No. 10-16696

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

KRISTIN PERRY, et al.,
Plaintiffs-Appellees,

v.

ARNOLD SCHWARZENEGGER, et al.,
Defendant-Intervenors-Aeppellants.

Appeal from United States District Court for the Northern District of California
Civil Case No. 09-CV-2292 VRW (Honorable Vaughn R. Walker)

BRIEF OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION, THE CALIFORNIA PSYCHOLOGICAL ASSOCIATION, THE AMERICAN PSYCHIATRIC ASSOCIATION, AND THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY AS AMICI CURIAE IN SUPPORT OF PLAINTIFF-APPELLEES

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TABLE OF CONTENTS

TABLE OF AUTHORITIES ii
IDENTITY AND INTEREST OF *AMICI CURIAE* 1
ARGUMENT 2
I. The Nature Of Scientific Evidence And Its Presentation In This Brief. 2
II. Sexual Orientation And Homosexuality 5
A. Homosexuality Is A Normal Expression Of Human Sexuality. 5
B. Sexual Orientation Is Generally Not Chosen And Is Resistant To Change. 7
III. Sexual Orientation And Relationships 9
A. Gay Men And Lesbians Form Stable, Committed Relationships That Are Equivalent To Heterosexual Relationships In Essential Aspects. 9
B. The Institution Of Marriage Offers Social, Psychological, And Health Benefits That Are Denied To Same-Sex Couples. 13
IV. The Children Of Lesbians And Gay Men 18
A. Many Same-Sex Couples Are Currently Raising Children. 18
B. There Is No Scientific Basis For Concluding That Gay And Lesbian Parents Are Any Less Fit Or Capable Than Heterosexual Parents, Or That Their Children Are Any Less Psychologically Healthy And Well Adjusted. 19
C. The Children Of Same-Sex Couples Will Benefit If Their Parents Are Allowed To Marry. 26
CONCLUSION 27
APPENDIX A-1

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IDENTITY AND INTEREST OF AMICI CURIAE

The American Psychological Association is a nonprofit professional organization founded in 1892. The Association has approximately 150,000 members, including the majority of psychologists holding doctoral degrees from accredited universities in this country. Among the Association's major purposes is to increase and disseminate knowledge regarding human behavior and to foster the application of psychology to important human concerns. Human sexuality and familial relationships are professional concerns of a substantial number of the Association's members, either as researchers or as clinicians.

The California Psychological Association (CPA), incorporated in 1948, has 4,000 members and is the largest state psychological association in the United States. The members of CPA represent licensed psychologists from all areas of psychology including clinical practice, public service, teaching and research. The mission of CPA is to strengthen, promote, and sustain the discipline and practice of psychology. It achieves that mission through legislative advocacy, education of its members, and service to the public. Additionally, through the CPA Foundation, CPA works to increase the number of psychologists who are proficient at working with diverse populations and to educate the public, graduate psychology students, and practicing psychologists

regarding how psychological knowledge promotes community health and well being.

The American Psychiatric Association has more than 38,000 members and is the Nation's largest organization of physicians specializing in psychiatry. The American Psychiatric Association joins this brief for the reasons expressed in its 2005 position statement, *Support of Legal Recognition of Same-Sex Civil Marriage*, reproduced in the Appendix to this brief.

The American Association for Marriage and Family Therapy (AAMFT), founded in 1942, is a national professional association representing the field of marriage and family therapy and the professional interests of over 50,000 marriage and family therapists in the United States. AAMFT joins this brief for the reasons expressed in its 2005 *Position on Couples and Families*, reproduced in the Appendix to this brief.

All parties have consented to the filing of this brief.

ARGUMENT

I. The Nature of Scientific Evidence and Its Presentation in this Brief.

In the informed judgment of amici, which represent the leading national associations of psychological, psychiatric, and marriage/family therapy professionals, this brief presents an accurate and balanced summary of the current

state of scientific and professional knowledge concerning sexual orientation and the family relevant to this case. The following summarizes the professional standards used in selecting individual studies and literature reviews for citation and for drawing conclusions from research data and theory.

(1) Amici are bound by their respective ethical principles to be accurate and truthful in describing research findings and in characterizing the current state of scientific knowledge.

(2) This brief relies on the best empirical research available, focusing on general patterns rather than any single study. Most original empirical studies and literature reviews cited herein have been peer-reviewed and published in reputable academic journals. Not every published paper meets this standard because academic journals differ widely in their publication criteria and the rigor of their peer review. Chapters, academic books, and technical reports, which typically are not subject to the same peer-review standards as journal articles, when they report research employing rigorous methods, are authored by well-established researchers, and accurately reflect professional consensus about the current state of knowledge. The sole criteria applied assessing the scientific literature are those relevant to scientific validity; studies have neither been included nor excluded because they support or contradict particular conclusions.

(3) Every study cited herein has been critically evaluated to assess its methodology, including the reliability and validity of the measures and tests it employed, and the quality of its data-collection procedures and statistical analyses. The adequacy of the study's sample, which must always be considered in terms of the specific research question posed by the study is also evaluated.

(4) Scientific research cannot prove that a particular phenomenon never occurs or that two variables are never related. When repeated studies with different samples consistently fail to establish the existence of a phenomenon or a relationship between two variables, researchers become increasingly convinced that the phenomenon does not exist or the variables are unrelated. In the absence of supporting data from prior studies, if a researcher wants to argue that two phenomena are related, the burden of proof is on that researcher to show that the relationship exists.

(5) No empirical study is perfect in its design and execution. All scientific studies can be constructively criticized, and scientists continually try to identify ways to improve and refine their own work and that of their colleagues. When a scientist identifies limitations or qualifications to a study's findings (whether the scientist's own research or that of a colleague), or notes areas in which additional research is needed, this should not necessarily be interpreted as a dismissal or

discounting of the research. Rather, critiques are part of the process by which science is advanced.

Notably, in ruling that Proposition 8 violates the Constitution, the district court credited testimony and affidavits from leading social and scientific experts. *Perry v. Schwarzenegger*, 704 F.Supp.2d 921, 938-944 (N.D. Cal. 2010). These experts testified on topics such as sexual orientation and its resistance to change; the social, psychological and economic benefits of marriage; findings showing that children raised by same-sex couples are as healthy and well-adjusted as those raised by heterosexual couples; and the benefits children of same-sex couples would receive if their parents married. *Id.* at 938-944, 953-991. This brief cites scholarly works of several of the experts who testified before the district court, including Doctors Letitia Anne Peplau, Gregory Herek, and Michael Lamb. The testimony and research of those experts relied on by the district court accord with the rigorous scientific standards outlined above and reflect the scientific consensus.

II. Sexual Orientation and Homosexuality

A. Homosexuality Is A Normal Expression of Human Sexuality.

Sexual orientation refers to an enduring pattern of or disposition to experience sexual, affectional, or romantic attractions primarily to one or both sexes. It also encompasses an individual's sense of personal and social identity

based on those attractions, behaviors expressing them, and membership in a community of others who share them.[1] Although sexual orientation ranges along a continuum from exclusively heterosexual to exclusively homosexual, it is usually discussed in three categories: *heterosexual* (having sexual and romantic attraction primarily or exclusively to members of the other sex), *homosexual* (having sexual and romantic attraction primarily or exclusively to members of one's own sex), and *bisexual* (having a significant degree of sexual and romantic attraction to both men and women). Sexual orientation is distinct from other components of sex and sexuality, including *biological sex* (anatomical, physiological, and genetic characteristics associated with being male or female), *gender identity* (psychological sense of being male or female), and *social gender role* (adherence to cultural norms defining feminine and masculine behavior).

For decades the consensus of mental health professionals and researchers has been that homosexuality and bisexuality are normal expressions of human sexuality and pose no inherent obstacle to leading a happy, healthy, and

[1] *See Sexual Orientation*, Am. Psychol. Ass'n, 7 *Encyclopedia of Psychology* 260 (A.E. Kazdin ed., 2000); 2 *The Corsini Encyclopedia of Psychology and Behavioral Sciences* 683 (W.E. Craighead & C.B. Nemeroff eds., 3d ed. 2001).

productive life, and that the vast majority of gay and lesbian people function well in the full array of social institutions and interpersonal relationships.[2]

B. Sexual Orientation Is Generally Not Chosen And Is Resistant To Change.

There is no consensus among scientists about the exact causes of sexual orientation. Regardless of cause, however, research shows that most gay men and many or most lesbians do not experience their sexual orientation as the result of a voluntary choice and that sexual orientation is highly resistant to change.

Current scientific and professional understanding is that the core feelings and attractions which form the basis for adult sexual orientation typically emerge between middle childhood and early adolescence without any necessary prior sexual experience.[3] Most gay men and lesbian women do not experience their

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[2] *See* Am. Psychiatric Ass'n, *Position Statement on Homosexuality and Civil Rights* (1973), *printed in* 131 Am. J. Psychiatry 497 (1974); Am. Psychol. Ass'n, *Minutes of the Annual Meeting of the Council of Representatives*, 30 Am. Psychologist 620, 633 (1975).

