Policy and Procedures for Preventing and Responding to Sexual Misconduct and Sexual Violence

Policy Statement

Lincoln Christian University (sometimes referred to herein as the "University" or "LCU") strives to provide a safe environment in which students, employees and other members of the campus community can pursue their education and work free from the detrimental effects of sexual misconduct and sexual violence, including domestic violence, dating violence, sexual assault and stalking. Such actions, in any form, are prohibited and will not be excused or tolerated. Therefore, the University seeks to educate students and employees about these issues and to provide a means of recourse should a member of the campus community believe he or she has been the victim of sexual violence and/or sexual misconduct. When brought to the attention of the University, such actions will be appropriately responded to according to the procedures outlined in this policy.

Further, as a University that seeks to glorify God in every way, we seek to obey all of the teachings of the Bible on all issues, including human sexuality. All of those Biblical principles are incorporated into this policy even though not all of them are set forth word for word herein. The University deeply holds to the following religious beliefs: That sexual immorality as defined in the Bible is sin and should be fled from by all persons associated with the University. Sexual intimacy of any kind must be exclusively reserved for a marriage relationship where mutual love exists. We believe that the marriage relationship is defined by God as a lifelong committed and loving covenant relationship between one woman and one man. All other sexual intimacy outside of such a marriage relationship is sin. While avoiding sexual sin is the primary goal of this policy, the University acknowledges that no person associated with the University is without sin and that at some times and in some situations sexual intimacy may occur outside of Biblically accepted standards. This policy addresses these situations.

This policy strives to ensure that the campus community is knowledgeable about:

- procedures survivors should follow if sexual misconduct and sexual violence has occurred;
- how to report such offenses;
- definitions of behaviors that constitute sexual misconduct, including domestic violence, dating violence, sexual assault and stalking;
- ways to prevent or reduce the incidence of these behaviors;
- disciplinary procedures for and potential consequences of engaging in such acts.

What Steps Should a Survivor Take Following An Incident Of Sexual Misconduct And Sexual Violence?

If you are the survivor of sexual misconduct and/or sexual violence, help is available on campus and in the community. (ON CAMPUS AND COMMUNITY RESOURCES FOR THE MAIN CAMPUS AT LINCOLN AND FOR SATELLITE CAMPUS LOCATIONS ARE AVAILABLE AT THE FOLLOWING LINKS : Lincoln and Bloomington and Las Vegas).

The University provides education and prevention resources, offers various support services and referrals for anyone who has experienced unlawful sexual misconduct or sexual violence, encourages and facilitates reporting, and is committed to disciplining anyone whom University procedure determines has violated this policy.

If you have been sexually assaulted, it is important to receive the necessary support for your safety and health. It is always your choice about who you want to tell and what you want to do; however, there are some recommended steps a person can take that can be beneficial for you.

- Find a safe environment. Remove yourself from your attacker as soon as possible. Contact a person you trust and ask this person to come get you or go to their location. Ask this person to remain with you as support while you decide your next action.
- If you have experienced any sexual misconduct or sexual violence, you are encouraged to report the incident and to seek medical care and support as soon as possible. Seek medical attention immediately from a hospital or another health care provider. Going to the hospital or other medical facility does not mean that you will need to make a police report; however, you will be given that opportunity. Try to preserve all physical evidence. This means: do not bathe, shower, use the toilet or change clothing if at all possible. If you must remove your clothing, place them in a paper bag to prevent deterioration of evidence. A rape crisis advocate can be called to help you through this process at the hospital. Medical and follow up care are advised whether or not you report the assault. Even if you do not see any visible injuries, it is important to seek medical attention to make sure you have not sustained any internal injuries.
- If you suspect you have been drugged, go to your nearest emergency medical facility. It is extremely important for your safety and for collecting forensic (crime-solving) evidence. Again, even if you have forensic (crime-solving) evidence collected, it remains your choice regarding how you wish to proceed.
- For emergencies, call 911. If you have been assaulted on the Lincoln campus, you can also call LCU ALERT at (217) 651-6809.
- If you are not sure if you would like to proceed with formal action (i.e. filing a police report or reporting it to the University), there are informal support options available at LCU. The LCU Counseling Center, (217) 732-3168 (Ext. 2269), is a resource where students can talk confidentially about what happened and learn about available campus and community resources to support you. Employees may contact the LCU Counseling Center, (217) 732-3168 (Ext. 2269) for access to a confidential counseling referral. For more information about steps to take after being sexually assaulted, you can also review the following brochure from the Illinois Coalition on Sexual Assault: http://www.icasa.org/docs/brochures/after%20sexual%20assault%202013.pdf

Where Can a Survivor Seek Medical Attention?

Whether or not you choose to file a report, it is important that you obtain medical treatment following sexual assault. It is important that you be examined for any possible injuries, visible or not visible. Also a hospital exam to collect evidence for potential criminal prosecution should be done as soon as possible after an assault. This exam can only be performed at a hospital emergency room.
Having the exam completed keeps your options open. If a police report is filed, there should be no cost to you for services you receive at the emergency room. Medical facilities where this exam is performed near LCU and its satellite campus locations are found at the following links: Lincoln and Bloomington and Las Vegas.

How Can Sexual Misconduct and Sexual Violence be Reported?

The University urges anyone who has experienced sexual assault, domestic violence, dating violence, or stalking to seek support as soon as possible to minimize and treat physical and emotional harm and to understand options for pressing charges. Various options exist for reporting these offenses, as described below.

- On-Campus, Confidential Reporting Options: To confidentially report an incident of sexual misconduct and sexual violence on-campus, please contact one of the resources listed below. Confidential reporting means the individual reporting the incident would like the details to be kept confidential and except in extreme cases of immediacy of threat or danger or in case of abuse or neglect of a minor, the representatives listed below will do so. These representatives will, however, submit anonymous statistical information to allow the University to fulfill reporting requirements of the Clery Act unless they believe it would be harmful to the individual.

- CONFIDENTIAL In-Person Reporting: (NOTE: Reporting to any one of the following resources maintains the confidential nature of your report until and unless you say otherwise.)

  Please contact one of the following:

  1. For emergency medical services:
     Abraham Lincoln Memorial Hospital
     Phone: (217) 732-2161 or dial 911
     Location: 200 Stahlhut Dr., Lincoln, IL 62656

  2. For 24 hour services:
     Prairie Center Against Sexual Assault
     24 Hour Crisis Hotline
     Phone: Hotline Available 24 hours/day: (217) 753-8081
     Location: 3 West Old State Capitol Plaza, Springfield, IL 62701

  3. For non-emergency services (to discuss your situation confidentially with an LCU confidential advisor):
     a. Dr. Kim Baldwin (LCU Confidential Advisor)
        Available during regular counseling office business hours
        Phone: (217) 732-3168 (Ext. 2246)
        Office Location: Restoration Hall, Room 11
        Email: kbaldwin@lincolnchristian.edu
     b. Dr. Nolan Thomas (LCU Confidential Advisor)
        Available during regular counseling office business hours
        Phone: (217) 732-3168 (Ext. 2268)
        Office Location: Restoration Hall, Room 10
        Email: cnthomas@lincolnchristian.edu
     c. Larry Roberts (LCU Confidential Advisor for MAC [Master of Arts in Counseling] and PC&C [Pastoral Care & Counseling] seminary students)
        Available during regular counseling office business hours
        Phone: (217) 732-3168 (Ext. 2206)

Office Location: Harmony Hall, Room 35
Email: lroberts@lincolnchristian.edu

d. Complete the Online Sexual Assault Report (your information will be sent only to the LCU confidential advisors):
https://my.lincolnchristian.edu/sexual-assault-report/

- NON-CONFIDENTIAL In-Person Reporting (ALERT: Reporting to any of the following people is NOT held in confidence.)

  Please contact one of the following individuals:

  - Randy Ingmire (Title IX Coordinator)
    Vice President of Student Services
    (217) 732-3168 (Ext. 2212)
    ringmire@lincolnchristian.edu

  - Marla Bennett
    Director of Human Resources
    (217) 732-3168 (Ext. 2320)
    mbennett@lincolnchristian.edu

  - LCU ALERT (217) 651-6809

- *Electronic Reporting*:
  Incidents can be reported electronically here. Incidents reported electronically are confidential, can be done anonymously, and may be submitted by the victim, a third-party, or by-stander. Within 12 hours of receiving an electronic report, IF THE PERSON REPORTING PROVIDES HIS/HER CONTACT INFORMATION, the University will respond to the electronic reporter with information about available resources.

♦ Off-Campus Reporting Options of Sexual Misconduct and Sexual Violence near the Lincoln campus and the Bloomington extension site:
  - ♦ Telephone 911
  - ♦ Other Options

♦ Off-Campus Reporting Options of Sexual Misconduct and Sexual Violence near the Las Vegas, Nevada campus:
  - ♦ Telephone 911
  - ♦ Other Options

What are the Rights of Survivors of Sexual Misconduct and Sexual Violence?

♦ A survivor has the right to concise information, written in plain language, concerning the survivor's rights and options.

- The survivor will be informed of the University's policy, procedures, disciplinary process and possible outcomes.
- The University will inform the survivor of available counseling services, medical services, mental health services, and other resources available on campus and off campus.
- Survivors have the right to report a sexual assault to local law enforcement by calling 911 or, from the main campus or any satellite campus at (217) 735-2151 or can choose not to do so, neither of which prevents the University from pursuing disciplinary action. Survivors also have the option to be assisted on-campus with reporting to law enforcement by the University's Title IX Coordinator or Counseling Center staff or the Director of Human Resources, as applicable (contact details are listed on page 3 above). These individuals can also assist survivors with locating and utilizing survivor services. In Lincoln, Illinois, the Logan County Sojourn Program, (217) 732-8988 or if after regular business hours or in an emergency through calling 911, also has resources to assist with reporting to local law enforcement. For all possible reporting resources go to the following links: Lincoln and Bloomington and Las Vegas.
- To ensure the safety and well-being of the survivor, he or she may request interim remedies after an incident of sexual misconduct or sexual violence occurs, which could include providing campus escorts, implementing contact limitations between the parties, offering adjustments to academic deadlines and/or course schedules, altering work arrangements for employees, etc. The Title IX Coordinator or the Director of Human Resources, as applicable, will be able to help facilitate such changes.
- Survivors have the right to have an advisor of their choice throughout the investigation and disciplinary process, including at related meetings and hearings.
- A survivor can request a campus "no-contact order," which prohibits the accused student or employee from having contact of any kind (including electronic contact or contact from third parties acting on the accused student's behalf). Contact the Title IX Coordinator OR the Director of Human Resources, as applicable, for more information.

  Survivors can also request a civil order of protection or no-contact order issued by the court. In Lincoln, Illinois, assistance in filling out related paperwork is available from Sojourn Services on the 1st Floor at the Logan County Courthouse, on the downtown square in Lincoln, Illinois or by phone at (217) 732-8988 or if after regular business hours or in an emergency through calling 911. Resources at other LCU satellite campus locations can be found at the following links: Lincoln and Bloomington and Las Vegas.
- The survivor is afforded the right to be updated on the investigation and to be informed of the outcome of disciplinary proceedings.

What Resources Are Available Locally and Nationally?

The following resources are not affiliated with the University but may be helpful for survivors of sexual misconduct and violence: Lincoln and Bloomington and Las Vegas.

How Can A Campus No-Contact Orders be Requested?

A campus no-contact order is a directive issued by a campus authority that prohibits contact between parties or from one party to another. Such an order may be issued through the formal process (i.e. Student Discipline or Human Resources) or under the direction of a Title IX Coordinator. This may

apply to communications in person, online, and other forms of contact, both on and off campus. It is important to note that this is different than a civil order, which is issued by a court. Campus no-contact orders may be issued as a sanction or outcome and may also be issued on an interim basis while an incident is under investigation or adjudication. It is important to note that the burden of proof for a campus no-contact order is often less than that required for a court issued order, and the consequences for violating it are also limited to action that can be taken by the University, such as an additional student conduct charge of failure to comply with a University directive.

How Can Civil Orders of Protection and Court-Issued No-Contact Orders be Requested?

If you have questions about civil orders of protection or Court-issued no contact orders, please contact your local police department (in Lincoln call (217) 732-2151). Assistance in filling out the paperwork is also available from Sojourn Services on the 1st Floor at the Logan County Courthouse, on the downtown square in Lincoln, Illinois or by phone at (217) 732-8988 or if after regular business hours or in an emergency through calling 911. Resources at other LCU satellite campus locations can be found at the following link: Lincoln and Bloomington and Las Vegas.

What Offenses Are Prohibited Under This Policy?

This policy prohibits sexual misconduct and sexual violence, including domestic violence, dating violence, sexual assault and stalking and applies to conduct of students, employees, and other members of the campus community and guests on the University property. This policy applies to conduct occurring on the University's campuses and at University-sponsored events regardless of location and in University housing and, may apply to other conduct occurring online or off the University campus when the conduct affects or is detrimental to the educational interests or other substantial interests of the University.

Definitions of prohibited offenses and related terms include:

Domestic Violence is a single incident or a pattern of abusive behavior that may be caused by one or more factors (including, but not limited to learned behavior, habitual reactions based on upbringing, impulsivity) and/or may be used by an intimate partner to gain or maintain power and control over the other intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

Dating Violence is defined as violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

Sexual Assault is any type of sexual contact or behavior that occurs by force or without the consent of the recipient of the unwanted sexual activity. Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, sodomy, child molestation, incest, fondling, and attempted

rape. It includes sexual acts against people who are unable to consent either due to age or lack of capacity.

Stalking is defined as a pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear.

Sexual Harassment is any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when:

- submission to such conduct is made either explicitly or implicitly a term or condition of an individual's education, employment, or extra-curricular participation; or
- submission to or rejection of such conduct by an individual is used as the basis for decisions affecting such individual's education, employment, or extra-curricular participation; or
- such conduct has the purpose or effect of substantially interfering with an individual's education, employment, or extra-curricular participation, or of creating an intimidating, hostile or offensive educational, employment, or extra-curricular environment.

The University has a separate policy to address harassment complaints, including sexual harassment. You can find the University's *Harassment Policy, Procedures, and Related Considerations* at: Harassment Policy, Staff Handbook, and Faculty Handbook.

Non-Consensual Sexual Intercourse is defined as any sexual penetration or intercourse (anal, oral or vaginal) however slight with any object by a person upon another person that is without consent and/or by force.

Sexual Penetration includes vaginal or anal penetration by a penis, tongue, finger or object, or oral copulation by mouth to genital contact or genital to mouth contact.

Non-Consensual Sexual Contact is defined as any intentional sexual touching, however slight, with any object by a person upon another person that is without consent and/or by force.

Sexual Touching includes any bodily contact with the breasts, groin, genitals, mouth or other bodily orifice of another individual, or any other bodily contact in a sexual manner.

Sexual Exploitation refers to a situation in which a person takes non-consensual or abusive sexual advantage of another, and situations in which the conduct does not fall within the definitions of Sexual Harassment, Non-Consensual Sexual Intercourse or Non-Consensual Sexual Contact. Examples of sexual exploitation include, but are not limited to:

- Sexual voyeurism (such as watching a person undressing, using the bathroom or engaged in sexual acts without the consent of the person observed);
- Taking pictures or video or audio recording another in a sexual act, or in any other private activity without the consent of all involved in the activity, or exceeding the boundaries of consent (such as allowing another person to hide in a closet and observe sexual activity, or disseminating sexual pictures without the photographed person's consent);
- Prostitution;
- Sexual exploitation also includes engaging in sexual activity with another person while

knowingly infected with human immunodeficiency virus (HIV) or other sexually transmitted infections (STI) and without informing the other person of the infection, and further includes administering alcohol or drugs (such as "date rape" drugs) to another person without his or her knowledge or consent.

It is not an excuse that the individual accused of causing sexual misconduct and sexual violence, domestic violence, dating violence, sexual assault or stalking was intoxicated and, therefore, did not realize the incapacity of the alleged victim of such conduct.

What Is Consent and What is NOT Consent?

A. Consent is a freely given and verbally expressed agreement to engage in the sexual activity in question ("Yes means "Yes"). Consent may NOT be assumed from conduct alone. Informed consent cannot be obtained through physical force, compelling threats, intimidating behavior, or coercion. Incapacitation by the person INITIATING sexual activity does NOT in any way lessen his or her obligation to obtain consent.

A person can withdraw consent AT ANY TIME through a verbally expressed statement, including, but not limited to, the word "no" ("No" means "No") or any other word or words that reasonably communicate a withdrawal of consent or by clear conduct that would lead a reasonably prudent person to conclude that consent has been withdrawn.

A person who initially consents to sexual conduct is not deemed to have consented to any sexual conduct that occurs after he or she withdraws consent during the course of that sexual conduct. A person always retains the right to revoke consent at any time during a sexual act.

When the persons involved in sexual conduct are within the context of a legally recognized and Biblically defined marriage, where the parties are residing in the same household, not legally separated and where no domestic violence is involved, then "consent" shall be defined as hereinabove but shall also take into consideration and balance the Biblical principles found not only in I Corinthians 7:3-6 but also in Ephesians 5:21-33. If the married persons are not residing in the same household or are legally separated or where domestic violence is involved between the persons, then the general definition of "consent" hereinabove, applicable to non-marital relationships, shall apply just as if the persons were not married.

B. The following do NOT constitute Consent:

1) a person's lack of verbal or physical resistance or submission resulting from the use or threat of force;
2) a person's manner of dress or other contextual matters such as drug/ alcohol consumption, dancing or an agreement to go to a private location like an apartment, home, bedroom, dorm room or other private location;
3) a person's consent to past sexual activity does not constitute consent to future sexual activity;
4) a person's consent to one sexual act does not constitute consent to a different sexual act;
5) a person's consent to engage in sexual activity with one person does not constitute consent to engage in sexual activity with another person;

6) a person cannot consent to sexual activity if that person is unable to understand the nature of the activity for any reason, including, but not limited to, language limitations, cultural differences or social inexperience;
7) the existence or former existence of a friendship, engagement, romantic or dating relationship or accepting a date, a meal or a gift;
8) a person cannot consent to sexual activity if that person is unable to give knowing consent, due to circumstances existing at the time of the sexual conduct, including WITHOUT LIMITATION, the following:

(A) the person is incapacitated due to the use or influence of alcohol and/or drugs to the point of being unable to make an informed and rational decision;
(B) the person is asleep or unconscious;
(C) the person is under the legal age of consent (which, currently , in Illinois, is 17 years old unless the accused holds a position of trust, authority or supervision in relation to the victim, where in such later case, the legal age of consent rises to 18 years old. Note: this definition may be different in States other than Illinois and, if so, the definition in the state where the misconduct occurs shall be used);
(D) the person is incapacitated due to a mental disability;
(E) the person is incapacitated due to a physical disability to the point of being unable to make an informed and rational decision.

What does "Incapacitated" mean?

When the term "incapacitated" in any of its various grammatical forms or any synonym of the word or any word or combination of words that concern the "capacity" of a person to "consent", is used in any given context, it shall have the following meaning:

- A person is mentally or physically incapacitated when that person lacks the ability to make or act on considered decisions to engage in sexual activity, i.e., when a person's perception and/or judgment is so impaired that the person lacks the cognitive capacity to make or act on conscious decisions. Initiation of sexual activity with someone whom a reasonable person knows or should have known to be deemed incapacitated is not consent.
- Alcohol and drugs can impair judgment and decision-making capacity, including the ability to rationally consider the consequences of one's actions. The effects of alcohol and drug consumption often occur along a continuum. For example, alcohol intoxication can result in a broad range of effects, from relaxation and lowered inhibition to euphoria and memory impairment, and to disorientation and incapacitation. Incapacitation due to alcohol or drug use is a state beyond "mere" intoxication or even being drunk. It exists when a person lacks the ability to make or act on a considered decision to engage in sexual activity. Indicators of incapacitation may include inability to communicate, lack of control over physical movements, and/or lack of awareness of circumstances. An incapacitated person can also experience a blackout state during which he or she appears to give consent but does not have conscious awareness or the capacity to consent. Some medical conditions also can cause incapacitation.
- In sum, an act will be deemed non-consensual if a person engages in sexual activity with an individual who is incapacitated, and who the person knows or reasonably should know is incapacitated.

What Are The Procedures For Complaint Resolution And Discipline?

When a report of sexual misconduct and/or sexual violence is made to the University, the Title IX Coordinator, the Dean of Students, the Director of Human Resources or the Counseling Center, designated staff will be available to respond and assist the survivor in accessing and navigating health care, safety, and support options available on and off campus.

Any person who experiences conduct that he or she believes violates the policy on sexual misconduct and sexual violence is encouraged to report that conduct to the Title IX Coordinator, Dean of Students, Counseling Center Staff, the Director of Human Resources, as applicable or LCU ALERT. The person is also encouraged to make a report to the police for legal action. Both of these processes can happen simultaneously. For the purposes of this process, the person who reports an experience of sexual misconduct and sexual violence is called "the accuser". The person who is accused of committing sexual misconduct and sexual violence is called the "the accused." Both the accuser and the accused are encouraged to participate in the investigation and decision process.

The University's procedures seek to ensure a prompt, fair, and impartial investigation and resolution. Procedures will be conducted by University officials who receive annual training on issues related to sexual misconduct and sexual violence, as well as on conducting a hearing process that protects survivor safety and promotes accountability.

The **Standard of Evidence** used in the decision of cases of sexual misconduct and sexual violence will be by a "preponderance of the evidence". Possible sanctions if a student or employee is found responsible for a violation of this policy include the full range of disciplinary sanctions available at the University, up to and including suspension and expulsion for students or termination of employment for employees.

Any student who reports, in good faith, an incident of sexual misconduct and sexual violence will not receive a disciplinary sanction by the University for a student conduct violation, such as underage drinking, that is revealed in the course of such a report, unless the University determines that the violation was blatant, including, without limitation, an action that places the health or safety of any other person at risk.

Before the process of investigation starts:

- The Title IX Coordinator and/or Dean of Students or the Director of Human Resources, as applicable, will meet SEPERATELY with both the accuser and the accused. The Title IX Coordinator and/or Dean of Students or Director of Human Resources, as applicable, will explain the process and will also serve as a resource for any questions or concerns.
- The Title IX Coordinator and/or Dean of Students or Director of Human Resources, as applicable, will issue a campus no-contact order between the accuser and the accused if one is not already in place. This helps ensure the integrity and privacy of the process.
- The Title IX Coordinator and/or Dean of Students or Director of Human Resources, as applicable, will make available additional protective measures to increase the accuser's safety and well-being on campus, which may include, among other measures, providing campus escorts, implementing contact limitations between the parties, offering adjustments to academic deadlines and/or

course schedules, altering housing arrangements and altering work arrangements for employees.

Investigation:

Both the accuser and the accused have the right to an advisor of their choosing who can be present with them for all parts of the process, including any meeting with campus officials, and with the investigators. The advisor can speak to their advisee at any time during the process but cannot speak directly to the investigators.

- If the accuser reports an incident of sexual misconduct or sexual violence but does not wish to participate in the investigation and determination process, the situation will be reviewed by the Title IX Coordinator and Dean of Students or Director of Human Resources, as applicable. They will determine whether there is sufficient information to proceed with an investigation and determination without the participation of the accuser, and also whether there is evidence of a risk to the larger campus community such that a timely warning to the campus should be issued.
- If the accused does not wish to participate in the investigation and determination process, the process will proceed without his or her contribution to the determination of the facts of the case. The accused should note that the appeal process based on appearance of new information not available to the investigators does not apply in cases of deliberate omission of information by the person making the appeal, including refusal by the person making the appeal to participate in the investigation.
- The Title IX Coordinator and/or Dean of Students or Director of Human Resources, as applicable, will convene an investigative team consisting of two individuals, one male and one female, who do not have a bias or other conflict of interest with the accuser or accused. The investigation team may consist of the Title IX Coordinator and Dean of Students or Director of Human Resources, as applicable so long as the above named criteria are met. All individuals appointed to serve as investigators shall have participated in annual training on issues related to sexual misconduct and sexual violence. Within 10 business days (if possible), the investigation team will take primary statements from the accuser and the accused, ask follow up questions, and reach out to and collect statements from others who have evidence/information relevant to the incident. The accuser and the accused may each suggest questions to the investigation team to be asked of others, and may also suggest others that the investigation team should speak with. Final decisions about whom to talk with and what to ask will be made by the investigators. To the fullest extent possible, all individuals (over which the University has authority) contacted by the investigators will be required to maintain the confidentiality of the investigation. All persons over whom the University has no authority will be strongly requested to maintain the confidentiality of the investigation. The investigator will also collect any additional evidence available (for example: health care records (with permission of the student) and previous disciplinary records, etc.).
- Using the information gathered by the investigators and in consultation with them, the Title IX Coordinator and/or Dean of Students or Director of Human Resources, as applicable, will prepare a formal report consisting of a description of the incident, the response of the accused, the investigator findings, and a recommendation of the appropriate action(s) to be taken. The report will be submitted to the Vice President for Student Services for reports exclusively involving students and to the relevant Vice President(s) for reports involving employees or employees and students. If the Report involves a Vice-President it shall be submitted to the President. If the

Report involves the President it shall be submitted to University Legal Counsel and to the Chairman of the Board of Trustees.

Determinations:

- The person to whom the report is submitted will review the report and he or she will make the decision about whether there has been a violation of this policy. He or she may: 1) accept the report and recommendations as presented; or 2) request additional information/clarification from the investigative team and consider a modified report as appropriate;

- After consideration of the final report, the person to whom the report is submitted will make a final determination regarding the report. In consultation with the person to whom the report was submitted, then the Title IX Coordinator or Dean of Students or Director of Human Resources, as applicable, will prepare formal decisions to be provided in writing and sent simultaneously to the accuser and the accused, which will include a summary of the investigation findings and a communication of any action to be taken.

Appeal:

- Both parties have the right to request an appeal of the decision made by the person to whom the report was submitted. The right to appeal is limited to (a) significant procedural lapses or (b) the appearance of substantive new evidence not available at the time of the original decision. (Note that deliberate omission of information by the appealing party in the original investigation is not grounds for appeal.) Each party has 7 business days following the receipt of the written decision to indicate their intention to appeal. Requests for appeal, with reasons, should be sent in writing to LCU University Legal Counsel's Office and to the President's Office. LCU's Legal Counsel, or in sole discretion of the President, the President's designee, will be the person who reviews and decides the appeal. The person reviewing and deciding the appeal may uphold the prior findings and recommendation(s) or may determine a different response.
- The results of any appeal will be communicated simultaneously and in writing to the accuser and the accused by the Title IX Coordinator or Dean of Students or Director of Human Resources, as applicable, within 7 days after the conclusion of the appeal of findings or sanctions.

Additional matters:

- Both parties have full access to the support services available in the LCU Counseling Center throughout the process, so long as they are enrolled students. Employees have support services available through the LCU Counseling Center in the form of a referral to an outside source for such services. Currently, employees are not allowed to utilize the LCU Counseling Center for direct counseling services.
- Retaliation. Retaliation of any kind against the person reporting assault or against any person participating in the investigation is strictly prohibited. Any retaliation will be treated as a new and additional violation of this policy.

What Programs Does the University Provide to Raise Awareness and Prevent Incidents of Sexual Misconduct and Sexual Violence?

The University provides numerous education programs and awareness campaigns to prevent and promote awareness of domestic violence, dating violence, sexual assault, and stalking. In addition to covering the information addressed in this policy, these programs, among other things, provide

information regarding options for bystander intervention and information on risk reduction strategies. Descriptions of these prevention and awareness programs can be located, as applicable, from any Confidential Advisor or Non-confidential Advisor (as identified above on page 3 above) of this Policy.

Syllabus

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States* v. *Detroit Timber & Lumber Co.,* 200 U. S. 321, 337.

SUPREME COURT OF THE UNITED STATES

Syllabus

OBERGEFELL ET AL. *v*. HODGES, DIRECTOR, OHIO DEPARTMENT OF HEALTH, ET AL.

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

No. 14–556. Argued April 28, 2015—Decided June 26, 2015*

Michigan, Kentucky, Ohio, and Tennessee define marriage as a union between one man and one woman. The petitioners, 14 same-sex couples and two men whose same-sex partners are deceased, filed suits in Federal District Courts in their home States, claiming that respondent state officials violate the Fourteenth Amendment by denying them the right to marry or to have marriages lawfully performed in another State given full recognition. Each District Court ruled in petitioners' favor, but the Sixth Circuit consolidated the cases and reversed.

Held: The Fourteenth Amendment requires a State to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-State. Pp. 3–28.

(a) Before turning to the governing principles and precedents, it is appropriate to note the history of the subject now before the Court. Pp. 3–10.

(1) The history of marriage as a union between two persons of the opposite sex marks the beginning of these cases. To the respondents, it would demean a timeless institution if marriage were extended to same-sex couples. But the petitioners, far from seeking to devalue marriage, seek it for themselves because of their respect—and need—for its privileges and responsibilities, as illustrated by the pe-

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*Together with No. 14–562, *Tanco et al.* v. *Haslam, Governor of Tennessee, et al.*, No. 14–571, *DeBoer et al.* v. *Snyder, Governor of Michigan, et al.,* and No. 14–574, *Bourke et al.* v. *Beshear, Governor of Kentucky*, also on certiorari to the same court.

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titioners' own experiences. Pp. 3–6.

(2) The history of marriage is one of both continuity and change. Changes, such as the decline of arranged marriages and the abandonment of the law of coverture, have worked deep transformations in the structure of marriage, affecting aspects of marriage once viewed as essential. These new insights have strengthened, not weakened, the institution. Changed understandings of marriage are characteristic of a Nation where new dimensions of freedom become apparent to new generations.

This dynamic can be seen in the Nation's experience with gay and lesbian rights. Well into the 20th century, many States condemned same-sex intimacy as immoral, and homosexuality was treated as an illness. Later in the century, cultural and political developments allowed same-sex couples to lead more open and public lives. Extensive public and private dialogue followed, along with shifts in public attitudes. Questions about the legal treatment of gays and lesbians soon reached the courts, where they could be discussed in the formal discourse of the law. In 2003, this Court overruled its 1986 decision in *Bowers* v. *Hardwick*, 478 U. S. 186, which upheld a Georgia law that criminalized certain homosexual acts, concluding laws making same-sex intimacy a crime "demea[n] the lives of homosexual persons." *Lawrence* v. *Texas*, 539 U. S. 558, 575. In 2012, the federal Defense of Marriage Act was also struck down. *United States* v. *Windsor*, 570 U. S. ___. Numerous same-sex marriage cases reaching the federal courts and state supreme courts have added to the dialogue. Pp. 6–10.

(b) The Fourteenth Amendment requires a State to license a marriage between two people of the same sex. Pp. 10–27.

(1) The fundamental liberties protected by the Fourteenth Amendment's Due Process Clause extend to certain personal choices central to individual dignity and autonomy, including intimate choices defining personal identity and beliefs. See, *e.g., Eisenstadt* v. *Baird*, 405 U. S. 438, 453; *Griswold* v. *Connecticut*, 381 U. S. 479, 484–486. Courts must exercise reasoned judgment in identifying interests of the person so fundamental that the State must accord them its respect. History and tradition guide and discipline the inquiry but do not set its outer boundaries. When new insight reveals discord between the Constitution's central protections and a received legal stricture, a claim to liberty must be addressed.

Applying these tenets, the Court has long held the right to marry is protected by the Constitution. For example, *Loving* v. *Virginia*, 388 U. S. 1, 12, invalidated bans on interracial unions, and *Turner* v. *Safley*, 482 U. S. 78, 95, held that prisoners could not be denied the right to marry. To be sure, these cases presumed a relationship in-

volving opposite-sex partners, as did *Baker* v. *Nelson*, 409 U. S. 810, a one-line summary decision issued in 1972, holding that the exclusion of same-sex couples from marriage did not present a substantial federal question. But other, more instructive precedents have expressed broader principles. See, *e.g., Lawrence*, *supra,* at 574. In assessing whether the force and rationale of its cases apply to same-sex couples, the Court must respect the basic reasons why the right to marry has been long protected. See, *e.g., Eisenstadt*, *supra*, at 453–454. This analysis compels the conclusion that same-sex couples may exercise the right to marry. Pp. 10–12.

(2) Four principles and traditions demonstrate that the reasons marriage is fundamental under the Constitution apply with equal force to same-sex couples. The first premise of this Court's relevant precedents is that the right to personal choice regarding marriage is inherent in the concept of individual autonomy. This abiding connection between marriage and liberty is why *Loving* invalidated interracial marriage bans under the Due Process Clause. See 388 U. S., at 12. Decisions about marriage are among the most intimate that an individual can make. See *Lawrence*, *supra*, at 574. This is true for all persons, whatever their sexual orientation.

A second principle in this Court's jurisprudence is that the right to marry is fundamental because it supports a two-person union unlike any other in its importance to the committed individuals. The intimate association protected by this right was central to *Griswold* v. *Connecticut*, which held the Constitution protects the right of married couples to use contraception, 381 U. S., at 485, and was acknowledged in *Turner*, *supra,* at 95. Same-sex couples have the same right as opposite-sex couples to enjoy intimate association, a right extending beyond mere freedom from laws making same-sex intimacy a criminal offense. See *Lawrence, supra*, at 567.

A third basis for protecting the right to marry is that it safeguards children and families and thus draws meaning from related rights of childrearing, procreation, and education. See, *e.g., Pierce* v. *Society of Sisters*, 268 U. S. 510. Without the recognition, stability, and predictability marriage offers, children suffer the stigma of knowing their families are somehow lesser. They also suffer the significant material costs of being raised by unmarried parents, relegated to a more difficult and uncertain family life. The marriage laws at issue thus harm and humiliate the children of same-sex couples. See *Windsor*, *supra,* at ___. This does not mean that the right to marry is less meaningful for those who do not or cannot have children. Precedent protects the right of a married couple not to procreate, so the right to marry cannot be conditioned on the capacity or commitment to procreate.

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Finally, this Court's cases and the Nation's traditions make clear that marriage is a keystone of the Nation's social order. See *Maynard* v. *Hill*, 125 U. S. 190, 211. States have contributed to the fundamental character of marriage by placing it at the center of many facets of the legal and social order. There is no difference between same- and opposite-sex couples with respect to this principle, yet same-sex couples are denied the constellation of benefits that the States have linked to marriage and are consigned to an instability many opposite-sex couples would find intolerable. It is demeaning to lock same-sex couples out of a central institution of the Nation's society, for they too may aspire to the transcendent purposes of marriage.

The limitation of marriage to opposite-sex couples may long have seemed natural and just, but its inconsistency with the central meaning of the fundamental right to marry is now manifest. Pp. 12–18.

