

Review Of Research On Homosexual Parenting, Adoption, And Foster Parenting

*by George A. Rekers, Ph.D., Professor of Neuropsychiatry & Behavioral Science,
University of South Carolina School of Medicine,
Columbia, South Carolina*

Editorial Note:

Most of this research review of empirical evidence applies to public policy regarding child custody decisions, adoption, and foster parenting of children, even though it was specifically prepared to defend the Arkansas regulation prohibiting the issuance of foster parent licenses to homes in which there is any adult involved in homosexual behavior. The attorney assigned to defend the Arkansas regulation, Kathy Hall, curiously made motions in court to exclude all scientific evidence regarding the higher frequency of domestic violence, pedophilia, and sexual disease transmission by homosexual adults to children compared to married couples to children, which undermined her own case. So Kathy Hall instructed Professor Rekers not to review research in those areas.

Then, after seeing Dr. Rekers' review (included in this paper) of the evidence of higher rates of psychiatric disorders in practicing homosexuals compared to heterosexuals, attorney Kathy Hall made last minute motions to exclude that scientific evidence from consideration in the case just prior to Dr. Rekers' courtroom testimony. Ultimately, Kathy Hall did not allow Professor Rekers to present even 20% of the evidence in this paper that he provided her prior to his scheduled testimony in court, and as a result, Kathy Hall lost the case for the State of Arkansas. In contrast, the State of Florida used this kind of scientific research provided by Dr. Rekers in defending the law prohibiting homosexuals from adopting children, which defense succeeded all the way to the U.S. Supreme Court in January, 2005. The Boy Scouts of America similarly relied, in part, on this line of research provided by Professor Rekers, and won their case through all appeals all the way to the U.S. Supreme Court.

SUMMARY: A Rational Basis for the Arkansas Regulation

Statement by George A. Rekers, Ph.D., Professor, University of South Carolina

There are at least three reasons that the Arkansas regulation prohibiting homosexually-behaving adults from being licensed as foster parents has a rational basis:

I. The inherent nature and structure of households with a homosexually-behaving adult uniquely endangers foster children by exposing them to a substantial level of harmful stresses that are over and above usual stress levels in heterosexual foster homes. Because of the high incidence of psychological disorder in children entering foster care, foster children are especially vulnerable to psychological harm and increased maladjustment when exposed to significantly greater stress imposed on them by the presence of a homosexually-behaving adult in the foster home.

- In a household with a homosexually-behaving adult, the foster child would be exposed to additional stress with the impact of the significantly higher rates of psychological disorder (particularly affective disorders such as depression), suicidal ideation, suicide attempt, suicide completion, conduct disorder, and substance abuse in homosexually-behaving adults. Thus, a foster placement in a household with a homosexually-behaving adult would risk exposing foster children to a substantially higher level of harm because research indicates that parental affective disorder results in higher rates of child depression, child maltreatment and neglect, as mediated by interpersonal stress processes.

- Further, research indicates that homosexual behavior is widely disapproved by the majority of the U.S. population. Aware of the social stigma of living with homosexually-behaving adults, school-aged children generally suffer stress associated with their shame, embarrassment, fears that others will discover their family member's homosexuality, fears of peer rejection, actual disruption of valued friendships, suffering name-calling or ostracism, and/or seeing their family member disapproved.

The passage of the Adoption and Safe Families Act of 1997 Public Law 105-89 mandates a primary emphasis on the safety of children in the foster care system. It is in the best interests of foster children to be placed in foster homes where the adult or adults are exclusively heterosexual because such homes are safe from the kinds of unique stresses and relatively more harmful level of adult psychological disorder inherent to households with a homosexual adult.

II. Homosexual partner relationships are significantly and substantially less stable and more short-lived on the average compared to a marriage of a man and a woman, thereby inevitably contributing to a substantially higher rate of household transitions in foster homes with a homosexually-behaving adult. Homosexually-behaving adults inherently suffer significantly and substantially higher rates of partner relationship breakups, psychological disorder, suicidal ideation, suicidal attempt, completed suicide, conduct disorder, and substance abuse; therefore, as a group, households with a resident homosexually-behaving adult are substantially less capable of providing the best psychologically stable and secure home environments needed by foster children. This greater instability would inevitably necessitate more frequent foster child removal for transition to an alternate foster placement. Further, this relationship instability in households with a homosexually-behaving male also would contribute to a potentially higher risk of removal due to the sexual abuse of an adolescent male foster child by that homosexual. Foster children have already suffered one or more traumatic transitions, and more frequent transitions result in greater psychological harm and psychosocial maladjustment. The Adoption Assistance and Child Welfare Act of 1980 Public Law 92-272 shifted the focus of the foster care system to minimizing child removal rates, and Public Law 105-89 requires practices to enhance safety of the foster child. It is in the best interests of foster children to be placed in foster homes that include only married or single heterosexual adults because they are substantially more stable and safe, eliminating the unique risk of higher rates of child removal inherent to households with a homosexual adult.

III. The inherent structure of foster-parent households with one or more homosexually-behaving members deprives foster children of vitally needed positive contributions to child adjustment that are only present in licensed heterosexual foster homes. Homosexual foster-parent households lack a daily resident model of either a mother or a father, lack the unique contributions of either a mother or a father to childrearing, and lack a model of a husband/wife relationship which is significantly healthier, substantially more stable socially and psychologically, and is more widely approved compared to homosexual lifestyles. The best child adjustment results from living with a married man and woman compared to other family structures. It is clearly in the best interests of foster children to be placed with exclusively heterosexual married-couple foster families because this natural family structure inherently provides unique needed benefits and produces better child adjustment than is generally the case in households with a homosexually-behaving adult.

A Rational Basis for Prohibiting the Issuance of Foster Parent Licenses to Households that Include a Homosexually-Behaving Member

By Professor George A. Rekers, Ph.D.

There is a rational basis for a regulation to prohibit the issuance of a foster parent license to individuals engaged in sexual behavior with another individual of the same sex and to individuals who have a home in which there resides an adult member engaging in sexual behavior with another individual of the same sex. Substantial empirical research, common sense, and logical reasoning supports this regulation. The best available and applicable research evidence clearly supports the state government's position that it is in the best interests of a child in need of foster placement be placed in a foster headed by a father and mother (or in a home of a single heterosexual individual with qualifications that match a particular child's needs), excluding all homes with an adult member involved in male with male sexual behavior or female with female sexual behavior.

I.

The Inherent Structure of a Household with a Homosexual Adult Exposes a Foster Child to Substantial High Risk of Harmful Stressors That Do Not Exist in a Heterosexual Family

A foster placement with a homosexual parent figure subjects the child to an additional and unique source of profound psychosocial stress related to the placement of the child in an abnormal family structure with the socially deviant sexual lifestyle of the homosexual foster parent. These unique stresses of placement in a homosexual's home compound the foster child's existing set of problems she or he already has to cope with. Placement with a homosexual foster parent is a completely avoidable source of additional moderate-to-severe stress placed on the foster child. The state's legitimate interest in avoiding potential harm to the child justifies the state's decision to prohibit foster child placement in homes with a homosexual behaving adult.

Compared to a family without a homosexually behaving adult, empirical evidence and my 30 years of clinical experience with children strongly support the common sense conclusion that a home with a homosexual behaving individual subjects a foster child to a set of disadvantages, stresses, and other harms that are seriously detrimental to a child's psychological and social development. While any individual specific home with a homosexually-behaving adult may not contain all of the following specific disadvantages, stresses, and harms, every household with a homosexually-behaving adult would have some subset of the following disadvantages that clearly would not be in the best interests of the child needing foster placement.

A. Children are More Vulnerable to Harm from Stress than Other Children

Foster children are among the most vulnerable of all citizens. At the time of a foster home placement, the child inevitably experiences the psychosocial stresses of going through a series of separations, significant changes, special problems such as adjusting to emotional effects of neglect or abuse, and/or traumas such as the death of parents; for example, there are stresses associated with separation from their birth/legal parents, stresses in coping with agency workers, stresses in adapting to a new family, and stresses of new surroundings, including possibly a new neighborhood, a new school, and new peers. All these stresses are regrettably unavoidable once a child is found to need foster placement.

Because of the abuse, neglect, or tragic loss of parents experienced by children entering foster care, they have significantly and substantially higher rates of psychological disorders than other children. In a 2001 review of research on foster family characteristics and the behavioral and emotional problems of foster children, Orme and Buehler concluded, "Many children in foster care have significant behavioral and emotional problems... and many of them are at risk for developing additional problems because of a history of child abuse and neglect, family poverty, or parental mental health problems...."¹

To study the prevalence of psychiatric disorders in children in the general population, investigators have used several methods, about half using the multi-method-multistage approach to ascertain cases. The review by Brandenburg, Friedman, and Silver published in 1990 stated, "The majority of overall prevalence estimates of moderate to severe disorder range from **14 to 20%**."² The review by Halfon and Newacheck published in 1999 concluded, "Findings from these and other studies suggest that between **17% and 22%** of children (0-17 years) suffer from some form of diagnosable mental illness...."³

By contrast, according to a review by Simms and colleagues in 2000, overall prevalence of psychological disorders in children entering foster care range from **29% to 96%** from study to study. Similarly, a 2003 review by Lau and her colleagues cited studies indicating that the "proportion of children meeting clinical criteria for behavioral problems or psychiatric diagnosis range from **54 to 80%**."⁴ In an article in the journal *Child Abuse and Neglect* published in 2000, Dr. Rae R. Newton and his colleagues wrote, "It is well known that such children, entering the foster care system, exhibit behavioral and mental health problems, or at risk for those problems."⁵ The following are representative of many studies on the prevalence of psychological problems among foster children.

1. McIntyre and Keesler (1986) conducted a research study of psychological disorders among foster children and found that 50% of them evidenced behavioral problems.⁶
2. Hochstadt and colleagues (1987) studied of the psychosocial needs of children entering foster care and reported that 56.9% of such children in Chicago during a one-month sampling had significant emotional and/or behavioral problems that required treatment.⁷

¹ Page 3 in John G. Orme, & Cheryl Buehler, "Foster family characteristics and behavioral and emotional problems of foster children: a narrative review," *Family Relations*, 2001, Volume 50, Number 1, pages 3-15.

² Page 76 in Nancy A. Brandenburg, Robert M. Friedman, & Starr E. Silver, "The epidemiology of childhood psychiatric disorders: prevalence findings from recent studies," *Journal of the American Academy of Child and Adolescent Psychiatry*, 1990, Volume 29, Number 1, pages 76-83.

³ Page 600 in Neal Halfon, & Paul W. Newacheck, "Prevalence and impact of parent-reported disabling mental health conditions among U.S. children," *Journal of the American Academy of Child and Adolescent Psychiatry*, 1999, Volume 38, Number 5, pages 600-609..

⁴ Page 347 in Anna S. Lau, Alan J. Litrownik, Rae R. Newton, & John Landsverk, "Going Home: The complex effects of reunification on internalizing problems among children in foster care," *Journal of Abnormal Child Psychology*, 2003, Volume 31, Number 4, pages 345-359.

⁵ R. R. Newton, A. J. Litrownik, & J. A. Landsverk, "Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements," *Child Abuse & Neglect*, 2000, Volume 24, Number 10, page 1364.

⁶ A. McIntyre & T. Y. Keesler, "Psychological disorders among foster children," *Journal of Clinical Child Psychology*, 1986, Volume 15, pages 297-303.

⁷ N. J. Hochstadt, P. K. Jaudes, D. A. Zimo, & J. Schachter, "The medical and psychosocial needs of children entering foster care," *Child Abuse & Neglect*, 1987, Volume 11, pages 53-62.

3. In the state of California, the federal Medicaid program is called “Medi-Cal.” Halfon and colleagues (1992) reported that “children in foster care account for 41% of all users of mental health services even though they represent less than 4% of Medi-Cal-eligible children. When partitioned into specific service categories, children in foster care account for 53% of all psychologist visits, 47% of psychiatry visits, 43% of Short Doyle/Medi-Cal inpatient hospitalization in public hospitals, and 27% of inpatient psychiatric hospitals. ...When compared to the non-foster care Medi-Cal-eligible child population, children in foster care have 10 to 20 times the rate of utilization per eligible child for selected services. For children in foster care, 75% of all diagnoses for billed services were accounted for by four diagnoses: adjustment disorders (28.6%), conduct disorders (20.5%), anxiety disorders (13.8%), and emotional disorders (11.9%)...” (p. 1238).
4. Halfon and colleagues (1995) reported on 213 children in foster care, finding that over 80% had developmental, emotional, or behavioral problems. They concluded that children in foster care “revealed higher rates of chronic multiple medical and mental health problems...” And it is significant that stress experienced by a child frequently worsens that child’s physical health condition and psychological disorder.
5. Chernoff and colleagues (1994) found that 15% of children entering foster care reported suicidal ideation and 7% reported homicidal ideation. Because of the high percentage of children entering foster care who have severe psychological adjustment problems, the demand for appropriate foster care placements is critically important.⁸
6. Blumberg and colleagues (1996) reported that among 662 children placed, 56% used mental health services within 5 to 8 months of entering out-of-home care, while only 10% had received such services prior to placement.⁹
7. A study conducted by Clausen and colleagues (1998) in San Diego reported that 61% of a sample of foster children had a mental health problem.¹⁰
8. DosReis and colleagues (2001) reported a study of 15,507 youths with Medicaid insurance in a mid-Atlantic state. They reported, “...the prevalence of mental disorders among youths enrolled in foster care (57%) was ... nearly 15 times that of other youths receiving other types of aid (4%). ...Attention-deficit/hyperactivity disorder [ADHD], depression, and developmental disorders were the most prevalent disorders.”
9. Harman and colleagues (2000) reported a study of 39,500 children on Medicaid in Pennsylvania, and found that “children in foster care were 3 to 10 times more likely to receive a mental health diagnosis” (depending on the particular diagnosis) and “...had 6.5 times more mental health claims, [and] were 7.5 times more likely to be hospitalized for a mental health condition...” (p. 1080). Considering only six diagnoses (depression, anxiety disorder, ADHD, conduct disorder, bipolar disorder, and oppositional defiant disorder), 39.5% of foster children had a diagnosis compared to 8.4% of other AFDC children.

⁸ Lee, Wendy Ya-Chun. Process and criteria of electing foster parents: A national comparative study of state foster care systems. Dissertation Abstracts International, Volume 62 (4-A), Oct 2001, page 1601. Ann Arbor, MI: University Microfilms International.

⁹ E. Blumberg, J. Landsverk, E. Ellis-MacLeod, W. Ganger, & S. Culver, “Use of the public mental health system by children in foster care,” Journal of Mental Health Administration, 1996, Volume 23, pages 389-405.

¹⁰ J. M. Clausen, J. Landsverk, W. Ganger, D. Chadwick, & A. Litrownik, “Mental health problems of children in foster care,” Journal of Child and Family Studies, 1998, Volume 7, pages 283-296.

10. McMillen and colleagues (2004) reported a study of 406 youths in Missouri's foster care system who were aged 17 years and found that 94% of them had used a mental health service in their lifetime. Lifetime rates for inpatient psychiatric care was 42%.

A 1995 review of 13 studies on psychological disorders among foster children by Pilowsky concluded, "The prevalence of psychopathology among children in family foster care is higher than would be expected from normative data, even when this population is compared with children who have backgrounds of similar deprivation."¹¹ Another study published in 1986 by McIntyre found that nearly half the foster children manifested evidence of psychological disorder, and depending upon the particular syndrome, "Relative risks associated with foster status were from almost 2 to over 32 times greater"¹² than for children in the general population.

Diagnosed Adjustment Disorders are among the most commonly suffered psychological problems suffered by foster children when they encounter too much accumulated stress than they are can cope with. The essential feature of an Adjustment Disorder is that the person has a maladaptive reaction to one or more psychosocial stressors that occurs within three months of the stressor. Individuals who are particularly vulnerable (as many foster children are due to their history and circumstance) may have a severe form of an Adjustment Disorder even if the stressor is only mild or moderate in its intensity. The individual's symptoms determine the specific type of Adjustment Disorder, and the disorder can be either acute or chronic:

- Adjustment Disorder with Depressed Mood
- Adjustment Disorder with Anxiety
- Adjustment Disorder with Mixed Anxiety and Depressed mood
- Adjustment Disorder with Disturbance of Conduct
- Adjustment Disorder with Mixed Disturbance of Emotions and Conduct

In their 2001 review of foster family characteristics, Orme and Buehler concluded, "Given the pivotal role of foster families, it is important to understand aspects of the foster family that exacerbate behavioral and emotional problems in foster children, as well as aspects of the foster family that might prevent or ameliorate future problems."¹³ **Because of high incidence of psychological disorder in children entering foster care, foster children are especially vulnerable to psychological harm and increased maladjustment when exposed to the significantly greater stress imposed on them by the presence of a homosexually-behaving adult in the foster home.** And those children entering foster care without a psychological disorder are much more susceptible to developing a psychological disorder than most children by virtue of their circumstances and massive adjustment required by the stresses of a foster placement.

¹¹ Page 906 in Daniel Pilowsky, "Psychopathology among children placed in family foster care," *Psychiatric Services*, 1995, Volume 46, Number 9, pages 906-910.

¹² Page 297 in Anne McIntyre, "Psychological disorders among foster children," *Journal of Clinical Child Psychology*, 1986, Volume 15, Number 4, pages 297-303.

¹³ Page 3 in John G. Orme, & Cheryl Buehler, "Foster family characteristics and behavioral and emotional problems of foster children: a narrative review," *Family Relations*, 2001, Volume 50, Number 1, pages 3-15.

B. Higher Rates of Psychological Disorder and Substance Abuse in Homosexuals Exposes Child to Harmful Stress

Campbell and colleagues conducted a 1980 study of family foster care, which found that in 16% of the “worst placements,” the foster parents had psychiatric problems, compared to none of the parents having psychiatric problems in the “best placements.”¹⁴ In their 1984 journal article entitled, “Correlates of effective foster parenting,” Jordan and Redway similarly concluded that the characteristics of successful foster parents include “willingness to learn, ability to request and receive help, warmth, acceptance of children and their behavior, a high tolerance of frustration, excellent communication skills, and good physical and emotional health.”¹⁵ Orme and Buehler’s 2001 review of research related to foster family characteristics that affect children’s social and emotional adjustment pointed to research indicating that the parent’s mental health is among “family factors that likely contribute to children’s social and emotional adjustment.”¹⁶

However, individuals with homosexual behavior have repeatedly been found to have a significant and substantially higher prevalence of psychiatric disorders and substance abuse in studies with large probability samples of the adult population. If foster children are placed in homes with a homosexually-behaving adult, those foster children will be exposed to additional stress with the impact of the significantly higher rates of psychological disorder (particularly mood disorders), suicidal ideation, suicide attempt, suicide completion, violence, substance abuse, and HIV/AIDS in homosexually behaving adults.

In 2004, Mills and his colleagues¹⁷ reported a CDC (Centers for Disease Control and Prevention)-funded study of a household-based probability sample of men who have sex with men (N=2881) in four large USA cities. Among men who have sex with men, the 7-day prevalence of depression was 17.2%, which is higher than in adult US. men in general (who have a 3.8% 30-day prevalence rate). The 7-day prevalence of distress in men who have sex with men was 12%. The authors concluded, “Rates of distress and depression are high in men who have sex with men,” and were associated with “...lack of a domestic partner; not identifying as gay, queer, or homosexual; experiencing multiple episodes of anti-gay violence in the previous 5 years; and very high levels of community alienation” (p. 278).

In 2001, Gilman and his colleagues¹⁸ analyzed data from the National Comorbidity Survey, a nationally representative household survey. 2.1% of men and 1.5% of women reported one or more same-sex sexual partners in the past five years (homosexual n = 125). Reporting the findings of 12-month prevalence, 36.8% of men having sex with men had a psychiatric disorder, compared to 28.2% of men having sex with women. And 55.5% of women having sex with women had a psychiatric disorder compared with 31.8% of women who have sex with men. The authors

¹⁴ S. B. Campbell, R. Simon, L. Weithorn, D. Krikston, & K. Connolly. “Successful foster homes need parent-child match,” Journal of Social Welfare, 1980, Volume 6, pages 47-60.

¹⁵ A. Jordan & M. R. Redway, “Correlates of effective foster parenting,” Social Work Research and Abstracts, 1984, Volume 20, pages 27-31.

¹⁶ Pages 3 to 4 in John G. Orme, & Cheryl Buehler, “Foster family characteristics and behavioral and emotional problems of foster children: a narrative review,” Family Relations, 2001, Volume 50, Number 1, pages 3-15.

¹⁷ Thomas C. Mills, Jay Paul, Ron Stall, Lance Pollack, Jesse Canchola, Y. Jason Chang, Judith T. Moskowitz, & Joseph A. Catania, “Distress and depression in men who have sex with men: the Urban Men’s Health Study,” American Journal of Psychiatry, 2004, Volume 161, pages 278-285.

¹⁸ Stephen E. Gilman, Susan D. Cochran, Vickie M. Mays, Michael Hughes, David Ostrow, & Ronald C. Kessler, “Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey,” American Journal of Public Health, June 2001, Volume 91, Number 6, pages 933-939.

concluded, "...having same sex sexual partners is associated with a general elevation of risk for anxiety, mood, and substance use disorders and for suicidal thoughts and plans" (p. 933).

In 1999, Fergusson and his colleagues¹⁹ reported on a 21-year longitudinal study of a birth cohort of 1265 children born in New Zealand. 2.8% were classified as homosexual based on their reported sexual orientation or sexual partnerships. Data were gathered on a range of psychiatric disorders from age 14 to 21 years. Homosexuals had significantly higher rates of major depression, generalized anxiety disorder, conduct disorder, nicotine dependence, other substance abuse and/or dependence, multiple disorders, suicidal ideation, and suicide attempts. 78.6% of homosexuals compared to 38.2% of heterosexuals had two or more mental disorders, a statistically significant difference. 71.4% of homosexuals experienced major depression compared to 38.2% of heterosexuals. 67% of homosexuals reported suicidal ideation compared to 28.0% of heterosexuals. And 32.1% of homosexuals reported a suicide attempt compared to 7.1% of heterosexuals.

In 2001, from a country long recognized for its more tolerant acceptance of homosexuality, Sandfort and colleagues published a study²⁰ of a representative sample of the Dutch population (N=7076; aged 18-64 years), in which 5998 subjects could be classified as heterosexual or homosexual based on reported sexual behavior in the preceding year. 2.8% of men and 1.4% of women had same-sex partners. Reporting 12-month prevalence rates, 21.1% of heterosexual men and 35.4% of homosexual men had one or more DSM diagnoses, and 22.4% of heterosexual women and 34.9% of homosexual women had one or more DSM diagnoses. Homosexual men had a higher 12-month prevalence of mood disorders and anxiety disorders than heterosexual men. Homosexual women had a higher 12-month prevalence of substance use disorders. Reporting life-time prevalence rates, 41.4% of heterosexual men and 56.1% of homosexual men had one or more DSM diagnoses, and 39.1% of heterosexual women and 67.4% of homosexual women had one or more DSM diagnoses. Homosexual women had a higher life-time prevalence rate of mood disorders than heterosexual women.

In 2003, Sandfort and colleagues²¹ published subsequent study of the quality of life of this same large representative sample of homosexual and heterosexual men and women. These researchers found that men who reported sexual behavior with other men in the preceding year had a lower reported quality of life, lower sense of self-esteem, and lower sense of mastery. "Compared to heterosexual men, homosexual men evaluated their general level of health and their mental health as less positive, reported that emotional problems more often interfered with work or other daily activities, that physical health or emotional problems interfered with normal social activities, and felt less energetic" (page 18).

In 2003, King and colleagues²² published a cross-sectional study of 505 heterosexual men, 656 homosexual men, 85 bisexual men, 588 heterosexual women, 430 homosexual women, and 113 bisexual women in England and Wales. This, the largest study of its kind in the United Kingdom, found that two-thirds of homosexual and bisexual adults are likely to have mental health problems,

¹⁹ D. M. Fergusson, L. J. Horwood, & A. L. Beautrais, "Is sexual orientation related to mental health problems and suicidality in young people?" Archives of General Psychiatry, 1999, Volume 56, pages 876-880.

²⁰ Theo G. M. Sandfort, Ron de Graaf, Rob V. Bijl, & Paul Schnabel, "Same-sex sexual behavior and psychiatric disorders," Archives of General Psychiatry, January 2001, Volume 58, pages 85-91.

²¹ Theodorus G. M. Sandfort, Ron de Graaf, & Rob V. Bijl, "Same-sex sexuality and quality of life : Findings from the Netherlands Mental Health Survey and Incidence Study," Archives of Sexual Behavior, February 2003, Volume 32, Number 1, pages 15-22.

²² Michael King, Eamonn McKeown, James Warner, Angus Ramsay, Katherine Johnson, Clive Cort, Oliver Davidson, & Lucienne Wright. Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales. London: Mind—National Association for Mental Health, 2003. Sophie Goodchild, "Gays face high risk of mental problems," Independent News, September 8, 2003. <http://news.independent.co.uk/uk/health/story.jsp?story=441027>

compared to just one-third of heterosexuals. They concluded, “The main findings for these comparisons were similar to those reported in U.S. studies. ...gay men and lesbians reported more psychological distress than heterosexuals, despite similar levels of social support and quality of physical health as heterosexual men and women. Levels of substance use disorders were higher among gay men and lesbians, who reported that they were more likely than their heterosexual counterparts to have used recreational drugs. Lesbians were more likely than heterosexual women to drink alcohol excessively. Results showed that bisexual men were more likely than gay men to have recently used recreational drugs. ...In reports on self harm, gay men were more likely than bisexual men, and lesbians more likely than bisexual women to cite their sexuality as a reason for harming themselves.”²³

In 1999, Harrell and his colleagues²⁴ reported on lifetime symptoms of suicidality in the population-based Vietnam Era Twin Registry. 103 middle-aged male-male twin pairs were identified in which one member of the pair reported male sexual partners after age 18 years while the other twin did not. After adjusting for substance abuse and depressive symptoms other than suicidality, having same-sex sexual partners was found to be significantly associated with thoughts about death, suicidal ideation, and attempted suicide. 55.3% of men with male sex partners reported suicidal ideation compared to 25.2% of their heterosexual twins. 14.7% of men with male sex partners reported suicide attempt compared to 3.9% of their heterosexual twins.

A study of adults aged 18 to 30 years old published in 2002 by Garcia and colleagues reported, “lesbian/bisexual females were significantly more likely to report past suicidal ideation than were heterosexual females. Gay/bisexual males were more likely to report unwanted sexual touching than were heterosexual males....”²⁵

In a study reported in 2004 of 191 homosexual and bisexual men, Landolt and her colleagues found that “gender nonconformity was significantly associated with paternal, maternal, and peer rejection in childhood. In addition, paternal and peer rejection, but not maternal rejection, independently predicted attachment anxiety. Peer rejection and, to a lesser extent, paternal rejection mediated the association between gender nonconformity and attachment anxiety. Finally, peer rejection mediated the association between paternal rejection and attachment avoidance.”²⁶ A 1994 study by Siever²⁷ found that compared to heterosexual men, homosexual men have a much higher concern for physical attractiveness making them more vulnerable to eating disorders.

In 1998 and 1999, Faulkner and Cranston,²⁸ Fergusson and colleagues,²⁹ Garofalo and colleagues,³⁰ Remafedi and colleagues,³¹ and Safren and Heimberg³² reported several studies of

²³ Michael King, Eamonn McKeown, James Warner, Angus Ramsay, Katherine Johnson, Clive Cort, Oliver Davidson, & Lucienne Wright. Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales. London: Mind—National Association for Mental Health, 2003.

²⁴ Richard Herrell, Jack Goldberg, William R. True, Visvanathan Ramakrishnan, Michael Lyons, Seth Eisen, & Ming T Tsuang, “Sexual orientation and suicidality: a co-twin control study in adult men,” Archives of General Psychiatry, October 1999, Volume 56, pages, 867-874.

²⁵ Jacob Garcia, Joyce Adams, Lawrence Friedman, & Patricia East, “Links between past abuse, suicide ideation, and sexual orientation among San Diego college students,” Journal of American College Health, July 2002, Volume 51, Number 1, pages 9-14.

²⁶ Page 117 in Monica A. Landolt, Kim Barholomew, Colleen Saffrey, Doug Oram, & Daniel Perlman, “Gender nonconformity, childhood rejection, and adult attachment: a study of gay men,” Archives of Sexual Behavior, April 2004, Volume 33, Number 2, pages 117-128.

²⁷ Michael D. Siever, “Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders,” Journal of Consulting and Clinical Psychology, 1994, Volume 62, Number 2, pages 252-260.

²⁸ A. H. Faulkner & K. Cranston, “Correlates of same-sex sexual behavior in a random sample of Massachusetts high school students,” American Journal of Public Health, 1998, Volume 88, pages 262-266.

probability samples, all of which reported that homosexual and bisexual adolescents are at a greater risk of attempting suicide than are heterosexual adolescents.