[3] *See* R.C. Savin-Williams,*" . . . And Then I Became Gay": Young Men's Stories*, at 1-19 (1998) (reviewing research); A. Bell, M. Weinberg & S. Hammersmith, *Sexual Preference: Its Development in Men and Women* 186-87 (1981); G. Remafedi *et al.*, *Demography of Sexual Orientation in Adolescents*, 89 Pediatrics 714 (1992) (reporting data from a study of Minnesota public school students in grades 7-12, finding that only 39% of those identifying as homosexual reported any homosexual experience); R.C. Savin-Williams & L.M. Diamond, *Sexual Identity Trajectories Among Sexual-Minority Youths: Gender Comparisons*, 29 Archives of Sexual Behavior 419 (2000) (reporting data from a sample of 164 sexual-minority young adults, aged 17-25 years, finding that first recognizing one's same-sex attractions preceded first same-sex sexual experience by, on average, approximately 6 years for males, and 7 years for females).

sexual orientation as the result of a voluntary choice. In a U.S. national probability sample of 662 self-identified lesbian, gay and bisexual adults, 88% reported perceiving no choice at all about their sexual orientation.[4]

Research and the clinical experience of amici's members also indicate that, once established, sexual orientation is resistant to change. Nonetheless, several groups and individuals have offered clinical interventions—sometimes called "conversion" or "reparative" therapies—that purport to change sexual orientation from homosexual to heterosexual. No scientifically adequate research has shown that such interventions are effective or safe. Indeed, research suggests the opposite. An American Psychological Association task force conducting a systematic review of the peer-reviewed journal literature on sexual orientation change efforts concluded that efforts to change sexual orientation are unlikely to be successful and indeed can be harmful.[5] Accordingly, all major national mental

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[4] G. Herek, *Demographic, Psychological, and Social Characteristics of Self-Identified Lesbian, Gay, and Bisexual Adults in a US Probability Sample*, Sex Res. Soc. Policy (2010). *See also* G. Herek, et al., *Correlates of Internalized Homophobia In a Community Sample of Lesbians and Gay Men*, 2 J. Gay and Lesbian Med. Ass'n 17 (1998) (community-based sample of 60 gay men and 66 lesbians in which 80% of the gay men and 62% of the lesbians said they had "no choice at all" about their sexual orientation); R.C. Savin-Williams, *Gay and Lesbian Youth: Expressions of Identity* 77, 79 (1990) (reporting data from a study of 317 gay, lesbian, and bisexual young adults and teens, finding that on average, they perceived their sexual orientation to be beyond their conscious control, with males expressing this belief more strongly than females).

[5] Am. Psychol. Ass'n, *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation* (2009); *see*

health organizations have adopted policy statements cautioning the profession and the public about treatments that purport to change sexual orientation.[6]

III. Sexual Orientation and Relationships

A. Gay Men and Lesbians Form Stable, Committed Relationships That Are Equivalent to Heterosexual Relationships in Essential Aspects.

Like their heterosexual counterparts, many gay men and lesbians desire to form stable, long-lasting, committed relationships.[7] Substantial numbers are

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also Am. Psychol. Ass'n, *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts* (2009) (both *available at* http://www.apa.org/pi/lgbt/resources/sexual-orientation.aspx). *See also* D. Haldeman, *The Practice and Ethics of Sexual Orientation Conversion Therapy*, 62 J. of Consulting & Clinical Psychology 221, 224 (1994).

[6] *See* Am. Psychol. Ass'n, *Resolution supra* note 5 Am. Psychiatric Ass'n, *Position Statement: Psychiatric Treatment and Sexual Orientation* (1998), *available at* http://www.psych.org/Departments/EDU/Library/APAOfficial DocumentsandRelated/PositionStatements/199820.aspx; Am. Ass'n for Marriage and Fam. Therapy, *Reparative/Conversion Therapy* (2009) (reproduced in Appendix); Nat'l Ass'n of Social Workers, *Position Statement: "Reparative" and "Conversion" Therapies for Lesbians and Gay Men* (2000), *available at* http://www.naswdc.org/diversity/lgb/reparative.asp; Joy S. Whitman, et al., Am. Counseling Ass'n, *Exploring Ethical Issues Related to Conversion or Reparative Therapy* (1999), *available at* http://www.counseling.org/Publications/Counseling TodayArticles.aspx?AGuid=4b4ac742-9a58-4086-bcff-96e925cc3599; American Academy of Pediatrics, *Sexual Orientation and Adolescents* (2004), *available at* http://aappolicy.aappublications.org/cgi/reprint/pediatrics;113/6/1827.pdf.

[7] In a 2006 study of over 1,200 lesbians, gay men, and bisexuals, 74% of lesbians and 63% of all surveyed reported that they want to get married some day. R. Harding & E. Peel '*We Do'? International Perspectives on Equality, Legality and Same-Sex Relationships*, 7 Lesbian & Gay Psychol. Review, 123-140 (2006). In a 2008 study of 528 sexual minority youth ages 16 to 22, 78% of females and 61% of males reported that they would be very likely or extremely likely to get married if it were legal. A.R. D'Augelli et al., *Lesbian and Gay Youths'*

successful in doing so. Empirical studies using nonrepresentative samples of gay men and lesbians show that the vast majority of participants have been involved in a committed relationship at some point in their lives, that large proportions are currently involved in such a relationship (across studies, roughly 40-70% of gay men and 45-80% of lesbians), and that a substantial number of those couples have been together 10 or more years.[8] Recent surveys based on more representative samples of gay men, lesbians, and bisexuals support these findings and indicate that many same-sex couples are cohabiting.[9] An analysis of data

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Aspirations for Marriage and Raising Children, 1 J. of LGBT Issues in Counseling, 77-98 (2008). In a 2000 poll with a probability sample of 405 lesbians, gay men, and bisexuals, 74% responded affirmatively to the question, "If you could get legally married to someone of the same sex, would you like to do that someday or not?" Henry J. Kaiser Family Foundation, *Inside-Out: A Report on the Experiences of Lesbians, Gays and Bisexuals in America and the Public's Views on Issues and Policies Related to Sexual Orientation* 31 (2001), *available at* http://www.kff.org/kaiserpolls/upload/National-Surveys-on-Experiences-of-Lesbians-Gays-and-Bisexuals-and-the-Public-s-Views-Related-to-Sexual-Orientation.pdf.

[8] *See* L.A. Peplau & L.R. Spalding, *The Close Relationships of Lesbians, Gay Men and Bisexuals*, *Close Relationships: A Sourcebook* 114 (Hendrick & Hendrick eds., 2000); L.A. Kurdek, *Lesbian and Gay Couples, in Lesbian, Gay, and Bisexual Identities over the Lifespan* 243 (A.R. D'Augelli & C.J. Patterson eds., 1995); P.M. Nardi, *Friends, Lovers, and Families: The Impact of AIDS on Gay and Lesbian Relationship in In Changing Times: Gay Men and Lesbians Encounter HIV/AIDS* 55, 71-72 (Tables 3.1, 3.2) (Martin P. Levine et al. eds., 1997).

[9] G. Herek et al., *Demographic, Psychological, and Social Characteristics of Self-Identified Lesbian, Gay, and Bisexual Adults in a US Probability Sample*, 7 Sexuality Research and Social Policy, 176, 192 (2010). pdf; T.C. Mills et al., *Health-Related Characteristics of Men Who Have Sex with Men: A Comparison*

from the 2000 US Census reported that same-sex couples headed more than 92,000 California households.[10] More recent Census data indicate that the number of reported same-sex cohabiting couples in California was approximately 107,700 in 2005.[11]

Empirical research demonstrates that the psychological and social aspects of committed relationships between same-sex partners closely resemble those of heterosexual partnerships. Like heterosexual couples, same-sex couples form deep emotional attachments and commitments. Heterosexual and same-sex couples alike face similar challenges concerning issues such as intimacy, love, equity, loyalty, and stability, and they go through similar processes to address

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of Those Living in "Gay Ghettos" with Those Living Elsewhere, 91 Am. J. Pub. Health, 980, 982 (Table 1) (2001); S.D. Cochran et al., *Prevalence of Mental Disorders, Psychological Distress, and Mental Services Use Among Lesbian, Gay, and Bisexual Adults in the United States*, 71 J. Consulting & Clinical Psychol. 53, 56 (2003); Henry J. Kaiser Family Foundation, *Inside-OUT: A Report on the Experiences of Lesbians, Gays and Bisexuals in America and the Public's Views on Issues and Policies Related to Sexual Orientation*, at 33 (2001).

[10] T. Simmons & M. O'Connell, *Married-Couple and Unmarried-Partner Households: 2000*, at 4 (U.S. Census Bureau 2003) (Tables 1, 2), *available at* http://www.census.gov/prod/2003pubs/censr-5.pdf. These findings are among the best available, although they are not definitive.

[11] G.J. Gates, *Same-Sex Couples and the Gay, Lesbian, and Bisexual Population: New Estimates from the American Community Survey* (2006), *available at* http://escholarship.org/uc/item/8h08t0zf.

those challenges.[12] Empirical research examining the quality of intimate relationships also shows that gay and lesbian couples have similar or higher levels of relationship satisfaction than do heterosexual couples.[13]

Based on the empirical research findings, the American Psychological Association has concluded that "[p]sychological research on relationships and

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[12] L.A. Kurdek, *Change in Relationship Quality for Partners from Lesbian, Gay Male, and Heterosexual Couples*, 22 J. of Fam. Psychol., 701-711 (2008); L.A. Kurdek, *Are Gay and Lesbian Cohabiting Couples Really Different from Heterosexual Married Couples?*, 66 J. Marriage & Fam. 880 (2004); L.A. Kurdek, *Differences Between Heterosexual-Nonparent Couples and Gay, Lesbian and Heterosexual-Parent Couples*, 22 J. Fam. Issues 727 (2001); R.A. Mackey et al., *Psychological Intimacy in the Lasting Relationships of Heterosexual and Same-Gender Couples*, 43 Sex Roles 201 (2000); G.I. Roisman et al., *Adult Romantic Relationships as Contexts for Human Development: A Multimethod Comparison of Same-Sex Couples with Opposite-Sex Dating, Engaged, and Married Dyads*, 44 Developmental Psychol., 91-101 (2008); *see generally* L.A. Kurdek, *What Do We Know About Gay and Lesbian Couples?* 14 Current Directions in Psychological Sci. 251-254 (2005); L.A. Peplau & A.W. Fingerhut, *The Close Relationships of Lesbians and Gay Men.* 58 Ann. Review of Psych. 405-24 (2007); L.A. Peplau & L.R. Spalding, *supra* note 8, 114.