(3) The right of same-sex couples to marry is also derived from the Fourteenth Amendment's guarantee of equal protection. The Due Process Clause and the Equal Protection Clause are connected in a profound way. Rights implicit in liberty and rights secured by equal protection may rest on different precepts and are not always coextensive, yet each may be instructive as to the meaning and reach of the other. This dynamic is reflected in *Loving,* where the Court invoked both the Equal Protection Clause and the Due Process Clause; and in *Zablocki* v. *Redhail*, 434 U. S. 374, where the Court invalidated a law barring fathers delinquent on child-support payments from marrying. Indeed, recognizing that new insights and societal understandings can reveal unjustified inequality within fundamental institutions that once passed unnoticed and unchallenged, this Court has invoked equal protection principles to invalidate laws imposing sex-based inequality on marriage, see, *e.g., Kirchberg* v. *Feenstra*, 450 U. S. 455, 460–461, and confirmed the relation between liberty and equality, see, *e.g., M. L. B.* v. *S. L. J.*, 519 U. S. 102, 120–121.

The Court has acknowledged the interlocking nature of these constitutional safeguards in the context of the legal treatment of gays and lesbians. See *Lawrence*, 539 U. S., at 575. This dynamic also applies to same-sex marriage. The challenged laws burden the liberty of same-sex couples, and they abridge central precepts of equality. The marriage laws at issue are in essence unequal: Same-sex couples are denied benefits afforded opposite-sex couples and are barred from exercising a fundamental right. Especially against a long history of disapproval of their relationships, this denial works a grave and continuing harm, serving to disrespect and subordinate gays and lesbians. Pp. 18–22.

(4) The right to marry is a fundamental right inherent in the liberty of the person, and under the Due Process and Equal Protec-

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tion Clauses of the Fourteenth Amendment couples of the same-sex may not be deprived of that right and that liberty. Same-sex couples may exercise the fundamental right to marry. *Baker* v. *Nelson* is overruled. The State laws challenged by the petitioners in these cases are held invalid to the extent they exclude same-sex couples from civil marriage on the same terms and conditions as opposite-sex couples. Pp. 22–23.

(5) There may be an initial inclination to await further legislation, litigation, and debate, but referenda, legislative debates, and grassroots campaigns; studies and other writings; and extensive litigation in state and federal courts have led to an enhanced understanding of the issue. While the Constitution contemplates that democracy is the appropriate process for change, individuals who are harmed need not await legislative action before asserting a fundamental right. *Bowers,* in effect, upheld state action that denied gays and lesbians a fundamental right. Though it was eventually repudiated, men and women suffered pain and humiliation in the interim, and the effects of these injuries no doubt lingered long after *Bowers* was overruled. A ruling against same-sex couples would have the same effect and would be unjustified under the Fourteenth Amendment. The petitioners' stories show the urgency of the issue they present to the Court, which has a duty to address these claims and answer these questions. Respondents' argument that allowing same-sex couples to wed will harm marriage as an institution rests on a counterintuitive view of opposite-sex couples' decisions about marriage and parenthood. Finally, the First Amendment ensures that religions, those who adhere to religious doctrines, and others have protection as they seek to teach the principles that are so fulfilling and so central to their lives and faiths. Pp. 23–27.

(c) The Fourteenth Amendment requires States to recognize same-sex marriages validly performed out of State. Since same-sex couples may now exercise the fundamental right to marry in all States, there is no lawful basis for a State to refuse to recognize a lawful same-sex marriage performed in another State on the ground of its same-sex character. Pp. 27–28.

772 F. 3d 388, reversed.

KENNEDY, J., delivered the opinion of the Court, in which GINSBURG, BREYER, SOTOMAYOR, and KAGAN, JJ., joined. ROBERTS, C. J., filed a dissenting opinion, in which SCALIA and THOMAS, JJ., joined. SCALIA, J., filed a dissenting opinion, in which THOMAS, J., joined. THOMAS, J., filed a dissenting opinion, in which SCALIA, J., joined. ALITO, J., filed a dissenting opinion, in which SCALIA and THOMAS, JJ., joined.

SUPREME COURT OF THE UNITED STATES

Nos. 14–556, 14-562, 14-571 and 14–574

JAMES OBERGEFELL, ET AL., PETITIONERS
14–556 *v.*
RICHARD HODGES, DIRECTOR, OHIO DEPARTMENT OF HEALTH, ET AL.;

VALERIA TANCO, ET AL., PETITIONERS
14–562 *v.*
BILL HASLAM, GOVERNOR OF TENNESSEE, ET AL.;

APRIL DEBOER, ET AL., PETITIONERS
14–571 *v.*
RICK SNYDER, GOVERNOR OF MICHIGAN, ET AL.; AND

GREGORY BOURKE, ET AL., PETITIONERS
14–574 *v.*
STEVE BESHEAR, GOVERNOR OF KENTUCKY

ON WRITS OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

[June 26, 2015]

JUSTICE KENNEDY delivered the opinion of the Court.

The Constitution promises liberty to all within its reach, a liberty that includes certain specific rights that allow

persons, within a lawful realm, to define and express their identity. The petitioners in these cases seek to find that liberty by marrying someone of the same sex and having their marriages deemed lawful on the same terms and conditions as marriages between persons of the opposite sex.

I

These cases come from Michigan, Kentucky, Ohio, and Tennessee, States that define marriage as a union between one man and one woman. See, *e.g.,* Mich. Const., Art. I, §25; Ky. Const. §233A; Ohio Rev. Code Ann. §3101.01 (Lexis 2008); Tenn. Const., Art. XI, §18. The petitioners are 14 same-sex couples and two men whose same-sex partners are deceased. The respondents are state officials responsible for enforcing the laws in question. The petitioners claim the respondents violate the Fourteenth Amendment by denying them the right to marry or to have their marriages, lawfully performed in another State, given full recognition.

Petitioners filed these suits in United States District Courts in their home States. Each District Court ruled in their favor. Citations to those cases are in Appendix A, *infra*. The respondents appealed the decisions against them to the United States Court of Appeals for the Sixth Circuit. It consolidated the cases and reversed the judgments of the District Courts. *DeBoer* v. *Snyder*, 772 F. 3d 388 (2014). The Court of Appeals held that a State has no constitutional obligation to license same-sex marriages or to recognize same-sex marriages performed out of State.

The petitioners sought certiorari. This Court granted review, limited to two questions. 574 U. S. ___ (2015). The first, presented by the cases from Michigan and Kentucky, is whether the Fourteenth Amendment requires a State to license a marriage between two people of the same sex. The second, presented by the cases from Ohio,

Tennessee, and, again, Kentucky, is whether the Fourteenth Amendment requires a State to recognize a same-sex marriage licensed and performed in a State which does grant that right.

II

Before addressing the principles and precedents that govern these cases, it is appropriate to note the history of the subject now before the Court.

A

From their beginning to their most recent page, the annals of human history reveal the transcendent importance of marriage. The lifelong union of a man and a woman always has promised nobility and dignity to all persons, without regard to their station in life. Marriage is sacred to those who live by their religions and offers unique fulfillment to those who find meaning in the secular realm. Its dynamic allows two people to find a life that could not be found alone, for a marriage becomes greater than just the two persons. Rising from the most basic human needs, marriage is essential to our most profound hopes and aspirations.

The centrality of marriage to the human condition makes it unsurprising that the institution has existed for millennia and across civilizations. Since the dawn of history, marriage has transformed strangers into relatives, binding families and societies together. Confucius taught that marriage lies at the foundation of government. 2 Li Chi: Book of Rites 266 (C. Chai & W. Chai eds., J. Legge transl. 1967). This wisdom was echoed centuries later and half a world away by Cicero, who wrote, "The first bond of society is marriage; next, children; and then the family." See De Officiis 57 (W. Miller transl. 1913). There are untold references to the beauty of marriage in religious and philosophical texts spanning time, cultures,

and faiths, as well as in art and literature in all their forms. It is fair and necessary to say these references were based on the understanding that marriage is a union between two persons of the opposite sex.

That history is the beginning of these cases. The respondents say it should be the end as well. To them, it would demean a timeless institution if the concept and lawful status of marriage were extended to two persons of the same sex. Marriage, in their view, is by its nature a gender-differentiated union of man and woman. This view long has been held—and continues to be held—in good faith by reasonable and sincere people here and throughout the world.

The petitioners acknowledge this history but contend that these cases cannot end there. Were their intent to demean the revered idea and reality of marriage, the petitioners' claims would be of a different order. But that is neither their purpose nor their submission. To the contrary, it is the enduring importance of marriage that underlies the petitioners' contentions. This, they say, is their whole point. Far from seeking to devalue marriage, the petitioners seek it for themselves because of their respect—and need—for its privileges and responsibilities. And their immutable nature dictates that same-sex marriage is their only real path to this profound commitment.

Recounting the circumstances of three of these cases illustrates the urgency of the petitioners' cause from their perspective. Petitioner James Obergefell, a plaintiff in the Ohio case, met John Arthur over two decades ago. They fell in love and started a life together, establishing a lasting, committed relation. In 2011, however, Arthur was diagnosed with amyotrophic lateral sclerosis, or ALS. This debilitating disease is progressive, with no known cure. Two years ago, Obergefell and Arthur decided to commit to one another, resolving to marry before Arthur died. To fulfill their mutual promise, they traveled from

Ohio to Maryland, where same-sex marriage was legal. It was difficult for Arthur to move, and so the couple were wed inside a medical transport plane as it remained on the tarmac in Baltimore. Three months later, Arthur died. Ohio law does not permit Obergefell to be listed as the surviving spouse on Arthur's death certificate. By statute, they must remain strangers even in death, a state-imposed separation Obergefell deems "hurtful for the rest of time." App. in No. 14–556 etc., p. 38. He brought suit to be shown as the surviving spouse on Arthur's death certificate.

April DeBoer and Jayne Rowse are co-plaintiffs in the case from Michigan. They celebrated a commitment ceremony to honor their permanent relation in 2007. They both work as nurses, DeBoer in a neonatal unit and Rowse in an emergency unit. In 2009, DeBoer and Rowse fostered and then adopted a baby boy. Later that same year, they welcomed another son into their family. The new baby, born prematurely and abandoned by his biological mother, required around-the-clock care. The next year, a baby girl with special needs joined their family. Michigan, however, permits only opposite-sex married couples or single individuals to adopt, so each child can have only one woman as his or her legal parent. If an emergency were to arise, schools and hospitals may treat the three children as if they had only one parent. And, were tragedy to befall either DeBoer or Rowse, the other would have no legal rights over the children she had not been permitted to adopt. This couple seeks relief from the continuing uncertainty their unmarried status creates in their lives.

Army Reserve Sergeant First Class Ijpe DeKoe and his partner Thomas Kostura, co-plaintiffs in the Tennessee case, fell in love. In 2011, DeKoe received orders to deploy to Afghanistan. Before leaving, he and Kostura married in New York. A week later, DeKoe began his deployment, which lasted for almost a year. When he returned, the two

settled in Tennessee, where DeKoe works full-time for the Army Reserve. Their lawful marriage is stripped from them whenever they reside in Tennessee, returning and disappearing as they travel across state lines. DeKoe, who served this Nation to preserve the freedom the Constitution protects, must endure a substantial burden.

The cases now before the Court involve other petitioners as well, each with their own experiences. Their stories reveal that they seek not to denigrate marriage but rather to live their lives, or honor their spouses' memory, joined by its bond.

B

The ancient origins of marriage confirm its centrality, but it has not stood in isolation from developments in law and society. The history of marriage is one of both continuity and change. That institution—even as confined to opposite-sex relations—has evolved over time.

For example, marriage was once viewed as an arrangement by the couple's parents based on political, religious, and financial concerns; but by the time of the Nation's founding it was understood to be a voluntary contract between a man and a woman. See N. Cott, Public Vows: A History of Marriage and the Nation 9–17 (2000); S. Coontz, Marriage, A History 15–16 (2005). As the role and status of women changed, the institution further evolved. Under the centuries-old doctrine of coverture, a married man and woman were treated by the State as a single, male-dominated legal entity. See 1 W. Blackstone, Commentaries on the Laws of England 430 (1765). As women gained legal, political, and property rights, and as society began to understand that women have their own equal dignity, the law of coverture was abandoned. See Brief for Historians of Marriage et al. as *Amici Curiae* 16–19. These and other developments in the institution of marriage over the past centuries were not mere superficial changes.

Rather, they worked deep transformations in its structure, affecting aspects of marriage long viewed by many as essential. See generally N. Cott, Public Vows; S. Coontz, Marriage; H. Hartog, Man & Wife in America: A History (2000).

These new insights have strengthened, not weakened, the institution of marriage. Indeed, changed understandings of marriage are characteristic of a Nation where new dimensions of freedom become apparent to new generations, often through perspectives that begin in pleas or protests and then are considered in the political sphere and the judicial process.

This dynamic can be seen in the Nation's experiences with the rights of gays and lesbians. Until the mid-20th century, same-sex intimacy long had been condemned as immoral by the state itself in most Western nations, a belief often embodied in the criminal law. For this reason, among others, many persons did not deem homosexuals to have dignity in their own distinct identity. A truthful declaration by same-sex couples of what was in their hearts had to remain unspoken. Even when a greater awareness of the humanity and integrity of homosexual persons came in the period after World War II, the argument that gays and lesbians had a just claim to dignity was in conflict with both law and widespread social conventions. Same-sex intimacy remained a crime in many States. Gays and lesbians were prohibited from most government employment, barred from military service, excluded under immigration laws, targeted by police, and burdened in their rights to associate. See Brief for Organization of American Historians as *Amicus Curiae* 5–28.

For much of the 20th century, moreover, homosexuality was treated as an illness. When the American Psychiatric Association published the first Diagnostic and Statistical Manual of Mental Disorders in 1952, homosexuality was classified as a mental disorder, a position adhered to until 1973. See Position Statement on Homosexuality and Civil

Rights, 1973, in 131 Am. J. Psychiatry 497 (1974). Only in more recent years have psychiatrists and others recognized that sexual orientation is both a normal expression of human sexuality and immutable. See Brief for American Psychological Association et al. as *Amici Curiae* 7–17.

In the late 20th century, following substantial cultural and political developments, same-sex couples began to lead more open and public lives and to establish families. This development was followed by a quite extensive discussion of the issue in both governmental and private sectors and by a shift in public attitudes toward greater tolerance. As a result, questions about the rights of gays and lesbians soon reached the courts, where the issue could be discussed in the formal discourse of the law.

This Court first gave detailed consideration to the legal status of homosexuals in *Bowers* v. *Hardwick*, 478 U. S. 186 (1986). There it upheld the constitutionality of a Georgia law deemed to criminalize certain homosexual acts. Ten years later, in *Romer* v. *Evans*, 517 U. S. 620 (1996), the Court invalidated an amendment to Colorado's Constitution that sought to foreclose any branch or political subdivision of the State from protecting persons against discrimination based on sexual orientation. Then, in 2003, the Court overruled *Bowers*, holding that laws making same-sex intimacy a crime "demea[n] the lives of homosexual persons." *Lawrence* v. *Texas*, 539 U. S. 558, 575.

Against this background, the legal question of same-sex marriage arose. In 1993, the Hawaii Supreme Court held Hawaii's law restricting marriage to opposite-sex couples constituted a classification on the basis of sex and was therefore subject to strict scrutiny under the Hawaii Constitution. *Baehr* v. *Lewin*, 74 Haw. 530, 852 P. 2d 44. Although this decision did not mandate that same-sex marriage be allowed, some States were concerned by its implications and reaffirmed in their laws that marriage is

defined as a union between opposite-sex partners. So too in 1996, Congress passed the Defense of Marriage Act (DOMA), 110 Stat. 2419, defining marriage for all federal-law purposes as "only a legal union between one man and one woman as husband and wife." 1 U. S. C. §7.

The new and widespread discussion of the subject led other States to a different conclusion. In 2003, the Supreme Judicial Court of Massachusetts held the State's Constitution guaranteed same-sex couples the right to marry. See *Goodridge* v. *Department of Public Health*, 440 Mass. 309, 798 N. E. 2d 941 (2003). After that ruling, some additional States granted marriage rights to same-sex couples, either through judicial or legislative processes. These decisions and statutes are cited in Appendix B, *infra*. Two Terms ago, in *United States* v. *Windsor*, 570 U. S. ___ (2013), this Court invalidated DOMA to the extent it barred the Federal Government from treating same-sex marriages as valid even when they were lawful in the State where they were licensed. DOMA, the Court held, impermissibly disparaged those same-sex couples "who wanted to affirm their commitment to one another before their children, their family, their friends, and their community." *Id.,* at ___ (slip op., at 14).

Numerous cases about same-sex marriage have reached the United States Courts of Appeals in recent years. In accordance with the judicial duty to base their decisions on principled reasons and neutral discussions, without scornful or disparaging commentary, courts have written a substantial body of law considering all sides of these issues. That case law helps to explain and formulate the underlying principles this Court now must consider. With the exception of the opinion here under review and one other, see *Citizens for Equal Protection* v. *Bruning*, 455 F. 3d 859, 864–868 (CA8 2006), the Courts of Appeals have held that excluding same-sex couples from marriage violates the Constitution. There also have been many

thoughtful District Court decisions addressing same-sex marriage—and most of them, too, have concluded same-sex couples must be allowed to marry. In addition the highest courts of many States have contributed to this ongoing dialogue in decisions interpreting their own State Constitutions. These state and federal judicial opinions are cited in Appendix A, *infra*.

After years of litigation, legislation, referenda, and the discussions that attended these public acts, the States are now divided on the issue of same-sex marriage. See Office of the Atty. Gen. of Maryland, The State of Marriage Equality in America, State-by-State Supp. (2015).

III

Under the Due Process Clause of the Fourteenth Amendment, no State shall "deprive any person of life, liberty, or property, without due process of law." The fundamental liberties protected by this Clause include most of the rights enumerated in the Bill of Rights. See *Duncan* v. *Louisiana*, 391 U. S. 145, 147–149 (1968). In addition these liberties extend to certain personal choices central to individual dignity and autonomy, including intimate choices that define personal identity and beliefs. See, *e.g., Eisenstadt* v. *Baird*, 405 U. S. 438, 453 (1972); *Griswold* v. *Connecticut*, 381 U. S. 479, 484–486 (1965).

The identification and protection of fundamental rights is an enduring part of the judicial duty to interpret the Constitution. That responsibility, however, "has not been reduced to any formula." *Poe* v. *Ullman*, 367 U. S. 497, 542 (1961) (Harlan, J., dissenting). Rather, it requires courts to exercise reasoned judgment in identifying interests of the person so fundamental that the State must accord them its respect. See *ibid.* That process is guided by many of the same considerations relevant to analysis of other constitutional provisions that set forth broad principles rather than specific requirements. History and tradi-

tion guide and discipline this inquiry but do not set its outer boundaries. See *Lawrence*, *supra*, at 572. That method respects our history and learns from it without allowing the past alone to rule the present.

The nature of injustice is that we may not always see it in our own times. The generations that wrote and ratified the Bill of Rights and the Fourteenth Amendment did not presume to know the extent of freedom in all of its dimensions, and so they entrusted to future generations a charter protecting the right of all persons to enjoy liberty as we learn its meaning. When new insight reveals discord between the Constitution's central protections and a received legal stricture, a claim to liberty must be addressed.

Applying these established tenets, the Court has long held the right to marry is protected by the Constitution. In *Loving* v. *Virginia*, 388 U. S. 1, 12 (1967), which invalidated bans on interracial unions, a unanimous Court held marriage is "one of the vital personal rights essential to the orderly pursuit of happiness by free men." The Court reaffirmed that holding in *Zablocki* v. *Redhail*, 434 U. S. 374, 384 (1978), which held the right to marry was burdened by a law prohibiting fathers who were behind on child support from marrying. The Court again applied this principle in *Turner* v. *Safley*, 482 U. S. 78, 95 (1987), which held the right to marry was abridged by regulations limiting the privilege of prison inmates to marry. Over time and in other contexts, the Court has reiterated that the right to marry is fundamental under the Due Process Clause. See, *e.g., M. L. B.* v. *S. L. J.*, 519 U. S. 102, 116 (1996); *Cleveland Bd. of Ed.* v. *LaFleur*, 414 U. S. 632, 639–640 (1974); *Griswold*, *supra*, at 486; *Skinner* v. *Oklahoma ex rel. Williamson*, 316 U. S. 535, 541 (1942); *Meyer* v. *Nebraska*, 262 U. S. 390, 399 (1923).

It cannot be denied that this Court's cases describing the right to marry presumed a relationship involving opposite-sex partners. The Court, like many institutions,

has made assumptions defined by the world and time of which it is a part. This was evident in *Baker* v. *Nelson*, 409 U. S. 810, a one-line summary decision issued in 1972, holding the exclusion of same-sex couples from marriage did not present a substantial federal question.

Still, there are other, more instructive precedents. This Court's cases have expressed constitutional principles of broader reach. In defining the right to marry these cases have identified essential attributes of that right based in history, tradition, and other constitutional liberties inherent in this intimate bond. See, *e.g., Lawrence*, 539 U. S., at 574; *Turner*, *supra*, at 95; *Zablocki*, *supra*, at 384; *Loving*, *supra*, at 12; *Griswold*, *supra*, at 486. And in assessing whether the force and rationale of its cases apply to same-sex couples, the Court must respect the basic reasons why the right to marry has been long protected. See, *e.g., Eisenstadt*, *supra*, at 453–454; *Poe*, *supra*, at 542–553 (Harlan, J., dissenting).

This analysis compels the conclusion that same-sex couples may exercise the right to marry. The four principles and traditions to be discussed demonstrate that the reasons marriage is fundamental under the Constitution apply with equal force to same-sex couples.

A first premise of the Court's relevant precedents is that the right to personal choice regarding marriage is inherent in the concept of individual autonomy. This abiding connection between marriage and liberty is why *Loving* invalidated interracial marriage bans under the Due Process Clause. See 388 U. S., at 12; see also *Zablocki*, *supra,* at 384 (observing *Loving* held "the right to marry is of fundamental importance for all individuals"). Like choices concerning contraception, family relationships, procreation, and childrearing, all of which are protected by the Constitution, decisions concerning marriage are among the most intimate that an individual can make. See *Lawrence*, *supra*, at 574. Indeed, the Court has noted it would

be contradictory "to recognize a right of privacy with respect to other matters of family life and not with respect to the decision to enter the relationship that is the foundation of the family in our society." *Zablocki*, *supra*, at 386.

Choices about marriage shape an individual's destiny. As the Supreme Judicial Court of Massachusetts has explained, because "it fulfils yearnings for security, safe haven, and connection that express our common humanity, civil marriage is an esteemed institution, and the decision whether and whom to marry is among life's momentous acts of self-definition." *Goodridge*, 440 Mass., at 322, 798 N. E. 2d, at 955.

The nature of marriage is that, through its enduring bond, two persons together can find other freedoms, such as expression, intimacy, and spirituality. This is true for all persons, whatever their sexual orientation. See *Windsor*, 570 U. S., at ___– ___ (slip op., at 22–23). There is dignity in the bond between two men or two women who seek to marry and in their autonomy to make such profound choices. Cf. *Loving, supra*, at 12 ("[T]he freedom to marry, or not marry, a person of another race resides with the individual and cannot be infringed by the State").

A second principle in this Court's jurisprudence is that the right to marry is fundamental because it supports a two-person union unlike any other in its importance to the committed individuals. This point was central to *Griswold* v. *Connecticut*, which held the Constitution protects the right of married couples to use contraception. 381 U. S., at 485. Suggesting that marriage is a right "older than the Bill of Rights," *Griswold* described marriage this way:

> "Marriage is a coming together for better or for worse, hopefully enduring, and intimate to the degree of being sacred. It is an association that promotes a way of life, not causes; a harmony in living, not political faiths; a bilateral loyalty, not commercial or social

> projects. Yet it is an association for as noble a purpose as any involved in our prior decisions." *Id.*, at 486.

And in *Turner*, the Court again acknowledged the intimate association protected by this right, holding prisoners could not be denied the right to marry because their committed relationships satisfied the basic reasons why marriage is a fundamental right. See 482 U. S., at 95–96. The right to marry thus dignifies couples who "wish to define themselves by their commitment to each other." *Windsor*, *supra,* at ___ (slip op., at 14). Marriage responds to the universal fear that a lonely person might call out only to find no one there. It offers the hope of companionship and understanding and assurance that while both still live there will be someone to care for the other.

As this Court held in *Lawrence*, same-sex couples have the same right as opposite-sex couples to enjoy intimate association. *Lawrence* invalidated laws that made same-sex intimacy a criminal act. And it acknowledged that "[w]hen sexuality finds overt expression in intimate conduct with another person, the conduct can be but one element in a personal bond that is more enduring." 539 U. S., at 567. But while *Lawrence* confirmed a dimension of freedom that allows individuals to engage in intimate association without criminal liability, it does not follow that freedom stops there. Outlaw to outcast may be a step forward, but it does not achieve the full promise of liberty.

A third basis for protecting the right to marry is that it safeguards children and families and thus draws meaning from related rights of childrearing, procreation, and education. See *Pierce* v. *Society of Sisters*, 268 U. S. 510 (1925); *Meyer*, 262 U. S., at 399. The Court has recognized these connections by describing the varied rights as a unified whole: "[T]he right to 'marry, establish a home and bring up children' is a central part of the liberty protected by the Due Process Clause." *Zablocki*, 434 U. S., at 384

(quoting *Meyer*, *supra*, at 399). Under the laws of the several States, some of marriage's protections for children and families are material. But marriage also confers more profound benefits. By giving recognition and legal structure to their parents' relationship, marriage allows children "to understand the integrity and closeness of their own family and its concord with other families in their community and in their daily lives." *Windsor*, *supra,* at ___ (slip op., at 23). Marriage also affords the permanency and stability important to children's best interests. See Brief for Scholars of the Constitutional Rights of Children as *Amici Curiae* 22–27.

As all parties agree, many same-sex couples provide loving and nurturing homes to their children, whether biological or adopted. And hundreds of thousands of children are presently being raised by such couples. See Brief for Gary J. Gates as *Amicus Curiae* 4. Most States have allowed gays and lesbians to adopt, either as individuals or as couples, and many adopted and foster children have same-sex parents, see *id.,* at 5. This provides powerful confirmation from the law itself that gays and lesbians can create loving, supportive families.

Excluding same-sex couples from marriage thus conflicts with a central premise of the right to marry. Without the recognition, stability, and predictability marriage offers, their children suffer the stigma of knowing their families are somehow lesser. They also suffer the significant material costs of being raised by unmarried parents, relegated through no fault of their own to a more difficult and uncertain family life. The marriage laws at issue here thus harm and humiliate the children of same-sex couples. See *Windsor*, *supra,* at ___ (slip op., at 23).

That is not to say the right to marry is less meaningful for those who do not or cannot have children. An ability, desire, or promise to procreate is not and has not been a prerequisite for a valid marriage in any State. In light of

precedent protecting the right of a married couple not to procreate, it cannot be said the Court or the States have conditioned the right to marry on the capacity or commitment to procreate. The constitutional marriage right has many aspects, of which childbearing is only one.

Fourth and finally, this Court's cases and the Nation's traditions make clear that marriage is a keystone of our social order. Alexis de Tocqueville recognized this truth on his travels through the United States almost two centuries ago:

> "There is certainly no country in the world where the tie of marriage is so much respected as in America . . . [W]hen the American retires from the turmoil of public life to the bosom of his family, he finds in it the image of order and of peace . . . . [H]e afterwards carries [that image] with him into public affairs." 1 Democracy in America 309 (H. Reeve transl., rev. ed. 1990).

In *Maynard* v. *Hill*, 125 U. S. 190, 211 (1888), the Court echoed de Tocqueville, explaining that marriage is "the foundation of the family and of society, without which there would be neither civilization nor progress." Marriage, the *Maynard* Court said, has long been "'a great public institution, giving character to our whole civil polity.'" *Id.,* at 213. This idea has been reiterated even as the institution has evolved in substantial ways over time, superseding rules related to parental consent, gender, and race once thought by many to be essential. See generally N. Cott, Public Vows. Marriage remains a building block of our national community.

For that reason, just as a couple vows to support each other, so does society pledge to support the couple, offering symbolic recognition and material benefits to protect and nourish the union. Indeed, while the States are in general free to vary the benefits they confer on all married couples, they have throughout our history made marriage the

basis for an expanding list of governmental rights, benefits, and responsibilities. These aspects of marital status include: taxation; inheritance and property rights; rules of intestate succession; spousal privilege in the law of evidence; hospital access; medical decisionmaking authority; adoption rights; the rights and benefits of survivors; birth and death certificates; professional ethics rules; campaign finance restrictions; workers' compensation benefits; health insurance; and child custody, support, and visitation rules. See Brief for United States as *Amicus Curiae* 6–9; Brief for American Bar Association as *Amicus Curiae* 8–29. Valid marriage under state law is also a significant status for over a thousand provisions of federal law. See *Windsor*, 570 U. S., at ___ – ___ (slip op., at 15–16). The States have contributed to the fundamental character of the marriage right by placing that institution at the center of so many facets of the legal and social order.

There is no difference between same- and opposite-sex couples with respect to this principle. Yet by virtue of their exclusion from that institution, same-sex couples are denied the constellation of benefits that the States have linked to marriage. This harm results in more than just material burdens. Same-sex couples are consigned to an instability many opposite-sex couples would deem intolerable in their own lives. As the State itself makes marriage all the more precious by the significance it attaches to it, exclusion from that status has the effect of teaching that gays and lesbians are unequal in important respects. It demeans gays and lesbians for the State to lock them out of a central institution of the Nation's society. Same-sex couples, too, may aspire to the transcendent purposes of marriage and seek fulfillment in its highest meaning.

The limitation of marriage to opposite-sex couples may long have seemed natural and just, but its inconsistency with the central meaning of the fundamental right to marry is now manifest. With that knowledge must come

the recognition that laws excluding same-sex couples from the marriage right impose stigma and injury of the kind prohibited by our basic charter.

Objecting that this does not reflect an appropriate framing of the issue, the respondents refer to *Washington* v. *Glucksberg*, 521 U. S. 702, 721 (1997), which called for a "'careful description'" of fundamental rights. They assert the petitioners do not seek to exercise the right to marry but rather a new and nonexistent "right to same-sex marriage." Brief for Respondent in No. 14–556, p. 8. *Glucksberg* did insist that liberty under the Due Process Clause must be defined in a most circumscribed manner, with central reference to specific historical practices. Yet while that approach may have been appropriate for the asserted right there involved (physician-assisted suicide), it is inconsistent with the approach this Court has used in discussing other fundamental rights, including marriage and intimacy. *Loving* did not ask about a "right to interracial marriage"; *Turner* did not ask about a "right of inmates to marry"; and *Zablocki* did not ask about a "right of fathers with unpaid child support duties to marry." Rather, each case inquired about the right to marry in its comprehensive sense, asking if there was a sufficient justification for excluding the relevant class from the right. See also *Glucksberg*, 521 U. S., at 752–773 (Souter, J., concurring in judgment); *id.,* at 789–792 (BREYER, J., concurring in judgments).

That principle applies here. If rights were defined by who exercised them in the past, then received practices could serve as their own continued justification and new groups could not invoke rights once denied. This Court has rejected that approach, both with respect to the right to marry and the rights of gays and lesbians. See *Loving* 388 U. S., at 12; *Lawrence*, 539 U. S., at 566–567.

The right to marry is fundamental as a matter of history and tradition, but rights come not from ancient sources

alone. They rise, too, from a better informed understanding of how constitutional imperatives define a liberty that remains urgent in our own era. Many who deem same-sex marriage to be wrong reach that conclusion based on decent and honorable religious or philosophical premises, and neither they nor their beliefs are disparaged here. But when that sincere, personal opposition becomes enacted law and public policy, the necessary consequence is to put the imprimatur of the State itself on an exclusion that soon demeans or stigmatizes those whose own liberty is then denied. Under the Constitution, same-sex couples seek in marriage the same legal treatment as opposite-sex couples, and it would disparage their choices and diminish their personhood to deny them this right.

The right of same-sex couples to marry that is part of the liberty promised by the Fourteenth Amendment is derived, too, from that Amendment's guarantee of the equal protection of the laws. The Due Process Clause and the Equal Protection Clause are connected in a profound way, though they set forth independent principles. Rights implicit in liberty and rights secured by equal protection may rest on different precepts and are not always coextensive, yet in some instances each may be instructive as to the meaning and reach of the other. In any particular case one Clause may be thought to capture the essence of the right in a more accurate and comprehensive way, even as the two Clauses may converge in the identification and definition of the right. See *M. L. B.*, 519 U. S., at 120–121; *id.*, at 128–129 (KENNEDY, J., concurring in judgment); *Bearden* v. *Georgia*, 461 U. S. 660, 665 (1983). This interrelation of the two principles furthers our understanding of what freedom is and must become.

The Court's cases touching upon the right to marry reflect this dynamic. In *Loving* the Court invalidated a prohibition on interracial marriage under both the Equal Protection Clause and the Due Process Clause. The Court

first declared the prohibition invalid because of its unequal treatment of interracial couples. It stated: "There can be no doubt that restricting the freedom to marry solely because of racial classifications violates the central meaning of the Equal Protection Clause." 388 U. S., at 12. With this link to equal protection the Court proceeded to hold the prohibition offended central precepts of liberty: "To deny this fundamental freedom on so unsupportable a basis as the racial classifications embodied in these statutes, classifications so directly subversive of the principle of equality at the heart of the Fourteenth Amendment, is surely to deprive all the State's citizens of liberty without due process of law." *Ibid.* The reasons why marriage is a fundamental right became more clear and compelling from a full awareness and understanding of the hurt that resulted from laws barring interracial unions.

The synergy between the two protections is illustrated further in *Zablocki*. There the Court invoked the Equal Protection Clause as its basis for invalidating the challenged law, which, as already noted, barred fathers who were behind on child-support payments from marrying without judicial approval. The equal protection analysis depended in central part on the Court's holding that the law burdened a right "of fundamental importance." 434 U. S., at 383. It was the essential nature of the marriage right, discussed at length in *Zablocki*, see *id.,* at 383–387, that made apparent the law's incompatibility with requirements of equality. Each concept—liberty and equal protection—leads to a stronger understanding of the other.

Indeed, in interpreting the Equal Protection Clause, the Court has recognized that new insights and societal understandings can reveal unjustified inequality within our most fundamental institutions that once passed unnoticed and unchallenged. To take but one period, this occurred with respect to marriage in the 1970's and 1980's. Notwithstanding the gradual erosion of the doctrine of cover-

ture, see *supra*, at 6, invidious sex-based classifications in marriage remained common through the mid-20th century. See App. to Brief for Appellant in *Reed* v. *Reed*, O. T. 1971, No. 70–4, pp. 69–88 (an extensive reference to laws extant as of 1971 treating women as unequal to men in marriage). These classifications denied the equal dignity of men and women. One State's law, for example, provided in 1971 that "the husband is the head of the family and the wife is subject to him; her legal civil existence is merged in the husband, except so far as the law recognizes her separately, either for her own protection, or for her benefit." Ga. Code Ann. §53–501 (1935). Responding to a new awareness, the Court invoked equal protection principles to invalidate laws imposing sex-based inequality on marriage. See, *e.g., Kirchberg* v. *Feenstra*, 450 U. S. 455 (1981); *Wengler* v. *Druggists Mut. Ins. Co.*, 446 U. S. 142 (1980); *Califano* v. *Westcott*, 443 U. S. 76 (1979); *Orr* v. *Orr*, 440 U. S. 268 (1979); *Califano* v. *Goldfarb*, 430 U. S. 199 (1977) (plurality opinion); *Weinberger* v. *Wiesenfeld*, 420 U. S. 636 (1975); *Frontiero* v. *Richardson*, 411 U. S. 677 (1973). Like *Loving* and *Zablocki*, these precedents show the Equal Protection Clause can help to identify and correct inequalities in the institution of marriage, vindicating precepts of liberty and equality under the Constitution.

