

STATE OF CONNECTICUT  
SUPREME COURT

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S.C. 17716

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ELIZABETH KERRIGAN, ET AL.

VS.

COMMISSIONER OF PUBLIC HEALTH, ET AL.

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**BRIEF OF AMERICAN PSYCHOLOGICAL ASSOCIATION;  
AMERICAN PSYCHIATRIC ASSOCIATION; NATIONAL ASSOCIATION OF  
SOCIAL WORKERS; NATIONAL ASSOCIATION OF SOCIAL WORKERS,  
CONNECTICUT CHAPTER; AMERICAN PSYCHOANALYTIC ASSOCIATION;  
HEZEKIAH BEARDSLEY CONNECTICUT CHAPTER OF THE AMERICAN  
ACADEMY OF PEDIATRICS; AND CONNECTICUT COUNCIL OF CHILD AND  
ADOLESCENT PSYCHIATRY AS *AMICI CURIAE*  
IN SUPPORT OF PLAINTIFFS-APPELLANTS**

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## TABLE OF CONTENTS

TABLE OF AUTHORITIES .....	ii
IDENTITY AND INTEREST OF <i>AMICI CURIAE</i> .....	1
SUMMARY OF ARGUMENT .....	2
ARGUMENT .....	3
I.    The Nature of Scientific Evidence and Its Presentation in This Brief. ....	3
II.   Sexual Orientation and Homosexuality. ....	4
III.  Sexual Orientation and Relationships.....	5
A.   Gay Men and Lesbians Form Stable, Committed Relationships That Are Equivalent to Heterosexual Relationships in Essential Respects.....	5
B.   The Institution of Marriage Offers Social, Psychological, and Health Benefits That Are Denied to Same-Sex Couples. ....	6
C.   By Denying Same-Sex Couples the Right to Marry, the State Reinforces and Perpetuates the Stigma Historically Associated with Homosexuality. ....	8
IV.  The Children of Lesbians and Gay Men.....	9
A.   Many Same-Sex Couples Are Currently Raising Children. ....	9
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.....	10
C.   The Children of Same-Sex Couples Will Benefit If Their Parents Are Allowed to Marry. ....	14
CONCLUSION .....	15

**TABLE OF AUTHORITIES**

P.R. Amato, *Children of Divorce in the 1990s: An Update of the Amato and Keith (1991) Meta-Analysis*, 15 J. Fam. Psychol. 355 (2001) ..... 13

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Am. Psychol. Ass'n, *Resolution on Sexual Orientation and Marriage* (2004)..... 1

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R. Angel & J.L. Worobey, *Single Motherhood and Children's Health*, 29 J. Health & Soc. Behav. 38 (1988)..... 13

G.M. Herek, *Legal Recognition of Same-Sex Relationships in the United States: A Social Science Perspective*, 61 Am. Psychol. 607 (2006) ..... 11

## **IDENTITY AND INTEREST OF *AMICI CURIAE***

The American Psychological Association (APA) is a nonprofit scientific and professional organization with more than 155,000 members and affiliates, including the majority of psychologists holding doctoral degrees from accredited universities in this country. Among the APA's major purposes is to increase and disseminate knowledge regarding human behavior and to foster the application of psychological learning to important human concerns, including human sexuality and familial relationships. The APA joins this brief based on and for the reasons expressed in its 2004 resolutions (*Resolution on Sexual Orientation and Marriage; Resolution on Sexual Orientation, Parents, and Children*), which are reproduced in the Appendix to this brief.

The American Psychiatric Association, with more than 40,000 members, is the Nation's largest organization of physicians specializing in psychiatry. It joins this brief based on and for the reasons expressed in its 2005 position statement, *Support of Legal Recognition of Same-Sex Civil Marriage*, which is reproduced in the Appendix to this brief.

The National Association of Social Workers (NASW) is the largest social work association in the world with 149,000 members. The NASW Connecticut Chapter has more than 3,500 members. NASW's policy statement on gay issues prohibits social workers from discriminating on the basis of sexual orientation, as does the NASW Code of Ethics.

The American Psychoanalytic Association (APsaA) serves more than 3,400 members. The APsaA issued a 1997 Resolution in support of same-sex marriage and, in 2002, endorsed a formal policy declaring that gay and lesbian parents are capable of meeting the best interests of their children and should be afforded the same rights and responsibilities as heterosexual parents.

