

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

**KATHERINE VARNUM, PATRICIA
HYDE; DAWN BARBOUROSKE,
JENNIFER BARBOUROSKE; JASON
MORGAN, CHARLES SWAGGERTY;
DAVID TWOMBLEY, LAWRENCE
HOCH; WILLIAM M. MUSSER, OTTER
DREAMING; INGRID OLSON and
REVA EVANS,**

Plaintiffs,
vs.

**TIMOTHY J. BRIEN, in his official
capacities as the Polk County Recorder
and Polk County Registrar,**

Defendant.

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CASE NO. CV 5965

**DECLARATION OF
SHARON QUICK, M.D. ,
AS EXPERT WITNESS FOR
DEFENDANT**

I, Sharon Quick, declare as follows:

1. I am over the age of majority. I make this declaration based upon my personal knowledge, and I am competent to testify to the contents herein.
2. I make this declaration as an expert witness on behalf of the Defendant in this matter, Timothy Brien.
3. I am currently retired from clinical practice as a pediatric anesthesiologist and pediatric critical care physician due to health concerns. I maintain a retired active medical license in the state of Washington, am a member of the American Society of Anesthesiologists, and am a fellow in both the American Academy of Pediatrics and the American College of Pediatricians. I held an appointment as a Clinical Assistant Professor in the Department of Anesthesiology at the University of Washington School of Medicine with clinical privileges at Children's Hospital of Seattle from spring of 2000 through June 30, 2003. Prior to that I was an Assistant Professor of Anesthesiology at Children's Hospital of Pittsburgh from July 1997 to June 1999. I became board-certified in Pediatrics in 1991, Anesthesiology in 1995, Pediatric Critical Care in 1998, and re-certified in Pediatrics in 1999. I graduated summa cum laude with a B.A. in Molecular Biology from Vanderbilt University in Nashville, Tennessee, in 1984, and was awarded the Founder's Medal, the highest academic honor for the College of Arts and Sciences. The Washington University School of Medicine in St. Louis, Missouri, conferred my Doctor of Medicine degree in 1988. I completed

residencies in Pediatrics and Anesthesiology at UCLA Medical Center in Los Angeles, California by June of 1994. In June 1997, I finished fellowships in Pediatric Anesthesia and Pediatric Critical Care at Children's Hospital in Seattle, Washington.

4. During the past five years, I have investigated reference errors in the medical literature. I have reviewed all original articles (excluding letters to the editor) published between January 1980 and July 2006, pertaining specifically to errors of quotation of references or bibliographic (citation) errors, and available through the PubMed database. This body of literature recognizes two general criteria by which reference errors in medical literature are analyzed. Bibliographic accuracy compares each reference component, such as authors' names, title, date, etc., to the original source or a reliable database. Quotation accuracy indicates how correctly an article cites its footnoted source, without necessarily analyzing the strength of the supporting evidence in the original source. I assessed 17 studies of quotation errors and 47 studies of bibliographic errors. As part of a Cochrane Review on technical editing, Wager and Middleton reviewed 35 surveys of reference accuracy in the biomedical literature. In the reviewed studies, they report the range of bibliographic error rates per journal to be four percent to 67 percent, with a median rate of 39%. The quotation error rates ranged from zero percent to 44 percent, with a median rate of 20 percent.¹ The classification of errors is not uniform among these studies.

5. Policy statements of large respected professional medical societies would be expected to have good quality science supporting any recommendations. The American Academy of Pediatrics (AAP) attempts to achieve this goal, as stated in an article about its guidelines: "Policy statements contain recommendations based on interpretation of fact, values and opinions. Some may require background from a technical report that contains a literature review and data analyses. All policy statements are reviewed and approved by the full AAP Board of Directors before being published in *Pediatrics*."² The same article states that the AAP's technical reports are evidence-based science.²

6. A Technical Report³ (TR), published in 2002 in *Pediatrics*, the journal of the AAP, was used as evidence for a policy statement⁴ supporting the practice of same-sex co-parent adoptions. The TR has been used to influence both policies of other medical organizations and decisions in legislative and judicial proceedings. A resolution in support of same-sex co-parent adoptions was adopted by the American Medical Association,⁵ and the AAP's statement is listed as one reason for this recommendation.⁶ The primary author of the TR has cited it in testimonies to the Joint Committee on the Judiciary in Massachusetts in the debate over same-sex legal unions,⁷ and to a New Hampshire commission to study all aspects of same-sex civil marriage.⁸ The TR and/or the policy statement⁴ are listed in the table of authorities in the petitioners' brief in the U.S. Supreme Court

case *Lawrence vs. Texas*,⁹ and in amicus curiae briefs filed in Vermont's *Miller-Jenkins vs. Miller-Jenkins* case¹⁰ and in Arkansas' *Department of Human Services vs. Matthew Howard* case.¹¹

7. During the past five years, I have also examined the quality of scientific research and reporting in the literature on the subject of parenting by those with same-sex sexual attraction and/or behavior, giving particular attention to the AAP's TR. I have reviewed the TR, its obtainable references, and many works cited by those references. Over half (57 percent) of the references examined in the TR are inaccurately quoted. While exact comparisons cannot be made to other studies on quotation accuracy because of nonuniform classification of errors, it is concerning that the number of quotation errors in the TR is more than ten percentage points higher than the journal with the greatest number of errors, and nearly triple the median quotation error rate found in Wager and Middleton.¹

8. Some of these TR quotation errors have been perpetuated in the special article "The effects of marriage, civil union, and domestic partnership laws on the health and well-being of children," (SA)¹² published in the July 2006 issue of *Pediatrics*, as major sections of the TR have been copied into the SA. A detailed commentary with a full listing of the TR text that contains quotation errors as well as a description of the erroneous references can be found in Exhibit 1, attached and incorporated here by reference. This analysis notes where the TR text containing quotation errors has been duplicated in the SA, and which references are cited by the SA.

9. Does carelessness in quoting references imply problems with other aspects of scientific reporting? In this case, there is cause for concern, as the methodology in most of the supporting original research works is not of a quality which would allow scientists and others to promulgate any of the definitive conclusions about same-sex parenting made in the TR and SA.

10. For assessment of design flaws and interpretive errors, published original research works were reviewed that related to parenting by individuals with same-sex sexual attraction and/or behavior that were referenced in the TR, the SA, or cited by review articles referenced in the TR. Also included are original research studies referenced in Tasker,¹³ the most recent review footnoted in the SA. Unpublished dissertations or theses, books, articles in a language other than English, and works that were unavailable at the University of Washington's Health Sciences library or via web access¹⁴⁻¹⁶ were not, in general, included in the analysis. Gartrell et al's first¹⁷ and second¹⁸ studies in a longitudinal series are two of the original works referenced. Two later studies^{19,20} in the series were included, as well. 63 publications were reviewed and analyzed.

11. Because prominent authors in this area of research have stated that the research shows no significant differences between children of "homosexual" and "heterosexual" parents on various

measures, and that “no data have pointed to any risk to children as a result of growing up in a family with 1 or more gay parents,”³ evidence will be presented to show that neither of these conclusions are scientifically valid.