Other cases confirm this relation between liberty and equality. In *M. L. B.* v. *S. L. J.*, the Court invalidated under due process and equal protection principles a statute requiring indigent mothers to pay a fee in order to appeal the termination of their parental rights. See 519 U. S., at 119–124. In *Eisenstadt* v. *Baird*, the Court invoked both principles to invalidate a prohibition on the distribution of contraceptives to unmarried persons but not married persons. See 405 U. S., at 446–454. And in *Skinner* v. *Oklahoma ex rel. Williamson*, the Court invalidated under both principles a law that allowed steriliza-

tion of habitual criminals. See 316 U. S., at 538–543.

In *Lawrence* the Court acknowledged the interlocking nature of these constitutional safeguards in the context of the legal treatment of gays and lesbians. See 539 U. S., at 575. Although *Lawrence* elaborated its holding under the Due Process Clause, it acknowledged, and sought to remedy, the continuing inequality that resulted from laws making intimacy in the lives of gays and lesbians a crime against the State. See *ibid.* *Lawrence* therefore drew upon principles of liberty and equality to define and protect the rights of gays and lesbians, holding the State "cannot demean their existence or control their destiny by making their private sexual conduct a crime." *Id.*, at 578.

This dynamic also applies to same-sex marriage. It is now clear that the challenged laws burden the liberty of same-sex couples, and it must be further acknowledged that they abridge central precepts of equality. Here the marriage laws enforced by the respondents are in essence unequal: same-sex couples are denied all the benefits afforded to opposite-sex couples and are barred from exercising a fundamental right. Especially against a long history of disapproval of their relationships, this denial to same-sex couples of the right to marry works a grave and continuing harm. The imposition of this disability on gays and lesbians serves to disrespect and subordinate them. And the Equal Protection Clause, like the Due Process Clause, prohibits this unjustified infringement of the fundamental right to marry. See, *e.g., Zablocki*, *supra*, at 383–388; *Skinner*, 316 U. S., at 541.

These considerations lead to the conclusion that the right to marry is a fundamental right inherent in the liberty of the person, and under the Due Process and Equal Protection Clauses of the Fourteenth Amendment couples of the same-sex may not be deprived of that right and that liberty. The Court now holds that same-sex couples may exercise the fundamental right to marry. No

longer may this liberty be denied to them. *Baker* v. *Nelson* must be and now is overruled, and the State laws challenged by Petitioners in these cases are now held invalid to the extent they exclude same-sex couples from civil marriage on the same terms and conditions as opposite-sex couples.

IV

There may be an initial inclination in these cases to proceed with caution—to await further legislation, litigation, and debate. The respondents warn there has been insufficient democratic discourse before deciding an issue so basic as the definition of marriage. In its ruling on the cases now before this Court, the majority opinion for the Court of Appeals made a cogent argument that it would be appropriate for the respondents' States to await further public discussion and political measures before licensing same-sex marriages. See *DeBoer*, 772 F. 3d, at 409.

Yet there has been far more deliberation than this argument acknowledges. There have been referenda, legislative debates, and grassroots campaigns, as well as countless studies, papers, books, and other popular and scholarly writings. There has been extensive litigation in state and federal courts. See Appendix A, *infra*. Judicial opinions addressing the issue have been informed by the contentions of parties and counsel, which, in turn, reflect the more general, societal discussion of same-sex marriage and its meaning that has occurred over the past decades. As more than 100 *amici* make clear in their filings, many of the central institutions in American life—state and local governments, the military, large and small businesses, labor unions, religious organizations, law enforcement, civic groups, professional organizations, and universities—have devoted substantial attention to the question. This has led to an enhanced understanding of the issue—an understanding reflected in the arguments now presented

for resolution as a matter of constitutional law.

Of course, the Constitution contemplates that democracy is the appropriate process for change, so long as that process does not abridge fundamental rights. Last Term, a plurality of this Court reaffirmed the importance of the democratic principle in *Schuette* v. *BAMN*, 572 U. S. ___ (2014), noting the "right of citizens to debate so they can learn and decide and then, through the political process, act in concert to try to shape the course of their own times." *Id.*, at ___ – ___ (slip op., at 15–16). Indeed, it is most often through democracy that liberty is preserved and protected in our lives. But as *Schuette* also said, "[t]he freedom secured by the Constitution consists, in one of its essential dimensions, of the right of the individual not to be injured by the unlawful exercise of governmental power." *Id.,* at ___ (slip op., at 15). Thus, when the rights of persons are violated, "the Constitution requires redress by the courts," notwithstanding the more general value of democratic decisionmaking. *Id.,* at ___ (slip op., at 17). This holds true even when protecting individual rights affects issues of the utmost importance and sensitivity.

The dynamic of our constitutional system is that individuals need not await legislative action before asserting a fundamental right. The Nation's courts are open to injured individuals who come to them to vindicate their own direct, personal stake in our basic charter. An individual can invoke a right to constitutional protection when he or she is harmed, even if the broader public disagrees and even if the legislature refuses to act. The idea of the Constitution "was to withdraw certain subjects from the vicissitudes of political controversy, to place them beyond the reach of majorities and officials and to establish them as legal principles to be applied by the courts." *West Virginia Bd. of Ed.* v. *Barnette*, 319 U. S. 624, 638 (1943). This is why "fundamental rights may not be submitted to a vote; they depend on the outcome of no elections." *Ibid.*

It is of no moment whether advocates of same-sex marriage now enjoy or lack momentum in the democratic process. The issue before the Court here is the legal question whether the Constitution protects the right of same-sex couples to marry.

This is not the first time the Court has been asked to adopt a cautious approach to recognizing and protecting fundamental rights. In *Bowers*, a bare majority upheld a law criminalizing same-sex intimacy. See 478 U. S., at 186, 190–195. That approach might have been viewed as a cautious endorsement of the democratic process, which had only just begun to consider the rights of gays and lesbians. Yet, in effect, *Bowers* upheld state action that denied gays and lesbians a fundamental right and caused them pain and humiliation. As evidenced by the dissents in that case, the facts and principles necessary to a correct holding were known to the *Bowers* Court. See *id.*, at 199 (Blackmun, J., joined by Brennan, Marshall, and Stevens, JJ., dissenting); *id.,* at 214 (Stevens, J., joined by Brennan and Marshall, JJ., dissenting). That is why *Lawrence* held *Bowers* was "not correct when it was decided." 539 U. S., at 578. Although *Bowers* was eventually repudiated in *Lawrence*, men and women were harmed in the interim, and the substantial effects of these injuries no doubt lingered long after *Bowers* was overruled. Dignitary wounds cannot always be healed with the stroke of a pen.

A ruling against same-sex couples would have the same effect—and, like *Bowers*, would be unjustified under the Fourteenth Amendment. The petitioners' stories make clear the urgency of the issue they present to the Court. James Obergefell now asks whether Ohio can erase his marriage to John Arthur for all time. April DeBoer and Jayne Rowse now ask whether Michigan may continue to deny them the certainty and stability all mothers desire to protect their children, and for them and their children the childhood years will pass all too soon. Ijpe DeKoe and

Thomas Kostura now ask whether Tennessee can deny to one who has served this Nation the basic dignity of recognizing his New York marriage. Properly presented with the petitioners' cases, the Court has a duty to address these claims and answer these questions.

Indeed, faced with a disagreement among the Courts of Appeals—a disagreement that caused impermissible geographic variation in the meaning of federal law—the Court granted review to determine whether same-sex couples may exercise the right to marry. Were the Court to uphold the challenged laws as constitutional, it would teach the Nation that these laws are in accord with our society's most basic compact. Were the Court to stay its hand to allow slower, case-by-case determination of the required availability of specific public benefits to same-sex couples, it still would deny gays and lesbians many rights and responsibilities intertwined with marriage.

The respondents also argue allowing same-sex couples to wed will harm marriage as an institution by leading to fewer opposite-sex marriages. This may occur, the respondents contend, because licensing same-sex marriage severs the connection between natural procreation and marriage. That argument, however, rests on a counterintuitive view of opposite-sex couple's decisionmaking processes regarding marriage and parenthood. Decisions about whether to marry and raise children are based on many personal, romantic, and practical considerations; and it is unrealistic to conclude that an opposite-sex couple would choose not to marry simply because same-sex couples may do so. See *Kitchen* v. *Herbert*, 755 F. 3d 1193, 1223 (CA10 2014) ("[I]t is wholly illogical to believe that state recognition of the love and commitment between same-sex couples will alter the most intimate and personal decisions of opposite-sex couples"). The respondents have not shown a foundation for the conclusion that allowing same-sex marriage will cause the harmful outcomes they

describe. Indeed, with respect to this asserted basis for excluding same-sex couples from the right to marry, it is appropriate to observe these cases involve only the rights of two consenting adults whose marriages would pose no risk of harm to themselves or third parties.

Finally, it must be emphasized that religions, and those who adhere to religious doctrines, may continue to advocate with utmost, sincere conviction that, by divine precepts, same-sex marriage should not be condoned. The First Amendment ensures that religious organizations and persons are given proper protection as they seek to teach the principles that are so fulfilling and so central to their lives and faiths, and to their own deep aspirations to continue the family structure they have long revered. The same is true of those who oppose same-sex marriage for other reasons. In turn, those who believe allowing same-sex marriage is proper or indeed essential, whether as a matter of religious conviction or secular belief, may engage those who disagree with their view in an open and searching debate. The Constitution, however, does not permit the State to bar same-sex couples from marriage on the same terms as accorded to couples of the opposite sex.

V

These cases also present the question whether the Constitution requires States to recognize same-sex marriages validly performed out of State. As made clear by the case of Obergefell and Arthur, and by that of DeKoe and Kostura, the recognition bans inflict substantial and continuing harm on same-sex couples.

Being married in one State but having that valid marriage denied in another is one of "the most perplexing and distressing complication[s]" in the law of domestic relations. *Williams* v. *North Carolina*, 317 U. S. 287, 299 (1942) (internal quotation marks omitted). Leaving the current state of affairs in place would maintain and pro-

mote instability and uncertainty. For some couples, even an ordinary drive into a neighboring State to visit family or friends risks causing severe hardship in the event of a spouse's hospitalization while across state lines. In light of the fact that many States already allow same-sex marriage—and hundreds of thousands of these marriages already have occurred—the disruption caused by the recognition bans is significant and ever-growing.

As counsel for the respondents acknowledged at argument, if States are required by the Constitution to issue marriage licenses to same-sex couples, the justifications for refusing to recognize those marriages performed elsewhere are undermined. See Tr. of Oral Arg. on Question 2, p. 44. The Court, in this decision, holds same-sex couples may exercise the fundamental right to marry in all States. It follows that the Court also must hold—and it now does hold—that there is no lawful basis for a State to refuse to recognize a lawful same-sex marriage performed in another State on the ground of its same-sex character.

* * *

No union is more profound than marriage, for it embodies the highest ideals of love, fidelity, devotion, sacrifice, and family. In forming a marital union, two people become something greater than once they were. As some of the petitioners in these cases demonstrate, marriage embodies a love that may endure even past death. It would misunderstand these men and women to say they disrespect the idea of marriage. Their plea is that they do respect it, respect it so deeply that they seek to find its fulfillment for themselves. Their hope is not to be condemned to live in loneliness, excluded from one of civilization's oldest institutions. They ask for equal dignity in the eyes of the law. The Constitution grants them that right.

The judgment of the Court of Appeals for the Sixth Circuit is reversed.

It is so ordered.

APPENDICES
A
State and Federal Judicial Decisions
Addressing Same-Sex Marriage

United States Courts of Appeals Decisions

Adams v. *Howerton*, 673 F. 2d 1036 (CA9 1982)
Smelt v. *County of Orange*, 447 F. 3d 673 (CA9 2006)
Citizens for Equal Protection v. *Bruning*, 455 F. 3d 859 (CA8 2006)
Windsor v. *United States*, 699 F. 3d 169 (CA2 2012)
Massachusetts v. *Department of Health and Human Services*, 682 F. 3d 1 (CA1 2012)
Perry v. *Brown*, 671 F. 3d 1052 (CA9 2012)
Latta v. *Otter*, 771 F. 3d 456 (CA9 2014)
Baskin v. *Bogan*, 766 F. 3d 648 (CA7 2014)
Bishop v. *Smith*, 760 F. 3d 1070 (CA10 2014)
Bostic v. *Schaefer*, 760 F. 3d 352 (CA4 2014)
Kitchen v. *Herbert*, 755 F. 3d 1193 (CA10 2014)
DeBoer v. *Snyder*, 772 F. 3d 388 (CA6 2014)
Latta v. *Otter*, 779 F. 3d 902 (CA9 2015) (O'Scannlain, J., dissenting from the denial of rehearing en banc)

United States District Court Decisions

Adams v. *Howerton*, 486 F. Supp. 1119 (CD Cal. 1980)
Citizens for Equal Protection, Inc. v. *Bruning*, 290 F. Supp. 2d 1004 (Neb. 2003)
Citizens for Equal Protection v. *Bruning*, 368 F. Supp. 2d 980 (Neb. 2005)
Wilson v. *Ake*, 354 F. Supp. 2d 1298 (MD Fla. 2005)
Smelt v. *County of Orange*, 374 F. Supp. 2d 861 (CD Cal. 2005)
Bishop v. *Oklahoma ex rel. Edmondson*, 447 F. Supp. 2d 1239 (ND Okla. 2006)

Massachusetts v. *Department of Health and Human Services*, 698 F. Supp. 2d 234 (Mass. 2010)

Gill v. *Office of Personnel Management*, 699 F. Supp. 2d 374 (Mass. 2010)

Perry v. *Schwarzenegger*, 704 F. Supp. 2d 921 (ND Cal. 2010)

Dragovich v. *Department of Treasury*, 764 F. Supp. 2d 1178 (ND Cal. 2011)

Golinski v. *Office of Personnel Management*, 824 F. Supp. 2d 968 (ND Cal. 2012)

Dragovich v. *Department of Treasury*, 872 F. Supp. 2d 944 (ND Cal. 2012)

Windsor v. *United States*, 833 F. Supp. 2d 394 (SDNY 2012)

Pedersen v. *Office of Personnel Management*, 881 F. Supp. 2d 294 (Conn. 2012)

Jackson v. *Abercrombie*, 884 F. Supp. 2d 1065 (Haw. 2012)

Sevcik v. *Sandoval*, 911 F. Supp. 2d 996 (Nev. 2012)

Merritt v. *Attorney General*, 2013 WL 6044329 (MD La., Nov. 14, 2013)

Gray v. *Orr*, 4 F. Supp. 3d 984 (ND Ill. 2013)

Lee v. *Orr*, 2013 WL 6490577 (ND Ill., Dec. 10, 2013)

Kitchen v. *Herbert*, 961 F. Supp. 2d 1181 (Utah 2013)

Obergefell v. *Wymyslo*, 962 F. Supp. 2d 968 (SD Ohio 2013)

Bishop v. *United States ex rel. Holder*, 962 F. Supp. 2d 1252 (ND Okla. 2014)

Bourke v. *Beshear*, 996 F. Supp. 2d 542 (WD Ky. 2014)

Lee v. *Orr*, 2014 WL 683680 (ND Ill., Feb. 21, 2014)

Bostic v. *Rainey*, 970 F. Supp. 2d 456 (ED Va. 2014)

De Leon v. *Perry*, 975 F. Supp. 2d 632 (WD Tex. 2014)

Tanco v. *Haslam*, 7 F. Supp. 3d 759 (MD Tenn. 2014)

DeBoer v. *Snyder*, 973 F. Supp. 2d 757 (ED Mich. 2014)

Henry v. *Himes*, 14 F. Supp. 3d 1036 (SD Ohio 2014)

Latta v. *Otter*, 19 F. Supp. 3d 1054 (Idaho 2014)

Geiger v. *Kitzhaber*, 994 F. Supp. 2d 1128 (Ore. 2014)
Evans v. *Utah*, 21 F. Supp. 3d 1192 (Utah 2014)
Whitewood v. *Wolf*, 992 F. Supp. 2d 410 (MD Pa. 2014)
Wolf v. *Walker*, 986 F. Supp. 2d 982 (WD Wis. 2014)
Baskin v. *Bogan*, 12 F. Supp. 3d 1144 (SD Ind. 2014)
Love v. *Beshear*, 989 F. Supp. 2d 536 (WD Ky. 2014)
Burns v. *Hickenlooper*, 2014 WL 3634834 (Colo., July 23, 2014)
Bowling v. *Pence*, 39 F. Supp. 3d 1025 (SD Ind. 2014)
Brenner v. *Scott*, 999 F. Supp. 2d 1278 (ND Fla. 2014)
Robicheaux v. *Caldwell*, 2 F. Supp. 3d 910 (ED La. 2014)
General Synod of the United Church of Christ v. *Resinger*, 12 F. Supp. 3d 790 (WDNC 2014)
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B

State Legislation and Judicial Decisions
Legalizing Same-Sex Marriage

Legislation

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D. C. Act No. 18–248, 57 D. C. Reg. 27 (2010)
Haw. Rev. Stat. §572 –1 (2006) and 2013 Cum. Supp.)
Ill. Pub. Act No. 98–597
Me. Rev. Stat. Ann., Tit. 19, §650–A (Cum. Supp. 2014)
2012 Md. Laws p. 9
2013 Minn Laws p. 404
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2012 Wash. Sess. Laws p. 199

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Garden State Equality v. *Dow*, 216 N. J. 314, 79 A. 3d 1036 (2013)

SUPREME COURT OF THE UNITED STATES

Nos. 14–556, 14-562, 14-571 and 14–574

JAMES OBERGEFELL, ET AL., PETITIONERS
14–556 *v.*
RICHARD HODGES, DIRECTOR, OHIO DEPARTMENT OF HEALTH, ET AL.;

VALERIA TANCO, ET AL., PETITIONERS
14–562 *v.*
BILL HASLAM, GOVERNOR OF TENNESSEE, ET AL.;

APRIL DEBOER, ET AL., PETITIONERS
14–571 *v.*
RICK SNYDER, GOVERNOR OF MICHIGAN, ET AL.; AND

GREGORY BOURKE, ET AL., PETITIONERS
14–574 *v.*
STEVE BESHEAR, GOVERNOR OF KENTUCKY

ON WRITS OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

[June 26, 2015]

CHIEF JUSTICE ROBERTS, with whom JUSTICE SCALIA and JUSTICE THOMAS join, dissenting.

Petitioners make strong arguments rooted in social policy and considerations of fairness. They contend that same-sex couples should be allowed to affirm their love and commitment through marriage, just like opposite-sex couples. That position has undeniable appeal; over the

past six years, voters and legislators in eleven States and the District of Columbia have revised their laws to allow marriage between two people of the same sex.

But this Court is not a legislature. Whether same-sex marriage is a good idea should be of no concern to us. Under the Constitution, judges have power to say what the law is, not what it should be. The people who ratified the Constitution authorized courts to exercise "neither force nor will but merely judgment." The Federalist No. 78, p. 465 (C. Rossiter ed. 1961) (A. Hamilton) (capitalization altered).

Although the policy arguments for extending marriage to same-sex couples may be compelling, the legal arguments for requiring such an extension are not. The fundamental right to marry does not include a right to make a State change its definition of marriage. And a State's decision to maintain the meaning of marriage that has persisted in every culture throughout human history can hardly be called irrational. In short, our Constitution does not enact any one theory of marriage. The people of a State are free to expand marriage to include same-sex couples, or to retain the historic definition.

Today, however, the Court takes the extraordinary step of ordering every State to license and recognize same-sex marriage. Many people will rejoice at this decision, and I begrudge none their celebration. But for those who believe in a government of laws, not of men, the majority's approach is deeply disheartening. Supporters of same-sex marriage have achieved considerable success persuading their fellow citizens—through the democratic process—to adopt their view. That ends today. Five lawyers have closed the debate and enacted their own vision of marriage as a matter of constitutional law. Stealing this issue from the people will for many cast a cloud over same-sex marriage, making a dramatic social change that much more difficult to accept.

The majority's decision is an act of will, not legal judgment. The right it announces has no basis in the Constitution or this Court's precedent. The majority expressly disclaims judicial "caution" and omits even a pretense of humility, openly relying on its desire to remake society according to its own "new insight" into the "nature of injustice." *Ante*, at 11, 23. As a result, the Court invalidates the marriage laws of more than half the States and orders the transformation of a social institution that has formed the basis of human society for millennia, for the Kalahari Bushmen and the Han Chinese, the Carthaginians and the Aztecs. Just who do we think we are?

It can be tempting for judges to confuse our own preferences with the requirements of the law. But as this Court has been reminded throughout our history, the Constitution "is made for people of fundamentally differing views." *Lochner* v. *New York*, 198 U. S. 45, 76 (1905) (Holmes, J., dissenting). Accordingly, "courts are not concerned with the wisdom or policy of legislation." *Id.*, at 69 (Harlan, J., dissenting). The majority today neglects that restrained conception of the judicial role. It seizes for itself a question the Constitution leaves to the people, at a time when the people are engaged in a vibrant debate on that question. And it answers that question based not on neutral principles of constitutional law, but on its own "understanding of what freedom is and must become." *Ante*, at 19. I have no choice but to dissent.

Understand well what this dissent is about: It is not about whether, in my judgment, the institution of marriage should be changed to include same-sex couples. It is instead about whether, in our democratic republic, that decision should rest with the people acting through their elected representatives, or with five lawyers who happen to hold commissions authorizing them to resolve legal disputes according to law. The Constitution leaves no doubt about the answer.

I

Petitioners and their *amici* base their arguments on the "right to marry" and the imperative of "marriage equality." There is no serious dispute that, under our precedents, the Constitution protects a right to marry and requires States to apply their marriage laws equally. The real question in these cases is what constitutes "marriage," or—more precisely—*who decides* what constitutes "marriage"?

The majority largely ignores these questions, relegating ages of human experience with marriage to a paragraph or two. Even if history and precedent are not "the end" of these cases, *ante*, at 4, I would not "sweep away what has so long been settled" without showing greater respect for all that preceded us. *Town of Greece* v. *Galloway*, 572 U. S. ___, ___ (2014) (slip op., at 8).

A

As the majority acknowledges, marriage "has existed for millennia and across civilizations." *Ante*, at 3. For all those millennia, across all those civilizations, "marriage" referred to only one relationship: the union of a man and a woman. See *ante*, at 4; Tr. of Oral Arg. on Question 1, p. 12 (petitioners conceding that they are not aware of any society that permitted same-sex marriage before 2001). As the Court explained two Terms ago, "until recent years, . . . marriage between a man and a woman no doubt had been thought of by most people as essential to the very definition of that term and to its role and function throughout the history of civilization." *United States* v. *Windsor*, 570 U. S. ___, ___ (2013) (slip op., at 13).

This universal definition of marriage as the union of a man and a woman is no historical coincidence. Marriage did not come about as a result of a political movement, discovery, disease, war, religious doctrine, or any other moving force of world history—and certainly not as a result of a prehistoric decision to exclude gays and lesbi-

ans. It arose in the nature of things to meet a vital need: ensuring that children are conceived by a mother and father committed to raising them in the stable conditions of a lifelong relationship. See G. Quale, A History of Marriage Systems 2 (1988); cf. M. Cicero, De Officiis 57 (W. Miller transl. 1913) ("For since the reproductive instinct is by nature's gift the common possession of all living creatures, the first bond of union is that between husband and wife; the next, that between parents and children; then we find one home, with everything in common.").

The premises supporting this concept of marriage are so fundamental that they rarely require articulation. The human race must procreate to survive. Procreation occurs through sexual relations between a man and a woman. When sexual relations result in the conception of a child, that child's prospects are generally better if the mother and father stay together rather than going their separate ways. Therefore, for the good of children and society, sexual relations that can lead to procreation should occur only between a man and a woman committed to a lasting bond.

Society has recognized that bond as marriage. And by bestowing a respected status and material benefits on married couples, society encourages men and women to conduct sexual relations within marriage rather than without. As one prominent scholar put it, "Marriage is a socially arranged solution for the problem of getting people to stay together and care for children that the mere desire for children, and the sex that makes children possible, does not solve." J. Q. Wilson, The Marriage Problem 41 (2002).

This singular understanding of marriage has prevailed in the United States throughout our history. The majority accepts that at "the time of the Nation's founding [marriage] was understood to be a voluntary contract between

a man and a woman." *Ante*, at 6. Early Americans drew heavily on legal scholars like William Blackstone, who regarded marriage between "husband and wife" as one of the "great relations in private life," and philosophers like John Locke, who described marriage as "a voluntary compact between man and woman" centered on "its chief end, procreation" and the "nourishment and support" of children. 1 W. Blackstone, Commentaries *410; J. Locke, Second Treatise of Civil Government §§78–79, p. 39 (J. Gough ed. 1947). To those who drafted and ratified the Constitution, this conception of marriage and family "was a given: its structure, its stability, roles, and values accepted by all." Forte, The Framers' Idea of Marriage and Family, in The Meaning of Marriage 100, 102 (R. George & J. Elshtain eds. 2006).

The Constitution itself says nothing about marriage, and the Framers thereby entrusted the States with "[t]he whole subject of the domestic relations of husband and wife." *Windsor*, 570 U. S., at ___ (slip op., at 17) (quoting *In re Burrus*, 136 U. S. 586, 593–594 (1890)). There is no dispute that every State at the founding—and every State throughout our history until a dozen years ago—defined marriage in the traditional, biologically rooted way. The four States in these cases are typical. Their laws, before and after statehood, have treated marriage as the union of a man and a woman. See *DeBoer* v. *Snyder*, 772 F. 3d 388, 396–399 (CA6 2014). Even when state laws did not specify this definition expressly, no one doubted what they meant. See *Jones* v. *Hallahan*, 501 S. W. 2d 588, 589 (Ky. App. 1973). The meaning of "marriage" went without saying.

Of course, many did say it. In his first American dictionary, Noah Webster defined marriage as "the legal union of a man and woman for life," which served the purposes of "preventing the promiscuous intercourse of the sexes, . . . promoting domestic felicity, and . . . securing the

maintenance and education of children." 1 An American Dictionary of the English Language (1828). An influential 19th-century treatise defined marriage as "a civil status, existing in one man and one woman legally united for life for those civil and social purposes which are based in the distinction of sex." J. Bishop, Commentaries on the Law of Marriage and Divorce 25 (1852). The first edition of Black's Law Dictionary defined marriage as "the civil status of one man and one woman united in law for life." Black's Law Dictionary 756 (1891) (emphasis deleted). The dictionary maintained essentially that same definition for the next century.

This Court's precedents have repeatedly described marriage in ways that are consistent only with its traditional meaning. Early cases on the subject referred to marriage as "the union for life of one man and one woman," *Murphy* v. *Ramsey*, 114 U. S. 15, 45 (1885), which forms "the foundation of the family and of society, without which there would be neither civilization nor progress," *Maynard* v. *Hill*, 125 U. S. 190, 211 (1888). We later described marriage as "fundamental to our very existence and survival," an understanding that necessarily implies a procreative component. *Loving* v. *Virginia*, 388 U. S. 1, 12 (1967); see *Skinner* v. *Oklahoma ex rel. Williamson*, 316 U. S. 535, 541 (1942). More recent cases have directly connected the right to marry with the "right to procreate." *Zablocki* v. *Redhail*, 434 U. S. 374, 386 (1978).

As the majority notes, some aspects of marriage have changed over time. Arranged marriages have largely given way to pairings based on romantic love. States have replaced coverture, the doctrine by which a married man and woman became a single legal entity, with laws that respect each participant's separate status. Racial restrictions on marriage, which "arose as an incident to slavery" to promote "White Supremacy," were repealed by many States and ultimately struck down by this Court.

Loving, 388 U. S., at 6–7.

The majority observes that these developments "were not mere superficial changes" in marriage, but rather "worked deep transformations in its structure." *Ante*, at 6–7. They did not, however, work any transformation in the core structure of marriage as the union between a man and a woman. If you had asked a person on the street how marriage was defined, no one would ever have said, "Marriage is the union of a man and a woman, where the woman is subject to coverture." The majority may be right that the "history of marriage is one of both continuity and change," but the core meaning of marriage has endured. *Ante*, at 6.

B

Shortly after this Court struck down racial restrictions on marriage in *Loving*, a gay couple in Minnesota sought a marriage license. They argued that the Constitution required States to allow marriage between people of the same sex for the same reasons that it requires States to allow marriage between people of different races. The Minnesota Supreme Court rejected their analogy to *Loving*, and this Court summarily dismissed an appeal. *Baker* v. *Nelson*, 409 U. S. 810 (1972).

In the decades after *Baker*, greater numbers of gays and lesbians began living openly, and many expressed a desire to have their relationships recognized as marriages. Over time, more people came to see marriage in a way that could be extended to such couples. Until recently, this new view of marriage remained a minority position. After the Massachusetts Supreme Judicial Court in 2003 interpreted its State Constitution to require recognition of same-sex marriage, many States—including the four at issue here—enacted constitutional amendments formally adopting the longstanding definition of marriage.

Over the last few years, public opinion on marriage has

shifted rapidly. In 2009, the legislatures of Vermont, New Hampshire, and the District of Columbia became the first in the Nation to enact laws that revised the definition of marriage to include same-sex couples, while also providing accommodations for religious believers. In 2011, the New York Legislature enacted a similar law. In 2012, voters in Maine did the same, reversing the result of a referendum just three years earlier in which they had upheld the traditional definition of marriage.

In all, voters and legislators in eleven States and the District of Columbia have changed their definitions of marriage to include same-sex couples. The highest courts of five States have decreed that same result under their own Constitutions. The remainder of the States retain the traditional definition of marriage.

Petitioners brought lawsuits contending that the Due Process and Equal Protection Clauses of the Fourteenth Amendment compel their States to license and recognize marriages between same-sex couples. In a carefully reasoned decision, the Court of Appeals acknowledged the democratic "momentum" in favor of "expand[ing] the definition of marriage to include gay couples," but concluded that petitioners had not made "the case for constitutionalizing the definition of marriage and for removing the issue from the place it has been since the founding: in the hands of state voters." 772 F. 3d, at 396, 403. That decision interpreted the Constitution correctly, and I would affirm.

II

Petitioners first contend that the marriage laws of their States violate the Due Process Clause. The Solicitor General of the United States, appearing in support of petitioners, expressly disowned that position before this Court. See Tr. of Oral Arg. on Question 1, at 38–39. The majority nevertheless resolves these cases for petitioners based

almost entirely on the Due Process Clause.

The majority purports to identify four "principles and traditions" in this Court's due process precedents that support a fundamental right for same-sex couples to marry. *Ante*, at 12. In reality, however, the majority's approach has no basis in principle or tradition, except for the unprincipled tradition of judicial policymaking that characterized discredited decisions such as *Lochner* v. *New York*, 198 U. S. 45. Stripped of its shiny rhetorical gloss, the majority's argument is that the Due Process Clause gives same-sex couples a fundamental right to marry because it will be good for them and for society. If I were a legislator, I would certainly consider that view as a matter of social policy. But as a judge, I find the majority's position indefensible as a matter of constitutional law.

A

Petitioners' "fundamental right" claim falls into the most sensitive category of constitutional adjudication. Petitioners do not contend that their States' marriage laws violate an *enumerated* constitutional right, such as the freedom of speech protected by the First Amendment. There is, after all, no "Companionship and Understanding" or "Nobility and Dignity" Clause in the Constitution. See *ante*, at 3, 14. They argue instead that the laws violate a right *implied* by the Fourteenth Amendment's requirement that "liberty" may not be deprived without "due process of law."

This Court has interpreted the Due Process Clause to include a "substantive" component that protects certain liberty interests against state deprivation "no matter what process is provided." *Reno* v. *Flores*, 507 U. S. 292, 302 (1993). The theory is that some liberties are "so rooted in the traditions and conscience of our people as to be ranked as fundamental," and therefore cannot be deprived without compelling justification. *Snyder* v. *Massachusetts*, 291

U. S. 97, 105 (1934).

Allowing unelected federal judges to select which unenumerated rights rank as "fundamental"—and to strike down state laws on the basis of that determination—raises obvious concerns about the judicial role. Our precedents have accordingly insisted that judges "exercise the utmost care" in identifying implied fundamental rights, "lest the liberty protected by the Due Process Clause be subtly transformed into the policy preferences of the Members of this Court." *Washington* v. *Glucksberg*, 521 U. S. 702, 720 (1997) (internal quotation marks omitted); see Kennedy, Unenumerated Rights and the Dictates of Judicial Restraint 13 (1986) (Address at Stanford) ("One can conclude that certain essential, or fundamental, rights should exist in any just society. It does not follow that each of those essential rights is one that we as judges can enforce under the written Constitution. The Due Process Clause is not a guarantee of every right that should inhere in an ideal system.").

The need for restraint in administering the strong medicine of substantive due process is a lesson this Court has learned the hard way. The Court first applied substantive due process to strike down a statute in *Dred Scott* v. *Sandford*, 19 How. 393 (1857). There the Court invalidated the Missouri Compromise on the ground that legislation restricting the institution of slavery violated the implied rights of slaveholders. The Court relied on its own conception of liberty and property in doing so. It asserted that "an act of Congress which deprives a citizen of the United States of his liberty or property, merely because he came himself or brought his property into a particular Territory of the United States . . . could hardly be dignified with the name of due process of law." *Id.,* at 450. In a dissent that has outlasted the majority opinion, Justice Curtis explained that when the "fixed rules which govern the interpretation of laws [are] abandoned, and the theoretical

opinions of individuals are allowed to control" the Constitution's meaning, "we have no longer a Constitution; we are under the government of individual men, who for the time being have power to declare what the Constitution is, according to their own views of what it ought to mean." *Id.*, at 621.

Dred Scott's holding was overruled on the battlefields of the Civil War and by constitutional amendment after Appomattox, but its approach to the Due Process Clause reappeared. In a series of early 20th-century cases, most prominently *Lochner* v. *New York*, this Court invalidated state statutes that presented "meddlesome interferences with the rights of the individual," and "undue interference with liberty of person and freedom of contract." 198 U. S., at 60, 61. In *Lochner* itself, the Court struck down a New York law setting maximum hours for bakery employees, because there was "in our judgment, no reasonable foundation for holding this to be necessary or appropriate as a health law." *Id.,* at 58.