In 2001, Noell and Ochs³³ reported on a study of 532 homeless adolescents in which they found that, compared to heterosexuals, “gay, lesbian, bisexual, and ‘unsure’ youths (GLBU)” were more likely to report recent depression and suicidal ideation.

In a 2001 review of research findings on the relationship between sexual orientation and risk for suicide, McDaniel and his colleagues concluded, “Studies suggest an elevated risk of suicide attempts among some cohorts of GLB (gay, lesbian, and bisexual) people, particularly GLB youth. Evidence is also strong that GLB youth are at high risk for associated maladaptive risk behaviors. Mental health problems and substance abuse disorders are critical predisposing factors for GLB suicide....”³⁴

In a nationally representative study of United States adolescents published in 2001 that involved more than 12,000 research participants, Russell and Joyner reported findings comparing 453 adolescent males with same-sex sexual orientation to 5233 males with no homosexual orientation, and 414 adolescent females with same-sex sexual orientation to 5233 females with no homosexual orientation. These investigators found, “There is a strong link between adolescent sexual orientation and suicidal thoughts and behaviors. The strong effect of sexual orientation on suicidal thoughts is mediated by critical youth suicide risk factors, including depression, hopelessness, alcohol abuse, recent suicide attempts by a peer or a family member, and experiences of victimization.”³⁵ 15.4% of adolescent males with homosexual orientation reported suicidal thoughts in the past 12 months compared to 9.7% of heterosexual males, and 28.3% of adolescent females with homosexual orientation reported suicidal thoughts in the past 12 months compared to 15.2% of heterosexual females. 5.0% of adolescent males with homosexual orientation reported a suicide attempt in the past 12 months compared to 2.0% of heterosexual males, and 12.2% of adolescent females with homosexual orientation reported a suicide attempt in the past 12 months compared to 5.0% of heterosexual females.

In a study of 2924 Norwegian adolescents published in 2003, Wichstrom and Hegna³⁶ found same-sex sexual behavior (but not homosexual attraction or homosexual identity) predictive of suicide attempt.

²⁹ D. M. Fergusson, L. J. Horwood, & A. L. Beautrais, “Is sexual orientation related to mental health problems and suicidality in young people?” *Archives of General Psychiatry*, 1999, Volume 56, pages 876-880.

³⁰ R. Garofalo, R. C. Wolf, L. S. Wissow, E. R. Woods, & E. Goodman, “Sexual orientation and risk of suicide attempts among a representative sample of youth,” *Archives of Pediatric and Adolescent Medicine*, 1999, Volume 153, pages 487-493.

³¹ G. Remafedi, S. French, M. Story, M. D. Resnick, & R. Blum, “The relationship between suicide risk and sexual orientation: Results of a population-based study.” *American Journal of Public Health*, 1998, Volume 88, pages 57-60.

³² Steven A. Safren & Richard G. Heimberg, “Depression, hopelessness, suicidality and related factors in sexual minority and heterosexual adolescents,” *Journal of Consulting and Clinical Psychology*, 1999, Volume 67, pages 859-866.

³³ Page 31 in John W. Noell & Linda Ochs, “Relationship of sexual orientation to substance use, suicidal ideation, suicide attempts, and other factors in a population of homeless adolescents,” *Journal of Adolescent Health*, 2001, Volume 29, pages 31-36.

³⁴ J. Stephen McDaniel, David Purcell, & Anthony R. D’Augelli, “The relationship between sexual orientation and risk for suicide: research findings and future directions for research and prevention,” *Suicide and Life-Threatening Behavior*, Spring 2001, Volume 31 (Supplement), pages 84-105.

³⁵ Stephen T. Russell & Kara Joyner, “Adolescent sexual orientation and suicide risk: evidence from a national study,” *American Journal of Public Health*, August 2001, Volume 91, Number 8, pages 1276-1281.

³⁶ Lars Wichstrom and Kristinn Hegna, “Sexual orientation and suicide attempt: a longitudinal study of the general Norwegian adolescent population,” *Journal of Abnormal Psychology*, 2003, Volume 112, Number 1, pages 144-151.

Russell & Joyner (2001) analyzed data from 6254 adolescent girls and 5686 adolescent boys in the National Longitudinal Study of Adolescent Health, and found a strong link between adolescent same-sex sexual orientation and suicidal thoughts and behaviors. 8.4% of the boys and 6.6% of the girls reported having had a same-sex romantic attraction or relationship. "...youths with same-sex orientation are more than 2 times more likely than their same-sex peers to attempt suicide" (p. 1278).

Further, "ego-dystonic homosexuality" is itself a diagnosed mental disorder in the International Classification of Diseases, 9th Edition, published by the American Medical Association, and widely used by physicians, psychiatrists, and psychologists in the United States and around the world.

Children in homes with a homosexually behaving adult are more likely to experience the stress and associated harm of *living with a parent or adult with a problem of alcoholism or the abuse of an illegal substance*.

- In a journal article published in 2000 reporting findings from the National Household Survey on Drug Abuse, Cochran and her colleagues at UCLA reported that "homosexually active women reported using alcohol more frequently and in greater amounts and experienced greater alcohol-related morbidity than exclusively heterosexually active women,"³⁷ being more likely to meet criteria for alcohol dependency syndrome.
- In 2001, Gruskin and colleagues reported that "lesbians and bisexual women younger than 50 years were more likely than heterosexual women to smoke cigarettes and drink heavily."³⁸
- In a 2001 research review coauthored by Ryan and colleagues, the Centers for Disease Control and Prevention reported up to twice the smoking rate for homosexuals and bisexuals compared to heterosexuals.³⁹
- Reviewing substance abuse research in a 2001 article, Copeland and Sorensen cited studies indicating that methamphetamine use is particularly prevalent among gay and bisexual men."⁴⁰
- A 2001 review by Ross and Williams funded by the Centers for Disease Control and the National Institute on Drug Abuse, concluded, "Most data available are on opioid (predominantly heroin) users and crack cocaine users. The recent phenomenon of the circuit party has led to investigation of the context in which drug use and sex have become the focus of large gay-oriented parties over long weekends."⁴¹ They concluded, "It is clear that the sexual behavior of drug users has become an important consideration in the spread of not only HIV but also of other sexually transmissible pathogens."⁴²

³⁷ Page 1062 in Susan D. Cochran, Colleen Keenan, Christine Schober, & Vicki M. Mays, "Estimates of alcohol use and clinical treatment needs among homosexually active men and women in the U.S. population," Journal of Consulting and Clinical Psychology, 2000, Volume 68, Number 6, pages 1062-1071.

³⁸ Page 976 in Elisabeth P. Gruskin, Stacey Hart, Nancy Gordon, & Lynn Ackerson, "Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organization," American Journal of Public Health, June 2001, Volume 91, Number 6, pages 976-979.

³⁹ Heather Ryan, Pascale M. Wortley, Alyssa Easton, Linda Pederson, & Greg Greenwood, "Smoking among lesbians, gays, and bisexuals," American Journal of Preventive Medicine, 2001, Volume 21, Number 2, pages 142-149.

⁴⁰ Page 91 in Amy L. Copeland & James L. Sorensen, "Differences between methamphetamine users and cocaine users in treatment," Drug and Alcohol Dependence, 2001, Volume 62, pages 91-95.

⁴¹ Page 290 in Michael W. Ross & Mark L. Williams, "Sexual behavior and illicit drug use," Annual Review of Sex Research, 2001, Volume 12, pages 290-310.

⁴² Page 307 in Michael W. Ross & Mark L. Williams, "Sexual behavior and illicit drug use," Annual Review of Sex Research, 2001, Volume 12, pages 290-310.

- In a 2002 research report in the *Journal of Gay and Lesbian Social Services*, Halkitis and Parsons reported that in a survey of 202 gay or bisexual men in New York City, “The majority of participants reported substance use, and more than half reported the use of drugs other than alcohol.”⁴³ These investigators also summarized other research that has reported, “Substance use, in fact, may be associated with sexuality through social learning in bars or other settings where sexuality is reported. The gay bar has been the primary institutional frame for establishing and supporting gay identity and for sanctioning drug and alcohol use.”⁴⁴
- The 2002 review by Hughes and Eliason found that “both heavy drinking and use of drugs other than alcohol appear to be prevalent among young lesbians and gay men.”⁴⁵
- A 2003 study by Sandfort and colleagues reported that “homosexual women more often had had a pure substance use disorder in the preceding year than had heterosexual women.”⁴⁶
- In a 2003 research study, Boyd and her colleagues reported these findings in their study of the use of a the synthetic compound, 3,4 methylenedioxymethamphetamine, known as “ecstasy” in 3606 randomly selected university students: “gay, lesbian, and bisexual students were more than two times as likely to have used ecstasy in the past year. Significant relationships existed between ecstasy use and other substance use such as binge drinking, marijuana use, and cigarette smoking.”⁴⁷ In another 2003 research study, these same investigators found that self-identified lesbian and bisexual women were significantly more likely to experience certain alcohol and other drug-related consequences (such as driving under the influence, unplanned sex, memory loss, trouble with police, or damaged property), use marijuana and other drugs.⁴⁸
- In 2001, Noell and Ochs⁴⁹ reported on a study of 532 homeless adolescents in which they found that, compared to heterosexuals, “gay, lesbian, bisexual, and ‘unsure’ youths (GLBU)” were “more likely to have recently used amphetamines and to have injected drugs....”

In 2003, Stall and his colleagues at the Centers for Disease Control and Prevention and the University of California, San Francisco, published a study of a cross-sectional household probability sample of 2881 adult men who have sex with men or who defined themselves as gay or bisexual, in four U.S. cities in the East, Midwest, and West coast. These investigators defined “polydrug use” as “use of 3 or more recreational drugs (e.g., marijuana, cocaine, crack cocaine, heroin, hallucinogens, inhalants, amphetamines, metamphetamine, MDMA [“ecstasy”], barbiturates or tranquilizers, painkillers) in the past 6 months.”⁵⁰ Controlling for important demographic and

⁴³ Page 19 in Perry N. Halkitis & Jeffrey T. Parsons, “Recreational drug use and HIV-risk sexual behavior among men frequenting gay social venues,” *Journal of Gay and Lesbian Social Services*, 2002, Volume 14, Number 4, pages 19-38.

⁴⁴ Page 21 in Perry N. Halkitis & Jeffrey T. Parsons, “Recreational drug use and HIV-risk sexual behavior among men frequenting gay social venues,” *Journal of Gay and Lesbian Social Services*, 2002, Volume 14, Number 4, pages 19-38.

⁴⁵ Page 263 in Tonda L. Hughes & Michele Eliason, “Substance use and abuse in lesbian, gay, bisexual and transgender populations,” *Journal of Primary Prevention*, 2002, Volume 22, Number 3, pages 263-298.

⁴⁶ Pages 18-19 in Theodorus G. M. Sandfort, Ron de Graaf, & Rob V. Bijl, “Same-sex sexuality and quality of life : Findings from the Netherlands Mental Health Survey and Incidence Study, ” *Archives of Sexual Behavior*, February 2003, Volume 32, Number 1, pages 15-22.

⁴⁷ Page 209 in Carol J. Boyd, Sean Esteban McCabe, & Hannah d’Arcy, “Ecstasy use among college undergraduates: gender, race and sexual identity,” *Journal of Substance Abuse Treatment*, 2003, Volume 24, pages 209-215.

⁴⁸ Sean Esteban McCabe, Carol J. Boyd, Tonda L. Hughes, & Hannah d’Arcy, “Sexual identity and substance use among undergraduate students,” *Substance Abuse*, June 2003, Volume 24, Number 2, pages 77-91.

⁴⁹ Page 31 in John W. Noell & Linda Ochs, “Relationship of sexual orientation to substance use, suicidal ideation, suicide attempts, and other factors in a population of homeless adolescents,” *Journal of Adolescent Health*, 2001, Volume 29, pages 31-36.

⁵⁰ Page 939 in Ron Stall, Thomas C. Mills, John Williamson, Trevor Hart, Greg Greenwood, Jay Paul, Lance Pollack, Diane Binson, Dennis Osmond, & Joseph A. Catania, “Association of co-occurring psychosocial health problems and

behavioral variables, Stall and his colleagues used multivariate logistic regression models that identify the independent associations of polydrug use, depression, childhood sexual abuse, and partner violence among urban men who have sex with men (MSM). This study⁵¹ found that

- “depression is independently associated with childhood sexual abuse, poly-drug use, and partner violence,” (page 940)
- “polydrug use is independently associated with depression and partner violence,” (page 940)
- “both polydrug use (odds ratio [OR]=2.2; 95% confidence interval [CI]=1.7,2.8) and partner violence (OR=1.5; 95% CI=1.2, 1.9) were significantly associated with HIV seropositivity,” (pages 940-941)
- “polydrug use (OR=2.0; 95% CI=1.5, 2.7), partner violence (OR=1.7;95% CI=1.3, 2.3), and childhood sexual abuse (OR=1.4; 95% CI=1.1, 1.9) were significantly associated with high-risk sexual behavior...” (page 941).

These CDC researchers concluded, “This analysis of these data supports the view that additive psychosocial health problems—otherwise known collectively as a syndemic—exist among urban MSM and that the interconnection of these problems functions to magnify the effects of the HIV/AIDS epidemic in this population” (page 941). “Put another way, men who are mired in the combined effects of depression, substance abuse, and violence may not have the capacity to reduce their sexual risk” (page 942).

Compared to children placed in foster families with exclusive heterosexuals, children in homes with a homosexually behaving adult are more likely to experience the stress and associated harm of a dysfunctional placement attributed to the problems created by *living with a parent or adult with a mental disorder or substance abuse*. Compared to heterosexual adults, these doctors and research scientists at the Centers for Disease Control and Prevention and associated universities have determined that a higher proportion of homosexually behaving adults are “mired in the combined effects of depression, substance abuse, and violence” which forces them to have to battle multiple additive health problems—a syndemic—which makes it difficult for them to have the capacity to implement needed adaptive behaviors, such as HIV prevention.⁵² The debilitating effects of these interrelated health problems combine with social marginalization, stigma, and a lesser degree of social and community support to make homosexual adults generally less capable of providing all the resources that psychologically-disturbed foster children vitally need. As noted above, in studying a large representative sample of heterosexual and homosexual men, Sandfort and colleagues reported, “Compared to heterosexual men, homosexual men evaluated their general level of health and their mental health as less positive, reported that emotional problems more often interfered with work or other daily activities, that physical health or emotional problems interfered with normal social activities, and felt less energetic” (page 18). The logical conclusion from these findings would be that heterosexual adults generally have significantly and substantially better health, more energy, and better emotional stamina to devote to foster children, without the level of

increased vulnerability to HIV/AIDS among urban men who have sex with men,” [American Journal of Public Health](#), June 2003, Volume 93, Number 6, pages 939-942.

⁵¹ Pages 940-941 in Ron Stall, Thomas C. Mills, John Williamson, Trevor Hart, Greg Greenwood, Jay Paul, Lance Pollack, Diane Binson, Dennis Osmond, & Joseph A. Catania, “Association of co-occurring psychosocial health problems and increased vulnerability to HIV/AIDS among urban men who have sex with men,” [American Journal of Public Health](#), June 2003, Volume 93, Number 6, pages 939-942.

⁵² Ron Stall, Thomas C. Mills, John Williamson, Trevor Hart, Greg Greenwood, Jay Paul, Lance Pollack, Diane Binson, Dennis Osmond, & Joseph A. Catania, “Association of co-occurring psychosocial health problems and increased vulnerability to HIV/AIDS among urban men who have sex with men,” [American Journal of Public Health](#), June 2003, Volume 93, Number 6, pages 939-942.

physical and emotional health problems and substance abuse that interfere with daily activities among homosexual adults.

The findings of significantly higher rates of substance abuse among homosexually-behaving individuals is significant for the foster care system, as demonstrated by the research of Curtis in 1993, who reported, "Findings indicate that the impact of AOD [alcohol and other drugs] on the ability of child welfare agencies to deliver services is profound and adversely affects the system by compounding problems, such as personnel shortages and shortages in the availability of foster homes.... Problems related to AOD also frustrated efforts toward family preservation and reunification and taxed limited treatment resources in the community."⁵³

In their 2001 review of research on foster family characteristics related to behavioral and emotional problems of foster children, Orme and Buehler cited numerous studies for their conclusion,

"Existing research with samples from the general population documents a robust association between parents' depressive affect (with the mother's affect assessed most frequently) and a broad array of indicators of child maladjustment.... There is some evidence that maternal depressive affect is more strongly associated with child internalizing problem behaviors than with externalizing behaviors.... Dadds (1987) describes families with a depressed parent or parents as characterized by lack of coherence and agency and by heightened emotional dysregulation. In addition to providing a difficult environment for family functioning, these characteristics tend to impair parenting... Socially, depressed parents are less skilled and responsive to intimates, including their children.... The perceived helplessness and hostility that are part of depression may interfere with depressed parents' ability to be warm and consistent with their children..."⁵⁴

Numerous studies have demonstrated the relationship between a parent's mental disorder and child maladjustment. A 1999 study published by Bluestone and Tamis-LeMonda⁵⁵ reported that a mother's depression is negatively associated with positive child-centered parenting styles. A 2002 study by Forehand and his colleagues found "a significant association between maternal depressive symptoms and child depressive symptoms in African American girls, but not boys."⁵⁶ In a 1998 review of research on children of parents with affective disorders, Beardslee and colleagues concluded, "...a number of longitudinal studies have confirmed that children of affectively ill parents are at a greater risk for psychiatric disorders than children from homes with non-ill parents. Life table estimates indicate that by the age of 20 a child with an affectively ill parent has a 40% chance of experiencing an episode of major depression. Children from homes with affectively ill parents are more likely to exhibit general difficulties in functioning, increased guilt, and interpersonal difficulties as well as problems with attachment."⁵⁷

⁵³ Page 543 in Patrick A. Curtis, "The impact of alcohol and other drugs on the child welfare system," Child Welfare, 1993, Volume 72, Number 6, pages 533-542.

⁵⁴ Page 11 in John G. Orme, & Cheryl Buehler, "Foster family characteristics and behavioral and emotional problems of foster children: a narrative review," Family Relations, 2001, Volume 50, Number 1, pages 3-15.

⁵⁵ C. Bluestone & C.S. Tamis-LeMonda, "Correlates of parenting styles in predominantly working- and middle-class African American mothers," Journal of Marriage and the Family, 1999, Volume 61, 881-893.

⁵⁶ Page 1012 in Rex Forehand, D. J. Jones, G H. Brody, & L. Armistead, "African American children's adjustment: The roles of maternal and teacher depressive symptoms," Journal of Marriage and Family, Volume 64, pages 1012-1023.

⁵⁷ Page 1134 in William R. Beardslee, Eve M. Versage & Tracy R. G. Gladstone, "Children of affectively ill parents: a review of the past 10 years," Journal of the American Academy of Child and Adolescent Psychiatry, November 1998, Volume 37, Number 11, pages 1134-1138.

The 2001 review by Murry and her colleagues concluded, “Psychological distress in mothers induces negative emotionality that compromises their relationships with their partners and children.... ..parenting becomes less nurturant and involved.”⁵⁸

A meta-analysis of studies on the relationship between depression in fathers and child psychopathology published in 2004 by Kane and Garber concluded, “Results indicated that paternal depression was significantly related to offspring internalizing and externalizing psychopathology and father-child conflict.”⁵⁹ Similarly, a review of research on the relationship of depression in mothers and child adjustment problems published in 2004 by Elgar and colleagues concluded, “depression in mothers increases risk of emotional and behavioral problems in children.... Biological mechanisms (genetics, in utero environment) mediate influences from mother to child, while psychosocial (attachment, child discipline, modeling, family functioning) and social capital (social resources, social support) mechanisms mediate transactional influences on maternal depression and child adjustment problems.”⁶⁰ A study of adolescents aged 11 to 14 years old published in 2001 by Childs and colleagues found, “Maternal depression accounted for half the variance (52%) in child adjustment.” Maternal depression was a risk factor for adolescent maladjustment....⁶¹ In 2001, Carlson and Corcoran published a study finding that the mother’s psychological functioning is “particularly important for children’s behavior....”⁶² According to a review of the research by Factor⁶³ in 1990, psychological disorder of the parent places the child at high risk for maladjustment through modeling, family dysfunction, and inappropriate child-rearing methods.

In 2004, Hammen and her colleagues published a study that found that “maternal depression... contributed to chronic interpersonal stress in the mothers, affecting quality of parenting and youths’ social competence. ...the association between maternal and child depression was entirely mediated by the predicted family and interpersonal stress effects.”⁶⁴ Professor Hammen and colleagues wrote, “...one risk factor that is believed to be among the strongest predictors of depression in childhood and adolescence is maternal depression.”⁶⁵

⁵⁸ Page 917 in V. McBride Murry, P. A. Brown, G. H. Brody, C. E. Cutrona, & Ronald L. Simons, “Racial discrimination as a moderator of the links among stress, maternal psychological functioning, and family relationships,” Journal of Marriage and the Family, 2001, Volume 63, pages 915-926.

⁵⁹ Page 339 in Peter Kane and Judy Garber, “The relations among depression in fathers, children’s psychopathology, and father-child conflict: a meta-analysis,” Clinical Psychology Review, 2004, Volume 24, pages 339-360.

⁶⁰ Page 441 in Frank J. Elgar, Patrick J. McGrath, Daniel A. Waschbusch, Sherry H. Stewart, & Lori J. Curtis, “Mutual influences on maternal depression and child adjustment problems,” Clinical Psychology Review, 2004, Volume 24, pages 441-459.

⁶¹ Page 175 in H. F. Childs, H.B. Schneider, C. S. Dula, & H. G. Schneider, “Adolescent adjustment: Maternal depression and social competence,” International Journal of Adolescence and Youth, 2001, Volume 9, Number 2-3, pages 175-184.

⁶² Marcia J. Carlson & Mary E. Corcoran, “Family structure and children’s behavioral and cognitive outcomes,” Journal of Marriage and the Family, 2001, Volume 63, Number 3, pages 779-792.

⁶³ David C. Factor, “Parental psychopathology and high-risk children,” In Robert T. Ammerman & Michael Hersen (eds.), Children at risk. NY: Plenum Press, 1990, pages 171-198.

⁶⁴ Constance Hammen, Josephine H. Shih, & Patricia A. Brennan, “Intergenerational transmission of depression: test of an interpersonal stress model in a community sample,” Journal of Consulting and Clinical Psychology, 2004, Volume 72, Number 3, pages 511-522.

⁶⁵ Page 511 in Constance Hammen, Josephine H. Shih, & Patricia A. Brennan, “Intergenerational transmission of depression: test of an interpersonal stress model in a community sample,” Journal of Consulting and Clinical Psychology, 2004, Volume 72, Number 3, pages 511-522.

A study published in 2004 by Papp and colleagues found direct links between maternal and paternal symptoms of anxiety and depression and hostility with child adjustment problems.⁶⁶

Similarly, research studies have documented the negative effects of parental substance abuse on child adjustment. For example, Eiden and her colleagues published a study in 1999 finding that maternal cocaine use was associated with more negative caregiving and negative discipline.⁶⁷ In a 2004 study, DiLauro found, “Perpetrators who used alcohol or drugs were more likely to neglect than were those in the nonuse group.”⁶⁸

By its very structure, the foster home with a homosexually behaving adult creates a set or cluster of most or all of the above stresses, harms, and disadvantages to the child at the very time that the child is already experiencing the tragically unavoidable extraordinary stresses and disadvantages of foster placement. For example, a 2002 publication by Compas and colleagues identified the significance of how depression in a parent figure often elicits involuntary stress responses in a child, adversely affecting their adjustment.⁶⁹

⁶⁶ L. M. Papp, E. M Cummings, & A. C. Schermerhorn, “Pathways among marital distress, parental symptomatology, and child adjustment,” Journal of Marriage and Family, 2004, Volume 66, Pages 368-384.

⁶⁷ Page 293 in Rina Das Eiden, Melissa Peterson, & Tamaira Coleman, “Maternal cocaine use and the caregiving environment during early childhood,” Psychology of Addictive Behaviors, 1999, Volume 13, Number 4, pages 293-302.

⁶⁸ Page 85 in Michelle D. DiLauro, “Psychosocial factors associated with types of child maltreatment,” Child Welfare, 2004, Vol. LXXXIII, Number 1, pages 69-99.

⁶⁹ Bruce E. Compas, Adela M. Langrock, Gary Keller, Mary Jane Merchant, & Mary Ellen Copeland, “Children coping with parental depression: Processes of adaptation to family stress,” in Sherryl H. Goodman & Ian H. Gotlib (Eds.), Children of depressed parents: Mechanisms of risk and implications for treatment. Washington, DS: American Psychological Association, 2002, pages 227-252.

C. The Widespread Disapproval of Homosexual Behavior Exposes Child to Harmful Stress

Homosexual behavior is widely disapproved by the majority of the U.S. population. Aware of the social stigma of living with homosexually-behaving adults, school-aged children in households with a homosexual adult generally suffer stress associated with their shame, embarrassment, fears that others will discover their family member's homosexuality, fears of peer rejection, actual disruption of valued friendships, suffering name-calling or ostracism, and/or seeing their family member disapproved.

Research studies of representative samples of the population in the United States and other Western nations consistently report that only 1% to 3% of the population claim to be homosexual (gay or lesbian) or bisexual in same-gender sexual identity⁷⁰ and this parallels their report of their sexual behavior in the past year.⁷¹ In the United States, the National Health and Social Life Survey conducted in 1992 by the National Opinion Research Center at the University of Chicago reported, "About 1.4 percent of the women and 2.8 percent of the men report identifying with a label denoting same-gender sexuality."⁷² This same study found that 1.3% of women and 2.7% of men reported same-gender sexual partners in the past year. (4.1% of women and 4.9% of men reported ever having any same-gender sexual partner since the age of 18).⁷³

A 2001 report from the National Comorbidity Survey (NCS), a nationally representative household survey of people in the U.S. aged 15 to 54 years, found that 1.5% of women and 2.1% of men reported a same-sex sexual partner in the 5 years before the interview.⁷⁴

The Canadian government released the StatsCan survey in June 2004 that reported only 0.7% of women and 1.3% of men consider themselves homosexual.⁷⁵

In the United Kingdom, the 1994 National Survey of Sexual Attitudes and Lifestyles of 18,876 individuals from 16 to 59 years of age found 0.4% of women and 1.1% of men reported same-gender sexual experience in the past year, and 6.1% of men and 3.4% of women reported ever having a homosexual experience.⁷⁶

A research study conducted in France in 1993 found that 1.1% of men reported at least one male partner in the past year and 4.1% reporting ever having a homosexual experience.⁷⁷

⁷⁰ William B. Rubenstein, "Some Demographic Characteristics of the Gay Community in the United States," The Williams Project, UCLA School of Law, 2003.

⁷¹ *In the USA*: Laumann, Edward O., Gagnon, John H., Michael, Robert T., & Michaels, Stuart. The Social Organization of Sexuality: Sexual Practices in the United States. Chicago and London: The University of Chicago Press, 1994. *In the UK*: Kaye Wellings, Julia Field, Anne Johnson, & Jane Wadsworth. Sexual behavior in Britain: The National Survey of Sexual Attitudes and Lifestyles. New York: Penguin, 1994, page 187. *In France*: Alfred Spira et al Les comportements sexuels en France. Paris: La documentation Francaise, 1993, page 138. *In Canada*: "StatsCan Report confirms lower than claimed incidence of homosexuality, at 1%" LifeSiteNews.net, June 15, 2004.

⁷² Laumann, Edward O., Gagnon, John H., Michael, Robert T., & Michaels, Stuart. The Social Organization of Sexuality: Sexual Practices in the United States. Chicago and London: The University of Chicago Press, 1994, page 297.

⁷³ Lauman et.al., page 294.

⁷⁴ Stephen E. Gilman, Susan D. Cochran, Vickie M. Mays, Michael Hughes, David Ostrow, & Ronald C. Kessler, "Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey," American Journal of Public Health, June 2001, Volume 91, Number 6, pages 933-939.

⁷⁵ "StatsCan Report confirms lower than claimed incidence of homosexuality, at 1%" LifeSiteNews.net, June 15, 2004.

⁷⁶ Kaye Wellings, Julia Field, Anne Johnson, & Jane Wadsworth. Sexual behavior in Britain: The National Survey of Sexual Attitudes and Lifestyles. New York: Penguin, 1994, page 187

⁷⁷ Alfred Spira et al Les comportements sexuels en France. Paris: La documentation Francaise, 1993, page 138.

The Netherlands Mental Health Survey and Incidence Study of a representative sample of the Dutch population aged 18 to 64 years, reported in 2001 that 2.8% of 2878 men and 1.4% of women had same-sex partners in the preceding year.⁷⁸

1. The National Health and Social Life Survey conducted by the National Opinion Research Center at the University of Chicago reported findings "...based on personal interviews in 1992 with 3,432 respondents who were randomly drawn from the non-institutionalized civilian population of the United States by an area probability design..."⁷⁹ This research found that 66.7% of the U.S. population agreed with the statement, "Same-gender sex is always wrong," and 19.9% answered, "not wrong."