12. Before proceeding, some comments on terminology are in order. There are an almost infinite number of combinations of feelings, thoughts, behaviors, and “identities” that vary over time which could be classified under the umbrella of same-sex sexual behavior (SSSB), same-sex sexual attraction (SSSA), or a mixture of same-sex desires and/or behavior (SSSAB). Michaels’ analysis of data from the National Health and Social Life Survey (NHSL) led him to warn against classifying people into separate categories of “homosexual,” “bisexual,” “gay” or “lesbian.”²¹ Such labels relating to various aspects of homosexuality are meaningless because they imply inherent characteristics to SSSAB that are scientifically unfounded,²² defy any unified definition, and devalue a person’s talents and worth. In most cases, the studies referenced in this discussion use the terms “homosexual,” “gay,” “lesbian,” “heterosexual” and words related to these to represent subjects who self-identified as such. Because uniform conceptual or operational definitions of terms relating to homosexuality are not available, it is probable that the self-defined groups are heterogeneous and not comparable among the reviewed studies. When used in this article, such terms are placed in quotations, as they are not meant to classify a person into a category with associated social, political, and psychological attributions; instead, the terms reflect labeling of the subjects by particular studies. Further information is provided in the section on Definitions.

BACKGROUND

13. Because of the relatively small population of people engaging in SSSB (see Table 1, attached and incorporated by reference), even smaller numbers who may be willing to participate in research studies, and the ethical and scientific debate surrounding SSSAB, this is a difficult area in which to perform quality, objective research. Nonprobability sampling and other methodological problems may be unavoidable. Given these difficulties, researchers in this area have demonstrated much ingenuity and patience with time-consuming methods in order to get a glimpse into the lives of households with parents with SSSAB. My declaration, however, focuses on methodological and interpretive problems that are present. Such problems must be assessed to determine whether the quality of the studies warrant conclusions strong enough to support scientific policy statements which have the potential to influence community laws and policies. Particular attention is given to the quality and strength of research examining children’s well-being in these households.

14. The literature relating to the effects on children of having parents who identify as having SSSAB is replete with methodological flaws as has been admitted by some of the cited authors.²³⁻²⁵

Others have also reviewed the quality of this research, including Lerner and Nagai, professionals in the field of quantitative analysis. They reviewed 49 studies related to “homosexual” parenting, and also concluded that the research is so deeply flawed that there is no basis for the conclusion that there is “no difference” between “heterosexual” and “homosexual” households.²⁶

15. For the purposes of this declaration, two types of problems will be defined, in addition to quotation errors previously discussed. Design flaws occur when problems exist with a study’s research design, statistics, or other methodology. These include problems with sampling, improper group matching or hypothesis formation, vague definitions, use of self-constructed or other kinds of measures of questionable validity, faulty handling of data, statistical errors, and incorporation of bias from either the subject or researcher standpoint. Conclusions drawn from flawed studies are rarely valid. Furthermore, if authors or reviewers do not acknowledge design flaws or other problems with the study under consideration, interpretive errors will be present.

16. Interpretive errors exist when an article does not accurately portray the implications and strength of the scientific evidence; examples of such errors include failure to acknowledge design flaws (especially when poor methodology invalidates conclusions), failure to follow accepted standards of data interpretation, or ignoring possible conclusions from data that are contrary to the stated ones. Quotation errors, design flaws, and interpretive errors may intertwine in many cases. At times authors of the original articles will state limitations or alternate conclusions, but review articles citing these studies may report only some of the data or conclusions without the caveats, thus misleading the reader as to the strength of the evidence. Interpretive errors are compounded when they are reproduced in subsequent publications.

17. To illustrate how these various types of errors and flaws intertwine, consider this example of problematic reporting by the authors of the TR. The TR states that “lesbian” mothers “have been shown to be more concerned with providing male role models for their children than are divorced heterosexual mothers.”³ Harris and Turner²⁷ and Kirkpatrick et al²⁸ are cited. However, Harris and Turner²⁷ actually stated the opposite finding; this would be classified as a quotation error. There are significant design flaws in Harris et al’s study. The volunteer nonprobability sample was exceedingly small for meaningful comparisons, was recruited by various means, and lacked a group of married parents for comparison. Harris and Turner admit that the high proportion of “gay” subjects who were willing to be interviewed suggests that they were “perhaps unusually interested in the issues” and may have been particularly biased toward emphasizing the positive aspects of their relationships with their children. The subjects self-identified as to their sexual orientation; without more precisely defining the classification of subjects, there can be a great deal of

heterogeneity within the sub-groups. One of the parents is said to have identified as “bisexual,” but it is not clear whether this individual was placed in the “gay” or “lesbian” group. With such small sub-groups, it does not appear that matching or controlling for extraneous variables was performed. The majority of subjects were “Anglos” and highly educated. Extrapolation to the general population would be invalid. Data were obtained from mailed questionnaires that appear to be constructed by the authors without any reliability data. Given the multiple design flaws, no conclusions can be drawn from this study. Harris and Turner, in fact, advocate caution in accepting their findings at face value.

18. However, the authors of the TR commit interpretive errors by failing to acknowledge the design flaws in the study by Harris and Turner, leading the reader to believe the evidence is stronger than it actually is. The other footnote in the TR to Harris and Turner’s study comes after a statement that “empirical evidence reveals in contrast that gay fathers have substantial evidence of nurturance and investment in their paternal role and no differences from heterosexual fathers in providing appropriate recreation, encouraging autonomy, or dealing with general problems of parenting.” The parenting issues reviewed in Harris and Turner include problems with child care, visits with the other parent, encouragement of sex-typed toys or same-sex friends, and provision of an opposite sex role model for their child. Differences were noted between “gay/lesbian” and “heterosexual” groups for all of these issues except the parents’ encouragement of same-sex friends or sex-typed toys. The TR authors commit both interpretive and quotation errors by failing to acknowledge the extensive design flaws in Harris and Turner’s study, citing a reference that contains data that conflicts with the statement made, and implying that the evidence is substantial when it is quite poor.

DESIGN FLAWS

19. Since other researchers have already analyzed design flaws in at least some of the literature on parenting by individuals with SSSAB, the goal of this paper is not an exhaustive review of the problems, but an overview with particular attention to the assessment of children. The use of flawed studies can be considered unscientific and invalid, or a matter of allowable difference in data interpretation, depending on the type of flaws and how the study’s results are used. Interpretive errors relating to these studies will be evaluated in a later section.

20. How many children of parents with SSSAB have actually been assessed as to their well-being? In the reviewed publications, most samples were quite small, with the number of children in each sample ranging from 5 to 85 (see Table 2, attached and incorporated by reference). Of the 63 studies examined, 49 quantify children of parents with SSSAB; the sum of these children is 1835. 14

studies do not quantify children, although all the studies relate to parenting. The same or similar samples (or subjects derived from an earlier sample) were sometimes utilized for different studies or publications (e.g., see Patterson in Table 2), so duplicate samples must be subtracted to arrive at the actual number of children studied. 13 publications that quantified children involve duplicate samples. Some children who were quantified were not assessed as to their well-being. In fact, only 883 children in 26 different samples were directly assessed by researchers as to their well-being. One study indirectly assessed children's well-being by analyzing two other authors' written narratives of 52 children.²⁹ 78 children in 2 studies were evaluated based on parents' reports alone, although parental questionnaires and/or interviews were included in the analysis of children in 15 non-duplicate samples. Eight publications involving six non-duplicate samples of children obtained teacher's assessments of 203 children. See Table 2.