The dissenting Justices in *Lochner* explained that the New York law could be viewed as a reasonable response to legislative concern about the health of bakery employees, an issue on which there was at least "room for debate and for an honest difference of opinion." *Id.,* at 72 (opinion of Harlan, J.). The majority's contrary conclusion required adopting as constitutional law "an economic theory which a large part of the country does not entertain." *Id.,* at 75 (opinion of Holmes, J.). As Justice Holmes memorably put it, "The Fourteenth Amendment does not enact Mr. Herbert Spencer's Social Statics," a leading work on the philosophy of Social Darwinism. *Ibid.* The Constitution "is not intended to embody a particular economic theory . . . . It is made for people of fundamentally differing views, and the accident of our finding certain opinions natural and familiar or novel and even shocking ought not to conclude our judgment upon the question whether statutes embody-

ing them conflict with the Constitution." *Id.*, at 75–76.

In the decades after *Lochner*, the Court struck down nearly 200 laws as violations of individual liberty, often over strong dissents contending that "[t]he criterion of constitutionality is not whether we believe the law to be for the public good." *Adkins* v. *Children's Hospital of D. C.*, 261 U. S. 525, 570 (1923) (opinion of Holmes, J.). By empowering judges to elevate their own policy judgments to the status of constitutionally protected "liberty," the *Lochner* line of cases left "no alternative to regarding the court as a . . . legislative chamber." L. Hand, The Bill of Rights 42 (1958).

Eventually, the Court recognized its error and vowed not to repeat it. "The doctrine that . . . due process authorizes courts to hold laws unconstitutional when they believe the legislature has acted unwisely," we later explained, "has long since been discarded. We have returned to the original constitutional proposition that courts do not substitute their social and economic beliefs for the judgment of legislative bodies, who are elected to pass laws." *Ferguson* v. *Skrupa*, 372 U. S. 726, 730 (1963); see *Day-Brite Lighting, Inc.* v. *Missouri*, 342 U. S. 421, 423 (1952) ("we do not sit as a super-legislature to weigh the wisdom of legislation"). Thus, it has become an accepted rule that the Court will not hold laws unconstitutional simply because we find them "unwise, improvident, or out of harmony with a particular school of thought." *Williamson* v. *Lee Optical of Okla., Inc.*, 348 U. S. 483, 488 (1955).

Rejecting *Lochner* does not require disavowing the doctrine of implied fundamental rights, and this Court has not done so. But to avoid repeating *Lochner*'s error of converting personal preferences into constitutional mandates, our modern substantive due process cases have stressed the need for "judicial self-restraint." *Collins* v. *Harker Heights*, 503 U. S. 115, 125 (1992). Our precedents have required that implied fundamental rights be "objec-

tively, deeply rooted in this Nation's history and tradition," and "implicit in the concept of ordered liberty, such that neither liberty nor justice would exist if they were sacrificed." *Glucksberg*, 521 U. S., at 720–721 (internal quotation marks omitted).

Although the Court articulated the importance of history and tradition to the fundamental rights inquiry most precisely in *Glucksberg*, many other cases both before and after have adopted the same approach. See, *e.g., District Attorney's Office for Third Judicial Dist.* v. *Osborne*, 557 U. S. 52, 72 (2009); *Flores*, 507 U. S., at 303; *United States* v. *Salerno*, 481 U. S. 739, 751 (1987); *Moore* v. *East Cleveland*, 431 U. S. 494, 503 (1977) (plurality opinion); see also *id.,* at 544 (White, J., dissenting) ("The Judiciary, including this Court, is the most vulnerable and comes nearest to illegitimacy when it deals with judge-made constitutional law having little or no cognizable roots in the language or even the design of the Constitution."); *Troxel* v. *Granville*, 530 U. S. 57, 96–101 (2000) (KENNEDY, J., dissenting) (consulting "'[o]ur Nation's history, legal traditions, and practices'" and concluding that "[w]e owe it to the Nation's domestic relations legal structure . . . to proceed with caution" (quoting *Glucksberg*, 521 U. S., at 721)).

Proper reliance on history and tradition of course requires looking beyond the individual law being challenged, so that every restriction on liberty does not supply its own constitutional justification. The Court is right about that. *Ante*, at 18. But given the few "guideposts for responsible decisionmaking in this unchartered area," *Collins*, 503 U. S., at 125, "an approach grounded in history imposes limits on the judiciary that are more meaningful than any based on [an] abstract formula," *Moore*, 431 U. S., at 504, n. 12 (plurality opinion). Expanding a right suddenly and dramatically is likely to require tearing it up from its roots. Even a sincere profession of "discipline" in identify-

ing fundamental rights, *ante*, at 10–11, does not provide a meaningful constraint on a judge, for "what he is really likely to be 'discovering,' whether or not he is fully aware of it, are his own values," J. Ely, Democracy and Distrust 44 (1980). The only way to ensure restraint in this delicate enterprise is "continual insistence upon respect for the teachings of history, solid recognition of the basic values that underlie our society, and wise appreciation of the great roles [of] the doctrines of federalism and separation of powers." *Griswold* v. *Connecticut*, 381 U. S. 479, 501 (1965) (Harlan, J., concurring in judgment).

B

The majority acknowledges none of this doctrinal background, and it is easy to see why: Its aggressive application of substantive due process breaks sharply with decades of precedent and returns the Court to the unprincipled approach of *Lochner*.

1

The majority's driving themes are that marriage is desirable and petitioners desire it. The opinion describes the "transcendent importance" of marriage and repeatedly insists that petitioners do not seek to "demean," "devalue," "denigrate," or "disrespect" the institution. *Ante*, at 3, 4, 6, 28. Nobody disputes those points. Indeed, the compelling personal accounts of petitioners and others like them are likely a primary reason why many Americans have changed their minds about whether same-sex couples should be allowed to marry. As a matter of constitutional law, however, the sincerity of petitioners' wishes is not relevant.

When the majority turns to the law, it relies primarily on precedents discussing the fundamental "right to marry." *Turner* v. *Safley*, 482 U. S. 78, 95 (1987); *Zablocki*, 434 U. S., at 383; see *Loving*, 388 U. S., at 12. These cases

do not hold, of course, that anyone who wants to get married has a constitutional right to do so. They instead require a State to justify barriers to marriage as that institution has always been understood. In *Loving*, the Court held that racial restrictions on the right to marry lacked a compelling justification. In *Zablocki*, restrictions based on child support debts did not suffice. In *Turner*, restrictions based on status as a prisoner were deemed impermissible.

None of the laws at issue in those cases purported to change the core definition of marriage as the union of a man and a woman. The laws challenged in *Zablocki* and *Turner* did not define marriage as "the union of a man and a woman, *where neither party owes child support or is in prison*." Nor did the interracial marriage ban at issue in *Loving* define marriage as "the union of a man and a woman *of the same race*." See Tragen, Comment, Statutory Prohibitions Against Interracial Marriage, 32 Cal. L. Rev. 269 (1944) ("at common law there was no ban on interracial marriage"); *post*, at 11–12, n. 5 (THOMAS, J., dissenting). Removing racial barriers to marriage therefore did not change what a marriage was any more than integrating schools changed what a school was. As the majority admits, the institution of "marriage" discussed in every one of these cases "presumed a relationship involving opposite-sex partners." *Ante*, at 11.

In short, the "right to marry" cases stand for the important but limited proposition that particular restrictions on access to marriage *as traditionally defined* violate due process. These precedents say nothing at all about a right to make a State change its definition of marriage, which is the right petitioners actually seek here. See *Windsor*, 570 U. S., at ___ (ALITO, J., dissenting) (slip op., at 8) ("What Windsor and the United States seek . . . is not the protection of a deeply rooted right but the recognition of a very new right."). Neither petitioners nor the majority cites a

single case or other legal source providing any basis for such a constitutional right. None exists, and that is enough to foreclose their claim.

2

The majority suggests that "there are other, more instructive precedents" informing the right to marry. *Ante*, at 12. Although not entirely clear, this reference seems to correspond to a line of cases discussing an implied fundamental "right of privacy." *Griswold*, 381 U. S., at 486. In the first of those cases, the Court invalidated a criminal law that banned the use of contraceptives. *Id.*, at 485–486. The Court stressed the invasive nature of the ban, which threatened the intrusion of "the police to search the sacred precincts of marital bedrooms." *Id.,* at 485. In the Court's view, such laws infringed the right to privacy in its most basic sense: the "right to be let alone." *Eisenstadt* v. *Baird*, 405 U. S. 438, 453–454, n. 10 (1972) (internal quotation marks omitted); see *Olmstead* v. *United States*, 277 U. S. 438, 478 (1928) (Brandeis, J., dissenting).

The Court also invoked the right to privacy in *Lawrence* v. *Texas*, 539 U. S. 558 (2003), which struck down a Texas statute criminalizing homosexual sodomy. *Lawrence* relied on the position that criminal sodomy laws, like bans on contraceptives, invaded privacy by inviting "unwarranted government intrusions" that "touc[h] upon the most private human conduct, sexual behavior . . . in the most private of places, the home." *Id.*, at 562, 567.

Neither *Lawrence* nor any other precedent in the privacy line of cases supports the right that petitioners assert here. Unlike criminal laws banning contraceptives and sodomy, the marriage laws at issue here involve no government intrusion. They create no crime and impose no punishment. Same-sex couples remain free to live together, to engage in intimate conduct, and to raise their families as they see fit. No one is "condemned to live in loneli-

ness" by the laws challenged in these cases—no one. *Ante*, at 28. At the same time, the laws in no way interfere with the "right to be let alone."

The majority also relies on Justice Harlan's influential dissenting opinion in *Poe* v. *Ullman*, 367 U. S. 497 (1961). As the majority recounts, that opinion states that "[d]ue process has not been reduced to any formula." *Id.,* at 542. But far from conferring the broad interpretive discretion that the majority discerns, Justice Harlan's opinion makes clear that courts implying fundamental rights are not "free to roam where unguided speculation might take them." *Ibid.* They must instead have "regard to what history teaches" and exercise not only "judgment" but "restraint." *Ibid.* Of particular relevance, Justice Harlan explained that "laws regarding marriage which provide both when the sexual powers may be used and the legal and societal context in which children are born and brought up . . . form a pattern so deeply pressed into the substance of our social life that any Constitutional doctrine in this area must build upon that basis." *Id.*, at 546.

In sum, the privacy cases provide no support for the majority's position, because petitioners do not seek privacy. Quite the opposite, they seek public recognition of their relationships, along with corresponding government benefits. Our cases have consistently refused to allow litigants to convert the shield provided by constitutional liberties into a sword to demand positive entitlements from the State. See *DeShaney* v. *Winnebago County Dept. of Social Servs.*, 489 U. S. 189, 196 (1989); *San Antonio Independent School Dist.* v. *Rodriguez*, 411 U. S. 1, 35–37 (1973); *post*, at 9–13 (THOMAS, J., dissenting). Thus, although the right to privacy recognized by our precedents certainly plays a role in protecting the intimate conduct of same-sex couples, it provides no affirmative right to redefine marriage and no basis for striking down the laws at issue here.

Perhaps recognizing how little support it can derive from precedent, the majority goes out of its way to jettison the "careful" approach to implied fundamental rights taken by this Court in *Glucksberg*. *Ante*, at 18 (quoting 521 U. S., at 721). It is revealing that the majority's position requires it to effectively overrule *Glucksberg*, the leading modern case setting the bounds of substantive due process. At least this part of the majority opinion has the virtue of candor. Nobody could rightly accuse the majority of taking a careful approach.

Ultimately, only one precedent offers any support for the majority's methodology: *Lochner* v. *New York*, 198 U. S. 45. The majority opens its opinion by announcing petitioners' right to "define and express their identity." *Ante*, at 1–2. The majority later explains that "the right to personal choice regarding marriage is inherent in the concept of individual autonomy." *Ante*, at 12. This free-wheeling notion of individual autonomy echoes nothing so much as "the general right of an individual to be *free in his person* and in his power to contract in relation to his own labor." *Lochner*, 198 U. S., at 58 (emphasis added).

To be fair, the majority does not suggest that its individual autonomy right is entirely unconstrained. The constraints it sets are precisely those that accord with its own "reasoned judgment," informed by its "new insight" into the "nature of injustice," which was invisible to all who came before but has become clear "as we learn [the] meaning" of liberty. *Ante*, at 10, 11. The truth is that today's decision rests on nothing more than the majority's own conviction that same-sex couples should be allowed to marry because they want to, and that "it would disparage their choices and diminish their personhood to deny them this right." *Ante*, at 19. Whatever force that belief may have as a matter of moral philosophy, it has no more basis in the Constitution than did the naked policy preferences

adopted in *Lochner*. See 198 U. S., at 61 ("We do not believe in the soundness of the views which uphold this law," which "is an illegal interference with the rights of individuals . . . to make contracts regarding labor upon such terms as they may think best").

The majority recognizes that today's cases do not mark "the first time the Court has been asked to adopt a cautious approach to recognizing and protecting fundamental rights." *Ante*, at 25. On that much, we agree. The Court was "asked"—and it agreed—to "adopt a cautious approach" to implying fundamental rights after the debacle of the *Lochner* era. Today, the majority casts caution aside and revives the grave errors of that period.

One immediate question invited by the majority's position is whether States may retain the definition of marriage as a union of two people. Cf. *Brown* v. *Buhman*, 947 F. Supp. 2d 1170 (Utah 2013), appeal pending, No. 14-4117 (CA10). Although the majority randomly inserts the adjective "two" in various places, it offers no reason at all why the two-person element of the core definition of marriage may be preserved while the man-woman element may not. Indeed, from the standpoint of history and tradition, a leap from opposite-sex marriage to same-sex marriage is much greater than one from a two-person union to plural unions, which have deep roots in some cultures around the world. If the majority is willing to take the big leap, it is hard to see how it can say no to the shorter one.

It is striking how much of the majority's reasoning would apply with equal force to the claim of a fundamental right to plural marriage. If "[t]here is dignity in the bond between two men or two women who seek to marry and in their autonomy to make such profound choices," *ante*, at 13, why would there be any less dignity in the bond between three people who, in exercising their autonomy, seek to make the profound choice to marry? If a same-sex couple has the constitutional right to marry because their

children would otherwise "suffer the stigma of knowing their families are somehow lesser," *ante*, at 15, why wouldn't the same reasoning apply to a family of three or more persons raising children? If not having the opportunity to marry "serves to disrespect and subordinate" gay and lesbian couples, why wouldn't the same "imposition of this disability," *ante*, at 22, serve to disrespect and subordinate people who find fulfillment in polyamorous relationships? See Bennett, Polyamory: The Next Sexual Revolution? Newsweek, July 28, 2009 (estimating 500,000 polyamorous families in the United States); Li, Married Lesbian "Throuple" Expecting First Child, N. Y. Post, Apr. 23, 2014; Otter, Three May Not Be a Crowd: The Case for a Constitutional Right to Plural Marriage, 64 Emory L. J. 1977 (2015).

I do not mean to equate marriage between same-sex couples with plural marriages in all respects. There may well be relevant differences that compel different legal analysis. But if there are, petitioners have not pointed to any. When asked about a plural marital union at oral argument, petitioners asserted that a State "doesn't have such an institution." Tr. of Oral Arg. on Question 2, p. 6. But that is exactly the point: the States at issue here do not have an institution of same-sex marriage, either.

4

Near the end of its opinion, the majority offers perhaps the clearest insight into its decision. Expanding marriage to include same-sex couples, the majority insists, would "pose no risk of harm to themselves or third parties." *Ante*, at 27. This argument again echoes *Lochner*, which relied on its assessment that "we think that a law like the one before us involves neither the safety, the morals nor the welfare of the public, and that the interest of the public is not in the slightest degree affected by such an act." 198 U. S., at 57.

Then and now, this assertion of the "harm principle" sounds more in philosophy than law. The elevation of the fullest individual self-realization over the constraints that society has expressed in law may or may not be attractive moral philosophy. But a Justice's commission does not confer any special moral, philosophical, or social insight sufficient to justify imposing those perceptions on fellow citizens under the pretense of "due process." There is indeed a process due the people on issues of this sort—the democratic process. Respecting that understanding requires the Court to be guided by law, not any particular school of social thought. As Judge Henry Friendly once put it, echoing Justice Holmes's dissent in *Lochner*, the Fourteenth Amendment does not enact John Stuart Mill's On Liberty any more than it enacts Herbert Spencer's Social Statics. See Randolph, Before *Roe v. Wade*: Judge Friendly's Draft Abortion Opinion, 29 Harv. J. L. & Pub. Pol'y 1035, 1036–1037, 1058 (2006). And it certainly does not enact any one concept of marriage.

The majority's understanding of due process lays out a tantalizing vision of the future for Members of this Court: If an unvarying social institution enduring over all of recorded history cannot inhibit judicial policymaking, what can? But this approach is dangerous for the rule of law. The purpose of insisting that implied fundamental rights have roots in the history and tradition of our people is to ensure that when unelected judges strike down democratically enacted laws, they do so based on something more than their own beliefs. The Court today not only overlooks our country's entire history and tradition but actively repudiates it, preferring to live only in the heady days of the here and now. I agree with the majority that the "nature of injustice is that we may not always see it in our own times." *Ante*, at 11. As petitioners put it, "times can blind." Tr. of Oral Arg. on Question 1, at 9, 10. But to blind yourself to history is both prideful and unwise. "The

past is never dead. It's not even past." W. Faulkner, Requiem for a Nun 92 (1951).

III

In addition to their due process argument, petitioners contend that the Equal Protection Clause requires their States to license and recognize same-sex marriages. The majority does not seriously engage with this claim. Its discussion is, quite frankly, difficult to follow. The central point seems to be that there is a "synergy between" the Equal Protection Clause and the Due Process Clause, and that some precedents relying on one Clause have also relied on the other. *Ante*, at 20. Absent from this portion of the opinion, however, is anything resembling our usual framework for deciding equal protection cases. It is casebook doctrine that the "modern Supreme Court's treatment of equal protection claims has used a means-ends methodology in which judges ask whether the classification the government is using is sufficiently related to the goals it is pursuing." G. Stone, L. Seidman, C. Sunstein, M. Tushnet, & P. Karlan, Constitutional Law 453 (7th ed. 2013). The majority's approach today is different:

> "Rights implicit in liberty and rights secured by equal protection may rest on different precepts and are not always co-extensive, yet in some instances each may be instructive as to the meaning and reach of the other. In any particular case one Clause may be thought to capture the essence of the right in a more accurate and comprehensive way, even as the two Clauses may converge in the identification and definition of the right." *Ante*, at 19.

The majority goes on to assert in conclusory fashion that the Equal Protection Clause provides an alternative basis for its holding. *Ante*, at 22. Yet the majority fails to provide even a single sentence explaining how the Equal

Protection Clause supplies independent weight for its position, nor does it attempt to justify its gratuitous violation of the canon against unnecessarily resolving constitutional questions. See *Northwest Austin Municipal Util. Dist. No. One* v. *Holder*, 557 U. S. 193, 197 (2009). In any event, the marriage laws at issue here do not violate the Equal Protection Clause, because distinguishing between opposite-sex and same-sex couples is rationally related to the States' "legitimate state interest" in "preserving the traditional institution of marriage." *Lawrence*, 539 U. S., at 585 (O'Connor, J., concurring in judgment).

It is important to note with precision which laws petitioners have challenged. Although they discuss some of the ancillary legal benefits that accompany marriage, such as hospital visitation rights and recognition of spousal status on official documents, petitioners' lawsuits target the laws defining marriage generally rather than those allocating benefits specifically. The equal protection analysis might be different, in my view, if we were confronted with a more focused challenge to the denial of certain tangible benefits. Of course, those more selective claims will not arise now that the Court has taken the drastic step of requiring every State to license and recognize marriages between same-sex couples.

IV

The legitimacy of this Court ultimately rests "upon the respect accorded to its judgments." *Republican Party of Minn.* v. *White*, 536 U. S. 765, 793 (2002) (KENNEDY, J., concurring). That respect flows from the perception—and reality—that we exercise humility and restraint in deciding cases according to the Constitution and law. The role of the Court envisioned by the majority today, however, is anything but humble or restrained. Over and over, the majority exalts the role of the judiciary in delivering social change. In the majority's telling, it is the courts, not the

people, who are responsible for making "new dimensions of freedom . . . apparent to new generations," for providing "formal discourse" on social issues, and for ensuring "neutral discussions, without scornful or disparaging commentary." *Ante*, at 7–9.

Nowhere is the majority's extravagant conception of judicial supremacy more evident than in its description—and dismissal—of the public debate regarding same-sex marriage. Yes, the majority concedes, on one side are thousands of years of human history in every society known to have populated the planet. But on the other side, there has been "extensive litigation," "many thoughtful District Court decisions," "countless studies, papers, books, and other popular and scholarly writings," and "more than 100" *amicus* briefs in these cases alone. *Ante*, at 9, 10, 23. What would be the point of allowing the democratic process to go on? It is high time for the Court to decide the meaning of marriage, based on five lawyers' "better informed understanding" of "a liberty that remains urgent in our own era." *Ante*, at 19. The answer is surely there in one of those *amicus* briefs or studies.

Those who founded our country would not recognize the majority's conception of the judicial role. They after all risked their lives and fortunes for the precious right to govern themselves. They would never have imagined yielding that right on a question of social policy to unaccountable and unelected judges. And they certainly would not have been satisfied by a system empowering judges to override policy judgments so long as they do so after "a quite extensive discussion." *Ante*, at 8. In our democracy, debate about the content of the law is not an exhaustion requirement to be checked off before courts can impose their will. "Surely the Constitution does not put either the legislative branch or the executive branch in the position of a television quiz show contestant so that when a given period of time has elapsed and a problem remains unre-

solved by them, the federal judiciary may press a buzzer and take its turn at fashioning a solution." Rehnquist, The Notion of a Living Constitution, 54 Texas L. Rev. 693, 700 (1976). As a plurality of this Court explained just last year, "It is demeaning to the democratic process to presume that voters are not capable of deciding an issue of this sensitivity on decent and rational grounds." *Schuette* v. *BAMN*, 572 U. S. ___, ___ –___ (2014) (slip op., at 16–17).

The Court's accumulation of power does not occur in a vacuum. It comes at the expense of the people. And they know it. Here and abroad, people are in the midst of a serious and thoughtful public debate on the issue of same-sex marriage. They see voters carefully considering same-sex marriage, casting ballots in favor or opposed, and sometimes changing their minds. They see political leaders similarly reexamining their positions, and either reversing course or explaining adherence to old convictions confirmed anew. They see governments and businesses modifying policies and practices with respect to same-sex couples, and participating actively in the civic discourse. They see countries overseas democratically accepting profound social change, or declining to do so. This deliberative process is making people take seriously questions that they may not have even regarded as questions before.

When decisions are reached through democratic means, some people will inevitably be disappointed with the results. But those whose views do not prevail at least know that they have had their say, and accordingly are—in the tradition of our political culture—reconciled to the result of a fair and honest debate. In addition, they can gear up to raise the issue later, hoping to persuade enough on the winning side to think again. "That is exactly how our system of government is supposed to work." *Post,* at 2–3 (SCALIA, J., dissenting).

But today the Court puts a stop to all that. By deciding

this question under the Constitution, the Court removes it from the realm of democratic decision. There will be consequences to shutting down the political process on an issue of such profound public significance. Closing debate tends to close minds. People denied a voice are less likely to accept the ruling of a court on an issue that does not seem to be the sort of thing courts usually decide. As a thoughtful commentator observed about another issue, "The political process was moving . . . , not swiftly enough for advocates of quick, complete change, but majoritarian institutions were listening and acting. Heavy-handed judicial intervention was difficult to justify and appears to have provoked, not resolved, conflict." Ginsburg, Some Thoughts on Autonomy and Equality in Relation to *Roe v. Wade*, 63 N. C. L. Rev. 375, 385–386 (1985) (footnote omitted). Indeed, however heartened the proponents of same-sex marriage might be on this day, it is worth acknowledging what they have lost, and lost forever: the opportunity to win the true acceptance that comes from persuading their fellow citizens of the justice of their cause. And they lose this just when the winds of change were freshening at their backs.

Federal courts are blunt instruments when it comes to creating rights. They have constitutional power only to resolve concrete cases or controversies; they do not have the flexibility of legislatures to address concerns of parties not before the court or to anticipate problems that may arise from the exercise of a new right. Today's decision, for example, creates serious questions about religious liberty. Many good and decent people oppose same-sex marriage as a tenet of faith, and their freedom to exercise religion is—unlike the right imagined by the majority—actually spelled out in the Constitution. Amdt. 1.

Respect for sincere religious conviction has led voters and legislators in every State that has adopted same-sex marriage democratically to include accommodations for

religious practice. The majority's decision imposing same-sex marriage cannot, of course, create any such accommodations. The majority graciously suggests that religious believers may continue to "advocate" and "teach" their views of marriage. *Ante*, at 27. The First Amendment guarantees, however, the freedom to "*exercise*" religion. Ominously, that is not a word the majority uses.

Hard questions arise when people of faith exercise religion in ways that may be seen to conflict with the new right to same-sex marriage—when, for example, a religious college provides married student housing only to opposite-sex married couples, or a religious adoption agency declines to place children with same-sex married couples. Indeed, the Solicitor General candidly acknowledged that the tax exemptions of some religious institutions would be in question if they opposed same-sex marriage. See Tr. of Oral Arg. on Question 1, at 36–38. There is little doubt that these and similar questions will soon be before this Court. Unfortunately, people of faith can take no comfort in the treatment they receive from the majority today.

Perhaps the most discouraging aspect of today's decision is the extent to which the majority feels compelled to sully those on the other side of the debate. The majority offers a cursory assurance that it does not intend to disparage people who, as a matter of conscience, cannot accept same-sex marriage. *Ante*, at 19. That disclaimer is hard to square with the very next sentence, in which the majority explains that "the necessary consequence" of laws codifying the traditional definition of marriage is to "demea[n] or stigmatiz[e]" same-sex couples. *Ante*, at 19. The majority reiterates such characterizations over and over. By the majority's account, Americans who did nothing more than follow the understanding of marriage that has existed for our entire history—in particular, the tens of millions of people who voted to reaffirm their States' enduring defini-

tion of marriage—have acted to "lock . . . out," "disparage," "disrespect and subordinate," and inflict "[d]ignitary wounds" upon their gay and lesbian neighbors. *Ante*, at 17, 19, 22, 25. These apparent assaults on the character of fairminded people will have an effect, in society and in court. See *post*, at 6–7 (ALITO, J., dissenting). Moreover, they are entirely gratuitous. It is one thing for the majority to conclude that the Constitution protects a right to same-sex marriage; it is something else to portray everyone who does not share the majority's "better informed understanding" as bigoted. *Ante*, at 19.

In the face of all this, a much different view of the Court's role is possible. That view is more modest and restrained. It is more skeptical that the legal abilities of judges also reflect insight into moral and philosophical issues. It is more sensitive to the fact that judges are unelected and unaccountable, and that the legitimacy of their power depends on confining it to the exercise of legal judgment. It is more attuned to the lessons of history, and what it has meant for the country and Court when Justices have exceeded their proper bounds. And it is less pretentious than to suppose that while people around the world have viewed an institution in a particular way for thousands of years, the present generation and the present Court are the ones chosen to burst the bonds of that history and tradition.

* * *

If you are among the many Americans—of whatever sexual orientation—who favor expanding same-sex marriage, by all means celebrate today's decision. Celebrate the achievement of a desired goal. Celebrate the opportunity for a new expression of commitment to a partner. Celebrate the availability of new benefits. But do not celebrate the Constitution. It had nothing to do with it.

I respectfully dissent.

SUPREME COURT OF THE UNITED STATES

Nos. 14–556, 14-562, 14-571 and 14–574

JAMES OBERGEFELL, ET AL., PETITIONERS
14–556 *v.*
RICHARD HODGES, DIRECTOR, OHIO DEPARTMENT OF HEALTH, ET AL.;

VALERIA TANCO, ET AL., PETITIONERS
14–562 *v.*
BILL HASLAM, GOVERNOR OF TENNESSEE, ET AL.;

APRIL DEBOER, ET AL., PETITIONERS
14–571 *v.*
RICK SNYDER, GOVERNOR OF MICHIGAN, ET AL.; AND

GREGORY BOURKE, ET AL., PETITIONERS
14–574 *v.*
STEVE BESHEAR, GOVERNOR OF KENTUCKY

ON WRITS OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

[June 26, 2015]

JUSTICE SCALIA, with whom JUSTICE THOMAS joins, dissenting.

I join THE CHIEF JUSTICE's opinion in full. I write separately to call attention to this Court's threat to American democracy.

The substance of today's decree is not of immense personal importance to me. The law can recognize as marriage whatever sexual attachments and living arrangements it wishes, and can accord them favorable civil consequences, from tax treatment to rights of inheritance.

Those civil consequences—and the public approval that conferring the name of marriage evidences—can perhaps have adverse social effects, but no more adverse than the effects of many other controversial laws. So it is not of special importance to me what the law says about marriage. It is of overwhelming importance, however, who it is that rules me. Today's decree says that my Ruler, and the Ruler of 320 million Americans coast-to-coast, is a majority of the nine lawyers on the Supreme Court. The opinion in these cases is the furthest extension in fact—and the furthest extension one can even imagine—of the Court's claimed power to create "liberties" that the Constitution and its Amendments neglect to mention. This practice of constitutional revision by an unelected committee of nine, always accompanied (as it is today) by extravagant praise of liberty, robs the People of the most important liberty they asserted in the Declaration of Independence and won in the Revolution of 1776: the freedom to govern themselves.

I

Until the courts put a stop to it, public debate over same-sex marriage displayed American democracy at its best. Individuals on both sides of the issue passionately, but respectfully, attempted to persuade their fellow citizens to accept their views. Americans considered the arguments and put the question to a vote. The electorates of 11 States, either directly or through their representatives, chose to expand the traditional definition of marriage. Many more decided not to.[1] Win or lose, advocates for both sides continued pressing their cases, secure in the knowledge that an electoral loss can be negated by a later electoral win. That is exactly how our system of govern-

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[1] Brief for Respondents in No. 14–571, p. 14.

ment is supposed to work.[2]

The Constitution places some constraints on self-rule—constraints adopted *by the People themselves* when they ratified the Constitution and its Amendments. Forbidden are laws "impairing the Obligation of Contracts,"[3] denying "Full Faith and Credit" to the "public Acts" of other States,[4] prohibiting the free exercise of religion,[5] abridging the freedom of speech,[6] infringing the right to keep and bear arms,[7] authorizing unreasonable searches and seizures,[8] and so forth. Aside from these limitations, those powers "reserved to the States respectively, or to the people"[9] can be exercised as the States or the People desire. These cases ask us to decide whether the Fourteenth Amendment contains a limitation that requires the States to license and recognize marriages between two people of the same sex. Does it remove *that* issue from the political process?

Of course not. It would be surprising to find a prescription regarding marriage in the Federal Constitution since, as the author of today's opinion reminded us only two years ago (in an opinion joined by the same Justices who join him today):

> "[R]egulation of domestic relations is an area that has long been regarded as a virtually exclusive province of the States."[10]

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[2] Accord, *Schuette* v. *BAMN*, 572 U. S. ___, ___–___ (2014) (plurality opinion) (slip op., at 15–17).

[3] U. S. Const., Art. I, §10.

[4] Art. IV, §1.

[5] Amdt. 1.

[6] *Ibid.*

[7] Amdt. 2.

[8] Amdt. 4.

[9] Amdt. 10.

[10] *United States* v. *Windsor*, 570 U. S. ___, ___ (2013) (slip op., at 16) (internal quotation marks and citation omitted).

> "[T]he Federal Government, through our history, has deferred to state-law policy decisions with respect to domestic relations."[11]

But we need not speculate. When the Fourteenth Amendment was ratified in 1868, every State limited marriage to one man and one woman, and no one doubted the constitutionality of doing so. That resolves these cases. When it comes to determining the meaning of a vague constitutional provision—such as "due process of law" or "equal protection of the laws"—it is unquestionable that the People who ratified that provision did not understand it to prohibit a practice that remained both universal and uncontroversial in the years after ratification.[12] We have no basis for striking down a practice that is not expressly prohibited by the Fourteenth Amendment's text, and that bears the endorsement of a long tradition of open, widespread, and unchallenged use dating back to the Amendment's ratification. Since there is no doubt whatever that the People never decided to prohibit the limitation of marriage to opposite-sex couples, the public debate over same-sex marriage must be allowed to continue.

But the Court ends this debate, in an opinion lacking even a thin veneer of law. Buried beneath the mummeries and straining-to-be-memorable passages of the opinion is a candid and startling assertion: No matter *what* it was the People ratified, the Fourteenth Amendment protects those rights that the Judiciary, in its "reasoned judgment," thinks the Fourteenth Amendment ought to protect.[13] That is so because "[t]he generations that wrote and ratified the Bill of Rights and the Fourteenth Amendment did not presume to know the extent of freedom in all of its

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[11] *Id.,* at ___ (slip op., at 17).

[12] See *Town of Greece* v. *Galloway*, 572 U. S. ___, ___–___ (2014) (slip op., at 7–8).

[13] *Ante*, at 10.

dimensions . . . . "[14] One would think that sentence would continue: ". . . and therefore they provided for a means by which the People could amend the Constitution," or perhaps ". . . and therefore they left the creation of additional liberties, such as the freedom to marry someone of the same sex, to the People, through the never-ending process of legislation." But no. What logically follows, in the majority's judge-empowering estimation, is: "and so they entrusted to future generations a charter protecting the right of all persons to enjoy liberty as we learn its meaning."[15] The "we," needless to say, is the nine of us. "History and tradition guide and discipline [our] inquiry but do not set its outer boundaries."[16] Thus, rather than focusing on *the People's* understanding of "liberty"—at the time of ratification or even today—the majority focuses on four "principles and traditions" that, *in the majority's view*, prohibit States from defining marriage as an institution consisting of one man and one woman.[17]

This is a naked judicial claim to legislative—indeed, *super*-legislative—power; a claim fundamentally at odds with our system of government. Except as limited by a constitutional prohibition agreed to by the People, the States are free to adopt whatever laws they like, even those that offend the esteemed Justices' "reasoned judgment." A system of government that makes the People subordinate to a committee of nine unelected lawyers does not deserve to be called a democracy.

Judges are selected precisely for their skill as lawyers; whether they reflect the policy views of a particular constituency is not (or should not be) relevant. Not surprisingly then, the Federal Judiciary is hardly a cross-section

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[14] *Ante*, at 11.
[15] *Ibid*.
[16] *Ante*, at 10–11.
[17] *Ante,* at 12–18.

of America. Take, for example, this Court, which consists of only nine men and women, all of them successful lawyers[18] who studied at Harvard or Yale Law School. Four of the nine are natives of New York City. Eight of them grew up in east- and west-coast States. Only one hails from the vast expanse in-between. Not a single Southwesterner or even, to tell the truth, a genuine Westerner (California does not count). Not a single evangelical Christian (a group that comprises about one quarter of Americans[19]), or even a Protestant of any denomination. The strikingly unrepresentative character of the body voting on today's social upheaval would be irrelevant if they were functioning as *judges*, answering the legal question whether the American people had ever ratified a constitutional provision that was understood to proscribe the traditional definition of marriage. But of course the Justices in today's majority are not voting on that basis; *they say they are not*. And to allow the policy question of same-sex marriage to be considered and resolved by a select, patrician, highly unrepresentative panel of nine is to violate a principle even more fundamental than no taxation without representation: no social transformation without representation.

