

**Homosexual Couples and Parenting:
What Science Can and Cannot Say**

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Abstract

Relatively little empirical research has been done on homosexual parenting. Although there is a dearth of methodologically sound studies, the literature provides evidence of significant differences between heterosexual and homosexual parenting. While more research is needed in this area, current literature identifies differences in child-rearing, relationship dynamics, mental health, relationship stability, and physical health between heterosexual and homosexual parents, differences that support the position that living in a homosexual family structure may not be in the best interest of a child.

Homosexual Couples and Parenting: What Science Can and Cannot Say

Introduction

“All family forms are not equally as helpful or healthful for children. More than two decades of research demonstrate that children do better in a home with a married mother and father” (Byrd, 2010, p. 106). At the same time, the intended adoption of children by homosexual couples has forced to center stage the issue of homosexual couples and child-rearing. Recently, advocacy groups have touted the idea that children reared in homes of homosexual couples not only face no challenges but actually may be better overall than if they were reared in homes with dual-gender parents (Biblarz & Stacey, 2010). Though such advocacy seems illogical and at odds with the abundance of peer-reviewed research, the civil rights of homosexual couples—with an activist backdrop of politically correct words like *tolerance*, *diversity*, and *nondiscrimination*—nevertheless seems more important than what is in the best interest of the child.

It is important to note that there is a dearth of rigorous research on children raised by homosexual couples. Even the research studies on lesbians and child-rearing are basically restricted to children who were conceived in a heterosexual relationship and whose mothers later divorced and self-identified as lesbian. But what of the research on children reared by lesbian couples, even with these caveats? Are there differences in outcomes? Are there risk factors for harm? What about children reared by gay men? What can science really say about homosexual couples and parenting?

Homosexual Couples and Child-rearing

Close scrutiny of many of the studies on homosexual couples and child-rearing provides some interesting data, more appropriately described as problems with the research. In their excellent review of the research, Lerner and Nagai (2000) concluded:

The claim has been made that homosexual parents raise children as effectively as married biological parents. A detailed analysis of the methodologies of the 49 studies, which are put forward to support this claim, shows that they suffer from severe methodological flaws. In addition to their methodological flaws, none of the studies deals adequately with the problem of affirming the null hypothesis, of adequate sample size, and of spurious non-correlation. (p. 1)

The critique of the research on homosexual parenting completed by Williams (2000) arrives at essentially the same conclusion and goes a step further. In his review of the Golombok, Spencer, and Rutter (1983) and the Golombok and Tasker (1996) studies, both of which followed children of lesbian and heterosexual parents into adulthood, Williams noted that the latter study found that children of lesbian parents were significantly more likely to have both considered and actually engaged in homosexual relationships. This finding did not seem particularly interesting to the researchers.

Williams found that other omissions were made by researchers who conducted research in these studies as well. Huggins (1989) found a difference in the variability of self-esteem between children of homosexual and heterosexual parents. While Huggins did not test for significance, Williams reanalyzed the data and found the differences to be significant. Williams noted that Patterson (1995) found similar differences and left them unreported. Likewise, Williams noted that Lewis (1992) found social and emotional difficulties in the lives of children of homosexual parents, but such data did not seem to find its way into her conclusions (Williams, 2002).

Perhaps the most significant study to be published within the last few years came from Judith Stacey and Timothy Biblarz (2001). Stacey, the former Streisand Chair of Gender Studies at USC and currently at NYU, conducted a meta-analysis that contradicted nearly twenty years of studies indicating that there were no differences between children reared by heterosexual couples versus those reared by homosexual couples. The findings of these authors included the following (Stacey & Biblarz, 2001):

- Based on sex-typed cultural norms, daughters of lesbian mothers more frequently dress, play, and behave in gender-nonconforming ways when compared with daughters of heterosexual mothers.
- Sons of lesbian mothers behave in less traditionally masculine ways in terms of aggression and play. They are also more apt to be more nurturing and affectionate than their counterparts in heterosexual families.
- One of the studies indicated that a significantly greater proportion of young adult children raised by lesbians had engaged in homosexual behavior (six of twenty-five) when compared to those raised by heterosexual mothers (none of the twenty).
- Children reared by lesbian mothers were more likely to consider a homosexual relationship.
- Teenage and young adult girls reared by lesbian mothers were more sexually adventurous and less chaste than girls reared by heterosexual mothers. Sons reared by lesbian mothers were less sexually adventurous and more chaste than boys reared by heterosexual mothers.