Sampling problems

21. Probability samples are subject groups that are obtained in a randomized controlled fashion, or by another statistically/scientifically valid method, so that the sample is representative of a larger population. Findings from studies using probability samples have the potential to be generalized as true for others outside the study. Nonrepresentative samples are likely for all studies reviewed except that of Wainright et al.³⁰ Even this study cannot be generalized to all same-sex parent households, as cohabiting female same-sex couples were the only same-sex parenting type included in this small sample of 44 adolescents. Six male same-sex couples were excluded in the final sample. Therefore, neither male nor single female parents with SSSAB are represented, and results would not be applicable to children with these alternative types of households. It is also unclear what family types are present in the matched group of 44 adolescents with opposite-sex parents, as it is unknown whether these parents were married or unmarried cohabiting couples, whether a step-parent was involved, or whether there was a divorce history. Results could be markedly different depending on the make-up of the opposite-sex parents.

22. Two other studies attempt to obtain more representative samples. Cameron and Cameron³¹ randomly surveyed 17 adults with "homosexual" parents from various geographical areas in the United States. However, only about half of the more than 10,000 potential respondents completed the questionnaire. The rejection ratio of respondents to non-respondents varied with age, so representativeness may be better for those under age 56, with a rejection rate of approximately 24 percent. However, it cannot be said that this extremely small sample is truly representative of children with parents having SSSAB.

23. Golombok et al (2003)³² drew 18 “lesbian” mothers, and two different “heterosexual” groups from a population-based sample. Since the “lesbian” sample was too small, 21 additional “lesbian” mothers were recruited via snowball sampling (soliciting additional subjects through friendship and acquaintance networks) from the same geographical area. Such a group cannot be deemed representative of the initial population or of “lesbian” households.

24. In 45 of the 63 publications, the study subjects were obtained by enlisting volunteers; 26 of these studies used snowball sampling. Sampling bias is probable in virtually all these studies, as this problem is inherent in a self-selecting process of recruiting subjects. Crosbie-Burnett & Helmbrecht admit their sample is biased toward openly “gay” fathers, and provide three reasons: 1) adults must have disclosed their SSSAB to their children in order to complete one of the instruments, 2) “closeted gays” are not likely to volunteer, and 3) sample was solicited through “gay” fathers’ organizations and newsletters.³³ In one longitudinal study employing networking and advertisements to solicit subjects, participants are sent copies of the publications and encouraged to provide feedback;¹⁹ this study is prone to self-presentation and self-justification biases, as admitted by the authors.¹⁷

25. Five studies did not state how their subjects were obtained. Four publications were based on samples drawn from small populations, either women seen at a sperm bank or the fertility department of particular hospitals. Other methods of obtaining subjects were employed: one study used clinical patients seen by the author;³⁴ one used children examined by the author for custody hearings;³⁵ one used a purposive sample;³⁶ and one used mothers who had attended the authors’ workshop.³⁷ Cameron and Cameron examined 57 narratives of children of parents with SSSAB that had been published by two different authors.²⁹ None of these studies provide results that can be generalized to the population at large or the population of those with SSSAB.

Bias

Participant Bias

26. In any nonprobability sample, especially when the subjects are solicited volunteers, one can not rule out that the subjects’ participation was due to a vested interest in influencing the outcome of the particular study (e.g., that the study results might help him/her retain custody of his/her child, might present a good image of same-sex parenting to professionals and the public, etc.). The majority of the reviewed studies are susceptible to this kind of self-presentation bias, especially when measures such as interviews and questionnaires are used. The subject tries to make himself or herself look “good” by giving the socially acceptable answer to questions, which obscures results

based on reality. Given the history of social unacceptability of SSSAB, self-reports in this area may be inherently unreliable.³⁸

27. For those studies that had comparative groups and recorded response rates (see Table 3, attached and incorporated by reference), a greater response by one group could indicate a self-presentation bias—their interest in the study may imply a wish for self-justification, or some other vested interest.

28. Examples of studies exhibiting or prone to self-presentation bias:

- a. All respondents in Miller et al’s study expressed concern that there be more knowledge of the “lesbian” mother’s role.³⁹
- b. In O’Connell’s study, young adult children of divorced “lesbian” mothers were enrolled by word of mouth and ads; in nine out of eleven cases, the initial contact was made by the mothers whose children were then contacted. Presumably, mothers who have better relationships with their children would suggest they become involved in a study, contributing to a self-selection bias. The author notes that “informants seemed reticent in speaking of difficulties and in fact several subjects expressed their wish to clarify possible misconceptions about the difficulties, emphasizing both their love and respect for their mothers. Without exception, each subject heartfully stated the wish that anyone reading this study should know that having a lesbian mother was a positive experience.” The author states that the majority wished they had had a less complicated adolescence, and they reported feelings of anger, disappointment, and resentment. She notes that all subjects ameliorated their negative expressions with a disclaimer such as, “...but it was not really a problem.”⁴⁰
- c. Bailey points out in his study of “gay” and “bisexual” fathers recruited via advertisements that his results could be skewed because the fathers’ decision to participate could be dependent on whether their sons express SSSAB.⁴¹
- d. Harris et al state that the “gay” parents in their study may have a bias toward emphasizing the positive aspects of their relationships with their children; uncorroborated self-report data are subject to biases.²⁷
- e. Mitchell’s study was designed so that some of the participants were interviewed in a group setting which would seem to produce even greater self-presentation bias than that found in individual interviews.⁴²

Interviewer bias

29. Interviews were employed in about two-thirds of the publications. If a subject perceives that the interviewer favors a certain answer or viewpoint, his or her answers may be altered accordingly. Such interviewer bias may result when an interviewer unintentionally, or intentionally, sends such a signal. The following is an excerpt of an interview from Tasker & Golombok's book⁴³ which illustrates a bias perceived by the subject (my underlining):

F.T.: What about any fantasies about girls or women?

LOIS: No, never. I'm afraid not. I have to disappoint you there (*laughs*). No, I didn't. No, never.

F.T.: And any physical experience with women?

LOIS: No.

F.T.: What about with friends? Has there ever been any sort of romantic involvement there?"⁴³

36. In Golombok's and Tasker's initial study, two female psychologists interviewed all subjects and portions of the interviews were rated "blind" to knowledge of family circumstances or group by a different child psychiatrist.⁴⁴ In one follow-up study, Tasker was the interviewer for all adult children, and she was aware of the family type.⁴⁵ There were no adjustments in the study design for the possibilities that gender of subjects and interviewers when talking about sensitive subject matter might affect the answers given, or that results might be influenced by interviewer bias.

37. In Hare's studies, it is stated that the three interviewers were supportive of "lesbian" relationships and "lesbian" couples' raising children.^{46, 47}

38. Wyers employed face-to-face interviews conducted by seven trained graduate social work students; two were men and four of the five women were "lesbians."⁴⁸ No caveat is mentioned in the written work that gender and self-identified SSSAB of the interviewers might have influenced the results.

