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13 SUPERIOR COURT OF THE STATE OF CALIFORNIA
 14 COUNTY OF SAN FRANCISCO
 UNLIMITED CIVIL JURISDICTION

15 Coordination Proceeding
 Special Title (Rule 1550(b))
 16 MARRIAGE CASES

17 RANDY THOMASSON, et al.,
 18 Petitioners/Plaintiffs,

19 vs.

20 GAVIN NEWSOM, et al.,
 21 Respondents/Defendants.

22 PROPOSITION 22 LEGAL DEFENSE AND
 23 EDUCATION FUND, et al.,

24 Petitioners/Plaintiffs,

25 vs.

26 CITY AND COUNTY OF SAN
 FRANCISCO, et al.,

27 Respondents/Defendants
 28

JUDICIAL COUNCIL COORDINATION
 PROCEEDING NO. 4365

Case No. 428-794
 (Consolidated with Case No. 503-943)

DECLARATION OF GREGORY M.
 HEREK, Ph.D., IN OPPOSITION TO
 PLAINTIFFS' MOTION FOR SUMMARY
 JUDGMENT

BY FAX

Date Action Filed: March 11, 2004
 Trial Date: Not set

1 I, GREGORY M. HEREK, declare as follows:

2 1. I make this declaration of my own personal knowledge and would testify
3 competently to the matters stated herein if called upon to do so.

4 2. I am a tenured Professor of Psychology at the University of California at Davis. A
5 description of my qualifications is in my declaration dated November 18, 2004, and the curriculum
6 vitae I appended to that declaration is still accurate.

7 3. I was asked to review declarations submitted in this consolidated action and to render
8 expert opinion about information contained therein. In preparing this declaration, I reviewed the
9 declarations filed in this case by Dean Byrd, Maggie Gallagher, George A. Rekers, and Jeffery B.
10 Satinover. I also reviewed those portions of Proposition 22 Legal Defense and Education Fund's
11 *Plaintiffs' Statement of Undisputed Facts in Support of CCF's Motion For Summary Judgment* and
12 *the Opening Brief in Support of Declaratory Judgment that California Marriage Laws Are*
13 *Constitutional* that purported to summarize scientific data.

14 4. For purposes of the present declaration, I have limited the scope of my review and
15 comments to two main areas. First, I respond to assertions made in the above-listed declarations
16 concerning the nature of homosexuality. Consistent with my previous declaration, and with the
17 official views of the major professional associations of psychologists and psychiatrists, I conclude
18 that homosexuality is a normal variant of human sexuality. It is not a pathology. Sexual orientation
19 — whether homosexual, heterosexual, or bisexual — is an enduring part of an individual's being.
20 To label homosexuality or heterosexuality a "fashion" or "trend" is to trivialize the central role that
21 sexuality plays in the lives of individuals. Claims that interventions such as "conversion therapy"
22 reliably change individuals' sexual orientation are not supported by scientific evidence. However,
23 evidence is available that such interventions can cause harm to individuals who submit to them.

24 5. Second, I review assertions made in the declarations about same-sex couples and
25 their children. Consistent with my previous declaration, I conclude that scientific research has
26 consistently failed to find reliable, noteworthy differences between gay and lesbian parents and
27 appropriately matched groups of heterosexual parents. Claims to the contrary in the declarations
28

1 that I reviewed reflect a selective use of empirical studies and inappropriate generalizations from
2 studies that were not conducted with lesbian and gay parents and their children.

3 **I. THE NATURE OF HOMOSEXUALITY AND HETEROSEXUALITY**

4 6. The declarations from Drs. Satinover and Byrd express a large number of opinions
5 about the nature of homosexuality. I address four general themes in their assertions: (a) that
6 homosexuality is ephemeral — a “fashion” or “trend” in the words of Dr. Satinover, (b) that
7 homosexuality is a form of pathology that warrants prevention or intervention, (c) that scientific
8 evidence unequivocally shows that homosexuality and (by implication) heterosexuality are
9 overwhelmingly determined by cultural factors, and (d) that a person’s sexual orientation can be
10 changed through interventions such as “conversion therapy” or “reparative therapy.”

