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Jaycelle M. Basford-Pequet  
Between Scylla and  
Charybdis: How Does Race  
and Sexual Orientation  
Affect the Family Planning  
Process of Interracial Queer  
Women-Identified Couples?

### ABSTRACT

In this cross-sectional qualitative study the intersection of race and sexual orientation in the family planning process of interracial queer women-identified (IQW) couples was examined. For total participants  $N = 13$ . Themes included the affirmative nature of the intentionality of the family planning process for IQW couples as well as the difficulties of assisted conception. Participants spoke to their relationship to their family of origin and their fears and visions regarding their own family formation, related to genetic heritage, language, and traditions. Support systems offered by family of choice and social networks were discussed, specifically the need for community mirroring in regards to identity, resource sharing, and political vision. Emotional processes related to homophobia/heterosexism, racism and social inequity were explored within the context of access to reproductive health care, equitable workplace benefits, and inclusive school and community environments. The capacities, vulnerabilities and resiliencies of this sample in navigating multiple social identities were illustrated. These findings reveal continued need for advocacy, understanding, and further scholarship to support families whose creation process is emotionally, physically, and socially generative.

BETWEEN SCYLLA AND CHARYBDIS:  
HOW DOES RACE AND SEXUAL ORIENTATION AFFECT THE FAMILY  
PLANNING PROCESS OF INTERRACIAL QUEER WOMEN-IDENTIFIED  
COUPLES?

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

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2010

## ACKNOWLEDGEMENTS

To my wife Amy Basford-Pequet and journeys that begin with a glance.

To my seekers Charlotte Curtis, Ellen Daly, Tharyn Grant, and Ryan Parker,

To my family of choice *os mandingueiros quem sabe jogar na roda de capoeira, capoeira de Angola.*

Thanks to Dr. David Burton for accompanying me on this adventure.

To my mother Cleofe Pescador Monsanto, so we may stretch what we know to embrace what comes.

To our children and the generations to come, to strong winds and full sails on your voyage.

*A onda vai, a onda vem.*

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## Preface

I conceived the idea for this thesis while listening to an analysis of the exit poll results for California's Proposition 8 (Prop. 8). This put to the popular vote the decision to amend California's constitution to define marriage as only between a man and a woman where previously marriage was not so defined. The proposition passed on November 5, 2008 making illegal gay marriages excluding those performed from June 16, 2008 to November 5, 2008. As I write this introduction the closing arguments for the lawsuit challenging Prop. 8 are underway, last I heard my and my wife's marriage--performed on October 27, 2008 in San Francisco, CA--is also now up for debate.

The initial analysis of the exit polls proffered by mainstream media accounts cited race as a wildly correlative factor in voters voting *for* Prop. 8 and against same-sex marriage.<sup>1</sup> Basically, commentators shared that African-American and Latino voters were voting 76% and upwards for Prop. 8. Later analysis showed that in fact African-American and Latino voters had been fairly evenly split on the issue much like other racial and ethnic groups. Rather, age and religious affiliation were the largest indicators of a pro-Prop. 8 stance. I would not be the first or the last to underscore that the technique of "divide and conquer" has been and continues to be operationalized within the myriad institutions that uphold the white supremacist heterosexist patriarchy.

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<sup>1</sup> It is important to note here that "same-sex marriage" is an example of a separate and unequal institution in comparison to "different-sex marriages." The U.S. General Accounting Office reported that 1,138 federal rights, protections and benefits that come with marriage (Lamda Legal, 2009). Different-sex marriages, which are recognized federally, receive rights and protections that same-sex couples, even in the marriages recognized at the state level, do not, i.e. parental rights for the co-parent, inequitable health insurance coverage, in ability of a same-sex spouse to adjust their spouse's immigration status,

Charles Cooper, the lead attorney for the authors of Prop. 8 replied, in retort to California Supreme Court Judge Vaughn Walker's question framing marriage as "an affair of private conduct" that, "Marital relations are fundamental to the existence of the race." I would underscore the painfully obvious that marriage, nor the continuance of an exclusively white monoculture, nor an arbitrary conception of sex and sexuality are fundamental to the continuance of our species. In considering the initial and subsequent analysis of exit polls, comments by Charles Cooper, "anti-miscegenation" laws on the books until 1967, and the criminalizing of same-sex unions it is not a far stretch to consider that family planning by interracial queer women couples is a hugely creative endeavor – challenging oppression through acts of great love.



## CHAPTER I

### INTRODUCTION

In this cross-sectional qualitative study I examined the question, “Do race and sexual orientation inform the family planning process of interracial lesbian and queer women-identified couples who are considering using assisted conception techniques?” In this research project I studied interracial queer women-identified (IQW) couples, specifically, lesbian or queer women-identified couples in which one partner is a woman of color and one woman is white. For the purposes of this study women who identify as women of mixed-race background were, when appropriate, included in the women of color grouping. Participants in this study were individuals in a committed relationship with another woman who planned at the time of the study to co-parent together and were considering using an assisted conception technique (ACT) in achieving pregnancy. An assisted conception technique is any method used to achieve pregnancy involving a third-party person to provide eggs, sperm, or act as a traditional or gestational surrogate. I excluded couples that were considering creating a family only through adoption to the exclusion of an assisted conception technique.

Within a white supremacist heterosexist patriarchy, to utilize language from cultural theorist bell hooks, (1996) there is a normative narrative as to who has families, what families look like, and which families deserve social support. This norm is portrayed as white, heterosexual, and upper middle-class. The incumbent "mythical norm", to utilize language from the poet Audre Lorde (1982), is the measuring stick against which all other "non-traditional" families are measured: single-parent families, multi-parent families, intentional communities, grandparent-led households, and adoptive

parents and their children, to name a few. Examined here are interracial queer women couples. As a member of this community it is my hope that increased scholarship will deepen understanding of a family planning process that is socially, politically, and physically generative.

## CHAPTER II

### LITERATURE REVIEW

In the U.S. there is a diversity of family formations. In the last decades the families of interracial couples and same-sex couples have gained greater visibility within a social context dominated by white heterosexist patriarchy (Brill, 2001; Hartman, 1996; Hill, Johnson, & Tafoya, 2004). With this study I hope to contribute to the literature regarding lesbian and queer women-identified couples, interracial relationships, and family planning. My perspective is formed as a researcher and as a member of the community. I am invested in structuring my work in a way that actively engages individuals of the community. I see the potential usefulness of this study as deepening the dialogue about the intersecting identities of racial identity and sexual orientation, suggesting further lines of inquiry within intragroup and intergroup contexts. I also see this study as potentially useful in the community where I live, the San Francisco Bay area, where there resides significant numbers of families that identify as queer and/or interracial (Hill, et al, 2004; Stryker & Buskirk, 1996).

## *History of Oppression and Inequity: Race and Sexual Orientation*

### *Race in the U.S.*

In the U.S. a long-standing history of institutionalized racism has had and continues to have profound effects on family relationships (Tatum, 1999). Some examples include: the federal government's forced relocation of American Indian children to off-reservation boarding schools where children endured loss of language and culture, abuse and hard labor severing ties between children from their families of origin (Takaki, 2008); ongoing Immigration and Customs Enforcement (ICE) workplace raids leading to the temporary and often permanent separation of working immigrant parents from U.S.- (Gay & Lesbian Advocates & Defenders (GLAD), 2001) born children (Capps, Castañeda, Chaudry, & Santos, 2007); welfare reform acts that leave a disproportionate number of single women of color and their dependents choosing between ungainful minimum wage employment and their children's care (Zucchino, 1997).

Particularly pertinent to the intersection between race and sexual orientation as target social identities are the various anti-miscegenation laws instituted at the state level between 1863-1967. This prescription of a monocultural family continues, *de facto*, to create obstacles when an interracial family seeks social supports, community supports, and acceptance within families of kin and families of choice (Tatum, 1999). The *de jure* and *de facto* obstacles presented within heterosexist legislative language discriminates against lesbian, gay, bisexual and transgender - headed families at municipal, state, and federal levels by excluding these families from more than 1,049 entitlements given to

heterosexual families (Dalton & Bielby, 2000; Foderaro, 2000; GLAD, 2001; Hartman, 1996; Lempert, 2000; ).