Researcher bias

39. Bozett suggests that researchers may avoid the study of SSSAB if they want to avoid being grouped with those whom they study.⁴⁹ Researchers who self-identify as "homosexual" (for example, Gartrell⁵⁰ and Bigner⁵¹) or who are sympathetic with various political, social, or psychological ideas promoting SSSAB may produce a study design, results, and conclusions that differ from those with opposing personal viewpoints. Lott-Whitehead and Tully note that researcher bias is a particular consideration with more

qualitative research designs as interpretation of responses is filtered through the researcher and may “be contaminated with the researcher’s values, cultural bias and experiences.”⁵² The construction of the questionnaire or interview may reflect these biases. Lott-Whitehead and Tully⁵² and Turner et al⁵³ admit that at least some of the subjects knew that the researchers were “heterosexual” women, and that might have influenced their responses.

40. Patterson⁵⁴ and Bozett⁵⁵ recruited subjects by contacting friends, acquaintances and colleagues who might know eligible “lesbian” mothers or children of “gay” fathers. If authors’ friendship networks include study participants, that is a probable source of bias. Patterson admits that one of the problems with her study design is that assessments of children’s adjustment lacked observers who were unaware of the family background.⁵⁴

41. Pennington reviews a clinical sample of children of “lesbian” mothers seen at a psychotherapy clinic. Her article reveals a particular viewpoint that seemed to be formed before the children were interviewed. She states that mothers were informed that “although their sexual orientation would be addressed, neither it nor the mother herself would be blamed for the child’s or the family’s dysfunction.” She concludes, without supporting evidence, that the “primary problem is not the mother’s sexuality and lifestyle but, rather, societal homophobia.”³⁴

42. Hoeffler⁵⁶ collected data from all subjects in their residences, and was not blinded as to family type. She collected and interpreted the data; bias is possible.

Funding Bias

43. Some studies financed by organizations with a particular ideology are subject to bias: the Lesbian Health Fund of the Gay and Lesbian Medical Association,^{18-20, 57, 58} an Uncommon LEGACY Foundation (provides grants to those showing commitment to the “lesbian” community),¹⁷⁻²⁰ the Horizon Foundation,^{19, 20} the Gill Foundation,^{19, 20} and the Equity Foundation’s Lesbian Family Project.^{46, 47}

Measures

44. The lack of probability sampling with its inherent risk of participant bias becomes more concerning when assessing the types of measures commonly used. Interviews were employed in 44 studies, questionnaires in 41 studies, and a combination of the two was found in 26 studies. Only 4 studies do not mention the systematic use of either of these instruments. In about two-thirds of the studies, at least one measure employed was researcher-constructed, and therefore of questionable validity. Self-report instruments, like

interviews and questionnaires, are particularly susceptible to self-presentation bias. In addition, this research is riddled with measures that lack objectivity. The findings of studies using instruments of unreliable or questionable validity must be viewed with skepticism.

45. Examples of use of measures with questionable validity:

- a. Golombok et al⁵⁹ use quality of parenting ratings that are neither objective nor specific. A rating of “warmth” of the mother toward the child was based on “the mother’s tone of voice and facial expression when talking about the child, spontaneous expressions of warmth, sympathy, and concern about any difficulties experienced by the child, and enthusiasm and interest in the child as a person.”⁵⁹ Such a rating might be affected by the mother’s mood, her feelings about the interviewer, the mother’s personality type (expressive or introvert), the sex or age of the child, etc. The other two ratings on “mother-child interaction” and “emotional involvement” were similarly based on the mother’s reports without direct observation of the child’s interaction with the mother.⁵⁹
- b. Bigner and Jacobsen use an instrument that the authors admit has “not been subjected to rigorous standardization norms.”⁴⁹
- c. Hoeffler uses a modified version of an unpublished instrument.⁵⁶
- d. The “sexual orientation” of 39 sons of “gay” fathers is based only on fathers’ reports.⁴¹
- e. One study aims, in addition to gathering information about “gay” fathers, to develop an instrument designed by one of the authors, and used previously with only four samples (that do not appear to be probability samples) totaling 292 people. Significant modifications to the instrument were made, and test-retest reliability was tested 2 weeks later on a subsample of this study: 8 families known to the experimenter. Some of the subscales having weak internal consistency or low test-retest correlations were dropped from further analyses.³³ This is not an instrument that has been proven reliable or valid.
- f. Mitchell analyzes “lesbian” mother subjects via different types of interviews: group, individual, and both partners together. One would anticipate greater self-presentation bias in group interviews.

- g. Lyons' study did not describe what instruments were used, nor did it provide raw data or indicate how the sample was obtained.⁶⁰

Extraneous Variables and Matching

46. Extraneous variables are the characteristics of the study group and comparison group that are different (besides the independent variable which is the factor being studied). Key extraneous variables may include age and gender (of parents and children), education, socioeconomic status, income, partnership status of the parent, occupation, ethnic background, religion, intellectual functioning, psychological well-being of parent and child, life-cycle stage, political activism, number of household members, number of children, and housing arrangements. Ideally, the groups being compared should be identical except for the independent variable. This is often not feasible in human studies, so some method of control is frequently used. Groups may be matched on extraneous variables or statistical methods employed to control for group differences.

47. In the studies reviewed here, the subject groups being compared are often not matched properly on key variables or some key variables are not assessed within each group of subjects. Marital history is sometimes not included. Handling of extraneous variables is often not done properly. This is true for studies comparing "homosexual" and "heterosexual" groups as well as studies comparing a "homosexual" group with population norms. When differences are noted between groups, controls for extraneous variables are not always performed. 30 of the studies within this body of research do not use a control group at all.

48. Examples of these problems:

- a. In spite of the key role a father may play in a child's development, and the possibility that fathers' characteristics may affect the child's emotional and psychological health, few studies match or even identify variables relating to the father.
- b. Some studies do not distinguish whether couples in the "heterosexual" group are married, unmarried cohabiting, involve a step-parent, or have a divorce history. Marital history of single "heterosexual" moms may not be presented, either. Heterogeneity within one group may mask true results if the subgroups differ significantly in their effect on the measure being tested.
- c. In one group of studies performed by Bigner and Jacobsen,^{49, 61, 62} the authors attempt to match for various extraneous variables, but do not reliably match

the independent variable. These authors obtained the “gay” father sample from a group of self-identified “homosexuals” who were part of a “gay” fathers’ support group in Denver, CO. The fathers from the control group were presumed “heterosexual,” but their actual self-identified sexual orientation was not known. The authors admit that this is a major limitation of their study.