11 7. Sexual orientation refers to an enduring pattern or disposition to experience sexual,
12 affectional, or romantic attractions primarily to men, to women, or to both sexes. It also refers to an
13 individual’s patterns of behaviors expressing those attractions, intimate relationships based on them,
14 sense of personal and social identity derived from them, and membership in a community of others
15 who share them. This definition of *sexual orientation*, which is consistent with the definitions used
16 by most scientists and mainstream mental health professionals, encompasses heterosexuality and
17 bisexuality as well as homosexuality.

18 8. Dr. Satinover asserts that “‘sexual orientation’ is not so much a true characteristic of
19 an individual...but rather a collective trend or fashion that waxes or wanes with the times”
20 [Declaration of Jeffrey B. Satinover in Support of Proposition 22’s Motion for Summary
21 Judgment/Summary Adjudication (“Satinover Declaration”), p. 19] and that “the self-report of a
22 homosexual or bisexual ‘identity’ varies stronglyin consequence of *external cultural* factors —
23 e.g., ‘what’s cool,’ what’s on TV, what is taught in sex education class, what shibboleth a Supreme
24 Court justice repeats in her ruling without first confirming the scientific evidence” (Satinover
25 Declaration, p. 8, emphasis in original). In these comments and throughout his declaration, he shifts
26 between two types of analysis: a sociological analysis of entire societies and cultures, on the one
27 hand, and a psychological analysis of individual subjective experience, on the other. It is true that
28 historians and anthropologists have identified variations in cultural norms and beliefs about

1 sexuality across different societies and different eras. However, the fact that such beliefs vary from
2 one society to another, or between different historical periods within a society, does not mean that
3 an *individual's* experience of her or his sexuality can be reasonably compared to dressing in the
4 latest fashions or participating in a fad. People living in our own culture today typically experience
5 their sexuality and intimate relationships as central to their lives and their sense of self and identity,
6 *not* as mere conformity to a popular fashion.

7 9. Mainstream mental health professionals have long recognized that homosexuality is
8 a normal expression of human sexuality; that being homosexual poses no inherent obstacle to
9 leading a happy, healthy, and productive life; and that the vast majority of gay, lesbian, and bisexual
10 people function well in a broad array of social institutions and interpersonal relationships. Such
11 functioning includes the capacity to form a healthy and mutually satisfying intimate relationship
12 with another person of the same sex and to raise healthy and well-adjusted children.

13 10. In my previous declaration, I briefly summarized the history of the mental health
14 profession's initial classification of homosexuality as a mental illness in the *Diagnostic and*
15 *Statistical Manual of Mental Disorders* (DSM) and the deletion of homosexuality from the DSM in
16 the early 1970s. In response to Dr. Satinover's declaration, I would like to supplement that
17 summary with the following points.

18 11. First, it is important to recognize that the initial inclusion of homosexuality in the
19 first edition of the DSM (published in 1951) was not based on systematic empirical research.
20 Rather, it reflected longstanding value assumptions buttressed largely by clinical observations of
21 homosexual individuals who were either incarcerated or undergoing psychiatric treatment. When
22 researchers began to use the scientific method to study the social and psychological characteristics
23 of homosexual men and women who were neither patients nor prisoners, they found that most
24 research subjects were functioning effectively in society. In other words, homosexuality per se was
25 not inherently linked with mental illness.

26 12. Second, the American Psychiatric Association membership's vote on the status of
27 homosexuality was brought about by a small group of psychiatrists who, like Dr. Satinover, held the
28 opinion that homosexuality was a mental illness. In 1973, the Association's Board of Trustees,

1 acting on the recommendations of its organizational components charged with studying the matter,
 2 decided to remove homosexuality from the DSM. Some psychiatrists who fiercely opposed their
 3 action subsequently circulated a petition calling for a vote on the issue by the Association's
 4 membership. The same source that Dr. Satinover cited¹ comments:

5 It is thus rather remarkable that the same psychiatrists who had charged the
 6 APA's board with an unscientific and unseemly capitulation to political
 7 pressure now invoked the referendum procedure. When the APA's
 8 constitution had been amended to permit such votes, it was to guarantee
 9 psychiatrists a voice in the "extra-scientific" policy of the Association.
 10 Certainly there had never been an expectation that diagnostic matters would
 11 be opened to a vote. (p. 142)²

12 13. Dr. Satinover derided that referendum, asserting "it is a parody worthy of Jonathan
 13 Swift to think that the scientific truth of *any* matter could be determined in such a fashion"
 14 (Satinover Declaration, p. 20, emphasis in original). His criticism fails to acknowledge that the
 15 membership referendum was a failed attempt to undo the Association's removal of homosexuality
 16 from the DSM, a decision that had been reached by the Board of Trustees through established
 17 procedures. It seems ironic that the 1974 referendum would be dismissed today by someone like

18 ¹ Contrary to Dr. Satinover's citation, the text that he footnoted does not appear on page 102
 19 of the Bayer (1981) book. However, text that nearly matches Dr. Satinover's quotation appears on
 20 pages 3-4 of that book.