### *Same-Sex Couples and Family Planning*

The unique maneuverings that lesbian, gay, bisexual and transgender (LGBT) families are required to undertake manifest during every stage of the family life cycle. For example, during the planning stage childless lesbian and queer women couples plan for a family by negotiating the physicality of pregnancy, fertility, surrogacy, and insemination, (Brewaeys, Louwe, & Helmerhorst, 2005; Brill, 2001; Chabot & Ames, 2004). These couples manage ties to a social community of friends, family of origin, family of choice and the workplace managing issues of disclosure regarding parental sexual orientation and genetic origins of children, sexism and internalized and externalized homophobia (Bos, van Balen, & van den Boom, 2004; Chabot & Ames, 2004; Dalton & Bielby, 2000; Dunne, 2000; Scheib, Riordan, & Rubin, 2003; Scheib, Riordan, & Rubin, 2005). Researchers describe the unique strengths of lesbian-led families specifically in regards to quality of parent-child interactions from both parents, satisfaction with partner as co-parent, the financial and emotional advantages of an egalitarian household without prescribed gender roles, and the psychological health of children in longitudinal analyses (Baetens, Camus, & Devroey, 2002; Bos, van Balen, & van den Boom, 2004; Dunne, 2000; Golombok, 2002; Hare & Richards, 1993).

Researchers describe the preparatory steps queer women couples undergo in planning a pregnancy using assisted conception techniques. Of note the research reviewed did not include dynamics of interpartner oocyte donation. One major theme in the literature on this population includes the need for support and resources, specifically

within reproductive health service providers and the need for queer mother support groups (Baetens, Camus & Devroey, 2002; Chabot & Ames, 2004; Lambert, 2005). A second major theme included choices regarding donor insemination, choosing an anonymous, typically accessed through sperm banks; open-identification or willing-to-be-known donor, in the U.S. accessed through sperm banks usually through higher cost and known donors, accessed through social networks and family of origin (Brewaeys, Bruyn, Louwe, Helmerhorst, 2005; Chabot and Ames, 2004; Mitchell and Greene 2007; Werner and Westerstahl, 2008). Choices regarding using donor insemination and further choices regarding donor status were influenced by desires for one partner's genetic ties to child, legal vulnerabilities of the child's co-mother, desires regarding level of investment from donor, and possibility for child to have increased knowledge of genetic history (Baetens, Camus & Devroey, 2002; Chabot and Ames, 2004; Mitchell & Green, 2007; Reimann, 1997; Werner & Westerstahl, 2008). The process between couples for choosing who would be birth mother and co-mother at a given pregnancy included many variables such as age, desire to birth, health conditions and decisions made in regards to finances and career (Brill 2001; Chabot and Ames, 2004; Mitchell & Green 2007; Patterson, 1995). Researchers described differences between birth mother and co-mother during the initial bonding experiences attributed to the birth mother's role of breastfeeding and primary natal attachment. Co-mother attachment was shown to develop over time and with commitment to an egalitarian sharing of primary care (Brill 2001; Chabot & Ames, 2004; and Reimann, 1997). Further points of navigation present for same-sex couples in the planning and parenting stage was the question of how to name, develop and define relationships that were outside of the heteronormative nuclear family monikers. (Brill,

2001; Chabot and Ames, 2004). Planning for pregnancy and parenthood within the larger heterocentric context required navigating the nested micro, mezzo, and macro contexts of the individual, couple, family of choice, family of origin and larger social context of workplace, school, church and the institutions of state and federal law (Brill, 2001; Chabot and Ames, 2004; Golombok, 2002).

### *Simultaneous Experiences of Oppression*

At the same time, IQW partners live in a society where positive identity development due to diminished social support can result in intrapersonal conflict and internalized racism and homophobia (Brill, 2001; Tatum, 1999). Miliora (2000) and Rust (2003) respectively highlight the challenges of positive identity development for queer individuals and people of color in a heterosexist and white racist society that does not mirror the individual's experience of self-identification and that wreaks ongoing narcissistic traumas (Kahn, 1963 as cited by Miliora, 2000) through a "depression of disenfranchisement" (Whitsett & Whitsett, 1996 as cited by Miliora, 2000).

Lee (2000) and Payton (1998) describe the role of internalized racism and horizontal racism in social interactions between white people and people of color and within the diverse communities of people of color. Miller and Garran (2008) describe how durable inequalities inform in-group and out-group allyships and identities (Tilly, 1998 as cited by Miller & Garran, 2008). These "cycles of socializations" are part of the quotidian pedagogy that shape an individual's social roles and how these roles are reinforced vis a vis an individual's own identities, attitudes and behaviors as well as that of others (Harrow, 2000 as cited by Miller & Garran, 2008). The microcosm of individual and couple reiterates the experience of internalized and horizontal racism. Current

literature highlights the historical prejudice, discrimination and oppression experienced by interracial couples through the history of the U.S. (Bratter & King, 2008; Byrd & Garwick, 2004; Chow, 2000; Killian, 2001; Killian, 2002; Lee & Edmonston, 2005; Solsberry, 1994; Zhang & Van Hook, 2009).

*Who is and is not studied? Race and sexual orientation*

Researchers have noted that literature on lesbian couples considering assisted conception has largely examined sample populations that are white, middle-class and have a high level of education (Baetens, Camus, & Devroey, 2002; Hare & Richards, 1993; Lambert, 2005). The diversity of lesbian and queer women couples vis a vis race, ethnicity, socio-economic status (SES), class background, legal status related to immigration status, educational level, degree of urbanization, etc. is not apparent in current research about lesbian and queer women. This reflects lacunae in literature particularly pertinent to this study whose population is reflective of the racial and ethnic diversity of same-sex couples in California (Gates, Lau, & Sears, 2006).

In current literature on interracial couples there is a marked dearth of articles exploring the intersection of race and sexual orientation (Rostosky, Riggle, Savage, Roberts and Singletary, 2001 and Steinburgler, 2005). Literature on interracial couples is largely heterocentric conceptualizing (Bratter and King, 2008; Byrd and Garwick, 2004; Byrd and Garwick, 2006; Chow 2000; Foeman & Nance, 2002; Forry, Leslie and Letiecq, 2007; Gaines, Granrose, Rios, Garcia, Youn, Farris and Bledsoe, 1999; Killian, 2001; Killian, 2002; Lee and Edmonston, 2005; Leslie and Letiecq, 2004; Malone, 2004; Murstein, Marighi, and Mallory, 2001; Solsberry, 1994; Troy, Lewis-Smith, and Laurenceau, 2006 and Zhang and Van Hook, 2009).



The limited number of articles which did address the intersection of same-sex identity and interracial couples highlighted the increased stress and disparity in access to material and political resources experienced by interracial same-sex couples in comparison to interracial and homogamous different-sex couples (Gates, Lau, & Sears, 2006; Jeong & Horne, 2009; Rostosky, et al., 2008; Steinbugler, 2005). Research findings about monocultural ethnic and racial minority same-sex couples highlighted disparities in income, employment, educational attainment, and home ownership strongly associated with race and ethnicity (Gates, Lau, & Sears, 2006). Furthermore, monocultural ethnic and racial minority same-sex couples tending to raise children with fewer economic resources than their different-sex counterparts in California (Gates, Lau, & Sears, 2006) and in the San Francisco Bay Area (Wilson, 2007)

For interracial queer women partners (IQW), building and maintaining social support networks is inherently complex as partners navigate ties to families of origin, chosen families, and extended networks comprised of individuals who may or may not be cognizant of the strengths and vulnerabilities embodied within an individual and within a couple. There may be shared affiliation between IQW partners that provide a common ground in regards to gender, sex, and/or sexual orientation while at a partner's workplace that individual may experience pronounced stress due to heterosexism and homophobia within the workplace (Brill, 2001). Parents within partner's families of origin may not support their children's bringing a mixed-race child into a supposedly monoracial family unit (Tatum, 1999). Additionally, internalized dynamics of power relating to partner's respective agent and target may create strain in couple's relationship (Miller and Garran, 2008) as well as be a site of continued communication (Brill, 2001). While the literature

on interracial same-sex couples examined the resiliences queer interracial families employ to resist internalizing institutionalized implicit and explicit operationalizing of simultaneous systems of oppression (Jeong & Horne, 2009; Rostosky, et al., 2008) these experiences also highlight the need for continued study of the family planning process for interracial queer women couples.