[13] K.F. Balsam et al., *Three-Year Follow-Up of Same-Sex Couples Who Had Civil Unions in Vermont, Same-Sex Couples Not in Civil Unions, and Heterosexual Married Couples*, 44 Developmental Psychol., 102-116 (2008) (compared to heterosexual married participants, same-sex couples reported greater relationship quality, compatibility, and intimacy and lower levels of conflict); L.A. Kurdek, *Change in Relationship Quality for Partners From Lesbian, Gay Male, and Heterosexual Couples*, 22 J. of Fam. Psychol., 701-711 (2008); Peplau & Spalding, *supra* note 8, at 114 ("Empirical research has found striking similarities in the reports of love and satisfaction among contemporary lesbian, gay and heterosexual couples."); *see also* R.A. Mackey, *supra* note 12; L.A. Peplau & K.P. Beals, *The Family Lives of Lesbians and Gay Men, in Handbook of Family Communication* 233, 236 (A.L. Vangelisti ed., 2004); L.A. Peplau, *Lesbian and Gay Relationships, in Homosexuality: Implications for Public Policy* 195 (J.C. Gonsiorek & J.D. Weinrich eds., 1991).

couples provides no evidence to justify discrimination against same-sex couples."[14]

B. The Institution of Marriage Offers Social, Psychological, and Health Benefits That Are Denied to Same-Sex Couples.

Social scientists have long understood that marriage as a social institution has a profound effect on the lives of the individuals who inhabit it. In the nineteenth century, for example, the sociologist Emile Durkheim observed that marriage helps to protect the individual from "anomie," or social disruption and breakdowns of norms.[15] Expanding on this notion, twentieth-century sociologists characterized marriage as "a social arrangement that creates for the individual the sort of order in which he can experience his life as making sense"[16] and suggested that "in our society the role that most frequently provides a strong positive sense of identity, self-worth, and mastery is marriage."[17] Although it is difficult to quantify how the meaning of life changes for individuals once they are married, empirical research demonstrates that marriage has distinct benefits

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[14] Am. Psychol. Ass'n, *Resolution on Sexual Orientation and Marriage* (2004) (reproduced in Appendix).

[15] E. Durkheim, *Suicide: A Study in Sociology* 259 (J.A. Spaulding & G. Simpson trans., Glencoe, Ill.: Free Press 1951) (original work published 1897).

[16] P. Berger & H. Kellner, *Marriage and the Construction of Reality: An Exercise In the Microsociology of Knowledge*, 46 Diogenes 1 (1964).

[17] W.R. Gove et al., *The Effect of Marriage on the Well-Being of Adults: A Theoretical Analysis*, 11 J. Fam. Issues 4, 16 (1990).

that extend beyond the material necessities of life.[18] As a legal institution, marriage also gives legally wed spouses access to a host of economic and social benefits and obligations. Research establishing that both tangible and intangible elements of the marital relationship have important implications for the psychological and physical health of married individuals and for the relationship itself. Because they are denied the opportunity to marry, California partners in same-sex couples are denied these benefits.

Because marriage rights have been granted to same-sex couples only recently and only in a few jurisdictions, no empirical studies have yet been published that systematically compare married same-sex couples to unmarried same-sex couples. However, a large body of scientific research has compared married and unmarried *heterosexual* couples and individuals. Based on their scientific and clinical expertise, *amici* believe it is appropriate to extrapolate from the empirical research literature for heterosexual couples—with qualifications as necessary—to anticipate the likely effects marriage would have on the segment

[18] *See* S. Stack & J.R. Eshleman, *Marital Status and Happiness: A 17-Nation Study*, 60 J. Marriage & Fam. 527 (1998); R.P.D. Burton, *Global Integrative Meaning as a Mediating Factor In the Relationship Between Social Roles and Psychological Distress*, 39 J. Health & Soc. Behav. 201 (1998); S.L. Nock, *A Comparison of Marriages and Cohabiting Relationships*, 16 J. Fam. Issues 53, 53 (1995); Gove et al., *supra* note 17, at 5.

of the sexual minority population that would choose marriage if allowed.[19] *Amici* believe that the potential benefits of marriage for gay men and lesbians in same-sex couples are similar to those that have been documented for heterosexuals.

Married men and women generally experience better physical and mental health than their unmarried counterparts.[20] These health benefits do not appear to result simply from being in an intimate relationship because most (although not all) studies have found that married individuals generally manifest greater well-being than comparable individuals in heterosexual unmarried cohabiting couples.[21] The health benefits of marriage may be due partly to married couples

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[19] Researchers recognize that comparisons between married and unmarried heterosexual couples are complicated by the possibility that observed differences might be due to self-selection. After extensive study, however, researchers have concluded that benefits associated with marriage result largely from the institution itself rather than self-selection. *See, e.g.*, Gove et al., *supra* note 17 at 10; J.E. Murray, *Marital Protection and Marital Selection: Evidence from a Historical-Prospective Sample of American Men*, 37 Demography 511 (2000). It is reasonable to expect that same-sex couples who choose to marry, like their heterosexual counterparts, will benefit from the institution of marriage itself.

[20] *See* N.J. Johnson et al., *Marital Status and Mortality: The National Longitudinal Mortality Study*, 10 Annals Epidemiology 224 (2000); C.E. Ross et al., *The Impact of the Family on Health: The Decade in Review*, 52 J. Marriage & Fam. 1059 (1990); R.W. Simon, *Revisiting the Relationships Among Gender, Marital Status, and Mental Health*, 107 Am. J. Soc. 1065 (2002).

[21] *See supra* note 18; *see also* S.L. Brown, *The Effect of Union Type on Psychological Well-Being: Depression Among Cohabitors Versus Marrieds*, 41 J. Health & Soc. Behav. 241 (2000). *But see, e.g.*, C.E. Ross, *Reconceptualizing Marital Status as a Continuum of Social Attachment*, 57 J. Marriage & Fam. 129 (1995) (failing to detect significant differences in depression between married heterosexuals and comparable cohabiting heterosexual couples).

enjoying greater economic and financial security than unmarried individuals.[22] Of course, marital status alone does not guarantee greater health or happiness. People who are unhappy with their marriage often manifest lower levels of well-being than their unmarried counterparts, and experiencing marital discord and dissatisfaction is often associated with negative health effects.[23] Nevertheless, married couples who are satisfied with their relationships consistently manifest higher levels of happiness, psychological well-being, and physical health than the unmarried.

Being married also is a source of stability and commitment for the relationship between spouses. Social scientists have long recognized that marital commitment is a function not only of attractive forces (i.e., rewarding features of the partner or relationship) but also of external forces that serve as barriers or constraints on dissolving the relationship. Barriers to terminating a marriage include feelings of obligation to one's spouse, children, and other family members; moral and religious values about divorce; legal restrictions; financial

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[22] *See, e.g.*, C.E. Ross et al., *The Impact of the Family on Health: The Decade in Review*, 52 J. Marriage Fam. 1059 (1990); Stack & Eshleman, *supra* note 18; Brown, *supra* note 21.

[23] *See* W.R. Gove et al., *Does Marriage Have Positive Effects on the Psychological Well-Being of the Individual?*, 24 J. Health & Soc. Behav. 122 (1983); K. Williams, *Has the Future of Marriage Arrived? A Contemporary Examination of Gender, Marriage, and Psychological Well-Being*, 44 J. Health Soc. Behav. 470 (2003); J.K. Kiecolt-Glaser & T.L. Newton, *Marriage and Health: His and Hers*, 127 Psychol. Bull. 472 (2001).

concerns; and the expected disapproval of friends and the community.[24] In the absence of adequate rewards, the existence of barriers alone is not sufficient to sustain a marriage in the long term. Not surprisingly, perceiving one's intimate relationship primarily in terms of rewards, rather than barriers to dissolution, is likely to be associated with greater relationship satisfaction.[25] Nonetheless, the perceived presence of barriers is negatively correlated with divorce and thus the presence of barriers may increase partners' motivation to seek solutions for problems when possible, rather than rushing to dissolve a relationship that might have been salvaged.[26]

Lacking access to legal marriage, the primary motivation for same-sex couples to remain together derives mainly from the rewards associated with the relationship rather than from formal barriers to separation.[27] Given this fact, plus

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[24] *See* G. Levinger, *Marital Cohesiveness and Dissolution: An Integrative Review*, 27 J. Marriage & Fam. 19 (1965); J.M. Adams & W.H. Jones, *The Conceptualization of Marital Commitment: An Integrative Analysis*, 72 J. Personality & Soc. Psychol. 1177 (1997).

[25] *See, e.g.*, D. Previti & P.R. Amato, *Why Stay Married? Rewards, Barriers, and Marital Stability*, 65 J. Marriage & Fam. 561 (2003).

[26] *See* T.B. Heaton & S.L. Albrecht, *Stable Unhappy Marriages*, 53 J. Marriage & Fam. 747 (1991); L.K. White & A. Booth, *Divorce Over the Life Course: The Role of Marital Happiness*, 12 J. Fam. Issues 5 (1991).

[27] L.A. Kurdek, *Relationship Outcomes and Their Predictors: Longitudinal Evidence from Heterosexual Married, Gay Cohabiting, and Lesbian Cohabiting Couples*, 60 J. Marriage & Fam. 553 (1998).

the legal and prejudicial obstacles that same-sex partners face, the prevalence and durability of same-sex relationships are striking.