21 ² Dr. Satinover quotes Ronald Bayer to support his argument that the American Psychiatric
 22 Association decision represented a political process rather than a review of scientific research.
 23 However, because Dr. Bayer is a political scientist by training, it is inevitable that his historical
 24 analysis would focus on the political aspects of the Association's decision (see the "Education"
 25 section of his biographical sketch at <http://www.hivcenternyc.org/people/ronaldbayer.html>). He
 26 stated his own disciplinary assumptions in the Introduction to his book: "This book presents a
 27 *political analysis* of the psychiatric battle over homosexuality. Such an analysis is not, however,
 28 external to the 'real issue' of whether homosexuality represents a psychiatric disorder. To assume
 that there is no answer to this question that is not ultimately political is to assume that it is possible
 to determine, with the appropriate scientific methodology, whether homosexuality is a disease given
 in nature. I do not accept that assumption, seeing in it a mistaken view of the problem. The status
 of homosexuality is a political question, representing a historically rooted, socially determined
 choice regarding the ends of human sexuality. It requires a political analysis" (Bayer, 1981, pp. 4-
 5, emphasis added). Thus, in Dr. Bayer's analysis, it is not only the psychiatrists' decision to
 remove homosexuality from the DSM that requires a political analysis. The psychiatrists' initial
 classification of homosexuality as a disease also could be understood only through such an analysis.
 Indeed, several chapters of his book are devoted to historical discussion of psychiatric views of
 homosexuality during the first half of the twentieth century. Moreover, a careful reading of his
 entire book makes it clear that he would have analyzed the psychiatrists' decision concerning the
 diagnostic status of homosexuality through a political lens, regardless of the outcome.

1 Dr. Satinover, whose stance toward homosexuality is the same as that of the individuals who
2 initiated the referendum.

3 14. In paragraphs 2-4 of his declaration, Dr. Byrd describes the results of a study he co-
4 authored, which was published in *Psychological Reports* in 2000. A self-administered
5 questionnaire was completed by 206 individuals who practiced some form of conversion therapy
6 (i.e., therapy that attempts to change or "convert" an individual from homosexual to heterosexual).
7 The sample included clinical social workers (25%), psychologists (20%), psychoanalysts (12%),
8 marriage and family therapists (11%), psychiatrists (9%), and pastoral counselors (7%). However,
9 roughly 1 respondent in 6 (17%) did not fit into any of these professional groups, and 19% of the
10 respondents were not licensed to practice psychotherapy.

11 15. In this group of 206 respondents, 187 (91%) believed homosexuality is a disorder
12 and felt that the American Psychiatric Association decision to remove homosexuality from the DSM
13 in 1973 was politically motivated and unscientific. The respondents also believed that most
14 homosexually oriented individuals who seek conversion therapy benefit from it. These results are
15 not surprising because the sample was recruited largely through what researchers term a snowball
16 sampling technique that began with personal acquaintances of the study's first author, Dr. Nicolosi.
17 According to the paper, the sampling procedures were as follows:

18 During 1996 [Nicolosi] sent copies of the survey to conversion therapists he
19 knew throughout the United States. He asked these therapists to pass out
20 copies of the survey to other therapists they knew who practiced conversion
21 therapy. These therapists were also asked to give surveys to therapists they
22 knew. Some therapists were also contacted at ex-gay ministry groups, e.g.,
23 Courage, Exodus International, Evergreen International. Advertisements
24 were also placed in newsletters of these organizations and announced at their
25 conferences. (p. 693)

26 16. Given this approach, which concentrated on locating individuals who practice
27 conversion therapy, it is not surprising that the vast majority of the sample expressed the opinions
28 described above. It would be a mistake, however, to conclude that this sample is in any way
representative of mental health professionals as a group. To the contrary, the realization that
homosexuality is *not* a form of mental illness or pathology is now largely taken for granted among
mainstream mental health researchers. This is the official position of the American Psychiatric