Stacey and Biblarz (2001) reported that “the adolescent and young adult girls raised by lesbian mothers appear to have been more sexually adventurous and less chaste . . . in other words, once again, children (especially girls) raised by lesbians appear to depart from traditional gender-based norms while children raised by heterosexual mothers appear to conform to them” (p. 171).

This “gender flexibility” on the part of lesbian parents finds support in a number of other research studies. Patterson, Sutfin, and Fulcher (2004) found that lesbian parents were less traditional in the gender role expectations for their children. Sutfin, Fulcher, Bowles, and Patterson (2008) concluded that lesbian mothers were significantly more likely to value and hold less traditional gender role attitudes than their heterosexual

counterparts. Further, these researchers found that parental attitudes predicted children's gender role attitudes. Hoeffler (1981) studied maternal toy preferences for sons and daughters and found that heterosexual mothers preferred more masculine toys for their sons and more feminine toys for their daughters when compared to lesbian mothers. And Green, Mandel, Hotvedt, Gray, and Smith (1986) found that lesbian mothers were more likely than heterosexual mothers to encourage their daughters to play with trucks (60% versus 29%) and less likely to encourage their sons to play with trucks (30% versus 73%). The research can be summarized as follows: Lesbian mothers tend to have a feminizing effect on their sons and a masculinizing effect on their daughters.

These differences between homosexual and heterosexual parents need to be further analyzed as to how they may impact a child's quality of life. At present, *gender nonconformity* is the factor that the literature agrees best predicts the development of future homosexuality. For example, Rekers (1995) states, "Gender nonconformity in childhood may be the single common observable factor associated with homosexuality" (p. 19). And Hamer and Copeland (1994) conclude:

Most gay men were sissies as children. Despite the provocative and politically incorrect nature of finding in that statement, it fits the evidence. In fact, it may be the most consistent, well-documented and significant [in] the entire field of sexual-orientation research and perhaps in all of human psychology. (p. 166)

The findings that there are significant differences in gender nonconformity between children of heterosexual and homosexual parents is a significant point absent from the current scholarly debate. One possible conclusion based on the available evidence is that children reared by homosexual parents may be more likely to develop a homosexual identity. While such a concern is not irrelevant to a child's future health and functioning, this issue admittedly is "politically incorrect" for much of the current

social and behavioral science research establishment. Overall, more rigorous research and methodologically sound evidence are needed in order to clarify the reliability and meaning of the findings cited above,

Homosexual Relationships Differ from Heterosexual Relationships

The notion that there are no differences between homosexual and heterosexual relationships finds little support in the literature. And those differences must be considered when the best interest of the child standard is applied to the placement of children.

In fact, the data support the conclusion that homosexual relationships differ in significant ways from heterosexual relationships. Promiscuity is not a myth among gay men. Rotello (1997), a gay author, noted, “Gay liberation was founded . . . on the sexual brotherhood of promiscuity and any abandonment of that promiscuity would amount to a communal betrayal of gargantuan proportions” (p. 112).

Rotello’s perception finds support in the literature. Bell and Weinberg (1978) found that 75% of white gay men had sex with more than 100 different males during their lifetime; 15% claimed to have had sex with 100–249 partners; 17% claimed to have had sex with 250–499 partners; 15% claimed to have had sex with 500–999 partners; and 29% claimed to have had more than 1000 male sex partners. Subsequent to AIDS, the average of six different partners per month decreased to four partners per month (McKusick, 1985). More recently, the Centers for Disease Control (CDC) (1999) reports that from 1994 to 1997, the percentage of gay men reporting multiple partners and unprotected sex increased from 13.6% to 33.35%, with the largest increase among men under the age of twenty-five.

Monogamy is usually defined as sexual fidelity. Perhaps the most extensive study on sexual fidelity ever done was conducted by Robert Michael et al. in 1994. These researchers found that the vast majority of heterosexual couples were monogamous while the marriage

was intact. Ninety-four percent of married heterosexual couples and 75% of cohabiting couples had only one partner in the previous twelve months (Michael et al., 1994).