II

But what really astounds is the hubris reflected in today's judicial Putsch. The five Justices who compose today's majority are entirely comfortable concluding that

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[18] The predominant attitude of tall-building lawyers with respect to the questions presented in these cases is suggested by the fact that the American Bar Association deemed it in accord with the wishes of its members to file a brief in support of the petitioners. See Brief for American Bar Association as *Amicus Curiae* in Nos. 14–571 and 14–574, pp. 1–5.

[19] See Pew Research Center, America's Changing Religious Landscape 4 (May 12, 2015).

every State violated the Constitution for all of the 135 years between the Fourteenth Amendment's ratification and Massachusetts' permitting of same-sex marriages in 2003.[20] They have discovered in the Fourteenth Amendment a "fundamental right" overlooked by every person alive at the time of ratification, and almost everyone else in the time since. They see what lesser legal minds—minds like Thomas Cooley, John Marshall Harlan, Oliver Wendell Holmes, Jr., Learned Hand, Louis Brandeis, William Howard Taft, Benjamin Cardozo, Hugo Black, Felix Frankfurter, Robert Jackson, and Henry Friendly—could not. They are certain that the People ratified the Fourteenth Amendment to bestow on them the power to remove questions from the democratic process when that is called for by their "reasoned judgment." These Justices *know* that limiting marriage to one man and one woman is contrary to reason; they *know* that an institution as old as government itself, and accepted by every nation in history until 15 years ago,[21] cannot possibly be supported by anything other than ignorance or bigotry. And they are willing to say that any citizen who does not agree with that, who adheres to what was, until 15 years ago, the unanimous judgment of all generations and all societies, stands against the Constitution.

The opinion is couched in a style that is as pretentious as its content is egotistic. It is one thing for separate concurring or dissenting opinions to contain extravagances, even silly extravagances, of thought and expression; it is something else for the official opinion of the Court to do so.[22] Of course the opinion's showy profundities are often

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[20] *Goodridge* v. *Department of Public Health*, 440 Mass. 309, 798 N. E. 2d 941 (2003).

[21] *Windsor*, 570 U. S., at ___ (ALITO, J., dissenting) (slip op., at 7).

[22] If, even as the price to be paid for a fifth vote, I ever joined an opinion for the Court that began: "The Constitution promises liberty to all within its reach, a liberty that includes certain specific rights that

profoundly incoherent. "The nature of marriage is that, through its enduring bond, two persons together can find other freedoms, such as expression, intimacy, and spirituality."[23] (Really? Who ever thought that intimacy and spirituality [whatever that means] were freedoms? And if intimacy is, one would think Freedom of Intimacy is abridged rather than expanded by marriage. Ask the nearest hippie. Expression, sure enough, *is* a freedom, but anyone in a long-lasting marriage will attest that that happy state constricts, rather than expands, what one can prudently say.) Rights, we are told, can "rise . . . from a better informed understanding of how constitutional imperatives define a liberty that remains urgent in our own era."[24] (Huh? How can a better informed understanding of how constitutional imperatives [whatever that means] define [whatever that means] an urgent liberty [never mind], give birth to a right?) And we are told that, "[i]n any particular case," either the Equal Protection or Due Process Clause "may be thought to capture the essence of [a] right in a more accurate and comprehensive way," than the other, "even as the two Clauses may converge in the identification and definition of the right."[25] (What say? What possible "essence" does substantive due process "capture" in an "accurate and comprehensive way"? It stands for nothing whatever, except those freedoms and entitlements that this Court *really* likes. And the Equal Protection Clause, as employed today, identifies nothing except a difference in treatment that this Court

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allow persons, within a lawful realm, to define and express their identity," I would hide my head in a bag. The Supreme Court of the United States has descended from the disciplined legal reasoning of John Marshall and Joseph Story to the mystical aphorisms of the fortune cookie.

[23] *Ante*, at 13.

[24] *Ante,* at 19.

[25] *Ibid*.

really dislikes. Hardly a distillation of essence. If the opinion is correct that the two clauses "converge in the identification and definition of [a] right," that is only because the majority's likes and dislikes are predictably compatible.) I could go on. The world does not expect logic and precision in poetry or inspirational pop-philosophy; it demands them in the law. The stuff contained in today's opinion has to diminish this Court's reputation for clear thinking and sober analysis.

* * *

Hubris is sometimes defined as o'erweening pride; and pride, we know, goeth before a fall. The Judiciary is the "least dangerous" of the federal branches because it has "neither Force nor Will, but merely judgment; and must ultimately depend upon the aid of the executive arm" and the States, "even for the efficacy of its judgments."[26] With each decision of ours that takes from the People a question properly left to them—with each decision that is unabashedly based not on law, but on the "reasoned judgment" of a bare majority of this Court—we move one step closer to being reminded of our impotence.

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[26]The Federalist No. 78, pp. 522, 523 (J. Cooke ed. 1961) (A. Hamilton).

SUPREME COURT OF THE UNITED STATES

Nos. 14–556, 14-562, 14-571 and 14–574

JAMES OBERGEFELL, ET AL., PETITIONERS
14–556 *v.*
RICHARD HODGES, DIRECTOR, OHIO DEPARTMENT OF HEALTH, ET AL.;

VALERIA TANCO, ET AL., PETITIONERS
14–562 *v.*
BILL HASLAM, GOVERNOR OF TENNESSEE, ET AL.;

APRIL DEBOER, ET AL., PETITIONERS
14–571 *v.*
RICK SNYDER, GOVERNOR OF MICHIGAN, ET AL.; AND

GREGORY BOURKE, ET AL., PETITIONERS
14–574 *v.*
STEVE BESHEAR, GOVERNOR OF KENTUCKY

ON WRITS OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

[June 26, 2015]

JUSTICE THOMAS, with whom JUSTICE SCALIA joins, dissenting.

The Court's decision today is at odds not only with the Constitution, but with the principles upon which our Nation was built. Since well before 1787, liberty has been understood as freedom from government action, not entitlement to government benefits. The Framers created our

Constitution to preserve that understanding of liberty. Yet the majority invokes our Constitution in the name of a "liberty" that the Framers would not have recognized, to the detriment of the liberty they sought to protect. Along the way, it rejects the idea—captured in our Declaration of Independence—that human dignity is innate and suggests instead that it comes from the Government. This distortion of our Constitution not only ignores the text, it inverts the relationship between the individual and the state in our Republic. I cannot agree with it.

I

The majority's decision today will require States to issue marriage licenses to same-sex couples and to recognize same-sex marriages entered in other States largely based on a constitutional provision guaranteeing "due process" before a person is deprived of his "life, liberty, or property." I have elsewhere explained the dangerous fiction of treating the Due Process Clause as a font of substantive rights. *McDonald* v. *Chicago*, 561 U. S. 742, 811–812 (2010) (THOMAS, J., concurring in part and concurring in judgment). It distorts the constitutional text, which guarantees only whatever "process" is "due" before a person is deprived of life, liberty, and property. U. S. Const., Amdt. 14, §1. Worse, it invites judges to do exactly what the majority has done here—"'roa[m] at large in the constitutional field' guided only by their personal views" as to the "'fundamental rights'" protected by that document. *Planned Parenthood of Southeastern Pa.* v. *Casey*, 505 U. S. 833, 953, 965 (1992) (Rehnquist, C. J., concurring in judgment in part and dissenting in part) (quoting *Griswold* v. *Connecticut*, 381 U. S. 479, 502 (1965) (Harlan, J., concurring in judgment)).

By straying from the text of the Constitution, substantive due process exalts judges at the expense of the People from whom they derive their authority. Petitioners argue

that by enshrining the traditional definition of marriage in their State Constitutions through voter-approved amendments, the States have put the issue "beyond the reach of the normal democratic process." Brief for Petitioners in No. 14–562, p. 54. But the result petitioners seek is far less democratic. They ask nine judges on this Court to enshrine their definition of marriage in the Federal Constitution and thus put it beyond the reach of the normal democratic process for the entire Nation. That a "bare majority" of this Court, *ante,* at 25, is able to grant this wish, wiping out with a stroke of the keyboard the results of the political process in over 30 States, based on a provision that guarantees only "due process" is but further evidence of the danger of substantive due process.[1]

II

Even if the doctrine of substantive due process were somehow defensible—it is not—petitioners still would not have a claim. To invoke the protection of the Due Process Clause at all—whether under a theory of "substantive" or "procedural" due process—a party must first identify a deprivation of "life, liberty, or property." The majority claims these state laws deprive petitioners of "liberty," but the concept of "liberty" it conjures up bears no resemblance to any plausible meaning of that word as it is used in the Due Process Clauses.

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[1] The majority states that the right it believes is "part of the liberty promised by the Fourteenth Amendment is derived, too, from that Amendment's guarantee of the equal protection of the laws." *Ante,* at 19. Despite the "synergy" it finds "between th[ese] two protections," *ante*, at 20, the majority clearly uses equal protection only to shore up its substantive due process analysis, an analysis both based on an imaginary constitutional protection and revisionist view of our history and tradition.

A

1

As used in the Due Process Clauses, "liberty" most likely refers to "the power of loco-motion, of changing situation, or removing one's person to whatsoever place one's own inclination may direct; without imprisonment or restraint, unless by due course of law." 1 W. Blackstone, Commentaries on the Laws of England 130 (1769) (Blackstone). That definition is drawn from the historical roots of the Clauses and is consistent with our Constitution's text and structure.

Both of the Constitution's Due Process Clauses reach back to Magna Carta. See *Davidson* v. *New Orleans*, 96 U. S. 97, 101–102 (1878). Chapter 39 of the original Magna Carta provided, "No free man shall be taken, imprisoned, disseised, outlawed, banished, or in any way destroyed, nor will We proceed against or prosecute him, except by the lawful judgment of his peers and by the law of the land." Magna Carta, ch. 39, in A. Howard, Magna Carta: Text and Commentary 43 (1964). Although the 1215 version of Magna Carta was in effect for only a few weeks, this provision was later reissued in 1225 with modest changes to its wording as follows: "No freeman shall be taken, or imprisoned, or be disseised of his freehold, or liberties, or free customs, or be outlawed, or exiled, or any otherwise destroyed; nor will we not pass upon him, nor condemn him, but by lawful judgment of his peers or by the law of the land." 1 E. Coke, The Second Part of the Institutes of the Laws of England 45 (1797). In his influential commentary on the provision many years later, Sir Edward Coke interpreted the words "by the law of the land" to mean the same thing as "by due proces of the common law." *Id.,* at 50.

After Magna Carta became subject to renewed interest in the 17th century, see, *e.g., ibid.*, William Blackstone referred to this provision as protecting the "absolute rights

of every Englishman." 1 Blackstone 123. And he formulated those absolute rights as "the right of personal security," which included the right to life; "the right of personal liberty"; and "the right of private property." *Id.,* at 125. He defined "the right of personal liberty" as "the power of loco-motion, of changing situation, or removing one's person to whatsoever place one's own inclination may direct; without imprisonment or restraint, unless by due course of law." *Id.*, at 125, 130.[2]

The Framers drew heavily upon Blackstone's formulation, adopting provisions in early State Constitutions that replicated Magna Carta's language, but were modified to refer specifically to "life, liberty, or property."[3] State

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[2]The seeds of this articulation can also be found in Henry Care's influential treatise, English Liberties. First published in America in 1721, it described the "three things, which the Law of *England* . . . principally regards and taketh Care of," as "*Life*, *Liberty* and *Estate*," and described habeas corpus as the means by which one could procure one's "Liberty" from imprisonment. The Habeas Corpus Act, comment., in English Liberties, or the Free-born Subject's Inheritance 185 (H. Care comp. 5th ed. 1721). Though he used the word "Liberties" by itself more broadly, see, *e.g., id.,* at 7, 34, 56, 58, 60, he used "Liberty" in a narrow sense when placed alongside the words "Life" or "Estate," see, *e.g., id.,* at 185, 200.

[3]Maryland, North Carolina, and South Carolina adopted the phrase "life, liberty, or property" in provisions otherwise tracking Magna Carta: "That no freeman ought to be taken, or imprisoned, or disseized of his freehold, liberties, or privileges, or outlawed, or exiled, or in any manner destroyed, or deprived of his life, liberty, or property, but by the judgment of his peers, or by the law of the land." Md. Const., Declaration of Rights, Art. XXI (1776), in 3 Federal and State Constitutions, Colonial Charters, and Other Organic Laws 1688 (F. Thorpe ed. 1909); see also S. C. Const., Art. XLI (1778), in 6 *id.,* at 3257; N. C. Const., Declaration of Rights, Art. XII (1776), in 5 *id.,* at 2788. Massachusetts and New Hampshire did the same, albeit with some alterations to Magna Carta's framework: "[N]o subject shall be arrested, imprisoned, despoiled, or deprived of his property, immunities, or privileges, put out of the protection of the law, exiled, or deprived of his life, liberty, or estate, but by the judgment of his peers, or the law of the land." Mass. Const., pt. I, Art. XII (1780), in 3 *id.,* at 1891; see also

decisions interpreting these provisions between the founding and the ratification of the Fourteenth Amendment almost uniformly construed the word "liberty" to refer only to freedom from physical restraint. See Warren, The New "Liberty" Under the Fourteenth Amendment, 39 Harv. L. Rev. 431, 441–445 (1926). Even one case that has been identified as a possible exception to that view merely used broad language about liberty in the context of a habeas corpus proceeding—a proceeding classically associated with obtaining freedom from physical restraint. Cf. *id.,* at 444–445.

In enacting the Fifth Amendment's Due Process Clause, the Framers similarly chose to employ the "life, liberty, or property" formulation, though they otherwise deviated substantially from the States' use of Magna Carta's language in the Clause. See Shattuck, The True Meaning of the Term "Liberty" in Those Clauses in the Federal and State Constitutions Which Protect "Life, Liberty, and Property," 4 Harv. L. Rev. 365, 382 (1890). When read in light of the history of that formulation, it is hard to see how the "liberty" protected by the Clause could be interpreted to include anything broader than freedom from physical restraint. That was the consistent usage of the time when "liberty" was paired with "life" and "property." See *id.,* at 375. And that usage avoids rendering superfluous those protections for "life" and "property."

If the Fifth Amendment uses "liberty" in this narrow sense, then the Fourteenth Amendment likely does as well. See *Hurtado* v. *California*, 110 U. S. 516, 534–535 (1884). Indeed, this Court has previously commented, "The conclusion is . . . irresistible, that when the same phrase was employed in the Fourteenth Amendment [as was used in the Fifth Amendment], it was used in the same sense and with no greater extent." *Ibid.* And this

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N. H. Const., pt. I, Art. XV (1784), in 4 *id.,* at 2455.

Court's earliest Fourteenth Amendment decisions appear to interpret the Clause as using "liberty" to mean freedom from physical restraint. In *Munn* v. *Illinois*, 94 U. S. 113 (1877), for example, the Court recognized the relationship between the two Due Process Clauses and Magna Carta, see *id.,* at 123–124, and implicitly rejected the dissent's argument that "'liberty'" encompassed "something more . . . than mere freedom from physical restraint or the bounds of a prison," *id.,* at 142 (Field, J., dissenting). That the Court appears to have lost its way in more recent years does not justify deviating from the original meaning of the Clauses.

2

Even assuming that the "liberty" in those Clauses encompasses something more than freedom from physical restraint, it would not include the types of rights claimed by the majority. In the American legal tradition, liberty has long been understood as individual freedom *from* governmental action, not as a right *to* a particular governmental entitlement.

The founding-era understanding of liberty was heavily influenced by John Locke, whose writings "on natural rights and on the social and governmental contract" were cited "[i]n pamphlet after pamphlet" by American writers. B. Bailyn, The Ideological Origins of the American Revolution 27 (1967). Locke described men as existing in a state of nature, possessed of the "perfect freedom to order their actions and dispose of their possessions and persons as they think fit, within the bounds of the law of nature, without asking leave, or depending upon the will of any other man." J. Locke, Second Treatise of Civil Government, §4, p. 4 (J. Gough ed. 1947) (Locke). Because that state of nature left men insecure in their persons and property, they entered civil society, trading a portion of their natural liberty for an increase in their security. See

id., §97, at 49. Upon consenting to that order, men obtained civil liberty, or the freedom "to be under no other legislative power but that established by consent in the commonwealth; nor under the dominion of any will or restraint of any law, but what that legislative shall enact according to the trust put in it." *Id.,* §22, at 13.[4]

This philosophy permeated the 18th-century political scene in America. A 1756 editorial in the Boston Gazette, for example, declared that "Liberty in the *State of Nature*" was the "inherent natural Right" "of each Man" "to make a free Use of his Reason and Understanding, and to chuse that Action which he thinks he can give the best Account of," but that, "in Society, every Man parts with a Small Share of his *natural* Liberty, or lodges it in the publick Stock, that he may possess the Remainder without Controul." Boston Gazette and Country Journal, No. 58, May 10, 1756, p. 1. Similar sentiments were expressed in public speeches, sermons, and letters of the time. See 1 C.

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[4]Locke's theories heavily influenced other prominent writers of the 17th and 18th centuries. Blackstone, for one, agreed that "natural liberty consists properly in a power of acting as one thinks fit, without any restraint or control, unless by the law of nature" and described civil liberty as that "which leaves the subject entire master of his own conduct," except as "restrained by human laws." 1 Blackstone 121–122. And in a "treatise routinely cited by the Founders," *Zivotofsky* v. *Kerry*, *ante,* at 5 (THOMAS, J., concurring in judgment in part and dissenting in part), Thomas Rutherforth wrote, "By liberty we mean the power, which a man has to act as he thinks fit, where no law restrains him; it may therefore be called a mans right over his own actions." 1 T. Rutherforth, Institutes of Natural Law 146 (1754). Rutherforth explained that "[t]he only restraint, which a mans right over his own actions is originally under, is the obligation of governing himself by the law of nature, and the law of God," and that "[w]hatever right those of our own species may have . . . to restrain [those actions] within certain bounds, beyond what the law of nature has prescribed, arises from some after-act of our own, from some consent either express or tacit, by which we have alienated our liberty, or transferred the right of directing our actions from ourselves to them." *Id.,* at 147–148.

Hyneman & D. Lutz, American Political Writing During the Founding Era 1760–1805, pp. 100, 308, 385 (1983).

The founding-era idea of civil liberty as natural liberty constrained by human law necessarily involved only those freedoms that existed *outside of* government. See Hamburger, Natural Rights, Natural Law, and American Constitutions, 102 Yale L. J. 907, 918–919 (1993). As one later commentator observed, "[L]iberty in the eighteenth century was thought of much more in relation to 'negative liberty'; that is, freedom *from*, not freedom *to*, freedom from a number of social and political evils, including arbitrary government power." J. Reid, The Concept of Liberty in the Age of the American Revolution 56 (1988). Or as one scholar put it in 1776, "[T]he common idea of liberty is merely negative, and is only the *absence of restraint*." R. Hey, Observations on the Nature of Civil Liberty and the Principles of Government §13, p. 8 (1776) (Hey). When the colonists described laws that would infringe their liberties, they discussed laws that would prohibit individuals "from walking in the streets and highways on certain saints days, or from being abroad after a certain time in the evening, or . . . restrain [them] from working up and manufacturing materials of [their] own growth." Downer, A Discourse at the Dedication of the Tree of Liberty, in 1 Hyneman, *supra*, at 101. Each of those examples involved freedoms that existed outside of government.

B

Whether we define "liberty" as locomotion or freedom from governmental action more broadly, petitioners have in no way been deprived of it.

Petitioners cannot claim, under the most plausible definition of "liberty," that they have been imprisoned or physically restrained by the States for participating in same-sex relationships. To the contrary, they have been able to cohabitate and raise their children in peace. They

have been able to hold civil marriage ceremonies in States that recognize same-sex marriages and private religious ceremonies in all States. They have been able to travel freely around the country, making their homes where they please. Far from being incarcerated or physically restrained, petitioners have been left alone to order their lives as they see fit.

Nor, under the broader definition, can they claim that the States have restricted their ability to go about their daily lives as they would be able to absent governmental restrictions. Petitioners do not ask this Court to order the States to stop restricting their ability to enter same-sex relationships, to engage in intimate behavior, to make vows to their partners in public ceremonies, to engage in religious wedding ceremonies, to hold themselves out as married, or to raise children. The States have imposed no such restrictions. Nor have the States prevented petitioners from approximating a number of incidents of marriage through private legal means, such as wills, trusts, and powers of attorney.

Instead, the States have refused to grant them governmental entitlements. Petitioners claim that as a matter of "liberty," they are entitled to access privileges and benefits that exist solely *because of* the government. They want, for example, to receive the State's *imprimatur* on their marriages—on state issued marriage licenses, death certificates, or other official forms. And they want to receive various monetary benefits, including reduced inheritance taxes upon the death of a spouse, compensation if a spouse dies as a result of a work-related injury, or loss of consortium damages in tort suits. But receiving governmental recognition and benefits has nothing to do with any understanding of "liberty" that the Framers would have recognized.

To the extent that the Framers would have recognized a natural right to marriage that fell within the broader

definition of liberty, it would not have included a right to governmental recognition and benefits. Instead, it would have included a right to engage in the very same activities that petitioners have been left free to engage in—making vows, holding religious ceremonies celebrating those vows, raising children, and otherwise enjoying the society of one's spouse—without governmental interference. At the founding, such conduct was understood to predate government, not to flow from it. As Locke had explained many years earlier, "The first society was between man and wife, which gave beginning to that between parents and children." Locke §77, at 39; see also J. Wilson, Lectures on Law, in 2 Collected Works of James Wilson 1068 (K. Hall and M. Hall eds. 2007) (concluding "that to the institution of marriage the true origin of society must be traced"). Petitioners misunderstand the institution of marriage when they say that it would "mean little" absent governmental recognition. Brief for Petitioners in No. 14–556, p. 33.

Petitioners' misconception of liberty carries over into their discussion of our precedents identifying a right to marry, not one of which has expanded the concept of "liberty" beyond the concept of negative liberty. Those precedents all involved absolute prohibitions on private actions associated with marriage. *Loving* v. *Virginia*, 388 U. S. 1 (1967), for example, involved a couple who was criminally prosecuted for marrying in the District of Columbia and cohabiting in Virginia, *id.,* at 2–3.[5] They were each sen-

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[5] The suggestion of petitioners and their *amici* that antimiscegenation laws are akin to laws defining marriage as between one man and one woman is both offensive and inaccurate. "America's earliest laws against interracial sex and marriage were spawned by slavery." P. Pascoe, What Comes Naturally: Miscegenation Law and the Making of Race in America 19 (2009). For instance, Maryland's 1664 law prohibiting marriages between "'freeborne English women'" and "'Negro Sla[v]es'" was passed as part of the very act that authorized lifelong

tenced to a year of imprisonment, suspended for a term of 25 years on the condition that they not reenter the Commonwealth together during that time. *Id.,* at 3.[6] In a similar vein, *Zablocki* v. *Redhail*, 434 U. S. 374 (1978), involved a man who was prohibited, on pain of criminal penalty, from "marry[ing] in Wisconsin or elsewhere" because of his outstanding child-support obligations, *id.,* at 387; see *id.,* at 377–378. And *Turner* v. *Safley*, 482 U. S. 78 (1987), involved state inmates who were prohibited from entering marriages without the permission of the superintendent of the prison, permission that could not be granted absent compelling reasons, *id.,* at 82. In *none* of those cases were individuals denied solely governmental

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slavery in the colony. *Id.,* at 19–20. Virginia's antimiscegenation laws likewise were passed in a 1691 resolution entitled "An act for suppressing outlying Slaves." Act of Apr. 1691, Ch. XVI, 3 Va. Stat. 86 (W. Hening ed. 1823) (reprint 1969) (italics deleted). "It was not until the Civil War threw the future of slavery into doubt that lawyers, legislators, and judges began to develop the elaborate justifications that signified the emergence of miscegenation law and made restrictions on interracial marriage the foundation of post-Civil War white supremacy." Pascoe, *supra*, at 27–28.

Laws defining marriage as between one man and one woman do not share this sordid history. The traditional definition of marriage has prevailed in every society that has recognized marriage throughout history. Brief for Scholars of History and Related Disciplines as *Amici Curiae* 1. It arose not out of a desire to shore up an invidious institution like slavery, but out of a desire "to increase the likelihood that children will be born and raised in stable and enduring family units by both the mothers and the fathers who brought them into this world." *Id.,* at 8. And it has existed in civilizations containing all manner of views on homosexuality. See Brief for Ryan T. Anderson as *Amicus Curiae* 11–12 (explaining that several famous ancient Greeks wrote approvingly of the traditional definition of marriage, though same-sex sexual relations were common in Greece at the time).

[6]The prohibition extended so far as to forbid even religious ceremonies, thus raising a serious question under the First Amendment's Free Exercise Clause, as at least one *amicus* brief at the time pointed out. Brief for John J. Russell et al. as *Amici Curiae* in *Loving* v. *Virginia*, O.T. 1966, No. 395, pp. 12–16.

recognition and benefits associated with marriage.

In a concession to petitioners' misconception of liberty, the majority characterizes petitioners' suit as a quest to "find . . . liberty by marrying someone of the same sex and having their marriages deemed lawful on the same terms and conditions as marriages between persons of the opposite sex." *Ante,* at 2. But "liberty" is not lost, nor can it be found in the way petitioners seek. As a philosophical matter, liberty is only freedom from governmental action, not an entitlement to governmental benefits. And as a constitutional matter, it is likely even narrower than that, encompassing only freedom from physical restraint and imprisonment. The majority's "better informed understanding of how constitutional imperatives define . . . liberty," *ante,* at 19,—better informed, we must assume, than that of the people who ratified the Fourteenth Amendment—runs headlong into the reality that our Constitution is a "collection of 'Thou shalt nots,'" *Reid* v. *Covert*, 354 U. S. 1, 9 (1957) (plurality opinion), not "Thou shalt provides."

III

The majority's inversion of the original meaning of liberty will likely cause collateral damage to other aspects of our constitutional order that protect liberty.

A

The majority apparently disregards the political process as a protection for liberty. Although men, in forming a civil society, "give up all the power necessary to the ends for which they unite into society, to the majority of the community," Locke §99, at 49, they reserve the authority to exercise natural liberty within the bounds of laws established by that society, *id.,* §22, at 13; see also Hey §§52, 54, at 30–32. To protect that liberty from arbitrary interference, they establish a process by which that society can

adopt and enforce its laws. In our country, that process is primarily representative government at the state level, with the Federal Constitution serving as a backstop for that process. As a general matter, when the States act through their representative governments or by popular vote, the liberty of their residents is fully vindicated. This is no less true when some residents disagree with the result; indeed, it seems difficult to imagine *any* law on which all residents of a State would agree. See Locke §98, at 49 (suggesting that society would cease to function if it required unanimous consent to laws). What matters is that the process established by those who created the society has been honored.

That process has been honored here. The definition of marriage has been the subject of heated debate in the States. Legislatures have repeatedly taken up the matter on behalf of the People, and 35 States have put the question to the People themselves. In 32 of those 35 States, the People have opted to retain the traditional definition of marriage. Brief for Respondents in No. 14–571, pp. 1a–7a. That petitioners disagree with the result of that process does not make it any less legitimate. Their civil liberty has been vindicated.

B

Aside from undermining the political processes that protect our liberty, the majority's decision threatens the religious liberty our Nation has long sought to protect.

The history of religious liberty in our country is familiar: Many of the earliest immigrants to America came seeking freedom to practice their religion without restraint. See McConnell, The Origins and Historical Understanding of Free Exercise of Religion, 103 Harv. L. Rev. 1409, 1422–1425 (1990). When they arrived, they created their own havens for religious practice. *Ibid.* Many of these havens were initially homogenous communities with established

religions. *Ibid.* By the 1780's, however, "America was in the wake of a great religious revival" marked by a move toward free exercise of religion. *Id.,* at 1437. Every State save Connecticut adopted protections for religious freedom in their State Constitutions by 1789, *id.,* at 1455, and, of course, the First Amendment enshrined protection for the free exercise of religion in the U. S. Constitution. But that protection was far from the last word on religious liberty in this country, as the Federal Government and the States have reaffirmed their commitment to religious liberty by codifying protections for religious practice. See, *e.g.,* Religious Freedom Restoration Act of 1993, 107 Stat. 1488, 42 U. S. C. §2000bb *et seq.*; Conn. Gen. Stat. §52–571b (2015).

Numerous *amici*—even some not supporting the States—have cautioned the Court that its decision here will "have unavoidable and wide-ranging implications for religious liberty." Brief for General Conference of Seventh-Day Adventists et al. as *Amici Curiae* 5. In our society, marriage is not simply a governmental institution; it is a religious institution as well. *Id.,* at 7. Today's decision might change the former, but it cannot change the latter. It appears all but inevitable that the two will come into conflict, particularly as individuals and churches are confronted with demands to participate in and endorse civil marriages between same-sex couples.

The majority appears unmoved by that inevitability. It makes only a weak gesture toward religious liberty in a single paragraph, *ante,* at 27. And even that gesture indicates a misunderstanding of religious liberty in our Nation's tradition. Religious liberty is about more than just the protection for "religious organizations and persons . . . as they seek to teach the principles that are so fulfilling and so central to their lives and faiths." *Ibid.* Religious liberty is about freedom of action in matters of religion generally, and the scope of that liberty is directly correlated to the civil restraints placed upon religious

practice.[7]

Although our Constitution provides some protection against such governmental restrictions on religious practices, the People have long elected to afford broader protections than this Court's constitutional precedents mandate. Had the majority allowed the definition of marriage to be left to the political process—as the Constitution requires—the People could have considered the religious liberty implications of deviating from the traditional definition as part of their deliberative process. Instead, the majority's decision short-circuits that process, with potentially ruinous consequences for religious liberty.

IV

Perhaps recognizing that these cases do not actually involve liberty as it has been understood, the majority goes to great lengths to assert that its decision will advance the "dignity" of same-sex couples. *Ante,* at 3, 13, 26, 28.[8] The flaw in that reasoning, of course, is that the Constitution contains no "dignity" Clause, and even if it did, the government would be incapable of bestowing dignity.

Human dignity has long been understood in this country to be innate. When the Framers proclaimed in the Declaration of Independence that "all men are created equal"

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[7] Concerns about threats to religious liberty in this context are not unfounded. During the hey-day of antimiscegenation laws in this country, for instance, Virginia imposed criminal penalties on ministers who performed marriage in violation of those laws, though their religions would have permitted them to perform such ceremonies. Va. Code Ann. §20–60 (1960).

[8] The majority also suggests that marriage confers "nobility" on individuals. *Ante,* at 3. I am unsure what that means. People may choose to marry or not to marry. The decision to do so does not make one person more "noble" than another. And the suggestion that Americans who choose not to marry are inferior to those who decide to enter such relationships is specious.

and "endowed by their Creator with certain unalienable Rights," they referred to a vision of mankind in which all humans are created in the image of God and therefore of inherent worth. That vision is the foundation upon which this Nation was built.

The corollary of that principle is that human dignity cannot be taken away by the government. Slaves did not lose their dignity (any more than they lost their humanity) because the government allowed them to be enslaved. Those held in internment camps did not lose their dignity because the government confined them. And those denied governmental benefits certainly do not lose their dignity because the government denies them those benefits. The government cannot bestow dignity, and it cannot take it away.

The majority's musings are thus deeply misguided, but at least those musings can have no effect on the dignity of the persons the majority demeans. Its mischaracterization of the arguments presented by the States and their *amici* can have no effect on the dignity of those litigants. Its rejection of laws preserving the traditional definition of marriage can have no effect on the dignity of the people who voted for them. Its invalidation of those laws can have no effect on the dignity of the people who continue to adhere to the traditional definition of marriage. And its disdain for the understandings of liberty and dignity upon which this Nation was founded can have no effect on the dignity of Americans who continue to believe in them.

* * *

Our Constitution—like the Declaration of Independence before it—was predicated on a simple truth: One's liberty, not to mention one's dignity, was something to be shielded from—not provided by—the State. Today's decision casts that truth aside. In its haste to reach a desired result, the majority misapplies a clause focused on "due process" to afford substantive rights, disregards the most plausible

understanding of the "liberty" protected by that clause, and distorts the principles on which this Nation was founded. Its decision will have inestimable consequences for our Constitution and our society. I respectfully dissent.

SUPREME COURT OF THE UNITED STATES

Nos. 14–556, 14-562, 14-571 and 14–574

JAMES OBERGEFELL, ET AL., PETITIONERS
14–556 *v.*
RICHARD HODGES, DIRECTOR, OHIO DEPARTMENT OF HEALTH, ET AL.;

VALERIA TANCO, ET AL., PETITIONERS
14–562 *v.*
BILL HASLAM, GOVERNOR OF TENNESSEE, ET AL.;

APRIL DEBOER, ET AL., PETITIONERS
14–571 *v.*
RICK SNYDER, GOVERNOR OF MICHIGAN, ET AL.; AND

GREGORY BOURKE, ET AL., PETITIONERS
14–574 *v.*
STEVE BESHEAR, GOVERNOR OF KENTUCKY

ON WRITS OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

[June 26, 2015]

JUSTICE ALITO, with whom JUSTICE SCALIA and JUSTICE THOMAS join, dissenting.

Until the federal courts intervened, the American people were engaged in a debate about whether their States should recognize same-sex marriage.[1] The question in

[1] I use the phrase "recognize marriage" as shorthand for issuing mar-

these cases, however, is not what States *should* do about same-sex marriage but whether the Constitution answers that question for them. It does not. The Constitution leaves that question to be decided by the people of each State.

I

The Constitution says nothing about a right to same-sex marriage, but the Court holds that the term "liberty" in the Due Process Clause of the Fourteenth Amendment encompasses this right. Our Nation was founded upon the principle that every person has the unalienable right to liberty, but liberty is a term of many meanings. For classical liberals, it may include economic rights now limited by government regulation. For social democrats, it may include the right to a variety of government benefits. For today's majority, it has a distinctively postmodern meaning.

To prevent five unelected Justices from imposing their personal vision of liberty upon the American people, the Court has held that "liberty" under the Due Process Clause should be understood to protect only those rights that are "'deeply rooted in this Nation's history and tradition.'" *Washington* v. *Glucksberg*, 521 U. S. 701, 720–721 (1997). And it is beyond dispute that the right to same-sex marriage is not among those rights. See *United States* v. *Windsor*, 570 U. S. ___, ___ (2013) (ALITO, J., dissenting) (slip op., at 7). Indeed:

> "In this country, no State permitted same-sex marriage until the Massachusetts Supreme Judicial Court held in 2003 that limiting marriage to opposite-sex couples violated the State Constitution. See *Goodridge* v. *Department of Public Health*, 440 Mass.