1 Association, which has more than 35,000 members,³ and the American Psychological Association,
2 which has more than 150,000 members.⁴

3 17. In various studies that have assessed participants' histories of sexual attraction
4 during adulthood, most respondents report they have been attracted exclusively to the members of
5 one sex or the other. Similarly, studies that have assessed adult sexual behavior have found that
6 most respondents have engaged in sex exclusively with men or exclusively with women.⁵

7 18. Interventions aimed at changing an individuals' sexual orientation have not been
8 empirically demonstrated to be effective or safe. Critical examinations of published reports of the
9 effectiveness of such interventions have highlighted numerous methodological problems, including
10 failures to adequately assess the sexual orientation of individuals before they submitted to the
11 intervention, failure to clearly define the criteria for "success," and failure to obtain assessments of
12 the outcomes from independent, unbiased observers.⁶

13 19. In addition to the lack of scientific evidence for the effectiveness of conversion
14 therapy and similar interventions, there is reason to believe such efforts can be harmful to the
15 psychological well-being of those who attempt them. Clinical observations and self-reports indicate
16 that many individuals who unsuccessfully attempt to change their sexual orientation experience
17 considerable psychological distress.⁷

18 20. Dr. Byrd's declaration states on page 5 that "what the evidence demonstrates is that
19 '[n]o one has to stay homosexual or lesbian, in orientation or behavior, if he or she doesn't want to
20 and informed support is available.'" His source for this assertion is not a scholarly literature
21 review. Nor is it a peer-reviewed study published in a respected academic journal or an academic

22 ³ This membership figure was obtained from <http://www.psych.org/about_apa/>.

23 ⁴ This membership figure was obtained from <<http://www.apa.org/about/>>.

24 ⁵ The research literature in this area includes relatively recent national surveys with
25 probability samples (Laumann et al., 1994; Smith, 1992) and older studies with non-probability
26 samples (e.g., Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953).
Data from a New Zealand study cited by Dr. Satinover (Dickson, Paul, & Herbison, 2003) also
follow this pattern.

27 ⁶ Haldeman (1994).

28 ⁷ Haldeman (2001); Shidlo & Schroeder (2002).

1 23. A trait need not be genetic to be considered outside the control or choice of the
2 people who possess it. For example, a fetus is strongly affected by the intrauterine environment. A
3 mother's quality of nutrition during her pregnancy, her use of alcohol or drugs, and her exposure to
4 environmental toxins can all have substantial, sometimes permanent effects on the physical and
5 mental well-being of her baby. These effects are congenital but they are not genetic. Moreover,
6 events in early life — including an infant's nutrition, exposure to toxic substances, exposure to
7 sensory and intellectual stimulation, and emotional experiences with caregivers — can also have
8 permanent or long-lasting effects for good or for ill. In terms of the gene-environment dichotomy
9 drawn by Dr. Satinover, all of those effects are environmental in origin. Thus, a characteristic need
10 not be genetic in order to be permanent or immutable.

11 24. The factors that cause an individual to become heterosexual, homosexual, or bisexual
12 are not well understood. Although much research has examined the possible genetic, hormonal,
13 developmental, social, and cultural influences on sexual orientation, no findings have emerged that
14 permit scientists to conclude that sexual orientation is determined by any one factor or combination
15 of factors. Although some of this research may hold promise for eventually facilitating a greater
16 understanding of the development of sexual orientation, it does not permit a conclusion based in
17 sound science at the present time as to the cause or causes of sexual orientation, whether
18 homosexual, bisexual, or heterosexual.

19 25. This is not to deny that many scientific researchers hold strong opinions about the
20 origins of sexual orientation. Debates about this topic are longstanding and opinions are often
21 strongly held. However, there are no conclusive data to resolve this question.