The Hezekiah Beardsley Connecticut Chapter of the American Academy of Pediatrics is an organization of over 1,000 pediatricians whose mission is to attain optimal

physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

The Connecticut Council of Child and Adolescent Psychiatry is a group of 280 psychiatrists who are dedicated to the promotion of the mental health of children, adolescents and families in Connecticut through research, training, advocacy, prevention, comprehensive diagnosis and treatment, peer support, and collaboration.

### **SUMMARY OF ARGUMENT**

*Amici* present this brief to provide the Court with a comprehensive, fair, and balanced review of the scientific and professional literature pertinent to the issues before the Court. In preparing this brief, *amici* have been guided solely by criteria relating to the scientific rigor and reliability of studies and literature, not by whether a given study supports or undermines a particular conclusion.<sup>1</sup> Scientific research has firmly established that homosexuality is not a disorder, but a normal variant of human sexual orientation. The vast majority of gay and lesbian individuals lead healthy, well-adjusted, and productive lives, and many are already in same-sex relationships that are equivalent to heterosexual relationships in essential respects. Allowing same-sex couples to marry would give them access to the legal, social, and economic support that already facilitate and strengthen heterosexual marriages, with all of the psychological and health benefits associated with that support. It would also end the antigay stigma imposed by the State's ban on same-sex marriage. Additionally, a large number of children are currently being raised by lesbians and gay men. There is no scientific basis for asserting that these parents differ from heterosexuals in their parenting skills or that children are adversely affected by having gay and lesbian rather than heterosexual parents. Ending the prohibition on marriage for same-sex partners is therefore in the best interest of the children being raised by these parents.

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<sup>1</sup> The brief was prepared primarily by the American Psychological Association. The views expressed herein, however, are shared by all *amici*.

## ARGUMENT

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

This brief has been prepared and reviewed by expert members of the *amici* – the nation’s and state’s leading associations of psychology professionals, behavioral scientists, psychiatrists, pediatricians, and social workers – who are thoroughly familiar with current scientific theory, research methods, empirical findings, and clinical techniques concerning sexual orientation, marriage and non-marital relationships, and parenting.<sup>2</sup> In the informed judgment of *amici*, this brief presents an accurate and balanced summary of the current state of scientific and professional knowledge about these issues. To further assist the Court, we briefly explain the professional standards we have followed for relying on and drawing conclusions from individual studies, literature reviews, research data, and theory.<sup>3</sup>

(1) We are ethically bound to be accurate and truthful in describing research findings and in characterizing the current state of scientific knowledge.

(2) We rely on the best empirical research available, focusing on general patterns rather than any single study.

(3) Before citing any study, we critically evaluate its methodology, including the reliability and validity of the measures and tests it employed, the quality of its data-collection procedures and statistical analyses, and the adequacy of the study’s sample.

(4) No empirical study is perfect in its design and execution. When a scientist identifies limitations or qualifications to a study’s findings, or notes areas in which additional

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<sup>2</sup> Counsel have assisted the psychologist *amici* in identifying issues potentially relevant to this case, presenting scientific information in a manner that will assist the Court, and preparing the brief for filing. The psychologist *amici* and their expert members, however, have taken responsibility for reviewing the scientific literature and summarizing the conclusions to be drawn therefrom.

<sup>3</sup> To comply with this Court’s page limit, *amici* provide their scientific sources in the bibliography attached in the Appendix. A more comprehensive version of this brief with all citations was recently filed in the Maryland Court of Appeals in *Conaway v. Deane & Polyak*. It is available at: <http://www.apa.org/psyclaw/marylandbrief.pdf>.

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.

(5) Scientific research cannot prove that a particular phenomenon never occurs or that two variables are never related to each other. 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, in fact, 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 correlated, the burden of proof is on that researcher to show that the relationship exists.

## **II. Sexual Orientation and Homosexuality.**

Sexual orientation refers to an enduring pattern of or disposition to experience sexual, affectional, or romantic attractions primarily to men, to women, or to both sexes. It also refers to 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. Although sexual orientation ranges along a continuum from exclusively heterosexual to exclusively homosexual, it is usually discussed in terms of three categories: heterosexual, homosexual, and bisexual.<sup>4</sup>

Though sexual orientation is commonly discussed as a characteristic of the *individual*, this perspective is incomplete because sexual orientation is always defined in relational terms and necessarily involves relationships with other individuals. Sexual acts and romantic attractions are categorized as homosexual or heterosexual according to the biological sex of the individuals involved in them, relative to each other. Indeed, it is by acting -- or desiring to act -- with another person that individuals express their sexuality.