IV. The Children of Lesbians and Gay Men

A. Many Same-Sex Couples Are Currently Raising Children.

A large and ever increasing number of gay and lesbian couples, like their heterosexual counterparts, raise children together. Although data are not available to indicate the exact number of lesbian and gay parents in the United States, the 2000 Census found that, among the 92,000 California household heads who reported cohabiting with a same-sex partner, 33% of women and 20% of men had a son or daughter under 18 living in their home.[28] Because the U.S. Census does not capture all sexual minority partners, researchers estimate that considerably more parents today identify themselves as gay, lesbian, or bisexual.[29]

[28] Simmons & O'Connell, *supra* note 10 at Table 4.

[29] *See* C.J. Patterson & L.V. Friel, *Sexual Orientation and Fertility, in Infertility in the Modern World: Biosocial Perspectives* 238 (G. Bentley & N. Mascie-Taylor eds., 2000); E.C. Perrin & Committee on Psychosocial Aspects of Child and Family Health, *Technical Report: Coparent or Second-Parent Adoption by Same-Sex Parents*, 109 Pediatrics 341 (2002).

B. There Is No Scientific Basis for Concluding That Gay and Lesbian Parents Are Any Less Fit or Capable Than Heterosexual Parents, or That Their Children Are Any Less Psychologically Healthy and Well Adjusted.

Although it is sometimes asserted in policy debates that heterosexual couples are inherently better parents than same-sex couples, or that the children of lesbian or gay parents fare worse than children raised by heterosexual parents, those assertions find no support in the scientific research literature.[30]

When comparing the outcomes of different forms of parenting, it is critically important to make appropriate comparisons. For example, differences resulting from the *number* of parents in a household cannot be attributed to the

[30] The research literature on gay, lesbian, and bisexual parents includes more than two dozen empirical studies. These studies vary in the quality of their samples, research design, measurement methods, and data analysis techniques. However, they are impressively consistent in their failure to identify deficits in parenting abilities or in the development of children raised in a lesbian or gay household. In summarizing the findings from these studies, *amici* refer to several reviews of empirical literature published in respected, peer-reviewed journals and academic books and empirical studies. *See, e.g.*, J. Stacey & T.J. Biblarz, *(How) Does the Sexual Orientation of Parents Matter?*, 66 Am. Soc. Rev. 159 (2001); Perrin & Committee, *supra* note 29; C.J. Patterson, *Family Relationships of Lesbians and Gay Men*, 62 J. Marriage & Fam. 1052 (2000); N. Anderssen et al., *Outcomes for Children with Lesbian or Gay Parents*, 43 Scand. J. Psychol. 335 (2002); J. Pawelski et al., *The Effects of Marriage, Civil Union, and Domestic Partnership Laws on the Health and Well-being of Children*, 118 Pediatrics 349, 358-60 (2006); J.L. Wainright et al., *Psychosocial Adjustment, School Outcomes, and Romantic Relationships of Adolescents with Same-Sex Parents*, 75 Child Dev. 1886, 1895 (2004). As a recent article summarizes, "empirical research to date has consistently failed to find linkages between children's well-being and the sexual orientation of their parents." G.M. Herek, *Legal Recognition of Same-Sex Relationships in the United States: A Social Science Perspective*, 61 Am. Psychol. 607, 614 (2006).

parents' *gender* or *sexual orientation*. Research in households with heterosexual parents generally indicates that—all else being equal—children do better with two parenting figures rather than just one.[31] The specific research studies typically cited in this regard do not address parents' sexual orientation, however, and therefore do not permit any conclusions to be drawn about the consequences of having heterosexual versus nonheterosexual parents, or two parents who are of the same versus different genders.[32]

Indeed, the scientific research that has directly compared outcomes for children with gay and lesbian parents with outcomes for children with heterosexual parents has been consistent in showing that lesbian and gay parents are as fit and capable as heterosexual parents, and their children are as psychologically healthy and well-adjusted as children reared by heterosexual parents. Empirical research over the past two decades has failed to find any meaningful differences in the parenting ability of lesbian and gay parents

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[31] *See, e.g.*, S. McLanahan & G. Sandefur, *Growing Up With a Single Parent: What Hurts, What Helps* 39 (1994).

[32] A review of 21 published empirical studies criticizes the practice of "extrapolat[ing] (inappropriately) from research on single mother families to portray children of lesbians as more vulnerable to everything from delinquency, substance abuse, violence, and crime, to teen pregnancy, school dropout, suicide, and even poverty," and notes that "the extrapolation is 'inappropriate' because lesbigay-parent families have never been a comparison group in the family structure literature on which these authors rely." Stacey & Biblarz, *supra* note 30, at 162 & n.2.

compared to heterosexual parents. Most research on this topic has focused on lesbian mothers and refutes the stereotype that lesbian parents are not as child-oriented or maternal as non-lesbian mothers. Researchers have concluded that heterosexual and lesbian mothers do not differ in their parenting ability.[33] Relatively few studies have directly examined gay fathers, but those that exist find that gay men are similarly fit and able parents, as compared to heterosexual men.[34]

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[33] *See, e.g.*, R. H. Farr et al., *Parenting and Child Development in Adoptive Families: Does Parental Sexual Orientation Matter?*, 14-3 Applied Developmental Sci., 164, 176 (2010); E.C. Perrin, *Sexual Orientation in Child and Adolescent Health Care* 105, 115-16 (2002); C.A. Parks, *Lesbian Parenthood: A Review of the Literature*, 68 Am. J. Orthopsychiatry 376 (1998); S. Golombok et al., *Children with Lesbian Parents: A Community Study*, 39 Developmental Psychol. 20 (2003).

[34] Farr et al, *supra* 33 at 176 (finding "no significant associations between parental sexual orientation and child adjustment" regardless of gender of parents); Perrin & Committee, *supra* note 29 at 342 (finding "no differences" between gay and heterosexual fathers in providing appropriate recreation, encouraging autonomy, or "dealing with general problems of parenting,"); C.J. Patterson, *Gay Fathers, in The Role of the Father in Child Development* 397, 413 (M.E. Lamb ed., 4th ed. 2004) (reviewing published empirical studies and concluding that "there is no reason for concern about the development of children living in the custody of gay fathers; . . . there is every reason to believe that gay fathers are as likely as heterosexual fathers to provide home environments in which children grow and flourish"); *see also* S. Erich et al., *Gay and Lesbian Adoptive Families: An Exploratory Study of Family Functioning, Adoptive Child's Behavior, and Familial Support Networks*, 9 J. of Family Social Work 17-32 (2005) (levels of family functioning did not differ significantly between lesbian mothers and gay male fathers); S. Erich, et al., *A Comparative Analysis of Adoptive Family Functioning with Gay, Lesbian, and Heterosexual Parents and Their Children*, 1 J. of GLBT Family Studies 43-60 (2005) (family functioning

Turning to the children of gay parents, researchers reviewing the scientific literature conclude that studies "provide no evidence that psychological adjustment among lesbians, gay men, their children, or other family members is impaired in any significant way"[35] and that "every relevant study to date shows that parental sexual orientation per se has no measurable effect on the quality of parent-child relationships or on children's mental health or social adjustment."[36] A comprehensive survey of peer-reviewed scientific studies in this area reported no differences between children raised by lesbians and those raised by heterosexuals with respect to crucial factors of self-esteem, anxiety, depression, behavioral problems, performance in social arenas (sports, school and friendships), use of psychological counseling, mothers' and teachers' reports of children's hyperactivity, unsociability, emotional difficulty, or conduct difficulty.[37]

Nor does empirical research support the misconception that having a homosexual parent has a deleterious effect on children's *gender identity* (i.e.

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scores in gay- and lesbian-parent families did not differ significantly from those of comparison group of heterosexual adoptive parents).

[35] Patterson, *Family Relationships*, *supra* note 30, at 1064.

[36] Stacey & Biblarz, *supra* note 30, at 176.

[37] *Id.* at 169, 171. For additional reviews of the research literature, *see* Patterson, *Family Relationships*, *supra* note 30, at 1058-63; Perrin & Committee, *supra* note 29; Perrin, *supra* note 33.

one's psychological sense of being male or female) development. Studies concerning the children of lesbian mothers have not found any difference from those of heterosexual parents in their patterns of gender identity. As a panel of the American Academy of Pediatrics concluded on the basis of their examination of peer-reviewed studies, "[n]one of the more than 300 children studied to date have shown evidence of gender identity confusion, wished to be the other sex, or consistently engaged in cross-gender behavior."[38]

Similarly, most published studies have not found reliable differences in *social gender role* conformity (i.e. adherence to cultural norms defining feminine and masculine behavior) between the children of lesbian and heterosexual mothers.[39] Data have not been reported on the gender identity development or gender role orientation of the sons and daughters of gay fathers.[40]

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[38] Perrin & Committee, *supra* note 29.

[39] *See* Patterson, *Family Relationships*, *supra* note 30 (reviewing published studies).