22 26. On page 15 of his declaration, Dr. Satinover asserted "...all the evidence, when
23 accurately presented, points toward the influence of environment" on homosexuality (emphasis in
24 original). This statement was made in his discussion of a 2003 paper¹⁰ describing a study conducted
25 in New Zealand, from whose abstract Dr. Satinover quoted extensively on pages 14-15 of his
26 declaration. Dr. Satinover's remarks focused on the study's findings about the members of the

27 ¹⁰ Dickson, Paul, & Herbison (2003).
28

1 sample who were primarily heterosexual but who had incidental homosexual attractions.
2 Interestingly, in the section of the abstract that he did *not* quote, the study's authors reached a rather
3 different conclusion from that of Dr. Satinover. They noted that, in contrast to research participants
4 who reported only incidental homosexual attraction, the portion of the study sample that evidenced
5 "major same-sex attraction" (i.e., those who were attracted mainly to their own sex or equally to
6 both sexes) was fairly consistent in reporting such attractions at both ages 21 and 26. Furthermore,
7 that group's prevalence of same-sex attraction did not differ by educational levels. The final two
8 sentence of the abstract, which Dr. Satinover did not include in his quoted material, read as follows:

9 The smaller group with major same-sex attraction, which changed less over
10 time, and did not differ by education, is consistent with a basic biological
11 dimension to sexual attraction. Overall these findings argue against any
12 single explanation for homosexual attraction.

12 27. Thus, contrary to Dr. Satinover's characterization of the research study, the authors
13 interpreted their own data as showing that people can arrive at an adult sexual orientation in more
14 than one way, and that biological factors may play a role in the sexual orientation of some people.

15 **II. SAME-SEX COUPLES AND THEIR CHILDREN**

16 28. The declaration submitted by George A. Rekers posits that "[h]eterosexual marriage
17 is the optimal family structure in which to raise children" and that "[c]hild well-being is
18 significantly higher in households of married couples versus other family structures" (Rekers
19 Declaration, p. 3). The bulk of the research cited in Dr. Rekers' declaration cannot be used to
20 support his opinions about lesbian and gay parents, however, because it is based on samples of
21 children from various types of heterosexual households (e.g., married versus cohabiting) but did not
22 examine outcomes with children of lesbian or gay parents.

23 29. Similarly, in asserting that children raised by same-sex couples fare worse than those
24 raised by married, heterosexual couples, Maggie Gallagher inappropriately bases her opinion on
25 studies that did not examine children raised by same-sex couples. Indeed, she acknowledges in
26 footnote 90 that the research brief she cites "does not compare outcomes for children in same-sex
27 couple households to children in other types of families" [Declaration of Maggie Gallagher in
28 Support of CCF's Motion for Summary Judgment ("Gallagher Declaration"), p. 26].

1 30. I have read the article titled "Children in Three Contexts: Family, Education, and
2 Social Development," by Sotirios Sarantakos, which was published in 1996 in a journal called
3 *Children Australia*.¹¹ Before seeing the extensive discussion of this article in Dr. Rekers'
4 declaration, I was unaware of its existence. This is because *Children Australia* is an extremely
5 obscure journal that is not indexed in the major psychological and sociological abstracting services.
6 The library staff at the University of California, Davis, reported to me that *Children Australia* was
7 not available at any major college or university library in California. After searching, they
8 ultimately obtained a copy of the article for me from a library in Connecticut. As I explained in my
9 previous declaration, in summarizing the research literature on lesbian and gay parents and their
10 children I relied as much as possible on original empirical studies and literature reviews published
11 in the most highly respected peer-reviewed journals in the behavioral and social sciences. Given its
12 obscurity and its general unavailability outside Australia, *Children Australia* cannot be considered
13 such a journal.

14 31. As far as I am aware, the article by Sarantakos reports the only academic study to
15 date that found that the children of gay and lesbian parents differed substantially from the children
16 of heterosexual parents in important respects, with most of those differences indicating that the
17 children of lesbian and gay parents were functioning more poorly than the children of heterosexual
18 parents. Based mainly on teacher ratings, children were compared in the areas of language skills,
19 mathematical abilities, social studies, sports, class work, sociability and popularity, attitudes toward
20 school and learning, their parents' school involvement, the child's gender identity, parental
21 assistance with schoolwork, parents' aspirations for the child, the child's personal autonomy at
22 home, the child's contribution to household chores, and the parents' administration of punishment.

23 32. Comparing children from three different types of households (married heterosexual
24 parents, cohabiting heterosexual parents, cohabiting homosexual parents), no statistically significant
25 differences were observed in class work or parental punishment styles. The children of homosexual
26 parents performed better in the area of social studies, were perceived by their teachers to have

27 ¹¹ Sarantakos, 1996
28

1 greater personal autonomy at home, and performed household chores more regularly than the other
2 children. Children of homosexual couples were rated significantly lower than the other children on
3 language skills, mathematical abilities, sports, sociability and popularity, attitudes toward school
4 and learning, parents' school involvement, parental assistance with school work, and parents'
5 aspirations for the child. For reasons not explained in the article, no quantitative data were reported
6 for gender identity, but the author reported "[t]eachers felt that a number of students of homosexual
7 parents were confused about their [gender] identity and what was considered right and expected of
8 them in certain situations" (p. 26).

