

# Gay and Lesbian Issues and Psychology Review

Editor  
Damien W. Riggs

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The Gay and Lesbian Issues and Psychology Review ('the Review') is a peer-reviewed publication that is available online through the Australian Psychological Society. Its remit is to encourage research that challenges the stereotypes and assumptions of pathology that have often inhered to research on lesbians, gay men, bisexual, trans and queer (LGBTQ) people. The aim of the Review is thus to facilitate discussion over the direction of LGBTQ psychology both within Australia and abroad, and to provide a forum within which academics, practitioners and lay people may publish.

The Review is open to a broad range of material, and especially welcomes research, commentary and reviews that critically evaluate the status quo in regards to LGBTQ issues. The Review also seeks papers that redress the imbalance that has thus far focused on the issues facing white lesbians and gay men, to the exclusion of other sexual, gender and racial groups. The Review encourages the elaboration of an expansive approach to psychological research on people of a diverse range of sexual and non-gender normative groups, and publishes articles from across a range of disciplines including (but not limited to) psychology, social work, cultural studies, sociology, gender studies, politics, history and legal studies.

All submissions or enquires should be directed in the first instance to the Editor. Guidelines for submissions or for advertising within the Review are provided on the final page of each issue.

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## **Indexing**

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The Review is eligible for DEST points and is recognised on the Australian ERA journal rankings as a level C journal.

# Gay and Lesbian Issues and Psychology Review

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Volume 6 Number 2

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## Contents

Editorial: Rainbow families 64  
*Damien W. Riggs*

## Articles

Diversity, tradition and family: Australian same-sex attracted parents and their families 66  
*Jennifer Power, Amaryll Perlesz, Rhonda Brown, Margot Schofield, Marian Pitts, Ruth McNair and Andrew Bickerdike*

Sorry, but you're not a mother: An examination of the validity of the defacto threshold in determining motherhood for the non-birth mother in lesbian-parented families 82  
*Kathy Cloughessy*

Comfort with use of Assisted Reproductive Technologies (ART) for family formation by same-sex and heterosexual couples: A survey of Australian social attitudes 90  
*Deborah Dempsey and Christine Critchley*

Rainbow washing schools: Are primary schools ready for same-sex attracted parents and students? 103  
*Anne Mitchell and Roz Ward*

## Book Reviews

Activism and LGBT psychology 107  
*Prathiba Nagabhushan*

## Calls for Papers

GLIP Review Special Issue: Trans bodies, lives and representations 111

GLIP Review Special Issue: Accessing queer data in a multidisciplinary world 112

International Critical Health Psychology Conference 113



## EDITORIAL: RAINBOW FAMILIES

DAMIEN W. RIGGS

The papers included in this issue either stem from, or are closely related to, papers presented at the 2010 *Rainbow Families Conference* held in Melbourne. Convened by the Rainbow Families Council, the conference was an excellent mix of academics and community members who spoke both of the practical aspects of family formation within LGBT communities as well as exploring some of the latest research findings in the field.

In regards to the latter, and for the first paper in this issue, we are fortunate to include a paper from the first large scale longitudinal study of LGBT families in Australia, the *Work, Love, Play* study. Specifically, the paper included in this issue reports on the demographics of the 400+ participant study and focuses on the modes of family formation amongst the participants. Importantly, the paper highlights the diversity across LGBT-parented families, an issue of key importance as the field of LGBT family studies develops and as researchers aim to move beyond the 'usual suspects' and to ensure the inclusion and representation of as diverse a range of families as possible.

This point about the inclusion of the true diversity within LGBT communities is the central issue of the second paper, which explores how recent changes to New South Wales legislation to recognise lesbian-headed families potentially actually closes down, rather than opens up, recognition of the diverse forms that such families take. Cloughessy provides an insightful analysis of one particular case and clearly outlines the implications for how lesbian-headed families (amongst others) are recognised within the law and the limitations of presuming that legislative change is always already a positive thing for all members of LGBT communities.

In the third paper in this issue Dempsey and Critchley report on findings from their study of attitudes amongst 1000 Australians towards the use of Assisted Reproductive Technologies (ARTs) by either same-sex or heterosexual couples. Their findings indicate that whilst there has been considerable change over recent decades in regards to attitudes towards the use of ARTs by same-sex couples, there still remains a proportion of the population who do not approve of same-sex couples using such technologies. Notably, however, Dempsey and Critchley also identify a small group of people who did not approve of *any* person using ARTs, regardless of their sexual orientation. As such, the findings highlight the complex nature of social attitudes towards ART use, but also the change that has occurred and the slow move towards recognising the validity of families formed through ART by same-sex couples.

The final paper in the issue explores some of the issues facing primary schools as growing numbers of students and parents identify as same-sex attracted, and the need for schools to move beyond the rhetoric of inclusivity, and to actually examine and challenge heteronormativity and homophobia. Mitchell and Ward focus on one school that is doing well in this regard in Victoria - Spensley Street Primary School - and highlight the importance of government policy to ensure that such successes continue and are supported.

As a whole, this issue of the *Review* celebrates both the growing body of Australian research within the field of LGBT family studies, as well as recognising both the progress that has been made within certain sectors of the community toward recognising LGBT-parented families, but also how far there is to go. That

organisations such as the Rainbow Families Council (and their equivalent in states and territories across Australia) are necessary illustrates this latter point well. In other words, it is always likely to be the case that LGBT communities will develop their own collectives around parenting and childcare that are community-centred and which provide a space for recognition and celebration. That such collectives are often also involved in political and legislative advocacy, however, is only a necessary corollary because politics and legislation continue to lag behind the practices and needs of many communities in a range of ways. In a sense then, this issue both celebrates the success and achievements of community organisations and the academics who work with them, as well as recognising the considerable work yet to be undertaken to further agendas that will better promote the inclusion of all families.

### **Websites**

Rainbow Families

<http://rainbowfamilies.org.au/>

Gay Dads Australia

<http://gaydadsaustralia.blogspot.com/>

Pink Parents (SA)

<http://pinkparents.ning.com/>

Rainbow Babies and Kids (NSW)

<http://www.rainbowbabiesandkids.com.au/>



## **DIVERSITY, TRADITION AND FAMILY: AUSTRALIAN SAME-SEX ATTRACTED PARENTS AND THEIR FAMILIES**

JENNIFER POWER, AMARYLL PERLESZ, RHONDA BROWN, MARGOT SCHOFIELD, MARIAN PITTS, RUTH MCNAIR & ANDREW BICKERDIKE

### **Abstract**

*This paper describes the diversity of family forms within a sample of 455 families parented by same-sex couples and same-sex attracted sole parents from Australia and New Zealand. Around one-third of this sample had conceived at least one of their children while in a previous heterosexual relationship. The remaining two-thirds had conceived at least one child within a same-sex relationship or while they were single. Among this group, the largest proportion was women who conceived using home-based self-insemination with a known donor. A smaller proportion of women had conceived through clinic-based insemination or assisted reproduction with a known or unknown donor. There were 60 male participants in the sample. Around 20% of these men were raising children they had conceived through a surrogacy arrangement; the rest had conceived their children within previous heterosexual relationships or through donor arrangements with single women or lesbians. Around 50% of participants described their family form in terms of a two-parent model, where they and their partner were their children's only parents. Around 34% were sharing care of their children with ex-partners, either a previous heterosexual (opposite sex) partner or a previous same-sex partner. Around 10% described themselves as their child's sole parent. In large part, participants in this study were not creating radically new family formations, with around half of all participants describing their family in terms of a two-parent 'nuclear' model, albeit a model involving parents of the same gender. However, pathways to conception and/or parenthood did reflect non-traditional patterns.*

**Keywords:** Family, parenting, children, same-sex attracted parents, Australia

### **Introduction**

Demographic trends in Western countries over the past three decades have tended toward greater diversity in the structure and form of family life. While the traditional two-parent 'nuclear-family' model still ranks as the most common type of family, there is increasing social visibility and institutional support for non-traditional family forms, including sole parents, step-families, couples without children and same-sex couple families with or without children (Gross, 2005; Dempsey, 2006; Perlesz et al., 2006; Short, et al., 2007).

Social theorists point to numerous factors that have influenced both demographic changes and the liberalisation of attitudes toward non-traditional family models. In particular the work of theorists such as Ulrich Beck (1992; Beck & Beck-Gernsheim, 2002), Elisabeth Beck-Gernsheim (2002), Anthony Giddens (1992; Giddens & Pierson, 1998), Zygmunt Bauman (2003) and others has emphasised the association between family relationships and the broader economic and cultural shifts that mark late modernity. In Beck and Beck-Gernsheim's thesis on 'individualisation', for example, traditional social institutions (the family, marriage, the church, gender, class, race) are seen as less relevant in the contemporary era than they once were in determining the life story of an individual. For instance, the rise of the welfare state is argued to have made people less dependent on their families. This, along with women's decreasing economic dependence on men, means that individuals have more options available to them regarding whom they will marry and indeed whether they will marry at all. Beck and Beck-Gernsheim argue that people are now less influenced by religious norms or social custom and more inclined to make decisions about the course of their per-

sonal and professional lives based on individual preference. In short, contemporary western society has seen an increase in people with the resources and desire to live outside traditional community or kinship structures. This means there are couples navigating new territory in their relationships: whether it be people who marry across ethnic, religious or racial lines, or same-sex couples who are creating relationship patterns and family forms in the absence of role models or pre-established norms (Beck & Beck-Gernsheim, 2002; de Vaus, 2004).

Technology has also played a role in this shift. Compared with previous generations, everyday life-worlds are now increasingly mixed and diverse (Beck & Beck-Gernsheim, 2002). It is more common than not for people to have experience of cultures, ethnicities and ways of living other than their own – if not in practice then through television, films or the internet. People are more aware of diverse family forms and different patterns of everyday family life (Beck & Beck-Gernsheim). Alongside this, technology that has enabled greater control over human fertility – the contraceptive pill and reproductive technologies (including in-vitro-fertilisation and surrogacy) have stretched the boundaries of what is considered 'normal' reproduction. Increasingly, there is acceptance that children may not be the product of heterosexual intercourse (Gross, 2005; Dempsey, 2006).

These broad structural changes have, in effect, opened space for new family formations and it is in this context that there has been a general social shift toward greater acceptance of same-sex relationships and families parented by people who do not identify as heterosexual (Stacey, 1996; Donovan & Wilson, 2008). However, this is a relatively new social space and the terrain over which same-sex attracted parents tread can be unfamiliar. For these parents, the process of becoming a parent requires careful planning and decision making as they determine how their family life might unfold. Given that there are no particular traditions or 'norms' in this area, the paths

that people take can differ substantially between individuals and couples (Perlesz et al., 2006).

This paper aims to describe the diversity of family forms within a large sample of families parented by same-sex couples and same-sex attracted sole parents from Australia and New Zealand in the *Work, Love, Play Study* (Power et al., 2010). Previous research on non-heterosexual parented families has largely been in-depth qualitative research involving small samples (e.g., Sullivan, 1996; Patterson, 1998; Tasker & Golombok, 1998; McNair et al., 2002; Golombok et al., 2003; McNair, 2004; van Dam, 2004; Lindsay et al., 2006; Perlesz et al., 2006; Short, 2007; Short et al., 2007; Ryan & Berkowitz, 2009). The current study includes a sample of 455 same-sex attracted parents, providing an opportunity to build on previous research by looking at a broader range of families, and by using a mixed method quantitative and qualitative approach. The focus of this paper is on describing the way in which this sample of same-sex attracted individuals and couples became parents and the structure of their child's everyday family life, while also exploring the extent to which same-sex attracted parents challenge traditional family structures.

## Method

Same-sex attracted parents were invited to complete an online self-report questionnaire. Participants also had to be currently actively engaged in parenting a child or children aged under-18 years. The questionnaire was open to sole-parents as well as people parenting within a relationship/partnership, although it was limited to one respondent per family. Only people currently residing in Australia or New Zealand were eligible to participate (for full details of the methodology see Power et al., 2010).

Participants were recruited via targeted advertising through relevant parenting forums, networks and websites. Data collection occurred between July and November 2008.



The self-complete questionnaire contained over 100 items and took from 30 to 60 minutes to complete, dependent upon the time participants spent answering open-ended questions. The questionnaire contained both fixed response and open-ended questions about a range of issues including: demographic variables, sexuality and relationship status, the organisation and structure of the family unit, division of labour within the household, decisions about childcare, parental mental health and wellbeing, and engagement with extended family and local communities. Quantitative data regarding the organisation of the family unit is presented in this paper.

Open-ended questions were included in the questionnaire to gain a richer understanding of family structures, patterns and experiences than was possible through fixed response questions and standardised scales. This paper reports on the short paragraphs participants wrote in response to one of these questions: 'How would you describe the primary parents involved in your child or children's life?' There were 434 valid responses to the question which were hand-coded using an inductive, open-coding technique (Corbin & Strauss, 1990) to examine similarities and differences in the family/parenting formations described by participants. These findings are presented in the text both narratively and numerically in terms of the number of responses that fit within each of the themes/categories that emerged from the data.

The project was approved by the La Trobe University Faculty of Health Sciences Human Research Ethics Committee.

## **Findings**

### ***Demographics***

There were 445 participants in the *Work, Love, Play Study* who were parenting in the context of a same-sex relationship or who were sole-parents who described themselves as same-sex attracted. Individuals who self-identified as gay, lesbian, bisexual, Takatapu

– a Maori term for non-heterosexual people – or a range of 'other' descriptions for same-sex attracted such as queer or pansexual were included. Table 1 (over page) shows the demographics of this sample. Throughout this paper we use the term same-sex attracted in reference to all participants as described above. However, when referring to individual participants (such as with the attribution of quotations) we refer to the specific term utilised by that individual to describe their sexuality (gay, lesbian, bisexual and so forth). We also use the terms lesbian or gay couples to describe female/female or male/male couples, respectively.

The majority of participants were women (n=382, 86%) although there were responses from 61 (14%) men and two participants who used the 'other' response option to describe their gender. There were eight (2%) participants who identified as transgendered.

The average and median age for participants was 39. Those participants whose youngest child was aged four or younger had only a slightly lower mean age at 36.5 (median of 37, range 20 to 59).

Over half the participants had just one child (n=231, 53%). Of those who had three or more children (n=56), over half (n=30, 54%) had children from previous heterosexual relationships.

The majority of participants reported being in a relationship (n=354, 80%). Of these, 91% (n=323) were living with their partner. There were 91 (20%) participants who were currently single.

Of the 323 participants who were currently cohabiting with their partner, 79% (n=256) of the couples had at least one partner working full time and in 31% (n=99) both partners worked full time. This number was lower among cohabiting couples whose youngest child was aged four or younger (n=172). Of these participants, only 13% (n=22) both worked full time.