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<sup>4</sup> Though this brief focuses specifically on homosexual persons, to the extent many bisexual persons are involved in committed same-sex relationships, many of the statements in this brief apply with equal force to them.

Thus, sexual orientation is integrally linked to the intimate personal relationships that humans form with others to meet their deeply felt needs for love, attachment, and intimacy.

Since 1973, the American Psychiatric Association has officially recognized that homosexuality *per se* implies no impairment in judgment, stability, reliability, or general social or vocational capabilities. After a thorough review of the scientific data, the American Psychological Association adopted the same position in 1975, and urged all mental health professionals to help dispel the stigma of mental illness that had long been associated with homosexual orientation. The NASW has adopted a similar policy. Thus, mental health professionals and researchers have long recognized that being homosexual poses no inherent obstacle to leading a happy, healthy, and productive life, and that the vast majority of gay and lesbian people function well in society and in their interpersonal relationships.

Like heterosexuals, lesbians and gay men benefit to the extent that they are able to share their lives with and receive support from people who are important to them. For example, lesbians and gay men have been found to manifest better mental health to the extent that they hold positive feelings about their own sexual orientation, have developed a positive sense of personal identity based on it, and have integrated it into their lives by disclosing it to others. By contrast, lesbians and gay men who feel compelled to conceal their sexual orientation tend to report more frequent mental health concerns than their openly gay counterparts, and may even be at risk for physical health problems.

### **III. Sexual Orientation and Relationships.**

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

Like their heterosexual counterparts, substantial numbers of gay men and lesbians desire to form stable, long-lasting, committed relationships, and many do so successfully. 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, and that

many of those couples have been together 10 or more years. Census Bureau data from 2005 indicated that there were nearly 777,000 cohabiting same-sex couples nationwide and more than 10,000 in Connecticut.

Empirical research demonstrates that the psychological and social aspects of these committed relationships between same-sex partners strongly resemble those of heterosexual partnerships. Both heterosexual and same-sex couples form deep emotional attachments and face similar relationship issues such as intimacy, love, equity, loyalty, and stability. Empirical research examining the quality of intimate relationships also shows that same-sex couples differ from their heterosexual counterparts neither in the extent to which they are satisfied with their relationship, nor in how they resolve relationship conflicts when they arise. Based on these findings, the American Psychological Association has concluded that “[p]sychological research on relationships and couples provides no evidence to justify discrimination against same-sex couples.”

**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, protecting them from social disconnectedness and providing a framework in which they can experience life as making sense. Although it is difficult to quantify how the meaning of life changes for individuals once they are married, empirical research clearly demonstrates that marriage has distinct tangible and intangible benefits that extend beyond the material necessities of life and 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, partners in same-sex couples are denied these benefits.

Because same-sex couples only recently have enjoyed marriage rights in just one state (Massachusetts) and a few countries, no empirical studies have yet been published that 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 that the potential benefits of marriage for gay men and lesbians in same-sex couples are similar to those previously observed for heterosexuals.

Married men and women generally experience better physical and mental health than their unmarried counterparts. These health benefits do not appear to result simply from being in an intimate relationship because most studies have found that married individuals generally manifest greater well-being than comparable individuals in heterosexual unmarried cohabiting couples. Marriage 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 relationship) but also of external forces that serve as constraints on dissolving the relationship. Barriers to terminating a marriage include feelings of obligation to one's spouse and children; moral and religious values about divorce; legal restrictions; financial concerns; and the expected disapproval of friends and the community. 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. Nonetheless, the presence of barriers may increase partners' motivation to seek solutions for problems when possible, rather than rushing to dissolve a salvageable relationship. Indeed, the perceived presence of barriers is negatively correlated with divorce, suggesting that barriers contribute to staying together for at least some couples in some circumstances.