In stark contrast, an extensive study on homosexual relationships was conducted by McWhirter and Mattison in 1984. *The Male Couple* reported on an in-depth study designed to evaluate the quality and stability of long-term homosexual couplings. The study was actually undertaken to disprove the reputation that gay relationships were not so dissimilar to heterosexual relationships. The authors themselves are a homosexual couple, one a psychiatrist and the other a psychologist. After much searching, they were able to locate 156 couples who had been in relationships from one to thirty-seven years. Two-thirds of the respondents had entered the relationship with either the implicit or the explicit expectation of sexual fidelity. But the results demonstrated that of the 156 couples, only seven had been able to maintain sexual fidelity. Furthermore, of the seven couples who had maintained sexual fidelity, none had been together for more than five years. In other words, the researchers were unable to find a single male couple that was able to maintain sexual fidelity for more than five years (McWhirter & Mattison, 1984).

McWhirter and Mattison (1984) admitted that sexual activity outside the relationship often raised issues of trust, self-esteem, and dependency. However, they concluded that the “single most important factor that keeps couples together past the 10 year mark is the lack of possessiveness they feel. Many couples learn very early in their relationship that ownership of each other can become the greatest internal threat to their staying together” (p. 256).

Referring to the McWhirter and Mattison study, Peplau et al. (2004) noted that these authors found that

73% of their male couples began their relationship with an understanding, sometimes explicit, sometimes implicit, that the relationship would be sexually exclusive. Yet, 100% of those couples who had been together 5 years or longer

had engaged in extradyadic sexual relations. Thus, it appears that even those gay men who start a relationship with the intentions of being monogamous either change their intentions or fail to live up to this standard. (p. 357)

Similarly, Hoff et al. (2009) investigated agreements that gay male couples make about sex with outside partners in relationship to serostatus differences. These researchers report, “Monogamous agreements were reported by 56% of the participants in concordant-negative, 47% in concordant-positive and 36% in discordant relationships” (p. 25). According to these researchers, the remaining participants in this study agreed to allow sex with outside individuals in some form. The expectation and likelihood of sexual behaviors with persons in addition to one’s partner in a committed relationship hardly offer an adopted—or even biological—child the stability he or she needs for optimal development (Byrd, 2010).

Hoff and Beougher (2010) further studied sexual agreements among gay male couples. From qualitative interviews, the researchers reported a wide range of agreements that were reflected along a continuum accompanied by rules regarding the conditions and frequency and with whom outside sex was permitted. Interestingly enough, HIV prevention was not a primary factor for any couple.

A soon-to-be-released study reported by Scott James (2010) in the *New York Times* noted that of 556 male couples who had been together for three years, about 50% had engaged in sex outside their relationship. Study author Collen Hoff says, “With straight people, it’s called affairs or cheating ... but with gay people it does not have such negative connotations” (paragraph 7). Such relationships are often referred to as “fidelity without monogamy”—in other words, there is a belief among gay people that outside sexual relationships can be helpful if they occur with consent, and these outside sexual relationships still allow for a definition of “fidelity” to be applied to the primary relationship.

Referring to the nonmonogamous nature of many gay male relationships, Stacey (2005) notes, “Although the greater capacity and license that many gay men enjoy to separate physical from emotional intimacy has obvious costs, it also facilitates creative departures from the heteronormative regime of conjugal monogamy” (p. 1927). Stacey seems to be saying that the gay culture may change marriage into an institution other than the “heteronormative regime of conjugal monogamy.”

A more recent study conducted by Dr. Maria Xiridou and her colleagues at the Amsterdam Municipal Health Service and published in the journal *AIDS* (2003) found that gay relationships last 1.5 years on the average. The study also found that gay relationships involve an average of eight partners per year outside those relationships.

While promiscuity among lesbians is less extreme, a recent Australian study revealed that lesbians were 4.5 times more likely to have had more than fifty lifetime partners than were heterosexual women, demonstrating not only the lack of stability in lesbian relationships but the bisexually behaving nature of those relationships (Price, 1996). Other research has been supportive, indicating that as many as 93% of lesbians report a history of having sex with men (Ferris, 1996).