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riage licenses and conferring those special benefits and obligations provided under state law for married persons.

309, 798 N. E. 2d 941. Nor is the right to same-sex marriage deeply rooted in the traditions of other nations. No country allowed same-sex couples to marry until the Netherlands did so in 2000.

"What [those arguing in favor of a constitutional right to same sex marriage] seek, therefore, is not the protection of a deeply rooted right but the recognition of a very new right, and they seek this innovation not from a legislative body elected by the people, but from unelected judges. Faced with such a request, judges have cause for both caution and humility." *Id.,* at ___ (slip op., at 7–8) (footnote omitted).

For today's majority, it does not matter that the right to same-sex marriage lacks deep roots or even that it is contrary to long-established tradition. The Justices in the majority claim the authority to confer constitutional protection upon that right simply because they believe that it is fundamental.

II

Attempting to circumvent the problem presented by the newness of the right found in these cases, the majority claims that the issue is the right to equal treatment. Noting that marriage is a fundamental right, the majority argues that a State has no valid reason for denying that right to same-sex couples. This reasoning is dependent upon a particular understanding of the purpose of civil marriage. Although the Court expresses the point in loftier terms, its argument is that the fundamental purpose of marriage is to promote the well-being of those who choose to marry. Marriage provides emotional fulfillment and the promise of support in times of need. And by benefiting persons who choose to wed, marriage indirectly benefits society because persons who live in stable, fulfilling, and supportive relationships make better citizens. It is for these reasons, the argument goes, that States

encourage and formalize marriage, confer special benefits on married persons, and also impose some special obligations. This understanding of the States' reasons for recognizing marriage enables the majority to argue that same-sex marriage serves the States' objectives in the same way as opposite-sex marriage.

This understanding of marriage, which focuses almost entirely on the happiness of persons who choose to marry, is shared by many people today, but it is not the traditional one. For millennia, marriage was inextricably linked to the one thing that only an opposite-sex couple can do: procreate.

Adherents to different schools of philosophy use different terms to explain why society should formalize marriage and attach special benefits and obligations to persons who marry. Here, the States defending their adherence to the traditional understanding of marriage have explained their position using the pragmatic vocabulary that characterizes most American political discourse. Their basic argument is that States formalize and promote marriage, unlike other fulfilling human relationships, in order to encourage potentially procreative conduct to take place within a lasting unit that has long been thought to provide the best atmosphere for raising children. They thus argue that there are reasonable secular grounds for restricting marriage to opposite-sex couples.

If this traditional understanding of the purpose of marriage does not ring true to all ears today, that is probably because the tie between marriage and procreation has frayed. Today, for instance, more than 40% of all children in this country are born to unmarried women.[2] This de-

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[2] See, *e.g.,* Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, D. Martin, B. Hamilton, M. Osterman, S. Curtin, & T. Matthews, Births: Final Data for 2013, 64 National Vital Statistics Reports, No. 1, p. 2 (Jan. 15, 2015), online at http://www.cdc.gov/nchs/data/nvsr/nvsr64/

velopment undoubtedly is both a cause and a result of changes in our society's understanding of marriage.

While, for many, the attributes of marriage in 21st-century America have changed, those States that do not want to recognize same-sex marriage have not yet given up on the traditional understanding. They worry that by officially abandoning the older understanding, they may contribute to marriage's further decay. It is far beyond the outer reaches of this Court's authority to say that a State may not adhere to the understanding of marriage that has long prevailed, not just in this country and others with similar cultural roots, but also in a great variety of countries and cultures all around the globe.

As I wrote in *Windsor*:

> "The family is an ancient and universal human institution. Family structure reflects the characteristics of a civilization, and changes in family structure and in the popular understanding of marriage and the family can have profound effects. Past changes in the understanding of marriage—for example, the gradual ascendance of the idea that romantic love is a prerequisite to marriage—have had far-reaching consequences. But the process by which such consequences come about is complex, involving the interaction of numerous factors, and tends to occur over an extended period of time.
>
> "We can expect something similar to take place if same-sex marriage becomes widely accepted. The long-term consequences of this change are not now known and are unlikely to be ascertainable for some

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nvsr64_01.pdf (all Internet materials as visited June 24, 2015, and available in Clerk of Court's case file); cf. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS), S. Ventura, Changing Patterns of Nonmartial Childbearing in the United States, NCHS Data Brief, No. 18 (May 2009), online at http://www.cdc.gov/nchs/data/databrief/db18.pdf.

time to come. There are those who think that allowing same-sex marriage will seriously undermine the institution of marriage. Others think that recognition of same-sex marriage will fortify a now-shaky institution.

"At present, no one—including social scientists, philosophers, and historians—can predict with any certainty what the long-term ramifications of widespread acceptance of same-sex marriage will be. And judges are certainly not equipped to make such an assessment. The Members of this Court have the authority and the responsibility to interpret and apply the Constitution. Thus, if the Constitution contained a provision guaranteeing the right to marry a person of the same sex, it would be our duty to enforce that right. But the Constitution simply does not speak to the issue of same-sex marriage. In our system of government, ultimate sovereignty rests with the people, and the people have the right to control their own destiny. Any change on a question so fundamental should be made by the people through their elected officials." 570 U. S., at ___ (dissenting opinion) (slip op., at 8–10) (citations and footnotes omitted).

III

Today's decision usurps the constitutional right of the people to decide whether to keep or alter the traditional understanding of marriage. The decision will also have other important consequences.

It will be used to vilify Americans who are unwilling to assent to the new orthodoxy. In the course of its opinion, the majority compares traditional marriage laws to laws that denied equal treatment for African-Americans and women. *E.g.*, *ante*, at 11–13. The implications of this analogy will be exploited by those who are determined to stamp out every vestige of dissent.

Perhaps recognizing how its reasoning may be used, the majority attempts, toward the end of its opinion, to reassure those who oppose same-sex marriage that their rights of conscience will be protected. *Ante*, at 26–27. We will soon see whether this proves to be true. I assume that those who cling to old beliefs will be able to whisper their thoughts in the recesses of their homes, but if they repeat those views in public, they will risk being labeled as bigots and treated as such by governments, employers, and schools.

The system of federalism established by our Constitution provides a way for people with different beliefs to live together in a single nation. If the issue of same-sex marriage had been left to the people of the States, it is likely that some States would recognize same-sex marriage and others would not. It is also possible that some States would tie recognition to protection for conscience rights. The majority today makes that impossible. By imposing its own views on the entire country, the majority facilitates the marginalization of the many Americans who have traditional ideas. Recalling the harsh treatment of gays and lesbians in the past, some may think that turnabout is fair play. But if that sentiment prevails, the Nation will experience bitter and lasting wounds.

Today's decision will also have a fundamental effect on this Court and its ability to uphold the rule of law. If a bare majority of Justices can invent a new right and impose that right on the rest of the country, the only real limit on what future majorities will be able to do is their own sense of what those with political power and cultural influence are willing to tolerate. Even enthusiastic supporters of same-sex marriage should worry about the scope of the power that today's majority claims.

Today's decision shows that decades of attempts to restrain this Court's abuse of its authority have failed. A lesson that some will take from today's decision is that

preaching about the proper method of interpreting the Constitution or the virtues of judicial self-restraint and humility cannot compete with the temptation to achieve what is viewed as a noble end by any practicable means. I do not doubt that my colleagues in the majority sincerely see in the Constitution a vision of liberty that happens to coincide with their own. But this sincerity is cause for concern, not comfort. What it evidences is the deep and perhaps irremediable corruption of our legal culture's conception of constitutional interpretation.

Most Americans—understandably—will cheer or lament today's decision because of their views on the issue of same-sex marriage. But all Americans, whatever their thinking on that issue, should worry about what the majority's claim of power portends.

Biola University's Theological Positions

Articles of Faith

The Articles of Faith, presented here as originally conceived by the founders of the organization, have been and continue to be the stated theological position of Biola University and are an essential part of the Articles of Incorporation of the university. Where "man" is used referring to the human race it includes both genders.

Inasmuch as the university is interdenominational and yet theologically conservative, the Articles of Incorporation contain a doctrinal statement which is given below:

The Bible, consisting of all the books of the Old and New Testaments, is the Word of God, a supernaturally given revelation from God Himself, concerning Himself, His being, nature, character, will and purposes; and concerning man, his nature, need and duty and destiny. The Scriptures of the Old and New Testaments are without error or misstatement in their moral and spiritual teaching and record of historical facts. They are without error or defect of any kind.

There is one God, eternally existing and manifesting Himself to us in three Persons: Father, Son and Holy Spirit.

Our Lord Jesus was supernaturally conceived by the power of the Holy Spirit and born of a virgin - Mary, a lineal descendant of David. He lived and taught and wrought mighty works and wonders and signs exactly as is recorded in the four Gospels. He was put to death by crucifixion under Pontius Pilate.

God raised from the dead the body that had been nailed to the cross. The Lord Jesus after His crucifixion showed Himself to be alive to His disciples, appearing unto them by the space of 40 days. After this, the Lord Jesus ascended into heaven, and the Father caused Him to sit at His right hand in the heavenly places, far above all rule and authority and power and dominion, and every name that is named, not only in this world, but also in that which is to come, and put all things in subjection under His feet, and gave Him to be Head over all things to the Church.

The Lord Jesus, before His incarnation, existed in the form of God and of His own choice laid aside His divine glory and took upon Himself the form of a servant and was made in the likeness of men. In His pre-existent state, He was with God and was God. He is a divine person possessed of all the attributes of Deity, and should be worshiped as God by angels and man. "In Him dwelleth all the fullness of the Godhead bodily." All the words that He spoke during His earthly life were the words of God. There is absolutely no error of any kind in them, and by the words of Jesus Christ the words of all other teachers must be tested.

The Lord Jesus became in every respect a real man, possessed of all the essential characteristics of human nature.

By His death on the cross, the Lord Jesus made a perfect atonement for sin, by which the wrath of God against sinners is appeased and a ground furnished upon which God can deal in mercy with sinners. He redeemed us from the curse of the law by becoming a curse in our place. He who Himself was absolutely without sin was made to be sin on our behalf that we might become the righteousness of God in Him. The Lord Jesus is coming again to his earth, personally, bodily, and visibly. The return of our Lord is the blessed hope of the believer, and in it God's purposes of grace toward mankind will find their consummation.

The Holy Spirit is a person, and is possessed of all the distinctively divine attributes. He is God.

Man was created in the image of God, after His likeness, but the whole human race fell in the fall of the first Adam. All men, until they accept the Lord Jesus as their personal Savior, are lost, darkened in their understanding, alienated from the life of God through the ignorance that is in them, hardened in heart, morally and spiritually dead through their trespasses and sins. They cannot see, nor enter the Kingdom of God until they are born again of the Holy Spirit.

Men are justified on the simple and single ground of the shed blood of Christ and upon the simple and single condition of faith in Him who shed the blood, and are born again by the quickening, renewing, cleansing work of the Holy Spirit, through the instrumentality of the Word of God.

All those who receive Jesus Christ as their Savior and their Lord, and who confess Him as such before their fellow men, become children of God and receive eternal life. They become heirs of God and joint-heirs with Jesus Christ. At death their spirits depart to be with Christ in conscious blessedness, and at the Second Coming of Christ their bodies shall be raised and transformed into the likeness of the body of His glory.

All those who persistently reject Jesus Christ in the present life shall be raised from the dead and throughout eternity exist in the state of conscious, unutterable, endless torment of anguish.

The Church consists of all those who, in this present dispensation, truly believe in Jesus Christ. It is the body and bride of Christ, which Christ loves and for which He has given Himself.

There is a personal devil, a being of great cunning and power: "The prince of

the power of the air," "The prince of this world," "The god of this age." He can exert vast power only so far as God suffers him to do so. He shall ultimately be cast into the lake of fire and brimstone and shall be tormented day and night forever.

Statement of Biblical Principles

Preamble

In continuity with centuries of Christians before us, we believe God's vision for humanity, as embodied in the person of Jesus Christ and illuminated by the Holy Spirit through Scripture, is a source of great joy and provides the best understanding of life's meaning and human flourishing.

From this overarching belief flow the affirmations of our unchanging Articles of Faith — which fix us inextricably to our doctrinal core — as well as the following biblical principles, which express Biola University's convictions about how a biblically faithful university in the 21st century should manifest the gospel of Jesus Christ in how we live, learn and serve in God's world.

In articulating our community's biblical principles, categorized below in three sections, we acknowledge that some propose different ways to understand the Bible. We respect and protect the freedom of communities in a pluralistic society to differ on these matters. We do not seek to impose our convictions on other communities, and we also expect others will respect and protect the freedom of our community to believe and live as we do.

Biola University is a Christian community. Everything we do is framed by the reality that the Triune God, who reigns supreme over the immense universe, desires a personal relationship with us. He makes this possible by offering salvation that is initiated by the Father, secured by the Son and applied by the Spirit.

Two words sum up the Good News that has guided Biola University since our founding in 1908: *Jesus saves*. The implications of these words are both intimate and vast. Jesus saves us individually, but Jesus also saves the world. Nothing in creation is too broken, too depraved, too ruined to be redeemed by Jesus. In Christ, and in him alone, there is new hope, new life, new creation.

Jesus saves. They are the words that hold us, Biola University, together as a community of faith united in Christ, clear on who we are to be and how we ought to live.

I. God's Intentional Design for Life

We believe God created all things and set in place the laws of nature, not according to random chance but according to his perfect, miraculous and purposeful plan. Our understanding of the origin of life is enhanced by scientific observation, but not limited to material processes. The existence of the world cannot be explained adequately apart from the intelligent exercise of God’s supernatural power.

God created the natural world and called it “good,” and after he created male and female he declared his creation “very good.” The man, Adam, was formed by the LORD God from the dust of the ground and not from living ancestors, and God breathed into him the breath of life so that Adam became a living being. The woman, Eve, was created from Adam’s side with both made in the image of God.

We recognize that part of God’s good design is the way he created male and female in his image to flourish in community. In the beginning, God designed marriage as a covenantal bond between one man and one woman, which is affirmed by Jesus in the New Testament. It is in this marriage union that God

blessed a special spiritual, emotional and sexual intimacy for joy, satisfaction and procreation. Further, we believe God's intent for sexual intimacy is to occur only in the covenant of marriage between a man and a woman.

II. God's Sacred Value for Life

We believe that our biblical calling to be good stewards of creation involves cultivating a sense of awe and reverence at the sacred mystery of human life made in the image of God. God is glorified by the rich mosaic of human cultures and ethnicities since men and women reflect his image and are equally precious in his sight. All human beings are created with intrinsic dignity and importance. There are no exceptions.

This understanding of human worth begins with the recognition that conception marks the start of human life and full personhood. Each person possesses a right to life and protection from harm. We uphold the value God has given to humanity by protecting the worth of persons from their beginnings until their final breaths. We are opposed to the taking of innocent life, from abortion to euthanasia.

Seeing human life as a seamless tapestry, we affirm the personhood and dignity of those who are medically and socially marginalized. Our vision of social justice is rooted in a biblical calling to care for vulnerable members of our society.

III. God's Final Plans for Life

God is the sovereign author of history. He is working all things toward the promise of Christ's return to earth in power and glory as he judges the world in righteousness to bring an end to evil and to rule and reign in the new heaven and new earth as the eternal dwelling place for the redeemed. As the

redeemed, we faithfully live out God's calling to grow in him, to obey his commands, to delight in him, to steward his creation and to make disciples of all nations.

Because of our new life in Christ, we are empowered by the Holy Spirit and compelled by the hope of Christ's return to live with purpose and urgency to fulfill his mission. God's great love for the world calls us to proclaim in word and deed the good news of salvation through faith in Christ. We also live out the fullness of life in Christ by working for justice, peace and reconciliation in his name. As the Body of Christ — the Church — we seek to bear witness to the coming Kingdom of God in every dimension of our lives as part of the gospel announcement that Jesus saves.

Teaching Position on Eschatology

Biola University holds to the following teaching position on eschatology:

In fulfillment of God's historical purpose for humanity to rule and establish God's kingdom on earth (Gen. 1:28; Ps. 8:4-8; Matt. 6:10; Heb. 2:6-9), the Scriptures teach a millennial reign of Christ with His saints on earth following His literal return. The nation of Israel, having been redeemed, will play a central role in bringing the blessings of salvation to all nations during the millennium in fulfillment of biblical prophecies (e.g., Is. 2:1-4; 11:1-12; Jer. 23:5-6; Ezek. 37; Amos 9:9-15; Zech. 14; Matt. 19:28; Acts 1:6; 3:19-21; Rev. 20:4-6). Following the millennium, this kingdom will be merged into the eternal kingdom (I Cor. 15:22-28).

Before these millennial events, the believers will be caught up to meet the Lord in the air (I Thess. 4:13-17). The time of this "rapture" is unknown, and thus believers are to live constantly watchful and ready.

>> So like I said, thank you so much for coming. We're really excited to be sharing sex week with you all. We want everyone to have a great time and get the most that they can out of this event. So we do have a couple of guidelines that we just like everybody to follow.

The first one is that as a general rule, the topics discussed in sex week are often sensitive and can feel personal. Know that we're not here to judge and we created these events because we truly feel there's something to be gained from having them. The second one is that some of these events may discuss tough topics such as sexual violence, health complications and mental health issues.

Feel free to step out of the room at any point, we will not be offended at all. Additionally, we can connect you with various resources if you'd like just ask anyone with a sex week name tag or sex week merch on. The third one is we recognize that although not inherently political, many of these topics are divisive.

However, we want to note the legitimate difference between fact and opinion. We recognize and respect each person's right to their own beliefs. But we also emphasize and support scientific facts. Student Advocates for Sexual Health Awareness, the group that planned Sex Week is a public health organization. And we do actively support any medical or social intervention that has been proven to reduce health disparities.

So with that, I will let you take it away.
>> All right, awesome. Thank you so let me start by thanking Sasha for the best Sex Week of my entire life.
>> So I'm so glad to be the Dean of the College of Public Health at The Ohio State University and I'm really pleased to be introducing not just a fabulous speaker, but an old friend.

So Ilan was the very first student I met. He was a PhD student, I was an MPH student, my first year in New York City at Columbia University. So that gives you a sense of just how many decades that I've known a long time. He is now the Williams distinguished senior scholar of public policy at the Williams Institute for Sexual Orientation Law and Public Policy at UCLA's law school.

So to me, I'd like kind of short, crisp introductions the word distinguished tells you everything. So he's been at one of the leading colleges of public health in the country, schools of public health in the country. He is a distinguished law scholar at UCLA. This guy's a rock star.

His work, it's conceptually solid, it's groundbreaking and it's been really important in the public arena too. I don't know if you're going to talk about it at all to that, but maybe I could kind of kind of tee up some Q&A questions. He's been important as an expert witness, in some, at least one landmark case and some other cases in the US.

So he's a real model of an engaged public scholar. So I'm really excited to be able to sit down and hand things over to lot and we're really privileged to have him here. I'm so glad to see this room, packed. Thank you very much. It's all yours.
>> Well, thank you so much.

And thank you for Sex Week and Sasha for inviting me and for Dean Fairchild for hosting this and hosting me and having the opportunities to see her after almost ten years. So you can tell me how many decades ago we met and it's been ten years since I've seen you.

>> Yeah.
>> But and I really like that little introduction that Sex Week people read. I thought it was really cool. And I would say that all that applies to what I'm saying or everything I talked about can be difficult and it's all political, by the very nature that we're talking about public policy.

And so I would love to hear your views and your opinions when we get to some issues that we discuss. But I like the idea of focusing on facts because this is really something that unfortunately is lacking in a lot of public discourse. And you mentioned a case, there was an expert witness here on and that's kinda what I think to me the importance of trials.

Where people have to present evidence and they have to show it's not just about shouting out certain facts that they bring up out of nothing. But actually providing evidence and if we have time at the end, I will give you some examples from the work of the Williams Institute.

Most recently, regarding the whole bathroom controversy with gender and transgender people and working out. We basically showed that there's no truth to the claim that some conservative groups were promoting that women are endangered when transgender people are allowed in women's bathrooms. And that really shut down an entire campaign.

We've seen since then, they're on communication saying, I guess we can't say that anymore because now there's a study published about it. And so facts are still important. I'm gonna talk about a whole lot of stuff and so it's gonna be a mix of brief and deep, but a mix of shallow and deep, but it will all be very brief.

And so I hope that I can engage you in all of that but I kind of start with a very broad perspective because I don't know who is in the room. And just to kind of have some basic information that we share. I do welcome if I say something that you wanna raise a question about or make a statement about, I have no problem being interrupted.

I like that. I mean, if it becomes too difficult to continue, then maybe I would suggest that we move on. But if you have any question or point, I'm happy to to talk about it in the middle of the talk. So just a very, very brief background and history.

First of all about some language, some terms, so I don't know. First of all, we need to know that sexual orientation is definitely gender identities. A gender is, what is your gender and sexual orientation is your sexuality, who you're attracted to or who you have intimate relationships with.

And of course, people who have a gender identity also have a sexual orientations, so it's not either or. So you can be lesbian, gay, bisexual with sexual orientation a well as others. And you can be transgender or not transgender, so does it not, you're not either lesbian or transgender you can be both.

That's what this point is. So, sexual orientation is different than gender identity. Homosexuality and heterosexuality are terms that have been, in some extent, medicalized. They are older terms, people now don't use them that much, but you might hear them. Lesbian, gay, bisexual, and straight are sexual orientations. There are many others.

I don't think I would mention it today, but it's part of the thing we've studied. We just published two papers, one on homosexuality, if you're interested in that topic, and one on queer identity. So if I mention anything, by the way, you want to reference, you can send me an email later.

Then the term sexual minorities and gender minorities is a generic term that's been to refer to these populations, to sexual minorities, is sexual orientation related minorities. So LGB, and gender minorities is transgender or gender non binary. And that's a term that the NIH has taken on, so it's been catching up.

There's actually an office of FGM at NIH. So, as the term is catching up more and more. Transgender gender non binary are two gender expressions of two genders, as well as cisgender, which is the term we use for non from transgender, so I'm cisgender meaning my sex assigned at birth was male and I identify as a man.

So that means it's the same. Intersex is a condition that many different conditions with ambiguous sexuality, sex and not going to talk about it that much. But sometimes it's part of the mix. When we talk about LGBT I, another one is Q, which can be queer, but also questioning.

Questioning is a term that's often used with young people where they say, well, I'm not straight, but I'm also not a any of the sexual minority identities, I still am questioning. So that's what that meant. And then we have those other sexual identities that I mentioned before, queer, asexual, sendenger loving, pansexual, demisexual, and more.

So this is just kind of some words that people use. How many of you in this room, do not know what transgender means? So this is interesting, nobody raised their hand, maybe they're embarrassed. But I edited the first issue of the American Journal of Public Health in 2001, and it was labeled, public health issues of lesbian, gay, bisexual, and transgender health.

And I got 100 calls from journalists asking me what is transgender. Not that they didn't necessarily know but they didn't know how to explain what does it mean. And it just shows how 20 years later it's the word that most people are familiar with. How many people are LGBT, this is an estimate from Gallup and it shows a big difference between 2012 and 2017, like a growth of 1%, which is kind of stunning.

It's like almost a third of the population growth. But most of it has to do with millennials, the top green line. That more and more of them are identifying as sexual or gender minority. And so these are, I would say the top estimates four and a half

percent for the LGBT community or LGBT people.

In most federal studies, you find that the proportion is about 2% to 2.5. So it's somewhere there, there are a lot of differences in measurements, and who is selected, and who answers the questions, and so forth. But this is about what we're talking about is, let's say, 2 to 4%.

When people are asked to estimate how many people are gay, they usually say, 20%. So that's why we like to show that because it's a small minority. Ohio has LGBT people, as well.
>> And this is from our Williams Institute report. We have state reports. If you are interested, you can log on that.

But we estimate about under 400,000 LGBT adults, you see that the LGBT population is diverse and some studies show more diversity than non LGBT, about 30% of LGBT couples or people are raising children. And again, you see that age distribution that I mentioned before. So there's a long history of thinking about homosexuality, and talking about that term because that's not what we're talking about the 17th century, where homosexuality was considered a sin.

And that origin, the religious condemnation of homosexuality, as Michel Foucault has shown has led to perpetuating the idea of homosexuality being first a sin, then a disease, illegal. A lot of negative connotations really stemmed from originally from religious thinking that were incorporated into law and then incorporated into medical thinking.

And it took a long time to overcome that, so much time that it's really within the past. In 1970s that the American Psychiatric Association said that homosexuality is not an illness and not a mental illness. Before that it was considered an illness and there were a lot of attempts to change sexual orientation.

How many of you have heard about conversion therapy that's been in the news a lot lately? Well, that's not a new thing. In fact, it was the recommended therapy, for people who were diagnosed as homosexual. So everybody who was homosexual, if you went to a therapist, you would have conversion therapy, basically.

And there were a range of therapies from behavioral therapies to fair cycling therapies, and of course religious teaching. This is one of the most famous books that talks about treating homosexuality, but from a psychoanalytic perspective but even early as the 1950s and 60s they began more what we used to call gay affirmative writings.

And people began to talk about the fact that homosexuality and what we call now sexual minorities, and gender minorities are not mentally ill. And Evelyn Hooker is one of those professors I can't get into all this history. It's fascinating. But she showed that psychiatrists could not determine who is gay and who is not gay by just looking at their psychiatric profiles.

Which was counter shocking and and really not even believed at the time because everybody thought that if you're homosexual, you have a very different psychiatric profile. This is a gay writer psychiatrist who wrote about homosexuality from a psychoanalytic perspective, which is a whole other interesting thing, and there's a rich history about homosexuality and American psychiatry, and how we got, to that point, of removing homosexuality as a disease.

Which is really crucial even now internationally, we always think about different countries and where they are. And if homosexuality or sodomy is criminalized, it becomes very hard to talk about anything else in countries where it is criminalized, right? And you can understand why because we can talk about same sex marriage if it's a crime to even have same sex relationship.

Does anybody know? Not who this so I tell them who it is. He is a psychiatrist who presented in the American Psychiatric Association Professional meaning in the conference on the panel in 1972. And he was a psychiatrist at the time, psychoanalysts was the most prominent profession within psychiatry.

Can anybody know why he's wearing a mask or guess why is wearing a mask?
>> He's gay.
>> He is gay. Probably controversial working at that time
>> Right, he would be fired. Because being gay was considered mental illness. You couldn't be a psychiatrist and be gay. So he had to protect himself from being fired from his job.

And not just psychiatrists was fired, a lot of people were fired from their job for being gay, because again, it was considered to be a disease. So, so much for history. So my work is focused on minority stress. And the idea behind it was that all this prejudice and stigma that has evolved over, as I showed you, decades and centuries really has led to negative attitudes,

violence, discrimination against sexual minorities.

I'll talk about gender minorities in a second but my first work was about sexual minorities. And the very basic premise of this was that prejudice and stigma lead or raise stressors in the lives of people who are sexual minorities. And these stressors cause adverse health effects. So the fact that stress causes adverse health effects was already known, and there's a lot of research on stress.

And I joined two kind of perspectives from sociology and public health, one on stigma and one on stress and I said, well they match together. And the idea behind stress, if you have stress, like being fired from a job, is a stressor. Starting a new job is also a stressor but often we talk about negative, basically major life events that are all stressful.

And all this is saying here is that these negative life events don't just happen randomly in society, there are certain groups that are socially disadvantaged because of stigma and prejudice, that experience more of them. So if I had you guess, if I took a random sample of African-Americans and White Americans and ask people, have you ever lost a job?

So everybody could lose a job unfortunately, that's not a event that doesn't happen to white people. It happens to gay people, it happens to straight people. But who would you guess it had happened more to just in their lifetime, the white random person or the black random person?

>> Black.
>> Why?
>> History of discrimination.
>> Right, because that one extra reason, so there's a lot of reasons why you might lose a job. Maybe, There's an economic downturn, there's unemployment in general. Factories close down. We've seen a lot of that in the news. Maybe you're not a good worker, there's all kinds of reasons.

But there's one extra reason. That extra reason is in public health, we call the access in exposure. And then the discrimination in this case. So, everybody can have risk factors for losing a job. But you have a little extra here that shows you- this is two bars. That shows you the excess in exposure, as we know, can be related to an excess in disease outcome if that exposure is related to the disease.

So this is the entire minority stress theory in a nutshell, that's what it's about. I've also worked with others on gender minorities and the same model has- that I'll show you in a minute has been applied to gender minorities. And, again, you can look at more of those articles.

It's similar ideas, the basic premise which i just described, the same thing with both the gender minorities. As it goes to, as I already mentioned, racial ethnic minorities, Other groups that are stigmatized. And of course, we like to think about the intersections of those identities. So a person is not just a sexual minority, or just a racial minority, or just why or anything, they're a whole intersection of identities.

And all of them impact them in different ways. So basically what this model is showing is that social structure leads to the exposure of stressors. As I said before, discrimination leads to losing a job, which in turn leads to health outcomes, to negative health outcomes. So this is the way the model looks like.

Basically it describe what some of the stressors here. So prejudice of events, so it shows that there's an intersection of disadvantage or advantage identities. That each of them together and alone lead to more or less chance of being exposed to prejudice related events such as losing a job, such as being attacked violently.

But there are also what I call proximal stressors that happened to the socialization process. For example, a person learned to internalize negative attitude, stigma. So internalized stigma can also work. And it is a social stressor because where do we learn it, only through interactions with society, but the person applies it toward themselves, which has many, many negative effects, and I can't get into the details of that.

But those are really interesting issues including for example, concealment which is hiding who you are. And hiding who you are, you're hiding it to avoid prejudice, right? Because you're trying to protect yourself. That itself has negative impact on the person through both psychological processes where you kind of have to lie about who you are.

At work perhaps you have to hide. You have to pretend to be something else, but also to not allow you to connect with resources because if you're hiding for example, you might not come to talk about it too when you need help. So, again, just to give you some ideas about the elements of the model.

And this is some of the ways that we measure it. I'm gonna show you some results now, soon. So I just wanted to give you an example of what are some of the ways that we measure it. One important thing that I didn't mention before is when we have stress, one of the things that helps prevent the negative effects of stress, is social support and resilience.

And the same thing is true with minority stress, but the way to get that A fact of social support and resilience is through the community. It's not enough for the person to be resilient on their own self. They really need to connect with a community that tells them, that teaches them about what it's like to be in that group.

I always like to think about the, there used to be a slogan, Black is beautiful, which was a way to teach at the time black girls against all the media that they used to and continue to be exposed to. And I always think, what is it like if one girl tells it to herself looking at the mirror,Black is beautiful that is not the same as a community telling you that.

And that's the difference between community resilience and individual resilience. So here we're talking, of course individual resilience is important but the community resilience is more important in this context. In the same way, learning values from often the minority community there are positive about this community. It's something that helps you counter internalized stigma, right?

So Amy mentioned that I testified in a trial about same sex marriage. You might be surprised that people used to think, medical people used to think and say and write, that gay people, LGBT people, sexual minorities do not have intimate relationships. They only have sexual relationships, that they are unable to have intimacy and that they live lonely lives.

By the way, interesting in stigma research, we see a lot of themes repeated in different groups, like oversexualization of the group. They're very sexual. That's been said about racial minorities, ethnic minorities, a lot of stigmatized groups, we see the same themes. But with gay people, I'm sorry to use gay in general for men and women and other sexual minority.

The notion was that they're not able to have relationships. So if this is what you learn, as many, many people did learn, that you're never gonna have a relationship, you're never gonna be able to achieve intimacy, some of you couldn't have children. You can see how that can be a little difficult to deal with.

And so, having a community that tells you the opposite and shows you role models that achieve relationships can be a hugely impactful ameliorating factor, a factor that goes against the stress or the stigma. So by definition of this minority stress, the social context matters because it's all about social context, social environment, legal environment.

And we've seen in the past, certainly 20 years, but really since the 60s, huge changes in public attitudes. I already mentioned that homosexuality was considered a disease, and of course, it's not since the 70s. Sodomy was under law in United States until 2005. So a lot has changed.

One really interesting or I think dramatic I would say, example of that is attitude towards same sex marriage, which you see from 1996 to 2019, 2020 years. There's been a huge shift where almost a third of the population felt that it is not acceptable to almost two thirds and it is acceptable over just 20 years.

So there's been shift, there's been an interesting shift, this is just over 10 years. These are two maps that are showing state by state. This is a group that did a tally of a whole range of laws and conditions that affect sexual and gender minorities. So this is football sexual and gender minorities.

And you could see the red is the worse and the dark green is the best in terms of how they count it, like do they have protection? Can they change the ID? Can they change their gender? Are there religious exemptions for laws? Can they be discriminated or not?

There's a whole range of things. And then you see again a huge change, it also shows you that we're not done yet, which is why I kind of like this map because sometimes people over-estimate how much has changed for people. And you can also see that there are regional differences, right?

But the fact that things have changed has been noted in the literature. And the title of this book says the notion is that

homophobia has declined. And in fact, this author McCormick, said this is actually established from London. It's a qualitative study of high schools, where the investigator investigated the environment that sexual minority kids experienced in high school.

And he basically said that the whole thing about minority stress is historical killed fact but no longer an issue. And in fact, Savrin Williams, who was a professor at Cornell, felt not only that minority stress is no longer relevant but it is stigmatizing. That the minority stress saying that gay people could be harmed by stigma is itself stigmatizing because we're so beyond stigma.

So now, just a little comment, I've been talking about it for a while and this study that I'm talking about started six years ago. And it's been a really interesting change in my rhetoric before and after Trump was elected. Because before Trump was elected, I had to convince people that even though things are so much better, there's still work to do.

And people were like, what are you talking about? We're done with this topic. And now I am in the opposite end and I have to remind people that things will improve.
>> So it's kind of a good perspective on how history is not linear and how things that we think accomplished are not always accomplished, yeah?

>> We'll see the medicalization of transgender people in a similar way to how sexuality was.
>> I do think there's a lot of push for that and there's some countries where certainly certain condition related issue have been already. I think it's a little more tricky because of the, and we can talk about it later.

Because of the, number one, the need for insurance coverage, and number two, the need for some medical interventions like prescribing hormones. But people are working on that, and there's a lot of interesting debate, I don't know if you're familiar with that. And they're really interesting question. I don't think is that easy, but we can talk about it more.

But I do think that it will happen. So now I wanna tell you about these two studies that, I'm actually just finishing now. One is called Trans Pop and one is called generations. I'm going to talk a little bit more about generations because that's more connective with the theme that I was just talking about, about how social changes impact minority stress.

But I'm going to show you results from both. So both of the studies are innovative in that they both are the first one that we tried to do an LGBT or sexual and gender minority study that uses a completely representative or probability or random sample of the entire US population.

And that was basically done by Gallup, which is a survey organization. And they called, I don't have the numbe, actually we actually call 400,000 people, and we asked them basically, are you gay?
>> And did the bunch of screens, including sexual and gender minority screens. And then if we identified a LGB non-transgender person, they were sent to generation.