Thus, although same-sex and heterosexual relationships are held together by many of the same *attracting* forces, marriage provides heterosexual couples with institutionalized barriers to relationship dissolution that do not exist for same-sex couples. 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. Given this fact and the legal and prejudicial obstacles that same-sex partners face, the prevalence and durability of same-sex relationships are striking.<sup>5</sup>

**C. By Denying Same-Sex Couples the Right to Marry, the State Reinforces and Perpetuates the Stigma Historically Associated with Homosexuality.**

Given that same-sex committed relationships do not differ from heterosexual committed relationships in most essential respects and that they also do not differ in the context they provide for rearing healthy, well-adjusted children, *see infra*, amici conclude that same-sex relationships are accorded a different legal status than heterosexual relationships because of the sexual orientation of the individuals in the relationship. This differentiation is, by definition, an expression of stigma. A status or characteristic is stigmatized when it is negatively regarded by society and consequently is a basis for disadvantaging and disempowering those who have it. Legal prohibitions against same-sex marriage convey that society deems committed, intimate same-sex relationships to be inferior to heterosexual relationships and inherently less deserving of society's recognition. This process of according disadvantaged status to the members of one group relative to another is the crux of stigma.

Stigma gives rise to prejudice, discrimination, and violence against people based on their sexual orientation. Research indicates that the experience of stigma and discrimination is associated with heightened psychological distress among gay men and lesbians. Being the target of extreme enactments of stigma, such as an antigay criminal assault, is associated with greater psychological distress than experiencing a similar crime

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<sup>5</sup> *Amici* are aware that certain non-scientific advocacy groups have cited articles published by Stanley Kurtz in popular magazines to argue that recognition of marriage rights for same-sex couples in Scandinavian countries has undermined *heterosexual* marriage. These articles do not meet the criteria for scientific studies set forth in Part I. They are not published in peer-reviewed scientific journals; they do not appear to be based on a rigorous scientific methodology; and they have not been replicated by or cited as foundations for scientific research by other authors. No scientific evidence exists suggesting any causal relationship or correlation between recognition of marriage rights for same-sex couples and the prevalence of heterosexual marriage.

not based on one's sexual orientation. Moreover, fear of stigma makes some gay and lesbian persons conceal their sexual orientation, thereby heightening their potential for psychological distress and stress-related physical health problems.

Additionally, to the extent that stigma motivates some lesbians and gay men to hide their sexual orientation, it further reinforces anti-gay prejudices among heterosexuals. Research has consistently shown that prejudice against minorities decreases significantly when members of the majority group knowingly have contact with minority group members. Consistent with this general pattern, empirical research also demonstrates that having personal contact with an openly gay person is one of the most powerful influences on heterosexuals' tolerance and acceptance of gay people. Anti-gay attitudes are significantly less common among members of the population who report having a close friend or family member who is gay or lesbian. Thus, by denying same-sex couples the right to marry legally, the State compounds and perpetuates the stigma historically attached to homosexuality, resulting in negative consequences for all gay and lesbian people, regardless of their relationship status or desire to marry.

#### **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 couples, like their heterosexual counterparts, raise children together. Although the exact number of lesbian and gay parents in the United States is not known, the 2000 Census found that, among heads of household who reported cohabiting with a same-sex partner, 33% of women and 22% of men had a son or daughter under 18 years living in their home. These percentages correspond to approximately 65,600 gay fathers nationally (approximately 783 in Connecticut) and 96,000 lesbian mothers nationally (approximately 1,148 in Connecticut) who are heads of household, have at least one child under 18 living with them, and are cohabiting with a same-sex partner. If one includes non-cohabiting and single parents of offspring 18 years or older, and those who choose not to disclose their sexual orientation to

the Census Bureau, researchers estimate that considerably more -- perhaps millions of American parents and several thousand Connecticut parents -- today identify themselves as gay, lesbian, or bisexual. They further suggest that the children of gay parents in the United States today are likely to number more than one million.

Families comprising same-sex couples and their children have diverse origins and take a variety of forms. Some couples have children conceived in one partner's prior heterosexual marriage (or nonmarital heterosexual relationship). In these cases, the biological parent's same-sex partner often assumes the role of *de facto* step-parent, albeit without the legal framework provided by marriage. In addition, a growing number of same-sex couples are becoming parents together through donor insemination, assistance of a surrogate mother, or adoption. The children in many families headed by same-sex couples have a legal relationship with only one of the parents, either through birth or adoption. However, both members of the couple typically function as parents for the children, even if they are not legally recognized as such. In addition, the legal trend toward allowing second-parent adoption by same-sex couples is resulting in an increasing number of families wherein both members of the same-sex couple are legally recognized as the parents of their children -- even though the parents themselves are not allowed to form a legally recognized relationship with each other through marriage.