In fact, a significant portion of the gay community questions whether adapting to marriage is a betrayal of those who fought at Stonewall. In an article in the *New York Times* (July 30, 2006), gay activists such as Bill Dobbs question whether monogamy is normal and wonder why gay men and lesbians are buying into an institution (marriage) they see as rooted in oppression. Significant questions emerge from such data, such as the impact of nonmonogamous relationships on children. Does the promiscuity that exists particularly in gay male relationships impact or impair parenting skills? And in what way would such family environments, arguably and predictably less stable because of such promiscuity, prove a good enough, let alone ideal, home for children—especially when the gold standard for children is being raised by their own, committed, married mother and father (Byrd, 2010)?

Mental Health, Physical Health, and Longevity of Homosexual Men and Women and the Stability of Homosexual Relationships

Reasonably and arguably, every adoptive parent ought to have the minimum level of medical and physical health required to be able to satisfactorily care for and raise any adopted children to the age of majority. Unfortunately, historical and current research provides significant concerns about the mental health, physical health, and longevity of homosexual individuals, as well as stability of homosexual relationships. The data cannot be applied to all homosexual individuals, but the findings are so significant that they cannot be ignored when considering the placement of children.

Mental Health

The mental health data raise concerns. In the *Archives of General Psychiatry*, Herrel et al. (1999) concluded, “Same-gender sexual orientation is significantly associated with each of the suicidality measures. the substantial increased lifetime risk of suicidal behaviors in homosexual men is unlikely to be due to substance abuse or other psychiatric co-morbidity” (p. 867).

Fergusson et al. (1999) concluded, “Gay, lesbian and bisexual young people were at increased risks of major depression . . . generalized anxiety disorder conduct disorder . . . nicotine dependence . . . multiple disorders . . . suicidal ideationsuicide attempts” (876). The researchers further noted that these “findings support recent evidence suggesting that gay, lesbian and bisexual young people are at an increased risk for mental health problems, with these associations being particularly evident for measures of suicidal behavior and multiple disorder” (p. 876).

Commentaries on this research were offered by some of the most prominent investigators in the field. J. Michael Bailey (1999) noted:

These studies contain arguably the best published data on the association between homosexuality and psychopathology, and both converge on the same unhappy

conclusion: homosexual people are at a substantially higher risk for some forms of emotional problems, including suicidality, major depression and anxiety disorder. Preliminary results from a large equally well-conducted Dutch study generally corroborate these findings. (p. 883)

Bailey offered the following possible explanations:

- "... increased depression and suicidality among homosexual people are caused by societal oppression."
- "Homosexuality represents a deviation from normal development and is associated with other such deviations that may lead to mental illness." Since evolution naturally selects for heterosexuality, Bailey indicates that homosexuality may represent a "developmental error," noting that some research links homosexuality to "developmental instability."
- "Increased psychopathology among homosexual people is a consequence of lifestyle differences associated with sexual orientation . . . such as behavioral risk factors associated with male homosexuality such as receptive anal sex and promiscuity" (p. 884).

Bailey concluded, "it would be a shame if sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis" (p. 884). And in his own commentary on the Fergusson et al. (1999) and Herrel et al. (1999) studies, Gary Remafedi (1999) noted, "There can be little doubt about the conclusion that homosexual orientation is associated with suicidality, at least among young men" (p. 886).

In another commentary, Richard Friedman (1999) noted, "There is clearly a need for additional investigation of associations between sexual orientation, suicidality and psychopathology. Collaborative research between developmentally oriented clinicians,

descriptive psychiatrists and epidemiologists might help distinguish between causes and consequences of these associations” (p. 888).

These studies were corroborated by another study conducted by Sandfort et al. (2001). The researchers concluded that “homosexual men had a much larger chance of having had a 12-month and lifetime bipolar disorders, and a higher chance of having had lifetime major depression. the greatest differences were found in obsessive-compulsive disorder and agoraphobia. The 12-month prevalences of agoraphobia, simple phobia and obsessive-compulsive disorder were higher in homosexual men than in heterosexual men” (p. 87).

Lesbians reported a substantially higher rate of substance abuse disorders during their lifetime than did heterosexual women, and “on a life time basis, homosexual women had a significantly higher prevalence of general mood disorders” (p. 87).