9 33. As I explained in my earlier declaration, scientific knowledge is cumulative. Greater
10 confidence is placed in conclusions that are supported by multiple studies employing different
11 methods with different samples than in conclusions based on a single study. When one study
12 reports anomalous findings, as the Sarantakos study does, scientists typically assess the plausibility
13 of various hypotheses for explaining the inconsistency between that study and others. One
14 hypothesis, of course, is that the anomalous study describes the population more accurately than all
15 other published research. An alternative, more plausible hypothesis is that the anomalous study's
16 findings result from idiosyncrasies of its methodology or sample. Consistent with this latter
17 hypothesis, three aspects of the Sarantakos study's methods are problematic and seem likely to
18 explain the differences he observed among children from different types of families.

19 34. First, the author reports that many of the children of lesbian and gay parents in his
20 sample had experienced unusually high levels of ostracism and prejudice, some to the point of
21 actually being forced to move to a different town. On page 25, for example, he notes that "a
22 number of students ... preferred not to work with [the children of lesbian and gay parents], to sit
23 next to them, or work together on a project," and describes the children experiencing ridicule
24 because of their parents' sexual orientation, including being called names (sissies, lesbians, gays).
25 Sarantakos comments:

26 Such incidents were one of the reasons for these children to move to another
27 school, to refuse to go to that school, or even for the parents to move away
28 from that neighborhood or town Parents and teachers alike reported that
comments such as "the pervs are coming," "don't mix with the sissies," or
"sisterhood is filthy," made by some pupils, were not uncommon. (p. 25)

1 35. After further describing such harassment and ridicule on page 26, the author states:

2 In certain cases, heterosexual parents advised their children not to associate
3 with children of homosexuals, or gave instructions to the teachers to keep
4 their children as much as possible away from children of homosexual
5 couples. Teachers also reported exceptional cases where a group of
6 "concerned parents" demanded that three children of homosexuals be
7 removed from their school. Others approached the homosexual parents with
8 the same request.

9 36. This extremely hostile environment probably accounts for some of the differences
10 that the author detected among the children, especially in areas such as sports, sociability and
11 popularity, and attitudes toward school. It would not be surprising if children who were repeatedly
12 exposed to ostracism, ridicule, and abuse from their schoolmates would be reluctant to join the latter
13 in team sports or social activities. Nor would it be surprising if they developed a generally negative
14 attitude toward school.

15 37. A second important fact is that most of the study's outcome variables were measured
16 mainly by reports from each child's teacher. In contrast to most papers published in major journals,
17 the Sarantakos article does not systematically detail the exact sources or methods used to arrive at
18 each rating. Apparently, the teachers provided a subjective score (on a 1 to 9 scale) for each student
19 on most outcome variables. It is noteworthy that the author cautions in at least three separate
20 passages (on pages 24, 26, and 30) that these ratings may have been biased. For example, on page
21 26, he states, "Obviously, the influence of the attitudes of teachers to life styles on the process of
22 evaluation of students' performance cannot be underestimated" and notes that "a separate study of
23 these attitudes is currently under way." On page 30, he again warns that the ratings "might have
24 been biased — consciously and/or unconsciously — by the personal views and beliefs of the
25 teachers. In this sense, the attributes of children described in this study might reflect perceptions of
26 attributes rather than actual attributes or differences. Such perceptions might have favoured
27 children of married couples more than children of other couples." He again states his plan to report
28 elsewhere on "teachers' attitudes to life styles and their implications for the quality reports on
children's performance." I have been unable to locate a publication reporting the results of such a
study.

1 38. A third important methodological consideration is that the comparison groups
2 differed systematically on a key variable highly likely to influence the results. The author reports
3 that "the majority of children of cohabiting homosexual and heterosexual couples have experienced
4 parental divorce, and in many cases not long ago" (p. 30). He implies that the children in the third
5 group, those living in married heterosexual households, had *not* experienced the divorce of their
6 parents.