**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. Indeed, the relevant scientific research has

been remarkably consistent in finding that the lesbian and gay parents studied were as fit and capable as heterosexual parents.<sup>6</sup>

Empirical research over the past two decades has failed to find any meaningful differences in the parenting ability of lesbian and gay parents compared to heterosexual parents. Most research on this topic has focused on lesbian mothers and refutes the unsupported 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. Although there are far fewer studies examining gay fathers, those that exist find that gay men are similarly fit and able parents, as compared to heterosexual men. No reliable scientific research supports the opposite conclusion.

Turning to the children of gay and lesbian parents, no credible evidence exists that psychological adjustment among lesbians, gay men, or their children is impaired in any significant way. Indeed, every relevant study 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. Once again, most research on this topic has focused on lesbian mothers. Peer-reviewed scientific studies in this area reported no differences between children raised by lesbians and those raised by heterosexuals with respect to the factors that matter: 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.

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<sup>6</sup> The research literature on parents with a homosexual orientation includes more than two dozen empirical studies. These studies vary in the quality of their samples, research design, measurement methods, and data analysis techniques, but, as detailed in the present brief, are impressively consistent in their findings. 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).

Nor does empirical research support the misconception that having a homosexual parent has a deleterious effect on children's *gender identity* development. Although data have not been reported on the gender identity development or gender role orientation of the sons and daughters of gay fathers, studies concerning the children of lesbian mothers have not found any difference from those of heterosexual parents in their patterns of gender identity. Indeed, none of the more than 300 children studied have shown evidence of gender identity confusion, wished to be the other sex, or consistently engaged in cross-gender behavior. Similarly, most published studies have not found reliable differences in *social gender role* conformity between the children of lesbian and heterosexual mothers.<sup>7</sup>

Questions are sometimes raised concerning whether the children of gay parents are likely to grow up to be gay themselves. As noted above, homosexuality is neither an illness nor a disability, and the mental health professions do not regard a homosexual orientation as harmful, undesirable, or requiring intervention or prevention. The factors that cause an individual to become heterosexual, homosexual, or bisexual are not well understood. However, clinical experience and 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.

Based on their participation in other cases involving marriage rights, *amici* have found that groups opposing same-sex marriage repeatedly mischaracterize the existing scientific research when they argue that it documents any ill effects of gay and lesbian parenting. In making such assertions, those groups rely on studies that simply do not address gay and lesbian parents and their children. Opponents of marriage rights for

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<sup>7</sup> One study found that daughters of lesbian mothers were significantly less conforming to stereotypical social gender roles in some respects, such as aspiring to non-traditional occupations for women, such as doctor, astronaut, lawyer, or engineer. However, the majority of published studies have *not* found meaningful differences in this regard. In any event, to the extent such differences might exist, many psychologists would consider them healthy in a world in which gender-based discrimination persists. Indeed, conformity to a traditional gender role should not be equated with psychological adjustment.

same-sex couples argue that children without both a mother and father have poorer physical and mental health, poorer academic achievement, greater likelihood of substance abuse, higher risk of suicide, and greater criminal propensity. The studies they cite, however, examined children of divorced parents and of single parents, and thus support the conclusion that – all else being equal – children fare better when raised by *two* parents than by one.<sup>8</sup> But because the research cited does not address parents' sexual orientation, it does 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. If anything, this body of research demonstrates the benefits of *marriage* for children and thus provides support for allowing same-sex couples to marry.

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 review of research in this area, the American Psychological Association concluded: "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

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<sup>8</sup> Organizations opposing same-sex marriage mischaracterize the scientific research on parenting with such frequency that it would be impossible to address all such instances here, but the following examples are illustrative. Opponents of same-sex marriage rights cite P.R. Amato, *Children of Divorce in the 1990s: An Update of the Amato and Keith (1991) Meta-Analysis*, 15 *Journal of Family Psychology* 355 (2001), for the proposition that children need both a mother and a father and that any development that weakens the traditional man/woman family is likely to increase children's risks of, *inter alia*, mental illness and poor educational attainment. But Amato's focus is the effects of divorce; his conclusion is that children with divorced parents are likely to score lower on various measures of adjustment than children with continuously married parents. He does not review studies that compared children of heterosexual parents with children of gay parents, and it is inappropriate to rely on his meta-analysis to draw the conclusion that children of married or committed same-sex couples are in any way disadvantaged compared to the children of married or committed different-sex couples. Along similar lines, opponents of gay marriage cite R. Angel & J.L. Worobey, *Single Motherhood and Children's Health*, 29 *J. Health & Soc. Behav.* 38 (1988), to suggest that children are at greater risk for physical illness when their mothers and fathers do not get and stay married. This study, however, only suggests that children of single mothers tend to have poorer health than children of mothers in intact marriages. It says nothing about children of gay and lesbian parents.