This Sandfort et al. (2001) study was significant from several perspectives. First, it was a large study of 7,000 individuals and avoided convenience samples with their potential for bias. Of the individuals surveyed, 2.8% of the men and 1.4% of the women were classified as homosexuals. The authors noted, for example, that the lifetime prevalence for two or more psychiatric disorders for men who engaged in homosexual behaviors was 37.85% versus 14.4% for men who did not engage in homosexual behaviors. For women engaging in homosexual behaviors, the rate for two or more psychiatric disorders was 39.5% versus 21.3% for women not engaging in homosexual behaviors (Sandfort et al., 2001).

Another important consideration of this study is that the hypothesis that society’s oppression of homosexual people is the cause of their increased incidence of psychiatric disorders is not supported. This study was conducted in the Netherlands, which is arguably one of the most gay-affirming and gay-tolerant countries in the world.

Higher suicide rates among homosexual individuals have been further substantiated in the research literature. In a study reported in *The Washington Advocate*,

Lisa Lindley (2002) recruited 927 lesbian, gay, bisexual, and transgendered students for her study. She found that 62.1% of lesbians had considered suicide compared to 58.2% of gay men. In addition, 29.2% of lesbians had actually attempted suicide and 28.8% of gay men had attempted suicide (Lindley, 2002). After reviewing the research, Whitehead (2010) concluded that homosexual men on average were six times as likely to be suicidal as heterosexual men (even after controlling for the effect of increased prevalence of mood disorders and other comorbidity), while lesbian women were twice as likely, a difference accounted for by their increased risk for depression (p. 139, 156–158).

Recently, Mathey et al. (2009) examined the association between relationship markers of sexual orientation and suicide in Denmark. They concluded that the “risk for suicide mortality was associated with this proxy indicator of sexual orientation, but only significantly among men. The estimated age-adjusted suicide mortality risk for RDP men [registered domestic partnerships] was nearly 8 times greater than for men with positive histories of heterosexual marriages and nearly twice as high for men who never married.”

Cochran et al. (2003) investigated the prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. These researchers concluded that gay and bisexual men had a higher prevalence of depression, panic attacks, and psychological distress than heterosexual men. And lesbian-bisexual women had a greater prevalence of generalized anxiety disorder than did heterosexual women. These findings provide good evidence for the existence of sexual orientation differences in patterns of morbidity (Cochran et al., 2003). Again, as mentioned above, the significantly increased experience of serious mental and emotional difficulties—including suicidality and mood disorders—among homosexual men and women, compared with heterosexual men and women, raises reasonable doubts about their general and particular suitability for adopting and raising children, whose best interests presumably are most important.

Past Sexual Molestation

Studies on sexual molestation and its relationship to homosexuality suggest that homosexual men and women report having experienced sexual molestation and abuse significantly more often than heterosexual men and women. Shrier and Johnson (1988) found that homosexually assaulted males identified themselves as subsequently homosexual seven times as often as those who had not been assaulted.

Tomeo et al. (2001) used a nonclinical sample of 942 adults to compare rates of childhood molestation between heterosexuals and nonheterosexuals. The researchers found that 46% of the homosexual men in contrast to 7% of the heterosexual men reported homosexual molestation. Twenty-two percent of the lesbians in contrast to 1% of the heterosexual women reported homosexual molestation in childhood.

And in a prospective, thirty-year follow-up study, Wilson and Widom (2010) found that men with histories of childhood sexual abuse were more likely than controls to have had same-sex sexual partners. The authors conclude that “men with histories of childhood sexual abuse were significantly more likely than controls to report same-sex sexual partners” (p. 70) with an odds ratio of 6.75.

Higher rates of mental illness and past emotional trauma may have a negative impact on any parent’s ability to care for a child, as well as a negative impact on the well-being of the child. The fact that homosexual men and women on average experience such difficulties much more often than do heterosexual men and women suggests that the former, on average, also may be expected to have greater difficulty providing the minimum sufficient level of care that adoptive children need.

Violence in Gay and Lesbian Relationships

Violence in gay and lesbian relationships has been another area of considerable investigation and is an obvious area of concern when considering homosexuals as suitable adoptive parents. Waldner-Haugrud et al. (1997) explored the gender

differences in victimization and perpetration experiences of gays and lesbians in intimate relationships. The results from a sample of 283 gays and lesbians revealed that 47.5% of lesbians and 29.7% of gays had been victimized by a homosexual partner. Lesbians reported an overall perpetration rate of 38% compared to 21.8% for gay men (Waldner-Haugrud et al., 1997).