As reviewed, the literature on the history of race and racism and the literature on the history of sexual orientation and heterosexism has highlighted the distinct experiences as well as the similar oppressions endured by these minority groups. The reviewed literature has also shown the unique process of family planning of interracial queer women couples within heterocentric systems affecting couples on emotional, pragmatic and sociopolitical levels. Highlighted as well are the processes *between* interracial queer women couples related to personal, relational and social differentials between birth mother and co-mother. Interracial queer women couples maneuver multiple systems of oppression as well as navigating personal privilege and resiliencies in the family planning process. This study addresses the lacunae in current literature regarding interracial queer women couples by examining the intersection of race and sexual orientation in the emotionally, socially, and physically generative process of family planning.

## CHAPTER III

### METHODOLOGY

#### *Participants*

##### *Participant characteristics*

In this project I studied interracial queer women couples (IQW), specifically lesbian or queer women-identified couples and members of couples in which one partner was a person of color and one person was white. “Women-identified” refers to individuals who self-identified as women. Participants in this study were individuals in a committed relationship with another woman who planned to co-parent together and were considering using assisted conception techniques (ACT) to achieve her own or her partner’s pregnancy.

In order to participate in this study individuals identified as IQW couples. I relied on the participant’s own self-identification for the individual’s gender, race and sexual orientation for inclusion in the study. While participating in the study the couple or member of the couple was/were childless and planned to use assisted reproductive technology (ART) in achieving their own and/or their partner’s pregnancy. Also, the ability to communicate in English was necessary.

Individuals who self-identified as men were excluded. I also excluded lesbian and queer women-identified couples and members of couples who had children from previous relationships and those who were at the time of the study, jointly or singly, raising a child/children. I excluded couples and members of couples in which one or both partners were pregnant. I did not include individuals who were younger than 18 years of age, and I

did not have a maximum age limit. This study included only IQW couples or members of couples who self-identified as individuals in a committed relationship.

This exploratory study was devoted to examining issues of an underserved population and/or populations. An individual in this study may have had multiple “target identities” (Miller & Garran, 2008) including being a woman, being a person of color and being a lesbian. This study was created with those multiple identities in mind. The participants in the study were members of many other “agent” and “target” groups affiliated along lines of class, ethnicity, skin pigmentation, fluency in English/multiple languages, religion, etc. Additionally, the identifier of “lesbian”, “of color”, “white”, “interracial”, etc. have diverse meanings for individuals.

*Numbers of participants.* Thirteen individuals participated. Their demographic information is as follows. In regards to sexual orientation participants identified as queer, bisexual, butch dyke, gay woman, lesbian, homosexual, and/or queer-identified. White-identified participants identified as white, Eastern European, and/or second-generation Jewish. All participants had at least a BA; approximately 54% had graduate degrees. 33% of participants identified their family of origin class background as poor, working class, and/or lower working class, 33% as upper middle class. In regards to income level, 38% reported below \$20,000 annually (of note 80% of the 17 participants in this income bracket were graduate students), .07% (one participant) reported \$20,000 - 40,000, 31% reported \$40,000-60,000, and 39% reported an income in the \$60,000.00-80,000 range.

#### *Recruitment procedures*

Participants were using snowball method. I posted recruitment materials to various list serves within the LGBTQ community and on-line social networking sites. I

also placed recruitment materials in social venues and community organization centers. I distributed recruitment materials mainly in the San Francisco Bay area in California and asked individuals to assist me in the process. Initial contact via telephone or email was made in which potential participants expressed interest in participating.

### *Materials*

Information was gathered using two measures. Participants completed a short demographic questionnaire that was distributed along with the Informed Consent Form. Participants shared information in response to a series of open-ended research questions. Each group was presented with the following questions and statements 1) Do you think your sexual orientation affects your family planning? Please explain your thoughts. 2) Do you think your race affects your family planning? Please explain your thoughts. 3) Do you think having a partner who is a different race than you affects your family planning? Please explain your thoughts. 4) What in this conversation [of the focus group] that you've said or heard sounds like parts of conversation you've already had with your partner? 5) What in this conversation [of the focus group] that you've said or heard do you wish your partner could hear?

### *Design and Procedure*

Following preliminary contact and informed consent procedures, participants participated in a focus group of 2-3 women. Each partner of each couple was placed in separate groups by race in separate rooms. Half of the groups were composed of women of color and women of mixed-race identity and were facilitated by myself, a queer

woman of color. Half of the groups were composed of white women and were facilitated by Amy Basford-Pequet, a queer white woman.<sup>2</sup>

I conducted a total of 6 focus groups of 2-3 individual participants N = 13 participants. Two groups, bifurcated by race, met at the same time and on the same day, in separate rooms. Partners were in separate groups meeting at the same time. The focus groups met for approximately two hours.

I designed the structure of the group as such in recognition that one benefit of a match between some part of a researcher's and a participant's social identity may result in a sense of affinity and support in discussing material that may be emotionally evocative. Also, I designed the focus groups to be divided along lines of racial identity in recognition that women of color and white women have experienced oppression, racism, and privilege in historically different ways. I recognize that the binary of 'white' and 'of color' is a social construction *as well as* a salient locus of self-identification, group affiliation, and intergroup allyship and conflict. There were pros and cons to the chosen focus group structure. Particularly salient were objections and feedback from research participants about the focus group structure. I was transparent about my reasons for the structure and the intrinsic pros and cons as I saw them. My hope was that participants would see the potential value in these conversations and continue their voluntary participation in them.

I informed participants that they would be emailed an abbreviated write-up of the research project and my findings and a link to the full thesis by September 2010. I stated

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<sup>2</sup> Of note, Amy Basford-Pequet and I are married.

that they could call or email Smith Human Subject Research Committee, Amy Basford-Pequet or me with further thoughts, concerns or questions.

#### *Method of measurement*

Participant's responses were audio recorded. In addition facilitators observed participant's nonverbal language. Facilitators made audio notes immediately following each meeting of respective focus groups. Following this the facilitators met and discussed the material presented in their respective focus groups. This conversation was also recorded.

Reliability and validity were measured by the directness, depth, and detail of unique personal experiences provided by the qualitative nature of this study. The structure of multiple focus groups allowed for the comparison of participant responses within a given focus group, within pairs of focus groups, and with focus groups that met on different days.

#### *Analysis*

Following the focus group I transcribed the recordings. The transcriptions were then be reviewed by Amy Basford-Pequet and myself. Thematic analysis of transcriptions was used to derive meaning from the focus groups. I initially read the transcripts categorizing statements into themes. I examined the themes contained in the transcripts and considered whether some of the themes were related and were best grouped together. During a second read of the transcripts I examined the accuracy of my themes and groupings comparing them again to the transcript and made changes to my themes and groupings if appropriate. During a third reading of the transcript I noted the frequency with which these revised themes arose parsing participants' responses into smaller

meaning units and coding them to recognized themes. The frequency with which themes do or do not occur served as a basis for the discussion section.