2. The General Social Surveys of the National Opinion Research Center asked national samples of the U.S. population to answer a question on homosexual relationships⁸⁰:

What about sexual relations between two adults of the same sex--
do you think it is always wrong, almost always wrong, wrong only sometimes,
or not wrong at all?

	1973	1976	1980	1984	1988	1991	1994	1998
Always Wrong	72.5%	70.3%	73.8%	75.1%	77.4%	77.4%	67.6%	58.6%
Not Wrong at All	11.2%	15.5%	14.2%	13.3%	12.7%	14.9%	22.8%	28.2%

Note that only a small minority of adults in the U.S. believes that sexual relations between two adults of the same sex is "Not Wrong at All" (currently about one-fourth of the population). Some individuals responding to this survey question would recognize that an adult who is coerced into a homosexual behavior is not morally responsible for it, and therefore those survey respondents might answer "Almost Always Wrong," or "Wrong Only Sometimes" to allow for this possibility or other extenuating circumstance such as having sex while psychotic, drunk, or under the influence of some drug. Therefore, the answer "Not Wrong at All" may be the best measure of the percentage of the population that attaches no negative moral judgment to homosexual behavior.

3. The Pew Research Center for the People & the Press and the Pew Forum Survey of 1,515 adults conducted October 15-19, 2003 reported that 50% of the general public expresses an unfavorable opinion of gay men and 38% express a favorable opinion; 48% express an unfavorable opinion of lesbians and 39% express a favorable opinion. This survey also reported that 55 percent of Americans believe that homosexual behavior is a sin, and 33% disagree that it is a sin.⁸¹

4. A USA TODAY/CNN/Gallup Poll in late July 2004 reported that 49% of a sample of the U.S. population said that homosexuality should not be considered "an acceptable alternative lifestyle," compared to 46% who said it should be acceptable.⁸² A January 2004 CNN/USA Today/Gallup Poll reported that 53% of Americans oppose a law that would allow homosexual

⁷⁸ Theo G. M. Sandfort, Ron de Graaf, Rob V. Bijl, & Paul Schnabel, "Same-sex sexual behavior and psychiatric disorders," *Archives of General Psychiatry*, January 2001, Volume 58, pages 85-91. Theodorus G. M. Sandfort, Ron de Graaf, & Rob V. Bijl, "Same-sex sexuality and quality of life : Findings from the Netherlands Mental Health Survey and Incidence Study," *Archives of Sexual Behavior*, February 2003, Volume 32, Number 1, pages 15-22.

⁷⁹ Laumann, Edward O., Gagnon, John H., Michael, Robert T., & Michaels, Stuart. The Social Organization of Sexuality: Sexual Practices in the United States. Chicago and London: The University of Chicago Press, 1994.

⁸⁰ Davis, James A., Smith, Tom W., & Marsden, Peter V. General Social Surveys, 1972-2002: Cumulative Codebook. Chicago: NORC, 2003. <http://www.norc.uchicago.edu/projects/gensoc.asp>

⁸¹ Survey of the Pew Forum on Religion and Public Life, <http://pewforum.org/docs/index.php?DocID=38>, accessed on 09-06-04.

⁸² Page, Susan, "Poll shows backlash on gay issues," USA Today, July 28, 2004.

couples to legally get married, 24% favor such a law, and 23% do not have an opinion on the question.⁸³

5. The Harris Poll conducted a nationwide non-probability cross section sample of 3,698 adults in the United States on March 18 and 29, 2004 on public opinion on adoption of children by same-sex couples. 231 of the respondents (6.25%) identified themselves as gay, lesbian, bisexual or transgendered. The Harris Poll reported that more Americans disapprove of adoption of children by single-sex couples than approve. 35% approved of a female couple adopting a child, while 43% disapproved. 33% approved of a male couple adopting a child, while 45% disapproved. When asked whether children who are raised by same-sex couples should have all the same rights and entitlements as other children, 90% agreed and 5 % disagreed.

A recent Centers for Disease Control and Prevention publication stated, "For example, there remains a tremendous stigma to acknowledging gay and bisexual activity in African American and Hispanic communities."⁸⁴

The 14% to 20% decrease in recent decades in adults considering homosexual behavior "always wrong" together with the simultaneous 17%+ increase in the population considering homosexual behavior as not wrong is quite likely the result of an active gay activist political movement and popular press reports that contend that homosexuals are "born that way." But the best scientific research does not support this mistaken notion. But the misleading popular press reports of gay activists' statements and misinterpretations of scientific studies has influenced increasing numbers of American people to believe that homosexual behavior is caused by one's genetic makeup and therefore cannot be morally condemned.

In a more recent scientific study that overcame the sampling bias in earlier studies, Bailey and colleagues obtained permission to send a survey to all individuals registered in the Twin Registry of the nation of Australia. In the journal article reporting on this more methodologically sound study which was published in 2000,⁸⁵ the investigators found concordance for homosexuality in only 3 of 27 pairs of male identical twins and only 3 of 22 pairs of female identical twins; concordance for homosexuality was found in none of the 16 pairs of male fraternal twins and in only one of 18 pairs of female fraternal twins. Bailey and his colleagues concluded, "This suggests that concordances from prior studies were inflated due to concordance dependent ascertainment bias" (page 534), and these researchers concluded that their study "did not provide statistically significant support for the importance of genetic factors" for homosexual orientation (page 534). In their review of the methodological limitations of research purporting biological causes for homosexual orientation, two physicians who also have Ph.D. research degrees concluded,

Recent studies postulate biological factors as the primary basis for sexual orientation. However, there is no evidence at present to substantiate a biological theory, just as there is no compelling evidence to support any singular psychosocial explanation.⁸⁶

Even though there exists widespread published and broadcasted misinformation that falsely claims that "homosexuals were born that way," these representative national surveys indicate that a

⁸³ Carroll, Joseph, "American Public Opinion About Gay and Lesbian Marriages." Report on The Gallup Organization website, www.gallup.com, January 27, 2004.

⁸⁴ Centers for Disease Control and Prevention, Need for sustained HIV prevention among men who have sex with men. Atlanta, GA: Centers for Disease Control and Prevention, May 2002, pages 1-2.

⁸⁵ J. Michael Bailey, Michael P. Dunne, & Nicholas G. Martin, "Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample," Journal of Personality and Social Psychology, March 2000, Volume 78, page 33.

⁸⁶ William Byne and Bruce Parsons, "Human sexual orientation," Archives of General Psychiatry, 1993, Volume 50, page 228.

strong and enduring majority of the American adult population still believes that homosexual behavior is always morally wrong and/or believes homosexual behavior should not be considered an acceptable lifestyle. Huge percentages of parents, therefore, have taught their children that homosexual behavior is wrong, and therefore huge percentages of children entering foster care hold the strong belief that homosexually-behaving adults are living immoral lifestyles.

It is not in the best interests of a foster child to be forced to be a victim of social experimentation with a deviant family form that is controversial and contrary to the values of the vast majority of humans down through history, and is contrary to the values and desires of virtually all biological/legal parents of the foster children. It is not fair to subordinate the best interests of the child to a self-centered agenda or set of selfish desires of a deviant segment of society who would use the child as a pawn to advance their highly controversial political agenda.

Children Suffer Harmful Stress Associated with Living in a Household with a Homosexually-Behaving Adult

In his 1994 review, the gay studies scholar James Sears wrote, “The difficulties confronted by acknowledged lesbian mothers or gay fathers is, in many ways, similar to those faced by single-parents and divorced households with the significant exception of the additional burden of wrestling with the social stigma associated with homosexuality.”⁸⁷ Sears cites other articles to substantiate his conclusion, “Parents often fear the impact of such disclosure on their children. In deciding whether to disclose the parent’s sexual identity, the most common parental fears are rejection from the child, inability of the child to understand, and child rejection from peers.”⁸⁸

Professor Richard E. Redding, J.D., Ph.D., Associate Director of the Institute of Law, Psychiatry and Public Policy at the University of Virginia School of Law reviewed evidence that shows that “solid social support networks” have been found to contribute to lower rates of foster placement disruption and with the foster child’s improvement in symptoms of developmental disruption.⁸⁹ But homosexual parents (and especially homosexual fathers) generally do not receive the same positive level of extended family and community support for their family life as do married men and women and heterosexual single parents. Instead, homosexual men and women typically experience significant stress when extended family members or others in the community remind them of [1] society’s normative view of heterosexual family life, [2] the unnatural status of homosexuality, and [3] the widespread moral disapproval of homosexual behavior, and when [4] other parents decide to not allow their own children to associate with homosexuals or homosexual’s family members, over concern that their child not be influenced by homosexuals to possibly participate in that deviant lifestyle. And occasionally homosexual adults experience even extreme dysfunctional and/or criminal forms of disapproval that causes them to experience psychological trauma, such as discrimination, verbal abuse, physical abuse, or sexual abuse.⁹⁰ Professor Michael K. Sullivan at the University of Tennessee has documented the social “stumbling blocks” that prevent many homosexual adults from living unrestricted, healthy lives.⁹¹ Dr. Sullivan’s research concludes that homosexual individuals often face “negativity from society” in the forms of what he terms “homophobia and heterosexism,” which some investigators contend can be internalized by the homosexual to form self-loathing and depression.⁹²

⁸⁷ Page 140 in James T. Sears, “Challenges for educators: Lesbian, gay, and bisexual families, The High School Journal, 1993-1994, pages 138-156.

⁸⁸ Page 142 in James T. Sears, “Challenges for educators: Lesbian, gay, and bisexual families, The High School Journal, 1993-1994, pages 138-156.

⁸⁹ R. E. Redding, C. Fried, & P. A. Britner, “Predictors of placement Outcomes in treatment foster care: Implications for foster parent selection and service delivery,” Journal of Child and Family Studies, 2000, Volume 9, Number 4, pages 425-477; see also, for example, P. Fine, A Developmental Network Approach to Therapeutic Foster Care. Washington, DC: Child Welfare League of America, 1993; E. Soliday, “Services and supports for foster caregivers: Research and recommendations,” Children’s Services: Social Policy, Research, and Practice, 1998, Volume 1, pages 19-38; E. Soliday, K. McCluskey-Fawcett, & N. Meck, “Foster mothers’ stress, coping, and social support in parenting drug-exposed and other at-risk toddlers,” Children’s Health Care, 1994, Volume 23, pages 15-32; P. D. Steinhauer, M. Johnston, M. Snowden, J. Santa-Barbara, B. Kane, P. Barker, & J. P. Hornick, “The foster care research project: Summary and analysis,” Canadian Journal of Psychiatry, 1988, Volume 33, pages 509-516.

⁹⁰ Kimberly F. Balsam. Trauma, stress, and resilience among sexual minority women—a monograph. Journal of Lesbian Studies, 2004, Volume 7, Number 4.

⁹¹ Michael K. Sullivan. Sexual minorities : Discriminations, challenges and developments in America—a monograph. Journal of Human Behavior in the Social Environment, 2004, Volume 8, Numbers 2/3.

⁹² Michael K. Sullivan. Sexual minorities : Discriminations, challenges and developments in America—a monograph. Journal of Human Behavior in the Social Environment, 2004, Volume 8, Numbers 2/3.

In the parenting process or from conversations with peers, nearly all school-aged children become aware of the wide-spread moral disapproval of homosexual behavior by the majority of the U.S. population. Even though morally disapproving of homosexual conduct, most adults will express kindness, acceptance, and even tolerance of men who say they have sex with men, or of women who say they have sex with women. And most parents, teachers, and moral leaders in the community make an ongoing effort to socialize children to be equally kind to those who may participate in behavior considered immoral.

However, many of the peers that foster children encounter in their neighborhood and at school are not yet fully socialized to an ideal adult level of social, emotional, and moral maturity, so not surprisingly, these youngsters often use immature ways to express their awareness of the social stigma and wide-spread moral disapproval attached to homosexual behavior. Therefore, if other children learn that a particular child lives in a household with a homosexually-behaving adult, or with “two mothers,” or “two fathers,” that child is at very high risk of suffering shame, embarrassment, fear that others will discover they live with a homosexual, as well as the keen emotional stress of being cruelly teased, called derogatory names, rejected, or in some extreme cases even beaten up if peers do find out about their family structure. School-aged children in the United States are generally aware that words associated with homosexual behavior such as “gay,” “fag,” “queer,” or “lesbo,” carry strong negative connotations among their peers, in the same way (if not worse) than other hostile put-downs children regrettably use such as “retard,” “nerd,” or “fatso.”

251 Qualitative Cases Published Document Stress and Distress Inherent to the *Structure* of a Home Headed by a Homosexual

Several books contain transcribed interview or written narratives by children of homosexual parents. The following is a list of some of these 8 studies published in books, with the numbers of children contained in each study:

- 38** total, including 29 daughters and 9 sons aged 5 to 39 years from 34 lesbian households are reported by Louise Rafkin⁹³ in 1990
- 19** total, including 13 daughters and 6 sons aged 11 to 66 years from lesbian and/or gay parents from 18 homosexual households are reported by Lisa Saffon⁹⁴ in 1996
- 7** total, including 6 daughters and one son aged 6 to 18 years from 4 lesbian households are reported by Maureen A. Asten⁹⁵ in 1997
- 73** total, including 41 daughters and 32 sons aged 7 months to 30 years from lesbian, gay, bisexual, and transgender households are reported by Peggy Gillespie⁹⁶ in 1999.
- 19** total, including 13 daughters and 6 sons—adolescent and adult ages—from 19 lesbian or gay parent households (plus 2 daughters of transsexuals not included in the 19 total) are reported by Noelle Howey and Ellen Samuels⁹⁷ in 2000
- 12** sons aged 13 to 44 years of gay fathers reported by Andrew Gottlieb⁹⁸ in 2003

⁹³ Louise Rafkin, Different Mothers: Sons and Daughters of Lesbians Talk About Their Lives. Pittsburg: Cleis Press, 1990.

⁹⁴ Lisa Saffon, “What About the Children?” Sons and Daughters of Lesbian and Gay Parents Talk About their Lives. London: Cassell, 1996.

⁹⁵ Maureen A. Asten, Lesbian Family Relationships in American Society. Westport, Connecticut: Praeger, 1997.

⁹⁶ Peggy Gillespie (Ed.), Love Makes a Family: Portraits of Lesbian, Gay, Bisexual, and Transgender Parents and Their Families. Amherst, MA: University of Massachusetts Press, 1999.

⁹⁷ Noelle Howey and Ellen Samuels, Out of the Ordinary: Essays on Growing Up with Gay, Lesbian, and Transgender Parents. NY: St. Martin’s Press, 2000.

⁹⁸ Andrew R. Gottlieb, Sons Talk About Their Gay Fathers: Life Curves. NY: Harrington Park Press, 2003.

33 total, including 26 daughters and 7 sons aged 7 to 31 years from lesbian and gay father households are reported by Judith E. Snow⁹⁹ in 2004.

50 adult sons and daughters aged in their 20s and 30s of lesbian, gay, bisexual, and transgendered parent households are reported through brief excerpts of interviews and summaries by Abigail Garner¹⁰⁰ in 2004

251 total sons and daughters of homosexual-behaving parents.

My review of the 57 sons and daughters of homosexual parents reported by Rafkin and Saffron found that more than 90% of the children mentioned one or more problems and more than 90% of those problems were directly attributable to their parent being a homosexual. Although this is not a representative sample, it is significant in that Saffron wrote, “The sample was biased towards people who have fairly good relationships with their parents. ...Some sons and daughters, especially those who were lesbian and gay themselves, were eager to share their stories and make their case for lesbian and gay rights.”¹⁰¹ A majority made reference to difficulties they had in relating to and adjusting to their parent’s multiple partners in during their childhood and teen years. And the vast majority spontaneously described strong emotions of fears, anxiety, apprehension, embarrassment, and/or anger surrounding their desire to conceal their parent’s homosexuality from their peers and extended family members.

The following types of stresses were described by child, adolescent, and adult children of homosexual parents above-mentioned 8 qualitative studies and in my clinical experience with children in households with a homosexual adult:

1. In homes with a homosexually behaving adult, children experience the stress and associated harm of the much higher rates of *ostracism, discrimination, and well-documented experience of assault* experienced by family members living with a homosexual.¹⁰²

In a 2003 study of 454 public school students, Seals and Young found, “Nine percent of the students reported often being teased in an unpleasant way, **13.5%** reported often being called hurtful names, **6.6%** reported often being threatened with harm, and **10.8%** reported often being hit or kicked.”¹⁰³ Therefore this type of stress does occur, but only a small proportion of students experience teasing, threats, and physical harm.

The 1994 review by Sears focused on the stigma experienced by children of homosexual parents, “...**one out of two** children of lesbian mothers experienced relationship problems with other people due to the stigma of their mother’s sexual identity (Wyers, 1987), and another (Lewis, 1980) concluded:

Although the findings are similar to those... of children of divorce, the particular issue of acceptance of the ‘crisis’ is dissimilar.... Children’s initial reaction to divorce was denial of pain; follow-up one year later revealed more open acceptance of the hurt. One reason for this may be that children of divorce have community support for their pain; children of lesbians do not. (p. 199)

⁹⁹ Judith E. Snow, How It Feels to Have a Gay or Lesbian Parent. NY: Harrington Park Press, 2004.

¹⁰⁰ Abigail Garner, Families Like Mine: Childen of Gay Parents Tell It Like It Is. NY: HarperCollins, 2004.

¹⁰¹ Saffron, page 5.

¹⁰² Beverly R. King, “Ranking of stigmatization toward lesbians and their children and the influence of perceptions of controllability of homosexuality,” Journal of Homosexuality, 2001, Volume 41, Number 2, pages 77-97.

¹⁰³ Page 739 in Dorothy Seals and Jerry Young, “Bullying and victimization: prevalence and relationship to gender, grade level, ethnicity, self-esteem, and depression,” Adolescence, 2003, Volume 38, Number 152, pages 735-747.

...The children of lesbians seem not to have peer support available to them, since most of these children have either pulled away from their friends altogether or maintained friends but with a sense of their own differentness. (p. 202)”¹⁰⁴

Because the 50% rate of peer harassment and bullying experienced by children of homosexual parents is about five times the rate of that experienced by other children, Sears recommended that schools institute anti-harassment policies to include sexual orientation and the substitution of words such as “mother” and “father” with “parent.”¹⁰⁵ An eleventh grade boy with two lesbian mothers said,

In the seventh and eighth grade, I was harassed by other kids who would say stupid things about my mom, mostly. ...People use the word “faggot” a lot. ...It’s basically used as a general insult. One teacher called someone in her classroom a “faggot,” and my friend said something to her.

The challenge of school personnel is highlighted by Gillespie in 1999 who wrote,

...“dyke,” “faggot,” and “you’re so gay” are often the insults of choice among school-age children. Although school personnel usually respond swiftly to the use of racial slurs, anti-gay language is often routinely ignored and even tolerated in many schools and other public settings. Institutionalized homophobia also prevents many children of gays and lesbians from sharing personal information about their family structure with their friends. Fearing ridicule of their parents’ sexual orientation, many students with LGBT parents are also afraid of being called gay themselves.

Interviews with students confirm these observations. Teenager Eric DeMarco Benjamin spoke about his painful encounters with prejudice and homophobia:

“Growing up with lesbian moms wasn’t easy. Some kids teased me and tried to beat me up. They thought that I was gay just because my parents are. ...Still, sometimes, I don’t tell people about my family. It’s hard to bring girlfriends home because I don’t know how they will react.”¹⁰⁶

Sears also summarized the available research, in part, by stating, “Children are less accepting when a same-sex parent ‘comes out’ than when a parent of the other gender discloses sexual identity. ...Sons are less accepting when learning their parent is gay than are daughters. As children enter adolescence there is a greater likelihood that they will experience peer harassment about their parents’ sexual identity and engage in a variety of self-protective mechanisms. Gay fathers are more likely to report their children experiencing difficulty with peer harassment because of the parent’s homosexuality.”¹⁰⁷

In 2003, King and colleagues published a cross-sectional study of 505 heterosexual men, 656 homosexual men, 85 bisexual men, 588 heterosexual women, 430 homosexual women, and 113 bisexual women in England and Wales. They concluded, “The main findings for these comparisons were similar to those reported in U.S. studies. ...gay men and lesbians reported more psychological distress than heterosexuals, despite similar levels of social support and quality of physical health as heterosexual men and women. ...Violence and bullying in adult life, for whatever reason, were

¹⁰⁴ Pages 147-148 in James T. Sears, “Challenges for educators: Lesbian, gay, and bisexual families, The High School Journal, 1993-1994, pages 138-156.

¹⁰⁵ Page 152 in James T. Sears, “Challenges for educators: Lesbian, gay, and bisexual families, The High School Journal, 1993-1994, pages 138-156.

¹⁰⁶ Page xiii in Peggy Gillespie, “Preface,” in Peggy Gillespie (Ed.), Love Makes a Family: Portraits of Lesbian, Gay, Bisexual, and Transgender Parents and Their Families. Amherst, MA: University of Massachusetts Press, 1999. See also pages 38-39.

¹⁰⁷ Pages 151-152 in James T. Sears, “Challenges for educators: Lesbian, gay, and bisexual families, The High School Journal, 1993-1994, pages 138-156.

more commonly reported by lesbian than heterosexual women, but there were few differences on these factors between gay and heterosexual men. However, regardless of the prevalence of such events, gay men and lesbians often attributed the harassment or violence to their sexuality. Lesbians were no more likely than bisexual women to have been verbally assaulted but were more likely to attribute such verbal assaults they received to their sexuality. ...Gay men and lesbians were more likely to have been insulted at school because of how their sexuality was perceived by others than bisexual men and women.”¹⁰⁸

In her 1999 book that transcribed excerpts from interviews of children of homosexual parents, Gillespie reported an interview with a 16-year-old African American daughter of a lesbian mother, who said, “My grandpa majored in biology in college, but he wasn’t allowed to teach at a high school because he was black. Not long ago, I spoke on a panel at a high school with my mom. This guy in the audience told my mom that he wouldn’t want her to teach his kids because she is a lesbian. It reminded me so much of what happened to my grandpa.”¹⁰⁹ Gillespie pointed out that schools and communities need to be made safer for lesbian, gay bisexual, and transgender individuals and their children.¹¹⁰ In his 1994 review, Sears discussed the particular additional stress experienced by ethnic minority children of homosexual parents, underscoring “the difficulties of being a minority within a minority....”¹¹¹ Sears cited the work of Morales (1990) who concluded, “The multi-minority status makes it difficult for a person to become integrated and assimilated. ... ‘Coming out’ ...not only jeopardizes the intra-family relationships, but also threatens their strong association with their ethnic community.”¹¹²

Even in the Netherlands which is a country known for tolerance for homosexuals, a study of a large representative sample of adults found,

“More homosexual men and women reported having experienced any kind of discrimination in the preceding year than heterosexual men and women.”¹¹³

Foster children need to be placed in environments that are likely to be free from known emotional and physical harm. Therefore, homes with a homosexually behaving adult cannot provide the same level of emotional and physical safety as a heterosexual married couple can. Thus, a married couple has greater potential to help the foster child develop a positive self-image and to experience positive feelings about his or her past, present, and future.

2. In homes with a homosexually behaving adult, children experience the stress and associated harm of *shame, and/or embarrassment* associated with living with a homosexual whose lifestyle is controversial in their community and contrary to the child’s moral, ethical, and/or religious upbringing in their family of origin with their biological/legal parents. These children experience

¹⁰⁸ Michael King, Eamonn McKeown, James Warner, Angus Ramsay, Katherine Johnson, Clive Cort, Oliver Davidson, & Lucienne Wright. Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales. London: Mind—National Association for Mental Health, 2003.

¹⁰⁹ Page xiii in Peggy Gillespie, “Preface,” in Peggy Gillespie (Ed.), Love Makes a Family: Portraits of Lesbian, Gay, Bisexual, and Transgender Parents and Their Families. Amherst, MA: University of Massachusetts Press, 1999.

¹¹⁰ Page xiv in Peggy Gillespie, “Preface,” in Peggy Gillespie (Ed.), Love Makes a Family: Portraits of Lesbian, Gay, Bisexual, and Transgender Parents and Their Families. Amherst, MA: University of Massachusetts Press, 1999.

¹¹¹ Page 146 in James T. Sears, “Challenges for educators: Lesbian, gay, and bisexual families, The High School Journal, 1993-1994, pages 138-156.

¹¹² E. Morales, “Ethnic minority families and minority gays and lesbians,” in F. Bozett & M. Sussman (Eds.), Homosexuality and family relations. NY: Haworth Press, 1990, pages 217-239.

¹¹³ Page 19 in Theodorus G. M. Sandfort, Ron de Graaf, & Rob V. Bijl, “Same-sex sexuality and quality of life : Findings from the Netherlands Mental Health Survey and Incidence Study, ” Archives of Sexual Behavior, February 2003, Volume 32, Number 1, pages 15-22.

the stress and associated harm of *shame, and/or embarrassment* associated with greater exposure to the homosexual family member's *homosexual friends* whose lifestyle is controversial in their community and contrary to the child's upbringing in their family of origin with their biological/legal parents. The research review by Sears stated,

Studies of gay parents and their children report different findings regarding the child's reaction.... Pennington (1987) found the differing 'children's reactions to mother 'coming out' generally range from 'Please, can't you change, you're ruining my life?' to 'I'm proud of my mom, and if other kids don't like it, then I don't want that kind of person to be my friend.'" ...Miller (1979b) found... "children who showed the greatest acceptance were those who, prior to full disclosure, were gradually introduced by their parents to homosexuality...."¹¹⁴

In 1998, Drucker reported interviews of homosexual parents and their children. Chelsea, a 13 year old daughter of a gay father commented,

"Having a gay father does create some challenges and obstacles. There are some people I don't want to know about it. When they call me at my dad's and ask, 'Who was that? That wasn't your dad.' I have to make excuses."¹¹⁵

A Hispanic lesbian who has an 11-year-old son and 9-year-old daughter said the following in an interview by Gillespie in 1999,

In the Hispanic community, there's a lot of verbal and physical violence against gays and lesbians. People are thrown out of their families. Most Hispanics are Catholic, and they are raised to think that gay people are very bad in every sense. That's why there's rampant homophobia in the Hispanic community. Rampant. The priests are constantly saying bad things about us. They say, "Keep away from those people. They're bad. They're sinners. They're damned, and they're all going to hell." And people do listen to what the priests say.¹¹⁶

These children experience the stress and associated harm of *shame, and/or embarrassment* associated with exposure and often required *involvement in gay and lesbian political activist events*, demonstrations, parades, and meetings, which lifestyle is controversial in their community and contrary to the child's upbringing in their family of origin with their biological/legal parents. Traditional heterosexual marriage is not controversial, but so-called "gay marriage" and homosexual partnerships are controversial in virtually all communities in the USA.

3. In homes with a homosexually behaving adult, children are more likely to experience the stress and associated harm of *living with a parent or adult in conflict with the spiritual beliefs of their family of origin and/or extended family members such as grandparents, aunts and uncles*. In homes with a homosexually behaving adult, children are also more likely to experience the stress and associated harm of *exposure to militant political views in conflict with their family of origin*, with its advocacy of what many biological parents believe is embracing immoral behavior. These children are likely to experience the stress and associated harm of *observed and overheard conflicts* that their biological/legal nuclear family and extended family members (such as grandparents, aunts and uncles) are highly likely to have with the homosexual lifestyle of the homosexually behaving

¹¹⁴ Page 142 in James T. Sears, "Challenges for educators: Lesbian, gay, and bisexual families, The High School Journal, 1993-1994, pages 138-156.

¹¹⁵ Page 144 in Jane Drucker, Lesbian and Gay Families Speak Out. Cambridge, MA: Perseus Publishing, 1998.

¹¹⁶ Page 171 in Peggy Gillespie (Ed.), Love Makes a Family: Portraits of Lesbian, Gay, Bisexual, and Transgender Parents and Their Families. Amherst, MA: University of Massachusetts Press, 1999.

adult whose lifestyle is controversial in their community and contrary to the child's social, moral, ethical, and/or religious upbringing in their family of origin with their biological/legal parents.

Homosexual behavior is controversial, but loving marital sexual relations are not. Homosexual headed families are controversial, but heterosexual marriage is not.

Virtually no one teaches children that loving marital sexual behavior is sinful, leading to an eternity in Hell. Virtually no parents teach their children that marriage is immoral. But many children raised in a devout Christian, Jewish, or Muslim home are taught that the willful choice of a person to persist in homosexual behavior is deliberate immorality and sin that will doom that individual to an eternity in Hell, not Heaven. If the child feels attachment to the homosexual adult in the foster home, this knowledge can cause sadness and conflicted emotions. The majority of parents (both heterosexual and many homosexuals) desire that their child grow up to be heterosexual and many will seek professional help to prevent homosexual development if such is detected in their child. But it would be an extremely rare set of heterosexual parents who would request professional help to ensure that their child becomes a homosexually behaving adult. The child would experience the stress of personally identifying with and becoming attached to individuals in their family of origin and in their foster family who hold diametrically opposed value systems regarding homosexual behavior and lifestyle.