**Table 1: Sample demographics**

| <b>Gender</b>                              | <b>Women<br/>(n= 382/86%)</b> | <b>Men<br/>(n= 61/14%)</b> | <b>"Other"<br/>(n=2,<br/>&lt;1%)</b> | <b>Total<br/>(n=445)</b> |
|--|-------------------------------|----------------------------|--------------------------------------|--------------------------|
| <b>Sexual identity</b>                     |                               |                            |                                      |                          |
| Lesbian                                    | 334 (75%)                     |                            |                                      | 334 (75%)                |
| Gay  | 6 (1%)                        | 59 (14%)                   |                                      | 65 (15%)                 |
| Bisexual                                   | 33 (8%)                       | 1 (<1%)                    | 2 (<1%)                              | 36 (8%)                  |
| Takatapui                                  | 3 (<1%)                       |                            |                                      | 3 (<1%)                  |
| Other                                      | 6 (1%)                        | 1 (<1%)                    |                                      | 7 (2%)                   |
| <b>Transgender</b>                         | 5 (1%)                        | 2 (<1%)                    | 1 (<1%)                              | 8 (2%)                   |
| <b>Age</b>                                 |                               |                            |                                      |                          |
| Range (SD)                                 | 20-67 (6.7)                   | 31-55 (4.9)                | n/a                                  | 20-67 (6.5)              |
| Mean (median)                              | 38.7 (39)                     | 40.3 (40)                  | n/a                                  | 38.9 (39)                |
| Partners' age: range (SD)                  | 21-41 (7.4)                   | 20-50 (7.1)                | n/a                                  | 20-62 (7.4)              |
| Partners' age: mean<br>(median)            | 38.7 (38)                     | 36.9 (37)                  | n/a                                  | 38.5 (38)                |
| <b>Number of children</b>                  |                               |                            |                                      |                          |
| 1  | 204 (47%)                     | 26 (6%)                    | 1 (<1%)                              | 231 (53%)                |
| 2  | 122 (28%)                     | 26 (6%)                    | 1 (<1%)                              | 149 (34%)                |
| 3+   | 48 (11%)                      | 8 (2%)                     |                                      | 56 (13%)                 |
| <i>Missing =9</i>                          |                               |                            |                                      |                          |
| <b>Relationship status</b>                 |                               |                            |                                      |                          |
| Single                                     | 67 (15%)                      | 22 (5%)                    | 2 (<1%)                              | 91 (20%)                 |
| Relationship <12months                     | 22 (5%)                       | 3 (<1%)                    |                                      | 25 (5%)                  |
| Relationship 1 to 5 years                  | 103 (24%)                     | 10 (2%)                    |                                      | 113 (26%)                |
| Relationship 6 to 10 years                 | 96 (22%)                      | 11 (3%)                    |                                      | 107 (25%)                |
| Relationship >10 years                     | 91 (21%)                      | 14 (3%)                    |                                      | 105 (24%)                |
| <i>Missing =4</i>                          |                               |                            |                                      |                          |
| <b>Primary language spoken<br/>at home</b> |                               |                            |                                      |                          |
| English only                               | 348 (81%)                     | 53 (12%)                   | 2 (<1%)                              | 403 (93%)                |
| Language other than English                | 23 (6%)                       | 6 (1%)                     |                                      | 29 (7%)                  |
| <i>Missing =13</i>                         |                               |                            |                                      |                          |

**Table 1 (continued): Sample demographics**

| <b>Gender</b>  | <b>Women<br/>(n= 382/86%)</b> | <b>Men<br/>(n= 61/14%)</b> | <b>"Other"<br/>(n=2, &lt;1%)</b> | <b>Total<br/>(n=445)</b> |
|--|-------------------------------|----------------------------|----------------------------------|--------------------------|
| <b>Place of residence</b>  |                               |                            |                                  |                          |
| Inner metropolitan   | 146 (33%)                     | 39 (9%)                    | 1 (<1%)                          | 186 (42%)                |
| Outer metropolitan   | 137 (31%)                     | 16 (4%)                    | 1 (<1%)                          | 154 (35%)                |
| Regional   | 67 (15%)                      | 4 (1%)                     |                                  | 71 (16%)                 |
| Rural/remote   | 29 (6%)                       | 2 (<1%)                    |                                  | 31 (7%)                  |
| <i>Missing/invalid = 3</i>   |                               |                            |                                  |                          |
| <b>Place of birth</b>  |                               |                            |                                  |                          |
| Australia  | 261 (59%)                     | 44 (10%)                   | 2 (<1%)                          | 307 (69%)                |
| New Zealand  | 64 (14%)                      | 2 (<1%)                    |                                  | 66 (15%)                 |
| United Kingdom   | 27 (6%)                       | 4 (<1%)                    |                                  | 31 (7%)                  |
| Other  | 29 (7%)                       | 11 (2%)                    |                                  | 40 (9%)                  |
| <i>Missing = 1</i>   |                               |                            |                                  |                          |
| <b>Education</b>   |                               |                            |                                  |                          |
| Up to four years high school   | 15 (4%)                       | 3 (1%)                     |                                  | 18 (5%)                  |
| Completed high school  | 25 (6%)                       | 5 (1%)                     |                                  | 30 (7%)                  |
| Diploma or certificate (eg. Trade certificate)   | 77 (18%)                      | 6 (1%)                     | 1 (<1%)                          | 84 (19%)                 |
| Undergraduate university degree  | 105 (24%)                     | 17 (4%)                    | 1 (<1%)                          | 123 (28%)                |
| Postgraduate university degree   | 149 (34%)                     | 29 (7%)                    |                                  | 178 (41%)                |
| <i>Missing = 12</i>  |                               |                            |                                  |                          |
| <b>Annual income per household</b>   |                               |                            |                                  |                          |
| <\$30,000  | 30 (7%)                       | 5 (1%)                     | 1 (<1%)                          | 36 (8%)                  |
| \$30,000 - \$59,000  | 72 (17%)                      | 6 (1%)                     | 1 (<1%)                          | 79 (19%)                 |
| \$60,000 - \$89,000  | 101 (24%)                     | 15 (4%)                    |                                  | 116 (28%)                |
| => \$90,000  | 151 (37%)                     | 32 (8%)                    |                                  | 183 (45%)                |
| <i>Missing=31</i>  |                               |                            |                                  |                          |
| <b>Employment patterns of cohabiting couples and sole parents/non cohabiting couples</b> |                               |                            |                                  |                          |
| Sole parent* employed full time  | 37 (8%)                       | 22 (5%)                    | 1 (<1%)                          | 60 (14%)                 |
| Sole parent* employed part time  | 31 (7%)                       | 2 (<1%)                    | 1 (<1%)                          | 34 (8%)                  |
| Sole parent* not working   | 24 (5%)                       | 4 (1%)                     |                                  | 28 (6%)                  |
| Couples: both employed full time   | 83 (19%)                      | 16 (4%)                    |                                  | 99 (22%)                 |
| Couples: full time/part time   | 77 (17%)                      | 7 (2%)                     |                                  | 84 (19%)                 |
| Couples: full time/not working   | 64 (14%)                      | 9 (2%)                     |                                  | 73 (16%)                 |
| Couples: both employed part time   | 37 (8%)                       | 1 (<1%)                    |                                  | 38 (9%)                  |
| Couples: part time/not working   | 19 (4%)                       |                            |                                  | 19 (4%)                  |
| Couples: both not working  | 10 (2%)                       |                            |                                  | 10 (2%)                  |

\*parents who have partners with whom they do not cohabit have been included with sole parents in this section of the table

Over two-thirds of participants lived in inner or outer metropolitan areas (n=340, 76%), the largest grouping in the sample being mothers who lived in inner-metropolitan areas (n=146, 33%). Over 90% of the sample spoke English as their primary language at home.

This was a highly educated sample, with 69% (301) holding a university qualification. High education levels were reflected in high annual household incomes, with 45% (n=183) of the sample earning over \$90,000 per annum. However, those participants who did *not* have a university qualification were significantly less likely to sit within the \$90,000 plus income bracket ( $\chi^2(8) = 28.85, p < 0.01$ ). Not surprisingly, sole parents were significantly more likely those in a relationship to sit within the lowest income category of less than \$30,000 per annum ( $\chi^2(3) = 73.02, p < 0.001$ ).

### **Formalising Relationships**

Only a small number of participants who were currently in a relationship had undertaken a formal or informal commitment ceremony to acknowledge their relationship. This included 48 (14% of the 354 participants currently in a relationship) who had undertaken a public commitment ceremony with family and friends present, 16 (5%) who had a legal civil union and 10 (3%) who were married in other countries where this was legally permitted. A further 32 (7%) had undertaken a private commitment ceremony, without friends or family present.

### **Conception and Surrogacy**

Our analysis looked both at how children were conceived (in terms of conception method) as well as when children were conceived in relation to participants' relationships. Table 2 shows the methods by which participants' chil-

**Table 2: Methods of conception by gender**

|  | Female<br>(% of gender) | Male<br>(% of gender) | "Other"<br>(% of gender) | Total<br>(% of total) |
|--|-------------------------|-----------------------|--------------------------|-----------------------|
| At least one child conceived through heterosexual sex  | 154 (41%)               | 34 (57%)              | 2 (100%)                 | 190 (44%)             |
| At least one child conceived through home insemination with a known donor/ or for which respondent was the donor                 | 116 (31%)               | 14 (23%)              | 0                        | 130 (30%)             |
| At least one child conceived through home insemination with an unknown donor   | 7 (2%)                  | 0                     | 0                        | 7 (2%)                |
| At least one child conceived through assisted insemination at a clinic with a known donor/ or for which respondent was the donor | 16 (4%)                 | 0                     | 0                        | 16 (4%)               |
| At least one child conceived through assisted insemination at a clinic with an unknown donor                                     | 83 (22%)                | 0                     | 0                        | 83 (19%)              |
| At least one child conceived through a surrogacy arrangement using respondent's or partner's sperm/egg                           | 1 (<1%)                 | 9 (15%)               | 0                        | 10 (2%)               |
| At least one child conceived through a surrogacy arrangement using a known donor's sperm/egg                                     | 1 (<1%)                 | 2 (3%)                | 0                        | 3 (1%)                |
| Other ***  | 20 (5%)                 | 3 (5%)                | 0                        | 23 (5%)               |
| <b>Total</b>   | <b>372</b>              | <b>60</b>             | <b>2</b>                 | <b>434**</b>          |

\*multiple responses permitted

\*\*Missing cases = 11

\*\*\* Those grouped in 'other' were largely cases where the method of conception was unknown or not considered relevant to this study by participants, as is the case with many foster children.

dren were conceived. Just under half of participants (n= 190, 44%) had conceived at least one child through heterosexual sex. This included 151 (34%) participants who had conceived children within the context of a previous heterosexual relationship as well as those who had conceived children via heterosexual sex while they were single (n=16, 4%).

There were 137 (32%) participants who had conceived children via home insemination. This included 116 women (31% of female participants) who had at least one child conceived through home insemination using a known donor, compared to 16 (4%) who had conceived a child at a clinic using a known donor. Fourteen men (23% of male participants) indicated they had a child or children conceived through home insemination. This is indicative of men in the sample who became a parent through a 'donor arrangement' with lesbian couples or single women. Of these 14 men, just six (42%) saw their child or children at minimum fortnightly.

There were 99 women (26% of female participants) who conceived a child at a fertility clinic. Of these, 83 women (22%) had conceived a child using an unknown donor.

Eleven male participants (18% of male participants) reported they had at least one child conceived through a surrogacy arrangement. All of these men were currently in a same-sex relationship and had conceived their children within this relationship. Four of these couples (36% of this 11) had two or more children conceived through surrogacy.

Table 3 shows when participants had conceived their children in terms of their relationships. There were 237 (53%) participants who reported that at least one of their children had been conceived within a same-sex relationship, either their current relationship, their previous relationship or their partner's previous relationship. By comparison, 157 (36%) participants reported that at least one of their children had been conceived within a previous

**Table 3: When children were conceived, adopted or fostered in terms of relationship status**

|  | Female<br>(% of<br>gender)* | Male<br>(% of<br>gender)* | "Other"<br>(% of<br>gender) * | Total<br>(% of cases) |
|--|-----------------------------|---------------------------|-------------------------------|-----------------------|
| At least one child conceived or adopted within respondent's current same-sex relationship                | 174 (47%)                   | 18 (30%)                  | 0                             | 192 (45%)             |
| At least one child conceived or adopted in respondent's or partner's previous same sex relationship      | 42 (11%)                    | 3 (5%)                    | 0                             | 45 (10%)              |
| At least once child conceived or adopted in respondent's or partner's previous heterosexual relationship | 130 (35%)                   | 25 (42%)                  | 2 (100%)                      | 157 (36%)             |
| At least one child conceived or adopted by parent (respondent or partner) while single                   | 37 (10%)                    | 11 (18%)                  | 0                             | 48 (11%)              |
| Other  | 21 (6%)                     | 8 (13%)                   | 0                             | 29 (7%)               |
| <b>Total</b>   | <b>369</b>                  | <b>60</b>                 | <b>2</b>                      | <b>431**</b>          |

\*multiple responses permitted \*\*missing cases = 14

heterosexual relationship.

Around one in ten female participants ( $n=37$ , 10%) reported that they or their partner had conceived at least one child while they were single. Of these 37 women, 15 (41%) had conceived at least one child through home insemination with a known donor and 16 (43%) had conceived a child through heterosexual sex while they were single. A further three had conceived using unknown donors, while two cited 'other' methods of conception. Six (16%) of this 37 had conceived more than one child while single. Of the 11 men who had conceived at least one child while single, seven (63%) had conceived their child or children through donating sperm for home insemination. The remaining five (45%) had conceived a child or children through heterosexual sex while they were single.

### ***Family Formation***

Table 4 (over page) describes the formation of participants' families in terms of biological and non-biological relationships between parents and their children. Just over 40% of participants ( $n=176$ ) were raising a child or children who had been conceived in the context of their current same-sex relationship. This included cases where one partner in the relationship was the biological parent of all the children ( $n=148$ , 35%) as well as cases where both partners in the relationship had at least one biological child ( $n=28$ , 7%).

A small number of participants were parenting as part of a 'step' family (where one or more parents had children from previous relationships) or a 'blended' family (where the family was a blend of children who had been conceived in one or both parent's previous relationships as well as children conceived in the current relationship). Women were more likely than men to have blended or step families. There were nine women who had children from previous heterosexual relationships as well as from their current same-sex relationship. A further five indicated both they and their partner had children from previous het-

erosexual relationships. Of the 25 men who had conceived at least one child in the context of a previous heterosexual relationship (see Table 3), none had also conceived children in the context of a same-sex relationship.

There were 12 (3%) participants who were raising foster children (two of these families fall into the 'other' column in Table 4 due to other complexities with their family structure). Of this 12, four (33%) were raising more than one foster child.

### ***Qualitative Descriptions of Family Structures***

Participants were asked to describe, in their own words, the primary parents involved in their children's lives. There were six major patterns that emerged from the data relating to how participants described their social and biological family form, although, of course, many families fell into more than one category. These categories were:

1. two-parent model: only two parents actively parenting (this included cases where couples conceived/adopted children together as well as cases where couples' children were conceived in one partner's previous relationships but ex-partners/other parents were no longer involved as co-parents),
2. known donor involvement in a non-parental role (cases where a known donor was involved in the respondents' children's lives, but in a non-parental role),
3. co-parenting with ex-heterosexual partner,
4. co-parenting with ex-same-sex partner,
5. sole parent (with no, or very minimal, involvement of other parents),
6. multiple parenting (more than two parents actively involved from birth, such as with co-parenting arrangements between gay men and lesbian couples).