## CHAPTER IV

### FINDINGS

#### *Introduction*

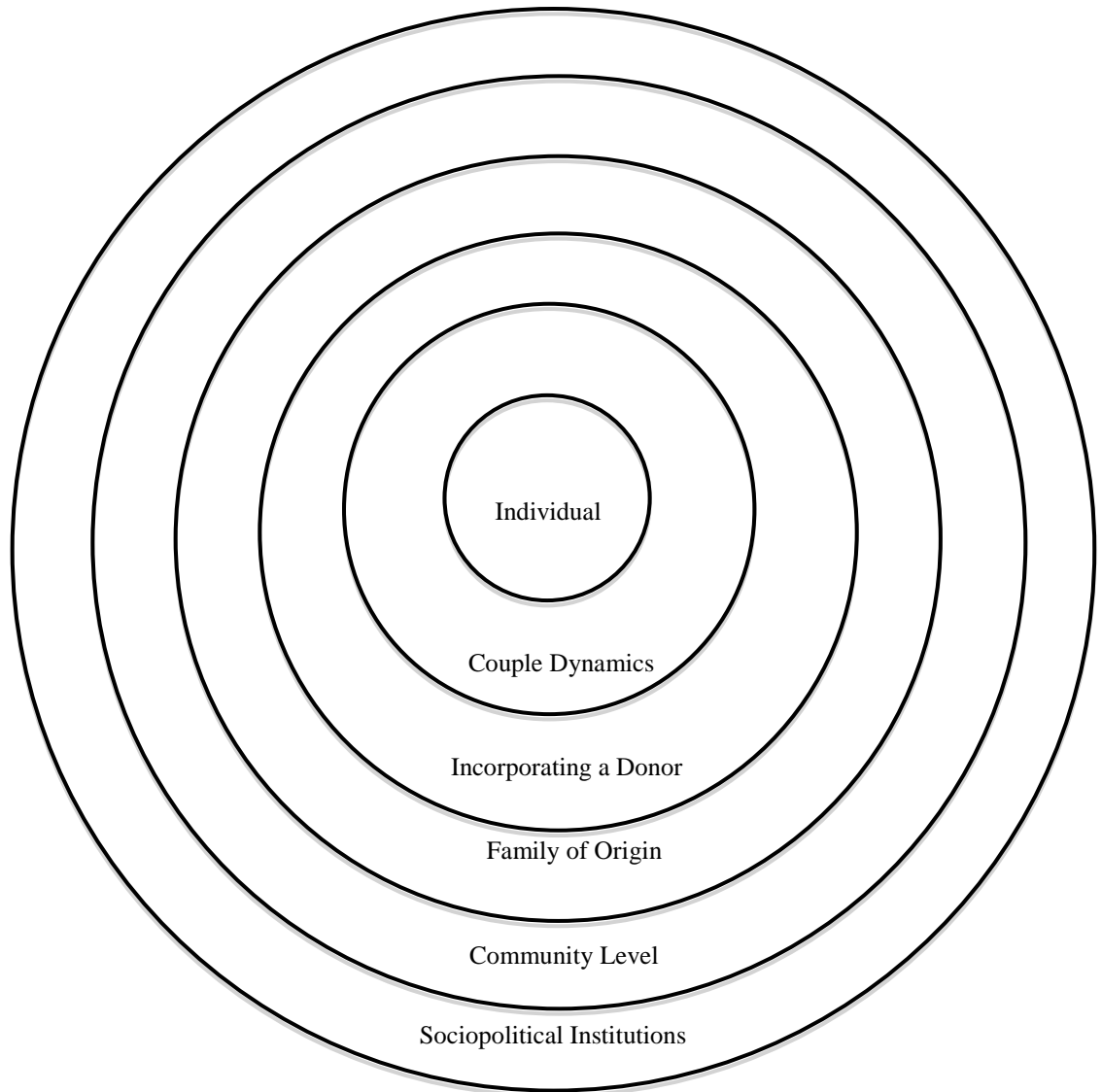
In this study couples described the family planning process as interracial queer women couples (IQW) as navigating on multiple contexts. I have conceptualized these navigations as nested contexts representing the smallest sphere of context, the individual, to the largest, institutions and law (see Figure 1). It is worthwhile to note that these contexts are not clear distinctions as each context influences resiliencies, prejudices and privileges experienced in another.

#### *Individual*

All participants who identified as people of color spoke to the importance of having a baby that "somehow represented part of the world that I've grown up in". Participants described an emotional need to feel their own identity reflected in their child. One participant, in imagining a white baby describes that, "I don't think that I would feel as close. I wouldn't feel that that baby represented me in some way." Some participants saw choosing to carry the baby as "ensuring... that my race and ethnicity will be reflected in my child or one of my children." All POC participants who were envisioned themselves in the role of co-mother were invested in having racial and/or ethnicity ties to the child.

Most white participants, 71%, described their own heightened awareness of

Figure 1: Nested Contexts of the Family Planning Process for IQW Couples



the dynamics of race and racism acknowledging this increased consciousness as new and different. One participant described the, "white privilege of not always thinking about the ways in which... a child of color will move through the world... I never thought of that as a child." Fewer white participants, 29%, when asked about their partner's and their *own* race focused almost exclusively on their partner's race. One participant, in response to a follow-up question regarding her own race, replied, "I hadn't thought of that before."

Participants who identified as people of color described being aware of race and racial dynamics from a young age, "from age zero" said one individual. One white participant described her understanding of the normalcy in white society, "to not name race..." However, a number of white participants described a commitment to examine their own relationship with whiteness despite societal injunctions against it and through the use of readings, unlearning white privilege groups, and their own therapy.

#### *Dynamics of the Couple*

Participants illustrated their complex relationships with their prospective roles, both as mothers. Particularly, within the context of a white heterosexist patriarchy there exists a differential racialized power dynamic between a white mother and a mother who is a person of color. One POC participant acknowledged, "I'd be very upset if...people overlooked...that my baby wasn't white in some way." Within the context of this racialized power dynamic the aspect of visibility of a racial tie to a the child to be, explored in the sub-section above, may speak to the higher level of justification placed upon mixed-race families in a society that holds monocultural family units as the norm. One white participant illustrates the default position of the prevailing conception of a

white monocultural family unit. She shares the position of her mixed-race nieces and nephews within her white-identified family, that "they raised them as white."

In couples who described, largely, an egalitarian sharing of work and access in contrast to heteronormative couples, pregnancy was seen as a moment of "separateness" which had important implications. One prospective birth mother expressed that, "...the woman who's carrying the child has this ...physical attachment...the partner who is not carrying the child, it's a different experience." The differential laws regarding parental rights between co-mother and birth mother seemed to be a source of anxiety for many participants. Participants described mechanisms they employed as a couple to ensure the public visibility of both mothers such as carefully choosing last names, being out to prospective schools of the child to be, and performing second-parent adoptions.

#### *Using Assisted Conception Techniques*

Many participants also expressed a level of frustration with the planning process that "you could get stuck in that phase" and "thought consuming" or described a "hyperintentionality" and "ways of avoiding." Present in this frustration was a desire for physical intimacy leading to the birth of a child, "I wish you know, we could kinda have this sexy time and suddenly surprise we're pregnant"

Some participants described a lack of preparedness regarding the amount of time and money invested in the family planning process. Participants contrasted this to "the easy process" and the rapidity with which heterosexual couples can get pregnant, "I had a friend and she met a guy, three months later they're married, three months later she's pregnant. I'm like *what!*"

Many participants also framed using assisted conception techniques positively as expressive of their "deliberateness", "intentionality", and "choices." They related the level of conversation and discussion inherent in their family planning process as IQW couples describing increased understanding of their own and their partner's needs and feelings and "what was and what wasn't off the table." "She can't accidentally get pregnant, you know [laughs] as much as *I try*...we have to be very deliberate which I think is wonderful because, it's a choice.... you want to walk in the world making choices every moment. And it's we're gonna chose this. "

As discussed in the "Individuals" subsection the visibility of shared visual identifiers related to race was important to all participants. Within the family planning process some choices as to who was co-mother and birth mother, who the donor would be, and considerations regarding interpartner oocyte donation were mitigated by medical conditions, "she's has an ovarian cyst so if we were gonna have a child I would bear it.... but then look at sperm donors, and there aren't that many Mexican-Caribbean sperm donors." Another participant described her age as possibly prohibitive. These limitations are meaningful within the context of the IQW couples due to the scarcity of donors whose race and/or ethnicity feels affirmative to a co-mother. "There weren't that many Latin donors to begin with...on top of that there weren't really many *open* Latin donors...on top of that there's, oh wow,...two guys that are Dominican."