[40] Empirical data on gay fathers are relatively sparse. For a review of relevant studies, *see* Patterson, *Gay Fathers*, *supra* note 34. However, available empirical data do not provide a basis for assuming gay men are unsuited for parenthood. If gay parents were inherently unfit, even small studies with convenience samples would readily detect it. This has not been the case. Being raised by a single father does not appear to inherently disadvantage children's psychological well-being more than being raised by a single mother. D.B. Downey et al., *Sex of Parent and Children's Well-Being in Single-Parent Households*, 60 J. of Marriage and the Family 878-893 (1998). Homosexuality does not constitute a pathology or deficit, App. 355-356, and there is no theoretical reason to expect gay fathers to cause harm to their children. *See* Patterson, *Gay Fathers*, *supra*

Currently, there is no scientific consensus about the specific factors that cause an individual to become heterosexual, homosexual, or bisexual—including possible biological, psychological, or social effects of the parents' sexual orientation.[41] However, the available evidence indicates that the vast majority of lesbian and gay adults were raised by heterosexual parents and the vast majority of children raised by lesbian and gay parents eventually grow up to be heterosexual.[42]

Amici emphasize that the abilities of gay and lesbian persons as parents and the positive outcomes for their children are *not* areas where credible scientific researchers disagree. Thus, after careful scrutiny of decades of research in this area, the American Psychological Association concluded in its recent Resolution on Sexual Orientation, Parents, and Children: "There is *no* scientific evidence

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note 34. Thus, although more research is needed, available data place the burden of empirical proof on those who argue that having a gay father is harmful.

[41] Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. The evaluation of *amici* is that, although some research may be promising in facilitating greater understanding of the development of sexual orientation, it does not presently permit a conclusion based in sound science as to the cause or causes of sexual orientation. *See generally* Am. Psychol. Ass'n, 7 *Encyclopedia of Psychol.* 260 (A.E. Kazdin ed., 2000); 2 *Corsini Encyclopedia of Psychology and Behavioral Science* 683 (W.E. Craighead & C.B. Nemeroff eds., 3d ed. 2001).

[42] *See* Patterson, *Gay Fathers*, *supra* note 34 at 407-09; Patterson, *Family Relationships*, *supra* note 30 at 1059-60.

that parenting effectiveness is related to parental sexual orientation: Lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children" and that "Research has shown that adjustment, development, and psychological well-being of children is unrelated to parental sexual orientation and that the children of lesbian and gay parents are as likely as those of heterosexual parents to flourish."[43] The National Association of Social Workers has determined that "The most striking feature of the research on lesbian mothers, gay fathers, and their children is the absence of pathological findings. The second most striking feature is how similar the groups of gay and lesbian parents and their children are to heterosexual parents and their children that were included in the studies." [44] Most recently, in adopting an official Position Statement in support of legal recognition of same-sex civil marriage, the American Psychiatric Association observed that "no research has shown that the children raised by lesbians and gay men are less well adjusted than those reared within heterosexual relationships."[45] These statements by the leading associations of experts in this area reflect professional consensus that children

[43] Am. Psychol. Ass'n, *Resolution on Sexual Orientation, Parents, and Children* (2004) (emphasis added) (reproduced in Appendix).

[44] Nat'l Ass'n of Soc. Workers, *Policy Statement: Lesbian, Gay, and Bisexual Issues, in Social World Speaks* 193, 194 (1997).

[45] Am. Psychiatric Ass'n, *Position Statement: Support of Legal Recognition of Same-Sex Civil Marriage* (2005), *available at* http://www.psych.org/edu/ other_res /lib_archives/archives/ 200502.pdf.

raised by lesbian or gay parents do not differ in any important respects from those raised by heterosexual parents. No credible empirical research suggests otherwise.

C. The Children of Same-Sex Couples Will Benefit If Their Parents Are Allowed to Marry.

Allowing same-sex couples to legally marry will not have any detrimental effect on children raised in heterosexual households, but it will benefit children being raised by same-sex couples in at least three ways. First, those children will benefit from having a clearly defined legal relationship with both of their *de facto* parents, particularly for those families that lack the means or wherewithal to complete a second-parent adoption. Such legal clarity is especially important during times of crisis, ranging from school and medical emergencies involving the child to the incapacity or death of a parent. The death of a parent is a highly stressful occasion for a child and is likely to have important effects on the child's well-being.[46] In those situations, the stable legal bonds afforded by marriage can provide the child with as much continuity as possible in her or his relationship with the surviving parent, and can minimize the likelihood of conflicting or competing claims by non-parents for the child's custody.

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[46] *See, e.g.*, P.R. Amato & B. Keith, *Parental Divorce and the Well-Being of Children: A Meta-Analysis*, 110 Psychol. Bull. 26 (1991) (reporting that, across studies, children who experienced the death of a parent subsequently manifested significantly lower academic achievement, psychological adjustment, and self-esteem, compared to children in intact two-parent families).

Second, children will benefit from the greater stability and security that is likely to characterize their parents' relationship when it is legally recognized through marriage. Children benefit when their parents are financially secure, physically and psychologically healthy, and not subjected to high levels of stress. They also benefit when their parents' relationship is stable and likely to endure.[47] Thus, the children of same-sex couples can be expected to benefit when their parents have the legal right to marry.

CONCLUSION

There is no scientific basis for distinguishing between same-sex couples and heterosexual couples with respect to the legal rights, obligations, benefits, and burdens conferred by civil marriage.

[47] *See, e.g.*, G. Downey & J.C. Coyne, *Children of Depressed Parents: An Integrative Review*, 108 Psychol. Bull. 50 (1990); M. Smith, *Parental Mental Health: Disruptions To Parenting and Outcomes for Children*. 9 Child & Fam. Soc. Work 3 (2004); M. Rutter & D. Quinton, *Parental Psychiatric Disorder: Effects on Children*, 14 Psychol. Med. 853 (1984). Some research suggests that a similar pattern holds when the parents are lesbian or gay. *See, e.g.*, R.W. Chan et al., *Psychological Adjustment Among Children Conceived via Donor Insemination by Lesbian and Heterosexual Mothers*, 69 Child Dev. 443 (1998) (reporting that children of both heterosexual and lesbian mothers had fewer behavior problems when parents were experiencing less stress, having fewer interparental conflicts, and feeling greater love for one another).

Respectfully Submitted,

_____/s/_____
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October 25, 2010

APPENDIX

Resolution on Sexual Orientation and Marriage

Adopted by the APA Council of Representatives, July 2004

Research Summary

Minority Stress in Lesbian, Gay, and Bisexual Individuals

Psychological and psychiatric experts have agreed since 1975 that homosexuality is neither a form of mental illness nor a symptom of mental illness (Conger, 1975). Nonetheless, there is growing recognition that social prejudice, discrimination, and violence against lesbians, gay men, and bisexuals take a cumulative toll on the well-being of these individuals. Researchers (e.g., DiPlacido, 1998; Meyer, 2003) use the term "minority stress" to refer to the negative effects associated with the adverse social conditions experienced by individuals who belong to a stigmatized social group (e.g., the elderly, members of racial and ethnic minority groups, the physically disabled, women, the poor or those on welfare, or individuals who are gay, lesbian, or bisexual).

A recent meta-analysis of population-based epidemiological studies showed that lesbian, gay, and bisexual populations have higher rates of stress-related psychiatric disorders (such as those related to anxiety, mood, and substance use) than do heterosexual populations (Meyer, 2003). These differences are not large but are relatively consistent across studies (e.g., Cochran & Mays, 2000; Cochran, Sullivan, & Mays, 2003; Gilman et al., 2001; Mays & Cochran, 2001). Meyer also provided evidence that within lesbian, gay, and bisexual populations, those who more frequently felt stigmatized or discriminated against because of their sexual orientation, who had to conceal their homosexuality, or who were prevented from affiliating with other lesbian, gay, or bisexual individuals tended to report more frequent mental health concerns. Research also shows that compared to heterosexual individuals and couples, gay and lesbian individuals and couples experience economic disadvantages (e.g., Badgett, 2001). Finally, the violence associated with hate crimes puts lesbians, gay men and bisexual individuals at risk for physical harm to themselves, their families, and their property (D'Augelli, 1998; Herek, Gillis, & Cogan, 1999). Taken together, the evidence clearly supports the position that the social stigma, prejudice, discrimination, and violence associated with not having a heterosexual sexual orientation and the hostile and stressful social environments created thereby adversely affect the psychological, physical, social, and economic well-being of lesbian, gay, and bisexual individuals.

Same-Sex Couples

Research indicates that many gay men and lesbians want and have committed relationships. For example, survey data indicate that between 40% and 60% of gay men and between 45% and 80% of lesbians are currently involved in a romantic relationship (e.g., Bradford, Ryan, & Rothblum, 1994; Falkner & Garber, 2002; Morris, Balsam, & Rothblum, 2002). Further, data from the 2000 United States Census (United States Census Bureau, 2000) indicate that of the 5.5 million couples who were living together but not married, about 1 in 9 (594,391) had partners of the same sex. Although the Census data are almost certainly an underestimate of the actual number of cohabiting same-sex couples, they indicated that a male householder and a male partner headed 301,026 households and that a female householder and a female partner headed 293,365 households.[1]

Despite persuasive evidence that gay men and lesbians have committed relationships, three concerns about same-sex couples are often raised. A first concern is that the relationships of gay men and lesbians are dysfunctional and unhappy. To the contrary, studies that have compared partners from same-sex couples to partners from heterosexual couples on standardized measures of relationship

[1]The same-sex couples identified in the U.S. Census may include couples in which one or both partners are bisexually identified, rather than gay or lesbian identified.

quality (such as satisfaction and commitment) have found partners from same-sex and heterosexual couples to be equivalent to each other (see reviews by Peplau & Beals, 2004; Peplau & Spalding, 2000).

A second concern is that the relationships of gay men and lesbians are unstable. However, research indicates that, despite the somewhat hostile social climate within which same-sex relationships develop, many lesbians and gay men have formed durable relationships. For example, survey data indicate that between 18% and 28% of gay couples and between 8% and 21 % of lesbian couples have lived together 10 or more years (e.g., Blumstein & Schwartz, 1983; Bryant & Demian, 1994; Falkner & Garber, 2002; Kurdek, 2003). Researchers (e.g., Kurdek, in press) have also speculated that the stability of same-sex couples would be enhanced if partners from same-sex couples enjoyed the same levels of social support and public recognition of their relationships as partners from heterosexual couples do.