Then we identified transgender person that could be LGB or straight. There were sent to this study because there were different questions that we wanted to ask. And in particular, we did have a lot of question about transitioning and about social transitioning, abut medical needs and things like that for the trans population.

But the studies are very, very similar. And so going back to generations, I put them the top here that little thing that tells you what started talking about. We basically looked at the whole history in the United States since the 1960s, and this is available on our website.

We worked really hard on that. If you're interested in looking at historical points up to the end of 2015 when we did it. So what we did there is we looked at what ages should we decide are representing significant periods in history regarding LGBT issues in the United States?

And we looked at people when they were around age ten, not because we thought they were active in the gay community. But the theory was, what would be the discourse around them if they connected with the LGBT community at the time when they were at that age. And the idea was that that influence they're growing up.

And when they came out as gay or lesbian, that was the discourse around that. And we define three cohorts, one we call pride because people who are born before but kind of came of age immediately after Stonewall, the uprising and the

beginning of the gay rights movement. Where the notion of pride, the notion of identity were very prominent then.

And a lot of the discourse was around that. The second cohort we call the disability, which was in the early 90s after the AIDS became a public health crisis like in the mid 80s. Started in 81 but became a crisis in the mid 80s. And with all the negative impact that it had on the LGBT community, it also had some positive impacts such as growing visibility and especially growing off structures.

Both in terms of political structures and health structures and community structures that proliferated because of the response to AIDS at the time. So this group, and then the third group there's more people who were born in the 90, who came of age in the 90s. Those are millennials mostly.

And we call it the equality generations because the discourse around that time was about equality, not just marriage equality, but just equality in general. And those names do not necessarily mean that they're not perfect, but it kind of a quick reference. And this is some events that occurred during that time.

So this is the prior generation. We call it identity formation. The second generations were 34 to 41 in 2016, when we collected the data and this is some of the many things that took place in that period, which I was referring to as increased visibility. And this is the equality generation.

Again, some of the core events or experiences that characterize their, when they were children, still. And so our aim was to describe identity in these three generations, to describe minority stress and resilience. For example, I mentioned internalized stigma. Is it the same when you grow up in the equality generation as it was when you were in the 70s?

Of course, obviously, it's not. Younger people would not have as much internalized stigma because we think that stigma has reduced in society, so that's one example. We also wanted to look at utilization of healthcare services because a lot of the healthcare structures that were targeting sexual and gender minorities were centered in LGBT organizations.

And one of my concerns was if some of those other books that talk about the post gay world will correct, then young people will no longer connect with LGBT communities or with LGBT resources. Or when they go online to search for information they're not gonna use those terms.

And if everything was directed toward those terms, we're losing an entire generation that's no longer connected with that was important to know about that. And then, of course, looking at the health effects of the stress. So this was that, of course, that the young people will be more comfortable coming out, they'd experience less minority stress.

They have less adverse outcomes like suicide and depression and substance use. And a weaker sense of gay identity because of that post gay hypothesis. And, So some results. So we did see remarkable differences in what we call coming out, which is ages that people mark are important related to their LGB identity.

So you see that all of the generation, this is the young, the middle, and older generation. All of them kinda come to realize that they're attracted to same sex persons around the same age. Which, I don't wannna get into a debate about that, I don't necessarily know if that's true or not, but this kinda points to a more biological perhaps but.

But what is interesting here is the young age that identify as gay. The young generation at age 14, the older generation at age 18. And most fascinating to me, the age that they came out to a family member. The young age people two years later when they were 16, they came out to a family member.

The people of the older generation all the way at age 26. So that's a remarkable differences in what it means to be an LGB person in American society. Over this decade. But when it comes to stressors, I can see already the reveal. We did not see the differences that we expected to see in terms of the younger generation being exposed to a lot less stress than the older generation.

And even though I was always skeptical about the post gay world as I was about the post racial world that we were in after Obama was elected. I was just surprised by finding some of these findings. So this is conversion therapy. We see about the same rates of exposure to conversion therapy in the older and the younger people, meaning it continues to be, and we call it a stressor, and we actually have a paper coming out shortly, if the editor will stop harassing us.

>> That shows a relationship between conversion therapy and suicide attempts. Yeah.
>> Do we see any regional differences with
>> We haven't looked at that yet but that's in my discussion.
>> Okay.
>> And these are experiences of violent events and victimizaiton. To make it easier I put in red the highest numbers and blue the lowest number.

And you see the younger generation here, had less of the someone verbally insulted you, to an object you robbed, property was telling or beaten, physically attacked, sexually assaulted. But these are lifetime rates. And of course if you're older you have more lifetime experience. When we looked at one year, so everybody's equal in that, you see that the younger generation experiences the most of all of these.

And to me that was quite stunning because again, supposedly our society is so much better and so much more accepting and it's so easy. The same thing is true when we looked at some of the internalized homophobia, internalized stigma, the stigma is the experience of stigma. And the everyday discrimination, which is a scale that you might be familiar with that a lot of people use to measure experiences discrimination.

Again, the young cohort was always higher than the older cohorts. And, again, there's different reasons but what it definitely doesn't show is that things are completely better for the younger cohort as that cohort that I showed you from that British writer. When we looked at mental health indicators, we found psychological distress to be higher in the younger cohort.

That is not telling a lot because that is true in general in the populations, the younger cohort have more psychological distress. But again, it's not like we find that they have less psychological distress. So it may not completely confirm that they have more but it definitely showed that they don't have less.

And this to me is always like the greatest barometer of where we are, I don't know, I just kind of in my mind, and that is suicide attempts. And we see and this is over the lifetime so the younger people still have a lot less chance to have it.

What happens with suicide attempts that it does tend to for LGBT people tends to be around the ages around coming out issues. But we see 30% so one in three had a suicide attempt. This is not ideation. And I quote here the national average to the right where you don't see anything, that's because it's so low.

So this numbers are huge numbers. And the younger generations, again has higher rates than even the two other generations. So you can again start to think why this is happening or not, but It's so it doesn't look like they're better off, in terms of that.
>> Was there an item asking if respondents or measuring the ability to passed others.

>> Do we have that item?
>> Yeah, and with that.
>> We don't have the ability but we have, whether or not they are out.
>> Okay.
>> But, that is related to some of the violence and not in this study but in other studies.
>> Yeah.
>> Finally, in terms of relationship with the community, so to me, that was the only good news in that we did not see a withdrawal of the young people from LGBT community.

I didn't show you before is the use of identities. A lot of them don't use lesbian, gay, bisexual. They use a whole range of identities. But we did ask them specifically about how central their sexual minority identity were to them. And you see that they're almost the same as all the other generation.

So they're not post game, the sense of they're saying, it's not a big deal. We don't care about sexual minority identity. And the same thing is true in terms of the connection with the LGBT community and we did ask it like that. So we use the term LGBT community just because that's a term that is a lot of centers use and a lot of the media and this is like a term.

And so we didn't ask them if they said I'm asexual, what is relationship with the asexual community. We asked them specifically, purposefully, the LGBT community. And I can tell you that this is good news because in other studies, we've already shown that that is protected. People who are connected are better informed about HIV prevention about the use of prep.

About other issues that are of significant to sexual minority health.
>> We are yes, so we have ethnic, racial identity. What we do know is that it doesn't differ. So the fact that you are black or Latino doesn't make you less connected. But we also have connections with ethnic and minority communities.

And there are some issues around acceptance within the gay community of ethnic minorities. So we do have studies that show that of course what you would expect. That it's not easy and there's a lot of tensions around race and other socioeconomic status. I just want to show you some of the results from the transgender study.

And again, we're seeing. And this is not connected to these three cohorts, because we just wanted to get some information. And unfortunately, this is nothing surprising. Although it should be shocking to us, it's expected. And we found that transgender people, and here we have a comparison sample of cisgender meaning non transgender individual.

And we found higher rates of experiencing stressors, higher rates of bullying, incredibly higher. It's not just a little higher, when you do studies like that, you find huge differences, yeah.
>> Does this take into account late transitioners versus early transitioners?
>> Not yet, not yet. We're looking now at milestones and how they're related.

Here we see the everyday discrimination. Again, the bold numbers are significantly higher and you can see the numbers are much higher. And this is stressful experiences in the past year. Again, transgender, cisgender Chronic strains. So, the two studies are- have websites. And if you want to use the data, you can because they're gonna be available to the public soon and if anybody wants to- they're going to be at ICPSR in the University of Michigan archives.

So you can use that. So, we have some time for discussion and question. I won't show you my discussion points because they're not anything that- I would love to hear some of your thoughts about that. But basically, my feeling is, as much as I thought that minority stress probably continues in young people today, I was surprised by how much we didn't find evidence for things have gotten so much better.

And we also have a qualitative study, we interviewed people and by the way that data is available too, we interviewed people about in great detail including on intersectional issues. And even there, it was rare to find a story where somebody says, I came out, it was great, everybody loved me and there was no issue.

>> It was much more likely to talk about the opposite. Now I'm talking about the young cohort, not to mention the other cohort. So, that's my conclusion. And there are things that we're doing to look at the regional differences. Religion is an important thing. Whole right intersectionality, yeah.

>> That looks at their people have. So for example, I think about being here in Ohio, you're living in kind of a part of Ohio, you're isolated from these areas. Experience
>> Right.
>> And I had the same experience when I was in Kansas, so there's a really high contrast from when I was living in New York.

New York wasn't that much different than being out in other parts of New York State.
>> Right.
>> And so, I'm wondering about how that kind of contact effect impacts that minority stress and that experience that you had?
>> We are definitely interested in that and we have questions about that we even have a variable created that measures the distance from a closest LGBT center, the LGBT community centers.

And we have a on that but we haven't done all of this analysis, we haven't done the analysis by regions. But I have a colleague who is doing now, did you see that the map of the states as I showed you, we're looking at differences between the states based on the legal status.

But those are all things that I would expect would matter. But one of the stories I told you with qualitative study, we have a qualitative study that's not a probability sample or always but it's not a probability sample. And one of the first cases that I listened as part of our quality control, this was done in five different regions.

The qualitative part and one of the first one was a young guy who was 18, Who was gay and lived- and was born in San Francisco. And if you're a gay person, there's no better place in the world to be born.
>> And yet his story was- I was just stunned.

It was the same struggles, the same family rejection issues, the same. He was also talking about intra-community issues and I mean, we didn't see, I didn't see him, but he described himself as heavyset and having- even when he came out, having had trouble connecting with the community because of there's all these other pressures on gay men at least.

So, and the reason behind all of that was religion. He was born into a very religious family. So I think you're right. But I began to think, because of that and because of the rest of our results, that we think about environment in much broader term than how we live our environments.

And for this kid, being born in San Francisco really didn't matter, what mattered that his family was so religious, his church was so anti gay. So I think, I don't know how to capture that but I definitely in line with what you're saying.
>> Another thing that I've noticed living in a different place is because Kansas or Nebraska people, I actually felt a stronger sense of community there, since there was kinda more external force that forced people to get along and get together.

Whereas when I was in New York, that didn't really exist, right?
>> Right.
>> So I think it's complicated.
>> Exactly, so that's what I think, I don't know if we're doing that. I don't actually know of studies that think about environment as almost personal environment, or micro-environment.

And I think that would be really fascinating. I'm working with somebody on a study of minority stress in youth, and we're trying to talk about not just did you experience stressors but exactly where and with whom. So that's going along that line. So, I think with race studies, people also talk about segregated communities and the negative and the positive.

Sometimes people just portray it as a negative thing, but for some reason, you said there's also a lot of positives. And so we can't just talk about even community in such broad terms, but at the end of the day, probably because we do look at black population issues, and I think it's the good areas to think about, yeah.

>> How do you account for people in these studies who when they get a phone call, it's like, hey are you gay or transgender? They just hang up.
>> Well, hanging up is actually a huge problem in survey and a lot of survey research. So, our transphobe survey actually shifted from telephone activities, not because we wanted to, necessarily.

But because a lot of server groups now changing to address based sampling versus phone. The phone by the way with cell phones and landline. So it wasn't just landline, but it's very, very hard. We didn't just ask that question. So there a lot of question, actually it's part of the whole Gallup questionnaire and some of them ask about political issues and some bad health.

I did, so it was kind of like one of the questions and then if they said that they are, then we ask them more questions.
>> And when a very high participation rate in terms of people willing to participate, they then literally all complete the long questionnaires. So once they did the form, and we identified them, then we refer them to the questionnaire by either mail or email.

And that was a longer question, the phone interview was very short. So I don't think people hang up as much. In fact, Several researchers used to hate asking this question. One of the first times I did on that actually was on that very question. Because I was designing this study years and years ago, it wasn't funded then but I did survey about that and people don't mind talking about They like that better than a lot of other questions the survey has asked them.

>> They don't like income questions, they're suspicious. So, I don't expect that this is a huge issue of people because of that, they might hang up the phone for many other reasons, but not just that. So, it's more random.
>> How long, the Dean wants you to ask you a question?

>> Okay
>> And you can answer this as a give me a methods answer, but you know me, that's not necessarily what I'm looking for, so, I was really struck when you talked about your rhetoric pre and post-
>> Yeah
>> Trump, and the question is, how do we account for social polarization?

So, one of the incidents we had on campus was in one of our buildings, people being targeted, with it's okay to be white, it's okay to be Christian. I don't know if the're there, it's okay to be straight science. I can only imagine that, that's the case, but that seems to be I mean, the irony is this is now the experience and the equality generation.

I think it's been there all along. We've been seen increases in economic disparity since the Reagan administration, but it's bubbled up in a new kind of way, so, how do you factor in this moment in history and in the ways in which we are engaging in civil discourse as a society around a lot of these polarizing issues, divisive issues?

>> Wow
>> I mean, that is, to me, a very depressing time, in terms of what they call political tribalism. I would say one thing about, it's okay to be white and it's okay to be straight. That from a public health or really from a sociological perspective, the plight of people who feel oppressed for a majority position, is different.

And I was asked that actually, in every trial they ask me. And this is about Christians mostly. They ask me, well aren't Christians suffering from stigma, from people who hate them? It's not the same. In American society, if you're a Christian, you might suffer somebody not liking you.

But the power of that rejection is very different than the rejection based on the race, gender, gender is actually very complicated, and sexual orientation. So, because and I've talked about minor stress or very minor stressors that can have a huge impact. Why does it impact you, if somebody calls your name?

That has to do mostly with the power of social stigma that reverberates through your whole life history, right? So, if somebody calls me a name, it brings me back to being in first grade. If somebody called a straight person a name, referring to them being straight, it doesn't have that power, it doesn't mean that, I certainly don't think it's a good thing, I really hate all this tribalism.

I just wanna say, as the people said, facts are facts, it is a different thing, it's not a good thing. Even discrimination, discrimination is never a good thing, it has a different meaning when it's done against a group that has historical racism, sexism, it just has a different quality.

And again, to be clear, it is not to say that I minimize it, but it has a different impact psychologically as well as rhetorically and sociologically. So, I think that's a, and actually I'm in the law school, and that's a very difficult concept to tell lawyers, interestingly. Because they think the law is the law, you can't discriminate.

And I actually went and talked about it at this conference in Harvard, and I was a huge star, was surprised because I thought what I was saying was like so obvious.
>> And they were, wow, discrimination is not the same.
>> So, when a gay person is rejected from a wedding cake maker, is not the same as a straight couple being rejected.

When a black person is rejected from riding a bus, is not the same as a white person, just because of what it means when reverberate, when it means for. So, we have to remember that and at the same time, I do believe that people should be nice to each other

>> Including all those democrats who are on my Facebook and attacking each other.
>> Do you have any frameworks that you have found that were building and were
>> Right
>> And minority populations institutions otherwise
>> Exactly, interesting, yeah, let me take one more question and then I definitely wanna answer that.

Did you have any? Yeah
>> I'm a huge fan, so, thank you for coming to. So, I'm a PhD student who studies suicidality in bisexual and other non-bisexual populations. I'm wondering, in your opinion, what are the next steps in terms of research with really getting into why so many folks are committing suicide and what are the next steps for us to kind of tackle that?

>> Okay, so let me go to the resilience question, I think for me resilience is only measured in community level. I'm really interested in individual resilience people, that's another controversial thing that I always think people would hate me for and that's I agree with that.
>> I feel like individual resilience is the wrong approach, it's a psychological concept but for public health is the wrong approach because, we're interested in making structures that work for people.

We cannot count on people working against bad structures because they are resilient, that is not a good thing and I don't feel like elevated when I hear a story about a horrible person who is resilient, a person that, in horrible circumstances, who was resilient. It makes me feel sad, that we are so focused on how resilient they are, because that makes the other people who are not resilient, by default, blameful.

So, I think all resiliency is about what do you do to support community. And there are many different ways that you can do that. I think I mentioned the gay community centers now it's not for everybody, but they're very sparsely located, the person who was actually a PhD student at Columbia did this paper, looking at LGBT community centers, there are a handful across the country who provide transgender services.

So, this is one thing to do, for example, It doesn't mean that that, that's just a beginning. Talking about youth people, talk about GSAs, they used to be called gay-straight alliance. Now it's called, does anybody know what it's, they've kept the acronym, but it's called something, it stands-

>> What is it?
>> GSTA, cuz they added trans-
>> No, it's not gay-straight, it's gender, something, anyway. So that's a social club in high schools that is supposed to promote, for sexual and gender minorities and their allies, an environment where they can meet and talk, and I think that is very helpful.

But really, what people always bring up is resilience for kids in high school, and to me, that's just the drop in the bucket. That's an obvious thing, that you should allow kids to meet in a club, but that's not providing the support that they need. And I've actually written about that, in terms of what schools should do.

And I think they should debate, talking about what Amy just brought up, there should be debates in school. And I think it's okay for the debates to be difficult, because if you don't do it in a school, where are you gonna do it? But they also should be respect and protection for LGBT youth.

And in California, we have a law that requires all textbooks to include information about, I think they call it the contribution of LGBT people to the history of the state. So it's just to teach students about, and it adds to a whole list of communities that are required.

Of course, that law doesn't have strong teeth. And after I wrote this article about what schools can do or should do, legally, I got a call from a teacher in California, at LAUSD, which is very good in terms of those resilience issues. And again, talking about what we talked about, micro-communities.

She was telling me, I'm in a very religious community, and I can't even do any of what you're talking about. Any of what is required by law, because the parents don't want me to do it, and she was very desperate. So there's a lot, a lot, a lot to do, but this is just some examples.

And of course, laws and policies also advance resilience, so there's a lot to do. So in terms of the suicide, this is really a very difficult, and feel very emotional when I see data that. And I don't know if you're personal with the YRBS data. YRBS is the Youth Risk Behavior Survey that's conducted by the Centers for Disease Control.

And they publish, have been for a while, results based on sexual orientation. And now some states, it's state-by-state, I think

a majority of states have sexual orientation questions, and a minority of them have gender identity questions. So when they publish their result, which is once a year or two, I think once a year, I immediately look at the suicide numbers.

And they're always heartbreaking because, to me, until we see those reduce, something is still wrong. I don't care what all these writers talk about, if young people in high school attempt suicide. So there's a lot, I think what's needed is actually along the same line. What can we do in schools, with parents and with students, to intervene so that it doesn't get to death?

And I don't mean the kind of intervention that is preventing a suicide attempt, although of course that's very important. I was just in Australia, in a conference on suicide prevention, and I was really horrified that they invited me. But yet the discussion, they're developing a national prevention effort for suicide.

And all it was was about, now people want to focus on the, kind of the last minute, right, before the suicide attempt occurs. And everything I was talking about is about what you do for the entire lifetime before that last minute. So I'm not saying, again, it's important to prevent the suicide then.

But what can we do with parents, teachers, and children to educate them, to develop resilience, to reduce stigma. So that they don't need to think about, I'm gonna be alone, I mean, I'm going against what God tells me. There's work on family acceptance that you can look at.

The Family Acceptance Project, which is really interesting, working with religious families, and this is a project from Caitlin Ryan. Her approach to working with religious families is to work with them on the importance of family. She tells them, you don't have to accept homosexuality, we don't have to discuss that part.

Which of kind of maybe doesn't total make sense, honestly.
>> But no, but it works the way she does it, she works with their own value system, of the importance of the family. You don't want your kid to die, you don't want to lose your kid. She worked with Mormon families a lot, and so that's an entry, to enter this discussion.

And of course, hopefully, we hope that they do accept their kids as gay, lesbian, bisexual, or transgender. But a lot of times, that's when parents wake up, is around suicide. So in some ways, that's also an opportunity. We had a woman call us, whose child is a transgender boy, and she wrote about it too.

But she told me that when she read in our website, about the association between suicide and transgender youth. Is when she realized that she cannot wait with her kid, and allowed him to express himself, and it was a difficult point for her. But the way she described it is, if my kid had, her kid actually did have other medical, hearing problems, that I immediately would go to try to help.

But with that, she couldn't, because her husband was against it at first. It was the idea of suicide that led her to action. So sometimes, it could be an opportunity, too. But I'm looking for you all to figure out-
>> Your parents' generation. So I think we're done, right?

>> I think we're at the end, so along-
>> I think it's not hard to find, there's one. Now, you can find my email easily, but if you wanna email me, you're welcome to do that. And as I said, we do share our data, it will be probably in June, in ICPSR.

But if anybody wants to do it before that, you can email me, and we have a procedure, a process for that.
>> Come on-
>> Thank you.
>> Thank you.

UNITED STATES DISTRICT COURT

DISTRICT OF MASSACHUSETTS

SPRINGFIELD DIVISION

SEXUAL MINORITIES UGANDA

Plaintiff,

v.

SCOTT LIVELY, individually and as President of Abiding Truth Ministries

Defendant.

Civil Action

3:12-CV-30051 (MAP)

EXPERT REPORT OF DR. ILAN H. MEYER

I have been retained by the Center for Constitutional Rights to provide written opinion and possible live testimony as an expert witness on behalf of Plaintiff Sexual Minorities Uganda ("Plaintiff") in connection with the pending action entitled *Sexual Minorities Uganda v. Scott Lively*, U.S. District Court, District of Massachusetts, No. 3:12-cv-30051 and any related litigation.

My work for this report is provided *pro bono*. I am not being compensated for research and the writing of this report. However, Plaintiff is reimbursing me for all reasonable and necessary out-of-pocket expenses incurred in relation to this work, including expenses related to any travel that would be necessary related to my work in this case. In addition, in the event Plaintiff or its counsel recovers attorneys' fees or costs in this action and/or any related litigation, Plaintiff or its counsel will compensate me at an hourly rate of $250.00 per hour. Reimbursement of my expenses or other compensation is not in any way conditioned upon or affected by either the substantive results or conclusions of my work, or by the final outcome of this action.

I. Qualifications

I am the Williams Distinguished Senior Scholar of Public Policy at the Williams Institute at the University of California Los Angeles (UCLA) School of Law in Los Angeles, California. The Williams Institute's website describes its mission as follows:

"The Williams Institute is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy. A national think tank at UCLA Law, the Williams Institute produces high-quality research with real-world relevance and disseminates it to judges, legislators, policymakers, media and the public.

Experts at the Williams Institute have authored dozens of public policy studies and law review articles, filed amicus briefs in key court cases, provided expert testimony at legislative hearings, been widely cited in the national media, and trained thousands of lawyers, judges and members of the public." "The Williams Institute is committed to the highest standards of independent inquiry, academic excellence and rigor. Research findings and conclusions are never altered to accommodate other interests, including those of funders, other organizations, or government bodies and officials."
(http://williamsinstitute.law.ucla.edu/mission/#sthash.9qcEVuIh.dpuf).

Prior to arriving at the Williams Institute, from July 1994 until June 2011, I served in different roles at Columbia University in New York City. My last position there was as Professor of Clinical Sociomedical Sciences and Deputy Chair for Masters Programs in Sociomedical Sciences at Columbia University's Mailman School of Public Health.

My area of expertise is the study of the effects of social stress related to prejudice and discrimination on the health of lesbian, gay, bisexual and Transgender (LGBT) populations. This area of study belongs to an area of study called *social epidemiology*. Social epidemiology is concerned with social patterns of disease and risks for disease. "Social epidemiology is about how society's innumerable social arrangements, past and present, yield differential exposures and thus differences in health outcomes . . . ." (Oakes & Kaufman, 2006, p. 3).

My original theoretical and empirical research focuses on the relationships among stigma and prejudice, minority social status and identity, and mental health and well-being. I have studied, in particular, United States populations defined by sexual orientation (lesbian, gay, bisexual, and heterosexual), gender (men, women, transgender), and race/ethnicity (African Americans, Latinos, and Whites). Through these studies, which use methodologies widely -

accepted in the field of social epidemiology, I have developed a model of social stress referred to as *minority stress* (Meyer, 1995; Meyer, 2003). This model has become the most prominent and commonly used framework for the study of health disparities in LGB individuals (Herek & Garnets, 2007; IOM, 2011) and has generated hundreds of scientific papers by many scientists. For this work, I have received several awards and prizes including the American Psychological Association Division 44 Distinguished Scientific Contribution Award.

I received my Ph.D. in Sociomedical Sciences and Social Psychology from Columbia University's Mailman School of Public Health in 1993. My doctoral dissertation, titled *Prejudice and pride: Minority stress and mental health in gay men*, received distinguished designation, awarded to the top 10% of Columbia University doctoral dissertations, as well as the Marisa De Castro Benton Dissertation Award for outstanding contribution to the sociomedical sciences, and an honorable mention from the mental health section of the American Sociological Association's award for best dissertation. Prior to graduating, I was a pre-doctoral National Institute of Mental Health Fellow in Psychiatric Epidemiology at Columbia University from 1987 to 1992. Later, I was a National Institute of Mental Health Research postdoctoral fellow in health psychology at The Graduate Center at The City University of New York from 1993 to 1995 and a National Institute of Mental Health Research postdoctoral fellow in psychiatry, with a focus on acquired immune deficiency syndrome (AIDS), at Memorial Sloan-Kettering Cancer Center from 1995 to 1996. I returned to Columbia University's Mailman School of Public Health in 1994 and served as an Assistant Professor of Clinical Public Health. In 1998, I was appointed an Assistant Professor of Public Health in the Department of Sociomedical Sciences. I was appointed as an Associate Professor of Clinical Sociomedical Sciences in 2003, Deputy Chair for Masters Programs in the Department of Sociomedical Sciences in 2004, and Professor

in 2010. From 2006 to 2007, I was a Visiting Scholar at the Russell Sage Foundation, a research center devoted to the social sciences in New York City. Further information regarding about my background and experience, as well as a list of my publications, can be found in my *curriculum vitae*, which is attached as Exhibit A to this report.

As reflected in my *curriculum vitae* (Exhibit A), I have published over 80 original, peer-reviewed articles, chapters, reviews, and editorials in scholarly journals and books. I have also co-edited a book, published in 2007 by Springer, titled *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*, and three special issues of academic journals on these topics, including the first special issue of the *American Journal of Public Health*, published by the American Public Health Association in 2001 and, most recently, a special issue of *Psychology of Sexual Orientation and Gender Diversity* published by the American Psychological Association in 2015. I have made numerous presentations and invited addresses at professional conferences and meetings. I have received grants for my research from federal, state, and private funders. Currently, I am the Principal Investigator of a National Institutes of Health-funded study of stress, identity, and health among LGBT populations in the United States.

Among other professional activities, I currently serve on the editorial boards of the scientific journals *LGBT Health* and *Psychology of Sexual Orientation and Gender Diversity*. Over the past 15 years, I have served on editorial boards (e.g., the *Journal of Health and Social Behavior*) and reviewed, as *ad hoc* reviewer, numerous manuscripts for many of the top scientific and professional journals in the fields of public health, psychology, sociology, and medicine. From 1993 to 2002, I served as co-chair of the Science Committee of Division 44 of the American Psychological Association, the Society for the Psychological Study of Lesbian,

Gay, Bisexual and Transgender Issues. From 2000 to 2001, I served as Guest Editor for the *American Journal of Public Health*'s Special Issue on LGBT health, published in June 2001. In 2004, I served as Leader of the Working Group on Stigma, Prejudice and Discrimination for The Robert Wood Johnson Health and Society Scholars Program at Columbia University's Mailman School of Public Health. In 2006, I served as co-editor of the *Social Science & Medicine* Special Issue on prejudice, stigma, and discrimination in health, published in 2008. From 2012 to 2013, I have served as Leader of the Working Group on Sexual and Gender Identity (Who Is Gay?) at the Williams Institute, UCLA School of Law. From 2014 to 2015, I served as the guest editor for a special issue on resilience in LGBT populations that was published by *Psychology of Sexual Orientation and Gender Diversity*.

At Columbia University's Mailman School of Public Health, I taught graduate-level courses on research methods; stigma, prejudice, and discrimination; and sexual and gender minority (*i.e.*, LGBT) issues in public health. I have also taught other related topics in the past and continue to teach classes as a guest lecturer at UCLA and elsewhere (e.g., Fenway Summer Institute in Boston, MA; George Washington University, Washington, DC). As Deputy Chair for Masters Programs in the department of Sociomedical Sciences at Columbia University's Mailman School of Public Health, I led faculty in administering the MPH and MS programs in public health at our department. We admitted about 100 students per year for the 2-year program. I was responsible for about 200 students' entire tenure at the department, including their admission, academic performance, and graduation.

In the past five years, I have served as an expert either at trial or hearings or through declaration in:

- Expert witness testimony in *Perry v. Schwarzenegger*, 704 F. Supp.2d 921 (N.D. Cal. 2010).

- Expert report – Written testimony in application for asylum, withholding of removal, and/or withholding under the Convention Against Torture. Removal proceedings before Immigration Judge, United States Department of Justice, Executive Office for Immigration Review (2010).

- Expert testimony before the United States Commission on Civil Rights briefing on peer-to-peer violence and bullying in K-12 public schools (2011).

- Expert report – Written testimony in hearing before Immigration Judge on the validity of asylum granted to a bisexual man, United States Department of Justice, Executive Office for Immigration Review (2012).

- Expert report – *Charles Patrick Pratt, et al. vs. Indian River Central School District; Indian River Central School District Board of Education* (2013). Case settled prior to trial.

- Expert report – *Garden State Equality v. Doe*, Superior Court of New Jersey, MER L-1729-11 (2013).

- Expert witness – *U.S. v. Gary Douglas Watland*, Defendant. Criminal Action No. 1:11-cr-00038-JLK-CBS (2014).

- Expert report – *Bayev v. Russia* submitted to the European Court of Human Rights (2014).

II. Methodology

I have been asked by counsel for Plaintiff to provide an opinion about the impact of the social environment on the health and well-being of LGBT individuals in Uganda. In preparing to write this report I was provided documents to review by counsel for Plaintiff (Exhibit B), including Plaintiff's First Amended Complaint (Case 3:12-cv-30051-MAP, Document 27, Filed 07/13/12).

If Plaintiff calls me to testify at trial as an expert witness, I currently expect that my testimony will relate to the topics discussed herein, including the study of stigma and prejudice that LGBT people face in Uganda, minority stress, and the effect of minority stress on the health and well-being of LGBT populations.

In connection with my anticipated testimony in this action, I may use this report or portions of it or the references cited herein as exhibits. In addition, I may use various documents produced in this case that refer or relate to the matters discussed in this report. I may also create, or assist in the creation of, demonstrative exhibits or summaries of my findings and opinions to assist me in testifying.

I may testify as an expert regarding additional matters, including (a) rebutting positions that the Defendant takes, including opinions of Defendant's experts and materials they discuss or rely upon; (b) addressing issues that arise from documents or other discovery that Defendant or other entities produce; or (c) responding to witness depositions and or testimony that has not yet been given or that I have not reviewed at the time of writing this report. I reserve the right to supplement or amend this report accordingly.

In this report, I rely on my reading and interpretation of current scientific peer-reviewed literature in different disciplines including, but not limited to, psychology, sociology, epidemiology, public health, and medicine. My analysis follows established social science rules of evidence. Social science evidence relies on the following: (a) theory, (b) hypotheses posed based on theory, (c) empirical evidence that assess these hypotheses using quantitative and qualitative methods, and (d) conventions and rules about causal inference developed in these disciplines over decades of methodological writings.

The scientific method allows for testing of theory-based hypotheses that can be nullified using statistical analysis and causal inference. Assessment of error is specific to the finding under study. Statistical analysis provides, in any test of hypotheses, estimates of the rate of error for some of the various ways that error can affect the results. For example, it can assess the impact of sampling error to inform the researcher of how precise a particular value is, such as a

population parameter (for example, the proportion of the population that holds a particular attitude). Other evaluations of error include, but are not limited to, assessments of the methods for sampling, for example, where potential biases can be assessed to understand whether the sample obtained by the researcher represents the population to which the researcher is generalizing his or her results.

Biases of various sorts bring about potential limitations in understanding research results. Because all studies have different methodological limitations, no one article or study is determinative. Indeed, a good scientific article should provide the reader with a thorough review of the study's limitations, as well as suggestions for further study that could address such limitations. The existence of methodological limitations in any one study, or even in a group of studies, does not by itself discredit a study, the area of investigation, or the conclusions that are drawn from this study or area of investigation. Relying on conventions of scientific research methodology and causal inference, a scientist uses his or her judgment about the significance and potential impact of the various limitations in any particular study or group of studies to form conclusions about the questions under study. For these reasons, like other scientists, I base my conclusions on an analysis of the cumulative evidence, a critical review of the theoretical basis for a study, the hypotheses tested, the methodology used, inference conventions and rules, and my years of experience as a researcher.

In choosing which literature to consult, I judge the quality of evidence, including, for example, but not exclusively, the type and prestige of the journal where a peer-reviewed article was published, the purpose of the article (e.g., review vs. original research), and the quality and rigor of the methodology used. My decisions about which scientific articles to review, how many scientific articles to consult, and what weight to give to any one scientific article were

based solely on scientific merit. In making these decisions, I relied on my experience and judgment about the best methods to assess the question under study.

In this report, I also rely upon media reports, witness accounts as reported by media or in social media (e.g., blogs) or other self-published media, and reports of governmental and nongovernmental organizations, such as the United Nations and Amnesty International. These sources are clearly referenced and provided in the list of references used (Exhibit C). As I reviewed such reports I attempted, to the best of my ability, to assess the veracity of the report based on the reputation of the source, cross validation from different sources, and my own assessment of the credibility and feasibility of the facts.

III. Definitions and Background

A. Homosexuality, Gender Roles, and Sexual Identity

Homosexuality refers to a person's sexual orientation toward persons of the same gender, that is, an enduring pattern of romantic and/or sexual relationship with a person of the same gender, or the propensity for such romantic or sexual relationships.

Although in the past homosexuality was classified as a mental disorder, the American Psychiatric Association reversed this understanding of sexual orientation in 1973. To date, there is a consensus among physicians, psychiatrists, and social and behavioral scientists in Western societies and international organizations (such as the World Health Organization) that homosexuality is a normal and healthy variant of human sexuality.[1] Thus, for example, the

1. *See* amicus brief of the American Psychological Association (In re Marriage Cases filed 9/07 California Supreme Court) "Homosexuality Is a Normal Expression of Human Sexuality" (Section II. B., p. 8) available at http://www.apa.org/about/offices/ogc/amicus/marriage-cases.pdf.