Other researchers also report high rates of violence in lesbian and gay male relationships. In a study in the *Journal of Interpersonal Violence*, Lockhart (1994) found that 90% of lesbians surveyed had been recipients of one or more acts of verbal aggression from their partners during the 12 months prior to the study. In this same study, 31% of the participants reported one or more incidents of physical abuse. In the *Journal of Social Service Research*, Lie and Gentlewarrior (1991) found that more than half of the lesbians had been abused by a partner. In *Men Who Beat the Men Who Love Them*, authors Island and Letellier (1991) noted that the incidence of domestic violence among gay men was almost double that of the heterosexual population.

In a national survey of lesbians published in the *Journal of Consulting and Clinical Psychology*, Bradford and Rothblum (1994) found that 75% of almost 2,000 respondents had received psychological care, many for long-term depression: "Among the sample as a whole, there was a distressing high prevalence of life events and behaviors related to mental health problems. 37% had been physically abused and 32% had been raped or sexually attacked. 19% had been involved in incestuous relationships while growing up. Almost one-third used tobacco on a daily basis and about 30% drank alcohol more than once a week; 6% drank daily. One in five smoked marijuana more than once a month. 21% had actually tried to kill themselves..... more than half had felt too nervous to accomplish ordinary activities at some time during the past year and over one-third had been depressed" (p. 228).

Physical Health

An entire issue of *The American Journal of Public Health* (June 2003) focused on the medical risks associated with homosexual practices. The magazine's cover contained the following caption: "I gave my lover everything including HIV. I didn't mean to. We made a mistake. Maybe deep down we felt it would be better if we both had it....." The journal contents read like a litany of bad news, one article following another.

Editor-in-chief Mary E. Northbridge (2003) writes, "Having struggled to come to terms with the catastrophic HIV epidemic among MSM [MSM is the new politically correct term for homosexual men—Men who have Sex with Men] in the 1980s by addressing the pointed issues of sexuality and heterosexism, are we set to backslide a mere 20 years later as HIV incidence rates move steadily upward, especially among MSM?" (p. 860).

An editorial in the journal by Michael Gross (2003b), "When Plagues Don't End," focused on the resurgence of HIV/AIDS among homosexual men in the United States. The highest rates of HIV transmission are among African-American and Hispanic men who self-identify as gay. Gross noted, "To prevent HIV transmission, we have little more today than we had two decades ago, when it became clear that the virus causing AIDS is sexually transmitted: behavioral interventions" (p. 861).

In the same journal, "Black Men Who Have Sex with Men and the HIV Epidemic: Next Steps for Public Health" addressed risk assessment and risk reduction. Author David J. Malebranche (2003) referenced a recent six-site study of U.S. metropolitan areas in which 93% of African-American men who were HIV-infected felt they were at low risk for HIV and did not know they had contracted the virus. Malebranche's study contradicts the view that disclosing one's homosexuality is associated with improved mental health, responsible behavior, and lower rates of HIV infection. To the contrary, African-American men who disclosed their homosexuality had a higher rate of HIV prevalence than those who did not choose to do so (24% versus 14%). Those who disclosed their

homosexuality also engaged in more unprotected anal sex (41% versus 32%) than those who did not disclose (Malebranche, 2003).

A second article in the same journal by Michael Gross (2003a) contained in its title an ominous warning: “The Second Wave Will Drown Us” (p. 872). Gross cites the CDC statistic of a 14% increase in HIV/AIDS among homosexual men in the United States between 1999 and 2001. He also noted unprecedented outbreaks of syphilis, alarming rates of rectal gonorrhea, and an emerging visible subculture of barebacking (the practice of men having anal sex without condoms). Gross concluded that “behavioral interventions to promote condom use—the only strategy currently available to stem the MSM epidemic—are failing” (p. 874).