- d. Patterson’s 1997 study does not use a “heterosexual” control group; instead, “lesbians”’ children’s scores on certain tests are compared to population-based samples of children.⁶³ How well Patterson’s sample matches this “normal” sample on key demographic variables is not known. As Lerner and Nagai point out, if the normal sample is similar to the general population, then Patterson’s “lesbian” sample differs from general population norms on at least one variable. 62% of Patterson’s sample is classified as having professional occupations, while only 28% of the national adult population is employed in the professional-managerial occupations. Patterson finds no differences in mean scores between children of the lesbian mothers compared to national averages. Occupation could be acting as a major suppressor variable to mask a true difference between groups.²⁶ A suppressor variable is defined as a third variable that is not the independent nor dependent variable that causes the false impression that the independent and dependent variables are unrelated.²⁶
- e. Examination of a study by Hoeffler⁵⁶ reveals some of the problems that are encountered with matching and handling of variables. Hoeffler states that homosexual and heterosexual single mother groups did not significantly differ on marital status, educational background, or occupation.⁵⁶ However, her study does not provide any numerical data, nor does it state how education and occupation were defined. True differences between groups can be masked if broad classifications are used to define a term. For example, if education is divided into 2 categories, (1)high school education or less and (2)some education beyond high school, groups may exhibit no statistical difference. However, if additional categories of education are added, such as college education and graduate education, the groups might significantly differ in their degree of education. Hoeffler’s study does not include other

potentially confounding variables such as presence of cohabiting partner and income. The groups of mothers differed significantly in self-reported identification with feminism, and no statistical control was performed for this difference. Any findings of difference may be associated with feminist activism or one of the confounding variables that was not examined, rather than being associated with the sexual orientation of the mother. Or one of these extraneous variables may act as a suppressor variable, masking a true difference.

Definitions

49. Limitations or ambiguity of definitions can markedly affect the results of a study. Many studies or review articles were noted to contain vague or restrictive definitions. Frequently, the definitions of “gay,” “lesbian,” “homosexual,” etc. used to recruit subjects are vague or not provided. Most often the definition is left up to the subject who self-identifies as such, without any further assessment of time for which this identification has been established, presence of prior or current “heterosexual” feelings or behaviors, or use of more objective criteria other than the subject’s own personal definition of a same-gender sexual identity. Review articles, whether or not definitional ambiguity is mentioned as a constraint to research, often compare studies without analyzing the definitions used.

50. Examples:

- a. Golombok et al’s study⁴⁴ defines their “lesbian” sample as women who regarded themselves as predominantly or wholly “lesbian” in their sexual orientation, whose current or most recent sexual relationship was same-gender and who had school-age children currently living with them. This “lesbian” sample seems to be a heterogeneous mix of women whose actions and feelings have varied with time. Of 27 women in the group, only four of the group had never married or cohabited, and the remaining 23 had all been married. At the time of the original interview, none of the group was currently involved in a heterosexual relationship, but five women still sometimes experienced sexual feelings for men and five others had some form of non-sexual emotional attachment with a man. Three women had negative feelings towards men and five were indifferent to men. One adult daughter of a “lesbian” mother shared that her mother had relationships with women and younger men.⁴³ All of the follow-up studies in this longitudinal

series^{43, 45, 64} were based upon this heterogeneous sample. Because of the ambiguity of the term “lesbian” used in these studies, Tasker comments that it could be argued that the women were “bisexual rather than lesbian women.”⁶⁵

- b. Some studies did not define “gay” or “lesbian” at all for at least a segment of the study sample, leaving the reader to wonder what criteria were used in soliciting subjects. Hare’s two studies did not define “lesbian” per se but required that lesbian couples be in a committed relationship with at least one child.^{46, 47}
- c. The fathers from the control group in Bigner’s and Jacobsen’s study were presumed “heterosexual,” but their actual sexual feelings and behavior were not known.⁴⁹
- d. Bailey, et al analyzed sons of self-identified “gay” and “bisexual” men. While the participating sons filled out questionnaires that further evaluated sexual thoughts and behavior, the small sample size allowed only the sons’ self-identified sexual orientation or the fathers’ perception of the sons’ orientation to be significantly correlated with other variables.⁴¹
- e. Wyers’⁴⁸ study aimed to learn about the marital and parental behavior of both “lesbian” wives and mothers and “gay” husbands and fathers. No definition of “gay” or “lesbian” is provided for purposes of selecting study participants; requirements for inclusion were that participants be “lesbian” or “gay;” be married, separated, or divorced; and be parents. However, some exclusions and inclusions of volunteers were made without strict adherence to the originally-stated eligibility criteria. Three individuals were not included in the final self-selected sample: one because she had never been in a stable relationship with an opposite gender partner and two others because they were in stable marriages. (The explanation for the exclusion of the latter is that there were only 2 married subjects in the group, so it was decided to include only those who were separated or divorced.) Three individuals who had never been legally married but had been in long-term, stable relationships with opposite gender partners were included.⁴⁸
- f. Reports on the Bay Area Families Studies^{54, 63, 66, 67} and other studies^{31, 41, 44} mixed “lesbian” or “gay” and “bisexual” subjects under the umbrella

definition of either “lesbian” or “nonheterosexual.” Patterson’s study, for example, included 66 women, of whom 61 identified themselves as predominantly “lesbian” and 5 identified themselves as predominantly “bisexual.”⁶⁶

- g. Some studies attempted to define “homosexual” subjects (or at least a segment of the sample) with further evaluation of thoughts and behavior in addition to self-identification. Two studies defined “lesbian” for their sample as a woman psychologically, emotionally, and sexually attracted to another woman.^{36, 39} How this was deduced for soliciting subjects is unknown, as no criteria were provided as to how this determination was made.

51. Other definitions can also be problematic. Tasker and Golombok found that nine of 25 children of “lesbian” mothers compared to four out of 20 children of single “heterosexual” mothers had experienced “sexual attraction” to someone of the same gender. The authors stated that the extent of same-gender and opposite-gender attraction was determined by asking participants to recall their first and subsequent crushes from puberty through their first sexual relationship.⁶⁴ In the first study of this longitudinal series, the authors classified one girl with a crush on her teacher as having a “homosexual interest.”⁴⁴ “Crushes” may not be understood to be sexual in nature (especially by younger children) and, depending on the definition of “homosexual” that is used, may not be indicative of same-sex attraction. No validity data is provided for using “crushes” as a measure of gender-based sexual attraction or future self-identified sexual orientation. Neither sexual vs. non-sexual nor “homosexual” vs. “heterosexual” attraction is clearly differentiated in the interview by the definition used.

Study type

52. The type of studies found in the literature on homosexual parenting is significant. Only four groups of studies analyzed here, comprising 13 publications, provide follow-up or are longitudinal.^{17-20, 43-45, 59, 64, 68-71} 32 publications compare two or more groups of subjects, but only 25 of these do not contain duplicate samples. Three articles^{60, 72, 73} do not use statistical methods for evaluation of results, and would be classified as descriptive.

INTERPRETIVE ERRORS

53. The line between interpretive errors and allowable differences in analysis of data is not a well-defined one. Some usage of references clearly falls into the “interpretive error” category. For example, the TR states that few differences have been found in the research

from the last two decades comparing “lesbian” and “heterosexual” mothers’ on a number of parameters, and Flaks et al⁷⁴ and Green et al⁷⁵ are cited in support. Besides the fact that the latter citation reported some differences between these two groups, neither are review articles, so they cannot sum up all the research in this area in the past two decades. Neither study used probability sampling so results cannot be generalized to the population at large. Both sought to prove the null hypothesis, which is a statistical impossibility.²⁶ Such use of these references in support of that particular statement is scientifically invalid.