7 39. Whereas having gay or lesbian parents has not been linked to poor adjustment or
8 academic performance, the negative effects of divorce on children are well documented. For
9 example, a recent review of research on divorce during the 1990s concluded that "[c]ompared with
10 children with continuously married parents, children with divorced parents continued to score
11 significantly lower on measures of academic achievement, conduct, psychological adjustment, self-
12 concept, and social relations."¹² Sarantakos acknowledges this fact on page 30. After noting the
13 deleterious consequences of divorce on children, he concludes "[I]t is then reasonable to assume
14 that parental divorce explains in part the differences in educational development of the children in
15 the three contexts."

16 40. To summarize, the three groups of children compared in the Sarantakos study
17 differed in important ways apart from the sexual orientation of their parents. Most children of
18 same-sex couples had experienced divorce, many in the recent past, whereas the children of married
19 parents apparently had not. This fact alone could explain most of the differences observed among
20 groups. Because the negative consequences for children of their parents' divorce are well-
21 documented, attempting to draw conclusions from a study that does not control for this variable is
22 clearly problematic. In addition, the children of homosexual parents faced an unusually high level
23 of prejudice which, in some cases, caused the children go to a different school or their families to
24 move to another town. Given the extent to which they were ostracized, it is not surprising that
25 many of these children were reluctant to participate in sports and group activities where they would
26

27 ¹² Amato (2001: abstract). See also the earlier review by Amato and Keith (1991) (Amato,
28 2001, Abstract; Amato & Keith, 1991).

1 most likely experience further harassment and perhaps even violence. Finally, in such a milieu, it
2 would not be surprising to find that some — perhaps many — of the teachers shared the biases that
3 pervaded the social environment. Such biases are highly likely to have influenced the teachers'
4 subjective ratings of the students, which constituted the principal source of data for the study. The
5 author's repeated mentions of teacher bias suggest he was aware of this potential problem and
6 planned to investigate it in a subsequent study.

7 41. In his declaration, Dr. Rekers argues that studies "that purport to find that there are
8 no differences in the childhood outcomes of homosexual parents compared to heterosexual parents
9 are not adequate sources of empirical data for policy making for several reasons." Among the
10 reasons he lists for this assertion are that "most of the children of homosexual parents studied to
11 date had spent a significant portion of their childhood growing up in a heterosexual married couple
12 home before the divorce of their parents" (Rekers Declaration, p. 13). He characterizes research in
13 this area as studying "highly selective small groups," "not generalizable to the general population of
14 homosexual parents, and clearly not definitive" (Rekers Declaration, p. 14).

15 42. These statements accurately describe the Sarantakos study, which Dr. Rekers
16 summarizes uncritically at length.

17 43. Dr. Rekers uses the Sarantakos study to argue that children are disadvantaged by
18 having gay or lesbian parents, while dismissing wholesale the dozens of other studies on parenting
19 by lesbians and gay men that conclude otherwise. He cannot logically reject the latter while
20 embracing the former, since the Sarantakos study evidences many of the very same weaknesses Dr.
21 Rekers criticizes in other research. Indeed, many of the studies he rejects are methodologically
22 much stronger than the Sarantakos study. Dr. Rekers is correct in noting that the Sarantakos study
23 is "very rare" (p. 13). Its distinctiveness derives from its conclusion that children of homosexual
24 parents are disadvantaged relative to children of married heterosexual parents.

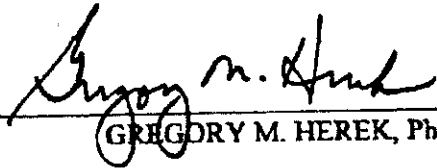
25 44. As I noted above, science is cumulative and scientists generally place greater faith in
26 the accumulated findings of many research studies than in a single study, especially when that
27 single study is published in an obscure regional journal. Given the high probability that the
28 anomalous results of the Sarantakos study can be explained by idiosyncrasies of the sample and

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1 methodological shortcomings. I do not believe it is appropriate to treat that study as definitive in
2 any respect. Thus, I believe it is inappropriate for Dr. Rekers to use the Sarantakos study as the
3 basis for his argument that the children of lesbian and gay parents are at risk because of their sexual
4 orientation.

5 I declare under the penalty of perjury under the laws of the State of California that the
6 foregoing is true and correct. Signed this 29th day of December, in
7 BERKELEY, CALIFORNIA.

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11 GREGORY M. HEREK, Ph.D.

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