Gross (2003a) offered an interesting comparison:

On the same day that seven astronauts and fragments of the vehicle that failed them plummeted to the fields and woods of East Texas, six times that many U.S. MSM became infected [with HIV]. Maybe the number was higher, since it occurred on a weekend; perhaps lower if the news of the catastrophe interrupted libidinous pursuits. on the basis of CDC estimates of the lifetime expenditures for treating a single case of HIV infection, MSM infections acquired that single day will cost \$6.5 million. The cost in human potential need not enter the calculus even for a voodoo economist, unless so muddled by moral outrage that he thinks sex between men is indeed something to die for. (p. 874)

A study by Ciccarone (2003) and his colleagues—“Sex Without Disclosure of Positive HIV Serostatus in a U.S. Probability Sample of Persons Receiving Medical Care for HIV Infection”—noted that “risky sex without disclosure of serostatus is not uncommon among people with HIV” (p. 949). They conclude:

The results of this study indicate that sex without disclosure of HIV status is relatively common among persons living with HIV. The rates of sex without disclosure found in our sample of HIV-positive individuals translate into 45,300 gay or bisexual men, 8,000 heterosexual men and 7,500 women—all HIV infected—engaging in sex without disclosure in our reference population of individuals who were in care for HIV. . . .” (p. 952). These numbers, suggest the authors, “should be considered a lower-bound estimate. (p. 952)

Perhaps the most alarming study in this issue of the *American Journal of Public Health* was the one reported by Koblin et al. (2003), “High-Risk Behaviors Among Men Who Have Sex With Men in Six U.S. Cities: Baseline Data from the EXPLORE Study.” The authors described the prevalence of risk behaviors among MSM who participated in a randomized behavioral intervention study conducted in six U.S. cities—Boston, Chicago, Denver, New York, San Francisco, and Seattle. The data involved homosexual men who were HIV-negative and who reported engaging in anal sex with one or more partners during the previous year. The results were staggering: Among the 4,295 homosexual men, “48.0% and 54.9% respectively reported unprotected, receptive and insertive anal sex in the previous six months. Unprotected sex was significantly more likely with one primary partner or multiple partners than with one non-primary partner. Drug and alcohol use were significantly associated with unprotected anal sex” (p. 926).

Extensive medical evidence supports greater rates of physical disease among homosexuals (Diggs, 2002). Diseases that are extraordinarily frequent among gay men include chlamydia trachomatis, cryptosporidium, giardia lamblia, herpes simplex virus, human immunodeficiency virus, human papilloma virus, isopora belli, microsporidia, gonorrhea, viral hepatitis types B and C, and syphilis. Some of these diseases are so rare among heterosexuals as to be virtually unknown. Other diseases, such as syphilis, were found among heterosexuals but were not nearly as prevalent as among the gay population.

The rate of anal cancer infection among homosexual males is 10 times the rate among heterosexual males (Diggs, 2002). The CDC reported that 85% of syphilis cases in King County, Washington, were among gay men. In 2001, cases of syphilis reached epidemic proportions among gay men (Heredia, 2001).

Although the study of medical conditions associated with female homosexuality is relatively new, bacterial vaginosis, hepatitis B, hepatitis C, alcohol abuse, and IV drug use have been found to be significantly higher among lesbians than among heterosexual women (Fethers & Caron, 2000). In one study of lesbian women, 30% had bacterial vaginosis, an infection that is associated with high risk for pelvic inflammatory disease and other sexually transmitted infections (Berger et al., 1995). Higher rates of such physical illnesses, as well as the relationship instability implied by their existence, may be expected to have a negative impact on the gay man or lesbian woman's ability to parent.

Relationship Stability and Longevity

Redding (2008) concluded that lesbian, gay, and bisexual relationships are as stable over time as are heterosexual relationships. While his conclusion may have some merit, a thorough review of research on the stability of lesbian, gay, and bisexual relationships *with children* demonstrates that the available research is "quite slim" (Goldberg, 2010).

Peplau and Fingerhut (2007) concluded, "We currently know little about the longevity of of same-sex relationships" (p. 412). Bos, Gartrell, Peyser, and van Balen (2008) compared the relationship stability of lesbian parents with that of heterosexual parents. They found that 48% (34 of 71) of the lesbian parents broke up over a ten-year period compared to 30% (22 of 74) of the heterosexual couples. Using data based on their longitudinal study conducted in England, Tasker and Golombok (1997) offered the following conclusion: "In the present study, the majority of lesbian mothers were no longer with the same partner they had been with at the time of the first investigation 14

years earlier” (p. 57). In the same study, only 25% of the young adult children surveyed remembered their mothers having one long-term, monogamous relationship.