54. Other examples where the use of references represents poor critical scientific thinking that may invalidate conclusions or where authors fail to assimilate the impact of significant design flaws into their conclusions:

- a. The TR claims that no differences have been found in sexual orientation of adults who had a divorced “homosexual” parent (or parents) compared with those who had divorced “heterosexual” parents.³ Original studies referenced in the TR assessed 146 children of “homosexuals” as to their sexual orientation; 14 (10%) children identified as “homosexual” or have had same-sex sexual relationships, with a range of 0 to 24 percent among the various references. In the 63 studies reviewed here, the total number of “homosexuals” children for whom some assessment of sexual orientation was made was 249; 47 (19%) of them, with a range of zero to 47 percent among the various publications. These numbers are higher than those obtained in randomized surveys reflecting rates of SSSB in the general population (see Table 1). Note in this table that the incidence of SSSB depends on the definition used, or the question asked. The data noted in Table 1 was published well before the TR, yet the TR’s conclusion of “no difference” does not reflect that efforts were made to compare the numbers in the references to population-based statistics. Even if the authors of the TR shouldn’t be held responsible for finding such data, it would seem that they would have mentioned that one of their own references, Stacey and Biblarz,⁷⁶ noted differences in sexual behavior and sexual preferences between children of “homosexual” vs. “heterosexual” parents in their review.
- b. The TR claims that there are no documented differences between children who have a “lesbian” mother with children who have a “heterosexual” mother on a number of emotional and social parameters and that children of

“lesbian” couples have a level of behavioral difficulties comparable with population norms.³ Yet a look at Golombok et al (1983)⁴⁴ and Kirkpatrick et al,²⁸ both referenced in the TR and both of which compare children of “lesbian” mothers to children of single “heterosexual” mothers, raises concern about this conclusion.

i. In Golombok et al, differences between groups of children are noted in the presence of psychiatric problems and occurrence of psychiatric referral, with a greater number of definite disorders in children of “heterosexual” mothers (8/35) compared to those of “lesbian” mothers (2/31). If children of “lesbian” mothers are “no different” on many parameters than a group of children in which 23% have a psychiatric problem, it may be cause for concern, not assurance. In the follow-up studies, the authors find no significant differences in psychological adjustment between the groups of young adults. Nine of 25 young adults from the “lesbian” mother group reported mental health problems; seven of the nine had consulted a professional for anxiety or depression and two had attempted suicide. Seven of 21 young adults from the “heterosexual” group reported mental health problems; four had experienced anxiety or depression, one had attempted suicide, and two had a history of substance abuse. More of the “lesbian” mothers received psychiatric care than the “heterosexual” moms in the original study (13/27 vs. 5/27),⁴⁴ but comparative data on the mothers’ psychiatric history are not provided for the follow-up studies. We are told that maternal psychiatric history was associated with mental health problems in their young adult children. It is not clear that either of the study groups represent population “norms.”

ii. Kirkpatrick et al compared children of “lesbian” and single “heterosexual mothers.”²⁸ These researchers found that the number of children showing severe or moderate emotional problems was well over half the total sample, although there were not significant differences between the two groups in these psychological difficulties. The authors explain this high rate of difficulties by the fact that the children were recruited by offering the mothers a complete psychiatric evaluation and

feedback for their child in exchange for participation in the study. The study also notes that the groups of mothers differed in the explanation given for their divorce. The “lesbian” group did not cite sexual dissatisfaction as a source of difficulty, but the absence of psychological intimacy. Only ten percent of the “heterosexual” mothers described the same disappointment in the degree of intimacy in their marital relationship, and they did not see this as the impetus for divorce; they reported their husbands’ drug or alcohol abuse, psychotic decompensation, physical abuse, or infidelity as the cause. Given the apparent differences in father characteristics between the two groups, one would expect more children in the “heterosexual” group to have psychological difficulties; yet the groups are not significantly different. Again, it is concerning to conclude that the children of the two groups are “no different,” as it appears that the groups are poorly matched with respect to father characteristics. It is doubtful that the children in either study sample are comparable to population norms.

- c. Several studies compare children of parents with SSSAB to those of “heterosexual” parents, but the latter group in each study contains only single parents, not married ones. Research has suggested that children in single-parent households are not as healthy as those in families with their married biological parents. Javaid warns that some results of comparative studies of households with single “heterosexual” and “homosexual” female heads may have results that are actually dependent on the father’s absence or presence rather than on the mother’s sexual orientation. Hence, caution should be used in interpretation of results when father characteristics (absence, presence, psychological difficulties, alcohol or drug use, etc.) are not included or controlled for. One cannot conclude that there is no difference between children of “heterosexual” parents and those with parents exhibiting SSSAB and when significant portion of the “heterosexual” group—children of married parents--were not included.
- d. Green³⁵ states that psychosexual development appears to be typical in at least 36 of the 37 children described in his study, and he concludes that children raised by “transsexual” or “homosexual” parents do not differ appreciably

from children raised in more conventional family settings on macroscopic measures of sexual identity. However, the data itself and the design of the study preclude such assertions. He includes no control group; sample size is very small; three out of four measures of sexual identity were not performed on the children of “transsexuals,” who were assessed on only one measure of sexual identity (different than measures used for the children of “lesbians”), and atypical results in these sexual identity measures are not acknowledged in the discussion. According to the information in Green’s “Methods” section, peer group composition is typically same-sex in grade-school-age children, and the sex of the first person drawn in the Draw-A-Person test is considered reflective of sexual identity. Thus, males typically draw males first, and females draw females first. Two daughters out of 16 children raised by “transsexual” parents were classified as “tomboys,” five out of 21 children raised by female “homosexuals” drew the opposite sex on the Draw-A-Person test, and 2 children raised by female “homosexuals” had peer group composition of the opposite sex.

- e. Huggins’⁷⁷ flawed study employs nonrandom recruitment of subjects and fails to match the groups on a number of demographic variables including education, income, partner status of the mother, and father characteristics. She admits that small sample size makes any interpretation of data on mean age at which daughters learned about their mothers’ “lesbianism” difficult. The multiple flaws make any conclusions suspect, yet Huggins claims that the attitude of the father toward the mother’s “lesbianism” appeared to be the critical factor influencing the self-esteem of daughters of “lesbian” women. The numbers used in her “proof” of this point are extremely small. Of the nine daughters of “lesbian” mothers, four scored high and five scored low on the Coopersmith Self-Esteem Inventory (SEI). In the high self-esteem group, two of their fathers were deceased, one was “homosexual and had not seen his daughter for three years, and one expressed an accepting attitude toward his ex-wife’s “lesbianism.”” The latter’s daughter was the only adolescent of the 18 “lesbian” mothers who could talk to her father about her mother’s lesbianism, and she had extremely high self-esteem scores. Logic is missing in Huggins’ assessment of the father’s attitude being a “critical factor” in

self-esteem, as 75% of the other daughters with high self-esteem had no contact with their father.

- f. Miller⁷⁸ uses a non-standard interview to study a snowball sample of 40 “gay” fathers and 14 of their children, excluding “homosexual” men who no longer saw their children or who were prevented from seeing them because of a negative court ruling. He notes that three fathers had fantasized about having sex with their sons, but none had acted on it; nor had any “gay” friends ever molested the sons, except once a guest made an “oblique overture” to an adolescent son and the guest was rebuked. Miller concludes that fears of child sexual abuse by “gay” fathers or their “gay” friends are not warranted. However, the interview format may not promote honest admission about such abuse, and there is no comparison group as to how many “heterosexual” fathers fantasize about sex with their sons. In addition, this small non-probability sample excludes men who have been court-ordered not to see their children, which would exclude men who were suspected of abusing their children from the study. Therefore, Miller’s conclusion about children’s lack of a risk of sexual abuse by a “gay” parent is unscientific.