It is important to note that many families fit into at least two, and in some cases several,

**Table 4: Biological and non-biological relationships of children to parents**

|   | Female<br>(% of<br>women) | Male<br>(% of<br>men) | "Other"<br>(%) | Total<br>(% of<br>total) |
|---|---------------------------|-----------------------|----------------|--------------------------|
| All children the biological children of one parent conceived within the respondent's current same-sex relationship  | 137 (37%)                 | 11 (19%)              | 0              | 148 (35%)                |
| All children the biological children of one parent conceived within that parent's previous heterosexual relationship  | 102 (28%)                 | 25 (43%)              | 2 (11%)        | 129 (30%)                |
| All children the biological child of one parent conceived in a previous same-sex relationship or when that parent was single  | 45 (12%)                  | 8 (14%)               | 0              | 53 (12%)                 |
| All children conceived within the context of respondent's current same-sex relationship, where both partner's have carried/conceived at least one biological child                      | 25 (7%)                   | 3 (5%)                | 0              | 28 (7%)                  |
| All children from the previous same-sex relationship of one parent (not the biological child of that parent)  | 6 (2%)                    | 0                     | 0              | 6 (1%)                   |
| Both partners have biological children conceived within a previous heterosexual relationship (step family)  | 5 (1%)                    | 0                     | 0              | 5 (1%)                   |
| At least one child conceived in a previous heterosexual relationship and at least one child conceived within the context of respondent's current same-sex relationship (blended family) | 9 (3%)                    | 0                     | 0              | 9 (2%)                   |
| At least one child conceived within respondent's current same-sex relationship plus children fostered or adopted  | 4 (1%)                    | 1 (2%)                | 0              | 5 (1%)                   |
| All children foster children  | 4 (1%)                    | 5 (9%)                | 0              | 9 (2%)                   |
| Other**   | 30 (8%)                   | 5 (9%)                | 0              | 35 (8%)                  |
| <b>Total</b>  | <b>367</b>                | <b>58</b>             | <b>2</b>       | <b>427*</b>              |

\* missing cases =18

\*\* Those in the 'other' column included people with complex family arrangements that could not easily be grouped with other cases, such as people who were caring for the children of their relatives along with their own biological children.

of the above categories. It is also likely that many families will move between categories over time as people's circumstances change or children grow older. The aim of creating the above categories was not to establish a set of family 'typologies'. Rather it was to facilitate description of the way in which participants explained their family unit as it was at the time they completed the study questionnaire.

Of the 434 valid responses to this open ended question, 218 (50%) indicated that their family followed a two-parent model, which can generally be described as two same-sex parents, with one or more children, parenting in a 'closed' family situation without ex-partners or other parents involved. This included people who had children within the context of their current relationship as well as people who had children within a previous relationship but who did not have an ex-partner or other parents involved in their children's life in a parental role. The category also included lesbian parents whose children had been conceived with a known donor who had some (non-parental) involvement in their children's life (n=49, 11%).

Primary parents are myself and my partner (biological mother) who live with the child and who have been in a long term living together relationship for 18 years. Known donor who is a gay male friend lives in the same city and is now identified as 'father'. 'Father' relationship with child was allowed to develop at the pace that suited both and involves regular contact (lesbian mother, aged 51, with one child).

My partner and I raise our little boy together, we email photos to the donor and sometimes see his family but limit the contact – we feel it's important for our little boy to know and have access should he want it (lesbian mother, aged 35, with one child).

Myself and my partner parent our two children. One donor is part of a co-parenting arrangement and has access rights and long term decision making ability for one child but has not really been participating (bisexual mother, aged 41, with two children).

Myself and my partner are the primary parents of our child (gay father, aged 35, with one child)

There were 110 (25%) participants who described co-parenting arrangements with their own or their partner's ex-heterosexual partner. This included women who have primary or shared custody of their children, but still actively co-parent with their child's father. It also included men who have children from a previous heterosexual relationship, some of whom have re-partnered and share parenting with their current same-sex partner.

Myself and my partner have 50% care of our children. My heterosexual ex has 50% care of my two children and her [my partner's] heterosexual ex has 50% care of my partner's three children (lesbian mother, aged 38, with five children).

Separated father (plan to stay single until girls older) with three girls, ex and I have shared custody (7day, 7day) though currently I have them eight days, ex has six days. I was a home dad for four years, have done school activities and all external activities (gay father, aged 48, with three children).

Myself and my gay partner have my daughter from Sunday afternoon to Friday afternoon and my ex-wife (my daughter's mum) and her new husband (my daughter's step-dad) have her from Friday afternoon until Sunday afternoon. Her step-dad has two kids as well who come and stay on the weekend with them (two step-brothers) (gay father, aged 49, with one child).

Myself (female) and my partner (biological father of two children, born male, but undergone gender reassignment surgery), children's mother and her male partner (bisexual mother, aged 34 years, with one child)

There were 39 (9%) participants who were sharing care of children with either their or their partner's ex-same-sex partner. The way in which participants described shared-parenting arrangements in this circumstance were, in most cases, similar to those participants who were parenting with ex-



heterosexual partners. Most people either simply listed the parents in their child's life, including ex-partners, or they described the role that ex-partners played in the child's life and/or the number of days per week the child spent with their ex-partner. In some cases people had co-parenting arrangements with an ex-heterosexual partner as well as an ex-same-sex partner.

*Myself and partner parent as do my ex husband and her (my current partner's) ex same sex partner (lesbian mother, aged 43, with four children).*

*My partner and I parent all three children, my ex same sex partner is involved in our eldest child's life, our youngest child's gay father is part of our daily lives (lesbian mother, aged 42, with three children).*

*Myself, my ex lesbian partner, her two ex male partners plus her new male partner (bisexual mother aged 37, with two children).*

*Myself and my partner plus my lesbian ex-partner and my partner's lesbian ex-partner (lesbian mother, aged 46, with three children).*

Forty-four (10%) participants described themselves as a sole parent. This included mothers who had entered into parenthood while single as well as people who were single through divorce, separation or the death of a partner. Some sole parents named extended family or friends as significant adults in their children's lives while others had a current partner who was not considered a parent to the children.

*My self and my close group of gay and lesbian friends (lesbian mother, aged 37, with two children).*

*My children have been brought up mainly by myself and at one point with my same sex partner. Mainly I, myself, have the primary role of parenting my children (lesbian mother aged 46, with two children).*

*Myself as main caregiver then other lesbian friends/ flatmates involved (bisexual mother aged 20, with one child).*

*Myself and my children. But we have many friends, family, ex's that still play an important role in their life (lesbian mother, aged 41, with one child).*

There were 24 (6%) participants who indicated that they were parenting in family forms or ways that had involved more than two-parents by choice (as opposed to through separation or divorce). Most of these cases involved same-sex attracted mothers who were raising children with single men or men in a same-sex relationship.

*Biological single (lesbian) mum is co-parenting with my (male) partner who is the biological father and myself. I see myself as a parent (gay father, aged 55, with one child).*

*My son has two mothers, a lesbian couple, and me, his father. We would call this three parents. My partner is not considered a parent / second father etc. (gay father, aged 41, with one child).*

*I have my biological child who lives with me but I co-parent with a male gay couple. We have a shared arrangement where our child spends one day and a night with them on a weekend. Neither of the co-parents are ex-partners, we were all just friends (lesbian mother, aged 42, with one child).*

## Discussion

The findings reported in this study provide a snapshot of the diverse way in which families parented by non-heterosexual mothers and fathers may be formed – both biologically and socially – and the varying arrangements and relationships within which these parents 'parent'.

In large part, the couples in this study were not creating radically new family forms. Around half the participants described their families in terms of a 'two-parent' model, albeit with two parents of the same gender. Only a small number of participants (just over 5%) were parenting in multiple parenting arrangements, involving three or more parents by choice (as opposed to multiple parenting

arrangements that develop due to parental separation and re-partnering).

While participants in the study were not asked to comment on the reasons why their family is structured the way it is, it is possible that, in part, having only two parents is simply the most practical approach to parenting. As most institutions and organisations with which families engage are structured around the expectation that each child will have two (and only two) parents, the legal and logistical negotiations required to parent outside of this model are often complex (Short, 2007). Further, the involvement of a parent or guardian outside of a couple relationship may be perceived as a possible threat to the autonomy of the couple to make decisions for that child, or people may be afraid of losing full time child custody (Donovan & Wilson, 2008). But it is also possible that while same-sex couples are constructing new patterns of biological (or non-biological) kinship, everyday family life is still practiced in terms of cultural traditions around family – a kind of family *habitus* – that are still dominated by a nuclear family model or ideal (Boudieu, 1996; Smart & Shipman, 2004; Gross, 2005; Brooks, 2008).

That being said, within many of these two-parent families, pathways to conception and parenting were far from conventional. Over half of all participants had conceived a child within a same-sex relationship or while they were single. For almost all of these people, creating their family involved non-traditional methods of conception, not only in the sense that conception was not achieved through heterosexual sex, but because it generally involved a third person external to the relationship – a donor or surrogate – or, in the case of sole parents, a person with whom they were not in a relationship. So, while many participants in this study have created families that encompass much of the traditional, nuclear, two-parent model, the process by which participants became parents was often quite non-traditional. This is perhaps a useful illustration of contemporary family life, where there is not an explicit or neat distinction be-

tween the 'old' and 'new' – the postmodern family hasn't simply replaced the traditional. Rather, contemporary families tend to reflect a mix of established conventions and routine with changing social ideals, values and reproductive opportunities (Stacey, 1990; Perlesz et al., 2006).

This study has also revealed some interesting patterns with regards to lesbian's choices about how to conceive their children. There were 146 women (38% of women) in this study who conceived a child using a known donor. Of these, the vast majority (90%) used self-insemination at home, while the remaining 10% conceived at a clinic. This suggests that where the donor is known, same-sex attracted women elect to use home insemination as a first option for conception. It is not possible to tell from these data why this might be the case. However, the finding is consistent with a 2002 study, the *Victorian Lesbian and Gay Families Project*, involving 136 current or prospective lesbian parents in Victoria (McNair et al., 2002). This study similarly found that a majority of lesbian parents elected to undertake home insemination for a range of reasons including because it was cheaper and involved fewer legal interventions than clinic-based insemination. This was particularly relevant in States and Territories where lesbians could not legally access fertility services. However, a number of women also stated that they wanted to conceive their children at home so the mother's same-sex partner could be more intimately involved in the process. For many of these women, conception was a private matter and the preference was to inseminate in private rather than at a public clinic (McNair et al.).

Of the parents surveyed in the *Victorian Lesbian and Gay Families Project* in 2002, 42% had used self or clinic-based insemination to conceive while 52% had conceived children through heterosexual intercourse. Interestingly, in the *Work, Love, Play Study* this trend is reversed, with 60% having conceived at least one child through clinic or home insemination, while 37% conceived at least one child

through heterosexual sex. Whether this reflects a general trend toward more lesbian couples or same-sex attracted single women entering into parenthood is unclear, but it does indicate that the option of planned parenthood via home or clinic-based insemination is perhaps becoming more widely available, acceptable and legally viable than it has been in the past.

Some limitations of the study should be noted. Firstly, the sample is highly educated and relatively affluent. This is not uncommon in Australian studies of gay, lesbian, bisexual or transgender populations (de Vaus, 2004; Pitts et al., 2006; Power et al., 2009). But it is worth noting that the experiences of people from lower socio-economic groups may not be adequately reflected in this data. Secondly, with a population such as same-sex parents there is no accessible sampling-frame from which to draw a random sample of participants. Hence those who participated were those who were exposed to advertising about the study and elected to be involved. As the study was advertised through targeted media and online forums, people who are more connected to social, support or information networks are more likely to have been exposed to information about the study. Unfortunately this means people who are more socially isolated or disconnected from the lesbian, gay, bisexual or transgender communities may be under-represented in the sample. The on-line survey method also means it is not possible to determine a response rate as it is not known how many people saw information about the study and declined to participate.

The aim of this paper was to describe the diversity of families in the *Work, Love, Play Study*. This required categorising and in some way labelling the different 'types' of family formation described by participants in the study. However, this 'structural' analysis may in fact be a constraint when it comes to conceptualising family diversity and change over time. We know from previous studies that the creation of families through processes such as surrogacy, insemination or the formation of

donor-relationships, requires a set of choices at each step of the process (Dempsey, 2006; Perlesz et al., 2006; Lindsay & Dempsey, 2009). Participants in this study described a range of different processes and relationships in which they consciously engaged as part of becoming a parent. They also described various donor, step-parent or co-parent relationships which potentially involve ongoing negotiation and renegotiation of parenting roles over time. Donovan and Wilson (2008) argue that, in this way, the experiences of non-heterosexual parents often epitomise the post-modern reflexive process of family formation (Donovan & Wilson 2008). There are few traditional paths to conception and family life for people creating families outside of a traditional heterosexual union, and the outcome of any decisions made about creating a family – in terms of how children are conceived or the nature of family life once a child is born – can not be assumed or taken for granted. Furthermore, as relationships change over time, so do families. Their form is never static or unchangeable. In this sense, families are perhaps better conceptualised in terms of relationships and everyday practices rather than categories or labels based on reproductive, or even social, ties (Smart, 2004; Riggs, 2007). Families are not discreet social institutions with clear boundaries, so much as a set of relationships that people actively create and maintain everyday (Perlesz et al., 2006). With this in mind, the findings presented in this paper should be considered a snapshot of a diverse sample of families at one point in their lives rather than a 'typology' of same-sex attracted parents and their families.

The findings presented in this paper demonstrate that same-sex attracted parents – whether they are sole-parents or couples – come to parenthood in diverse and often non-traditional ways. Processes of conception often involve people external to couples, and relationships with these people may extend into family life. Even where people have conceived their children in a former heterosexual relationship, their same-sex partner often becomes a parent to these children. And while,

as has been described in this paper, many same-sex couples chose to create a two-parent, 'nuclear' family setting for their children, same-sex couples still face challenges parenting in community and legal contexts that often do not recognise, or actively discriminate against, two parents of the same gender (Millbank, 2003; Lindsay et al., 2006; Perlesz et al., 2006; McNair et al., 2008). The findings from this study support the need for community, health and welfare service providers to adopt processes which are inclusive of same-sex couples or sole parents in the provision of reproductive and ante-natal care, early childhood facilities and other family services, including those set up to support foster or adoptive parents. As non-traditional families become more visible, and choices regarding reproduction and parenthood become more available to same-sex attracted individuals and couples, service providers and policy makers must adapt to accommodate this new landscape of family life.

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## **SORRY, BUT YOU'RE NOT A MOTHER: AN EXAMINATION OF THE VALIDITY OF THE DEFACTO THRESHOLD IN DETERMINING MOTHERHOOD FOR THE NON-BIRTH MOTHER IN LESBIAN-PARENTED FAMILIES**

KATHY CLOUGHESY

### **Abstract**

*In 2009 the Family Law Court of Australia heard the case of Aldridge vs. Keaton. This case applied New South Wales legislation intended to extend the concept of family to include lesbian parents. In examining the determinations made by the court with regard to the defacto status of the parties in Aldridge vs. Keaton, however, it is evident that the partner of the birth mother - and despite the gains achieved with new legislation - remains in a highly vulnerable position. This case highlights how the potentially transformative power of legislation to dismantle heteronormative family concepts is in fact severely limited: Reliance on the defacto threshold silences the diversity of parental constellations amongst lesbian parented families by granting legitimacy only to those lesbian parented families where the non-biological mother's relationship with the birth mother most closely resembles that in a heterosexual family.*

**Keywords:** lesbian-parented families, non-birth mothers, legislation, normativity, biology, defacto status

### **Introduction**

In 2008 a number of legislative changes were enacted in New South Wales (NSW) that altered the definition of what constitutes a family. Specifically, the *Miscellaneous (Same Sex Relationships) Act 2008* now establishes what criteria create the legally recognised lesbian-parented family. Most importantly, this legislation allows for the female partner of a woman who has conceived a child through assisted

reproduction to be a legal parent in her own right. In order to achieve this recognition the partner must have consented to the assisted reproductive procedure and have been in a defacto relationship with the child's birth mother at the time of the child's conception. Further, the *Births, Deaths and Marriages Registration Act (1995)* NSW (which was amended by the *Miscellaneous (Same Sex Relationships) Act 2008*) now allows for two mothers to be listed on the birth certificate. As such, the NSW definition of a family is no longer restricted to opposite sex parents and their biological children. Importantly, these laws can be applied retroactively in recognition of lesbian-headed families that were formed prior to the legislation of the Act, thus enabling children to have their birth certificate amended to reflect that they have two legal mothers.