A third concern is that the processes that affect the well-being and permanence of the relationships of lesbian and gay persons are different from those that affect the relationships of heterosexual persons. In fact, research has found that the factors that predict relationship satisfaction, relationship commitment, and relationship stability are remarkably similar for both same-sex cohabiting couples and heterosexual married couples (Kurdek, 2001, in press).

Resolution

WHEREAS APA has a long-established policy to deplore "all public and private discrimination against gay men and lesbians" and urges "the repeal of all discriminatory legislation against lesbians and gay men" (Conger, 1975, p. 633);

WHEREAS the APA adopted the Resolution on Legal Benefits for Same-Sex Couples in 1998 (Levant, 1998, pp. 665-666.

WHEREAS Discrimination and prejudice based on sexual orientation detrimentally affects psychological, physical, social, and economic well-being (Badgett, 2001; Cochran, Sullivan, & Mays, 2003; Herek, Gillis, & Cogan, 1999; Meyer; 2003);

WHEREAS "Anthropological research on households, kinship relationships, and families, across cultures and through time, provide[s] no support whatsoever for the view that either civilization or viable social orders depend upon marriage as an exclusively heterosexual institution" (American Anthropological Association, 2004);

WHEREAS Psychological research on relationships and couples provides no evidence to justify discrimination against same-sex couples (Kurdek, 2001, in press; Peplau & Beals, 2004; Peplau & Spalding, 2000);

WHEREAS The institution of civil marriage confers a social status[2] and important legal benefits, rights, and privileges[3];

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[2] Turner v. Safley, 482 U.S. 78, 95-96 (1987) (summarizing intangible social benefits of marriage in the course of striking down state restrictions on prisoner marriage, "[m]arriages . . . are expressions of emotional support and public commitment. These elements are an important and significant aspect of the marital relationship."); *Maynard v. Hill*, 125 U.S. 190, 211 (1888) (marriage is more than a mere contract, it is "the foundation of the family and of society"); *Goodridge v. Dep't of Public Health*, 798 N.E.2d 941 (Mass. 2003) ("[m]arriage also bestows enormous private and social advantages on those who choose to marry. Civil marriage is at once a deeply personal commitment to another human being and a highly public celebration of the ideals of mutuality, companionship, intimacy, fidelity, and family"); James M. Donovan, *Same-Sex Union Announcements: Whether Newspapers Must Publish Them, and Why Should we Care*, 68 BROOK. L. REV. 721, 746 (2003) ("the intangible benefit of public recognition is arguably the most important benefit of marriage to the couple as a unit"); Gil Kujovich, *An Essay on the Passive Virtue of* Baker v. State, 25 VT. L. REV. 93, 96 (2000) ("historically, marriage has been the only state-sanctioned and socially approved means by which two people commit themselves to each other. It has been the most favored context for forming a family and raising children. From this perspective, creation of a same-sex alternative to marriage amounts

WHEREAS The United States General Accounting Office (2004) has identified over 1,000 federal statutory provisions in which marital status is a factor in determining or receiving benefits, rights, and privileges, for example, those concerning taxation, federal loans, and dependent and survivor benefits (e.g., Social Security, military, and veterans);

WHEREAS There are numerous state, local, and private sector laws and other provisions in which marital status is a factor in determining or receiving benefits, rights, and privileges, for example, those concerning taxation, health insurance, health care decision-making, property rights, pension and retirement benefits, and inheritance[4];

WHEREAS Same-sex couples are denied equal access to civil marriage[5];

WHEREAS Same-sex couples who enter into a civil union are denied equal access to all the benefits, rights, and privileges provided by federal law to married couples (United States General Accounting Office, 2004)[6];

WHEREAS The benefits, rights, and privileges associated with domestic partnerships are not universally available[7], are not equal to those associated with marriage[8], and are rarely portable[9];

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to an exclusion from the preferred and accepted status---an exclusion that could imply the inferiority or unworthiness of the couples who are excluded, even if the alternative confers precisely the same tangible benefits and protections as marriage."); Greg Johnson, Vermont Civil Unions: The New Language of Marriage, 25 Vt. L. Rev. 15, 17 (2000) (reflecting on the inferior status of civil unions as compared to marriage).

[3] *See e.g., Goodridge v. Dep't of Public Health*, 798 N.E.2d 941, 955-958 (Mass. 2003) (outlining Massachusetts statutory benefits and rights previously available only to married persons); *Baker v. State*, 744 A.2d 864, 883-84 (Vt. 1999) (outlining Vermont statutory benefits and rights previously available only to married persons); *Baehr v. Lewin*, 852 P.2d 44, 59 (Haw. 1993) (summarizing some of the state law benefits available only to married persons in Hawaii).

[4] *See Note 3.*

[5] WILLIAM N. ESKRIDGE, JR., GAYLAW: CHALLENGING THE APARTHEID OF THE CLOSET 134-35 (1999) (describing the continuing exclusion of gays and lesbians from civil marriage).

[6] William N. Eskridge, Jr., *Equality Practice: Liberal Reflections on the Jurisprudence of Civil Unions*, 64 ALB. L. REV. 853, 861-62 (2001) (describing the "unequal benefits and obligations" of civil unions under federal law); Mark Strasser, *Mission Impossible: On* Baker, *Equal Benefits, and the Imposition of Stigma*, 9 WM. & MARY BILL RTS. J. 1, 22 (2000) ("[S]ame-sex civil union partners still would not be entitled to federal marital benefits . . . ."); Recent Legislation, *Act Relating to Civil Unions*, 114 HARV. L. REV. 1421, 1423 (2001) ("Furthermore, the parallel between civil unions and marriage extends only to those aspects of each that do not implicate federal law. As the 'Construction' section of ARCU [the Act Relating to Civil Union] acknowledges, '[m]any of the laws of [Vermont] are intertwined with federal law, and the general assembly recognizes that it does not have the jurisdiction to control federal laws or the benefits, protections and responsibilities related to them.'").

[7] Gary D. Allison, *Sanctioning Sodomy: The Supreme Court Liberates Gay Sex and Limits State Power To Vindicate the Moral Sentiments of the People*, 39 TULSA L. REV. 95, 137 (2003) ("Currently, eight states have domestic partnership laws in place. By the late 1990s, 421 cities and states, and over 3,500 businesses or institutions of higher education offered some form of domestic partner benefit.") (citations and internal quotations omitted).

[8] Eileen Shin, *Same-Sex Unions and Domestic Partnership*, 4 GEO. J. GENDER & L. 261, 272-78 (2002) (describing the limited reach of various domestic partnership laws); Mark Strasser, *Some Observations about DOMA, Marriages, Civil Unions, and Domestic Partnerships*, 30 CAP. U. L. REV. 363, 381 (2002) (noting that while domestic partnerships "provide particular financial benefits" and offer "a vehicle whereby individuals can express that they have a particular kind of relationship with someone else," they "are neither the equivalent of civil unions nor the equivalent of marriage").

[9] Nancy J. Knauer, *The September 11 Attacks and Surviving Same-Sex Partners: Defining Family Through Tragedy*, 75 TEMP. L. REV. 31, 93 (2002) ("The two major drawbacks of domestic partnership are that it tends to grant relatively few rights and it is almost never portable.").

WHEREAS people who also experience discrimination based on age, race, ethnicity, disability, gender and gender identity, religion, and socioeconomic status may especially benefit from access to marriage for same-sex couples (Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force on Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients, 2000);

THEREFORE BE IT RESOLVED That the APA believes that it is unfair and discriminatory to deny same-sex couples legal access to civil marriage and to all its attendant benefits, rights, and privileges;

THEREFORE BE IT FURTHER RESOLVED That APA shall take a leadership role in opposing all discrimination in legal benefits, rights, and privileges against same-sex couples;

THEREFORE BE IT FURTHER RESOLVED That APA encourages psychologists to act to eliminate all discrimination against same-sex couples in their practice, research, education and training ("Ethical Principles," 2002, p. 1063);

THEREFORE BE IT FURTHER RESOLVED That the APA shall provide scientific and educational resources that inform public discussion and public policy development regarding sexual orientation and marriage and that assist its members, divisions, and affiliated state, provincial, and territorial psychological associations.

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Resolution on Sexual Orientation, Parents, and Children

Adopted by the APA Council of Representatives, July 2004

Research Summary

Lesbian and Gay Parents

Many lesbians and gay men are parents. In the 2000 U. S. Census, 33% of female same-sex couple households and 22% of male same-sex couple households reported at least one child under the age of 18 living in the home. Despite the significant presence of at least 163,879 households headed by lesbian or gay parents in U.S. society, three major concerns about lesbian and gay parents are commonly voiced (Falk, 1994; Patterson, Fulcher & Wainright, 2002). These include concerns that lesbians and gay men are mentally ill, that lesbians are less maternal than heterosexual women, and that lesbians' and gay men's relationships with their sexual partners leave little time for their relationships with their children. In general, research has failed to provide a basis for any of these concerns (Patterson, 2000, 2004a; Perrin, 2002; Tasker, 1999; Tasker & Golombok, 1997). First, homosexuality is not a psychological disorder (Conger, 1975). Although exposure to prejudice and discrimination based on sexual orientation may cause acute distress (Mays & Cochran, 2001; Meyer, 2003), there is no reliable evidence that homosexual orientation per se impairs psychological functioning. Second, beliefs that lesbian and gay adults are not fit parents have no empirical foundation (Patterson, 2000, 2004a; Perrin, 2002). Lesbian and heterosexual women have not been found to differ markedly in their approaches to child rearing (Patterson, 2000; Tasker, 1999). Members of gay and lesbian couples with children have been found to divide the work involved in childcare evenly, and to be satisfied with their relationships with their partners (Patterson, 2000, 2004a). The results of some studies suggest that lesbian mothers' and gay fathers' parenting skills may be superior to those of matched heterosexual parents. There is no scientific basis for concluding that lesbian mothers or gay fathers are unfit parents on the basis of their sexual orientation (Armesto, 2002; Patterson, 2000; Tasker & Golombok, 1997). On the contrary, results of research suggest that lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children.