The majority, if not vast majority, of biological/legal parents of foster children desire that their child not be placed in a home with a homosexually-behaving adult, and many of these biological/legal parents still have some parental rights. The normal state goal during foster placement is to work toward a reuniting of the child with his or her biological/legal parents, if at all possible,¹¹⁷ so placing a child in a home with an adult homosexual is counterproductive to the reunification goal in that it introduces an additional obstacle for the agency to develop a cooperative relationship with the biological parent(s).

The state recognizes that for many foster children, certain parental privileges are retained while the child is in foster care. Understandably, the vast majority of biological/legal parents do not invite open homosexuals to relate to their children for reasons of promoting the emotional, social, physical health, moral, and/or spiritual development of their child. The child placed in a foster home with a homosexually behaving adult is likely to be aware that their living situation is contrary to their biological/legal parent's desires to protect them from exposure to advocates of the disapproved homosexual lifestyle. Whether the foster child would come to adopt a favorable view of homosexual behavior or not, the child would experience the stress of personally identifying with and becoming attached to individuals in their family of origin and in their foster family who hold diametrically opposed value systems. Or it could inhibit the development of the needed positive relationship between foster parent and foster child.

Nearly all children in foster care originate from a heterosexual couple, so a foster family with a homosexually behaving adult creates a major conflict for nearly all foster children. The vast majority of all foster children will eventually be placed in some type of heterosexual family after temporary foster care. It is a high probability that either the child or the heterosexual home of the foster child's long term placement (or both the child and that long term family unit) will consider a home with a homosexually behaving adult to be abnormal and undesirable.

These conflicts between the lifestyle of the homosexual household with the values of the child's biological/legal parents would be internalized and especially experienced by the foster child during the regular required home visits to the biological/legal parents. In the majority of cases, it is

¹¹⁷ Elizabeth Kenny, "Foster parenting," in J. J. Ponzetti, Jr. (Ed.), International Encyclopedia of Marriage and Family, Second Edition. New York: Thomson Gale, 2003, pages 688-692.

expected that the homosexual headed household will not be affirming the foster child's biological/legal parents' beliefs that homosexuality is immoral, unhealthy, undesirable, and/or condemned as sin by God. Homosexual foster parents who talk to the foster child about so-called "homophobia" would not be showing respect for the foster child's religion—as they should be doing—in many cases. This creates a conflict of values for most foster children who would be placed in a home with a homosexually behaving adult. The foster parents need to speak positively about the foster child's biological/legal parents, with whom the human services agencies are attempting to remediate for the eventual, hoped return of the child to his or her family of origin.

4. In homes headed by homosexuals, children experience the stress and associated harm of *anxiety and fears* that their peers at school or in their neighborhood will discover that they have a homosexual foster parent instead of a mother and father. In his 1994 review, Sears provided statements by children of homosexual parents to illustrate the strategies of concealment, denial, and very selective disclosure that they use to avoid harms associated with others' discovering their parents' homosexuality:

According to Bozett (1987a), children generally use one of three "social control strategies" to deal with their parent's homosexuality. The first, *boundary control*, is evidenced in the child's control of the parent's behavior, the child's control of their own behavior vis-à-vis their gay parent, and the child's control of others' contact with the parent. Some of these controls are evidenced in an interview with two adolescent girls both of whom have lesbian parents:

Margo: I try and hide stuff when people walk in, but probably most of my friends know.

Interviewer: Do they ever ask you directly?

Tania: My friends don't My mother's girlfriend doesn't live with us. My mom keeps stuff out but I make a point of putting it away when someone is going to come over....

Margo: I used to always walk between my mother and Cheryl... So it wouldn't be really obvious. But it probably was.... People say, "Why do they live together?" And you make up all these stories and they don't even fit together. ...One of my girlfriends asked me once and I was really embarrassed. I was like "No! What are you talking about? Where did you get that idea from?" (Alpert, 1988, pp. 100-102).

The second controlling strategy, *nondisclosure*, is evidenced in the child's refusal to share (and in some cases deny) their parent's homosexuality. One lesbian woman, discussing the difficulties she faced in her daughter's denials, commented:

When I asked Noelle [now age 13] what she would say if anybody asked her about me she said she would deny it. I was very very hurt. I talked it over with Cathy (a lesbian and a close friend). She said her son ...had got into a fight at school about her and had come home really upset. ...She told him that she didn't expect him to fight her battles for her....

The third controlling strategy, *disclosure*, is evidenced by a child's selective sharing of this personal information. ...In Gantz's (1983) study, a 13-year-old child of a household with two lesbians noted, "I've told one person.... I didn't know how he'd react. He said he'd keep it a secret, so that made me feel a little better" (p. 68). Another male respondent commented, "You have to be sure they won't tell somebody else. I was worried [about] people knowing [because] I was afraid of what they'd think of me..." (Bozett, 1987a, p. 43).

Further, according to Bozett (1987a), there are several factors which influence the degree to which children employ one or more of these strategies. Those children who identify with the father because of their behavior, lifestyle, values or beliefs are less likely to use any social control strategy. Whereas children who view their father's homosexuality as "obtrusive," who are older, or who live with their father are more likely to employ these strategies.¹¹⁸

Other family studies research has demonstrated that keeping volatile "family secrets" is associated with greater individual stress and creates family relationship dysfunctions.

5. In homes headed by homosexuals, children experience the stress and associated harm of the *stigma* of having a homosexual foster parent instead of a mother and father. Homosexual couples are stigmatized for being more transient and for being abnormal. They do not attract the same level of social support and the same degree of extended family support as married couples do. Foster children in particular have the need to experience a more relaxed, enjoyable family life that is not possible when the stigma of homosexual behavior is such a predominant fact of life.

6. In a 2003 article in the journal *Adolescence*, Van Womer and McKinney wrote, "Young people who identify as gay or lesbian, and even those who do not but are perceived as such, are potential victims of verbal and physical assaults."¹¹⁹ Peers often assume or say that the child from a household with a homosexual adult is also a homosexual, exposing the child to derogatory name-calling such as "sissy," "queer," "gay," etc. In his 1994 review, Sears wrote,

The most commonly experienced problem or fear confronting children, most notably adolescents, from lesbian or gay households is rejection or harassment from peers or the fear that others would assume that they too, were homosexual (Bigner & Bozett, 1990; Bozett, 1987a; Lewis, 1980; Wyers, 1987). ...An excerpt from a case study, written by a family psychotherapist (Corley, 1990) who worked with the two lesbians, Jane and Marge, and their eight children... is illustrative.... "Marge's two boys had difficult adjusting to do.... By now everyone at their school knew Joe and Tom had two mothers. ...The children started to tease them about having 'lesbos' for parents. ...many fights erupted over the teasing they received. Since Joe and Tom were embarrassed over what the children at school were saying, they usually told the teachers and principal that there was no reason for the fights. ...Although the boys were only average students, they always passed. Now they were bringing home failing marks."¹²⁰

In a 2003 study, Seals and Young found that victims of bullying (such as exclusion, mean teasing, name calling, threats of harm, or physical assault) were significantly more depressed than those not bullied.¹²¹

7. In homes headed by homosexuals, children experience the stress and associated harm of the *loss of friendships and/or loss of peer socializing opportunities* associated with having a homosexual

¹¹⁸ Pages 144-145 in James T. Sears, "Challenges for educators: Lesbian, gay, and bisexual families, *The High School Journal*, 1993-1994, pages 138-156.

¹¹⁹ K van Womer & Robin McKinney, "What schools can do to help gay/lesbian/bisexual youth, *Adolescence*, 2003, Volume 38, Number 151, pages 409-420.

¹²⁰ Page 144 in James T. Sears, "Challenges for educators: Lesbian, gay, and bisexual families, *The High School Journal*, 1993-1994, pages 138-156.

¹²¹ D. Seals & J. Young, "Bullying and victimization," *Adolescence*, 2003, Volume 38, Number 152, pages 735-747.

foster parent instead of a mother and father. For example, a child of a homosexual parent will often not feel comfortable inviting a friend to his or her home to play or to stay overnight.

8. In her 1998 book, Drucker quotes a lesbian mother who said, “The boys (ages 17 and 15) know we are sexual, though we don’t discuss it unless they ask questions. One of them has gotten into our sex toys once that we know of...”¹²² In homes with a homosexually behaving adult, children are more likely to experience the stress and associated harm of ***encountering or being exposed to homosexual paraphernalia*** (such as dildos or other sex toys) ***and homosexual pornography*** during their formative years of psychosexual development. Lauman’s representative survey of U.S. adults found that adults with same-sex partners dildos and other sex toys significantly more frequently than do heterosexuals. The homosexual lifestyle is preoccupied with adolescent and young adult nudity that is depicted in the vast majority of homosexual pornography. To desensitize an adolescent male child to inserting his penis in another male’s rectum, or to receive a male’s penis in their own rectum, or to suck a male’s penis, adult homosexuals are known to expose an adolescent boy to pictured or video role models of other young people engaged in homosexual acts.

In homes with a homosexually behaving adult, children are more likely to experience the stress and associated harm of an ill-timed sex education that is not timed to match the psychosexual developmental needs of the child, but instead exposes the child to information about males sucking penises and inserting penises into rectums at formative ages when those mental images can become strongly associated with sexual arousal patterns, predisposing the child to developing anxiety about sex, a confused sexual identity or a homosexual orientation. Knowledge of specific abnormal or deviant sexual practices is more safely introduced after the child has had the opportunity to develop a stable and secure gender identity and psychosexual identity.

9. In homes with a homosexually behaving adult, children are more likely to experience the stress and associated harm of ***sexual molestation by a homosexual behaving adult*** who may be more likely to perpetrate sexual abuse than a heterosexual parent figure. This stress and harm is frequently not reported to the authorities because many, if not most, sexually-abused boys are reluctant to report the sexual molestation because it implies to them that they are not normal. Empirical studies support the historic common sense conclusion that individuals who advocate sexual relationships outside the historically sanctioned marriage relationship are more likely to behave sexually with youthfully attractive pubescent adolescents than normal advocates of married sexuality. Parents in a natural family legitimately ask, “If homosexual adult role models to children in a foster home do not advocate obtaining a marriage license for sexual relations, then what is their boundary conditions for sexual relations? Would a homosexual parent condone homosexual behavior by a ‘consenting’ teenager? How can I be sure this harmful influence is not introduced to my child while she or he is in foster care?”

10. In homes with a homosexually behaving adult, children are more likely to experience the stress and associated harm of ***being encouraged by homosexual visitors to participate in homosexual behavior with its attendant risks of contracting sexually-transmitted diseases, tissue damage to rectums, social ostracism, and relationship instability***. Children raised by lesbian or gay parents have complained that the homosexual friends of their parent will ask them, “Are you gay?” to which the child feels embarrassed and feels that it is an intrusion on their privacy. Children who are exposed to family members involved in homosexual behavior are themselves more likely to experiment with unhealthy homosexual behavior and associated sexually deviant behavior

¹²² Page 206 in Jane Drucker, *Lesbian and Gay Families Speak Out*. Cambridge, MA: Perseus Publishing, 1998.

correlated with homosexual behavior. Children exposed to family homosexual male adult role models who talk about their sexual practices of receiving a partner's penis in their rectum, then sucking that same penis, are more likely to imitate that same behavior which results in the ingestion of fecal matter. Male homosexual behaviors are associated with higher rates of uro-genital organ bacterial and virus infections, including fatal HIV/AIDS transmission. It is harmful to be exposed to a lifestyle of risky behavior for one's health and social relationships.

11. Children of the same sex as the homosexually-behaving adult in their foster home can experience the stress and associated harm of ***anxiety and fears associated with being hugged*** or otherwise physically embraced, perceiving physical affection differently and with suspicions of sexual meanings, compared to hugs from a heterosexual parent. For example, when a boy knows that the foster father or other adult male is sexually involved with other males, ***the boy would be leery of and anxious about the father helping him with his bath, shower, or genital hygiene***. Or girls have reported aversion to a lesbian's hugging them. This is because a child becomes aware of a heterosexual couple's commitment to marriage that includes reserving sexual activity within the marriage relationship, but the child placed in a home with a homosexually behaving adult becomes aware that the homosexual does not restrict sexual relationships to marriage, but in fact is committed to behaving sexually outside the bounds of marriage.

12. In homes with a homosexually behaving adult, children are more likely to experience the stress and associated harm of ***living with a parent or adult involved in rebellion against social norms and expectation, particularly in illegal drug abuse***. A child placed in foster care is especially vulnerable to maladjustment; it is therefore both unnecessary and detrimental to expose the foster child to an adult family member involved in homosexual behavior who is thereby an advocate of rebellion against social norms, endorsing rebellion against the healthy and adaptive practice of restricting sexual behavior to the legal marriage relationship. Particularly male homosexual behavior is typically socially superficial, and recreational in function, not contributing to stable family life. Exposure to rebellion against historic sexual morality of Western culture encourages the child to reject the spiritual teachings of historic Judaism, Christianity, or Islam—which account for the religious training of the vast majority of children in the USA.

13. In homes headed by a single homosexual, children experience the stress and associated harm of ***living with parents who are themselves under more stress than heterosexuals, causing additional stress on the foster child***. Brinamen (2000) found that the usual supports afforded to heterosexual parents are not available to "gay" fathers. The 2002 review of existing research by Razzano and her colleagues¹²³ stated, "...findings indicate that being a lesbian (or gay man) exposes individuals to significantly higher levels of external and internal stressors that place them at high risk for mental health problems.... Findings from initial investigations document that more than three-quarters of lesbians reported use of mental health services (e.g., attending therapy) at some time in the past.... ..findings suggested that, compared to heterosexual women, lesbians have significantly higher rates of suicide, alcoholism, more limited sources of social support, shorter duration of partnered relationships, and increased threats of discrimination in employment settings. Higher risks for suicide also have been documented among lesbians as well as gay men, along with vulnerability to anxiety, panic, and health risks such as smoking...." (pages 53-54).

¹²³ Pages 53-54 in Lisa A. Razzano, Alicia Matthews, & Tonda L. Hughes, "Utilization of mental health services: a comparison of lesbian and heterosexual women," Journal of Gay & Lesbian Social Services, 2002, Volume 14, pages 51-66.

In a 2004 study, DiLauro's data supported her hypothesis that "parent-related stressors are associated with [child] neglect."¹²⁴

14. In homes with a homosexually behaving adult, children are more likely to experience the stress and associated harm of *experiencing the chronic illness and/or death of the foster parent from AIDS*. Hard facts about the unhealthiness of a gay male lifestyle are as follows: In 1997, the *International Journal of Epidemiology* published the results of mortality rates among gay and bisexual males in Canada. The report was conducted by the British Columbia Center for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, Canada. The authors of this survey concluded: "In a major Canadian centre, life expectancy at age 20 years for gay and bisexual men is **8 to 20 years less** than for all men. If the same pattern of mortality were to continue, **we estimate that nearly half of gay and bisexual men currently aged 20 years will not reach their 65th birthday**. Under even the most liberal assumptions, gay and bisexual men in this urban center are now experiencing a life expectancy similar to that experienced by all men in Canada in the year 1871."¹²⁵

The United States population¹²⁶ in 2003 was 290,809,777, and the age and racial/ethnic distributions were the following:

<u>Age</u>		
• Up to 4	6.8%	19,775,640
• 5 to 13	12.8%	37,223,651
• 14 to 17	5.7%	16,576,157
• Total under 18	25.3%	73,574,874
• Adult (18 +)	74.7%	217,234,900

Through the year 2002, 886,575 individuals were diagnosed with AIDS since the beginning of the epidemic.¹²⁷ 877,275 of these cases are adult and adolescent males, 159,271 are adult and adolescent females, and 9,300 were children under age 13. The CDC estimates that among the adult and adolescent males,

- 420,790 cases were exposed through male-to-male sexual contact
- 59,719 cases were exposed through both male-to-male sexual contact and injection drug use
- 172,351 cases were exposed through injection drug use
- 50,793 cases were exposed through heterosexual contact
- 14,350 cases were exposed through other means, including hemophilia, blood transfusion, perinatal exposure.

Among the adult and adolescent females,

- 67,917 were exposed through injection drug use
- 84,835 were exposed through heterosexual contact
- 6,519 cases were exposed through other means, including hemophilia, blood transfusion, perinatal exposure.

¹²⁴ Page 84 in Michelle D. DiLauro, "Psychosocial factors associated with types of child maltreatment," *Child Welfare*, 2004, Vol. LXXXIII, Number 1, pages 69-99.

¹²⁵ R.S. Hogg, S.A. Streatheed, K.J. Craib, M.V. O'Shaughnessy, J.S. Montaner, and M.T. Schechter, "Modelling the impact of HIV disease on mortality in gay and bisexual men," *International Journal of Epidemiology*, 1997, Volume 26, pages 657-661.

¹²⁶ United States Census Bureau (<http://www.census.gov>)

¹²⁷ Centers for Disease Control and Prevention (CDC). HIV/AIDS surveillance report 2002, volume 14.

Among the 384,906 individuals living with AIDS at the end of 2002,¹²⁸ (constituting .16% of the population—that is, 16/100th of 1 percent)

- 171,592 were adult and adolescent males who had been exposed through male-to-male sexual contact
- 23,495 were adult and adolescent males who had been exposed through both male-to-male sexual contact and injection drug use
- TOTAL of 195,087 homosexually-behaving men (50.7% of AIDS cases)
- 30,254 were black adult and adolescent females exposed by heterosexual contact (7.9% of cases)
- 17,497 were black adult and adolescent females exposed by injection drug use
- 1,382 were black adult and adolescent females exposed by other means
- TOTAL of 49,133 black females exposed by all types of exposure

Of the approximately 3,273,368 adult and adolescent males having sex with males in the U.S. (2.8% of the population males), 195,087 (about 6%) are living with AIDS. Of the approximately 14,847,000 black adult and adolescent females in the U.S., 49,133 (.0033% or 33/10000 of 1%) are living with AIDS. In other words, 33 out of 10,000 black females have AIDS compared to 600 out of 10,000 homosexually-behaving males. Therefore, homosexually-behaving males are 18 times more likely to have AIDS than black females.

In 2002, 16,371 people died of AIDS,¹²⁹ including

- 5,418 adult and adolescent males who had been exposed through male-to-male sexual contact
- 1,262 adult and adolescent males who had been exposed through both male-to-male sexual contact and injection drug use
- TOTAL of 6680 homosexually-behaving men (41% of deaths due to AIDS)
- 2,197 adult and adolescent females who had been exposed through heterosexual contact (13.4% of deaths due to AIDS)
- 6,671 (40.7%) of those dying of AIDS resided in the South, the region with the largest number of AIDS deaths.

Arkansas has a population of approximately 2,725,714, with 2,199,651 (80.7%) of the population being adults and adolescents, with approximately 1,099,826 adult and adolescent males. At 2.8% of the male population, it is estimated that there are 30,795 homosexually-behaving males in Arkansas. At the end of 2002, Arkansas had 2,189 adults and adolescents with HIV infection (not yet AIDS) and 1,822 adults and adolescents living with AIDS. This is a total of 4011 adults and adolescents with HIV/AIDS. 45% of the cases of HIV/AIDS were exposed by male-to-male sexual contact, and 5.8% by male-to-male sexual contact plus injection drug use, yielding a total of 50.8% of all HIV/AIDS cases being homosexually-behaving males. Approximately 2038 of these cases are homosexually-behaving men, that is about 6.6% of the homosexually-behaving males in Arkansas are known to be positive for HIV or AIDS.

¹²⁸ Centers for Disease Control and Prevention (CDC). HIV/AIDS surveillance report 2002, volume 14, Table 11, page 20.

¹²⁹ Centers for Disease Control and Prevention (CDC). HIV/AIDS surveillance report 2002, volume 14, Table 7, page 16.

97.2% of the adult/adolescent male population is exclusively heterosexual, which is about 1,069,031 individuals. 9.5% of the cases of HIV/AIDS were exposed by male heterosexual contact which would be 382 of the HIV/AIDS cases in Arkansas being heterosexual adult and adolescent males, which is about .036% or 36/1000th of 1% of the heterosexual males are known to be positive for HIV or AIDS. This is 36 out of 100,000 heterosexual males have HIV/AIDS compared to 6600 out of 100,000 homosexually-behaving males have HIV/AIDS. Therefore the homosexually-behaving male is 183 times more likely to have HIV/AIDS than a heterosexual male.

In a recent survey of the inherently unsafe sexual practices among homosexuals, Dr. John R. Diggs reported¹³⁰ that homosexual males contract syphilis at a rate that is three to four times as high as among heterosexuals. It was further reported that anal intercourse puts homosexual males at a high risk for anal cancer, and is a cause of hemorrhoids, anal fissures, anorectal trauma, and retained foreign bodies. Homosexuals who engage in oral to anal contact have a high rate of parasitic and other intestinal infections. A 1988 CDC survey reported that homosexual males account for 21% of all Hepatitis B cases although they comprise only about 2% of the population.

“Bug chasers” are homosexually-behaving males who deliberately seek to become HIV infected. The increased practice of “barebacking” for the deliberate purpose of “bug chasing” among homosexuals is a rising concern of public health officials.¹³¹

Jeanne Marrazzo of the University of Washington School of Medicine recently summarized a number of infections sexually-transmitted by the sexual practices of women who have sex with women (WSW), including transmission of infected cervicovaginal secretions, human papillomavirus (HPV), squamous intraepithelial lesions (SIL), bacterial vaginosis (BV), and more uncommon, HIV and hepatitis B. She reviewed studies that report, “Bacterial vaginosis (BV), a condition associated with pelvic inflammatory disease and adverse outcomes of pregnancy, occurs in 24% to 51% of WSW.”¹³²

A study by Marrazzo and colleagues¹³³ of the prevalence and risk factors for infection with herpes simplex virus type 1 and –2 among lesbians reported, “HSV-1 seroprevalence increased significantly with an increasing number of female sex partners,” and “Sexual transmission of HSV-1 may occur more frequently among lesbians than among heterosexual women.”

The prevalence of sexually transmitted infections (STIs) and blood borne viruses, risk behaviors were studied in 1408 women who have sex with women (WSW) were compared to 1423 controls who were women who denied ever having sex with another woman, all of whom attended a public STI and HIV service in Sydney between March 1991 to December 1998. Only 7% of the WSW reported that they had never had sexual contact with a male. The investigators reported, “Bacterial vaginosis (BV) was significantly more common among WSW (OR 1.7, p<0.001). Abnormalities on cervical cytology were equally prevalent in both groups, except for the higher

¹³⁰ “The Health Risks Of Gay Sex,” Dr. John Diggs, Jr., Corporate Resource Council publication, available on NARTH’s web site.

¹³¹ Perry Halkitis, Jeffrey T. Parsons, Leo Wilton, “Barebacking among gay and bisexual men in New York City: Explanations For The Emergence Of Intentional Unsafe Behavior,” Archives of Sexual Behavior, Vol. 32; Issue 4; 2003. DeAnn K. Gauthier & Craig J. Forsyth, “Bareback sex, bug chasers, and the gift of death,” Deviant Behavior: An Interdisciplinary Journal, 20:85-100, 1999. See also Journal of Acquired Immune Deficiency Syndromes, April 2004.

¹³² Page 330 in Jeanne M. Marrazzo, “Sexually transmitted infections in women who have sex with women: who cares?” Sexually Transmitted Infections, 2000, Volume 76, pages 330-333.

¹³³ J. M. Marrazzo, K Stine, & A Wald, “Prevalence and risk factors for infection with herpes simplex virus type 1 and –2 among lesbians,” Sexually Transmitted Diseases, December 2003, Volume 30, Number 12, pages 890-895.

cytological BV detection rate in WSW (OR 5.3, p=0.003).” The prevalence of hepatitis B (previous and new diagnoses) was significantly greater in WSW (OR=2.1, p<0.001), and the “prevalence of hepatitis C was significantly greater in WSW (OR 7.7, p<0.001), consistent with the more frequent history of injecting drug use in this group (OR 8.0, p<0.001). WSW were more likely to report previous sexual contact with a homo/bisexual man (OR3.4, p<0.001), or with an injecting drug user (OR 4.2, p<0.001).”¹³⁴ And WSW more commonly reported a higher number of lifetime partners, ever having exchanged sex for money as a “sex worker,” being IDU themselves, and a past history of sexually-transmitted infections (44% in WSW compared to 32% of women never having sex with women).

In referring to several studies showing “an alarming prevalence of HIV related risk behaviours in WSW,” Marrazzo described these risk behaviors as including “sex with homosexual or bisexual men, use of injection drugs and of crack cocaine, and exchange of sex for drugs or money.”¹³⁵ In another study of 18,585 visits to a female STD clinic, Marrazzo and colleagues found, “Relative to women reporting sex only with men, those reporting sex with both men and women reported more recent partners, sex with partners at high risk for HIV, injection drug and crack cocaine use, and exchange of sex for drugs or money. Women reporting sex exclusively with women more frequently reported prior sex with a bisexual man or an HIV-infected partner.”¹³⁶ Similar findings were reported in other research.¹³⁷ A study of patients attending a New York City sexually transmitted disease clinic reported, “Women reporting same-sex contact were more likely than exclusively heterosexual women to be HIV seropositive (17% vs 11%; odds ratio [OR] = 1.7, 95% confidence interval [CI] = 1.0,2.6), to exchange sex for money/drugs (48% vs 12%, OR=6.7, 95% CI = 4.6,9.8) to inject drugs (31% vs 7%, OR=6.3, 95% CI=4.1,9.5), and to use crack cocaine (37% vs 15%, OR=3.3, 95% CI=2.2,4.8).”¹³⁸

Mouth-anus contact is a sexual behavior associated with disease transmission that is almost exclusively performed by MSM and WSW but rarely by heterosexuals. A 2004 cross-sectional survey found that oral-anal contact (“rimming”) was reported as occurring “often” by 10% of WSW and “occasionally” by 29% of WSW.¹³⁹

¹³⁴ Katherine Fethers, Caron Marks, Adrian Mindel, & Claudia S. Estcourt, “Sexually transmitted infections and risk behaviours in women who have sex with women,” *Sexually Transmitted Infections*, 2000, Volume 76, pages 345-349.

¹³⁵ Page 331 in Jeanne M. Marrazzo, “Sexually transmitted infections in women who have sex with women: who cares?” *Sexually Transmitted Infections*, 2000, Volume 76, pages 330-333.

¹³⁶ Page 41 in Jeanne M. Marrazzo, Laura A. Koutsky, & H. Hunter Handsfield, “Characteristics of female sexually transmitted disease clinic clients who report same-sex behaviour,” *International Journal of STD & AIDS*, Volume 12, Number 1, pages 41-46.

¹³⁷ For example, V. Gonzales, K.M. Washienko, M.R. Krone, L.I. Chapman, E.M. Arredondo, H.J. Huckleba, & A. Downer, “Sexual and drug-use risk factors for HIV and STDs: a comparison of women with and without bisexual experiences,” *American Journal of Public Health*, 1999, Volume 89, Issue 12, pages 1841-1846.

¹³⁸ P.J. Bevier, M.A. Chiasson, R.T. Heffernan, & K.G. Castro, “Women at a sexually transmitted disease clinic who reported same-sex contact: their HIV seroprevalence and risk behaviors,” *American Journal of Public Health*, 1995, Volume 85, Issue 10, pages 1366-1371.

¹³⁹ J. V. Bailey, C. Farquhar, C. Owen, & D. Whittaker, “Sexual behaviour of lesbians and bisexual women,” *Sexually Transmitted Infections*, 2003, Volume 79, pages 147-150.

The Centers for Disease Control and Prevention also pointed out, “WSW may be at risk for HIV through use of unscreened semen from sources other than sperm banks,”¹⁴⁰ that they use to conceive a child.

A study of 498 lesbians and bisexual women sampled from the public found overall HIV seroprevalence of 1.2%.¹⁴¹

These and other research findings indicate that the higher rate of sexually-transmitted infections among WSW compared to exclusive heterosexuals is related to these risk behaviors that are significantly associated with the lifestyle of WSW.

Aware of the social stigma of living with homosexually-behaving adults, school-aged children and adolescents generally suffer significant debilitating stress associated with their shame, embarrassment, fears that others will discover their family member’s homosexuality, fears of peer rejection, actual disruption of valued friendships, suffering name-calling or ostracism, and/or seeing their family member disapproved. In facing these sources of psychosocial stress, foster children are not only limited in their coping resources by being socially and emotionally immature compared to adults, but most of them generally suffer serious psychological adjustment problems that further handicaps their ability to cope with such stress. This source of psychosocial stress and emotional suffering is uniquely associated with the structure of the home with a homosexually-behaving adult member, and is not present in a home where the mother and father are married and any other adult members are heterosexual.