In some sectors it has been claimed that such recognition of lesbian-parented families will lead to the dismantling of rigid heteronormative concepts of what constitutes a family. This article will examine whether legislative change does in fact dismantle or transform heteronormative concepts of what constitutes a family or whether the legal criteria of defacto relationships 'domesticates' (Robson, 1992) and enslaves lesbians into family structures that merely reproduce the notions of family that are central to heteronormativity.

### **Normative Understandings of Family**

Kentlyn (2007) comments that the "nuclear family represents the heteronormative institution *par excellence*, predicted as it is on the

sexual relations between one man and one woman producing their genetic offspring" (p. 66). As Kentlyn notes, definitions of the nuclear family typically rest upon two criteria: The first is the (heterosexual) sexual relationship between the parents, one that preferably occurs within the sanctity of marriage. The second is the biological connectedness between such parents and their children. Indeed, biological relatedness is critical for defining family under the dominant family ideology (Ryan & Berkowitz, 2009).

Prior to legislative change such as that enacted by the *Miscellaneous (Same Sex Relationships) Act 2008*, lesbian families failed the above definition of family on both accounts. Firstly, and due to the fact of not being heterosexual, no amount of 'sexual relations' would produce a child in the biological sense (a fact compounded by the lack of access to marriage in Australia for lesbians and other non-heterosexual people). Secondly, in most instances there is no biological connection between both of the mothers and their children (except those where the egg from one mother has been fertilised and placed into the womb of the other mother).

### **Lesbian-Parented Families**

Despite the aforementioned lack of legal recognition of lesbian-parented families in Australia until recently, this does not mean that lesbian women have not had children. Rather, what has changed to some degree are the ways in which conception occurs. In the past it was most often the case that children were conceived in previous heterosexual relationship (or if not relationships at least heterosexual intercourse, see Ripper 2007, Van Reyk 2007). An Australian survey undertaken by *Lesbians On the Loose* in 2000, for example, found that 22% of lesbian women surveyed were parents, the majority of them as a result of previous heterosexual relationships (LOTL, 2000). Since then, and with increased access to reproductive health services as a result of legislative change, the demographics of lesbian mother communities has shifted, so much

so that Power et al. (2010) report in their research that approximately two-thirds of their 455 subjects who were either same-sex attracted couples or sole parents conceived at least one child whilst in a same-sex relationship.

There is, of course, still considerable diversity in the family constellations of lesbian-headed households (Ryan & Martin, 2000). These constellations may include biological parents who are not legal parents (such as sperm or egg donors) and who are not included in the care of the children, parents who are functioning in that role without legal status as parents, ex-same sex partners who continue to co-parent, lesbian mothers who parent children through foster care and adoption, as well as single parent families. This would suggest the importance of recognising the diverse forms that lesbian-headed families take, as this paper argues in closer detail in the following sections.

One of the ways in which such recognition occurs is through the expansion of our knowledge about what goes on *within* lesbian-parented families. One aspect that has been given considerable attention within the literature (see Short, Riggs, Perlesz, Brown & Kane, 2007, for a summary), and one that potentially challenges heteronormative models of family, is the distribution of parenting tasks. For example, Du Chesne and Bradley (2007) found that in planned lesbian-parented families the non-birth mother typically participates in child rearing tasks at a higher rate than a male in a heterosexually-parented household.

Further, in some cases there may be the possibility of the production of breast milk by the non-birth mother so that she can participate in the feeding of an infant, which it is claimed can further limit any differences in the care provided by the two mothers (Zizzo, 2009). Of course findings of equity such as those reported here are not absolute: research has also found that lesbian-headed households can follow a relatively normative distribution of labour, with one partner staying at home



caring for children and the other undertaking paid work (Sullivan, 1996). Yet despite this, it is important to recognise that the ways in which the distribution of labour plays out in such households is undoubtedly still different to the ways in which it plays out in heterosexual-headed households.

However, and regardless of the parity (or otherwise) in the distribution of labour between lesbian mothers, there are a number of difficulties that arise when the legal system fails to recognise the non-birth mother (in particular) as a legal parent. This is exacerbated by the societal privileging of one mother as superior to the other based upon biological connectedness. For example, without legal recognition the non-birth mother can be refused the right to decision making within social institutions such as hospitals and schools. As such, lack of legal recognition functions to deny social recognition of the family as it truly exists (Short, 2007), meaning that instead of being a two-parent family a child may be seen as only having one parent.

Researchers such as Lee (2009) suggest that legislative change brings with it considerable potential not only to provide rights to all family forms and family members, but also to change the attitudes of members of the broader community towards lesbian-parented families. Action taken by the Victorian Law Reform Commission represents one example of attempts to amend disparities between birth and non-birth mothers (though see Foord, 2007, for a discussion of the contested nature of these amendments). The *Miscellaneous (Same Sex Relationships) Act 2008*, it could be argued, was intended to do the same in NSW. However, and as will now be argued, this may present as many complexities as it attempts to solve.

### **Aldridge vs. Keaton: A Summary**

In 2009, the Family Court of Australia heard a matter concerning the criteria for determining a lesbian-parented family. Although there have been other lesbian-parented families be-

fore the Family Court during this time (this author is aware of three such cases), those matters reached consent orders prior to trial and so were spared a ruling by the Magistrate. By contrast, the Aldridge vs. Keaton matter (involving a dispute over parenting rights, responsibilities and access) was appealed and so progressed to the Full Court. The following information is from the court documents surrounding this case.

In summary, the facts of the case were that the child was born in February 2006 and was the result of artificial insemination from an unknown sperm donor through a hospital clinic. There was no dispute that both women had consented to the treatment and that they had seen the therapeutic counsellor attached to the fertility treatment facility. They had been in an intimate sexual relationship since 2001. The date of their separation was in dispute, however the court documents state that the women were living together by January prior to the child's birth but that this had ceased by the November after the baby's birth.

Ms. Aldridge gave birth to the child. Ms. Keaton was her partner. It was known that Ms. Keaton had been present at antenatal appointments, the birth of the child, and had altered her working commitments to assist with the shared care of the child in the first ten months of the child's life. It was noted that there were some allowances early in the relationship breakdown to allow the child to spend time with Ms. Keaton, but at the time the case went to trial Ms. Aldridge was refusing any contact between the child and Ms. Keaton. Furthermore, Ms. Aldridge denied that there was any ongoing relationship between Ms. Keaton and the child. She sought to sever all contact between her ex-partner and the child.

In contrast, Ms. Keaton sought to be granted both shared parental responsibility and ongoing time with the child. She applied also for the addition of her name to the birth certificate as a parent. This was necessary for the court to consider as the Births, Deaths and

Marriages Registry requires that birth mothers consent to the addition of non-birth mother to a birth certificate.

### **The Orders**

The Magistrate determined that Ms. Keaton was not a legal parent of the child. As a result, she was denied addition to the birth certificate as a parent. However, her application for access *was* successful. The Magistrate decided that the child could have regular contact with Ms Keaton. This was graded from a few hours up to every third weekend and time on significant events such as birthdays. She was also to be informed about any serious medical issues.

The decision to grant access between Ms. Keaton and the child was based upon the "best interest of the child" principle. The child was found to have a "warm and significant" relationship to Ms. Keaton by a psychologist. The Magistrate relied on this evidence. It was recognised that the child had connections to Ms. Keaton's family that needed to be maintained. There was a further recognition by the Family Court that the young girl would benefit from the different style of parenting offered by Ms. Keaton.

Ms. Aldridge appealed the decision regarding time to be spent by the child with Ms. Keaton and objected that she should have to inform Ms. Keaton about the child's medical issues. She claimed as the child matured she would be unable to explain the presence of Ms. Keaton in her daughter's life as she was not her parent. Furthermore, Ms. Aldridge argued that she should not have to advise Ms. Keaton if the child was ill as if Ms Keaton were not a legal parent she has no decision making as to medical treatment. Despite these arguments, the earlier decision was upheld as it was determined that Ms. Keaton was a person who was significant to the care, welfare and development of the child, that she had played an active role in the child's life, and that this relationship should be maintained in the child's best interest. Ms. Aldridge's appeal was thus dismissed and she was ordered to pay two

thirds of Ms. Keaton's costs associated with the appeal.

### **Basis of Orders: Defacto Status at the Time of Conception**

In essence, the Magistrate determined that Ms. Keaton was not a parent under the *Miscellaneous (Same Sex Relationship) Amendment Act 2008*. Despite the fact that Ms. Keaton was in a relationship with Ms. Aldridge, that she had consented to the reproductive procedure, and had been present in the child's life in a significant way, the Magistrate ruled that she was not a legal parent. The decision of the Magistrate was based upon the assessment that the parties had not been living in a defacto relationship at the time of the conception of the child. To make that assessment the Magistrate used a number of variables to determine a lack of defacto status. Included in these variables were the fact that the two women; 1) were not residing together at the time of conception, 2) they had not been engaging in sexual intercourse at the time of conception and 3) they were financially independent.

In addition to the points raised above about the determination if the Court, it is also of note that there was a requirement for Ms. Keaton to apply to be on the birth certificate. Currently, the birth certificate is completed by the mother who gave birth. To add details of another mother you must first have the consent of the birth mother. This sets up a vast inequality between the parents, at the outset privileging the birth mother, and once again reifying the heteronormative emphasis upon biological connections. Although in this instance the matter was denied because Ms Keaton was denied any parental responsibility, it is only of some small relief that the matter must now be addressed in court. It needs to be considered that the non birth-mother may be the one to continually have to go the family court to gain parental rights and access. It seems that the burden of proving she is also a mother will fall to her.

### ***Place of residence***

In regards to the first point above, the Chief Federal Magistrate determined that the parties were not in a defacto relationship as they were not living together at the time of conception. This was despite the fact that the two women had been in a relationship since 2001 and the child was born in 2006. Surely this indicates that the women were indeed in a relationship of some length and commitment? Relying on cohabitation ignores the reality that relationships may be intimate and significant and yet the individuals may choose to live apart either by preference, due to caring obligations or for other considerations such as work. Indeed, Roseneil (2006) notes that not living with a partner does not mean not having a partner, as denoted by the term "living apart together" to encapsulate this type of partnership. Requiring cohabitation as proof of a relationship invalidates relationships that do not appear as the heterosexual norm where the couple live together post marriage. It should be noted that the parties were living together by the time the child was born but as that was not at conception it was deemed irrelevant.

### ***Sexual Intimacy at the Time of Conception***

In regards to the second point, the Chief Federal Magistrate commented that there was no "sexual intimacy between the parties at the time of conception" and that this therefore indicated a lack of defacto status. Of course the question must be asked, even if they were not, what relevance does that have to the situation? Sexual intimacy between these two women will not procure the child without the addition of assisted reproductive technology. Furthermore, and whilst Dempsey's (2008) research suggests that lesbians who have made use of donor sperm through private arrangements have in the past done so at least in part to allow insemination to occur in a private or intimate setting (i.e., the home), this option is not possible for lesbians who use donor sperm in clinics (which effectively pre-

clude sexual intimacy at the time of conception for lesbian couples).

This invasion of the court into the women's intimate lives seeks to tie their relationship to the heteronormative belief that sexual relations produce children and ignores that this logic is irrelevant to this situation. Furthermore, it is unclear how the women's sexual relationship was a relevant consideration to either woman's intent or ability to parent.

### ***Financial Interdependence***

Finally, the Chief Federal Magistrate's finding that the parties were financially independent was taken as another indicator of the lack of defacto status. Contrarily, it may be suggested that it would be more surprising if the women did not have independent financial means to some extent, especially as there was a 20 year age gap between the two women. Should one partner have to be financially dependent on the other to classify as defacto? How much does each have to be financially intertwined to the other to reach this defacto classification? Perhaps the thought is that if other assets are intertwined then children can be seen as an extension of this and viewed as property themselves. A very concerning and sobering thought. Surely independent financial means does not mean that you are uncommitted to contributing financially to the child that you consent to have? This is especially notable in light of the fact that Ms Keaton had altered her work hours to assist in caring for the child by changing her work habits, thus signifying that she was financially imbricated with Ms. Aldridge, albeit circuitously. Echoes of the traditional heteronormative model of family and associated tasks seem to resound through the defacto status threshold implying that financial dependence between two parties equals a committed relationship: one that should be 'secure' enough to raise children.

### **Conclusions**

While it is not disputed here that there does need to be some criteria for determining par-

entage, it has to be questioned whether the issue of defacto status is valid. The relevance of these variables in determining parenthood is dubious. It remains unclear how defacto status or the variables that attempt to determine whether the defacto threshold has been met are relevant to parental ability or intent to parent. Indeed, and contrary to Pointer's (2007) comments that there is a change from homophobic family court views toward an emerging acceptance of the "homo-nuclear" family, it is important to consider which particular 'homonuclear' families are currently receiving sanction, and how this still functions to privilege the birth mother.

What we are facing here, then, is clearly an attempt by the legal system to determine how lesbian relationships should look. It strives to maintain the discourse of sameness (i.e., that lesbian families are simply the same as heterosexual families, just with two female parents instead of one). It is of course important to recognise, as does Clarke (2000), that this assumption of 'sameness' has assisted in family court custody battles where there has been shown to be no adverse effects to having two mothers. However, in the instance of *Aldridge vs. Keaton*, any discourse of sameness was discounted through the legal determination of defacto status. This, in effect, creates a situation that encourages the heterosexualisation of lesbian parents (Ripper, 2009, Riggs, 2007). This is achieved through 1) reliance upon the discourse of biological connection as superior for establishing parenthood as evident in the privileging of the birth mother, 2) the reification of lesbian relationships that closely mirror a heterosexual model, 3) the use of sexual intimacy as an indicator of the desire to have a child whether relevant or not and thus 4) the silencing of family constellations that do not fit within a very narrow construction of the two parent model.

By contrast, Ryan and Martin (2000) suggest that the definition of a child's parents should meet two criteria: 1) all parties have the intention to be a parent and 2) they fulfil the responsibility and functions of a parent. Of

course consent to be a parent is also relevant in determining parental responsibility. There can be no doubt that entering into an agreement with another person to be a parent should be a well thought through decision. The decision to have a child by a lesbian couple will include many factors, such as the sourcing of donor sperm (either privately or through a clinic), charting ovulation cycles, and can be fraught with much debate over who will be the carrier of the child through pregnancy. This decision making process inherently requires more consent than a random heterosexual sexual encounter that unexpectedly produces a child, and yet lesbian couples are expected to also meet the defacto status criterion not applied to the biological parents in the instance of unplanned heterosexual reproduction who potentially had no desire to become a parent or intent to parent.

It would seem that the third indicator listed above, that is consent, should be available to any two people wanting to embark on parenthood, including two people who may in fact not even be in an intimate relationship at all. This would suggest that perhaps the idea of family needs to be removed from the default context of defacto relationships. Surely it could be possible that two friends may decide to assist each other to become parents, may share the costs of fertility treatments, may decide which one will carry the child (or perhaps both try to fall pregnant) and yet never have an relationship that exists beyond friendship? Both would contribute to the child, share financial costs and both raise the child with shared parental responsibility. In fact there could be any number of combinations such as a single gay man and single lesbian woman who decide to co-parent through the donation of his sperm, or three women who decide they want to parent together and only two are in an intimate relationship (or potentially all three might be in a polyamorous relationship). If these adults consent to this arrangement, then why should the law interfere and pronounce only the birth parent to be a parent?

By failing to recognise these types of relation-

ships, the de facto status threshold ignores the diversity of lesbian relationships. In the matter described above, it was used to deny the status of parent to Ms. Keaton. There needs to be some further consideration within legislation as to the relevance of the criterion of relationship status to establish parenthood. The new laws are heavily weighted against the non-biological mother who, it seems, must reside with the birth mother prior to and then during the conception of the child, who must engage in sexual intimacy with the birth mother at the time of conception (which may be effectively precluded for those using hospital or clinic based assisted reproductive technology) and must have at least some level of financial enmeshment with the birth mother.