Participants described limiting factors in using sperm banks including prohibitive cost of multiple inseminations, additional costs entailed in using a "willing to be known donor," and an end of access to a given donor after a certain agency specific limitations (i.e. donor has been used by ten families). Some participants sought to utilize gay-

identified known donors within their immediate and extended communities. These participants expressed frustration and anger in finding that additional screening and paperwork was required of donors who identified as gay rather heterosexual. For these couples gay-identified donors were perceived to have a greater capacity for increased appreciation of queer family configurations in comparison to heterosexual donors. Due to legal vulnerabilities of queer families, particularly of the co-mother, a donor's openness to the process of second-parent adoption and signing away "parental rights" was described as important.

### *Family of Origin*

#### *Dealing with Internalized Homophobia of Family Members*

Within the context of heterosexist assumptions regarding family configurations, individuals in queer couples often "come out" once related to their sexual orientation and again in their plans to have a family in a family of origin. Participants described a range of reactions from family members. One participant shared her family's disbelief, "we started kinda of talking about the idea of having a family my family was kind of like and how are *you* going to do that?" Her family's belief contrasted with her own deep desire regarding queer parenthood, "I've always known that I wanted to be a parent, and I've also always known that I've never wanted to give birth." Another participant described the rejection she experienced by a family member when she "came out" about her plans to have a family to her extended family in a letter, "my family's from Tennessee... I came out to my extended family and one of my uncles said, oh it's fine, assuming you don't have kids."

One participant described their commitment ceremony as "a really positive thing" in terms of "wanting to have the support of the family and chosen family." This participant experienced a range of responses "...some just never bothered to RSVP" and that "one tio who was like the big... patriarch of the family ... flew all the way out from Chicago with his daughter and granddaughter." From responses to the commitment ceremony this participant was able to get a clearer idea of whether or not extended family were supportive of them as a queer couple, "... we could send out, in theory, baby announcements or ultrasound pictures in the future and ...know clearly, who's not so down." This was seen as important in the family planning process, "Good to know, because I don't know if I'd want to have my kids around people that might say derogatory things about them or their parents or where they came from." A clearer understanding of family member's homophobia helped them to plan accordingly with the child's best interest in mind.

"Coming out" to a heteronormative family risked cut-off in response to homophobia potentially resulting in a loss of emotional, physical, and financial support during the difficult process of planning a family, pregnancy and beyond. In regards to the prospect of homophobic interactions with extended family one participant said, "I'm fine with cutting off those people. Yeah...It's painful though still that's what I would definitely do." In the process of cut-off queer prospective parents also lose access to prior generations of parents and their parenting strategies.

This cut-off may be especially significant for POC parents and IQW couples. Many POC participants in this study underscored the importance of community in

passing down culture to a child, specifically reflecting on the role of their own immediate family in their own cultural identity development. One POC participant described,

"I was raised both of my parents were immigrants, I'm first generation and I was raised in an environment where for all intents and purposes I was raised just the same as my parents were so... like little Puerto Rico and people speak Spanish first and then English, so I think for me ... for my child ...it's how they're raised culturally."

Another POC participant shared,

"I just think that it takes more than one person to make that happen. And I can play salsa all day and night and I can [laughter] and I can cook [laughing] and I can cook. I don't mean to sound stereotypical but you know and I can speak in Spanish and whatever, but it's beyond me it's who's around you."

Some white participants shared their experiences of internalizing strong messages about what constitutes "the white family." Highlighting the institutional role of the media one participant related,

"I always described my family ...as the quintessential Brady Bunch. And very much like a TV show family from a view outside the house and then when you got in it was alllll...messy, um, and maybe some of that is the Southern mother thing too of everything looking nice, and being equal and orderly."

Another participant identified the "WASPY family model" as, "oh we should have two kids, and we'll have a dog, and we'll have a fireplace, and we'll be done." She spoke its internalization as a "model that I knee-jerk have in my head."

### *Race in the Community*

Within the larger frame of social circles: school, assumptions by others based on appearance, the line between home and the outside world, one poignant theme participants described was the pain of racism. One participant related an evocative experience she had listening to a speaker at a white caucus parenting panel,



"She was a white woman, straight, heterosexual with a partner, who's an African-American man, and she said her son is very dark-skinned. He came home one day and said, um, and he's four, he's in pre-school, and he said, um, my skin is bad Mommy help me take, how can I take my skin off."

This participant underlined her own racial privilege, exploring her own position of a white mother-to-be to a mixed-race child " I think as a white person those things don't occur to me until I hear them." She wondered, "how I will be mirroring that child as a white person and like when my baby comes home and says, mommy take my skin off." Some white participants imagined that they would "rely on my partner" to help their mixed-race child journey within a society rife with ongoing inequality.

Participants highlighted the erasure of specific white ethnic identities within the context of white privilege. One participant described how the immigrant history within her family is subsumed in the process of a facile acculturation into the "white culture." Another participant described white as "the default." One participant described that, "I guess what we want is really only talked about it in terms of her race, not just 'cuz she's a person of color and in our society that's...equated with race which is obviously problematic."

IQW participants balanced a desire to protect their child from white heteropatriarchy and the knowledge that these encounters would be inevitable,

"...society obviously puts so much shame on children about everything, but certainly about having gay parents ...having mixed race parents so I'm wanting to protect that child from all these different biases in the world...at the end of the day, well my response to that is like, they'll have that experience and battle it."

One participant described her specific mechanism to support her child in developing consciousness and resiliency about race, "to name it and to talk early on about difference, about race and racism and about um, discrimination and about power and privilege... "

### *Institutions and the Law*

Participants pointed to the heterosexism they experienced while maneuvering the medical establishment. One participant highlighted the assumptions present in an interaction with a primary care physician, "if I identified as heterosexual or if I had a male partner that would be a question [as to her plans to have a family] that would be asked way up front." A second participant highlighted the conflation with queer parenthood with infertility sharing that during a fertility examination a physician consistently used the term IVF (in-vitro fertilization) rather than IUI (intra-uterine insemination). Another participant told of the requirements by their health insurance provider,

"to go to an infertility session... half the room were queer couples and we thought, 'I'm not infertile. I don't know why I have to be here just because my partner's a woman'... the implications of that and the inconsideration for that was really just humiliating."

The strictures in physician choice, the cost of sperm and/or insemination, and unequal coverage of queer partners under employer-based health care plans underscores the importance of a knowledge within mainstream medical establishments of the reproductive health care needs of IQW mothers-to-be.

All couples who were considering using a donor of color pointed to the dearth of availability of sperm from a donor of color describing increasing difficulty as they tried to match for ethnicity and/or country of origin. One participant shared, "There's a lot of white sperm for sale, right, just like there's a lot of white eggs for sale...the racism in that whole artificial reproduction is *heavy*.... "It is beyond the scope of this study to examine the factors that contribute to this phenomenon that may include recruitment strategies,

screening practices and cultural norms of donors. It is worthwhile to note that reflecting the racial make-up of both mothers was important to all participants in this study.

Participants spoke to the vulnerability of their family in regards to the inequitable protection under the law afforded queer couples versus heterosexual couples. This was felt poignantly in considering the position of a co-mother for whom a second-parent adoption performed in California would hold no weight across state borders,

"You can go to Oklahoma you drive through there and they're not gonna recognize gay adoption, you know. It's crazy...so you drive around it. So you drive through Texas or something. You know, I mean, it's terrible."