CONCLUSION

55. In their summary, the authors of the TR concede that the studies they reviewed involved small and nonrepresentative samples, mostly looking at relatively young children, and these factors suggest some reserve. However, this admission is followed by a statement that the “weight of evidence gathered during several decades using diverse samples and methodologies is persuasive in demonstrating that there is no systematic difference between gay and nongay parents in emotional health, parenting skills, and attitudes toward parenting. No data have pointed to any risk to children as a result of growing up in a family with 1 or more gay parents.”³

56. The reality is that there have not been “several decades” of research on children of “homosexuals.” The earliest study referenced in the TR was published in 1981, and in the reviewed studies for this declaration, the earliest was published in 1978. There are relatively few studies that address adult children, and few longitudinal series. There are psychological problems that, while rooted in childhood experiences, may not erupt until adulthood; studies on young children do not address these issues. No study on children of parents with SSSAB reviewed in this document is free from design flaws; none can be

taken as conclusive. The multitude of defects in these studies and the sparse replication of data only show that many flawed studies together yield a “weight” of flawed evidence, which is not an adequate foundation for promoting social policy change. As for the absence of differences purported by the technical report authors, many of these original studies, as well as Stacey’s and Biblarz’s⁷⁶ review, detail a multitude of differences.

57. The TR does not represent a thorough, objective, and critical appraisal of the data in the original research studies cited. It contains major quotation and interpretive errors that, irrespective of the quality of the studies cited, invalidate the conclusions in the article. Some of the quotation errors have been replicated in a subsequent publication (SA¹²). The AAP’s standard for evidence-based medicine in a technical report is violated by the extent of the misrepresentation of data, unsupported or misleading statements, and failure to report conflicting evidence contained within the report’s own references. It seems that a flawed foundation and unsupported statements are under girding a major AAP policy statement. Physicians and the public have reason to expect that published statements and supporting documents from a respected scientific organization like the AAP would be (1) incontrovertibly based on sound science and (2) well-written without errors or lack of sufficient evidence. The TR does not meet these standards and, therefore, the conclusions of the report cannot be trusted and should not be used to define policy.

I state that I, as an expert retained in anticipation of litigation or for trial, have fully read the above Answer relating to me, any qualifications, my mental impressions and opinions, and the facts known by me, and that I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the above is true and correct.

Executed this 13th day of February, 2007, at Bonney Lake, Washington.

By:

Sharon Quick, M.D.

Table 1: Incidence of SSSB* from surveys with probability sampling

	Laumann, et al., 1994⁷⁹ (U.S.)		Billy, et al., 1993⁸⁰ (U.S.)	Diamond, 1993⁸¹ (U.S.)		Spira et al., 1993⁷⁹ (France)	Wellings et al., 1994⁷⁹ (Britain)	
	Females aged 18-59	Males aged 18-59	Males aged 20-39	Females	Males	Males	Females	Males
% reporting same-sex partner in past year	1.3	2.7				1.1	0.4	1.1
% reporting same-sex partner since turning 18	4.1	4.9						
% ever reporting same-sex partner						4.1	3.4	6.1
% identify as homosexual or bisexual	1.4	2.8						
% of those sexually active with SSSB in past 10 yrs.			2					
% of those sexually active with exclusive SSSB in past 10 yrs.			1					
% reporting SSSB or bisexual activity				1.2	3			
% reporting only SSSB ever	0.2	0.6						

*The incidence of same-sex sexual behavior (SSSB) depends largely on how it is defined and what question is asked in the survey. This can be seen in Table 1 which summarizes results of some large-scale surveys. Other authors provide further discussion on this topic.^{21, 38, 79, 82} Variations in methods and design among these studies.

Table 2: Assessment of children in 63 studies of parents with SSSAB

Reference	Number of Children of Parents in HO Group*†	Age of Children (years, unless stated otherwise)	Control Group*	Assessment of Children*
Bailey et al ⁴¹	82 of G or B dads	17-43	No	S & P for 43, P for 39
Bigner & Jacobsen (1989) ⁶¹	NQ of G dads		NQ of presumed H dads	N
Bigner & Jacobsen (1989) ⁶²	[NQ] of G dads		NQ of presumed H dads	N
Bigner & Jacobsen (1992) ⁴⁹	NQ of G dads		NQ of presumed H dads	N
Bozett (1980) ⁸³	NQ of G dads		No	N
Bozett (1981) ⁸⁴	[NQ] of G dads		No	N
Bozett (1988) ⁵⁵	19 of G dads		No	S
Brewaeys et al ⁶⁸	30 of L moms via DI	4-8	38 H-DI, age 4-7.6; 30 H-NC, age 4-7‡	S, P
Cameron & Cameron (1996) ³¹	17 with HO parents	adult	5165	S
Cameron & Cameron (2002) ²⁹	52 with HO parents	5-66 (16 girls, 8 boys, 22 women, 6 men)	No	Indirect S (analyzed 2 other authors' children's narratives)
Chan et al (1998) ⁵⁷	[30] of L moms via DI	5-11, mean 7.1	16 of H coupled parents, mean age 7.9	P, Te
Chan et al ⁵⁸	55 (34 with coupled L, 21 with single L)	7.5 mean	25 H (16 of coupled H, 9 of single H moms), mean age 7.8§	P, Te
Crosbie-Burnett & Helmbrecht ³³	48 of G dads	10-19	No	S
Flaks et al ⁷⁴	15 of L couples	3.1-8.3	15 of H married couples, age 3.2-7.9	S, P, Te
Gartrell et al ¹⁷	0 of L moms		No	N
Gartrell et al ¹⁸	[85] of L moms	2	No	N
Gartrell et al ¹⁹	[85] of L moms	5	No	N
Gartrell et al ²⁰	85 of L moms	10	No	S, P
Gershon et al ⁸⁵	76 of L moms	11-18	No	S
Golombok et al (1983) ⁴⁴	37 of L moms	5-17, mean 9.3	38 of single H moms, mean age 10	S, P, Te (latter for 27)
Golombok & Tasker (1996)	[25] of L moms	Mean 24	[21], formerly of single H moms, mean age 23	S
Golombok et al (1997) ⁵⁹	30 of L moms	3-9 inclusion criteria, mean 6	42 of single H mom & 41 of coupled H, mean age 6§	S, P, Te
Golombok et al (2003) ³²	39 (20 of single L, 19 of coupled L)	5.2-9.6 in single L, 5.3-9.7 in coupled L	60 of single H moms, age 7.5-9.6; 74 of coupled H (lived with both since birth), age 6.7-9.4§	S, P, Te
Gottman ⁸⁶	35 of L moms	18-44	70 with divorced H moms (half remated), age 18-44	S
Green ³⁵	37 of L or T	3-20	No	S, P