Furthermore, the birth mother is the only one who can determine whether to add the non-birth mother to the birth certificate. Should there be disagreement about this the non-birth mother has to apply to the family court for a determination, placing the decision making about her status of parent with a Magistrate. The birth mother, by contrast, has the relative privilege of relying upon biological connection solely. Clearly in this case, the birth mother has used her biological relationship to the child to deny parental rights to someone who she had clearly made an agreement to co-parent with and who was actively involved in the care of that child. The law, otherwise intended to support lesbian mothers, was complicit in this endeavour. In fact the law was more than complicit: it empowered the birth mother and others like her to discriminate against those who do not share a biological connection to their child. Even more concerning is that these criteria have to be met prior to the conception of the child. As such there is nothing the non-birth mother can do to improve her outcome at court should the birth mother seek sole parental responsibility once the child has been born.

In response to the question raised in the introduction to this paper – how transformative is legislative change such as that enshrined in the *Miscellaneous (Same Sex Relationships)*

*Act 2008* – laws are complicit in the limiting of the potentially transformative power created by the recognition of diverse families. Rather than dismantling the heteronormative family it appears that what we have been left with is the legal recognition of only those lesbian parented families that mirror traditional heterosexual relationships. This effectively renders any other form of lesbian parented family as inadequate and legally invisible thus ensuring the perpetuation of discourses integral to maintaining heteronormativity.

### Author Note

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## COMFORT WITH USE OF ASSISTED REPRODUCTIVE TECHNOLOGIES (ART) FOR FAMILY FORMATION BY SAME-SEX AND HETEROSEXUAL COUPLES: A SURVEY OF AUSTRALIAN SOCIAL ATTITUDES

DEBORAH DEMPSEY & CHRISTINE CRITCHLEY

### Abstract

*Assisted Reproductive Technologies (ART) such as in-vitro fertilisation (IVF), donor insemination (DI) and surrogacy now enable same-sex couples as well as heterosexual couples to form families with children to whom at least one of the couple are biologically related. This paper, based on data collected in 2007 from a random sample of the Australian population (n = 1000), poses and answers two broad questions: How comfortable are Australians with ART use by same-sex couples as opposed to heterosexual couples? What are the characteristics that predict comfort with heterosexual and same-sex couples' use of ART for family formation? Overall, participants were more likely to support heterosexual couples using all forms of ART than same-sex couples, and IVF more than DI or surrogacy, with support for gay male couples using surrogacy the lowest of all. However, multivariate analysis revealed three distinct groups of participants: a majority who were consistently comfortable with same-sex and heterosexual family formation using ART (mostly women, university educated, left wing in political allegiance and non or infrequent church attendees), a smaller discriminatory group (mostly men, retired, more conservative voters and frequent church attendees) who were comfortable with heterosexual couples but not same-sex couples' use of ART, and a sizeable minority (mostly frequent church attendees) who were not comfortable with either heterosexual or same-sex couples using ART. Overall, these results are consistent with a discernible upward trend in recent years in support for lesbian parenting, and suggest that a*

*sizeable proportion of the Australian population have non-discriminatory views about ART use. They also reveal that religious observance remains a strong predictor of resistance to heterosexual couples' use of ART as well as discriminatory attitudes toward same-sex couple families.*

**Keywords:** Assisted Reproductive Technologies, public attitudes, family formation, heterosexual couples, same-sex couples

### Introduction

Assisted Reproductive Technologies (ART) such as clinical donor insemination (DI), in vitro fertilisation (IVF) and IVF surrogacy developed as a means to circumvent infertility in heterosexual couples. However, these technologies now enable lesbian and gay couples around the world to form families with children to whom at least one of the couple are biologically related. In Australia, the US, the UK and many European countries, lesbian couples and single women desiring parenthood, and to a lesser extent gay men, now add substantially to the client base of reproductive medicine clinics (see Victorian Law Reform Commission (VLRC) 2007). Although it is more difficult for gay male couples to become parents via surrogacy due to the requirement that a woman give birth to and then relinquish the child (in addition to the illegality of commercial surrogacy in many parts of the world), altruistic surrogacy arrangements organised by and for gay couples are known to occur in Australia and the UK. Increasingly, Australian gay men are travelling to countries such as the US and India, where some commercial surrogacy

agencies welcome them as clients.

Public opinion surveys about ART use in family formation assist in monitoring the pace of social change regarding the acceptability of new family forms. As such, they are one important source of information for law and policy makers, as well as lesbian and gay parenting communities seeking to understand the barriers to acceptance that their families and children may face. Surveys conducted since the early 1980s indicate that the use of IVF by infertile heterosexual couples is now widely supported in Australia (Kovacs et al., 2003). However, less is known about public opinion of ART use by lesbians and gay men at a time when considerable numbers of children are being born into same-sex couple families through these methods. Recent law reform consultations in the state of Victoria, for example, indicate a range of divergent and heartfelt views exist in the community, although public debate accompanying law reform processes tends to be dominated by those who could be called 'interested' parties such as religious groups and leaders (historical opponents to ART in general), existing users of the technology, and those seeking increased access to reproductive technologies in the future (see VLRC, 2007).

This paper, based on Computer Assisted Telephone Interview (CATI) data gathered in 2007 from a random sample of the Australian population ( $n = 1000$ ), poses and answers two broad questions: How comfortable are Australians with ART use by same-sex couples as opposed to heterosexual couples? What predicts comfort with heterosexual, lesbian and gay male use of ART for family formation? The data on which it is based comes from the first Australian nationally representative study to canvas public opinion of heterosexual, gay and lesbian couples' uses of various forms of ART. It is also the first study we know of internationally that surveys the general public about the relatively recent trend towards gay men becoming parents through surrogacy. Overall, results are consistent with a discernible upward trend in recent years in support for les-

bian parenting and suggest that a sizeable proportion of the Australian population has non-discriminatory views about ART use.

### **Attitudes to Heterosexual Family Formation Using IVF, DI and IVF Surrogacy**

Hudson et al (2009) note that public reaction to infertile heterosexual couples who want children is generally one of empathy and concern, with the consensus being that such couples should have access to technological 'help'. Opinion polls indicate the vast majority of Australians support infertile couples' use of IVF, especially if the couples' own gametes (eggs and sperm) are used. Kovacs et al (2003) compared approval ratings of IVF obtained from 14 nationally representative Roy Morgan Research polls (approximately 1000 respondents for each survey) conducted between 1981 and 2001 in Australia. Approval of IVF use by infertile married couples increased from 77% in 1981 to 86% in 2001. A June 2006 poll by the same research company indicated approval had continued to climb to 88% (cited in VLRC, 2007, p. 25).

Against the overall trend of high support for IVF, some religious leaders and groups continue to express strong reservations about infertile heterosexual couples' use of IVF. This is largely because the process of conception is facilitated by medical science and takes place outside a woman's body. In Australia and abroad, the Catholic Church and evangelical Christian groups have been vocal critics of IVF use on the basis of the belief that it interferes with nature and 'God's will' (see Schenker, 2000; Genius et al., 1993; Dempsey, 2006). Objections have also been noted among some Muslim groups on similar grounds (Baluch et al. 1994). However, care needs to be taken in assuming that the opinions of religious leaders and public spokespeople can be generalised to their constituencies. As Inhorn (2006) suggests, the views expressed in official religious discourse may or may not reflect those of religious followers in general (see Dutney, 2006).



By contrast with public opinion about IVF, DI use by heterosexual couples tends to meet with more ambivalence due to the fact that the intended father's genetic material is not used. Haimes (1993) notes that semen donation has historically been tainted by association with the stigmatised sexual practices of masturbation and adultery. More recently, complex arrays of concerns with DI have been expressed in various qualitative studies with non-users of reproductive technologies. These include fears that the donor might reveal his identity and 'interfere' with the child's upbringing (Edwards, 2004), or that the absence of one parent's genetic relationship could impede parental bonding (Edwards, 1998). Hirsch (1999) found that participants in his study were ambivalent about whether donor insemination was a more acceptable solution to infertility than adoption due to perceptions about the numerous identity and belonging issues it potentially raises for the children and adults involved.

Historically, surrogacy has been the most controversial ART procedure, given that it requires the woman giving birth be willing to gestate a foetus to term then relinquish the child, thus challenging the sanctity of the mother-child bond. The most recent population-based opinion polls on surrogacy conducted in Australia date from the early 1990s and indicate surrogacy use by heterosexual couples was, at that time, looked upon much more unfavourably than IVF. Australian attitudes to IVF surrogacy were first sought via Roy Morgan Polls in 1982, at which time 32% of 1000 respondents approved, 44% disapproved and 32% were undecided. In 1993, questions included in the Roy Morgan Poll enabled participants to distinguish between commercial and altruistic surrogacy, with only 30% of respondents approving of commercial surrogacy as opposed to a 59% approval rating for altruistic surrogacy (Kovacs et al., 2003). More recently Szoke (2004) found, in a qualitative study of UK and Australian heterosexual couples and singles, that Australians were less accepting of surrogacy than their UK counterparts. She attributes this in part to the

fact that Australians have less exposure to the practice because of the more restrictive laws in their country. Australian respondents to Szoke's study tended to be more concerned about the potential emotional exploitation of the surrogate and the commissioning woman than any medical or scientific concerns about the practice.

Reasons for use of surrogacy are also known to be important in the formation of public opinion on this topic, with medical infertility seen as more acceptable than uses purported to be 'social' or 'cosmetic'. Macdonald (1999) reported that 51% of 201 participants supported surrogacy use by heterosexual couples when it was due to the infertility of the female partner. Constantinidis and Cook (2008) found that approval of IVF surrogacy use by heterosexual couples (in which both intended parents gametes would be used) was higher than support for traditional surrogacy, in which the surrogate's ovum would be used. They also found approval of IVF surrogacy was higher when its intended use was by a heterosexual couple of usual reproductive age (mean support of 4 on 5 point scale, with 5 representing 'very supportive'), rather than a couple in which the intended mother was postmenopausal (mean support of 2.78). Further to this, there was low support for IVF surrogacy used by (presumptively) heterosexuals when it was for reasons other than infertility. Respondents mostly disapproved of the scenario in which an actress used IVF surrogacy for the sole reason that she wanted to preserve her figure (mean support of 1.81).

As can be seen from the above summary, public opinion research conducted thus far on the topic of family formation by heterosexual couples indicates a hierarchy of acceptability whereby IVF is considered more acceptable than either donor insemination or surrogacy. Further to this, there are strong indications that the reasons for the use of the technology are an important factor in deciding on their acceptability. Specifically, medical infertility is an acceptable use whereas uses that fall outside this criterion are not.

### **Attitudes to Lesbian and Gay Family Formation Using ART**

Although having and raising children in unconventional family configurations is becoming more possible and popular in Australia, it remains controversial. A prolonged national media debate raged for two entire months in 2000 after Leesa Meldrum, a single heterosexual woman, was awarded the right to join the IVF program in Victoria. Lesbian parents and would-be parents were castigated in ensuing media coverage for a variety of reasons. These included daring to raise children in 'fatherless families', queue-jumping ahead of more deserving infertile heterosexuals, and wasting taxpayers' money by receiving reproductive services for 'social' rather than 'medical' reasons (Dempsey 2006). More recently, the 2003 Australian Social Attitudes Survey found that only 43% of adults regarded a same-sex couple with children as a family, compared with a resounding 99% for an unmarried heterosexual couple with children (cited in de Vaus, 2004, p. 86). Despite this, public opinion polls about lesbians' use of ART indicate a trend towards more liberal social attitudes. Kovacs et al (2003) report Australian public approval of lesbians' use of DI increased from 7% of 1000 respondents in 1993 to 31% in 2000.

Research into public attitudes to gay men using surrogacy, a more recent social phenomenon than lesbian IVF or DI parenthood, is thus far in its infancy and only one small study addressing this topic was located. Constantinidis and Cook (2008) asked respondents about their approval level of male couples using IVF surrogacy. These authors found that the average approval level of the gay male parenting scenario among their respondents was 3.09 on a 5 point scale indicating most participants were neutral. It was also clear that sexuality was not the only criterion participants used to assess the acceptability of surrogacy. An actress using surrogacy because she wanted to preserve her figure or a heterosexual post-menopausal woman who wanted to have a child were considered less acceptable scenar-

ios than two gay men wanting to form a family.

While recent public opinion surveys indicate comfort with IVF use by heterosexuals for infertility continues to climb, many of the large scale public opinion polls of surrogacy use are now dated. Public opinion about DI use has mostly been sought through qualitative research which, although valuable, is not generalisable beyond the participants with whom it was conducted. Public views about the newer social phenomenon of gay male parenthood through use of ART remain under-researched. Furthermore, although indications are that higher comfort levels are to be expected with heterosexual rather than lesbian or gay family formation using ART, reasons for using the technologies that are perceived as genuine, medical reasons may be viewed more favourably than those perceived as not due to an infertility impediment, no matter what the sexuality of the user.

### **Aims and Objectives**

In light of the above, the aim of the research reported in this paper was to consider the degree to which the sexuality of the user, the technological process involved, and whether or not medical infertility is the reason for use influences public opinion of ART use for family formation. Further, the research sought to explore the relative influence of characteristics such as religious observance, age, gender, political liberalism or conservatism, and education levels in predicting comfort with ART use.

### **Methodology**

The results of this survey were obtained from the 2007 Swinburne National Technology and Society Monitor (SNTSM). The SNTSM was developed by a team of researchers at Swinburne University of Technology, and aims to gauge public opinion about emerging technologies and/or new applications of existing technologies. Each edition provides an annual 'snapshot' of public perceptions. The target population is the Australian general public

aged 18 years and over. The 2007 Monitor was the fifth edition, and ran from the 5<sup>th</sup> to the 17<sup>th</sup> of July 2007. The Monitor utilised CATI technology and the Electronic White Pages was used as the source of randomly selected phone numbers. Calls were made at a range of times on weekdays and weekends. Survey time ranged from 8 minutes to 57 minutes ( $M = 15$  minutes)

Respondents to the 2007 Monitor were asked a series of questions about their levels of comfort with various technologies including ART, the extent to which they agreed or disagreed with statements about the value of science and technology, their beliefs about the amount of control science should have over nature and their levels of trust in various organisations and groups.<sup>1</sup> Only questions about couples' use of ART were asked due to a desire to keep the telephone interviews to a manageable length, and the fact that most people using ART are likely to be doing so in the context of couple relationships. The questions about use of ART to form families were introduced with a brief 'lay' explanation of the relevant ART procedure, and randomised to avoid response set bias. The specific wording of these questions was as follows:

a) In vitro fertilisation involves medical removal of an egg from a woman's ovary, then fertilising the egg in the laboratory with sperm. If an embryo is formed through this process, the embryo is then placed in the womb of the mother. How comfortable are you with the following situations in which people might use IVF?:

- A heterosexual couple using IVF because the female partner is infertile
- A lesbian couple using IVF because the partner who wants to become pregnant is infertile

b) Donor insemination involves inserting semen obtained from a male donor into the vagina of a woman who wants to bear a child. How comfortable are you with the following situations in which people might use donor insemination?

- A lesbian couple using donor insemination so they can become parents
- A heterosexual couple using donor insemination because the male partner is infertile

c) IVF surrogacy involves placing an embryo created through IVF into the womb of a woman who agrees to become pregnant and give birth. After she gives birth, the surrogate mother gives the child to the intended parents to raise. How comfortable are you with the following situations in which people might use IVF surrogacy?

- A heterosexual couple using IVF surrogacy because the female partner is infertile
- A gay male couple using IVF surrogacy so they can become parents.

Comfort with ART was measured on an eleven point Likert scale where 0=not at all comfortable and 10=very comfortable. All statistical tests were conducted using SPSS version 16.