Children of Lesbian and Gay Parents

As the social visibility and legal status of lesbian and gay parents has increased, three major concerns about the influence of lesbian and gay parents on children have been often voiced (Falk, 1994; Patterson, Fulcher & Wainright, 2002). One is that the children of lesbian and gay parents will experience more difficulties in the area of sexual identity than children of heterosexual parents. For instance, one such concern is that children brought up by lesbian mothers or gay fathers will show disturbances in gender identity and/or in gender role behavior. A second category of concerns involves aspects of children's personal development other than sexual identity. For example, some observers have expressed fears that children in the custody of gay or lesbian parents would be more vulnerable to mental breakdown, would exhibit more adjustment difficulties and behavior problems, or would be less psychologically healthy than other children. A third category of concerns is that children of lesbian and gay parents will experience difficulty in social relationships. For example, some observers have expressed concern that children living with lesbian mothers or gay fathers will be stigmatized, teased, or otherwise victimized by peers. Another common fear is that children living with gay or lesbian parents will be more likely to be sexually abused by the parent or by the parent's friends or acquaintances.

Results of social science research have failed to confirm any of these concerns about children of lesbian and gay parents (Patterson, 2000, 2004a; Perrin, 2002; Tasker, 1999). Research suggests that sexual identities (including gender identity, gender-role behavior, and sexual orientation) develop in much the same ways among children of lesbian mothers as they do among children of heterosexual parents (Patterson, 2004a). Studies of other aspects of personal development (including personality, self-concept, and conduct) similarly reveal few differences between children of lesbian mothers and children

of heterosexual parents (Perrin, 2002; Stacey & Biblarz, 2001; Tasker, 1999). However, few data regarding these concerns are available for children of gay fathers (Patterson, 2004b). Evidence also suggests that children of lesbian and gay parents have normal social relationships with peers and adults (Patterson, 2000, 2004a; Perrin, 2002; Stacey & Biblarz, 2001; Tasker, 1999; Tasker & Golombok, 1997). The picture that emerges from research is one of general engagement in social life with peers, parents, family members, and friends. Fears about children of lesbian or gay parents being sexually abused by adults, ostracized by peers, or isolated in single-sex lesbian or gay communities have received no scientific support. Overall, results of research suggest that the development, adjustment, and well-being of children with lesbian and gay parents do not differ markedly from that of children with heterosexual parents.

Resolution

WHEREAS APA supports policy and legislation that promote safe, secure, and nurturing environments for all children (DeLeon, 1993, 1995; Fox, 1991; Levant, 2000);

WHEREAS APA has a long-established policy to deplore "all public and private discrimination against gay men and lesbians" and urges "the repeal of all discriminatory legislation against lesbians and gay men" (Conger, 1975);

WHEREAS the APA adopted the Resolution on Child Custody and Placement in 1976 (Conger, 1977, p. 432)

WHEREAS Discrimination against lesbian and gay parents deprives their children of benefits, rights, and privileges enjoyed by children of heterosexual married couples;

WHEREAS some jurisdictions prohibit gay and lesbian individuals and same-sex couples from adopting children, notwithstanding the great need for adoptive parents (Lofton v. Secretary, 2004);

WHEREAS There is no scientific evidence that parenting effectiveness is related to parental sexual orientation: lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children (Patterson, 2000, 2004; Perrin, 2002; Tasker, 1999);

WHEREAS Research has shown that the adjustment, development, and psychological well-being of children is unrelated to parental sexual orientation and that the children of lesbian and gay parents are as likely as those of heterosexual parents to flourish (Patterson, 2004; Perrin, 2002; Stacey & Biblarz, 2001);

THEREFORE BE IT RESOLVED That the APA opposes any discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services;

THEREFORE BE IT FURTHER RESOLVED That the APA believes that children reared by a same-sex couple benefit from legal ties to each parent;

THEREFORE BE IT FURTHER RESOLVED That the APA supports the protection of parent-child relationships through the legalization of joint adoptions and second parent adoptions of children being reared by same-sex couples;

THEREFORE BE IT FURTHER RESOLVED That APA shall take a leadership role in opposing all discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services;

THEREFORE BE IT FURTHER RESOLVED That APA encourages psychologists to act to eliminate all discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services in their practice, research, education and training ("Ethical Principles," 2002, p. 1063);

THEREFORE BE IT FURTHER RESOLVED That the APA shall provide scientific and educational resources that inform public discussion and public policy development regarding discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services and that assist its members, divisions, and affiliated state, provincial, and territorial psychological associations.

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Support of Legal Recognition of Same-Sex Civil Marriage

POSITION STATEMENT

Approved by the Assembly, May 2005
Approved by the Board of Trustees, July 2005

"Policy documents are approved by the APA Assembly and Board of Trustees...These are ... position statements that define APA official policy on specific subjects..." *-- APA Operations Manual.*

As physicians who frequently evaluate the impact of social and family relationships on child development, and the ability of adults and children to cope with stress and mental illness, psychiatrists note the invariably positive influence of a stable, adult partnership on the health of all family members. Sustained and committed marital and family relationships are cornerstones of our social support network as we face life's challenges, including illness and loss. There is ample evidence that long-term spousal and family support enhances physical and mental health at all stages of development.

This position statement is about the legal recognition of same-sex civil marriage, not religious marriage, and it does not pertain to any organized religion's view of same-sex marriage.

Heterosexual relationships have a legal framework for their existence through civil marriage, which provides a stabilizing force. In the United States, with the exception of Massachusetts, same-sex couples are currently denied the important legal benefits, rights and responsibilities of civil marriage. Same-sex couples therefore experience several kinds of state-sanctioned discrimination that can adversely affect the stability of their relationships and their mental health.

The children of unmarried gay and lesbian parents do not have the same protection that civil marriage affords the children of heterosexual couples. Adoptive and divorced lesbian and gay parents face additional obstacles. An adoptive parent who is lesbian or gay is often prejudicially presumed as unfit in many U.S. jurisdictions. Furthermore, when unmarried couples do adopt, usually one parent is granted legal rights, while the other parent may have no legal standing. These obstacles occur even though no research has shown that the children raised by lesbians and gay men are less well adjusted than those reared within heterosexual relationships.

As the population ages, the denial of legal recognition of civil marriage has consequences for increasing numbers of older adults in same-sex relationships who face age-related health and financial concerns. Excluding these adults from civil marriage protections of survivorship and inheritance rights, financial benefits, and legal recognition as a couple in health care settings increases the psychological burden associated with aging.

The American Psychiatric Association has historically supported equity, parity, and non-discrimination in matters that have an impact on mental health. APA has also supported same-sex civil unions and the right of same-sex couples to adopt and co-parent children. This is because APA has a longstanding interest in civil rights and legal issues that affect mental health as well as a code of ethics that supports and respects human dignity. Educating the public about lesbian and gay relationships and supporting efforts to establish legal recognition of same-sex civil marriage is consistent with the Association's advocacy for minority groups.

Civil marriage is associated with a unique set of benefits that provide legal and economic protections to adults in committed relationships and to their children. Equal access to the institution of civil marriage is consistent with the APA's opposition to discrimination based on sexual orientation.

Therefore be it resolved that:

"In the interest of maintaining and promoting mental health, the American Psychiatric Association supports the legal recognition of same-sex civil marriage with all rights, benefits, and responsibilities conferred by civil marriage, and opposes restrictions to those same rights, benefits, and responsibilities."

Supporting Documents:

American Psychiatric Association (1973), Position statement on homosexuality and civil rights. American J. Psychiatry, 1974, 131:497. www.psych.org/edu/other_res/lib_archives/archives/730010.pdf

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AAMFT Position on Couples and Families

AAMFT believes that all couples who willingly commit themselves to each other, and their children, have a right to expect equal support and benefits in civil society. Thus, we affirm the right of all committed couples and their families to legally equal benefits, protection, and responsibility.

As opportunities arise, AAMFT will support public policy initiatives that strengthen marriages, couples, civil unions, and families through the provision of technical assistance.

Motion adopted by the Board of Directors at its October 17, 2005 meeting in Kansas City, MO

What is Marriage and Family Therapy?

Marriage and Family Therapy has long been defined as an intervention aimed at ameliorating not only relationship problems but also mental and emotional disorders within the context of family and larger social systems.

Today, as many in the United States are debating issues of marriage and family composition, it is of primary importance that the American Association for Marriage and Family Therapy and marriage and family therapists make clear what we mean and wish to imply in the use of the words "marriage" and "family" as we use them in our core values, teaching, treatment, research, and code of ethics.

We assert the value and positive impact of stable, long-term, emotionally enriching relationships. We believe that society is better off when social groupings are created that allow for and support these qualities. We recognize that all family forms have inherent strengths and challenges. As marriage and family therapists we focus our study and skills on how individuals in our society couple – choosing partners and establishing households – and form family groups.

We study and intervene to assist in these relationships whether that means a marriage has occurred in the legal sense, whether there is co-habitation, or other forms of family. We invite members of heterosexual, same-sex, culturally similar, intercultural/interracial and other forms of family composition to engage with marriage and family therapists for relational development and problem solving within their cultural contexts. We welcome all who would seek out our services in order to build strength and health in their lives, relationships, and in society. Our code of ethics states that "Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation." We are an open and inclusive profession and organization.