For the IQW participants in this study geographical location and the social and legal protections different states and/or regions offered were formative elements in considering where to raise their families. At times these needs for *tolerant* legislation and social support were at odds with needs for geographical proximity to family of origin or a racially and/or ethnically affirmative population.

### *Summary & Conclusion*

In conclusion, IQW couples navigate family planning in unique ways related to race and sexual orientation. I describe here the nested contexts of the individual, the couple, using assisted conception techniques, within the family of origin, and institutions and the law. On the individual level, participants felt it important that their baby be racially representative of both mothers. Most white participants described a heightened awareness of race, racism, and their own white privilege in considering their role in raising a mixed-race baby. Couples explored the "separateness" entailed in pregnancy and the differential power dynamic between co-mother and birth mother. Within the context of using assisted conception techniques participants expressed frustration with the

extended planning requirements of the process coupled with a desire for physical intimacy leading to a pregnancy. Participants pointed to the investment of time and money comparing their process with the ease of a heterosexual couple. Participants also saw benefits of their deliberateness and intentionality, namely, increased communication and understanding one another's needs and anxieties. Individuals also described limiting factors, i.e. medical conditions, age, and the restrictions to access intrinsic to using sperm banks. Considering the context of family of origin, queer couples described taking risks in "coming out" to heterosexist/heteronormative family and extended family, first as being queer and then with plans to raise a family. These individuals enlisted a number of different methods for this important communication that was seen as preparation in order identify who in the family was and was not supportive of their family planning. At the level of institutions and the law, individuals described the heterosexism present within the medical establishment, the dearth of donors of color, and the legal vulnerability of the queer family unit.

## CHAPTER FIVE

### DISCUSSION

#### *Individual*

All POC participants shared a desire for their baby to be representative of their own racial identity as well as their partner's. This was a finding not adequately represented in the current literature. In the reviewed literature there was very limited representation of IQW couples. Most of the literature on lesbian couples had sample sizes comprised of almost exclusively white participants (see Chabot and Ames, 2004; Brewaeys, de Bruyn, Louwe and Helmerhorst, 2005; Hare and Richards, 1993; Kurdek, 2001). In the few articles in the reviewed literature on IQW couples the couple dynamic was the focus of study and *not* the family planning process.

White participants described being more aware of the dynamics of race and racism in considering their role in raising a mixed-race baby. This finding seems to support research fundamental to whiteness studies. McIntosh (1989) writes about the "invisible knapsack" of white privilege and the ways that white people are taught not to recognize their privilege. The reflection catalyzed when a white person plans to raised a mixed-race child, rather than a white child, challenges one of the "knapsack's provisions", "to not have to protect your children from racism." Regarding awareness of race, most POC participants described being aware of race from a much younger age than white participants. Writers and researchers (hooks, 1996; Lorde, 1982; Tatum, 1997) have elucidated the racially explicit socialization process that occurs for children of color.

#### *Couple Dynamics*

This greater consciousness, a “double vision” or multi-lensed vision leads to some experience of tension and stress within these couples as often experienced by marginalized groups (Rostosky, et al., 2008; Steinbugler, 2005) *yet* the development of this capacity seems to lead to a greater resiliency and level of communication based on the experience of marginalization, navigation, and aspect of *creation* involved in building extended families of choice and developing integrity of self (Jeong & Horne, 2009; Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Rostosky, et al., 2008). One of the participants spoke to this aspect of intentionality best when she said, “And it’s like you want to walk in the world making choices every moment. And it’s like we’re gonna chose this.”

#### *Using Assisted Conception Techniques*

Participants described a frustration with the planning process. They also described a lack of preparedness regarding the level of investment – of time, money, and energy – in using assisted conception techniques. This frustration was often framed in contrast to the "easy process" of heterosexual couples. This finding is supported by researchers that described the unique multiple issues encountered by IQW couples in a heteronormative context concerning where to seek reproductive health services, who to designate as the birth mother, and the differential role of the co-mother (Brill, 2001; Chabot and Ames, 2004).

Participants also framed the planning process as one of "intention", "deliberateness," and "choice" facilitating a greater understanding of their and their partner's needs and process. Dalton and Bielby (2000) speak to the ways lesbian couples family formations "may be proactively constructed and flexibly scripted." Dunne (2000)

writes of "the absence of the logic of polarization to inform gender scripts, and their parity in the gender hierarchy." In both Dunne's (2000) study and my own, respectively, participants alluded to the capacity "to make it up as we go along" and "create it my own way."

The importance of shared visible identifiers was underscored. As outlined in the "Individuals" section, researchers of the literature reviewed did not examine IQW populations and the specificity of sperm donors whose racial and/or ethnic makeup were representative of an IQW couple.

Participants underscored limiting factors (i.e. cost of, access to specific, limited racial diversity) of sperm donors as well. This finding is supported by the study of Mitchell and Green (2007) examine the challenges gay and lesbian couples citing the "psychological and social challenges" encountered on the "long and winding road of choices and chances taken" between "the wish and the actuality of being at home with the baby."

### *Family of Origin*

For both white participants and participants of color the vision of raising a mixed race child engendered discussion regarding the participant's awareness related to their own race and/or their partner's race. Experiences within families of origin were formative in the process of internalizing what family and motherhood "looks like," though these templates were examined and deconstructed as well.

Before moving further into this discussion it is important to underscore that the identification of "person of color" encompasses a great diversity of individuals in terms of race, ethnicity, skin color, immigration status, country of origin, language, etc. – much

in the same way that the identification of “white” does. There existed in the focus groups discussion expressing a wide range of experience within participants who identified as people of color in regards to their experience of race,

Emotionally evocative experiences of white hegemony within the family of origin were described as catalyst for some participants' own self-examination. Participants saw ways in which the privilege of whiteness was detrimental to their family structure. One participant talked about the "mixed race kids" in her family being "raised white" and witnessing that wanting to raise her kids differently. Another participant talked about anger towards her grandfather for fueling racism between members of her extended family who had married partners of color. One participant described her family as "the quintessential Brady Bunch." She expressed feeling the pressure of white heterosexual middle class perfection and the strongly dystonic expectations often inherent to the phrase.

Participants of color, except one, in contrast to many white participants readily identified cultural markers that they internalized as part of their racial identity. This process of internalization was also strongly linked to experiences with the family of origin. Participants named familial and cultural markers such as food, greater levels of connectedness/"*comunidad*", music and dance as markers. Physical and the consequent cultural relocation, their own or their families' histories of immigration, processes of acculturation, chosen immigration or political exile, were also cultural markers underlined by some participants.

*Community Level*



Participants spoke to the pain of racism experienced in social circles in the world outside of the home. Writers and researchers such as Miller and Garran (2008), Takaki (2008), and Tatum (1999) and support this finding. White participants described the invisibility of specific white ethnic identities within the context of white privilege. Researchers Miller and Garran (2008) write "White people can move through the world believing that they are deracinated, that they are just people, or Americans." Participants, of color and white, described desires to protect their children from the heteropatriarchy they knew their children would encounter. Participants also shared ways their children might "battle it" and described intentions to build consciousness and resiliency regarding oppression. Regarding race Miller and Garran (2008) and Tatum (2008) write about resiliencies co-constructed within families of origin in families of color. Brill (2001) writes about the intentionality and tools queer parents use in building queer-affirmative consciousness and resiliency.

### *Sociopolitical*

Smith (2006) posits the intersection of oppressions within heteropatriarchy, "the building block of the U.S. empire," and identifies the white patriarchal middle class family as "no mere metaphor but a crucial technology by which modern power is produced and exercised." Within white supremacist heterosexist patriarchy the transmission of culture for non-white and queer families takes place within the larger oppressive sociopolitical context (Smith, 2006). In this study participants of color described cultural transmission within their own family of origin alluding to moments when these oppressive forces were present. Audre Lorde (1982) said, "If I didn't define myself for myself I would be crunched into other people's fantasies for me and be eaten

alive." IQW couples challenge the white supremacist patriarchal hierarchy of which families--according to race and sexual orientation--are and are not worthy of protection.