It is not in the best interests of a child to be exposed to any set of the above-listed disadvantages, stresses, and harms that are inherent to the family unit containing a homosexually behaving adult. Therefore, it is a rational imperative to disqualify homosexually behaving individuals from becoming foster parents. It is not in the best interests of the child to be exposed at young developmental ages to such a controversial lifestyle as homosexuality. Children should be allowed to grow up to adulthood before being confronted with questions of deciding on their own sexual lifestyle.

¹⁴⁰ M.B. Kennedy, M.I. Scarlett, A.C. Duerr, & S.Y. Chu, “Assessing HIV risk among women who have sex with women: scientific and communication issues,” Journal of the American Medical Womens Association, 1995, Volume 50, Number 3-4, pages 103-107.

¹⁴¹ G.F. Lemp, M. Jones, T.A. Kellogg, G.N Nieri, L. Anderson, D. Withum, & M. Katz, “Hiv seroprevalence and risk behaviors among lesbians and bisexual women in San Francisco and Berkeley, California,” American Journal of Public Health, 1995, Volume 85, Issue 11, pages 1549-1552.

D. CONCLUSION: Foster Placement in Qualified Heterosexual Families Eliminates the Unique Harmful Stressors That are Inherent to a Home with a Homosexual Adult

Replicated research evidence clearly demonstrates that homosexually-behaving adults have substantially higher rates of psychological disorder and substance abuse. Further replicated research demonstrates that parenting by adults with psychological disorder produces emotional and behavioral maladjustment in children. In 1998, Jones reported a study of 445 foster children ages 0-12 years in which he focused on variables that prevent successful reunification efforts. This study found, "A child with medical or behavioral problems was more likely to reenter foster care."¹⁴² Therefore, it is reasonable to expect that a higher percentage of foster children placed with a homosexual adult will have behavioral problems, thereby resulting in higher rates of failure in reunification, compared to foster parenting by heterosexuals.

Stresses are commonly known to be potentially damaging to an individual's physical health and psychological adjustment. For example, a study published in 1992 by Abidin found that life stress is a "key in subsequent child functioning."¹⁴³ In 1990, Hodges and colleagues reported a study of stress and child adjustment, finding, "Higher numbers of stressful life events were related to higher teacher ratings of anxiety, social withdrawal, and internalizing symptoms."¹⁴⁴ A study by Thompson and colleagues published in 1993 found that child behavior problems were related to high stress.¹⁴⁵ Psychosocial stressors typically function cumulatively and the additional stresses of being placed in a home with a homosexually behaving adult greatly increases the likelihood that the child will develop an Adjustment Disorder, Posttraumatic Stress Disorder, or stress-caused physical illnesses (cf., all current diagnoses in the International Classification of Diseases, 9th Edition/Clinical Modification [ICD-9-CM, 2004] that psychiatrists, psychologists, and physicians are required to use currently across the USA). There are numerous childhood illnesses, such as diabetes, that are worsened by the experience of stress. Therefore, it is imperative for the state to minimize or eliminate avoidable sources of stress on the foster child, at the time that the unavoidable stresses of foster placement become necessary.

Children placed in foster care suffer the unavoidable stresses of loss of familiar home, neighborhood, friends, and school. Because children entering foster care have substantially higher rates of psychological disorder than other children, as a group they are more vulnerable to the harmful physical and emotional effects of stress. Public controversy and court challenges have resulted from the placement of children in foster care of homosexuals outside Arkansas,¹⁴⁶ because homosexual behavior is widely disapproved by the majority of the U.S. population, and because **the inherent nature and structure of the household with a homosexually-behaving adult uniquely endangers foster children by exposing them to harmful stresses that are not present in a household of heterosexual adults.** The stressors uniquely inherent to the homosexual household result in higher rates of social rejection, emotional turmoil, and sometimes even physical harm

¹⁴² Loring Jones, "The social and family correlates of successful reunification of children in foster care," *Children & Youth Services Review*, Vol 20(4), May 1998. pp. 305-323.

¹⁴³ Page 60 in Richard R. Abidin, "The relationship of early family variables to children's subsequent behavioral adjustment," *Journal of Clinical Child Psychology*, 1992, Volume 21, Number 1, pages 60-69.

¹⁴⁴ Page 63 in Weilliam F. Hodges, Julie London, & Julia B. Colwell, "Stress in parents and late elementary age children in divorced and intact families and child adjustment," *Journal of Divorce and Remarriage*, 1990, Volume 14, Number 1, pages 63-79.

¹⁴⁵ Page 78 in Robert J. Thompson, Kathy A. Merritt, Barbara R. Keith, Laura B. Murphy, et al., "The role of maternal stress and family functioning in maternal distress and mother-reported and child-reported psychological adjustment of non-referred children," *Journal of Clinical Child Psychology*, 1993, Volume 22, Number 1, Pages 78-84.

¹⁴⁶ Beverly A. Uhl, "A new issue in foster parenting—gays," *Journal of Family Law*, 1986-1987, Volume 25, Number 3, pages 577-597.

attributable to peers who immaturely act out on the widespread social stigma and disapproval associated with homosexual conduct; this constitutes a less safe emotional and physical environment for the foster child and contributes to substantial deterioration in the foster child's psychological adjustment because of the greater psychological vulnerability of foster children. The type of home that has the best chance of being the least stressful and most safe and stable setting for caring for foster children is the married couple who have been married for several years, with the qualifications specified by Arkansas regulations. **The passage of the Adoption and Safe Families Act of 1997 Public Law 105-89¹⁴⁷ mandates a primary emphasis on the safety of children in the foster care system.¹⁴⁸ Therefore, it is in the best interests of the foster child to be placed in a foster home where the adult or adults are exclusively heterosexual.**

¹⁴⁷ U.S. Gov. Printing Office, 1997.

¹⁴⁸ Lee, Wendy Ya-Chun. Process and criteria of electing foster parents: A national comparative study of state foster care systems. Dissertation Abstracts International, Volume 62 (4-A), Oct 2001, page 1601. Ann Arbor, MI: University Microfilms International.

II.

The Inherent Instability of Homosexual Relationships Deprives Foster Children of the Greater Level of Continuity That They Need and That Heterosexual Families Can Provide

A. Inherent Relative Instability of Partner Relationships with Homosexually-Behaving Adults

Homosexual partner relationships are *significantly and substantially less stable and more short-lived* on the average compared to a marriage of a man and a woman.

Homes headed by an adult who is sexually involved with same-sex persons are significantly *less stable and less secure environments* for children over time, compared to a natural family structure in which a married mother and father live together in the same home. For this reason, there are reasons to expect greater risks for psychological maladjustment and emotional suffering my children permanently placed in a single gender parent home.

The National Health and Social Life Survey conducted by the National Opinion Research Center at the University of Chicago reported findings "...based on personal interviews in 1992 with 3,432 respondents who were randomly drawn from the non-institutionalized civilian population of the United States by an area probability design..."¹⁴⁹ This study found a clear pattern :

"In all cases, when we dichotomize our sample, the group of people with same-gender partners (or who define themselves as homosexual or bisexual) have higher average numbers of partners than the rest of the sexually active people in the sample."¹⁵⁰

Table 8.4 in this publication¹⁵¹ indicates that the number of lifetime partners since the age of 18 is also significantly higher for homosexually-behaving men and women:

For men:

- Men with no same-gender sexual partners since the age of 18 had a mean of **15.7 lifetime sexual partners** (with a 95% confidence interval of 12.9 to 18.4 partners).
- But men with any same-gender sexual partners had a mean of **44.3 lifetime sexual partners** (with a 95% confidence interval of 22.2 to 66.5 partners). Thus, on the average, homosexually-behaving men have nearly **three times** the number of lifetime sexual partners that heterosexual men have.

For women:

- Women with no same-gender sexual partners since the age of 18 had a mean of **4.9 lifetime sexual partners** (with a 95% confidence interval of 4.4 to 5.5 partners).
- But women with any same-gender sexual partners had a mean of **18.7 lifetime sexual partners** (with a 95% confidence interval of 13.0 to 26.3 partners). Thus, on the average, homosexually-behaving women have nearly **four times** the number of sexual partners that heterosexual women have.

Table 8.4 also indicates how this pattern works out in a shorter time span closer to the duration of a foster family placement:¹⁵²

¹⁴⁹ Laumann, Edward O., Gagnon, John H., Michael, Robert T., & Michaels, Stuart. The Social Organization of Sexuality: Sexual Practices in the United States. Chicago and London: The University of Chicago Press, 1994, page 599.

¹⁵⁰ Laumann, Edward O., Gagnon, John H., Michael, Robert T., & Michaels, Stuart. The Social Organization of Sexuality: Sexual Practices in the United States. Chicago and London: The University of Chicago Press, 1994, page 314.

¹⁵¹ on page 315

For men:

- Men with no same-gender sexual partners in the last 5 years had a mean of **4.8 partners** (with a 95% confidence interval of 4.2 to 5.4 partners). This is an average of nearly one partner per year for males who have sex with females.
- But men with any same-gender sexual partners had a mean of **16.7 partners** (with a 95% confidence interval of 9.9 to 23.4 partners). This is an average of more than 3 sexual partners each year by males who have sex with males. This rate of partner turnover is substantially too unstable to provide the level of continuity of home life needed by foster children.

For women:

- Women with no same-gender sexual partners in the last 5 years had a mean of **2.2 partners** (with a 95% confidence interval of 2.0 to 2.4 partners). This is an average of about one partner every 2 years and 4 months among women who have sex with men.
- But women with any same-gender sexual partners had a mean of **10.1 partners** (with a 95% confidence interval of 1.0 to 19.2 partners). This is an average of slightly more than 2 sexual partners each year among women who have sex with women. This rate of partner turnover is substantially too unstable to provide the level of continuity of home life needed by foster children.

Similar findings that homosexual men and women less frequently report having a steady sexual partner than did heterosexual men and women were reported in a study of large representative sample of men and women in the Netherlands.¹⁵³

Research evidence suggests that the range in numbers of homosexual partners among males can vary to numbers exceeding 1000 lifetime sexual partners. The study of a nonprobability sample by Bell and Weinberg¹⁵⁴ of the Kinsey Institute at Indiana University found that among 574 white homosexual males,

- only 3% reported fewer than 10 sexual partners
- 6% reported 10 to 24 sexual partners
- 8% reported 25 to 49 sexual partners
- 9% reported 50 to 99 sexual partners
- 15% reported 100 to 249 sexual partners
- 17% reported 250 to 499 sexual partners
- 15% reported 500 to 999 sexual partners
- 28% reported 1000 or more sexual partners

Thus, 43% reported 500 or more sexual partners, and 60% reported 250 or more sexual partners. The numbers of partners of black homosexual males was only modestly but not substantially fewer than whites.

- 79% of white homosexual males and 51% of black homosexual males reported that more than half of their sexual partners were strangers to them.

¹⁵² Most individuals would answer the Arkansas question on whether they are engaged in homosexual behavior by making reference to the past five years of their life (a behavior pattern in the more distant past which is not their current practice would not likely be reported).

¹⁵³ Page 17 in Theodorus G. M. Sandfort, Ron de Graaf, & Rob V. Bijl, "Same-sex sexuality and quality of life : Findings from the Netherlands Mental Health Survey and Incidence Study, " Archives of Sexual Behavior, February 2003, Volume 32, Number 1, pages 15-22.

¹⁵⁴ Alan P. Bell & Martin S. Weinberg, Homosexualities: A Study of Diversity Among Men and Women. NY: Simon & Schuster, 1978, pages 308-309.

- 20% of white homosexual males and 43% of black homosexual males reported that half or less of their sexual partners were strangers to them.
- Only 1% of white homosexual males and 5% of black homosexual males reported that none of their sexual partners were strangers to them.

This suggests that male homosexual behavior is characterized largely by pursuing anonymous sexual partners.

- 61% of white homosexual males and 46% of black homosexual males reported that they did not see more than half of their sexual partners socially again.
- 70% of white homosexual males and 38% of black homosexual males reported that they had sex only once with more than half of their sexual partners.

This suggests that for most male homosexuals, their sexual partnerships are not stable.

Among 227 white homosexual females, Bell and Weinberg reported

- 3% reported 1 sexual partner
- 9% reported 2 sexual partners
- 15% reported 3-4 sexual partners
- 31% reported 5-9 sexual partners
- 16% reported 10-14 sexual partners
- 10% reported 15-24 sexual partners
- 8% reported 25-49 sexual partners
- 5% reported 50-99 sexual partners
- 1% reported 100-249 sexual partners
- 1% reported 250-499 sexual partners

Thus, 41% of white homosexual females had 10 or more sexual partners, and 72% had 5 or more sexual partners.

- 6% of white and black homosexual females reported that more than half of their sexual partners were strangers to them.
- 32% of white homosexual females and 38% of black homosexual females reported that half or less of their sexual partners were strangers to them.
- 62% of white homosexual females and 56% of black homosexual females reported that none of their sexual partners were strangers to them.

This indicates that the majorities of white and black homosexual females do not have sexual relations with strangers, but suggests the possibility that a much higher minority of homosexual females have sexual relations with strangers than to heterosexual females.

The study by Bell and Weinberg was conducted on convenience samples, so one cannot scientifically claim that this study is representative of the U.S. population. Instead, their study only reports the high percentage of anonymous sexual behavior and the extent of instability of homosexual partnerships observed in one group.

Considering the representative sample of the U.S. population by the National Health and Social Life Survey conducted by the National Opinion Research Center, we can conclude that foster homes with exclusively heterosexual adult members are substantially more stable and therefore clearly in the best interests of foster children, compared to the substantially greater instability of households with a homosexually-behaving adult member.

A form of same-sex marriage has recently been allowed in Norway, the Netherlands, and Germany, and a form of registered partnerships has recently been legalized in Canada, Denmark, Iceland, Hungary, and Sweden—a total of only 8 of over 200 countries in the world formalizing

homosexual unions.¹⁵⁵ A longitudinal study¹⁵⁶ based on population registers in Norway and Sweden that included legally registered same-sex partnerships in Sweden, reported that homosexual male couples were 1.5 times as likely to break up as married heterosexual couples. Homosexual female couples were found to be 2.67 times as likely to break up as heterosexual married couples. When controls for demographic characteristics associated with increased risk of divorce were added to the analysis, male homosexual couples were 1.35 times as likely to divorce, and lesbian couples were three times as likely to divorce as heterosexual married couples were.

While Norway passed the Registered Partnership Act in 1993, which allowed homosexual couples many legal rights that heterosexual couples have, this act restricts homosexual couples from having children of their own.¹⁵⁷ In addition to Norway, Canadian and Danish laws also prohibit registered homosexual couples to adopt children.¹⁵⁸

¹⁵⁵ B. Ryan & J. R. G. Demarco, "Sexual orientation," in J. J. Ponzetti, Jr. (Ed.), International Encyclopedia of Marriage and Family, Second Edition. New York: Thomson Gale, 2003, pages 1491-1499.

¹⁵⁶ Andersson, Gunnar; Noack, Turid; Seierstad, Ane; and Weedon-Fekjaer, Harald. "Divorce-Risk Patterns in Same-Sex Marriages in Norway and Sweden," Proceedings of the Annual Meeting of the Population Association of America, April 1-3, 2004, pages 1-28.

¹⁵⁷ Rune Halvorsen, "The ambiguity of Lesbian and gay marriages: Change and continuity in the symbolic order," Journal of Homosexuality, 1998, Volume 35, Number 3-4, pages 207-231.

¹⁵⁸ B. Ryan & J. R. G. Demarco, "Sexual orientation," in J. J. Ponzetti, Jr. (Ed.), International Encyclopedia of Marriage and Family, Second Edition. New York: Thomson Gale, 2003, pages 1491-1499.

B. Homosexuals are Inherently Less Capable of Providing a Psychologically Stable Home

Homosexually-behaving adults inherently suffer significantly and substantially higher rates of psychological disorder, suicidal ideation, suicidal attempt, completed suicide, conduct disorder, and substance abuse; therefore, as a group, households with a resident homosexually-behaving adult are substantially less capable of providing the best psychologically stable and secure home environments that are especially needed by foster children who generally have higher rates of psychological disorder than other children (evidence cited above). Further, households headed by a homosexual generally receive less social support from neighbors and extended families than heterosexual headed homes.

The State of Arkansas also has a legitimate interest in promoting the foster child adjustment by excluding the less stable homosexually-behaving adult household members from licensed foster homes because heterosexuals inherently have substantially greater relationship stability, better rates of mental health, substantially lower rates of suicide, and substantially lower rates of substance abuse. The substantially higher rates of unstable sexual partnerships found among homosexually-behaving individuals results in a higher rate of relationship break-ups, together with the negative effects of such relationship break-ups on the children's well-being in the household. In a 2002 study, Wu and Hart reported, "...exiting both marriage and cohabitation seems to have similar effects: Dissolving either union tends to be associated with a decrease in physical health, mental health, or both."¹⁵⁹

And foster children especially need the advantages inherent to households with exclusive heterosexual adult members who have significantly greater rates of mental health, because they have lost such positive influences for their development by virtue of the very reasons they have been removed from their family of origin to be placed in foster care and because of the high rate of psychological disorders found in foster children compared to the general population and compared to other children on Medicaid.

¹⁵⁹ Zheng Wu & Randy Hart, "The effects of marital and nonmarital union transition on health," Journal of Marriage and Family, 2002, Volume 64, pages 420-432.

C. Greater Instability of Households with a Homosexual Adult Risks Harm of More Foster Child Transitions

In foster homes with a homosexually-behaving adult, many foster children would inevitably develop relationships with and attachments to partners of that homosexual adult, but then be emotionally hurt by the loss of that relationship. This would occur many times more often in homosexual foster households than in heterosexual foster families. Because foster children have already suffered a loss of living with their family of origin, they are more vulnerable to psychological harm when this occurs in their foster home.

This relationship instability in households with a homosexually-behaving adult would require more frequent re-evaluations of the suitability of that foster home. (Arkansas regulations appropriately require a re-evaluation of the suitability of a foster home after such family transitions take place.) And this greater relationship instability would risk a higher frequency of the State agency finding that it is necessary to remove a foster child from that foster home with the homosexually-behaving adult for transition to an alternate foster placement. Foster children have already suffered one or more traumatic transitions, and more frequent transitions seriously risks greater psychological harm and psychosocial maladjustment.

In their 2001 research review of the effects of stress on children, Carlson and Corcoran concluded, "Any family transition may be stressful for children, and more transitions may lead to greater stress... Therefore, one measure of children's stress is the number of family transitions experienced since birth. Clearly, family transitions represent only one possible source of stress for children, and other transitions such as moving or changing schools might also induce stress...."¹⁶⁰

In a 2001 review of 34 studies of foster families, Orme and Buehler cited studies of foster children to support their summary statement that placement disruptions "are important because they may exacerbate existing behavioral and emotional problems or lead to the development of such problems."¹⁶¹ A year 2000 study by Forman found that "family instability predicts adolescent internalizing and externalizing symptoms.... [and] that the instability-adjustment relationship is mediated by children's sense of coherence (the extent to which children feel their families make sense, are predictable, provide the necessary emotional resources, and are worth investing in).... The current study advances understanding of both parent-related and child intrapsychic mediating mechanisms accounting for family instability's negative effects on child adjustment."¹⁶²

Thus, removal of a foster child from one foster home and transition to an alternate foster placement has been shown to have adverse effects on the foster child's psychological and social adjustment. Foster children have already suffered one or more traumatic transitions, and such an increase in the number of such transitions seriously risks greater psychological harm and maladjustment. The 2001 research review by Princeton University researcher Marcia Carlson and University of Michigan researcher Mary Corcoran explains why additional transitions are harmful to children's well-being,

Stress theory holds that changes in family organization and circumstances cause stress in children's lives; this is because changes may lead to modifications in family dynamics, organization, and roles that yield behavior modifications for both

¹⁶⁰ Page 782 in Marcia J. Carlson & Mary E. Corcoran, "Family structure and children's behavioral and cognitive outcomes," Journal of Marriage and Family, 2001, Volume 63, pages 779-792.

¹⁶¹ Page 9 in John G. Orme, & Cheryl Buehler, "Foster family characteristics and behavioral and emotional problems of foster children: a narrative review," Family Relations, 2001, Volume 50, Number 1, pages 3-15.

¹⁶² Evan Michael Forman, "Family instability and adolescent adjustment: An exploration of intrapsychic and parenting mediating mechanisms," Dissertation Abstracts International, 2000, Volume 60 (10-B), page 5224.

children and adults.... Certain family events may directly increase children's stress because of... changes in household composition, or changes in residential location. ...Some researchers have posited that the stress of family change is cumulative because any disruption requires readaption, and therefore the number of family transitions has greater negative consequences for children....¹⁶³

In homes headed by homosexuals, children experience are more likely to experience the stress and associated harm of *the instability of the partner relationship of the homosexual foster parent* in terms of becoming attached to one or more partners who then separate from their homosexual foster parent, because of the higher rate of turnover in homosexual relationships and the fact that homosexuals have substantially more lifetime sexual partners than heterosexuals. The foster parent should serve as a positive role model for both the foster child, and for the biological/legal parents with whom many foster children eventually return. But instability in relationships is not a positive role model, and by its very structure, the homosexual headed family is not likely to be a positive role model. In fact, research has measured "stress on the child from changes in family organization..."¹⁶⁴ related to family structure and transitions experienced by children.

In a research article published in the journal Child Abuse and Neglect, Dr. Rae R. Newton and his colleagues recently summarized a body of research studies on the harmful effects of additional transitions beyond a child's initial foster placement:

"Researchers and child welfare workers agree that placement stability is critical for the success of foster care placement. Once removed from one dangerous or neglectful environment, a child confronting further disruption through numerous placement failures is likely to experience difficulties trusting adults or forming attachments with adults and children. ...There is also evidence that placement disruption and behavior problems are associated and that multiple placements in out-of-home care are associated with both immediate and long-term negative outcomes for the child."¹⁶⁵

These investigators' research study of 415 youth in foster care found that placement disruption contributed to high risk for the "deleterious effects" of "both internalizing and externalizing behavior" and that even foster children who initially score within normal ranges "may be particularly vulnerable to the detrimental effects of placement breakdowns."¹⁶⁶

¹⁶³ Page 781 in Marcia J. Carlson & Mary E. Corcoran, "Family structure and children's behavioral and cognitive outcomes," Journal of Marriage and Family, 2001, Volume 63, pages 779-792.

¹⁶⁴ Marcia J. Carlson & Mary E. Corcoran, "Family structure and children's behavioral and cognitive outcomes," Journal of Marriage and the Family, 2001, Volume 63, Number 3, pages 779-792.

¹⁶⁵ R. R. Newton, A. J. Litrownik, & J. A. Landsverk, "Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements," Child Abuse & Neglect, 2000, Volume 24, Number 10, page 1364; these authors cite extensive research supporting these statements, including: R. J. Cook, "Are we helping foster care youth prepare for their future?" Children and Youth Services Review, 1994, Volume 16, pages 213-229; T. Festinger, No one ever asked us ...A postscript to foster care. New York: Columbia University Press; K. Kufeldt, J. Armstrong, & M. Dorosh, "In care, in contact?" In J. U. Hudson and B. Galaway (Editors), The State as Parent. Dordrecht: Kluwer Academic Publishers, 1989, pages 355-368; S. Millham, R. Bullock, K. Hosie, & M. Haak, Lost in Care. London: Gower, 1986; J. T. Pardeck, "Multiple placement of children in foster family care: An empirical analysis," Social Work, 1984, Volume 29, pages 506-509; R. M. Penzerro, & L. Lein, "Burning their bridges: Disordered attachment and foster care discharge," Child Welfare, 1995, Volume LXXIV, pages 351-366; I. Piliavin, M. Sosin, A. H. Westerfelt, & M. Matsueda, "Toward a longitudinal analysis of homelessness," Journal of Social Issues, 1992, Volume 46, pages 157-174.

¹⁶⁶ R. R. Newton, A. J. Litrownik, & J. A. Landsverk, "Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements," Child Abuse & Neglect, 2000, Volume 24, Number 10, pages 1363-1374.

E. CONCLUSION: Qualified Heterosexual Families Provide the Greater Stability that a Foster Child Needs that a Household with a Homosexual Adult Inherently Cannot Provide

Foster children have already suffered one or more traumatic transitions, and more frequent transitions result in greater psychological harm and psychosocial maladjustment. The Adoption Assistance and Child Welfare Act of 1980 Public Law 92-272 shifted the focus of the foster care system to minimizing child removal rates.¹⁶⁷ Therefore, it is clearly in the best interests of foster children to be placed in foster homes that include only heterosexual adults because they are comparatively much more stable.

¹⁶⁷ Lee, Wendy Ya-Chun. Process and criteria of electing foster parents: A national comparative study of state foster care systems. Dissertation Abstracts International, Volume 62 (4-A), Oct 2001, page 1601. Ann Arbor, MI: University Microfilms International.

III.

The Inherent Structure of a Household with a Homosexual Adult Deprives a Foster Child of Substantially Needed Benefits That Only a Heterosexual Family Can Provide

By virtue of their unfortunate life circumstance, foster children have either lost a stable married mother and father, or suffered the deprivation of either a mother or a father or both. Because of this loss or deprivation in combination with the very high rate of psychological disorders among children in foster care, this is a child population that is in special need of the unique benefits for child adjustment that is provided by the structure of a stable home with a married mother and father. The structure of homosexual foster-parent households lack a daily resident model of either a mother or a father, lacks a model of a husband/wife relationship, and lacks the unique contributions of either a mother or a father to childrearing. Therefore it is in the best interests of foster children to be placed in a home of a married couple.

A. The Effects of the Structure of Potential Types of Foster Families Must be Considered to Determine the Environment that is Best for Promoting the Well-Being of Foster Children

Openly-identified homosexual researchers frequently argue in their published writing that an adult's sexual orientation has no bearing on whether that adult can carry out certain important parenting functions (such as changing diapers, driving the child to school, nurturing the child, providing for the child's physical needs, or other loving actions). The capability to adequately carry out important parenting functions is a necessary but not sufficient condition for providing a family environment in the best interests of a foster child. It is in the best interests of foster children to be placed in families where the parents not only are able to competently carry out important parenting functions, but also provide the best family structure providing the environment that provides the greatest contributions to child development, child adjustment, and eventual adult adjustment. The state legitimately restricts foster care licenses to a variety of different types of individuals who are unable to provide the family structure that is in the best interests of the child.

[1] For example, it is not a question of whether a married young man and woman aged 18 year old have the skills to perform a list of certain vital parenting functions, such as tying a child's shoes, putting a bandage on a minor scrape, providing proper supervision, hugging and comforting the child who falls and scrapes her knees, or cooking nutritious meals. The fact that two 18 year olds are at higher risk of being unable to provide a reliably stable family structure over time makes it legitimate for the State to disqualify the entire group of newly married couples from licensure as foster parents, even though that group may contain a number of rare but exceptionally capable and stable young people. The general rule of excluding newly married couples from licensure as foster parents will function in the best interests of foster children by providing the most stable home environment.

[2] Similarly, a couple in their late 90's may apply for a license to become foster parents, and be fully capable at the time of performing all the needed parenting functions. They may even have more extensive prior experience in successfully rearing children. But it is in the best interests of foster children to prohibit foster parent licenses to elderly couples in their advanced years on the basis of the likelihood that the group of elderly individuals generally will not be able to provide continuity of parenting over a sufficiently long enough period of time to best meet the needs of most foster children.

[3] Similarly, a mother and father recently immigrated from Thailand who only speak the Thai language fluently and know only a few English words might apply for a foster license. They

may well be able to perform many parenting functions very well and have years of successful experience doing so, but their home would pose disadvantages and undue stresses on the foster child because of foreign Asian family customs quite unlike the child's family of origin, and by teaching a language to the child that is not as adaptive as the English language is in US culture. There may be nothing intrinsically wrong with this couple's Asian language and customs, but the group of new immigrants from Asian cultures generally does not prepare the child for living in American culture. Thus the very structure of that family can be the basis for the state denying that couple a foster license, even though they may be highly skilled in parenting.

[4] A couple who are blind and deaf—like Hellen Keller was—may apply for a foster parent license. They might be the most loving, kind, nurturant, motivated, and skilled parents you can imagine, capable of many parenting functions. This particular couple might be able to marshal scientific evidence that they are capable of providing parenting equal to that of parents with sight and hearing, because of their technological devices and incredible adaptability in the face of uphill odds. However, the very structure of their household would likely pose undue disadvantage, stress, and potential inadvertent harm to foster children. Based on the structural deficits of such a home created by blind and deaf adults, the state would be justified in denying them a foster license on the basis of considering the best interests of the child, and this would not be arbitrarily discriminatory.

[5] A married couple who are both convicted felons who have already served their sentences might have wonderful skills in performing parenting functions, but the state has the obligation to disqualify the group of convicted felons to reduce the reasonable risk of instability for a foster child.