Approved by the Board of Directors at its July 31, 2005 meeting in Santa Rosa, CA.

Statement on Nonpathologizing Sexual Orientation

The American Association for Marriage and Family Therapy takes the position that same sex orientation is not a mental disorder. Therefore, we do not believe that sexual orientation in and of itself requires treatment or intervention.

Rationale: The development of the field of marriage and family therapy has included a tradition and perspective that eschewed the medical model. Historically, pathology or the diagnosis of an individual was not part of our field's heritage or practice. In light of this historical context, AAMFT never considered the possibility of making a statement that defined "pathology," or in the case of sexual orientation "non-pathology." At the same time, we have had a history of stating that discrimination based on sexual orientation (and other personal characteristics such as gender, physical ability, religion, creed, ethnicity, for example) is unethical. At this time, in our society, the debate over the health or legitimacy of same sex orientation is once again a topic of political debate. Therefore, it is time for us to clarify our own record and speak to the issue. We support that same sex orientation is a normal variant of human sexuality that takes a variety of forms and expression.

Future Considerations: We do recognize that treatment of those clients who present feeling confused about or wanting to change their sexual orientation should be undertaken with great care, knowledge, and openness. Therefore, it is our intent as an association to provide information to our members, through clinical care guidelines or other methods, regarding these issues.

Adopted by the Board of Directors at its September 7, 2004 meeting in Atlanta, GA

Reparative/Conversion Therapy

In recent weeks the AAMFT Board has received correspondence from several members asking about the association's position on reparative or conversion therapy. The Board believed the question to be addressed in the previous statement that "...we do not believe that sexual orientation in and of itself requires treatment or intervention." The AAMFT Board passed the following motion to clarify the association's position.

From time to time AAMFT receives questions about a practice know as reparative or conversion therapy, which is aimed at changing a person's sexual orientation. As stated in previous AAMFT policy, the association does not consider homosexuality a disorder that requires treatment, and as such, we see no basis for such therapy. AAMFT expects its members to practice based on the best research and clinical evidence available. For a review of research on these therapies, please click here.

Adopted by the Board of Directors at its March 25, 2009 Meeting in Alexandria, VA

Statement from the AAMFT Board of Directors regarding an article in the Journal of Marital and Family Therapy (JMFT) that led to discussion among the AAMFT Board of Directors regarding the issue of treatments known as reparative or conversion therapy.

This article was published in Family Therapy News March/April 2003.

The recent publication of an article in the *Journal of Marital and Family Therapy* (JMFT) led to discussion among the AAMFT Board of Directors regarding the issue of treatments known as reparative or conversion therapy. We want to address our Association's position on issues of sexual orientation, and our values related to individuals who may have a different sexual orientation than the majority. We recognize that our members hold divergent religious, political, and social views, yet are deeply concerned about the pain and potential damage that some may feel in response to the publication of this article.

The Issue of Reparative or Conversion Therapy and Journal Independence

The discussion of the Board and this statement flow from our own and others' questions about an article entitled *"Motivational, Ethical, and Epistemological Foundations in the Treatment of Unwanted Homoerotic Attraction,"* authored by Christopher H. Rosik, and published in the January, 2003 JMFT. In that article, while Rosik does not address in detail the theoretical underpinnings or scientific evidence basis for reparative or conversion therapy per se, he does present a framework for considering "unwanted homoerotic feelings" and how therapists conceive of and might try to address these feelings in treatment.

Reparative or conversion therapy is directed toward assisting individuals away from a homosexual orientation and behaviors to a heterosexual orientation and behaviors. At least some proponents of reparative or conversion therapy hold the view that homosexuality is a mental illness with which some individuals are affected, and that therapies designed to repair or convert homosexual orientation to heterosexual orientation is not only an appropriate choice for treatment when individuals define themselves as of homosexual orientation, but is, in fact, indicated as the preferred treatment of the "disorder" of homosexuality.

The AAMFT has an independently edited scientific journal, with a highly qualified editor and a large, diverse, and expert editorial advisory board. As a Board of Directors, we have no desire to intrude into the processes of article submission, editorial review, or decisions regarding publication because we believe to do so would be to violate the independent review process in a manner that could jeopardize the reputation of independence of the *Journal*. We respect academic freedom, and the right-indeed the responsibility of our members to inform themselves to the best of their ability, and to use their best judgments as the basis for their treatment approaches with clients. We view the *Journal* as a place where a variety of perspectives, viewpoints, and research results can be reported and debated.

In acknowledging our commitment to free academic inquiry, however, we wish to make it plain that publication of any article that has been independently reviewed does not constitute an endorsement of its content or ideas. Specifically, we would note the following:

First, in the sixty-one year history of our association, we have never endorsed any specific theory, orientation, intervention, or technique in therapy, and we do not want anyone to construe that by the publication of Rosik's article in the JMFT that the organization has now decided to embark on such a path. Let us emphasize: AAMFT does not, merely through the independent publication of any article in either the *Journal* or *Family Therapy Magazine,* or by inclusion of sessions at a conference, mean to offer any endorsement of any particular therapeutic theory or intervention.

Every issue of our magazine, which also serves as our primary news outlet to members, includes the statement in the masthead, "The articles published in the *Family Therapy Magazine* are not necessarily the views of the association and are not to be interpreted as official AAMFT policy." Heretofore, our Board has believed that no such statement was needed in our *Journal*, merely on the basis of its identity as an independently edited scientific journal-it is self evident that articles, issues, and ideas designed to report research, advance theory, or generate thought and conversation should not be considered official statements of organizational policy or position. Therefore, no individual, group, or organization should construe the publication of this article as an endorsement of reparative or conversion therapy by the American Association for Marriage and Family Therapy.

Second, we recognize that our members have diverse beliefs and theories about sexuality and sexual orientation and how those beliefs should inform or be made explicit in therapy. And, while AAMFT members may have differing philosophical, theoretical, moral or religious convictions, every AAMFT member has agreed to abide by and uphold the AAMFT Code of Ethics. That code of ethics states in Principle #1 that, "*Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.*" Subprinciple 1.1 further elucidates that overarching statement, saying, "*Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation*."

Therefore, as marriage and family therapists, and as an organization, we hold values of openness and inclusion, and the freedom of our clients to hold their own moral perspectives. We honor and support academic freedom that leads to increased knowledge and research, and more informed clinical practice. We believe that is part of what is reflected in subprinciple 1.1 of our ethics code.

Certainly our client's moral perspectives and understanding of right and wrong are a critical component of therapy, and those perspectives should be held in many respects as

sacred themselves by therapists as part of treatment. At the same time, for example, if a person of color had been taught and came to hold the belief that he or she was deficient specifically and only because he or she were a person of color, we believe that it would be unconscionable not to address that conviction, whether as a moral, philosophical, religious, or scientific issue, as part of treatment. To take a client's current perspective or belief system as being the only legitimate perspective to be used as part of treatment would in many cases leave the therapist and the client without the knowledge, research, or possibility of new insight and/or behavior which might lead to needed change-as defined by the client's presenting issues or goals of treatment. We believe this analogy is also useful in regard to issues of unwanted homoerotic attraction as well.

The Broader Issue of Sexual Orientation

As we have come to conclude in our discussions, the larger and perhaps more personal question for the AAMFT is whether individuals who are gay or lesbian have a place in the organization, or are welcomed here. Conversely, perhaps, there may be those who hold certain religious views who would raise the same question.

We wish to make it clear: we believe that our members, and the Board of the Association have historically and repeatedly affirmed that individuals, whether heterosexual, gay, bisexual, lesbian, or transgendered, have a place and are welcomed in our Association. We welcome those as well of various religious traditions, whether Christian, Jewish, Buddhist, Hindu, Muslim, agnostic or atheist, or other. We believe that our field is enriched when we gather together to discuss, dialogue, debate, and encourage each other to excellence as clinicians, and integrity as individuals in our society. We believe there is power in that diversity, and that as mental health professionals who are attuned to systems and relationships, we should be the ones demonstrating that human compassion combined with relationship skills can provide a context where diversity means strength, not division. We believe that of all places, the AAMFT should strive to be a place where all are welcomed-recognizing there will never be total agreement-that there can be an atmosphere of respect, personal worth, and personal accountability.

We make these assertions based on the bylaws of the AAMFT, the Code of Ethics, and the AAMFT Strategic plan. The bylaws, the organizing instruments of the Association approved by the membership, have long prohibited discrimination on the basis of race, color, creed, gender, or sexual orientation-a prohibition extends to issues of membership, nominations for office, and the hiring of staff. As outlined above, our Code of Ethics makes clear the standard that constitutes ethical behavior-one of respect regardless of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation.

The Board expanded on those standards to make a more proactive statement of inclusion, both in the previous Strategic Plan, and in the Plan just adopted in December, 2002. Specifically, the plan defines our core values (among others) as, "embodying a culture of openness and inclusion," "honoring diversity in clinical practice, research, education, and administration," and, "integrity evidenced by ethical and honest behavior." We welcome

all who embrace the values of the AAMFT as defined in our bylaws and Code of Ethics, and who strive toward excellence in clinical services.

In conclusion, as an association, we also want to acknowledge that some of our members may not have historically felt the sense of welcome that we aspire to convey. Again, we deeply regret that the publication the Rosik article in the JMFT exacerbates feelings of alienation or questions about the AAMFT and our value of inclusion. For that, as a Board, we make the commitment to continue our work toward embodying a sense of excellence, openness, and honoring of all of our members.