Researchers describe queer women couples and interracial queer women couples as developing resiliencies related to their racial identity and sexual orientation. Similar to what participants described in the focus groups, researchers point to increased capacity for communication derived from an egalitarian division of labor contrary to the sex and gender roles traditionally assigned in heterosexual couples (Jeong & Horne, 2009; Patterson, 1995; Patterson, Sutfin, & Fulcher, 2004; Reimann, 1997). Researchers also point to resiliency in POC queer hypothesizing as its origin the navigating power differentials related to race experienced *prior to* and *alongside* marginalization due to sexual orientation (Collins, 1991; Jeong & Horne, 2009; Riggle, et al., 2008).

#### *Future Research and Implications for Social Work Practice*

##### *Future studies*

There were a number of topics that came up within the context of the focus groups that were not within the context of this study on the affects of race and sexual orientation in IQW couples. An intentional analysis of class and its effects on the personal experiences and planning of the participants was not within the scope of this study. Discussion of class was present in all of the focus groups intertwined in participants descriptions of their family of origin, their immigration experiences, their experiences of acculturation, their perceptions regarding access to institutions and to considerations regarding their own family planning as related to location, educational choices for their children, and the financial costs of using assisted conception techniques as a same-sex couple. Particularly considering that current studies linking race and

ethnicity to income levels (Gates, Lau, & Sears, 2006; Wilson, 2007) look exclusively at monocultural couples the intersection of class in queer interracial couples may be a fruitful area of further inquiry, particularly considering the sometimes financially restrictive options available to same-sex couples in family planning. A limitation of this study in regards to representative levels of income is that the participants in this study may be a more affluent group than is representative of queer interracial couples, as a whole as 70% of participants reported income levels between \$40,000-\$80,000 annually.

An additional area of further study might be the intersection of gender with race and sexual orientation. Participants self-identified along a spectrum of gender identities, “butch”, “femme”, “trans”, “more traditionally male/more traditionally female”, and “we mix it up.” The multiplicity of genders described in this study shape the family planning process, which deconstructs, re-iterates, and creates new sex and gender normative roles. However, a limitation of this study was the choice of language in recruitment materials and even in the conceptualization of the study, i.e. "woman/woman-identified participants", "women/women-identified participants" and "man/men." I did not make explicit in my language the spectrum of gender and comments from participants and potential participants highlighted this omission.

Within the history of racial relationships in the US there is a strong tendency in political, legal, academic, and quotidian discourse that continue to be dominated by white cultural discourse to polarize the dynamic racial composition of the U.S. and individuals within communities in the U.S. as white and black or white and non-white (McIntosh, 1990; Takaki, 2008; Tatum, 1999). In this study I structured the focus group structure self-identified white and people of color: I consequently reiterating the binary of white

and non-white. In doing so I elided the specificities of one potential participant's mixed-race identity of having a biological mother and father who are white and Filipino.

Incorporating an analysis of race that deconstructs this binaristic narrative might better speak to the spectrum of racial experience. Additionally, further studies examining specific intra- and interethnic dynamics between same-sex couples may prove useful in considering the experience of race beyond a white and non-white examination.

Finally, studying how children of queer interracial women-identified couples navigate their own racial and ethnic identities and their experience of being raced by parents whose own racial and ethnic identities may or may not mirror their own.

#### *Implications for the field of social work and the mental health field*

The coming out process is continual and quotidian for queer interracial couples within a society manifest with assumptions of a heteronormative and monocultural family unit (Brill, 2001). The narratives of participants in this study described "coming out" to heteronormative family of origin, within the workplace, to extended family and then having to "come out" with plans to have a family. This basal experience points to the need and movement towards, in the queer interracial couples interviewed here, for social and material supports that hold the multiple identities intrinsic in their family composition, identities that manifest with a renewed level of contrast and integration as these couples continue in their family planning.

Similar, to the participants, social workers and other professionals in the mental health are neither "pure oppressors" nor "oppressed people". Within the context of this study participants have described the implications in terms of access to resources, levels of acceptance within multiple family institutions and their own growth in building

networks of affirmative individuals and organizations. By developing our own clinical capacity to consider 1.) the impact of white supremacist patriarchal heterosexist prescriptions regarding binaristic formulations of normative and “other” 2.) intra- and interpersonal power dynamics within a couple which may be manifestations or influenced by those prescriptions, and, importantly 3.) the effects of those meta-narratives within ourselves we may better develop our capacity to respond what is presented to us within the room, what clients carry into the room, and, if so, how, and if not, why, a family is able to use their relationship with therapist to create “a room of their own.”

Important also, in regards to the structural macro-level, is the effective delivery of reproductive health services to queer interracial couples within mainstream health care. Specifically, providers knowledgeable of the IQW family planning process, health insurance policies response to IQW needs for equitable reproductive health care, and an understanding of the legal and social vulnerabilities of co-mother and birth mother.

### *Conclusion*

In conclusion, IQW couples navigate material and social constructions that merit some groups with greater access to legal, political and emotionally supportive resources than others. This study seeks to highlight the various sites of challenge, sites of deconstruction, and sites of creation vivified when a historically marginalized group envisions plans for and acts upon needs for self-determination. Intrinsic in the IQW family planning processes is a physically, emotionally, and sociopolitically generative process.

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## Appendix A

### HSR Approval Letter



Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950  
F (413) 585-7994

December 10, 2009

Jaycelle Basford-Pequet

Dear Jaycelle,

Your revised materials have been reviewed and they are fine. I think it is likely that you have been wise to expand your study to include one of the couple. Any obstacle to recruitment must be carefully considered as this is such a difficult part of the thesis. The whole tone of the Consent has been changed and it is fine now. We are happy to give final approval to this interesting project.

There is one thing we would like you to change. In the Informed Consent you say "Individuals involved with their material." I do think that sounds a little scary and open ended. Your thesis advisor will see the material and your focus group leader. The focus group leader will sign a confidentiality pledge. Your thesis advisor won't see the materials until all identifying information has been removed. Please say who will see the materials and give your participants the above information. They are talking about very intimate stuff. Just send the revised page to Laurie for your file. She'll run it by me.

*Please note the following requirements:*

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

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

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

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

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

Good luck with your project.

Sincerely,

A handwritten signature in cursive script that reads "Ann Hartman".

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: David Burton, Research Advisor

## Appendix B

### Informed Consent

Dear Participant:

Hello. Thank you for your interest in this research project. My name is Jaycelle Basford-Pequet. I am pursuing a Masters at the Smith School for Social Work in Massachusetts. I live in the SF Bay Area. I am researching how race and sexual orientation affect the family planning process of interracial lesbian or queer women-identified couples where one woman is a person of color and one woman is white. This study will be used as part of my Masters thesis and in subsequent work.

Again, thank you for your interest. Your participation will include a phone call and a two-hour focus group. You may participate if you are in a committed relationship with another woman, you and your partner are childless and are not pregnant but are planning to become parents by an assisted conception. You and, if applicable, your partner may participate if you are an interracial couple where one woman is white and one is a woman of color.

In this study you may experience some discomfort. You may find that your experience is different than other participants', which may lead to unease. Monetary compensation will not be provided. A personal benefit that you might gain from being involved in the research is a greater appreciation for you and your partner. A benefit may be a sense of pride in developing knowledge about your community. You will also receive a list of mental health and community resources.

I will audio record focus groups. I will make every effort to keep your identity confidential. I will present materials in a group format with your information disguised. My co-facilitator will see your material and will sign a confidentiality agreement. My research advisor will see your material after identifying information has been removed. I will keep your materials in a secure place according to federal guidelines for at least three years and will destroy them when I no longer need them. Your participation is voluntary. If you choose to withdraw you must do so prior to participating in a focus group by emailing me. You, and, if applicable, your partner must withdraw individually.