## Results

Exactly one thousand people took part in the 2007 survey. Fifteen of these chose not to answer the reproductive technology questions. The response rate for the survey overall was calculated at 24.56% (proportion of completed calls from the total valid eligible responses  $1000 / 4071 = 24.56\%$ .)

More women than men took part (61% women, 39% men). The average age of participants was 52. About half of the group had an education level of Year 12 or lower (49%), 15% had a TAFE qualification, and about a third had a university degree or postgraduate qualifications (37%). Most participants were

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1 For detail on all measures used in the Swinburne University of Technology National Technology and Society Monitor (2007), see: [www.swinburne.edu.au/lss/spru/spru-monitor.html](http://www.swinburne.edu.au/lss/spru/spru-monitor.html)

living with a spouse or romantic partner (64%), with 5% indicating they were separated and just under one third (31%) were not in a relationship. With regard to employment, about one third of participants worked full time (35%), 28% were retired and 21% worked part time. Eight per cent listed their occupation as 'home duties' and a further 7% were either unemployed or 'other'.

Participants were also asked about their levels of church or religious service attendance and voting preferences. Exactly one half of the group indicated that they never attended church or religious services. Eight per cent attended church 'less than once a year' with an additional 21% attending church once or a few times per year. Seven per cent of the group attended at least once a month and the remaining 14% attended church or religious services weekly. With regard to voting preferences, the majority of the group voted for the major political parties, with Liberal voters accounting for 34% and Labor voters 36% of the sample. The next largest group was the 'other' category (21%) which includes small parties such as Family First and also includes people who refused to disclose their voting preference. Five per cent of participants were Greens voters, 3% declared their allegiance to the National party and an additional 1% indicated they voted for the Democrats.<sup>2</sup>

With regard to the representativeness of the study sample, women were over-represented, perhaps reflecting their greater tendency to answer the phone and the fact that more calls were made on weekdays than weekends (61% female, 39% male). Respondents were also well-educated in comparison with the Australian population, which could reflect the

fact that people with more education felt more comfortable taking part in a survey about technology. The mean age was higher than the Australian population mean of 37 (ABS, 2007) which could be attributed to the higher likelihood that older people are at home on either weekdays or weekends, and/or have landline phones. Given the over representation of women and older people, the sample was weighted according to the Australian Bureau of Statistics (2006) proportions for gender and age.

### **Comfort with Use of Reproductive Technologies**

Table 1 (over page) shows that participants were overall very comfortable with heterosexual couples using IVF, DI, and surrogacy. The most frequent response to all of these questions was the maximum of 10 "very comfortable" and a sizeable section of the sample chose this option. The mean scores for these three questions were also well over the mid point of 5. Respondents were also somewhat comfortable with a lesbian couple using IVF if one partner was infertile. The mode response for this question was 10 and the mean score was above the mid point of 5. However, the sample seemed to be relatively divided on this issue as shown by the median of 5 and the large number of respondents (relative to the heterosexual-focused questions) indicating that they are either not at all or very comfortable with lesbian couples using IVF. Overall the sample appeared not to support a lesbian couple using DI to become parents or a gay couple using IVF surrogacy so they can become parents. Mean scores to both these questions were below 5 and the mode response was 0 'not at all comfortable'.

A repeated measures ANOVA found that the means were significantly different across questions,  $F(5,4820) = 499.57, p < .001, h^2 = .34$ . Difference contrasts with questions ordered from the highest to lowest mean revealed that all comfort levels were significantly different from each other (all at  $p < .001$ ). Thus comfort levels were significantly different

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2 A more detailed breakdown of participant characteristics can be found on the Swinburne University of Technology National Technology and Society Monitor website (2007): [www.swinburne.edu.au/lss/spru/spru-monitor.html](http://www.swinburne.edu.au/lss/spru/spru-monitor.html)

**Table 1.**  
**Descriptive Statistics for comfort with ART**

|  | N   | % Missing | Mean | SE of mean | SD   | Mode | Median | % Not at all comfortable | % Very comfortable |
|--|-----|-----------|------|------------|------|------|--------|--------------------------|--------------------|
| A heterosexual couple using IVF because the female partner is infertile                  | 965 | 2.41      | 7.90 | .09        | 2.66 | 10   | 9      | 3.40                     | 44.00              |
| A heterosexual couple using donor insemination because the male partner is infertile     | 961 | 3.14      | 7.27 | .10        | 2.96 | 10   | 8      | 5.70                     | 34.40              |
| A heterosexual couple using IVF surrogacy because the female partner is infertile        | 955 | 2.69      | 6.92 | .10        | 3.06 | 10   | 8      | 7.40                     | 30.00              |
| A lesbian couple using IVF because the partner who wants to become pregnant is infertile | 958 | 2.98      | 5.18 | .12        | 3.61 | 10   | 5      | 18.80                    | 19.50              |
| A lesbian couple using donor insemination so they can become parents                     | 959 | 3.37      | 4.91 | .12        | 3.68 | 0    | 5      | 23.00                    | 16.70              |
| A gay male couple using IVF surrogacy so they can become parents.                        | 955 | 3.44      | 4.31 | .12        | 3.65 | 0    | 5      | 28.00                    | 14.50              |

**Note.** % missing includes all unsure and refused responses.

across types of ART and reasons for use, as well as across sexual preference. The sample was significantly more comfortable with heterosexual couples using IVF if the female partner is infertile compared with using DI if the male is infertile ( $h^2 = .08$ ), which was viewed as significantly more acceptable than a heterosexual couple using surrogacy if the female partner was infertile ( $h^2 = .11$ ). The gap in mean differences increased when comparing the latter heterosexual scenario with all same-sex situations. The sample was much more comfortable with a heterosexual couple using surrogacy than a lesbian couple using IVF because one couple member is infertile ( $h^2 = .34$ ). This was in turn viewed as preferable to a lesbian couple using DI to become parents ( $h^2 = .38$ ). This latter scenario was viewed as much more acceptable than a male gay couple using IVF surrogacy ( $h^2 = .46$ ). In summary, the sample was slightly more comfortable with IVF than DI and surrogacy and these differences were augmented in the case where the couple was not heterosexual. Respondents were also much more likely to sup-

port heterosexual couples using all forms of ART than same-sex couples, with support for gay male couples using surrogacy the lowest of all.

***Exploring the Patterns of Comfort Across ART Scenarios***

Hierarchical cluster analysis using Wards method and squared Euclidian distances was used to identify distinct groups within the public who exhibited different patterns of comfort across the six ART scenarios. A total of 942 responses were utilised in the analyses, excluding missing cases. The resulting dendrogram revealed three distinct groups whose mean scores are shown below in Figure 1 (over page).

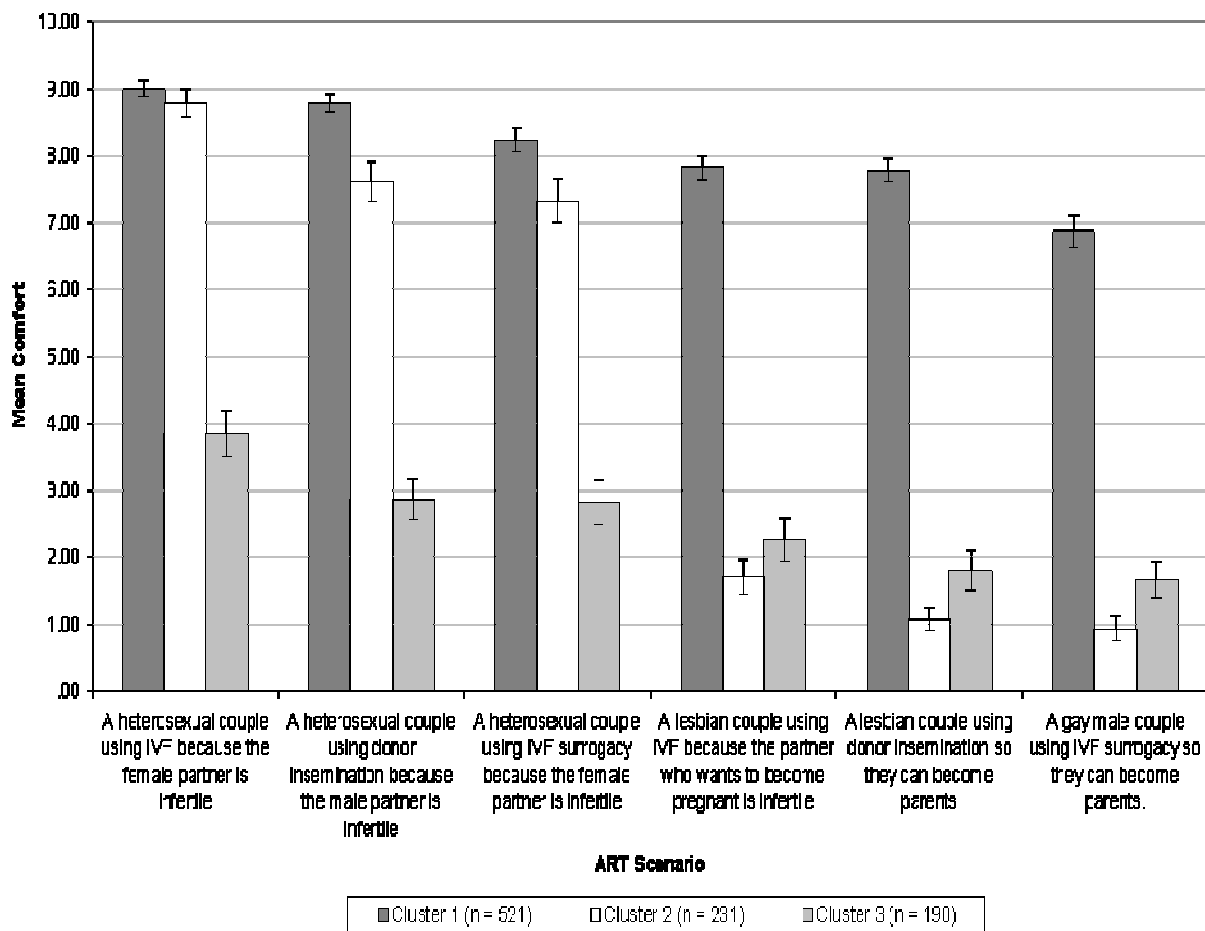
Figure 1 shows that approximately half (55.30%) of the respondents were in Cluster One, about a quarter (24.52%) were in Cluster Two and one fifth (20.17%) were in Cluster Three. Cluster One displayed high comfort levels on all scenarios, although their comfort

levels for the same-sex couple scenarios were slightly lower than for the heterosexual couples (all within group contrasts were significant at  $p < .005$ ). Given their consistently high comfort with all forms of ART, Cluster One was labelled the "Consistently Supportive of ART Cluster". Cluster Two, on the other hand, appeared to be particularly perturbed about same-sex couples using ART under all circumstances. This cluster were generally comfortable with heterosexual couples using IVF, DI and even surrogacy, but were not at all comfortable with lesbian or gay male couples using any form of ART. Cluster Two was therefore labelled the "Discriminatory toward Same-Sex Couples Cluster" (hereonin the 'Discriminatory Cluster'). Finally, Cluster Three represented those respondents who were con-

sistently low in their comfort levels across all types of couples, and the differences in comfort across heterosexual and same-sex couples, though similar to the other clusters, was much less. This cluster was therefore called the 'Consistently Not Supportive of ART Cluster'.

All demographic variables were compared across the three clusters. The results for the categorical variables revealed that cluster relationship was significantly associated with gender, voting preference, employment category, and education (all Chi-Square statistics were significant at  $p < .01$ ). There was, however, no significant relationship between cluster membership and relationship status,  $\chi^2(4) = 6.06, p > .05$ . There were significantly more women

**Figure 1. Mean comfort with ART scores across cluster**



(standardised adjusted residuals (std adj res) = 2.2) and less men (std adj res = 2.2) than expected in a normal distribution in the Consistently Supportive Cluster, and less women (std adj res = -3.9) and more men (std adj res = 3.9) in the Discriminatory Cluster. There were statistically equal numbers of men and women in the Consistently not Supportive Cluster. Those who reported generally voting for a left wing political party (i.e., the Greens or Labour) were significantly more likely to reside in the Consistently Supportive Cluster (std adj res = 2.7) and were less likely to reside in the Discriminatory Cluster (std adj res = -2.9), while those who tended to vote conservative (i.e., Liberal or One Nation) were more likely to be in the Discriminatory Cluster (std adj res = 3.6) and less likely to occur in the Consistently Supportive Cluster (std adj res = -3.2). Political preference was not generally associated with the proportion of people residing in the Consistently Not Supportive Cluster, though there was a small tendency for those who refused to indicate their political preference residing in this group (std adj res = 2.0).

Part-time workers were more likely to be in the Consistently Supportive Cluster (std adj res = 2.9) and less likely to be in the Consistently Not Supportive Cluster (std adj res = -2.9). Retired respondents were more likely to be in the Discriminatory Cluster (std adj res = 3.2) and the Consistently Not Supportive Cluster (std adj res = 6.3), but were less frequently in the Consistently Supportive Cluster (std adj res = -7.9). Finally, those with a university education were significantly more likely to occur in the Consistently Supportive Cluster (std adj res = 4.5) and less likely to be in the Discriminatory Cluster (std adj res = -3.6), while those without a university education were more likely to be in the Discriminatory Cluster (std adj res = 3.6) and less likely to be in the Consistently Supportive Cluster (std adj res = -4.5). Education was not associated with occurrence in the Consistently Not Supportive Cluster.

A series of one-way ANOVAs examining mean

differences in the continuous demographic variables across clusters revealed that church attendance and age were significantly associated with cluster membership (both F statistics were significant at  $p < .001$ ). Members of the Consistently Supportive Cluster had significantly lower church attendance ( $M = 1.18$ ,  $SD = 1.62$ ) than the Discriminatory ( $M = 1.97$ ,  $SD = 2.03$ ) and Consistently Not Supportive ( $M = 1.82$ ,  $SD = 1.94$ ) Clusters who were statistically similar ( $p > .05$ ). Members of the Consistently Supportive Clusters were also statistically younger ( $M = 42.16$ ,  $SD = 15.21$ ) than those in the Discriminatory Cluster ( $M = 51.80$ ,  $SD = 18.30$ ), who were in turn younger than those in the Consistently Not Supportive Cluster ( $M = 54.70$ ,  $SD = 18.03$ ).

In summary, the Consistently Supportive Cluster tended to be women, those who reported voting for what have been defined here as left-wing political parties, have a university education, work part-time, are younger and less frequent church attendees. The Discriminatory Cluster was more likely to contain men who reported voting for what have been defined here as conservative political parties, are retired, older and frequent church attendees. The Consistently Not Supportive Cluster tended to contain those who refused to reveal their political preference, those who were retired and frequent church attendees.

## Discussion

The results reiterate previous research indicating that support for IVF use by heterosexual couples is very high, and also confirm that DI and surrogacy use by heterosexual couples is now looked upon very favourably. In particular, it appears that public support for use of surrogacy by heterosexual couples is far more unequivocal (and has increased markedly since the Roy Morgan Polls conducted in the early 1990s) in that it is not only confined to the well-educated high socio-economic status convenience samples of participants surveyed more recently by Macdonald (1999) and Constantinidis and Cook (2008). The increasing social acceptance of surrogacy may be attrib-

uted to recent high profile and respectable public figures such as Federal Government minister Stephen Conroy going public with their successful use of this path to family formation. What appears to be a high level of support for heterosexual DI is less easy to explain given the extent to which male infertility remains a stigmatised and hidden topic, and the continuing controversial debate about identity issues for children born from donor gametes. It could well be that in the cases of DI and surrogacy, in being asked to contrast same-sex couples forming families with heterosexual couples forming families, the relational implications of the various technological interventions receded for participants in favour of focusing more on whether they found the sexuality of the recipient couple acceptable. In other words, had we only asked about heterosexual family formation, participants may have dwelt more on the different relational implications of DI, surrogacy and IVF, and expressed less comfort than they did with DI and surrogacy.