[6] Similarly, a household with a homosexually-behaving adult may contain one or two parents who are capable of many functions of parenting, but the inherent stresses, harms, relative instability, and disadvantages compared to heterosexual parents, intrinsically associated with the structure of their household justify the denial of a foster license to that home to promote the best interests of the child.

For any particular applicant in any of the above six family structures, individual "screening" for the adequacy of their parenting skills and functioning is insufficient and inappropriate for this reason: Each of these family structures (for different practical reasons) is inherently incapable of providing foster homes in the best interests of foster children when compared to what license-eligible homes are likely to provide.

Dual-gender and heterosexual parenting in which married mothers and fathers live together in the same home is more likely to provide more stable and secure environments for children and this natural family structure, on the average, provides greater benefits for many aspects of children's well-being. On the other hand, the inherent structure of foster-parent households with one or more homosexually-behaving members deprives foster children of vitally needed positive contributions to child adjustment and to the child's preparation for successful adulthood adjustment that are present in heterosexual foster homes that meet Arkansas' licensing requirements.

B. Only a Home With a Mother and Father Provides the Best Set of Role Models that Can Best Meet the Unique Needs of a Foster Child

A reasonable basis for the Arkansas regulation is grounded in the universally recognized and scientifically documented set of significant physical and psychological differences between the sexes. Foster children particularly have lost a positive role model of a married mother and father, and a household headed by two individuals of the same anatomic sex inherently cannot provide the best model for family living for such a child. The State of Arkansas has a legitimate interest in promoting childrearing in foster homes that provide both male and female role models.

Because marriages consist of both a man and a woman, they provide special advantages to raising children. In a foster home headed by a qualified married couple, “children see and experience the innate and unique abilities and characteristics that each sex possesses and contributes to their combined endeavor. Children, thus, learn lessons for later life by seeing both parents working together in child rearing.”¹⁶⁸

Having both a mother and a father in the family home provides a child with four models that provide strong advantages to a child who grows up to become a married adult:

- a) a heterosocial role model of a stable married male/female relationship
- b) a heterosocial role model of mother and father coordinating co-parenting
- c) a parenting role model of father-child relationship, and
- d) a parenting role model of a mother-child relationship.

There are specific disadvantages a foster child would suffer that are inherent to the structure of a household headed by a homosexual. A homosexual adult does not provide the role model for the kind of family relationships that the vast majority of all foster children will have after growing up to adulthood. In a home headed by an adult sexually involved with same-sex persons, only a mother-child relationship or a father-child relationship is modeled. Inherently missing from the homosexual headed household by its very structure is the capability to provide the functions of:

- a) a heterosexual role model of married male/female social relations
- b) a heterosexual role model of mother and father coordinating co-parenting
- c) either a mother-child or a father-child relationship model.

Thus, homes lacking a mother or lacking a father will ***deprive a child of 3 of the 4 role models*** inherently found in the natural family structure of a heterosexual marriage.

There are unique positive benefits to the foster child to observe a stable married mother and father lead a family unit because vast majority of children develop as heterosexuals and become married in their adulthood years. Homosexual parenting ill-equips the vast majority of children for their future heterosexual and marital couple relationships and co-parenting relationships. Research previously cited indicates that only 1% to 2% of children will grow up to participate in a homosexual lifestyle for their adulthood years. Therefore, only a married mother and father can provide the best family environment for the overwhelming majority of foster children, which inherently cannot be duplicated by the homosexual.

¹⁶⁸ Coolidge, David Orgon. “The question of marriage,” in Christopher Wolfe, Homosexuality and American Public Life. Dallas: Spence Publishing Co., 1999, pages 235-237.

C. Only a Home With a Mother and Father Provides the Unique Positive Benefits of Both a Father and Mother that Are Particularly Needed by Foster Children

Homes headed by an adult who is sexually involved with same-sex persons *deprive* the child of either the *unique positive contributions of a father* to child development or the *unique positive contributions of a mother* to child development that have been established by extensive psychological research by a large number of investigators.¹⁶⁹ Having both a mother and a father at

¹⁶⁹ Biller, Henry B., Fathers and Families: Paternal Factors in Child Development. Westport, Connecticut & London: Auburn House, 1993.

Biller, Henry B., Preventing paternal deprivation. In Becoming a Father: Contemporary, social, developmental, and clinical perspectives. Shapiro, Jerrold Lee; Diamond, Michael J.; New York, NY, US: Springer Publishing Co, 1995. pp. 72-82.

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Blankenhorn, David. Fatherless America: Confronting Our Most Urgent Social Problem. New York: BasicBooks/HarperCollins Publishers, 1995.

Booth, Alan, & Ann C. Crouter (Eds.), Men in Families: When Do They Get Involved? What Difference Does It Make? Mahwah, NJ & London: Erlbaum, 1998.

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McDowell, David J., Ross D. Parke, & Shirley J. Wang, Differences between mothers' and fathers' advice-giving style and content: Relations with social competence and psychological functioning in middle childhood. Merrill-Palmer Quarterly, Vol. 49, No. 1, 55-76.

McDowell, David J., Mina Kim, Robin O'Neil, & Ross D. Parke, Children's emotional regulation and social competence in middle childhood: The role of maternal and paternal interactive style, Marriage and Family Review, 2002, Vol 34, No. 3/4, pp. 345-364.

Parke, Ross D., Fatherhood [in The Developing Child Series]. Cambridge, MA: Harvard University Press, 1996.

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Parke, Ross D., Father involvement: A developmental psychological perspective, Marriage and Family Review, 2000, Vol 29, No. 2/3, pp. 43-58.

Parke, Ross D., & Armin A. Brott, Throwaway Dads. Boston: Houghton Mifflin Co., 1999.

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Parke, Ross D., Fathers and families. In M. H. Bornstein (Ed.), Handbook of Parenting (2nd ed., Vol. 3). Mahwah, NJ: Erlbaum, 2002, pages 27-73.

Parke, Ross D., & Gary W. Ladd (Editors), Family-Peer Relationships: Modes of Linkage. Hillsdale, NJ & Hove and London: Erlbaum, 1992.

Parke, Ross D., Jessica Dennis, Mary L. Flyr, Kristie L. Morris, Colleen Killian, David J. McCowell, & Margaret Wild, Fathering and children's peer relationships. In Michael E. Lamb (Ed.), The Role of the Father in Child Development. New York: Wiley, 2004, pages 307-340.

Parke, Ross D., S. Simpkins, D. J. McDowell, M. Kim, C. Killian, J. Dennis, et al. Relative contributions of families and peers to children's social development. In P. K. Smith & C. Hart (Eds.), Handbook of Social Development. NY: Wiley, pages 156-177.

Popenoe, David, Life Without Father: Compelling New Evidence that Fatherhood and Marriage are Indispensable for the Good of Children and Society. New York: Martin Kessler Books/The Free Press, 1996.

home holds the desirable potential of providing the child with both the unique positive contributions of a father to child development and the unique positive contributions of a mother to child development.

1. The Unique Contributions of the Father to Child Development and Adjustment

In their 2001 review of research on *foster family characteristics* associated with higher levels of foster family functioning, Orme and Buehler summarized the studies as follows:

“Several possible general correlates of foster family functioning have also been examined. Walsh and Walsh (1990) examined 75 predictors of foster family functioning using a sample of 51 foster families. Five of these 75 factors were uniquely related to higher levels of foster family functioning: role comfort, affinity for children as a motivation for fostering, stress tolerance, **foster father’s provision of a strong male role model**, and child-centeredness of the foster family.

Demographic circumstances and motivation for fostering seem to be unrelated to foster family functioning (J. Rowe et al., 1984; Walsh & Walsh, 1990).”¹⁷⁰

This research finding is supported by other extensive research on the influence of fathers in families of tens of thousands of children.

In a 2000 review article¹⁷¹ in the journal Child Development, Cabrera, Tamis-LeMonda, Bradley, Hofferth, and Michael E. Lamb wrote,

Children may benefit from interacting with two involved parents, and may profit from interacting with people who have different behavioral styles. Some researchers have argued that this stylistic difference is gender-based (Popenoe, 1996). Fathers’ biological and socially reinforced masculine qualities predispose them to treat their children differently than do mothers. For example, fathers are more likely than mothers to encourage their children to be competitive and independent and to take risks.

...Fathers’ emotional investment in, attachment to, and provision of resources for their children are all associated with the well-being, cognitive development, and social competence of young children even after the effects of such potentially significant confounds as family income, neonatal health, maternal involvement, and paternal age are taken into account (e.g., Amato & Rivera, 1999; Yogman, Kindlon, & Earls, 1995). In addition, fathers have been found to be important players in the development of children’s emotional regulation and control (Gottman, Katz, & Hooven, 1997). During middle childhood, paternal involvement in children’s schooling in both single-father and two-parent families is associated with greater academic achievement and enjoyment of school by children (Nord, Brimhall, & West,

Pruett, Kyle D. Fatherneed : Why Father Care is as Essential as Mother Care for Your Child. New York: The Free Press, 2000.

Rhoads, Steven E. Taking Sex Differences Seriously. San Francisco: Encounter Books, 2004.

Small, Arnold, Henry B. Biller, & James O. Prochaska. Sex-role development and parental expectations among disturbed adolescent males. Adolescence, Vol 10(40), Winter 1975. pp. 609-615.

¹⁷⁰ Page 9 in John G. Orme, & Cheryl Buehler, “Foster family characteristics and behavioral and emotional problems of foster children: a narrative review,” Family Relations, 2001, Volume 50, Number 1, pages 3-15; J. A. Walsh, & R. A. Walsh Quality care for tough kids: Studies of the maintenance of subsidized foster placements in The Casey Family Program. Washington, DC: Child Welfare League of America, 1990; J. Rowe, H. Cain, M. Hundleby, & A Keane, Long-term foster care. NY: St. Martin’s Press, 1984.

¹⁷¹ Page 130 in N. J. Cabrera, C S. Tamis-LeMonda, R. H. Bradley, S. Hofferth, & M. E. Lamb, « Fatherhood in the twenty-first century, » Child Development, 2000, Volume 71, Number 1, pages 127-136.

1997). For both resident and nonresident fathers, active participation in their children's lives, rather than simply the amount of contact, appears to be formatively important (Nord et al.). In adolescence, too, stronger and closer attachments to resident biological fathers or stepfathers are associated with more desirable educational, behavioral, and emotional outcomes (Furstenberg & Harris, 1993). High involvement and closeness between fathers and adolescents, rather than temporal involvement per se, protect adolescents from engaging in delinquent behavior and experiencing emotional distress (Harris, Furstenberg, & Marmer, 1998). Thus, both quantity and quality of father involvement combined into the concept of "positive paternal involvement" results in positive child outcomes.

...Little is known about the effects of nonresident fathers' involvement on children's development.... A review of the survey literature reveals no evidence that nonresident father involvement benefits children (Greene, Halle, LeMenestrel, & Moore, 1998).

In the late 1990's, Ross Park and his colleagues conducted research that found that play is an important learning process for children and fathers are more oriented to physical play with children than are mothers.¹⁷²

Park's research found that a child's infancy, fathers spend a greater proportion of their time interacting with infants by playing with them.¹⁷³ Park reported that the father's play is more unpredictable and physically arousing to the child, providing a unique learning experience for the infant.¹⁷⁴

Billier and Kimpton reported in 1997 that in school-aged children, fathers participate in more instrumental activities—such as sports and scouting—more frequently with sons than with daughters.¹⁷⁵ In the 1990's, Carson, Park, and colleagues found that fathers tend to elicit more positive and less negative emotion from children during play, helping children learn to read social cues and to regulate emotions resulting in more positive social adjustment with peers.¹⁷⁶ The father's patience and his understanding of the child emotions results in positive social outcomes and these links are stronger for fathers than for mothers.¹⁷⁷ In 1998, Hart and colleagues found that such greater playfulness, patience and understanding with children are associated with less aggressive behavior with peers at school and that the father's influence in this regard outweighed the mother effects.¹⁷⁸

In a 2004 study, Dorius and her colleagues reported the results of their study of a probability sample of 4,987 adolescents, "...we examine the degree to which closeness to mother, closeness to father, parental support, and parental monitoring buffer the relationship between peer drug use and adolescent marijuana use. The relationship between peer drug use and adolescent marijuana use was attenuated by both closeness to father and the perception that parents would catch them for major rule violations."¹⁷⁹

¹⁷² Park (1996) & Isley, O'Neil, Clatfelter & Parke, (1999)

¹⁷³ Ross D. Parke, Fatherhood. Cambridge, MA: Harvard University Press, 1996.

¹⁷⁴ Ross D. Parke, Fatherhood. Cambridge, MA: Harvard University Press, 1996.

¹⁷⁵ Henry B. Billier & J. L. Kimpton, "The Father and the School-Aged Child," in Michael Lamb (Ed.), The Role of the Father in Child Development. NY: Wiley, 1997.

¹⁷⁶ Carson & Park (1996), Park et al (1992, 1994)

¹⁷⁷ Parke (1996), Isly, O'Neil & Parke, 1996

¹⁷⁸ Hart, Nelson et al (1998)

¹⁷⁹ Page 163 in Cassandra J. Dorius, Stephen J. Bahr, Hohn P. Hoffmann, & Elizabeth Lovelady Harmon, "Parenting practices as moderators of the relationship between peers and adolescent marijuana use," Journal of Marriage and Family, 2004, Volume 66, pages 163-178.

In a 1998 longitudinal study of children in which data were collected in 1976, 1981, and 1987, following children into adolescence and early adulthood to the ages of 17 to 22 years of age, Harris and colleagues¹⁸⁰ found that the father's involvement significantly influences economic and educational attainment of youth, significantly results in lowered rates of delinquency. These investigators also reported that the father's emotional closeness promotes positive social behavior, less distress and greater psychological well-being in the transition to adulthood. The father's presence was also found to be associated with less premarital adolescent sexual behavior. The research design used by these investigators allowed them to ascertain that the fathers' positive effects were independent of the effects of the mothers' influence.

The father usually fulfills an instrumental, action-oriented and limit setting role in family in contrast to the more expressive, more emotionally supportive role of the mother.¹⁸¹ Research has reported that the father has more influence on gender role adjustment of both boys and girls than does mother, because his instrumental focus is associated with preparing children for their various roles in society.¹⁸² Fathers provide a sex-role model for sons to identify with and the affectionate involvement of fathers fosters secure masculine identity in sons. Further, masculine fathers encourage normal feminine identification in daughters.¹⁸³

Longitudinal research by Hetherington and colleagues¹⁸⁴ found that compared to girls growing up with both their mother and father, girls growing up without their father because of his death were more inhibited towards males in their adolescence and adulthood, while girls growing up without their fathers because of divorce or separation were overly responsive to males sexually, having higher rates of teen pregnancy, earlier marriages, and having higher rates of separation and divorce.

A positive, continuous relationship with a father is associated with a good self-concept, higher self-esteem, higher self-confidence in personal and social interaction, higher levels of moral maturity, reduced rates of unwed teen pregnancy, greater internal control and higher career aspirations.¹⁸⁵

In 2000, William Marsiglio, Paul Amato, Randal Day, & Michael Lamb¹⁸⁶ published a review on the research on fathers. Their review found 72 studies published in 1990s on fathers and children with continuously married parents:

“Of the 72 studies identified, only eight used data from independent sources and controlled for the quality of the mother-child relationship. Of these, five revealed significant associations between positive father involvement and child outcomes. For example, Browne and Rife (1991) found that teachers' reports that children had few problems at school (such as failing a grade or poor attendance) were associated significantly with children's reports of supportive paternal [father] behavior, even after controlling for variations in the level of supportive mother behavior. Overall, the majority of studies that used multiple sources and control for maternal [mother]

¹⁸⁰ Harris, Furstenberg & Marmer (1998) Demography

¹⁸¹ Rekers (1986) review of research

¹⁸² Rekers (1986)

¹⁸³ Biller (1993) & Amato (1998): Rekers (1983 testimony to US Senate), Rekers (Feb & June 1986 testimony to US House), Rekers (1986), reviews –

¹⁸⁴ Hetherington (1972), Hetherington, Cox & Cox (1976, 1978, 1979):

¹⁸⁵ Biller (1993) & Amato (1998): Rekers (1983 testimony to US Senate), Rekers (Feb & June 1986 testimony to US House), Rekers (1986), reviews –

¹⁸⁶ William Marsiglio, Paul Amato, Randal D. Day, & Michael E. Lamb, “Scholarship on fatherhood in the 1990s and beyond,” *Journal of Marriage and the Family*, November 2000, Volume 62, pages 1173-1191.

characteristics support the notion that positive father involvement is linked with desirable outcomes among children....”¹⁸⁷

In a 1995 publication, Young and colleagues “found that when married fathers engage in authoritative parenting (such as providing encouragement and talking over problems), children tended to have high levels of life satisfaction.”¹⁸⁸ Many reviews of the research fathers report that studies demonstrate that fathers provide unique contributions to children’s development by contributing to core aspects of children’s self-identities, self confidence, stability and self-regulation.¹⁸⁹ For example, in 1995, Blankenhorn reported that positive father presence provides girls with a stable relationship of love and respect from a non-exploitive adult male that provides security and trust that helps them avoid precocious sexual activity and exploitive relationships with other males.

In 1999, Amato and Gilbreth¹⁹⁰ reported their finding that even non-residential fathers with strong attachments with adolescents, who used authoritative parenting methods, influenced their adolescents to be significantly less likely to become imprisoned.

2. The Unique Contributions of the Mother to Child Development and Adjustment

In a child’s infancy, while fathers spend their time with infants by playing with them, mothers divide their time between caregiving and play about equally.¹⁹¹ While the father’s play is more unpredictable and physically arousing to the child, the mother’s play is more verbal, didactic, and involves the use of more toys in the interaction, contributing a different type of unique learning experience for the infant than the father’s type of play interaction.¹⁹²

In a research review¹⁹³ published in 2003 by Ishii-Kuntz, research was summarized that found that while fathers across cultures are more likely to see playing with children as a major role they have as a parent, mothers more commonly use “an attentive and hands-on approach,” in which they are more involved in routine care such as bathing, changing, helping with homework, and providing meals. In 1994, Starrells¹⁹⁴ reported other research has demonstrated that mothers are more supportive than fathers of their children.

In a 1998 longitudinal study of children in which data were collected in 1976, 1981, and 1987, following children into adolescence and early adulthood to the ages of 17 to 22 years of age, Harris and colleagues¹⁹⁵ found that the mother’s involvement significantly influences economic and educational attainment of youth. The positive effects of the mother’s influence was demonstrated to be independent of the father’s positive effects.

¹⁸⁷ Page 1183 in William Marsiglio, Paul Amato, Randal D. Day, & Michael E. Lamb, “Scholarship on fatherhood in the 1990s and beyond,” *Journal of Marriage and the Family*, November 2000, Volume 62, pages 1173-1191.

¹⁸⁸ Young, Miller, Norton & Hill (1995)

¹⁸⁹ Blankenhorn (1995), Harris et al (1998), Hawkins & Palkovitz (1999), Lamb (1997), and Popenoe (1996) review studies:

¹⁹⁰ P. A. Amato & J. G. Gilbreth, “Non-residential fathers and children’s well-being,” *Journal of Marriage and the Family*, 1999, Volume 61, pages 15-73.

¹⁹¹ Ross D. Parke, *Fatherhood*. Cambridge, MA: Harvard University Press, 1996.

¹⁹² Ross D. Parke, *Fatherhood*. Cambridge, MA: Harvard University Press, 1996.

¹⁹³ Masako Ishii-Kuntz, “Motherhood,” in J. J. Ponzetti, Jr. (Ed.), *International Encyclopedia of Marriage and Family, Second Edition*. New York: Thomson Gale, 2003, pages 1146-1151.

¹⁹⁴ M. E. Starrells, “Gender differences in parent-child relations,” *Journal of Family Issues*, 1994, Volume 15, pages 148-165.

¹⁹⁵ Harris, Furstenberg & Marmer (1998) *Demography*

Mothers provide a sex-role model for daughters to identify with.¹⁹⁶ And there are other domains of parent-child interaction in which mothers have a greater influence. For example, in 1992, Hart and his colleagues¹⁹⁷ reported a study that found mothers have stronger effects on children's development of prosocial behavior (such as cooperative play with peers) by reasoning with children about consequences for their actions. In this way, mothers have a great influence on children's peer acceptance and the child's prosocial, cooperative play with peers. Such parenting plays an important role in how socially well-adjusted children are at home and outside the home¹⁹⁸ The 1987 review of studies by Parker and Asher concluded that there is "general support for the hypothesis that children with poor peer adjustment are at risk for later life difficulties. Support is clearest for the outcomes of dropping out and criminality. It is also clearest for low acceptance and aggressiveness as predictors...."¹⁹⁹

3. The Unique Benefits of the Combination of a Mother and Father for Foster Child Development and Adjustment

Hart's (1999) review found: fathers and mothers make unique positive contributions to children. Dual-gender and heterosexual parenting in which married mothers and fathers live together in the same home is more likely to provide more stable and secure environments for children and this natural family structure, on the average, provides greater benefits for nearly every aspect of children's well-being, including better emotional and physical health, less substance abuse, lower rates of early sexual activity by girls, better educational opportunity, less delinquency for boys (Harris, Furstenburg, & Marmer, 1998; Waite, 1995).

Ordinarily for the vast majority of children, their emotional, social, and psychosexual development involves both the identification of the child with the parent of the same sex, and complementary role relationships with the parent of the other sex. Evidence indicates that adolescents spend more time with same-sex parent than with the opposite-sex parent.²⁰⁰ Adolescents in general spend more of their free time with fathers, and more of their work and organized leisure time with mothers.²⁰¹ Further, many adolescent girls prefer to talk to their mother about sex education, menstruation, or needing a bra, and many adolescent boys are more secure talking with their father about learning to shave, learning to put on a tie, sex education issues, nocturnal erections, and nocturnal emissions. Boys reveal some matters more comfortably with fathers and other matters more comfortably with mothers; daughter similarly benefit from a parent of both genders. Only the family headed by a mother and father has the necessary parent figures for providing the best environment to promote stable psychological development of most children.

Parke (2004) reviewed recent research on development in the family and cited research evidence that "mothers, fathers, and children—influence each other both directly and indirectly (Minuchin 2002). Examples of fathers' indirect impact include various ways in which fathers modify and mediate mother-child relationships. In turn, women affect their children indirectly through their husbands by modifying both the quantity and the quality of father-child interaction." "Moreover, evidence continues to mount that fathers both play distinctive roles in families and have

¹⁹⁶ Biller (1993) & Amato (1998): Rekers (1983 testimony to US Senate), Rekers (Feb & June 1986 testimony to US House), Rekers (1986), reviews –

¹⁹⁷ Hart DeWolf, Wozniak & Burts (1992)

¹⁹⁸ (Hart et al, 1998; 1990; 1992a,b). Hart, Olsen, Robason & Mandeleco 1997). Hojat (1998) reviews: At least 16 longitudinal studies of this (See Hart p. 5).

¹⁹⁹ (Parker & Asher, 1987, p. 357).

²⁰⁰ R. Larson & M. Richards. *Divergent Realities*. NY: Basic Books, 1994.

²⁰¹ R. Larson & M. Richards. *Divergent Realities*. NY: Basic Books, 1994.

unique effects after controlling for maternal effects (Marsiglio et al 2000). “A second trend I the increasing focus on coparenting in recognition that mothers and fathers operate as a parenting team and as individual parents (McHale & Rasmussen 1998).

It is not pertinent to the best interests of foster children to argue that it is possible for a child to survive a period of childhood without either a mother or a father figure in the home. The foster child is already at disadvantage by virtue of being removed from his or her biological/legal family, and the state should not add to the child’s disadvantage by the avoidable action of placing the child in a family with a homosexually behaving adult. Foster children especially need these advantages inherent to households with exclusive heterosexual adult members because they have lost such positive mother and father influences for their development by virtue of the very reasons they have been removed from their family of origin to be placed in foster care.

D. Existing Studies Comparing Homosexual Parenting to Heterosexual Parenting Fails to Investigate These Structural Deficits of Homosexual Households and the Effects of Stress and Stigma on Children

The existing quantitative research purporting to compare the effects of homosexual parenting and heterosexual parenting focus on a relatively few variables related to parenting functions and a few selected child outcomes, and are not adequate to address the structural deficits inherent to homosexual parenting as they relate to child outcome. The existing qualitative literature on the effects of homosexual parenting on sons and daughters repeatedly documents distress and problems from the children's perspective, including stress associated with fears of peer rejection, embarrassment, loss of close friends, peers assuming they are homosexual, and the emotional toll of keeping their parents' homosexual behavior a secret. But because the quantitative studies selectively do not measure these variables, they do not report these problems.

The quantitative studies that purport that there are no differences in the childhood outcomes of homosexual parents compared to heterosexual parents are not adequate sources of empirical data for policy making regarding the licensure of foster parents for several substantial reasons: *(footnotes to substantiating professional publications will be added to each of these points, with some quotes from articles available)*

1. This research studied convenience samples of volunteer homosexual parents without psychological disorders and substance abuse who were "cherry-picked" by the investigators, and are thus not representative of the general population of homosexuals, the majority of whom have life-time occurrence of psychological disorders, suicidal ideation, suicide attempt, and substance abuse. Parenting practices by the minority of homosexuals who are psychologically normal cannot be considered representative of the parenting practices of the entire group of homosexuals who have much higher rates of psychological disorder and substance abuse than the studied homosexual parents.
2. Nearly all the children studied were not foster children, but instead largely the biological children of the homosexual parent who had a close relationship with the child since birth. The children investigated in these studies typically had a relationship for years before their homosexual parent "came out" as a homosexual, and thus already had a strong attachment and loyalty to the parent. It is well established that even abused children retain strong loyalty and desire to remain with their biological parents to whom they are attached, and try to rationalize away problems that their parent causes them. The child who has known the parent from birth generally has a strong motivation to cope with the stresses imposed by the parent's homosexuality. But as a group, foster children are expected to respond to a homosexual foster parent quite differently because nearly all foster children have grown up a different set of heterosexual parents and did not have a pre-existing long-term relationship or attachment with the homosexual parent since birth. The studied children of homosexual parents had continuity with the same parent that they knew and loved before the parent revealed to them that they were homosexual; but foster children are removed from the heterosexual parents to whom they were attached and then abruptly placed with a homosexual parent, which creates a very different adjustment challenge than the child staying with the same parent who subsequently informs them of their homosexuality. Thus the findings of existing studies of children of homosexual parents to which they have been attached since birth do not directly apply to children entering foster care by homosexual foster parents who are strangers to them and with whom they have no pre-existing attachment or loyalty.

3. The vast majority of the children studied in existing reports of parenting by homosexuals are not reported to have psychological disorders. But the majority of foster children do have psychological disorders. As a group, foster children are expected to respond to a homosexual foster parent differently because foster children are more vulnerable to stress, more vulnerable to a parent's partner instability, and more vulnerable to the lack of a mother or father, because of foster children's past deprivations and losses of their family of origin, and because of their substantially higher rates of psychological disorder than children in the general population. The studied children were not reported to have psychological disorders at the time their pre-existing parent "came out" as a homosexual, but foster children generally do suffer psychological disorders at the time they are placed in the home of a new homosexual foster parent. Research conducted on the adjustment of children without psychological disorders has not been proven to apply to understanding the adjustment of foster children with psychological disorders.
4. The studies of the adjustment of children of homosexual parents often compared two lesbian parents who were wealthier and more highly educated than the general population and "cherry picked" with convenience samples to be compared to a single heterosexual parent trying to manage childrearing, household maintenance, and income production all by herself. Because two parents have more resources (time, money, energy, etc.) than a single parent, finding no difference in child outcomes in such studies does not provide legitimate or valid data on the comparability of parenting by homosexuals to heterosexuals.
5. Most of the children of homosexual parents studied to date had spent a significant portion of their childhood growing up in a heterosexual married couple home before the divorce of their parents. This confounds the variables of homosexual parenting versus heterosexual parenting, making it extremely difficult, if not impossible, to attribute child outcomes to their heterosexual parenting or to their homosexual parenting. Further, Patterson (2000) points out that many lesbian parents do not "come out" to their children in their custody until years later, further making it difficult to interpret their parenting (from the child's perspective) as homosexual parenting or heterosexual parenting).
6. Existing studies of homosexual parenting have not studied the effects of the greater number of sexual partner relationships over time on the children's adjustment. Parallel research on heterosexual couples has found serious adverse effects of changing partners on child adjustment, and research cited above demonstrates a substantially higher turnover of sexual relationships among homosexual compared to heterosexuals.
7. Most research on homosexual parenting has been conducted on lesbian mothers, and relatively very little research has been conducted on homosexual fathers in a custodial family relationship with children.
8. Very little research is available on the effects of parenting by bisexuals on child adjustment, and yet the behavioral definition of homosexual behavior in the Arkansas regulation applies to families headed also by bisexuals.
9. Multiple reviews by psychologists and other social scientists have documented fatal flaws in the research methods of virtually all of the studies that claim there is no difference in child outcomes between parenting by homosexuals and heterosexuals. Even the research investigators of these homosexual parenting studies themselves acknowledge major methodological weaknesses and flaws to their research. Only seriously flawed research studies have reported that there are no important differences between homosexual parenting effects and heterosexual parenting effects upon children. In fact, social science research

commonly cited for the proposition that there is no important difference between homosexual and heterosexual parenting does not, in fact, support that proposition.