Please contact me with any additional questions (xxx) xxx-xxxx or at womenandfamilies.sw@gmail.com. You can also contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974. Please keep a copy of this Consent for your records. Thank you for your interest!

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

Participant's Signature \_\_\_\_\_  
Participant's Printed Name \_\_\_\_\_  
Date \_\_\_\_\_

## Appendix C

### Recruitment Materials

#### Recruitment Flyer:

The flyer is a rectangular graphic with a red border, divided into four quadrants. The top-left quadrant is a dark grey rectangle containing white text. The top-right quadrant is a dark grey rectangle with the text 'Race. Sexual Orientation. Family Planning. Share your vision.' and a decorative pattern of colorful concentric circles in red, yellow, green, and blue. The bottom-left quadrant is a dark grey rectangle with white text. The bottom-right quadrant contains two photographs: one of a smiling woman with dark curly hair and one of a man and a woman embracing.

If you are interested in this study please contact Jaycelle Basford-Pequet, MSW candidate. Call ... or email ... today.

Race. Sexual Orientation. Family Planning.  
Share your vision.

Seeking lesbian or queer women-identified couples or members of couples in which one woman is a person of color and one woman is white who are not yet but considering getting pregnant, don't already have children, are over the age of 18 and live in the SF Bay Area. Individuals will participate in a 2 hour focus group. Material will be used for a Masters in Social Work thesis.





## Appendix D

### Recruitment Materials

#### **Email to Contacts:**

Race. Sexual Orientation. Family Planning. Share Your Vision.

How does race and sexual orientation affect the family planning process of lesbian or queer women-identified couples or members of couples in which one woman is a person of color and one woman is white who are considering using assisted conception techniques?

Seeking lesbian or queer women-identified couples or members of couples in which one woman is a person of color and one woman is white who are not yet but considering getting pregnant, don't already have children, are over the age of 18, and live in the SF Bay Area. Individuals will participate in a 2-hour focus group. Materials will be used for a Masters in Social Work thesis.

Please see attached flyer.

If you are interested in participating in this study please contact Jaycelle Basford-Pequet, MSW candidate. Call (xxx) xxx-xxxx or email [womenandfamilies.sw@gmail.com](mailto:womenandfamilies.sw@gmail.com) today.

\*\*\*\*\*

Please distribute widely.

## Appendix E

### Referral Sources

#### **SF Bay Area Resources Focus Groups Participants**

Please note that the following information was excerpted from organizational websites and does not reflect the author's own personal or professional opinion.

#### **Health and Reproductive Support**

##### **Maia Midwifery**

Offers a number of support groups: single prospective moms, queer conception support group, gender and pregnancy discussion group, and non-bio parents support group. Also offers a number of classes: Childbirth Education for LGBTQ Families, Fertility and Conception Classes, Fertility Class & Individual Consultation Package

5290 College Ave., Suite C  
Oakland, CA 94618

[www.maiamidwifery.com](http://www.maiamidwifery.com)  
[info@maiamidwifery.com](mailto:info@maiamidwifery.com)  
(925) 253-0685

##### **Lyon Martin**

Community clinic with specific emphasis on lesbian/bisexual women and transgender health care. Provides support regardless of ability to pay.

(415) 565-7667  
[info@lyon-martin.org](mailto:info@lyon-martin.org)  
[www.lyon-martin.org](http://www.lyon-martin.org)

1748 Market St. Suite 201  
San Francisco, CA 94102

##### **UCSF Reproductive Health Center**

Offers fertility evaluations and treatment options.

(415) 353-7475  
[www.ucsfivf.org](http://www.ucsfivf.org)

2356 Sutter St.  
San Francisco, CA 94115-3006

### **Lesbian Health & Research Center at UCSF**

Dedicated to the health of lesbians, bisexual women, transgender people and our families. Programming includes research, education, trainings, public events and community collaborations. Extensive links on the website.

(415) 502-5209  
[www.lesbianhealthinfo.org](http://www.lesbianhealthinfo.org)

3333 California St., Suite 340  
San Francisco, CA 94118

### **Pacific Reproductive Services**

Lesbian-owned sperm bank serving women regardless of sexual orientation or marital status. Broad selection of donors “willing to be known” as well as anonymous donors.

(415) 487-2288  
[www.pacrepro.com](http://www.pacrepro.com)

444 De Haro St.  
San Francisco, CA 94107-2398

### **Rainbow Flag Health Services**

Only sperm bank in N. America to actively recruit Gay and Bisexual sperm donors. Provide known donor insemination.

(510) 521-SPERM (7737)  
[Leland@GaySpermBank.com](mailto:Leland@GaySpermBank.com)  
[www.gayspermbank.com](http://www.gayspermbank.com)

933 Central Ave.  
Alameda, CA 94501-6746

### **The Sperm Bank of California**

Open approach to donor insemination and advocates for family diversity. Lesbian couples parent two-thirds of children born through TSBC.

(510) 841-1858  
www.thespermbankofca.org

2115 Milvia St., Suite 201  
Berkeley, CA 94704-1157

## **Social Support**

### **Colage**

Nationwide organization with a chapter in Oakland and a national office in San Francisco. Serves children, youth and adults with one or more LGBT parent/s and their families. Offers diverse programming including publications, youth leadership and activism, pen pals, online communities, and trainings.

Oakland Chapter Contact:  
(415) 861-KIDS  
monica@colage.org  
www.colage.org/bayarea

### **NIA Collective**

Organization dedicated to supporting Lesbians of African Descent. Annual egalitarian retreat, community-based outreach, educational assistance including mentoring.

(510) 869-4403  
nia@niacollective.org  
www.niacollective.org

### **Asian & Pacific Islander Family Pride**

Organization in Fremont committed to the recognition and acceptance among Asian and Pacific Islander families of sexual and gender diversity within those cultures through support, education, and dialogue.

(510) 818-0887  
info@apifamilypride.org  
www.apifamilypride.org

### **Our Family Coalition**

A Bay Area LGBTQ Family Organization that promotes the civil rights and well being of Bay Area LGBTQ families with children and prospective parents. Programming includes

social events, peer support groups, parent education and referrals. Offices in SF and Oakland.

Oakland: (510) 332-0496  
SF: (415) 981-1960  
[www.ourfamily.org](http://www.ourfamily.org)

### **Bay Area American Indians Two-Spirits**

Community-based volunteer organizations offering culturally relevant activities for Gay, Lesbian, Bisexual, Transgender and Intersex Native Americans, their families and friends.

(415) 865-5616  
[www.baaits.org](http://www.baaits.org)

1800 Market St., Box 95  
San Francisco, CA 94102-6227

### **Women of Color Resource Center**

An organization with multi-faceted programming committed to social justice, feminism, and the well being of women and girls of color. Includes workshops, trainings, and retreats on popular education, leadership development, research and social analysis.

1611 Telegraph Ave. #303  
Oakland, CA 94612

(510) 444-2700  
[info@coloredgirls.org](mailto:info@coloredgirls.org)  
[www.coloredgirls.org](http://www.coloredgirls.org)

### **Mental Health Referrals**

#### **Gaylesta**

Gay, Lesbian, Bisexual, Transgender Psychotherapists Association of the Greater Bay Area. Provide mental health services including therapist referrals and education.

Therapist Referral service: (888) 869-4993  
[www.gaylesta.org](http://www.gaylesta.org)  
[contact@gaylesta.org](mailto:contact@gaylesta.org)

## **Women's Therapy Center**

Therapy for women and couples.

Counseling Request Line: (510) 524-8288  
admin@womentherapy.org

501 Kearney St.  
El Cerrito, CA 94530

## **New Leaf**

Counseling center for LGBT communities of SF and the Bay Area. Prioritize service to middle and low-income individuals and families. Sliding scale. Accepts insurance.

(415) 626-7000  
intake@newleafservices.org  
www.newleafservices.org

103 Hayes Street  
San Francisco, CA 94102