for:
      • What needs did you have that were not met?
         o Different types of needs: informational, medical, social, support, etc?
      • How did the service not meet your needs?
         o Can you give an example?
      • What could have been done, to have made you feel like your needs were met?
5. Thinking about your experiences, do you believe there are any gaps in services to gay women parenting?
   a. Probe for:
      i.   What are these gaps? Clear examples.
6. Thinking about gaps, what do you believe your needs are as a parent?
7. Rank order needs.

Is there anything else you would like to say about professional parenting and/or postnatal health care services for parents?

Appendix B: Participant Recruitment Poster

Lesbian, Bisexual, Transwomen Parenting Needs Assessment for KW

Are you a lesbian, bisexual, and/or transwoman thinking about having children, are pregnant, or have children between birth and 12 years?

I am a lesbian master's student at Wilfrid Laurier University working on research of the needs of lesbian, bisexual, and/or trans-women who are thinking about becoming parents, are pregnant, or have a child(ren) between the ages of birth and 12 years, and live in Kitchener-Waterloo.

If interested, you are invited to participate in an interview to share what you believe is needed in your community to meet your parenting needs as a lesbian, bisexual or trans-woman. Discussions will be audio-recorded but your identity will remain anonymous. The study will involve approximately 18 women (partners welcomed) in two different stages of parenthood: preconception and pregnancy; and parenting (birth to 12 years).

When: To be determined by you and other women

Time: What is convenient to you, your families

Interested? Contact:

Krystal Kellington
Phone: 519-884-0710, ext.
Email: kkellington@gmail.com

Appendix C: Consent Letter

What Parenting Services do LGBT Women Need?
Information Consent Form: Individual Interview
Wilfrid Laurier University Information Letter

Researchers:

Principal Investigator: Ms. Krystal Kellington, BA, Department of Psychology, Wilfrid
Laurier University (phone: 705-305-4146, kkellington@gmail.com).

Student Advisor: Dr. Colleen Loomis, Department of Psychology, Wilfrid Laurier
University (phone: 884-0710 ext. 2858, cloomis@wlu.ca).

Purpose: The purpose of this study is to learn from same-sex women what their
experiences are with informal and formal supports around issues of pre-parenting and
parenting. Specifically, the current research aims to learn from women what gaps they
believe exist in professional services and formal and informal supports and how they
believe their needs could be better met in two different stages of parenthood: pre-
parenting and parenting.

Procedure: You will be asked a few questions about your experiences around thinking
about becoming a parent or being a parent in your city. The questions aim to discover
what you believe the status of existing supports are, and what you think could be created
or changed to help LGBT women's needs be met.

Potential Benefits: This is your opportunity to say what your experiences have been,
what you think is missing in services, and what you would like to see be created to meet
your needs. Your opinions, feelings, concerns, and suggestions will be used to determine
what needs to be changed or kept the same, so that it will better suit your needs.

Potential Risks: There are minimal risks expected in participating in the research. It is
possible you may feel uncomfortable disclosing your experiences. You do not have to
answer any question you feel uncomfortable answering. If after participating in the
interview you feel any discomfort around any of the issues we spoke about, please feel
free to call any of the researchers listed above to discuss your thoughts.

Confidentiality: You will be asked to not use your real name, and use pseudonames in the
place of professional parenting services to ensure confidentiality. Your transcript will
contain no personal identification to ensure anonymity. Your physical data (e.g., contact
information, consent form) will be stored in a secure, locked filing cabinet in the
researcher's office. Your electronic data will be stored in a restricted access, secure drive
that only the researchers, Krystal Kellington and Dr. Colleen Loomis will have access to.
All data will be kept for seven years, until it is destroyed on June 1, 2015. If you decide
to withdraw from the interview, your materials (both electronic and physical) will be
destroyed within two days of contacting the researcher.

<u>Do I have to Participate?</u> No. Your participation in this study is voluntary; you may decline to participate without penalty.

<u>Publication and Distribution of Research Findings</u>: Findings will be reported in Krystal's Masters Dissertation. Findings may also be reported in academic conferences and publications such as scholarly journals.

<u>Questions or Concerns</u>: If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact Ms. <u>Krystal Kellington</u>, at <u>705-305-4146, kkellington@gmail.com</u> or her advisor Dr. Colleen Loomis, at 884-0710, ext. 2858, cloomis@wlu.ca.

<u>Ethics Approval:</u> This project has been reviewed and approved by Laurier's University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468, bmarr@wlu.ca.

I, _____, give permission to have the interview recorded (circle one).

      Yes   No   _____ [initial]

I, _____, give permission for the researchers to use quotations from my interview. (circle one).

      Yes   No   _____ [initial]

_____

Research findings will be available June 30, 2009.

I, _____, would like a copy of the research findings sent to me as follows (circle one).

      Email   phone   left at the University   _____ [initial]

If yes, please provide contact information for research findings to be given to you:

_____

Your signature
(Date)
Signature

Researcher's

Appendix D: Letter to Research Participants for Member Check

Dear Name:

Please find attached to this email a copy of the transcript from our interview. The information you shared with me is very valuable and will greatly help with the analysis of needs of same-sex women who wish to become, or are parents.

All of the personal information such as names of people has been removed to protect yours, and their privacy.

Please read over the transcript and write down any thoughts, concerns, or additional information you would like to be included in the transcript. If you have any additional information you would like to share with me, please do not hesitate to email me and set up a meeting.

As you may remember, in our first interview I mentioned there was a possibility that I may ask you for an additional interview. These interviews act as a means to ensure accuracy of the transcript but also of the thoughts and ideas that have emerged from preliminary analysis. In reviewing your transcript, I have selected you as one of these interviews to discuss further some points you raised.

If you feel comfortable with this second interview, please email me and we will set up a time and date that is convenient for you.

Sincerely,

Krystal Kellington

References

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