Reference	Number of Children of Parents in HO Group*†	Age of Children (years, unless stated otherwise)	Control Group*	Assessment of Children*
	parents			
Green et al ⁷⁵	56 of L moms	3-11	48 with single H moms, age 3-11	S, P
Hare & Richards ⁴⁷	51 of L moms	4mos-23 yrs	No	N
Hare ⁴⁶	[51] of L moms	4mos-23 yrs	No	N, minimal P (only whether child had disclosed nature of mom's relationship & consequences of disclosure)
Harris & Turner ²⁷	39 of G & L parents	5-31	NQ of H parents	P
Hoeffler ⁵⁶	20 of L moms	6-9	20 of single H moms, age 6-9	S, P
Hotvedt & Mandel ⁷²	58 of L moms	3-11	25 of single H moms, matched on age	S, P
Huggins ⁷⁷	18 of L moms	13-19	18, age 13-19	S
Javaid ⁸⁷	26 of L moms	6-25	28 of divorced non-cohabiting H moms, age 6-25 (more older girls in H than L)	S
Kirkpatrick et al (1981) ²⁸	20 of L moms	5-12	20 of single H moms, age 5-12	S
Koepke et al ⁸⁸	NQ of L couples		No H group	N
Kweskin & Cook ⁸⁹	22 of L moms	NQ	22 of H moms	N
Lewis ⁹⁰	21 of L moms	9-26	No	S
Lott-Whitehead & Tully ⁵²	NQ of L moms		None	N
Lyons ⁶⁰	NQ of L moms		NQ of H moms	N
MacCallum & Golombok ⁷¹	[25] of L moms¶	Mean 12.08	38 of single H mom, mean age 11.83; 38 of coupled H parents, mean age 11.75¶	S, P
McCandlish ⁹¹	7 (via DI) of L couples	18mos-7yrs	No	N
McNeill et al ⁹²	NQ of L moms		NQ of H moms ¶	N
Miller ⁷⁸	14 of 40 G dads	14-33	No	S for 14, N for other 76 children
Miller et al ³⁹	43 of L moms or coparents	6 mos.-18 yrs.	NQ of H married moms	N
Mitchell ⁴²	27 of L moms	4-24	No	N
Mucklow & Phelan ³⁶	NQ of L moms		NQ of H married moms	N
O'Connell ⁴⁰	11 of divorced L moms	16-23	No	S
Pagelow ⁷³	43 of L moms	1-30	51 of single H moms, age 1-30 (no group comparison)	N
Patterson (1994) ⁶⁶	37 of L moms	4-9	No	S, P
Patterson (1995) ⁵⁴	[26] of coupled L moms	4-9	No	S, P
Patterson (1997) ⁶³	[37] of L moms	4-9	No	S, P

Reference	Number of Children of Parents in HO Group*†	Age of Children (years, unless stated otherwise)	Control Group*	Assessment of Children*
Patterson et al (1998) ⁶⁷	[37] of L moms	4-9	No	S, P
Pennington ³⁴	32 of L moms	5-29	No	S
Rand et al ⁹³	NQ of L moms		No	N
Tasker & Golombok (1997) ⁴³ Book that covers a longitudinal study, from Golombok et al (1983) ⁴⁴ to Tasker & Golombok (1995) ⁶⁴ and Golombok & Tasker (1996). ⁴⁵	[37] of L moms	5-17, mean 9.3	[38] of single H moms, mean age 10	S, P, Te (latter for 27)
Tasker & Golombok (1995) ⁶⁴	[25] of L moms	Mean 24	[21], formerly of single H moms, mean age 23	S
Tasker & Golombok (1998) ⁹⁴	15 of L moms	3-9, mean 6.5	43 H-DI (mean age 5.5 yrs) & 41 H-NC (mean age about 6 yrs.)‡	S
Turner et al ⁵³	[17] of G dads, age 4-14 yrs & [20] of L moms, age 7-22 yrs††		No H control	P
Vanfraussen et al (2002) ⁶⁹	[37] of L moms#	Mean 10.42	37 of H parents, mean age 10.42	S, P, T
Vanfraussen et al (2003) ⁷⁰	[37] of L moms#	Mean 10.42	37 of H parents, mean age 10.42	S, P
Van Voorhis & McClain ³⁷	NQ of L moms		No	N
Wainright et al ³⁰	44 of mom in same-sex marriage-type relationship	Mean 15.1	44 of opposite-sex couples, mean 15.0**	S, P
Wyers ^{48‡}	NQ of L & G parents		No	N

***Abbreviations:** SSSAB = same-sex sexual attraction and/or behavior; SSSA = same-sex sexual attraction; SSSB = same-sex sexual behavior; H = “heterosexual”; HO = “homosexual;” L = “lesbian;” G = “gay;” B = “bisexual;” T = “transsexual;” S = Children’s well-being directly assessed by researchers; P = parental assessment of children’s well-being; Te = teacher assessment of children’s well-being; N = no direct assessment of children’s well-being (parents may assess parenting issues, but actual physical, emotional, and mental health of children is not included); NQ = not quantified;

† Brackets indicate that the number is not included in the total because it is a duplicate sample of another study.

‡ H-DI = child created by donor insemination by “heterosexual” couple; H-NC = child naturally conceived by “heterosexual” couple.

|| Unknown marital history or partner status of group

§ Unknown whether couples are married, unmarried cohabiting, involve a step-parent, or have a divorce history. Marital history of single moms is unknown.

¶¶H couples from prior study who had separated or divorced were still placed in the 2-parent group for the current study, and single H moms from the prior study who were now co-habiting with a partner remained in the single H group. Only half of the L couples in the original study were still together; because of the small sample, L couples & singles were grouped together for the current study.

††Some of the same families were used from a prior study, and new subjects added. It is unclear how many duplicates are present in this study.

#Same L families in this study as in a prior study by Brewaeys et al,⁶⁸ but more children are studied here; it appears that more children in the household are included, rather than just 1 focal child in the first.

** It was impossible to match for stepfamily status, given the study design; it is unknown whether the opposite-sex couples are married, unmarried cohabiting, or involve a step-parent.

Table 3: Response rates of subject groups recruited for studies*

Study	SSSAB group(s)	H group(s)
Brewaeyts et al ⁶⁸ agree to participate	L 100%	HeDI 53% NC 60%
Brewaeyts et al ⁶⁸ return of questionnaires	L 100%	HeDI 95% NC 87%
Brewaeyts et al ⁶⁸ take part in interviews	L partners 93%	HeDI fathers 76% NC fathers 50%
Chan et al ⁵⁸ successful contact of eligible families	L couples: 100% L singles: 48.6%	H couples: 52.9% H singles: 43.3%
Chan et al ⁵⁸ agree to participate	L couples: 100% L singles: 61.8%	H couples: 59.3% H singles: 69.2%
Chan et al ⁵⁷	L couples significantly more likely to have been contacted and then to participate than H couples. Percentages are not provided.	
Pagelow ⁷³	L mothers: 43% return of questionnaires distributed to “lesbian” groups. Unclear if these groups specifically for mothers.	H single mothers: 100% return of questionnaires distributed to a single mothers’ organization

*Abbreviations for designated groups: SSSAB = same-sex sexual attraction and/or behavior; H = “heterosexual;” L = “lesbian;” HeDI = “heterosexual” family with child via donor insemination; NC = “heterosexual” family with naturally conceived child

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