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.” Similarly, the American Academy of Pediatrics has concluded that “Children who grow up with one or two gay and/or lesbian parents fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual . . . . No data have pointed to any risk to children as a result of growing up in a family with one or more gay parents.” Most recently, 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.” These statements by the leading associations of experts in this area reflect professional consensus that *no* credible empirical research suggests that gay and lesbian parents are less capable than heterosexual parents. Similarly, *no* credible evidence shows that children raised by lesbian or gay parents differ in important respects from those raised by heterosexual parents. It is the quality of parenting that predicts children’s psychological and social adjustment, not the parents’ sexual orientation or gender.

**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 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. 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 competing claims by non-parents for the child's custody.

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 obviously benefit to the extent that their parents are physically and psychologically healthy and not subjected to high levels of stress. They also benefit to the extent that their parents' relationship is stable and likely to endure. Research on parent-child relations in heterosexual parent families has consistently revealed that children's adjustment is often related to indices of parental mental health. Thus, the children of same-sex couples can be expected to benefit when their parents have the legal right to marry.

Finally, marriage can be expected to benefit the children of gay and lesbian couples by reducing the stigma currently associated with those children's status. The effects of such stigma may be indirect, as when gay parents experience greater strain on their relationship because they do not receive the social support heterosexual couples enjoy. The effects may also be direct if the children of lesbian and gay parents, like children from other minority groups, experience teasing at the hands of other children. As noted above, children of lesbians have *not* been found to differ from the children of heterosexual parents in the quality of their peer relationships. However, lesbian and gay parents and their children are generally aware of the potential for stigma and often take specific steps to avoid it. Thus, the threat of stigma represents an additional burden with which families headed by same-sex couples must cope, and it is reasonable to predict that children will benefit by having even the threat of such stigma removed from their lives.

## **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.

Respectfully submitted,

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JANUARY 31, 2007

## CERTIFICATION

I hereby certify that the foregoing brief complies with the formatting requirements set forth in Practice Book § 67-2 and that the font is Arial 12. I further certify that a copy of the foregoing was mailed, postage prepaid, on January 31, 2007, to the **Hon. Patty Jenkins Pittman, J.**, and to the counsel of record at the following addresses:

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**SUPREME COURT  
OF THE  
STATE OF CONNECTICUT**

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**S.C. 17716**

**ELIZABETH KERRIGAN, ET AL.**

**V.**

**COMMISSIONER OF PUBLIC HEALTH, ET AL.**

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**APPENDIX**

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## **Appendix Table of Contents**

- A-1 Bibliography
- A-7 American Psychological Association: Resolution on Sexual Orientation and Marriage
- A-12 American Psychological Association: Resolution on Sexual Orientation, Parents, and Children
- A-15 American Psychiatric Association: Support of Legal Recognition of Same-Sex Civil Marriage

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# 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.<sup>1</sup>

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

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<sup>1</sup>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<sup>2</sup> and important legal benefits, rights, and privileges<sup>3</sup>;

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<sup>2</sup> 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<sup>4</sup>;

**WHEREAS** Same-sex couples are denied equal access to civil marriage<sup>5</sup>;

**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)<sup>6</sup>;

**WHEREAS** The benefits, rights, and privileges associated with domestic partnerships are not universally available<sup>7</sup>, are not equal to those associated with marriage<sup>8</sup>, and are rarely portable<sup>9</sup>;

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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).

<sup>3</sup> 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).

<sup>4</sup> See Note 3.

<sup>5</sup> 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).

<sup>6</sup> 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.’”).

<sup>7</sup> 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).

<sup>8</sup> 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”).

<sup>9</sup> 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:

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Position paper of the Massachusetts Psychiatric Society on Gay Marriage, November 2004.

*Support of Legal Recognition of Same-Sex Civil Marriage*

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