With the above point about the contrast between groups on the basis of sexuality in mind, we are optimistic that these findings reveal considerable public support for lesbian and gay parents, despite the clear indication that Australians remain less comfortable with same-sex couples (women or men) using ART than heterosexual couples. We base this optimism on two aspects of the data analysis. With regard to the proportion of participants expressing even a modicum of comfort with lesbian couples forming families through ART (mean comfort score higher than midpoint of 5), it is true to say that 40% of the sample overall indicated comfort with either lesbian DI or IVF. The last national survey of Australian public attitudes to lesbian parents conducted in the late 1990s indicated 31% of the general public approved of lesbian use of ART (Kovacs et al., 2003). Furthermore, if the results of the cluster analysis are taken into account, the largest cluster of participants (55%) were comfortable with either heterosexual or gay and lesbian couples using ART to form families, with only about a quarter and a fifth of

participants (respectively) expressing discriminatory or consistently unsupportive attitudes. Among the consistently supportive group, there was also a relatively small difference in the degree of comfort between heterosexual and same-sex couples, or lesbian vs gay male couples (mean comfort score of 9 for all heterosexual uses of ART vs. mean comfort score of 8 for lesbian IVF and DI and 7.5 mean comfort for gay men), with levels of comfort for same-sex and heterosexual couples towards the high end of the comfort scale.

Research suggests that women in Western countries tend to be less homophobic than men and in the vanguard of support for homosexuality and same-sex relationships (see Scott 1998; Herek 2002, Wilson 2004; Ryan, Bedard and Gertz 2005). The findings from this study certainly bear this out. As Herek (2002) points out, historically, homosexuality has been equated with gender inversion, and male heterosexuals tend to be more punitive of those who violate the dominant sexuality/gender order in society, particularly if they are other men. In the specific case of attitudes towards gay and lesbian family formation, women's greater engagement in children's primary care, and care and nurture more generally in family relationships, may lead to a greater sense of empathy overall with the desire to form a family, regardless of the gender or sexual orientation of the parent. It seems there is still hard work to be done in convincing older, heterosexual men of the legitimacy of gay or lesbian families with children.

Our findings also indicate that when it comes to attitudes to lesbian couples forming families through ART, an intuitive distinction between 'medical' and worthy uses of ART and 'social' or unworthy uses of ART holds some sway among the general public. The evidence for the continuing persuasiveness of this distinction lies in the finding that whilst participants were to some degree comfortable with lesbian use of IVF if one partner was infertile, they did not report being comfortable with lesbian use of DI to form a family. This is rather disappointing given that various scholars and the



Victorian Law Reform Commission Assisted Reproductive Technology and Adoption Reference argue this distinction is a false one that continues to rely on veiled relationship discrimination (see Walker, 2000; Dempsey, 2006; VLRC, 2007 for more discussion of this complex issue). While the present research was able to shed light on purported medical as opposed to social uses of ART in the case of lesbian couples, we were unable for reasons of space to ask questions about how the medical/social distinction is understood as it relates to heterosexuals' use of surrogacy.

Finally, despite the high levels of support for IVF in situations where heterosexual couples experience infertility, it is also important to emphasise that a significant minority of the Australian community remain very uncomfortable with ART use by heterosexual *or* same-sex couples. Regular attendance at church or religious services outweighed all other characteristics in explaining their discomfort. Although we did not collect detailed information about the religions or Christian denominations of these participants, the data suggest that those who attend religious services most regularly also tend to echo the disapproval of IVF and lesbian/gay parenthood voiced in the public domain by some Christian leaders. Negative official religious discourses on these matters are evidently very influential on regular worshippers.

### **Concluding Thoughts**

This paper, based on a CATI survey of a random sample of the Australian population, describes Australians' levels of comfort with the use of various forms of ART to form families. It unpacks the extent to which the gender, sexuality and fertility status of the intended user contribute to public support, thus providing a more nuanced analysis of variables influencing public opinion in this area than other surveys to date.

This study was limited with regard to the scope of the questions it could ask which brings us to the topic of areas for future en-

quiry. Public opinion research utilising nationally representative samples could explore the relative acceptability of various contexts for surrogacy, IVF and DI use that directly compare heterosexual, gay male and lesbian couples consistently across different forms of ART. In particular, questions could be asked that shed light on the relative acceptability of commercial as opposed to altruistic surrogacy. Further to this, a significant limitation of this study was its restriction to exploring attitudes towards couples using ART to form families. It is important to acknowledge here that many single heterosexual and lesbian women utilise DI and IVF to conceive. Single gay men are also known to use surrogacy. Many children are now born into sole parent families and it would be useful to have more information about how the relationship status of the intended ART user is influential in attitude formation vis a vis their gender and sexuality.

In presenting these findings, we emphasise that public opinion data is one valuable source of information in charting changing social mores about family relationships but not the only source of information that should influence law or policy reform. Children born into families through the use of ART and their parents deserve to be well-supported in their local communities. Public opinion data remains a powerful source of knowledge in seeking to find and build on a community support base as well as knowing in which sections of the community educative work on discrimination still needs to be done. That same-sex couples in many Western countries are gaining legal and policy support for access to ART and parental recognition is due in large part to the now extensive research evidence supporting good developmental and social outcomes for children born to lesbian and gay parents (see McNair, 2004; Short et al, 2007 for comprehensive reviews). We would hope that this strong evidence base continues to be the most important influence on changing laws and policies in this area of family formation. We also hope that future surveys of the general public will continue to indicate an upward trend of support for same-sex couple families

in the face of the strong and growing evidence that children can and do thrive in less conventional family circumstances.

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## **RAINBOW WASHING SCHOOLS: ARE PRIMARY SCHOOLS READY FOR SAME-SEX ATTRACTED PARENTS AND STUDENTS?**

ANNE MITCHELL AND ROZ WARD

### **Abstract**

*While there are many opportunities for schools, as educational institutions, to lead social change, the majority do not effectively address issues facing same-sex attracted young people, parents, or their extended networks. An increase in families with same-sex parents is putting pressure on primary schools to change this, but both curriculum and pedagogy remains strongly heteronormative. This heteronormativity means that schools are often experienced as unsafe for same-sex attracted students who experience systematic bullying and abuse. Nevertheless, in Victoria there have been some recent initiatives which help create an authorising environment for parent advocacy and change. Spensley St Primary School is one such example of best practice in responding to same-sex parents by 'rainbow washing' their school to make it safe and inclusive for all families.*

**Key words:** Same-sex parents, schools, heteronormativity

### **Overview**

While there are many opportunities for schools, as educational institutions, to lead social change, they are also subject to forces of conservatism and over protection. The issue of what children are allowed to know remains contentious, particularly on matters seen to be connected to sexuality and morality. In no area is this more evident than in the way schools deal with same-sex attraction, whether it is in relation to students, staff members or family members of those at the school. While the label of 'heterosexual' typically attracts no negative attention or taint of

immorality, there is a long and intractable history of the word or identity 'homosexual' implying something dangerous or obscene and certainly unfit for children. This prudishness is particularly marked in primary schools and sits uncomfortably with the growing numbers of children from rainbow families now entering their doors.

There is little doubt that there is now a marked increase in the number of same-sex attracted individuals starting families, and a continuing number of children from previous heterosexual unions being parented by such individuals. As well as lesbian couples having families, there are increasing numbers of gay men establishing families through surrogacy, foster care, or co-parenting arrangements (see Power et al., this issue).

Yet despite this significant demographic change, little has been done to consider the impact of the entrenched heteronormativity which goes unchallenged in child care centres, kindergartens and primary schools. This may take the form of assumptions about family structure, unconsidered questions about mums and dads, mothers' and fathers' day preparations, and exposure to cultural material such as books and pictures of an exclusively heteronormative nature. It may additionally include sex education which includes information only on the most common form of conceptions and other such inadvertent heteronormative commentary. There are few resources Australia wide to address these issues, and little awareness, except in inner urban areas that have a high gay and lesbian population, that any action might be necessary.

Schools, particularly primary schools, play an important role in teaching children social norms, and the continuing and all-pervading nature of heteronormative curricula and pedagogy ensures young people do not see homosexuality as valid and unproblematic (Lindsay et al., 2006). There is a strong assumption embedded in schools that all students are heterosexual and that it is therefore wrong or deviant to teach about other sexual orientations (Robinson, 2005). This diffidence also applies to the acquisition of teaching materials and library resources which have been found to give scant coverage to 'alternative' family arrangements of any kind and to present a sanitised version of any families that do fall outside the norm (Lovell & Riggs, 2009).

Given the above mentioned entrenched nature of heteronormativity in schools, it is not surprising that schools have been found to be the most unsafe place for same-sex attracted students. In their 2005 survey of this group, Hillier and colleagues found that over half the respondents had been verbally or physically abused on the basis of their sexuality, and that school was the place where most of that abuse took place. Of course this systematic bullying and abuse handed out to same-sex attracted young people (or those perceived to be so) has other victims. In his study of violence and harassment of GLBT people in Victoria, Leonard (2008) found evidence of what he termed 'collateral damage' to their family members, friends and associates. It is almost certain that this same phenomena operates in schools, with children of same-sex attracted parents experiencing much negativity and exclusion. These experiences will range from invisibility or marginalisation as a result of inadvertent heterosexism, to hurt and confusion at distressing levels of overt homophobia.

In July 2008 a potentially earth-shaking event slipped under the radar. The Victorian Minister for Education, Bronwyn Pike, in one of her regular emails to all school principals in Victoria, put out a formal statement about sexual diversity in schools. The release of the statement, *Supporting Sexual Diversity in School*,

was the end of a long period of struggle and frustration by advocates for same sex attracted students. It was also the beginning of an era in which there was now a clearly articulated policy about addressing homophobia in schools and protecting the right these students have to a safe and supportive learning environment. The statement is a comprehensive one; it sets out in detail what best practice for Victoria should be. It responds largely to the incontrovertible body of evidence generated by Hillier and her colleagues about the mental health and wellbeing needs of same sex attracted young people. It also responds to the evidence from many sources (Howard et al., 2002; Dyson et al., 2003; Quinn, 2003; Suicide Prevention Australia, 2009) demonstrating high rates of suicide and self harm in response to the violence and abuse experienced by this group of young people. Finally, it sets out an agenda for supporting and including those who are same sex attracted in schools. In the remainder of this paper we briefly map out one particular application of this statement within one school and its positive effects.

### **The Spensley Street Primary School Experience**

In 2006 Spensley Street Primary school in inner Melbourne received a small grant from the Victorian Department of Education to develop a model of best practice around school ethos and sexuality education which would meet the needs of all its families, including those with gay parents (Dyson, 2008). The steps the school took to achieve this goal were across several areas and involved a continuing dialogue with parents through meetings and newsletters to ensure all parents were on board.

Responsibility for culture change was taken by the whole school leadership team and driven from above. Firstly, all policies that the school had generated were reviewed to see if their inclusivity was evident. Bearing in mind the ease with which gay and lesbian issues can be overlooked if they are not specified, every op-

portunity was taken to make them explicit. These were policies which affected not just children at the school but had a bearing on teachers and the way GLBT teachers would be valued and legitimised. Much of the policy environment for government schools is set centrally, and may not always accommodate the ethos individual schools wish to establish. In the case of Spensley St, the *Supporting Sexual Diversity In Schools* provided an authorising environment for this work, as do the very specific Human resources policies which welcome and support GLBT teachers in Victorian government schools (<http://www.eduweb.vic.gov.au/hrweb/divequity/orient.htm>).

Publicising the new policies was accompanied by whole staff training, not just teaching staff, around inclusiveness for the school community. The training was practical and built on the goodwill of staff to accommodate the needs of all the children at the school and addressed their uncertainty about how to do it. The focus of training was the inclusion of all kinds of families, of which those with gay parents were one. Resources were purchased for the classroom and the library to ensure all students would see themselves reflected in the teaching and learning activities of the school. Finally, the school reviewed and redeveloped its sexuality education program which covered the territory of modes of conception, families and relationships and the negative impact of homophobia.

These strategies evaluated well and were seen to make a difference to the culture of the school, but they are not yet widespread through educational systems across Australia. Homophobia is still well entrenched in Australian Society (Flood & Hamilton, 2005). Realistically, these kinds of changes in primary schools are still being driven by families themselves and are most successful when there is a critical mass of rainbow families in a school. In Victoria there are policies which at least go some way to creating an authorising environment for schools to act on these issues and these documents in the hands of parents are a

good basis for advocacy. Families in other states and territories may need to go more broadly to Equal Opportunity legislation to find some leverage into their local school. The time when any family with same sex parents is welcomed and included at whatever school they choose to educate their children is a long way off. Yet schools that address homophobia and are vigilant in their efforts to ensure all children feel they belong and are valued, are schools which are good for everyone in the school community.

### Author Note

Associate Professor Anne Mitchell is a former secondary teacher and has been working in the field of sexuality education, sexual health and STI prevention for over twenty years. She is Director of Gay and Lesbian Health Victoria which challenges homophobia in schools and health services.

Roz Ward is coordinator of Rainbow Network Victoria and a researcher at La Trobe University. Roz completed an MA in Gender Studies at Sussex University (UK) and has worked for 10 years in youth participation, social inclusion and community development with a focus on same sex attracted young people.

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## BOOK REVIEW

PRATHIBA NAGABHUSHAN

*Glassgold, J.M. & Drescher, J. eds. (2007), Activism and LGBT Psychology. New York: The Haworth Press. ISBN: 978-0789036759, pp. 192.*

The editors of the book, Judith Glassgold and Jack Drescher, claim that their purpose in writing this book was to integrate activism into mental health fields in Lesbian, Gay, and Bisexual and Transgender (LGBT) psychology. They were inspired by the recent support for marriage equality from the American Psychological Association and the American Psychiatric Association. In addition, they were further motivated by the contributions of an early psychologist-activist, Martin Rochlin.

Glassgold and Drescher's book is targeted at mental health workers, and specifically at enabling them to make a positive contribution in the lives of LGBT individuals and communities. It draws upon varied points of view from psychology, representing "community counselling and clinical perspectives as well as personal reflections by professional colleagues and critiques of social policy" (p. 3). The chapters in the book are classified under four sections: i) history, ii) psychotherapy and clinical practice, iii) research, community and policy issues, and iv) integrating the personal and professional.

In the first section, the chapter titled "*Wearing Two Hats: the Psychologist as Activist and Therapist*" by Charles Silverstein sheds light upon the historical development of political and professional change in LGBT psychotherapy, narrated from the personal perspective. Starting from the concept of 'moral turpitude' (p. 11) that controlled a gay person's entry into professional groups, the author aims to examine how gay people have come a

long way in being considered as respected members of professional associations from the time when they were stigmatised as sociopathic personalities. He walks us through the political and attitudinal change that has occurred including a phenomenal stage when homosexuality was negated as a mental disorder. There is a tone of sadness at the end of the chapter due to the fact that prejudices that were prevalent in 1970 in the LGBT mental health fields are still in vogue. This chapter is an eye-opener to the reader as it reveals what gay community has endured due to societal perceptions in the last four decades.