The research on relationship dissolution can inform the discussion of relationship stability. When demographic controls were used, Kurdek (1998) concluded: “... my statistical analyses indicated that, with controls for demographic variables (age, education, income and years of cohabitation), both gay and lesbian couples were more likely to dissolve their relationships than were heterosexual couples” (p. 565).

Using data from Norway and Sweden, Andersson et al. (2006) found that “the rate of dissolution within five years of entering a legal union is higher among same-sex partnerships than among heterosexual marriages, with lesbians having the highest rates of dissolution” (p. 93). Specifically, Andersson concluded that “the divorce risk for partnerships of men is 50% higher than the corresponding risk for heterosexual marriages and . . . the divorce risk for partnerships of women [is] almost double (2.67) that for men (1.50)” (p. 93).

In “Comparative Relationship Stability of Lesbian Mother and Heterosexual Mother Families: A Review of Evidence,” Schumm (2010b) includes the most comprehensive response on the stability of lesbian relationships to date. He concludes that the “no difference hypothesis” finds little support in the current research. In fact, in a recently published paper, Schumm (2010a) addresses the statistical requirements for adequately investigating the null hypothesis and specifically calls attention to the recent violations of such standards in the family science literature where gay, lesbian, bisexual, and transgender families are compared with heterosexual families.

Evidence to date provides much less information about the stability of the relationships of gay couples with children than lesbians with children. From studies done in the United States, we know almost nothing about the stability of relationships between gay fathers. We know little about the effects of relationship instability on children of

lesbian, gay, and bisexual parents. In fact, for gay fathers in particular, there are few studies available (APA, 2008). Again, there is a need for further methodologically sound research in this area.

Regardless of the limited availability of such data, there already exists a preponderance of data about the negative consequences for children who experience transitions in family structure and the clearly documented fact that, overall, children do best when raised in a home with their own married mother and father. Byrd (2010) summarizes the research as follows:

The research is clear: Mothers and fathers are essential for optimal child-rearing. ... The gender complementarity that results from dual gender parents affords children the opportunity to thrive in the best possible environment. Other family forms are not equally as helpful or healthful for children, and substantial research demonstrates the negative effects of physical and psychological father absence. ... Regarding gender complementarity and child-rearing, *tradition and science agree: Both mothers and fathers provide optimal development for children. Children's needs must be placed first.* The deliberate placement of children in settings that are motherless or fatherless begins a slippery slope, one filled with risks that neither children, their families, nor society can afford to take. (Byrd, 2010, 119–120; emphasis in original)

Conclusion

Homosexual couples and parenting: What can science say? And what can't science say?

Despite a much-touted notion that there are no differences between homosexual and heterosexual couples and parenting, a closer review of the currently available

research would suggest otherwise. Schumm (2008) reevaluated the no-difference hypothesis. He reviewed a number of dissertations on the topic and concluded:

Differences were observed including some evidence in more recent dissertations, suggesting that parental sexual orientation might be associated with children's later sexual orientation and adult attachment style, among other outcomes. Odds ratios associated with some of the apparent effects were substantial in magnitude as well as statistically significant. Also, more recent research on gay and lesbian parenting continues to be flawed by many of the same limitations as previous research in this area of study, including suppressor effects (p. 275).

What *is* clear is that there is little support in the scientific literature for the “scholarly consensus” that lesbian, gay, and bisexual families with children are just as stable as heterosexual families with children. The evidence itself on the stability of lesbian, gay, and bisexual parents compared to heterosexual parents is scarce. Further research is needed that controls for parental sexual orientation, parental gender, presence of children, and stepfamily status simultaneously with respect to predicting adult sexual relationship instability.

The ways in which homosexual relationships differ in terms of monogamy, mental health, physical health, the stability of homosexual men and women, and the longevity of homosexual relationships must be considered in terms of potential impact on children. Given the prevailing legal and psychological standard—the best interest of the child—one can reasonably conclude that, based on this standard, the optimal health, well-being, and best interest of a child may not be best served by homosexual family structures. The current available research does not demonstrate cause-and-effect relationships, but risk factors are beginning to emerge, such as those highlighted by Stacey and Biblarz (2001) and other researchers cited in this paper. Those studies strongly contradict nearly twenty

years of prior studies indicating there were no differences between children reared by heterosexual versus homosexual couples. Such risk factors must be fully investigated because the health and well-being of children—their best interest—remains the gold standard (Byrd, 2010).

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