- Studies alleging no difference in parenting influences of homosexual parents compared to married heterosexual couples are flawed in terms of insufficient quantity of subjects studied and in terms of scientific inadequacies of their research methods.
- Most of the studies available on homosexual parenting have studied female homosexual parents (many of whom were former heterosexuals) and very few studies have focused on male homosexual parents. No study has adequate long-term follow-up into mature adulthood to demonstrate the absence of harm.
- Studies alleging no difference in parenting of homosexual parents compared to married heterosexual couples have failed to scientifically investigate all the serious stresses, disadvantages, and harms described above.
- There are inadequate scientific data to establish the long-term adult adjustment of children who are placed in foster homes with a homosexually behaving adult. The state should not “experiment” with foster children by placing them in such homosexual foster homes in light of all the evidence for additional disadvantage, stress, and harm.

Numerous reviews by qualified research investigators, including leading pro-gay researchers who have conducted homosexual parenting studies, have cited numerous methodological limitations and flaws that call into serious question any attempt to generalize the results of the social science research commonly cited for the proposition that there is no important difference between homosexual and heterosexual parenting does not, in fact, support that proposition.

Professor Charlotte Patterson, a leading contributor to the studies of the effects of homosexual parenting on children, published a review in November 2000, in which she made the following statements:

- Under the heading, “Research on children of lesbian and gay parents,” she wrote, “Most samples studied to date have been composed mainly of White, middle-class, largely professional families.”²⁰²
- “Concern has also been voiced that in many studies that compare children of divorced heterosexual mothers with children of divorced lesbian mothers, the lesbian mothers were more likely to be living with a romantic partner; in these cases, maternal sexual orientation and relationship status have been confounded.”²⁰³
- “In view of the small sample size and absence of conventional statistical tests, Huggins’ finding should be interpreted with great caution.”²⁰⁴
- “Because none of the published work has employed observational measures or longitudinal designs, little is known about the details of actual behavior in these families or about any changes over time.”²⁰⁵

²⁰² Page 1058 in Charlotte J. Patterson, “Family relationships of lesbians and gay men,” Journal of Marriage and the Family, November 2000, Volume 62, pages 1052-1069.

²⁰³ Page 1060 in Charlotte J. Patterson, “Family relationships of lesbians and gay men,” Journal of Marriage and the Family, November 2000, Volume 62, pages 1052-1069.

²⁰⁴ Page 1061 in Charlotte J. Patterson, “Family relationships of lesbians and gay men,” Journal of Marriage and the Family, November 2000, Volume 62, pages 1052-1069.

²⁰⁵ Page 1061 in Charlotte J. Patterson, “Family relationships of lesbians and gay men,” Journal of Marriage and the Family, November 2000, Volume 62, pages 1052-1069.

- “Although some gay men are also becoming parents after coming out, no research has yet been reported on their children.”²⁰⁶
- “...it is important first to acknowledge that much of the research is subject to various criticisms. For instance, much of the research has involved small samples that are predominantly White, well-educated, middle class, and American.... It would also be desirable to have data based on observational methods, collected within longitudinal designs. Longitudinal studies are beginning to appear (e.g., Gartrell et al., 1999; Tasker & Golombok, 1997), but observational work is still lacking. Other issues could also be raised (see Patterson, 1995a).”²⁰⁷
- “Similarly, the phenomena associated with bisexuality (Paul, 1996) have received relatively little study. Ethnic, racial, and socioeconomic diversity of lesbian and gay family lives have yet to be systematically explored. From a methodological perspective, it would be valuable to have more studies that follow couples or parents and their children over time. Longitudinal studies of the relationships between lesbians, gay men, and members of their families of origin over relatively long periods of time could also be helpful in describing predictable sequences of reactions to significant life events (e.g., coming out, having a child) among family members. To avoid the pitfalls associated with retrospective reporting, these studies should utilize prospective designs that follow participants over time. Another methodological issue in the literature to date is the dearth of observational data. Observational studies of couples, parents, and children, as well as of lesbian and gay adults with members of their families of origin, could provide valuable evidence about similarities and differences between family processes in the family lives of lesbian, gay, and heterosexual adults. ...Future research that addresses these challenges has the potential to improve understanding of lesbian and gay family life, increase inclusiveness of theoretical notions about family structure and process....”²⁰⁸

In a 2004 review, Patterson wrote,

- “Despite the diversity of gay fatherhood, research to date has with some exceptions been conducted with relatively homogeneous groups of participants. Samples of gay fathers have been **mainly Caucasian, well-educated, affluent, and living in major urban centers.** Although the available evidence suggests that self-identified gay men are much more likely to live in large cities than elsewhere (e.g., Laumann et al., 1994), **the representativeness of the samples of gay fathers studied to date cannot be established.** Most research has been cross-sectional in nature and has involved information provided through interviews and questionnaires by gay fathers themselves. Although valuable information has been collected in this way, the degree to which data from observational and other methodologies would converge with existing results is not known. **Caution in the interpretation of findings from research in this new area of work is thus required.**”²⁰⁹

²⁰⁶ Page 1061 in Charlotte J. Patterson, “Family relationships of lesbians and gay men,” Journal of Marriage and the Family, November 2000, Volume 62, pages 1052-1069.

²⁰⁷ Page 1064 in Charlotte J. Patterson, “Family relationships of lesbians and gay men,” Journal of Marriage and the Family, November 2000, Volume 62, pages 1052-1069.

²⁰⁸ Page 1065 in Charlotte J. Patterson, “Family relationships of lesbians and gay men,” Journal of Marriage and the Family, November 2000, Volume 62, pages 1052-1069.

²⁰⁹ Page 402 in Charlotte J. Patterson, “Gay fathers,” chapter 14 in Michael E. Lamb (Ed.), The Role of the Father in Child Development, Fourth Edition. Hoboken, NJ: Wiley, 2004, pages 397-416.

- In reviewing the research of Miller and Bozett on gay fathers, Patterson wrote, “They also explain little about gay fathers’ actual behavior in parenting and other roles. Possible problems related to sampling and selection biases should also be acknowledged.”²¹⁰
- “As this brief discussion has revealed, research on gay men who have chosen to become parents has barely begun. The research to date is limited in scope, and many important issues have yet to be addressed. ...Much remains to be learned about the determinants of gay parenting, about its impact on gay parents themselves, and about its place in contemporary communities.”²¹¹
- In reviewing Miller’s and Bozett’s research on sexual orientation among children of gay fathers, Patterson states, “...these figures must be interpreted with caution. In addition, small sample sizes and varied sampling procedures also suggest that interpretations should be made with care.”²¹²
- “As the preceding discussion makes clear, research on gay fathers and their families is relatively recent and still sparse. Many important questions remain to be addressed, and there is much for future researchers to accomplish in this area.”²¹³
- “From a methodological perspective, a number of suggestions for future research can also be offered. The first of these concerns sampling methods. Existing research has tended to involve small, unsystematic samples of unknown representativeness. Larger, more representative samples of individuals and families would be helpful. Also valuable would be longitudinal research involving observational and other varied assessment procedures. Multisite studies that systematically assess the impact of environmental as well as personal and familial processes hold great promise. Except in the case of qualitative work, rigorous statistical procedures should be employed.”²¹⁴

The highly respected professor of human development and family studies, Walter Schumm at Kansas State University published a review in 2004, in which he wrote:

- “Limitations of research on gays and family life are discussed, including the low statistical power of small samples, a condition which increases the likelihood of failing to reject the null hypotheses.”²¹⁵
- “Research with gay samples is often limited because samples are small and bias is introduced through volunteer or convenience samples....”²¹⁶
- “Because gays represent only 2-3% of the U.S. population and some are reluctant to identify their sexual orientation to researchers, it is difficult to obtain a group of gays large enough to compare with heterosexual groups (in a random sample) without having such low statistical

²¹⁰ Page 404 in Charlotte J. Patterson, “Gay fathers,” chapter 14 in Michael E. Lamb (Ed.), The Role of the Father in Child Development, Fourth Edition. Hoboken, NJ: Wiley, 2004, pages 397-416.

²¹¹ Page 407 in Charlotte J. Patterson, “Gay fathers,” chapter 14 in Michael E. Lamb (Ed.), The Role of the Father in Child Development, Fourth Edition. Hoboken, NJ: Wiley, 2004, pages 397-416.

²¹² Page 408 in Charlotte J. Patterson, “Gay fathers,” chapter 14 in Michael E. Lamb (Ed.), The Role of the Father in Child Development, Fourth Edition. Hoboken, NJ: Wiley, 2004, pages 397-416.

²¹³ Page 410 in Charlotte J. Patterson, “Gay fathers,” chapter 14 in Michael E. Lamb (Ed.), The Role of the Father in Child Development, Fourth Edition. Hoboken, NJ: Wiley, 2004, pages 397-416.

²¹⁴ Page 412 in Charlotte J. Patterson, “Gay fathers,” chapter 14 in Michael E. Lamb (Ed.), The Role of the Father in Child Development, Fourth Edition. Hoboken, NJ: Wiley, 2004, pages 397-416.

²¹⁵ Page 422 in Walter R. Schumm, “What was really learned from Tasker and Golombok’s (1995) study of lesbian and single parent mothers?” Psychological Reports, 2004, Volume 94, pages 422-424.

²¹⁶ Page 422 in Walter R. Schumm, “What was really learned from Tasker and Golombok’s (1995) study of lesbian and single parent mothers?” Psychological Reports, 2004, Volume 94, pages 422-424.

power as virtually to guarantee a “successful” outcome from a gay-rights perspective. ...A particular case in point... includes the results of Tasker and Golombok.... ...the sample size (45 cases) is so small the differences were not significant statistically.”²¹⁷

- “Fitzgerald in her review of the literature on gay parents, cited studies with as few as 17, 22, 30, 36, 37, 45, 46, 55, 75, and 82 subjects—many of which yielded no statistically significant differences between children of gay and heterosexual parents.”²¹⁸
- “...use of small samples with low statistical power can create artificial situations in which the gay rights hypothesis will appear to have been supported (by failure to reject the null hypothesis of no differences) for faulty methodological reasoning rather than on valid data. As Cohen argued, one does not ‘prove’ the null hypothesis; failure to reject the null hypothesis does not warrant the conclusion that the null hypothesis is true. ...Hoenig and Heisey noted that ‘In matters of public health and regulation, it is often more important to be protected against erroneously concluding no difference exists when one does.’ Using small samples is a most likely way to make the erroneous conclusion of accepting the null hypothesis (incorrectly) as evidence for no genuine difference. Further, even those who have reviewed the same data and literature often have reached different conclusions.”²¹⁹
- “...scholars and policymakers all should be very cautious in accepting, at face value, at least some of the research being reported on gays and family life.”²²⁰

In a 148-page book published in 2001, Robert Lerner, and Althea Nagai—both specialists in the field of quantitative analysis with Ph.D. degrees in sociology from the University of Chicago, presented a detailed methodological and statistical evaluation of studies on homosexual parenting. They concluded, “Do these 49 studies offer conclusive proof that there is ‘no difference’ between heterosexual and homosexual households? We believe that these studies offer no basis for that conclusion—because they are so deeply flawed pieces of research.”²²¹

The 2002 review²²² published by George Rekers, Ph.D., and Mark Kilgus, M.D., Ph.D., independently found serious, fatal methodological flaws in all the studies on the effects of homosexual parenting. All the available published studies reviewed had one or more of the following methodological flaws:

- Omission of a parallel heterosexual parent control group
- Lack of a two-biological parent comparison group
- Too small of sample size for statistical power
- Sampling bias
- Failure to obtain a representative sample
- Lack of random sampling
- A sample inappropriate for developmental research questions

²¹⁷ Page 422 in Walter R. Schumm, “What was really learned from Tasker and Golombok’s (1995) study of lesbian and single parent mothers?” *Psychological Reports*, 2004, Volume 94, pages 422-424.

²¹⁸ Page 422 in Walter R. Schumm, “What was really learned from Tasker and Golombok’s (1995) study of lesbian and single parent mothers?” *Psychological Reports*, 2004, Volume 94, pages 422-424.

²¹⁹ Page 423 in Walter R. Schumm, “What was really learned from Tasker and Golombok’s (1995) study of lesbian and single parent mothers?” *Psychological Reports*, 2004, Volume 94, pages 422-424.

²²⁰ Page 422 in Walter R. Schumm, “What was really learned from Tasker and Golombok’s (1995) study of lesbian and single parent mothers?” *Psychological Reports*, 2004, Volume 94, pages 422-424.

²²¹ Page 9 in Robert Lerner & Althea K. Nagai, No Basis: What the Studies Don’t Tell Us About Same-Sex Parenting. Washington DC: Marriage Law Project, 2001.

²²² George Rekers & Mark Kilgus, “Studies of homosexual parenting: A critical review,” Regent University Law Review, 2001-2002, Volume 14, Number 2, pages 343-382.

- Measures lacking reported reliability
- Measures lacking reported validity
- Lack of anonymity of research participants
- Self-presentation bias
- Inaccurate reporting of findings
- Lack of inferential statistical testing of hypotheses
- Illegitimate claim of affirming the null hypothesis
- Unjustified generalizations or conclusions from the data
- Omission of including variables relevant to assessing child adjustment

Further, most of the studies themselves admit to major methodological limitations of their sampling, design, or investigation in the discussion sections, even though they make bold claims in their conclusions and article abstract (see quotes from the articles themselves in Rekers and Kilgus that admit to design and methodological limitations of these studies).

In her 1999 article on research on children of lesbian and gay parents in Marriage and Family Review, Fitzgerald listed the following limitations of existing studies:

- “Many of these studies suffer from similar limitations and weaknesses, with the main obstacle being the difficulty in acquiring representative, random samples on a virtually invisible population. Many lesbian and gay parents are not open about their sexual orientation due to real fears of discrimination, homophobia, and threats of losing custody of their children. Those who do participate in this type of research are usually relatively open about their homosexuality and, therefore, may bias the research towards a particular group of gay and lesbian parents....”²²³
- “Because of the inevitable use of convenience samples, sample sizes are usually very small and the majority of the research participants end up looking quite homogeneous—e.g., white, middle-class, urban, and well-educated.”²²⁴
- “Another pattern is the wide discrepancy between the number of studies conducted with children of gay fathers and those with lesbian mothers.”²²⁵
- “Another potential factor of importance is the possibility of social desirability bias when research subjects respond in ways that present themselves and their families in the most desirable light possible. Such a phenomenon does seem possible due to the desire of this population to offset and reverse negative images and discrimination. Consequently, the findings of these studies may be patterned by self-presentation bias....”²²⁶
- “In summary, faced with these frequent methodological difficulties, the generalizability of these studies is limited and overall, they can best be described as descriptive and suggestive, rather than conclusive.”²²⁷
- “Keeping this in mind, research is needed in which larger sample sizes are acquired whenever feasible and where multiple methodologies are utilized. Longitudinal studies are

²²³ Page 68 in Bridget Fitzgerald, “Children of lesbian and gay parents: A review of the literature,” Marriage and Family Review, 1999, Volume 29, Number 1, pages 57-75.

²²⁴ Page 68 in Bridget Fitzgerald, “Children of lesbian and gay parents: A review of the literature,” Marriage and Family Review, 1999, Volume 29, Number 1, pages 57-75.

²²⁵ Page 68 in Bridget Fitzgerald, “Children of lesbian and gay parents: A review of the literature,” Marriage and Family Review, 1999, Volume 29, Number 1, pages 57-75.

²²⁶ Page 69 in Bridget Fitzgerald, “Children of lesbian and gay parents: A review of the literature,” Marriage and Family Review, 1999, Volume 29, Number 1, pages 57-75.

²²⁷ Page 69 in Bridget Fitzgerald, “Children of lesbian and gay parents: A review of the literature,” Marriage and Family Review, 1999, Volume 29, Number 1, pages 57-75.

needed ‘which seek to assess not only child adjustment over time, but also the family processes, relationships, and interactions to which child adjustment may be linked.’”²²⁸

- “Another important area of research is needed to examine how homophobia affects children in lesbian and gay families, or, more specifically, how the young and their families cope with our heterosexist, homophobic society.”²²⁹

The gay studies and education research scholar, professor James T. Sears published a review in 1994 in which he stated,

Studies on lesbian and gay parents and their families have been limited in terms of sample size and methodology. For example, some studies (e.g., Weeks, Derdeyn & Langman, 1975) have been clinical case studies and others have relied on anecdotal evidence (e.g., Alpert, 1988; Brown, 1976; Mager, 1975) others have studied small (10-40) groups of homosexual parents identified through gay-related organizations (e.g., Scallen, 1981). Only a few studies have used larger samples with more sophisticated research designs (e.g., Bigner & Jacobsen, 1989; Hotvedt & Mandel, 1982). There have been no ethnographic, longitudinal, or nation-wide studies conducted. Further, researchers generally have compared homosexual single parents with with single heterosexual parents and, occasionally, homosexual parents living with a domestic partner with remarried heterosexual couples. Due to their incompatibility, no comparisons between homosexual parented households with the “traditional” two-parent heterosexual families have been made. Urther, few of these studies present statistical analyses, control for the presence of a male role model in the home, take into account the desire to appear socially acceptable, include a majority of adolescent subjects, or focus on bisexual parents (Gottman, 1990). Finally, only a handful of studies have directly interviewed, surveyed, or observed children raised by a father or a mother who is homosexual....”²³⁰

Therefore, the existing studies on the effects of lesbian and gay parenting on child development and child adjustment are only very early preliminary, suggestive studies published for scholarly progress only, to inform future researchers on some directions for more adequate research. But these studies are only suggestive of findings on the highly selective small groups studied, not generalizable to the general population of homosexual parents, and clearly not definitive and therefore do not constitute a solid scientific basis for formulating public policies.

²²⁸ Page 69 in Bridget Fitzgerald, “Children of lesbian and gay parents: A review of the literature,” Marriage and Family Review, 1999, Volume 29, Number 1, pages 57-75. The phrase in single quotation marks is Fitzgerald’s quote of Patterson, 1992, page 1039).

²²⁹ Page 69 in Bridget Fitzgerald, “Children of lesbian and gay parents: A review of the literature,” Marriage and Family Review, 1999, Volume 29, Number 1, pages 57-75.

²³⁰ Page 139 in James T. Sears, “Challenges for educators: Lesbian, gay, and bisexual families,” The High School Journal, 1993-1994, pages 138-156.

C. The Best Child Adjustment and Well-Being Results from Parenting from Married Couples

A 2001 review of existing research by Marcia Carlson of Princeton University and Mary Corcoran of the University of Michigan concluded, “As fewer children spend most or all of their childhood living with two biological parents, concern has risen about the consequences of various family structures for children’s development and well-being. ...The link between family structure and young adult outcomes is no longer questioned....”²³¹

Child Well-Being in Households of Married Couples versus Cohabiting Homosexual Couples and Cohabiting Heterosexual Couples

In 1996, Professor Sarantakos²³² published the results of a study of educational success and social development of 174 children in three types of households—58 children living with heterosexual married couples, 58 children living with heterosexual cohabiting couples, and 58 children living with homosexual couples (47 lesbian and 11 gay male). The children studied were “matched according to age, gender, year of study, and parental characteristics (education, occupation and employment status). All children were of primary school age, and were living with at least one of their biological parents at the time of the study. ...The homosexual couples... were matched according to socially significant criteria (e.g., age, number of children, education, occupation, and socio-economic status) to married and cohabiting (heterosexual) couples....”²³³ Data was obtained “primarily from teachers and only secondarily from parents and children” through questionnaires and interviews, school aptitude tests, and behavioral observations of the child in class and out-of-class. Analysis of variance demonstrated that the families headed by married couples resulted in the best environment for children’s social and educational development for almost every measure. The following are the specific findings for educational achievement in which multiple data sources were combined for each area with an overall score “ranging from 1 (very low performance), through 5 (moderate performance) to 9 (very high performance):

- For language achievement, “the children of the married couples achieved the highest scores and the children of the homosexual couples the lowest: the average achievement score of the children of homosexual, cohabiting and married parents was 5.5, 6.8 and 7.7 respectively. (...significant at the 0.000 level).”²³⁴
- For mathematics achievement, “...children of homosexual partners showed an overall performance of 5.5, as against 7.0 and 7.9 for the children of cohabiting and married couples respectively (...significant at the 0.000 level).”²³⁵
- For social studies achievement, “...children of homosexual couples tend to perform slightly better than the children of the other two groups....The differences between these three groups is shown in their average scores, i.e., 7.6, 7.3, and 7.0 for the children of homosexual couples, married couples and cohabiting couples respectively... (...significant at the 0.008 level).”²³⁶

²³¹ Pages 779 & 780 in Marcia J. Carlson & Mary E. Corcoran, “Family structure and children’s behavioral and cognitive outcomes,” Journal of Marriage and Family, 2001, Volume 63, pages 779-792.

²³² Sotirios Sarantakos, “Children in three contexts: Family, education and social development,” Children Australia, 1966, Volume 21, Number 3, pages 23-31.

²³³ Pages 23-24 in Sotirios Sarantakos, “Children in three contexts: Family, education and social development,” Children Australia, 1966, Volume 21, Number 3, pages 23-31.

²³⁴ Sarantakos, page 24.

²³⁵ Sarantakos, page 24.

²³⁶ Sarantakos, page 25.

- For sport interest and involvement, "...the children of heterosexual cohabiting couples following closely the children of married couples, and with children of homosexual couples far behind.... ...the average scores of married, heterosexual cohabiting and homosexual couples were 8.9, 8.3 and 5.9 respectively (...significant at the 0.000 level)."²³⁷
- Sociability scores "...were 7.5 for the children of married couples, 6.5 for the children of cohabiting couples and 5.0 for the children of homosexual couples.... (...significant at the 0.000 level)."

"...more children of homosexual couples were reported to be timid, reserved, unwilling to work in a team, unwilling to talk about family life, holidays and about out-of-school activities in general, to feel uncomfortable when having to work with students of a sex different to the parent they lived with, and to be characterized as loners and as introvert. To a certain extent these feels were reciprocated by a number of the students in class, who preferred not to work with them, to sit next to them, or work together on a project."

"A similar attitude was expressed by these children in their out-of-class activities. In most cases children of homosexual couples ended up being by themselves, skipping rope or drawing, while the others were involved in team sports. In extreme cases, they have been ridiculed by the other children for some personal habits or beliefs, or for the sexual preferences of their parents. In certain cases, these children were called sissies, lesbians or gays, or asked to tell 'what their parents do at home', where they slept, and so forth. Such incidents were one of the reasons for these children to move to another school, to refuse to go to that school, or even for the parents to move away from that neighbourhood or town."

"...Parents and teachers alike reported that comments such as 'the pervs are coming', 'don't mix with the sissies', or 'sisterhood is filthy', made by some pupils, were not uncommon."²³⁸

- Sex identity was measured by multiple behavioral observations of play behavior and social interactions among the students. "Teachers felt that a number of students of homosexual parents were confused about their identity and what was considered right and expected of them in certain situations. Girls of gay fathers were reported to demonstrate more 'boyish' attitudes and behaviour than girls of heterosexual parents. Most young boys of lesbian mothers were reported to be more effeminate in their behaviour and mannerisms than boys of heterosexual parents. Compared to boys of heterosexual parents, they were reported to be more interested in toys, sport activities and games usually chosen by girls; they cried more often when under the same type of stressful situations...."

"In general, children of homosexual couples were described by teachers as more expressive, more effeminate (irrespective of their gender) and 'more confused about their gender' than children of heterosexual couples."

"With regard to the experiences of young children of homosexuals..., the findings show that these children usually find it difficult to be fully accepted by their peers as boys or girls. In many cases these children have been harassed or ridiculed by their peers for having a homosexual parent, for 'being queer' and even labeled as homosexuals themselves."

"In certain cases, heterosexual parents advised their children not to associate with children of homosexuals, or gave instructions to the teachers to keep their children as much as possible away from children of homosexual couples. Teachers also reported exceptional

²³⁷ Sarantakos, page 25.

²³⁸ Sarantakos, page 25.

cases where a group of ‘concerned parents’ demanded that three children of homosexuals be removed from their school.”

“Teachers have reported that children who went through such experiences have suffered significantly in social and emotional terms, but also in terms of scholastic achievement, and have developed negative attitudes to school and learning.²³⁹ These children found it very difficult to adjust in school, to trust friends inside and outside the school, and to join peer groups in general.”²⁴⁰

- Support with homework scores for the three groups were “7 for the children of married couples, 6.5 for the children of cohabiting heterosexual couples and 5.5 for the children of homosexual couples... (significant at the 0.000 level). ...Overall, married couples and, to a certain extent, cohabiting couples are reported by the teachers to offer more assistance and more personal support and to be more interested in the school work of their children than homosexual couples. A similar trend was reported with regard to parents assisting their children with sport and other personal tasks.”²⁴¹
- Parental aspirations for children’s education beyond the 10th year “...show a marked difference between the three groups. The average score for married parents 8.1, for cohabiting parents 7.4 and for homosexual parents 6.2.... (significant at the 0.000 level).”²⁴²
- Personal autonomy scores indicated, “Marrieds are reported to control and direct their children more than the couples of the other two groups.”²⁴³
- “...Responsibility for household tasks is significantly higher among these [homosexual parented] children than among children of heterosexual cohabiting and married couples.”²⁴⁴

Sarantakos concluded, “Overall, the study has shown that children of married couples are more likely to do well at school in academic and social terms, than children of cohabiting heterosexual and homosexual couples. ...In summary, family environments are definitely instrumental for the development of the attributes which encourage educational progress and social development among children. However, these environments are shown to vary significantly according to the life style of the parents, leading to adverse reactions among these children.”²⁴⁵

The research study by Sarantakos comparing children’s educational achievement and social adjustment as a function of the family structures of married couples, heterosexual cohabiting couples, and homosexual couples is a very rare type of study in the sense of including a homosexual couple comparison group. Because Sarantakos found similar disadvantaged child outcomes in the cohabiting heterosexual couple group and homosexual cohabiting couple group compared to the married couple group, the best available additional research for the Court to consider regarding the

²³⁹ This quotation from the article implies that the attitudes towards school and learning were more negative among children of homosexual couples compared to heterosexual couples. And consistent with this, the attitude to school and learning scores were reported as “7.5 for the children of married couples, 6.8 for the children of cohabiting couples and 6.5 for the children of homosexual couples.... (...significant at the 0.000 level)” (Sarantakos, page 26). But the author made an apparently contradictory statement to these scores and the quotation under the heading of “Sex Identity,” on page 26 in earlier paragraphs when stating, “...children of cohabiting couples (especially homosexuals) demonstrated a stronger attitude to learning than other children” (Sarantakos, page 26). So the study results with regard to scores on attitudes towards school and learning are unclear from the article, and it may be that the score data were incorrectly reported one way or another.

²⁴⁰ Sarantakos, page 26.

²⁴¹ Sarantakos, pages 26-27.

²⁴² Sarantakos, page 27.

²⁴³ Sarantakos, page 27.

²⁴⁴ Sarantakos, page 28. “Parenting styles—control and punishment” scores among the three groups were not found to be significantly different.

²⁴⁵ Sarantakos, page 30.

effects of family structure on child adjustment would be the research on cohabitation and single-parent family structures compared to married couple family structure.

Child Well-Being in Households of Married Couples versus Cohabiting Heterosexual Couples

Using data “nationally representative of adolescents in the United States”²⁴⁶ from the National Longitudinal Study of Adolescent Health, a journal article in 2003 by Manning and Lamb reported a study of well-being of 13,231 adolescents in married two biological parent families to cohabiting parent stepfamilies, unmarried single mother families, and step married families. These investigators concluded, “Teens living with co-habiting stepparents often fare worse than teens living with two biological married parents. Adolescents living in cohabiting stepfamilies experience greater disadvantage than teens living in married stepfamilies. ... Teenagers living with single unmarried mothers are similar to teens living with cohabiting stepparents....”²⁴⁷ Thus, in each case, teen well-being was significantly worse in cohabiting and single parent families compared to married couple families.