The second section of the book, "*Psychotherapy and Clinical Practice*", includes three chapters. In the first chapter, "*In Dreams Begin Responsibilities: Psychology, Agency and Activism*" Judith Glassgold emphasises that "activism and engagement in the world are necessary for both personal and professional integrity and are an antidote against despair and hopelessness" (p. 38). She affirms that psychopathology cannot be attributed to an individual trait but it is an outcome of various social inputs. The author tries to persuade the reader to consider psychotherapy as a liberatory process and practice. She explores further how new ideas in political science and psychoanalysis pave the way for making social context inclusive in psychotherapy. She gives a clarion call to LGBTQ communities to be brave, involved in human events, as human beings always exist in relationships to others (Schepper-Hughes, 1995) and to act when the situation warrants. Glassgold effectively conveys her message that mental health issues are not individual's problems but they are the consequences of social injustice. This chapter unravels a plethora of insights into the



mechanics of social interaction and their effect on members of a society, especially the LGBT community.

Glenda Russell and Janis Bohan, in their chapter "*Liberating Psychology and Psychotherapy with LGBT clients*", argue that science and psychotherapy cannot be separated from the political realities of human experience. They explore the role of "understanding the experience of LGBT people, especially as those understandings inform psychotherapeutic work with LGBT clients" (p. 62). After discussing in detail the factors of internalised homophobia the authors claim the need for applying post-modern and liberation psychological analyses to psychotherapy and conclude with a strong two-fold recommendation to mental health professionals who work with LGBT people: to explore the ways in which homonegativity is expressed, and to encourage active engagement in transforming the dehumanising social oppression. They reiterate the significance of effective social interactions that facilitate a warm, comfortable, positive and secure environment for the LGBT people.

The third chapter in this second section is on "*Transactivism as therapy: a client self-empowerment model linking personal and social agency*" by Rupert Raj, a trans-identified transactivist and psychotherapist. He proposes that activism in the therapeutic process would optimise client agency, efficacy, resilience and quality of life. He outlines a number of ways in which an activist-clinician, through an integrated clinical approach, could facilitate client empowerment and self-definition in the therapeutic process. Raj undoubtedly captures the attention of the readers through a vivid report of a case study where the complexity of psychotherapy contributed to the client's "personal-existential quest for interconnectedness, power and meaning" of life (p.94). He claims that the perspective provided is multidimensional as the writer identifies as a "transperson (personal lived experience), a clinician, researcher and educator (professional academic and clinical expertise), and as a transactivist (socio-political change

and community development)" (p. 95). Raj concludes his article with a hope that trans-identified clients blossom to take up their own power and rightful place in the Universe that they deserve. The uniqueness of this chapter lies in the authentic and personal perspective of an introspective account of a case study, empowered by transactivism measures.

The next three chapters deal with research, community and policy issues. The first article is on "*Collaborative community-based research as activism: giving voice and hope to lesbian, gay and bisexual youth*" by Gary W. Harper, Omar Bashir Jamil and Bianca D. M. Wilson. They suggest that psychologists, psychiatrists and other mental health professionals who work with lesbian, gay and/or bisexual (LGB) youth are in an ideal position to engage in activism, aimed at improving social conditions for LGB youth and to help them in their quest for compassion, understanding and basic human rights. They project the ways in which psychologists, psychiatrists and other mental professionals can engage in LGB youth activism through structural level change efforts. The authors suggest that development and execution of collaborative participatory research projects involving community members and community-based organisations would affect structural level factors of the welfare of LGBT youth. In sum, this paper strongly recommends how psychotherapists, psychologists, researchers, and activists all share similar ideals in changing the oppressive forces in which LGBT youth live and how this change can occur in a shared venue of research.

Anne Mulvey and Charlotte Mandell, in their chapter on "*Using the Arts to Challenge Hate, Create Community: Laramie Lives in Lowell*" describe a production of Moises Kaufman's "The Laramie Project" performed at a north-east public urban university and a related educational campaign. This project is an excellent example of community psychology within an academic environment using a theatre production as a major intervention. The participants in the performance included student groups,

academic departments and administrative units. After describing the process and the effects of the project in detail, the authors conclude with these powerful words: "When we act out or embody the world we want to see, or we act as if the world we want exists, we are creating that world" (p. 138). They assert that the success of the project was mainly due to the collaborative relationship involving interpersonal, cultural and political boundaries and the use of the performing arts as a medium for social change. This is an exemplary approach to psychotherapy that supports the well-being of the LGBT community members.

Having looked at the LGBT community's experience at the university level, the editors of the book introduce the readers to school situations where lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth have negative experiences. The counselling psychology profession uniquely contributes to the amelioration of negative environments in school through school counsellors who have been trained in and supported on LGBT youth and prevention education. In *"Activism in the schools: Providing LGBTQ Affirmative training to School Counsellors"* Joy Whitman, Stacey Horn and Cyndy Boyd describe a model developed in partnership between a community-based organisation and a local university to train school counsellors and other educational professionals to be agents of change within their own school community toward creating safer and supportive environments for LGBTQ youth. In addition to discussing various issues faced by LGBTQ youth, the authors describe a training program and its effectiveness which was undertaken in a school setting. They claim that the training program was a vehicle of advocacy for psychologists and fostered a partnership between counselling psychology and school counselling. The authors draw the attention of the reader to the significance of nurturing a positive attitude towards the LGBT community right from the early years of the future citizens of the world.

The last two papers in the *"Integrating the Personal and Professional"* section of the book provide accounts of integrating activism into the lives and roles of psychologists. Amy Rees-Turyn, in her article *"Coming out and Being Out as Activism: Challenges and Opportunities for Mental Health Professionals in Red and Blue States"* justifies why the act of coming out or being out is a basic form of activism for LGBT professionals. She emphasises that coming out creates change and Lesbian people who come out have created the movement toward more acceptance and safety for others. The writer challenges and encourages all mental health professionals "to assist in creating supportive environments within professional settings" (p. 168). The provision of recommendations for heterosexuals and Lesbian professionals to assist them in creating supportive environments within professional settings is the highlight of this chapter.

The final chapter in this highly resourceful book is by Peter Ji, titled *"Being a Heterosexual Ally to the Lesbian, Gay, Bisexual and Transgender community: Reflections and Development"*. Written from the personal perspective of his development as a heterosexual ally of the LGBT community, this chapter endows with an insight into the role of affective components in ally identity development and the implications of these models for training allies for the LGBT community. The author reproves that potential allies need to choose which model best fits their development and seek the support of other allies to guide their development.

This book is woven around the key facets of LGBT community, encompassing their clinical issues, theory, community setting and research and the integration of the personal and the professional boundaries of the psychologists. Though psychotherapy has traditionally focused solely on the individual, it has been used in the areas of discrimination and other adverse social conditions that adversely affect the mental health of minority of groups. The book highlights the influence of social factors and offers examples of how mental health

professionals can use their skills to empower the LGBT community. Its uniqueness lies in the selection of most of the chapters which are written from a personal perspective and which focus on the concerns of LGBT community through the lens of psychologists. In addition to the investigation of means of integrating activism into the mental health fields in LGBT psychology, the authors enlighten the reader with the history, social perceptions, experimented and successful methods of improving the welfare of the LGBT community.

In line with bell hooks (1994), who called for education to be a liberatory practice, '*Activism and LGBT Psychology*' (2007) has illustrated through its variety of chapters how activism and engagement are necessary to augment the effectiveness of the work of mental health professionals, especially in the area of LGBT issues. It is an indispensable and rich resource for not only mental health professionals but also to any reader who has an inclination towards the advancement of social justice and enhancement of human welfare.

### **Author Note**

Prathiba Nagabhushan teaches Psychology and Sociology at St. Mary MacKillop College, Canberra, Australia. Currently, she is doing her Doctorate in Clinical Psychology at the Australian National University with a focus on the exploratory and longitudinal perspective of motivation, student engagement and well-being of senior secondary students.

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## **CALL FOR PAPERS**

### **TRANS BODIES, LIVES & REPRESENTATIONS**

*SPECIAL ISSUE OF GLIP REVIEW, APRIL 2011*

*EDITOR: DAMIEN W. RIGGS*

To date, research on the experiences of trans people within the social and health sciences has largely focused upon either describing the lives of trans people or reflecting upon gender categories through the lens of trans embodiment. New avenues of critical research, however, have increasingly called for the extension of research on, with and by trans people to encompass other aspects of trans identities, and importantly, to consider the role of non-trans researchers in the field and to reflect upon the functioning of gender norms more broadly in the production of trans experience. This special issue seeks to contribute to this agenda by gathering together a collection of cutting-edge research on gender, trans issues, and social norms in relation to embodiment and identity.

We welcome full length empirical and theoretical papers (6000 words) as well as shorter commentary papers (2000 words) that address (though are not limited to) the following issues:

- Attitudes towards trans people amongst non-trans communities
- Media representations of trans people
- Critical examinations of previous literature on trans people
- Writing by trans people as well as writing by non-trans people that critically examines the location of the latter in this field
- Research on the specific health needs of trans people
- Research exploring the intersections of sexuality and gender in the lives of trans people

Papers should be submitted to the special issue editor via email by January 15th 2011: Damien W. Riggs [damien.riggs@adelaide.edu.au] Reviews will be returned to authors by early February 2011 with final revisions to papers due mid March 2011. Early submissions are very much welcome. If you have any questions about a potential submission, please direct these to the special issue editor.

## CALL FOR PAPERS

### ACCESSING QUEER DATA IN A MULTIDISCIPLINARY WORLD

*SPECIAL ISSUE OF GLIP REVIEW, AUGUST 2011*  
*EDITORS: GARETH TREHARNE & CHRIS BRICKELL*

What are the current challenges in accessing queer data that are faced by researchers and members of the communities with whom we carry out our research? How do we define queer data? And how do we define queer communities/stakeholders? Who has power in these definitions and who sets the research agenda for research on queer issues? What are the implications of disciplinary boundaries for research on queer issues? These are some of the questions that we want to raise in a special issue of *Gay and Lesbian Issues in Psychology Review*: 'Accessing queer data in a multidisciplinary world'. We hope to open up debate about the ongoing need for interrogation of epistemological, methodological and personal reflexivity, and question the divide between researcher and the researched.

We welcome full length empirical and theoretical papers (6000 words) as well as shorter commentary papers (2000 words) that address the following issues:

- The value and caveats of a range of different research methods, including: reviews of literature and policy documents, archival research, visual methods, interviewing, ethnography, practitioner reflection, surveying and experimental manipulation.
- Theoretical and pragmatic insights from the multitude of critical social science disciplines (e.g., anthropology, ethnomusicology, historiography, social work, sociology) that will help to enliven psychological research on queer issues.
- The ethical issues involved in identifying queer participants/data in a range of settings, and the potential solutions that promote inclusive consideration of queer communities/stakeholders.
- Experiences of research participants as well as researchers.

Papers should be submitted to the special issue editors via email by 15<sup>th</sup> February 2011: Gareth J. Treharne [gtreharne@psy.otago.ac.nz] and Chris Brickell [chris.brickell@otago.ac.nz]. Reviews will be returned to authors by late March 2011 with final revisions to papers due mid May 2011. If you have any questions about a potential submission, please direct these to the special issue editors.

# CALL FOR PAPERS - 2011 CONFERENCE OF THE INTERNATIONAL SOCIETY OF CRITICAL HEALTH PSYCHOLOGY

## *Advancing Critical Approaches to Health and Health Care*

University of Adelaide, South Australia, Australia, 18 - 20 April, 2011

The biennial ISCHP conference provides an exciting opportunity for health psychologists and scholars from related disciplines to explore ongoing and emerging issues in critical theory and practice in relation to health and health care. Attendance is welcomed from health service users, health professions and scholars in any discipline with a critical orientation to the field of health.

ISCHP conferences are collaborative and welcoming, and offer inspirational and high-quality presentations, including from many of the most respected critical health scholars from around the world and from a range of disciplines. ISCHP is especially committed to encouraging creativity and debate, and to supporting students, teachers and researchers starting out in this field.

The ISCHP 2011 conference will be a three-day meeting with workshops beforehand, with a range of presentation types intended to promote engagement, interaction, inspiration and mutual encouragement and support.

### **Conference themes**

We welcome submissions on any topic or theme that takes a critical stance on any aspect of health or health care. At the same time, we will broadly organise the conference around five key themes:

- **Time:** health and health care in relation to life-events and life-stages, including child and family health
- **Place:** health and health care in relation to the different politics, economics and social geographies of location, including, especially, Indigenous health and the impact of colonialism, migration and transition
- **Face:** health and health care in relation to subjectivities and identities, including those relating to gender, sexuality and embodiment
- **Governmentality:** health and, especially, health care in relation to strategies of social control, including rhetorics of 'choice', 'risk', 'freedom' and 'consumption'
- **Methods and methodology:** exploring alternative and innovative ways of conducting research in the pursuit of critical interpretations of health and health care

### **What kinds of presentations will be included**

We welcome submission of abstracts under the following headings:

- Individual talks
- Symposia (3-5 talks)
- Posters

We are also seeking to have some presentations in *pecha kucha* format (20 image-only slides presented for 20 seconds each). For more information on this, please see our website. The deadline for submissions for the conference is **Monday 8 November 2010**.

Full information about submission requirements is available at [www.adelaide.edu.au/ischp/](http://www.adelaide.edu.au/ischp/)

You can also find abstracts from our previous conference in Lausanne, Switzerland, in 2009 at <http://www.unil.ch/ischp09>

## Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

Empirical articles (6000 word max)  
Theoretical pieces  
Commentary on LGBTI issues and psychology

Research in brief: Reviews of a favourite or troublesome article/book chapter that you have read and would like to comment on

B)

Conference reports/conference abstracts  
Practitioner's reports/field notes  
Political/media style reports of relevant issues

Book reviews (please contact the Editor for a list of books available & review guidelines)  
Promotional material for LGBT relevant issues

The Review also welcomes proposals for special issues and guest Editors.

Each submission in section A should be prepared for blind peer-review if the author wishes. If not, submissions will still be reviewed, but the identity of the author may be known to the reviewer. Submissions for blind review should contain a title page that has all of the author(s) information, along with the title of the submission, a short author note (50 words or less), a word count and up to 5 key words. The remainder of the submission should not identify the author in any way, and should start on a new page with the submission title followed by an abstract and then the body of the text. Authors who do not require blind review should submit papers as per the above instructions, the difference being that the body text may start directly after the key words.

Each submission in section B should contain the author(s) information, title of submission (if relevant), a short author note (50 words or less) and a word count, but need not be prepared for blind review.

All submissions must adhere to the rules set out in the Publication Manual of the American Psychological Association (fifth edition), and contributors are encouraged to contact the Editor should they have any concerns with this format as it relates to their submission. Spelling should be Australian (e.g., 'ise') rather than American ('ize'), and submissions should be accompanied with a letter stating any conflicts of interest in regards to publication or competing interests. Footnotes should be kept to a minimum. References should be listed alphabetically by author at the end of the paper. For example:

Journal Articles: Riggs, D.W. (2004). The politics of scientific knowledge: Constructions of sexuality and ethics in the conversion therapy literature. *Lesbian & Gay Psychology Review*, 5, 16-24.

Books: Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.

Edited Books: Coyle, A. & Kitzinger, C. (Eds.) (2002). *Lesbian & gay psychology*. Oxford: BPS Blackwell.

Book Chapters: MacBride-Stewart, S. (2004). Dental dams: A parody of straight expectations in the promotion of 'safer' lesbian sex. In D.W. Riggs & G.A. Walker (Eds.), *Out in the antipodes: Australian and New Zealand perspectives on gay and lesbian issue in psychology* (pp.393-416). Perth: Brightfire Press.

References within the text should be listed in alphabetical order separated by a semi-colon, page numbers following year. For example:

(Clarke, 2001; Peel, 2001; Riggs & Walker, 2004)

(Clarke, 2002a; b) (MacBride-Stewart, 2004, p. 398)

Authors should avoid the use of *sexist*, *racist* and *heterosexist language*. Authors should follow the guidelines for the use of non-sexist language provided by the American Psychological Society.

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