In 2004, Brown²⁴⁸ published a study of a nationally representative sample of the United States civilian non-institutionalized population, consisting of 35,938 research subjects from the national Survey of America’s Families. 5% of the children lived with cohabiting parents. The more than 1000 school aged children in this sample who lived in cohabiting parent families experienced worse outcomes in behavioral and emotional problems, on average, than those residing in two biological married parent families. Brown reported,

Research on adult cohabitators’ psychological well-being reveals that depression is especially high among cohabiting mothers (Brown, 2000). Parental well-being has a profound impact on offspring (Amato & Booth, 1997) suggesting that children residing in cohabiting unions are at risk of a variety of adverse outcomes, including poor school performance, behavioral problems, and psychological distress. ... Most studies have shown that cohabitation is associated with lower levels of child well-being, especially relative to marriage.... There is essentially no evidence that children fare better in cohabitating unions than other family forms.²⁴⁹

Brown reviewed recent research that demonstrates “that child well-being, measured by cognitive performance and the absence of behavior problems, is greater in two-biological parent married families than in cohabiting families.”²⁵⁰

Brown studied children aged 6 to 11 years and adolescents aged 12 to 17 years. Reporting her findings, she wrote, “Adolescents living outside two-biological parent married families tend to exhibit more behavioral and emotional problems.... Economic resources do not appear to account for the influence of family structure.”²⁵¹ The level of emotional and behavioral problems exhibited

²⁴⁶ Page 881 in Wendy D. Manning & Kathleen A. Lamb, “Adolescent well-being in cohabiting, married, and single-parent families,” Journal of Marriage and Family, 2003, Volume 65, pages 876-893.

²⁴⁷ Page 876 in Wendy D. Manning & Kathleen A. Lamb, “Adolescent well-being in cohabiting, married, and single-parent families,” Journal of Marriage and Family, 2003, Volume 65, pages 876-893.

²⁴⁸ Susan L. Brown, “Family structure and child well-being: The significance of parental cohabitation,” Journal of Marriage and Family, 2004, Volume 66, pages 351-367.

²⁴⁹ Pages 351-352 in Susan L. Brown, “Family structure and child well-being: The significance of parental cohabitation,” Journal of Marriage and Family, 2004, Volume 66, pages 351-367.

²⁵⁰ Page 352 in Susan L. Brown, “Family structure and child well-being: The significance of parental cohabitation,” Journal of Marriage and Family, 2004, Volume 66, pages 351-367.

²⁵¹ Susan L. Brown, “Family structure and child well-being: The significance of parental cohabitation,” Journal of Marriage and Family, 2004, Volume 66, pages 351-367.

by children in cohabiting families “did not differ from those in single-mother families.” Children with cohabiting families performed more poorly in educational and cognitive well being than those in married couple families. “...adolescents residing outside two biological parent married families were significantly less engaged in school.”²⁵² Controlling for economic and parental resources, Brown found that 6 to 11 year old children in cohabiting families scored lower in school engagement, and 12 to 17 year old adolescents had more behavioral and emotional problems on average than those in two biological married parent families. “The addition of a cohabiting partner is not associated with higher levels of (child) well-being relative to living in a single mother family.”²⁵³

Brown concluded, “Children living in two-biological cohabiting families experience worse outcomes, on average, than those residing with two biological married parents, although among children ages 6-11, economic and parental resources attenuate these differences. Among adolescents ages 12-17, parental cohabitation is negatively associated with well-being, regardless of the levels of these resources.”²⁵⁴ Therefore the two biological parent married couple was demonstrated to be best family structure for child-well being in this study of a large nationally-representative sample of the U.S. population. Further, among all the family structures outside the married mother and father family, there were worse outcomes that did not significantly differ among the various alternative family forms outside the married mother and father family structure: “Child well-being does not significantly differ among those in cohabiting versus married stepfamilies, two-biological-parent cohabiting families versus cohabiting stepfamilies, or either type of cohabiting family versus single-mother families.”²⁵⁵

In the light of research studies discussed previously that demonstrated increased child and adolescent depression in homes with depressed mothers or fathers, it is significant that “...married people fare better than their never-married counter-parts in terms of psychological well-being”²⁵⁶ and that a 2003 study by Lamb and Lee found “...a negative effect of entry into marriage on depression, particularly when marriage was not preceded by cohabitation.”²⁵⁷ Marriage lowers depression, and this study found that it is not a selective factor such as less depressed people getting married. This lower level of depression among married couples compared to other family structures has a distinct advantage for child mental health outcomes.

Using data from 24,599 students that was a representative sample from the United States, a 2002 study by Hoffmann reported, “...adolescents who reside in single-parent or stepparent families are at heightened risk of drug use irrespective of community context.”²⁵⁸ These authors reviewed other research studies that demonstrate, “...family structure continues to exert a significant impact on some types of adolescent behavior, such as drug use, even after one controls for the effects of

²⁵² Page 362 in Susan L. Brown, “Family structure and child well-being: The significance of parental cohabitation,” *Journal of Marriage and Family*, 2004, Volume 66, pages 351-367.

²⁵³ Page 362 in Susan L. Brown, “Family structure and child well-being: The significance of parental cohabitation,” *Journal of Marriage and Family*, 2004, Volume 66, pages 351-367.

²⁵⁴ Page 351 in Susan L. Brown, “Family structure and child well-being: The significance of parental cohabitation,” *Journal of Marriage and Family*, 2004, Volume 66, pages 351-367.

²⁵⁵ Page 351 in Susan L. Brown, “Family structure and child well-being: The significance of parental cohabitation,” *Journal of Marriage and Family*, 2004, Volume 66, pages 351-367.

²⁵⁶ Page 953 in Kathleen A. Lamb & Gary R. Lee, “Union formation and depression: Selection and relationship effects,” *Journal of Marriage and Family*, 2003, Volume 65, pages 953-962.

²⁵⁷ Page 953 in Kathleen A. Lamb & Gary R. Lee, “Union formation and depression: Selection and relationship effects,” *Journal of Marriage and Family*, 2003, Volume 65, pages 953-962.

²⁵⁸ Page 314 in John P. Hoffmann, “The community context of family structure and adolescent drug use,” *Journal of Marriage and Family*, 2002, Volume 64, pages 314-330.

family income, family relations, residential mobility, and a host of other variables.... The inability of various economic and social characteristics to explain family structure effects on drug use was highlighted in a recent study by Hoffmann and Johnson (1998).²⁵⁹ Using a large sample from the National Household Survey on Drug Abuse (HNSDA), they found that adolescents who resided with a biological father and mother were at lower risk of marijuana and other drug use than adolescents who reside with single parents or stepparents. ...Controlling for the effects of family income and family moves did not fully attenuate differences among family types in the likelihood of drug use. Hence, Hoffmann and Johnson (1998) concluded that hypotheses involving economic resources or mobility do not sufficiently explain the effects of family structure on adolescent drug use."²⁶⁰ Hoffman also stated, "Many contemporary studies of family structure have addressed differences among adolescents from single-parent, stepparent, and two-biological-parent families. ...a substantial body of literature indicates that living with a biological mother and father reduces the risk of delinquent behavior..., school dropout..., and adolescent drug use."²⁶¹

Child Well-Being in Households of Married Couples versus Single-Parent (Homosexual and Heterosexual) Families

Studies of single-parent families in the United States include a mixture of heterosexual single parents, "closet" concealed homosexual single parents, openly identified homosexual single parents, and bisexual single parents.

In the 2000 research review accompanying their research, Biblarz and Gottainer wrote, "Evidence over the past 30 years shows that children raised in single-parent households generally have lower average levels of psychological well-being and socioeconomic achievement than those raised by two biological parents. ...studies ...show that children from both types of families [widowed single-mother families and divorced single-mother families] have higher rates of delinquency (running away or truancy) and emotional problems (depression or low self-esteem) and lowered school performance)...."²⁶²

Carlson and Corcoran's 2001 review concluded, "Research shows that children reared in single-parent families do not fare as well as those reared in two-parent [heterosexual] families, on average, regardless of race, education, or parental remarriage... they are more likely to experience increased academic difficulties and higher levels of emotional, psychological, and behavioral problems...."²⁶³ "Single-parent families have been associated with delinquent behavior..., use of drugs, alcohol and tobacco..., lower self-esteem..., dropping out of high school..., younger age at leaving home..., and early sexual activity.... Because parents influence their children in many and multifaceted ways, the theoretical mechanisms that may explain the effect of family structure on child outcomes are numerous. Four primary causal mechanisms that have been discussed in the literature are economic status, parental socialization, childhood stress, and maternal psychological

²⁵⁹ J. P. Hoffmann & R. A. Johnson, "A national portrait of family structure and adolescent drug use," Journal of Marriage and the Family, 1998, Volume 60, pages 633-645.

²⁶⁰ Page 315 in John P. Hoffmann, "The community context of family structure and adolescent drug use," Journal of Marriage and Family, 2002, Volume 64, pages 314-330.

²⁶¹ Page 314 in John P. Hoffmann, "The community context of family structure and adolescent drug use," Journal of Marriage and Family, 2002, Volume 64, pages 314-330.

²⁶² Page 534 in Timothy J. Biblarz & Greg Gottainer, "Family structure and children's success," Journal of Marriage and the Family, 2000, Volume 62, pages 533-548.

²⁶³ Page 779 in Marcia J. Carlson & Mary E. Corcoran, "Family structure and children's behavioral and cognitive outcomes," Journal of Marriage and Family, 2001, Volume 63, pages 779-792.

well-being....”²⁶⁴ “Single mothers report higher rates of depression and lower levels of psychological functioning than do other mothers.... Mothers’ poor mental health has been shown to adversely affect child behavior....”²⁶⁵

Adverse child outcomes are associated with deviations from the dual-gender parenting model. Research indicates that role models outside the household do not have the same advantageous influences on child development and child adjustment as mothers and fathers living under the same roof as the developing child.

1995 US Bureau of the Census data (1998) indicate that only 10% of children with two married parents lived in poverty compared to 50% who live with unmarried mother. Poverty predicts more child social and academic problems, especially when accompanied by frequent changes in residence and multiple intimate adult relationships by the parent.²⁶⁶

Poverty predicts academic and social problems, especially when accompanied with frequent changes of residence and multiple intimate adult relationships.²⁶⁷ Though negative effects of poverty and having single parent are interrelated, each is a risk factor w/independent negative outcome effects for children.²⁶⁸ Father presence is more relevant than family income for decreased delinquency. Delinquency is twice the rate where father is absent. When a child resides with a single mother and her cohabiting boyfriend, delinquency rates are higher than when mother lives alone with her child.²⁶⁹ After taking into account many other facts (such as, race, income, residential instability, urban location etc), fatherless boys have twice the rate of incarceration as boys living with a father.²⁷⁰

Twice the percentage of children from one-parent families (16% to 29%) drop out of high school compared to mother/father families (8% to 13%). There are more teen giving birth and school drop-out in one-parent families compared to than two-parent married families. Half of this effect is to poverty & half due to lack of parent access and residential mobility. Marriage produces better outcomes for children by providing a “long-term contract,” and a form of “co-insurance” of economic and social resources for the child.²⁷¹

Mother or father absence is associated with lowered academic performance, more cognitive deficits, increased adjustment problems, greater susceptibility to delinquent peer group, more conduct problems, higher rates of illicit drug and alcohol use, higher rates of suicide and homicide, deficits in social problem solving competencies, deficits in social sensitivity, deficits in social role taking skills, a poor self concept, low self esteem, lowered self confidence, less sense of mastery, less self-assertiveness, delayed emotional and social maturity, increased sexual promiscuity, higher rates of effeminacy in boys and higher risks for psychosexual development problems.²⁷²

Single parents at greater risk to develop poor quality relationships with their children, leading to greater rates of child maladjustment.²⁷³

²⁶⁴ Page 780 in Marcia J. Carlson & Mary E. Corcoran, “Family structure and children’s behavioral and cognitive outcomes,” *Journal of Marriage and Family*, 2001, Volume 63, pages 779-792.

²⁶⁵ Page 781 in Marcia J. Carlson & Mary E. Corcoran, “Family structure and children’s behavioral and cognitive outcomes,” *Journal of Marriage and Family*, 2001, Volume 63, pages 779-792.

²⁶⁶ (Ackerman et al 1999).

²⁶⁷ Ackerman et al (1999) *Developmental Psychology*

²⁶⁸ Reviews by Bronfenbrenner et al (1996): THE STATE OF AMERICANS & Mayer (1997) WHAT MONEY CAN’T BUY

²⁶⁹ Comanor & Phillips (1998)

²⁷⁰ Harper & McLanahan (1998)

²⁷¹ Waite (1999) Demography

²⁷² Rekers (1983 testimony to US Senate), Rekers (Feb & June 1986 testimony to US House) & Rekers (1986) reviews

²⁷³ Wallerstein & Kelly (1975) & Hetherington (1972) & Hetherington et al (1976)

The review by Marsiglio, Amato, Day & Lamb (2000) of Furstenberg & Cherlin (1991) stated: “Compared with fathers in two-parent households, nonresident fathers provide less help with homework, are less likely to set and enforce rules, and provide less monitoring and supervision of their children. If non-resident fathers rarely engage in authoritative parenting, then mere contact, or even sharing good times together, may not contribute in a positive way to children’s development.”²⁷⁴

²⁷⁴ Marsiglio, Amato, Day & Lamb (2000)

D. CONCLUSION: Qualified Married Couples Provide for Critical Needs of Foster Children That a Household with a Homosexual Adult is Inherently Unable to Provide

The foster-parent household with one or more homosexually-behaving members thereby *deprives the foster child of significant positive contributions* to the child's current adjustment and to the child's preparation for successful adulthood adjustment that are present in heterosexual foster homes that meet Arkansas' licensing requirements. Therefore, it is clearly in the best interests of foster children to be placed with foster families where all adult members are exclusively heterosexual because this natural family structure inherently provides unique needed benefits and more psychologically stable families than is inherently characteristic of households with a homosexually-behaving adult.

OVERALL CONCLUSION:

The Arkansas Regulation Eliminates Avoidable Stressors, Avoidable Instability, and Avoidable Deprivations and Requiring the Foster Parents to be Heterosexual is in the Best Interests of Foster Children

Because foster children have higher rates of psychological disorder and conduct disorder than the general population of children, and because foster children unfortunately must face unavoidable stresses and losses in connection with the state's necessary intervention, their optimal future adjustment requires that the State eliminate all risk of avoidable stressors, of sources of avoidable family instability, and of avoidable deprivations to be eliminated.

Empirical research, clinical experience, and reasoning clearly demonstrate that households with a homosexual behaving adult member inherently [1] impose unique harms of profound stressors on children, [2] are substantially less stable than heterosexual families, and [3] deprive children of the needed benefits of having relatively better psychologically adjusted adult family members who provide the needed benefits of both a mother and father figure in the foster home. While the plaintiffs might speculate that a particular homosexually-behaving couple might in some circumstance(s) be able to offer satisfactory or equivalent parenting functions for a foster child placed in their household and even be preferred in some scenario, even if that could be empirically established, it would be the rare exception and not the rule; further, such a placed foster child would still be exposed to the risks of harm by the stressors, relative couple instability, and deprivation of a mother or father that are inherent to the structure of the household with homosexual adult membership. By analogy, in some exceptional circumstances, a convicted felon, a newly married couple of 18-year-old adolescents, or a 95-year-old man might be able to offer satisfactory or equivalent parenting functions for a foster child placed in their household, but certain risks associated generally with the structure of that type of household justifies Arkansas regulations prohibiting such a foster placement.

It is rational for the State to exclude households with homosexual adults from foster family licensure because the household with a homosexual adult member has an inherent structure that exposes the foster child to unique high risks for stress, foster family instability, and deprivation of needed benefits. These risks and harms are reasonably eliminated by the Arkansas regulation prohibiting the licensing of households with a homosexually-behaving adult member.

It has been shown that it is impossible to simultaneously accommodate the desire of homosexually behaving adults to obtain a foster parent license and to act in the best interests of the child. There is no constitutional right of American citizens to be foster parents. Instead, the rational basis for regulations regarding the selection of foster parents must be based on common sense, rational values, and empirical research findings regarding the best interests of the foster child. This rational consideration logically excludes households with a homosexually behaving adult from serving as foster parents. The state's granting of foster parent licenses is not about the individual desires of households with homosexually behaving adults. The state's consideration must be about the child's needs instead.

Thus, homosexually behaving adults are not being excluded because they are a discriminated against class of people. They are excluded by the Arkansas regulation because the inherent structure of their household poses undue disadvantage, stress, and potential harms to the foster child that can be typically avoided by denying them a foster parent license. This is not basically different from denying foster parent licenses to other households with structures that are not in the best interests of children. 15 year old couples, 90 year old couples, Thai-language-only

speaking couples, blind and deaf parents, households with a pedophilic behaving adult, households with practicing criminals, households with drug dealers and drug abusers, households with unemployed adults, households that advocate the overthrow of the US government, households with an active terrorist, households with sexually-promiscuous unmarried men and women cohabitating, and households with homosexually behaving adults all have either inherent instability or inherent disadvantage, stress, and potential harm to foster children.

If stable married couples are ever in short supply as applicants for foster parent licenses, they should be actively recruited. And in the meantime, the second best placement would be in the homes of heterosexual men or women who are not engaged in sexually promiscuous behavior. Such a home has the potential to be headed by a stable married couple, and constitute a much larger number in the population than homosexually practicing adults.

In assessing the risk/benefit ratio in formulating regulations for licensing foster parents, the Arkansas regulation excluding homosexually-behaving adults from licensed foster parent homes is the most loving action towards foster children and has appropriately focused on the risks and benefits for the child, and not on the benefits for a group who want to become foster parents. The State of Arkansas should not use foster children as guinea pigs for social experimentation in the service of the self-centered political agenda of any particular advocacy group. Because there is no constitutional right for all adults who desire to be a foster parent to be granted that status by the State, the Arkansas regulation prohibiting foster licensure for households where one or more homosexual adults resides is reasonably justified and is

- in the best interests of foster children,
- best complies with the Adoption Assistance and Child Welfare Act of 1980 Public Law 92-272 that mandates the minimization of child removal rates, and
- best complies with the Adoption and Safe Families Act of 1997 Public Law 105-89 that mandates a primary focus of the foster care system on the safety of children.

Author: *Dr. George A. Rekers, Ph.D., FAACP; Diplomate in Clinical Psychology, ABPP; Professor of Neuropsychiatry & Behavioral Science; Chairman, Faculty in Psychology; University of South Carolina School of Medicine, Columbia, South Carolina.*

Appendix

The following are some common concerns that perhaps most biological/legal parents of children in foster care would have. There is some suggestive research on non-representative samples as well as years of clinical experience that reasonably raises additional concerns regarding these potential harms potentially associated with placing foster children in households with a homosexually-behaving adult. The limited pilot research and clinical evidence points to the need for definitive 40-year longitudinal research conducted on large probability samples of the child population before we would know whether or not placement of a foster child with a household with a homosexually-behaving adult would substantially harm foster children in the following ways or not.

Because of the unique psychological vulnerability of foster children with such high levels of psychological disorders, before altering the Arkansas regulation to allow households with homosexually-behaving adults to be licensed as foster families, it would clearly be in the best interests of foster children for the State to have available more thorough research on sufficiently large representative samples children that have ruled out the following potential harms to children:

Probable Additional Household Transitions due to Higher Risk of Hebeophilia by Homosexual Adults

Further, this relationship instability in households with a homosexually-behaving male also would contribute to a potentially higher risk of removal and household transitions (compared to households with only heterosexual adults) due to the sexual abuse of an adolescent male foster child (i.e., “hebeophilia”) by that homosexual. Three lines of research evidence suggest that a adult homosexual male is more likely to approach an adolescent male for sexual purposes than a adult heterosexual male is prone to approach adolescent females for sexual purposes.

[1] As stated by Paul and colleagues in a research review introducing their own study, research investigations have reported, “Males who have been sexually abused are more apt than their female counterparts to exhibit aggressive, hostile behavior (Watkins & Bentovim, 1992), and to victimize others, possibly due to identifying with the aggressor (Becker, Cunningham-rathner, & Kaplan, 1987; Burgess, Hazelwood, Rokous, Hartman, & Burgess, 1988; Carmen, Rieker, & Mills, 1984; Groth, 1979; Stevenson & Gajarsky, 1999).”²⁷⁵ In a research study 942 adults published in 2001 on their past histories of any childhood and adolescent molestation, Tometo and her colleagues reported, “Forty-six percent of the homosexual men in contrast to 7% of the heterosexual men reported homosexual molestation. Twenty-two percent of lesbian women in contrast to 1% of heterosexual women reported homosexual molestation.”²⁷⁶ Because adult male homosexuals were found to have been sexually molested at 6.6 times the percentage of adult male heterosexuals, it is empirically expected that adult male homosexuals would be 6.6 times more likely to sexually victimize adolescent males themselves.

[2] Homosexual adult males are more likely to view an adolescent male to be a desired sexual partner than a heterosexual adult male would be likely to view an adolescent female to be a desired sexual partner. A research study of 192 adults published in 2000 by Silverthorne and

²⁷⁵ Page 559 in Jay P. Paul, Joseph Catania, Lance Pollack, & Ronald Stall, “Understanding childhood sexual abuse as a predictor of sexual risk-taking among men who have sex with men,” *Child Abuse and Neglect*, 2001, Volume 25, pages 557-584.

²⁷⁶ Page 535 in Marie E. Tomeo, Donald I. Templer, Susan Anderson, & Debra Kotler, « Comparative data of childhood and adolescence molestation in heterosexual and homosexual persons, *Archives of Sexual Behavior*, 2001, Volume 30, Number 5, pages 535-541.

Quinsey in the Archives of Sexual Behavior, reported on the sexual partner age preferences (among 18 to 60 year old individuals) of homosexual and heterosexual men and women.

- For heterosexual men, “the greatest mean response was to 25-year-old and the lowest to 58-year-old female faces.” The youngest female face of 19 years old had a mean sexual attractiveness rating of only 2.5 for heterosexual males, while the greatest rating of 4.8 was for 25-year old female.
- For homosexual males, “the greatest response was to 18-year-old male faces and the lowest to 58-year-old male faces.” For homosexual males, the youngest male face of 18 years old had a mean sexual attractiveness rating of 4.9, and 23-year-old male faces had a 4.4 mean rating.

Unlike pedophilia (which involves adult sexual conduct with children under age 12), non-pedophile homosexual-behaving adults are generally sexually attracted to post-pubertal adolescents who have a young adult level of sexual maturation. This indicates that homosexual males find adolescent males to be the most sexually attractive to them as a sexual partner, while heterosexual males find females in their mid-twenties to be much more attractive to them than adolescent females.

[3] The perpetrators of criminal sexual abuse on post-pubescent adolescents aged 13 to 17 are overwhelmingly males. Research indicates that homosexual behavior with adolescents is more similar to homosexual behavior between adult males than it is to homosexual pedophilia.²⁷⁷

Because male homosexuals have **three times** the number of sexual partners as male heterosexuals (established by research cited above), there is an empirical basis to expect a substantially higher probability that a male homosexual in the household will sexually abuse an adolescent male foster child than a male heterosexual would sexually abuse an adolescent female foster child.

Therefore, [1] because adult male homosexuals have been sexually molested at **6.6 times** the percentage of adult male heterosexuals, and males who were sexually abused are more apt to exhibit aggressive behavior and to victimize others, [2] because adult male homosexuals rate adolescent males about twice as attractive as sexual partners as adult male heterosexuals rate adolescent females, and [3] because male homosexuals have **3 times the number of sexual partners** as male heterosexuals, there is an empirical basis to expect a substantially higher probability that a male homosexual in the household will sexually abuse an adolescent male foster child than a male heterosexual would sexually abuse an adolescent female foster child.

Such a higher incidence of criminal sexual conduct against an adolescent foster child would also result in higher rates of needing to remove a foster child for transition to an alternate foster placement.

Possible Harms from Conflicting Sex Role Models of Homosexual Parents

Homosexual parenting may rationally be expected to present special issues relating to child development, including, but not limited to conflicting sex role models that contribute to a greater likelihood of the child experiencing significant *developmental and adjustment difficulties* in the areas of:

- ***gender identification.***
- ***sexual identification.***
- ***gender roles.*** Homosexuals have much higher rates of gender non-conformity, subjecting the child to either the role model of an effeminate male or masculinized “butch” female.

²⁷⁷ “...homosexual hebephilia has more etiological factors in common with androphilia than does homosexual pedophilia.” Page 273 in Ray Blanchard & Robert Dickey, “Pubertal age in homosexual and heterosexual sexual offenders against children, pubescents, and adults,” Sexual Abuse: A Journal of Research and Treatment, 1998, Volume 10, Number 4, 273-282.

- and associated psychosocial adjustment. Homosexual role models *confuse* children as they compare those role models to the model of their biological/legal parents. If children imitate non-conforming homosexual role models, they receive conflicted/negative feedback from peers and immediate and extended family members of their biological/legal parents.

Some suggestive research findings and clinical experience raises concern that at certain developmental periods, some children in homes headed by homosexuals might possibly experience the stress and associated harm of *confusion or embarrassment* associated with living with a homosexual whose cross-gender role behavior and abnormal sexual identity is in conflict with adult role models in the child's family of origin with their biological/legal parents. At crucial developmental periods of childhood, living with a homosexually behaving adult with gender non-conformity may possibly introduce conflict or confusion to the child's psychosexual identity development. The percentage of children so affected is presently unknown, but because there are known cases of this adverse effect, it should be considered a risk. The state should not use foster children for such an experiment.

Case of lesbian mother in father role with cross-gender identified son

In homes with a homosexually behaving adult, children are more likely to experience the stress and associated harm of *learning gender and sexual roles that are incompatible with and conflicting with the acquisition of social skills associated with future stable heterosexual married life—the lifestyle that the vast majority of individuals aspire to in adulthood*. There are specific times of development (especially in the preschool years and in adolescence) when identification with the same sex parent figure in the home is crucial to gender identity development and consolidation. If the same sex parent figure is a homosexual or gender-nonconforming adult, such a role model contributes to psychosexual developmental abnormalities and intrapsychic conflicts which interfere with adulthood marital adjustment.

The homosexual role model and gender non-conformity encouraged by homosexual parents are expected for theoretical and empirical reasons to lead to a *much higher incidence homosexual behavior* (with its attendant *higher risk of lethal HIV/AIDS* transmission) among the children who develop from adolescence into adulthood.

Homosexual parenting may rationally be expected to present special issues relating to child development, including, but not limited to, a greater likelihood of the child experiencing significant developmental and adjustment difficulties in the areas of gender identification, sexual identification, gender roles, sex roles, and other psychosocial adjustments.

Rekers (1986) review: father absence linked in boys to more effeminacy, higher dependency, less successful adult heterosexual adjustment, greater aggressiveness and exaggerated/distorted masculine behavior.

Wardle (1997) review: children of homosexual parents have greater rates of suffering gender confusion, sexual identity confusion, and more likely to become homosexuals; homosexual parents are sexually more promiscuous than heterosexual parents and homosexual couples are more unstable and likely to separate (Bell, Weinberg & Hammersmith (181); children of homosexual parents have much greater risk of losing a parent to AIDS, substance abuse, or suicide; children of homosexual parents suffer from social stigma and social embarrassment of having a homosexual parent, leading to peer ostracism and hindered peer relationships.

Daryl Bem (1996) developed an “exotic becomes erotic” theory of sexual orientation: theory predicts that parental attitudes towards promoting gender conformity or gender non-

conformity should influence their child's gender attitudes, gender role behavior, and hence sexual orientation development.

Stacy & Biblarz (2001) review of 21 studies: "...it is difficult to conceive of a credible theory of sexual development that would not expect adult children of lesbian parents to display a somewhat higher incidence of homoerotic desire, behavior and identity than other children." "lesbian co-parent relationships are likely to experience dissolution rates somewhat higher than among heterosexual co-parents" (cf. Bell & Weinberg, 1978; Weeks, Heaphy & Conovan, book in press). Studies show that lesbian mothers are less feminine and have less desire that their children develop gender traits than hetero; "The evidence, while scanty and under analyzed, hints that parental sexual orientation is positively associated with the possibility that children will attain a similar orientation, and theory and common sense also support such a view." P 33.

Green et al (1986): children of lesbian mothers displayed higher rates of gender non-conformity in dress, play, and sex-role behavior compared to children of hetero mothers who had greater gender conformity; reported 15 such statistically significant differences in gender behavior and preferences;

Brewaeys et al (1977): 4-8 yo boys conceived through donor insemination to lesbian comother couples scored lower on sex-typed masculine behavior than DI boys in heterosexual two-parent families and naturally-conceived boys in heterosexual two-parent families.

Tasker & Golombok (1997): 24% (6 of 25) of young adults raised by lesbian mothers reported having had a homoerotic relationship-compared to none (0 of 20) of those raised by hetero mothers. 64% (14 of 22) of young adults raised by lesbians reported have considered homosexual relationships compared to only 17% (3 of 18) of those raised by hetero mothers; girls raised by lesbian mothers have significantly greater number of sexual episodes than those reared by hetero mothers; girls raised by lesbian mothers had higher rates of gender non-conformity, while those raised by hetero mothers had gender conformity.

Bailey et al (1995): reported a moderate degree of transmission of homosexual orientation from gay father to their adult sons.

Rekers (1999) review: evidence that childhood gender non-conformity is a very strong predictor of adult homosexual behavior in both males and females, and first in importance among many variables studied.