International Statistical Classification of Diseases and Related Health Problems, which is the most prevalent international classification system published by the World Health Organization, does not list homosexuality as a disorder even though it did so in the past. Similarly, a position statement on sexual and gender diversity adopted by the Psychological Society of South Africa's Council on 24 September 2013 noted "the recognition of LGB sexualities as normal and natural variances in that sexual diversity per se is not the cause of psychological difficulties or pathology" (Victor, Nel, Lynch, & Mbatha, 2014, p.295).

Three aspects of sexuality define sexual orientation: sexual behavior, sexual attraction, and sexual identity (Laumann, Gagnon, Michael, & Michaels, 1994). Sexual orientation based on *behavior* refers to the gender of the partner with whom a person has sexual relationships; *attraction* refers to the gender of the person toward whom one has sexual feelings and desires toward, whether or not they are expressed in any behavior; and sexual *identity* refers to the social identity a person has adopted to refer to their sexuality, such as, for example, whether a man uses the term *gay* to refer to himself. In general, people who have a non-heterosexual orientation in any of these dimensions are also referred to as *sexual minorities*.

There have been debates about whether the terms lesbian, gay, and bisexual (LGB) are Western-specific terms and whether they are fitting for discussion of sexual minorities in non-Western societies. For example, in Uganda, the term *kuchu* is used to describe some sexual minorities. For the purpose of clarity in this report I use the English-language terms, *lesbians*, *gay men,* and *bisexuals*, or *LGB*, to refer to sexual minorities, including Uganda's *kuchu*. My use of the Western terms in this report should not suggest that distinctions among cultures and culture-specific identities and terms are not important for any analysis. Rather, for the purpose of

this report, I use the terms in their broadest sense to indicate a non-heterosexual orientation, synonymous with culturally-specific terms.

Sexual orientation is different from other terms relating to sexuality, including *biological sex*—referring to whether a person is male or female—and *gender identity*—referring to whether a person identifies with the sex assigned at birth or a different sex (e.g., transgender). In most societies there are strongly-held convictions about the personality traits (e.g., aggressive, nurturing), appearance, and behaviors that characterize men and women. These are usually referred to as *gender roles.* There are strong social pressures to conform to socially-sanctioned gender roles. Although societies vary in gender role expectations and gender roles have changed historically, there is in general a tendency to view gender roles as natural and synonymous with biological sex. The view that gender roles are natural, and that they are synonymous with biological sex, imbues social conventions about gender presentation with moral and religious authority.

Transgender is an umbrella term used to describe individuals whose gender identity—sometimes referring to gender *expression* regardless of identity—is different from their sex assigned at birth (for example, a person living as a man whose sex at birth was assigned female).

Transgender refers to gender identity whereas *LGB* refers to sexual orientation. Therefore, a person who is transgender may be gay or straight (that is, heterosexual), and a gay person may be transgender or, more commonly, not transgender (also referred to as *cisgender*). Transgender is an identity that may or may not be claimed by a person regardless of his or her gender expression.

Sometimes concepts related to sexuality are confused by equating homosexuality (e.g., being a gay man, being attracted to a person of the same gender) with sex or gender (e.g., gay

men are women or women-like; Valdes, 1996). This has led to the conflation (and vilification) of LGB people and people who are gender non-conforming (i.e., a man who appears feminine regardless of his sexual orientation) and is a source of prejudice, stigma, discrimination, and violence toward LGB people in the United States and across the world (Wilets, 1996).

B. Stigma and Prejudice in Society and Law

1. Stigma is a fundamental cause of poor health outcomes.

Stigma is a "fundamental social cause" of disease, which makes it "a central driver of morbidity and mortality at a population level." Stigma is called a fundamental cause in that it "influences multiple disease outcomes through multiple risk factors among a substantial number of people." Stigma leads to poor health outcomes by blocking resources "of money, knowledge, power, prestige, and beneficial social connections" (Hatzenbuehler, Phelan, & Link, 2013, p. 814), increasing social isolation and limiting social support, and increasing stress (Hatzenbuehler, Phelan, & Link, 2013).

Stigma is "a function of having an attribute that conveys a devalued social identity in a particular context" (Crocker, Major & Steele, 1998, p. 506). Stigma can be defined by these five characteristics: "In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics—to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of 'us' from 'them.' In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. Finally, stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct

categories, and the full execution of disapproval, rejection, exclusion, and discrimination" (Link & Phalen, 2001, p. 367).

Structural (or *institutional)* stigma is "formed by sociopolitical forces and represents the policies of private and governmental institutions that restrict the opportunities of stigmatized groups" (Corrigan et al., 2005, in Herek, 2009, p. 67). Structural stigma restricts the liberty and dignity of members of a stigmatized group by erecting barriers to their success. One important function of stigma is that it legitimizes the unequal treatment of some groups in society. "[P]eople of higher status may stigmatize those of lower status to justify [the higher status people's] advantages" (Crocker, Major, & Steele, 1998, p. 509). When acted upon, antigay stigma is expressed as prejudice, discrimination, and violence against LGB people (Herek, 2009a, 2009b).

2. Laws can propagate social stigma thus enhancing stigma through the stature of the law.

Laws are perhaps the strongest of social structures that uphold and enforce stigma. "Law can . . . be a part of the problem by enforcing stigma" (Burris, 2006, p. 530). Laws can also eradicate and dismantle stigma. "Law can be a means of preventing or remedying the enactment of stigma as violence, discrimination, or other harm; it can be a medium through which stigma is created, enforced, or disputed; and it can play a role in structuring individual resistance to stigma" (Burris, 2006, p. 529).

Laws are often used to enhance a nation's health. In using law to advance public health goals, public health officials and legislators consider the impact of the law on reducing, maintaining, or propagating stigma. From a social science perspective, irrespective of their legal functions or standing, laws both reflect and shape social values and attitudes and enhance or

diminish stigma. Indeed, the role of law in shaping stigma is so clear to public health professionals that they explicitly debate the ethics of using law to promote stigma (for example, related to smoking) even when such laws have undeniable benefits to the public's health by preventing morbidity and mortality (Bayer, 2008).

C. Stigma, Prejudice, and Discrimination of LGB[2] People have been Widespread in World Societies.

For many decades LGB people have been stigmatized. Homosexuality has been portrayed, wrongly and stereotypically, as degenerate, criminal, and a mental and physical illness. This has led to wide spread discrimination against LGB people.[3]

Stigma and stereotypes inflame rhetoric against LGB people by using themes that erroneously associate homosexuality with child molestation; accusing LGB people of so-called "recruiting" children (suggesting that LGB people incite children to become LGB); portraying LGB people as hypersexual; associating homosexuality with disease, including HIV and AIDS; and generally portraying LGB people as unclean and unholy.

The accusation that homosexuality is associated with pedophilia has been a particularly venomous rhetoric used by anti-gay activists in the West and, more recently, in Africa and other countries (Angelides, 2009). The accusation appeared in the United States in anti-gay campaigns

[2] In this report I refer to the LGBT community when relevant and specifically to LGB and transgender people, separately, as relevant. For example, when most of the issues concern sexual orientation, or when most research stems from studies of LGB people—as in this section—I refer to LGB persons. This does not indicate that some statements here are not also relevant to transgender people. Also, as I note below, especially in writings from Uganda, *transgender* can sometimes overlap with sexual identity.

[3] Many sources discuss a history of discrimination, stigma, and prejudice against lesbian/gay persons including, among others, D'Emilio & Freedman (1988), Katz (1976,1995), Weeks (1989). *See also* "Brief of the Organization Of American Historians and the American Studies Association as Amici Curiae In Support of Respondents" submitted to the Supreme Court of the United States, *Hollingsworth v. Perry* (12-144) February 2013.

such as Anita Bryant's 1977 "Save Our Children" campaign that successfully repealed a Dade County, FL ordinance prohibiting anti-gay discrimination and, more recently, in a successful campaign by proponents of Proposition 8 in California in 2008 to bar same-sex couples from marriage. A review of the evidence, including a careful assessment of each purportedly scientific citation provided by advocates of the view that homosexuality is associated with pedophilia, led Herek (n.d) to conclude, "The empirical research does not show that gay or bisexual men are any more likely than heterosexual men to molest children. This is not to argue that homosexual and bisexual men never molest children. But there is no scientific basis for asserting that they are more likely than heterosexual men to do so."

Another central aspect of stigma about LGB people concerns family relations and intimacy (Meyer & Dean, 1998). LGB people have long been portrayed as incapable of—and even uninterested in—sustained intimate relationships. This maliciously and erroneously places LGB people and their sexual orientation outside the so-called normal universal human experience of intimacy and love.

IV. Stigma and Prejudice Expose LGB People to Minority Stress

A. Minority Stress Uniquely Impacts LGB People

Stress, such as a life event, is "any condition having the potential to arouse the adaptive machinery of the individual" (Pearlin, Horwitz, & Scheid, 1999, in Meyer 2003, p. 675). Using engineering analysis, stress can be described as the load relative to supportive surface (Wheaton, Horwitz, & Scheid, 1999, in Meyer 2003, p. 675). Like a surface that may break when load weight exceeds its capacity to withstand the load, so has psychological stress been described as having a potential to get to a breaking point beyond which an organism may reach "exhaustion"

and even death (Selye, 1993). In over 40 years of research, researchers have shown that stress causes mental and physical disorders (Thoits, 2010).

Stressors include major life events (e.g., loss of a loved one), chronic conditions (e.g., unemployment), and minor events and instances (e.g., rush hour traffic in a big city). Such stressors are ubiquitous—all individuals in modern societies are exposed to them. In my research, I have referred to these as *general* stressors (Meyer, Schwartz, & Frost, 2008). But added sources to such general stressors that affect all people are stigma, prejudice, and discrimination. People in disadvantaged social statuses are exposed to stressors related to their stigmatization in society. I have referred to this as *minority* (also *social)* stress (Meyer, 1995; Meyer, 2003; Meyer & Frost, 2013). Minority stress stems from social disadvantage related to structural stigma, prejudice, and discrimination. "*Minority stressors* . . . strain individuals who are in a disadvantaged social position because they require adaptation to an inhospitable social environment" (Frost & Meyer, 2009, p. 98).

By definition, minority stress is unique in that it relates to stigma and prejudice toward LGB people but not heterosexuals and thus requires special adaptation uniquely by LGB people. Therefore, minority stress confers on LGB people a unique risk for diseases that are caused by stress. Exposure to minority stress is chronic in that it is attached to persistent social structures, but it can impact LGB people as both acute (e.g., a life event, such as victimization by antigay violence or firing from a job due to one's gay identity) and chronic stress (e.g., heightened vigilance required to prevent victimization by antigay violence).

Against such stress, LGB people, individually and as a community, mount coping efforts and build resources that may buffer the toll of stress. Personal coping includes, for example, a sense of mastery and family support. Community-level coping refers to the mobilization of

supportive services, including, for example, a sense of connectedness and affiliation with the gay community (Meyer, 2003; Kertzner, Meyer, Frost, & Striratt, 2009). The impact of stress on the etiology of illness results from the force of both stress and coping.

In my research I have described four pathways through which social stigma is manifested in the lives of people who are members of stigmatized groups. I referred to these as *minority stress processes* and described them as: (a) chronic and acute prejudice events and conditions, (b) expectation of such events and conditions and the vigilance required by such expectation, (c) concealing or hiding of one's lesbian or gay identity, and (d) internalization of social stigma (internalized homophobia).

B. Minority Stress in Transgender Individuals

Research has also shown how minority stressors impact the health of transgender and gender non-conforming individuals (Testa, Habarth, Peta, Balsam, & Bockting, 2015; Hendricks & Testa, 2012; Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013). These writings suggest that similar minority stressors are applicable to gender minorities as has been described for sexual minorities. A unique source of stress concerns gender non-affirmation of transgender or gender non-conforming individuals in formal and informal social interactions (Sevelius, 2013; Testa, Habarth, Peta, Balsam, & Bockting, 2015). Gender affirmation refers to the experience that society and individuals in both formal and informal interactions respect and affirm one's gender identity regardless of perceived transgressions of gender roles and expectations. For example, a person who was assigned male at birth but identifies and presents as female may find hostility because of social expectations that she adhere to her male sex as assigned at birth. Such a person may experience stress from both informal sources—family, friends, and strangers in daily interactions—and in formal transactions—such as not having an

identity card or other identifying documents that display her gender as she identifies it and as she presents in hair and clothes, mannerism, etc.

C. Prejudice Events

Among the minority stressors is what I have referred to as prejudice events—events stemming from homophobic prejudice, discrimination, and violence. Prejudice events include the *structural* exclusion of lesbian and gay individuals from resources and advantages available to heterosexuals.

Prejudice events also include *interpersonal* events, perpetrated by individuals either in violation of the law (e.g., perpetration of hate crimes) or within the law (e.g., lawful but discriminatory employment practices). There are numerous accounts of the excess exposure of LGB people to such prejudice events (Herek, 2009a, 2009b; Meyer 2003; Meyer, Schwartz, & Frost, 2008). My studies have also shown that unlike other minority groups, anti-gay events can occur at home and be perpetrated by family members, such as in the case of the 43-year-old Latino man who at age 13 was raped and brutally beaten to unconsciousness by a family member who, in the respondent's words, "raped me because I was gay and to teach me what a faggot goes through" (Gordon & Meyer, 2007, p. 62), or in the case of youth who were kicked out of their homes and became homeless because of their family's rejection of their homosexuality (Durso & Gates, 2012).

Hate crimes are a particularly painful type of prejudice event because they inflict not only the pain of the assault itself, but also the pain associated with the social disapproval of the victim's stigmatized social group. The added pain is associated with a symbolic message to the victim that they and their kind are devalued, debased, and dehumanized in society. Such victimization affects the victim's mental and physical health because it damages his or her sense

of justice and order (Frost, Lehavot, & Meyer, 2013; Herek, Gillis, & Cogan, 1999). That is, the impact is the result not only the pain of the assault but the pain reverberated through the act of the entire community's disapproval, derision, and disdain. Prejudice events may be perpetrated by one person, but it is the implied message of hate from a larger community that makes hate crimes especially painful.

The added symbolic value that makes a prejudice event more damaging than a similar event not motivated by prejudice exemplifies an important quality of minority stress: prejudice events can have a powerful impact "more because of the deep cultural meaning they activate than because of the ramifications of the events themselves . . . a seemingly minor event, such as a slur directed at a gay man, may evoke deep feelings of rejection and fears of violence [seemingly] disproportionate to the event that precipitated them" (Meyer, 1995, p. 41-42). Therefore, stress related to stigma and prejudice is not assessed solely by its intrinsic characteristics, such as its magnitude, but also by its symbolic meaning within the social context. Thus, even a minor event or instance can have symbolic meaning and thus create pain and indignity beyond its seemingly low magnitude.

Even seemingly minor "everyday discrimination" occurrences can have a great impact because of the symbolic message of social disapproval. In interviewing lesbian and gay respondents for my study, my researchers and I heard numerous reports of verbal assault and harassment (Gordon & Meyer, 2007). Such instances do not qualify as *major* life events because they are seemingly minor by any objective measure (in stress terms, these incidents bring about little objective change and, therefore, require little adaptation compared to major events such as needing to find a new job after losing one's job). Nonetheless, these and similar *everyday*

discrimination instances can be damaging even if they are not major events because of the symbolic message of rejection that they convey.

Indeed, even stressful *non-events* can be damaging (Meyer, Ouellette, Haile, & McFarlane, 2011). Stressful non-events are expected events or experiences that do not happen when expected. Examples of non-events include expected life course milestones that were frustrated, like a job promotion not received when expected. Family relation milestones, such as getting married, having children, and having grandchildren are among the most widely expected events and not achieving these can be a significant stressor (Neugarten, Moore, & Lowe, 1965). Lesbian and gay persons share these expectations for life course milestones, as do their families, friends, colleagues, and acquaintances. Family relations—including using labels such as "husband," "wife," "mother," and "grandfather"—carry important roles through which people are identified and through which they identify themselves. Failing to achieve such milestones is personally stressful and socially stigmatizing. Of course, the stronger the social expectations (such as that one should marry a person of the opposite sex by a certain age) are in a society, the greater the experience of stress to individuals who cannot achieve these expectations.

D. Expectations of Rejection and Discrimination

Expectations of rejection and discrimination are stressful because of the almost-constant vigilance required by members of minority groups to defend and protect themselves against potential rejection, discrimination, and violence (Meyer, 2003). Unlike the concept of prejudice events, where a concrete event or situation—a major or minor life event or a chronic stressor—was present, expectations of rejection and discrimination are stressful even in the absence of a prejudice event. "Because of the chronic exposure to a stigmatizing social environment, 'the consequences of stigma do not require that a stigmatizer in the situation holds negative

stereotypes or discriminates'" (Crocker, 1999, in Meyer, 2003, p. 681). The vigilance required in such a state is similar to the classic example of stress experienced in the *flight or fight* stressor that brings about a biophysiological stress response—the primary stress process identified by Cannon in the early 20th century (Cannon, 1932).

E. Concealing Stigmatizing Identity

Concealing their sexual minority identities is a way in which some LGB people must cope in hope of protecting themselves from the stigma and prejudice and consequent rejection and violence. Concealing a lesbian or gay identity offers some protections. For example, a person who successfully conceals his or her lesbian or gay identity is less likely to be a victim of anti-gay violence than if he or she did not do so (Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). But, paradoxically, concealing one's lesbian or gay identity is itself a significant stressor for at least three reasons.

First, people must devote significant psychological resources to successfully conceal their lesbian and gay identities. Concealing requires constant monitoring of one's interactions and of what one reveals to others. Keeping track of what one has said and to whom is very demanding and stressful, and it leads to psychological distress. Among the effects of concealing are preoccupation, increased vigilance of stigma discovery, and suspiciousness (Pachankis, 2007). For example, researchers studying the cognitive efforts required to conceal stigmatizing conditions described the person who attempts to conceal his or her stigma as living in a "private hell" (Smart & Wegner, 2000, in Meyer, 2003, p. 681). The concealing effort, and the required cognitive efforts can lead to significant distress, shame, anxiety, depression, and low self-esteem (Frable, Platt, &Hoey, 1998).

Second, concealing has harmful health effects by denying the person who conceals his or her lesbian or gay identity the psychological and health benefits that come from free and honest expression of emotions and sharing important aspects of one's life with others. Health psychology research has shown that expressing and sharing emotions and experiences can have a significant therapeutic effect by reducing anxiety and enhancing coping abilities (Meyer, 2003; Pachankis, 2007). In contrast, repression and inhibition can induce health problems. For example, Cole and colleagues found that HIV-related diseases advanced more rapidly in a group of gay men who concealed their sexual identity than in a group of gay men with similar HIV infections who did not conceal their sexual identity (Cole, Kemeny, Taylor, Visscher, & Fahey, 1996). In another study, the authors showed a similar pattern among HIV-negative men regarding health outcomes unrelated to HIV (Cole, Kemeny, Taylor, &Visscher, 1996).

Third, concealment prevents lesbian and gay individuals from connecting with and benefiting from social support networks and specialized services for them. Protective coping processes can counter the stressful experience of stigma (Meyer, 2003). Coping processes include the group's effort to counter negative societal structures by creating alternative norms and values and providing role models and social support. Access to and use of such community resources is beneficial to stigmatized minority group members whose experiences and concerns are not typically affirmed in the larger community. For example, lesbian and gay communities—whether open and more formal as available in some societies, or informal and even clandestine—provide role models of successful same-sex relationships, provide alternative values that support lesbian and gay families, and, in general, counter homophobic messages and values (Weston, 1991). LGB people who conceal their sexual identity in an effort to protect themselves, avoid such affiliations in an effort to protect themselves from homophobia but, paradoxically, are

deprived of significant resources that potentially ameliorate the negative health impact of minority stress.

F. Internalized Homophobia

Internalized homophobia (also described as *internalized stigma*, and *self-stigma*) refers to the internalization of negative societal attitudes among LGB people. Internalized homophobia is an insidious stressor because it is unleashed by the LGB person toward himself or herself due to socialization in a society that stigmatizes homosexuality (Meyer, 2003; Herek, 2009a). Heterosexual, lesbian, gay, and bisexual individuals internalize the prejudice and stigma of homosexuality, but the effects of this internalization is quite severe for the LGB person as he or she internalizes stereotypes suggesting that being an LGB person is sinful, unnatural, and incompatible with intimacy and family life.

Psychologists have described a developmental process through which a gay person comes to recognize and acknowledge his or her sexual orientation, and sometimes, but not necessarily, acquires a gay identity (Eliason & Schope, 2007). This process, referred to as "coming out," can be brief and unproblematic to the person, especially if supportive networks are available to him or her, or it can be difficult and fraught with confusion, doubt, and guilt. In the *coming out process*, the LGB person must unlearn such false stereotypes and prejudicial attitudes and adopt new, healthier attitudes and self-perceptions.

Lesbians, gay men, and heterosexuals, as members of society, internalize and, in turn, propagate stigma and stereotypes about LGB people. LGB people, who as children and youth are typically raised by heterosexual families in heterosexual communities, rely on such false stigmatized depictions to learn about the lives of LGB people. Thus, they are at risk of believing that these stigmatized depictions are correct and apply to themselves and may lead to self-

rejection and hate. Heterosexual people, including parents, friends, and children of LGB people, are similarly affected by false stigmatized notions of lesbians' and gay men's lives and often reinforce such stereotypes as they propagate them. For example, in a study of LGB people in California's Bay Area, one gay man was quoted saying, "My image of gay life was very lonely, very weird, no family." A lesbian in the same study remembered that, after coming out as lesbian to her mother, she was told, "You'll be a lesbian and you'll be alone the rest of your life. Even a dog shouldn't be alone" (Weston, 1991, p. 25).

An important aspect of one's self that is affected by internalized homophobia is the *possible self* (Markus & Nurius, 1986)—the view of the self not only as it is but as that which it can become in the future. Possible selves are an important aspect of one's aspiration and motivation. Possible selves determine not only future success but also current hope and well-being. But possible selves are formed from one's perception of current social norms, values, and expectations for the future. Among the important sources of possible selves are social conventions, social institutions, role models, and expectations and aspirations of others.

Upon realizing and accepting that one is or may be LGB, an LGB person must chart a new possible life course that is different from the possible life course of heterosexuals. Indeed, gay youth "recognize that they will not have the same course of life as their parents and heterosexual peers. They will not have a heterosexual marriage; they may not have children or grandchildren. . . . In a society such as ours, where much store is placed in competing and keeping up with one's friends and neighbors, such an identity crisis can unhinge not only sexuality but belief in all future life success" (Herdt & Boxer, 1996, p. 205).

Internalizing stigma has negative consequences for the health and well-being of LGB people. Because internalized homophobia disturbs the gay person's ability to overcome

stigmatized notions of the self and to envision a future life course, it is associated with mental health problems and impedes success in achieving intimate relationships (Meyer, 1995; Meyer & Dean, 1998; Frost & Meyer, 2009).

Empirical evidence has demonstrated that LGB people who have higher levels of internalized homophobia are less likely than LGB people with lower levels of or no internalized homophobia to sustain intimate relationships. Even if in a relationship, LGB people who have higher levels of internalized homophobia have a poorer quality of relationships (e.g., Meyer, 1995; Meyer & Dean, 1998; Frost & Meyer, 2009; Balsam & Szymanski, 2005; Otis, Rotosky, Riggle, & Hamrin, 2006).

G. Coping and Social Support

Against these minority stress processes, LGB people engage in various coping and social support efforts. Coping refers to the kind of efforts an individual may engage in to alleviate the experience and impact of stress. Psychologists have described many types of coping that can be generally divided into problem- and emotion-focused coping. Problem-focused coping involves doing something, including seeking more information, to change the stressor or problem. For example, a person who was fired or laid off from a job may seek information about available resources to help her or him and actually attempt to garner such resources (e.g., get new skills training). Emotion-focused coping involves addressing the emotional impact of the stressor. For example, a person whose spouse has died may engage in various activities (e.g., create a memorial book) that makes her or him feel closer to the deceased spouse, get help from a therapist or doctor, etc.

Social support is another form of coping; it can be seen as coping done with the help of others. Social support is defined as the presence of emotional, practical, financial, and social

guidance from a network of friends, family, co-workers, and others. For example, it can involve support that is problem-focused, emotion-focused, and informational. Support can come from formal organizations or a group of friends and can, thus, involve intimate relationships and friends, more distant acquaintances, or even strangers.

The role of social support in health has been shown in many studies that look at different aspects of support (or potential for support) such as the social network's size, the quality of support, the frequency of support, etc. One of the earliest studies showed that individuals with more social contacts live longer than their peers who do not have as many social contacts (Berkman & Syme, 1979 study of Alameda County, CA). An extensive body of research led Beals, Peplau, & Gable (2009) to conclude, "The association between greater perceived social support and better physical and mental health outcomes is one of the most robust findings in health psychology" (p. 868).

Stress research shows that people's health outcomes differ based on levels of coping, resilience, and social support that they can mount in response to stress. For example, a person who has lost a job can have better outcomes if he or she is provided support than a similar person who is not provided support.

Research suggests that support from LGB friends that directly addresses stress related to sexual identity (minority stress) is more effective—for example, in relieving emotional distress—than support from family members and heterosexual friends (Doty, Willoughby, Lindahl, & Malik, 2010). This is consistent with theory that emphasizes the importance of similar others within one's social network as a source of solidarity in confronting stigma and improving mood and self-esteem (Doty, Willoughby, Lindahl, & Malik, 2010; Frable, Platt, & Hoey, 1998).

Social support provides opportunities to receive informational, instrumental, and emotional support when coping with both general and minority stressors. Affiliation with other LGBT persons can provide a source of information relevant to the LGBT person's life. Such information tends to not be highlighted by mainstream institutions and organizations, which, typically, cater to the needs of the larger general population. LGBT-specific support can provide information and education about means to achieve important life goals. Such information can include informal stories about others in the community who manage to live a happy life as LGBT persons, about how to achieve intimate relationships, and about areas where LGBT people may find more welcoming opportunities for employment and economic development. Information is also necessary for specialized health needs of LGBT people. Relevant health information can also include information about healthcare providers who provide unbiased health services and are welcoming to LGBT people. Information may also be provided about preventive resources that cater to the LGBT community, such as the Trevor Project, a U.S. national helpline that provides support to LGBT people at risk for suicide. Affiliation can also provide opportunities to learn about and participate in political activities that support the rights of LGBT people, information about political parties and candidates, and information about proposed legislation and special ballots or initiatives of interest to LGBT people. LGBT people who are isolated from others in their communities may be deprived of access to such information and resources, or may have greater difficulty to find information compared with LGBT people who have access to supportive services.

Community resources and social support can ameliorate the negative impact of the stressors outlined above. In addition, LGBT people who need supportive services, such as competent mental health services, may receive better care from sources that are LGBT-

affirmative (e.g., a specialized gay clinic; Potter, Goldhammer, & Makadon, 2008). But individuals who conceal their lesbian and gay identities are likely to fear that their sexual identity would be exposed if they approached such resources. More generally, concealing can lead to social isolation as the person who conceals his or her sexual identity may avoid contact with other lesbian and gay persons, while also feeling blocked from having meaningful honest social relations with heterosexual individuals.

V. Minority Stress Adversely Affects the Health and Well-being of the LGBT Population

Minority stress causes serious injury in the form of psychological distress, mental health problems, suicide, and lowered psychological and social well-being. Studies have concluded that minority stress processes are related to an array of mental health problems, including depressive symptoms, substance use, and suicide ideation (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Cochran & Mays, 2007; Herek & Garnets, 2007; King et al., 2008; Meyer, 2003; Cochran & Mays, 2013).

Also, although less often studied, lesbian, gay, and bisexual individuals have lower levels of psychological and social well-being than heterosexual people because of exposure to minority stress, such as stigma and discrimination experiences (Frable, Wortman, & Joseph, 1997; Kertzner, Meyer, & Dolezal, 2003; Riggle, Rostosky, & Danner, 2009). This is not surprising because well-being, especially *social well-being*, reflects the person's relationship with his or her social environment: "the fit between the individuals and their social worlds" (Kertzner, Meyer, Frost, & Stirratt, 2009, p. 500). Other studies have shown, for example, that stigma leads lesbian, gay, and bisexual persons to experience alienation, lack of integration with the community, and problems with self-acceptance (Frable, Wortman, & Joseph, 1997).

Minority stress is also associated with a higher incidence of reported suicide attempts among non-heterosexuals as compared with heterosexual individuals (e.g., Cochran & Mays, 2000; Gilman et al., 2001; Herrell et al., 1999; Marshal et al., 2011; Meyer, Dietrich, & Schwartz, 2008; Safren & Heimberg, 1999). Higher rates of suicide attempts among members of sexual minorities are related to minority stress encountered by youth due to coming out conflicts with family and community (Ryan, Huebner, Diaz, & Sanchez, 2009). Youth is a time that can be particularly stressful, a time when young people realize they are lesbian, gay, or bisexual, and often disclose their sexual minority identities to parents, siblings, and others (Flowers & Buston, 2001).

Minority stressors stemming from social structural discrimination have serious negative consequences on mental health. For example, lesbian, gay, and bisexual men and women who live in U.S. states without laws that extend protections to sexual minorities (e.g., job discrimination, hate crimes, relationship recognition) demonstrate higher levels of mental health problems compared to those living in U.S. states with laws that provide equal protection (Hatzenbuehler, Keyes, & Hasin, 2009).

A number of studies have also demonstrated links between minority stress factors and physical health. For example, one study (Frost, Lehavot, & Meyer, 2013) found that lesbian, gay, and bisexual people who had experienced a prejudice-related stressful life event (e.g., assault provoked by known or assumed sexual orientation, being fired from a job because one's sexual minority identity) were about three times more likely than those who did not experience a prejudice-related life event to have suffered a serious physical health problem over a 1-year period. This effect remained statistically significant even after controlling for the experience of other stressful events that did not involve prejudice, as well as other factors known to affect

physical health, such as age, gender, socioeconomic status, employment, and lifetime health history. Thus, prejudice-related stressful life events were more damaging to the physical health of lesbian, gay, and bisexual people than general stressful life events that did not involve prejudice (Frost, Lehavot, & Meyer, 2013).

Studies also found that concealment of gay identity among HIV positive gay men was associated with lower CD4 counts, which measure the progression of HIV disease (Strachan, Bennett, Russo, & Roy-Byrne, 2007; Ullrich, Lutgendorf, & Stapleton, 2003). Another study of HIV-negative gay men showed that those who concealed their gay identity experienced a higher incidence of disease—including infectious diseases and cancer—than men who did not conceal their gay identity (Cole, Kemeny, Taylor, & Visscher, 1996). Other studies found that exposure to discrimination was related to outcomes such as number of sick days and number of physician visits (Huebner & Davis, 2007).

VI. Uganda's LGBT Population

A. Homosexuality in Uganda

Despite recent claims by some African, including Ugandan, leaders, religious figures, members of the press, and other citizens that homosexuality is foreign to Africa and is a Western import or influence, research on African sexualities has described multiple forms of homosexuality and transgender experiences throughout the studied history (the study of African sexuality begun primarily at the beginning of the 20th century) (Murray & Roscoe, 1998). Like many in present day Africa, anthropologists studying African sexualities too often denied the existence of homosexuality even as they described it. For example, in 1938 Herskovits described homosexuality as "situational and opportunistic" when describing that "a boy may take the other

'as a woman' this being called *gaglgo*," even as he asserted that "sometimes an affair of this sort persist during the entire life of the pair" (Murray & Roscoe, 1998, p. xiii).

Addressing the question whether homosexuality was foreign to Africa, a review of the Academy of Sciences of South Africa in collaboration with the Uganda National Academy of Sciences concluded that "there is . . . no basis for the view that homosexuality is 'un-African' either in the sense of being a 'colonial import', or on the basis that prevalence of people with same-sex or bisexual orientations is any different in African countries, compared to countries on any other continent" (Academy of Science of South Africa, 2015, p. 37).

Still, indigenous traditions of homosexuality and transgender experiences are important for understanding public and political attitudes in Uganda and elsewhere in Africa. One feature of these traditions seems to be a greater overlap between homosexual (LGB) and transgender identities when compared with the way they are treated in current American culture. For example, taking on women's social roles and appearances (such as garb), which are features of gender identity as I described above, are often a feature of male homosexuality in traditional African societies (academic studies of female homosexualities in the history of Africa are scarce but show similar features). Also, in African, like some other societies, social and sexual roles, such as so-called male "passive" versus "active" roles in same-sex sexual activities, often take precedent over Western-style sexual orientation identities, which do not typically consider sexual practices in delineating identities (Amory, 1998).

In this context, it should be noted that even if particular LGBT identities were a new phenomenon, that could not be a justification to stigmatize, demonize, and marginalize people in Africa who adopt a modern nomenclature. Today, globalization allows for cultural and social

influences and cross-fertilization on the articulation of identities that were not possible in earlier periods (Altman, 2001; Sutton, 2007).

Because even today there seems to be overlap between sexual orientation and gender identity and expression, in this report I do not make distinctions in general statements about LGBT people and only distinguish LGB people and transgender people when the evidence I refer to clearly and differentially pertains to LGB versus transgender individuals.

B. How many LGBT people are in Uganda?

To date, there is no good estimate of the prevalence of homosexuality in Africa in general, or in Uganda specifically (van Griensven, 2007; Cáceres, Konda, Pecheny, Chatterjee & Lyerla, 2006). Several studies that focus on assessing HIV/AIDS in Uganda have documented both the presence of gay/bisexual men and the high prevalence of same-sex sexual activity. For example, a study of sexual risk behaviors among young commercial motorcycle taxi drivers in Uganda's capital, Kampala, found that many men had both casual and regular partners (68%) and commercial sex (33%). Arriving at population estimates using Respondent-Driven Sampling method, the authors found that almost 9% of the men had sex with other men (Lindan et al., 2014). In both this and other studies of gay and bisexual men (Kajubi et al., 2008; Hladik et al., 2012; Raymond et al., 2009), the overwhelming majority (more than 90%) of the gay and bisexual men were Ugandan nationals, refuting the suggestion that it is foreigners (i.e., non-Ugandan nationals) who are LGB in Uganda.

The Crane group, a collaborative between Makerere University School of Public Health, U.S. Centers for Disease Control and Prevention, and the Ugandan Ministry of Health, conducted several studies in Kampala related to the HIV/AIDS epidemic. In one study of youth, using a sampling approach designed to represent the population of secondary school students

aged 15 and older in Kampala, researchers assessed sexual orientation by inquiring about attraction. (Because youth may not have much sexual experience, this is a preferred method of assessing sexual orientation in youth). The researchers found that among male students about 3% stated being attracted only to males, 6% said they were attracted mostly to males, and 13% said they were equally attracted to males and females—that is, a total of 22% had same-sex attraction. Of the female students, 6% said they were attracted to females only, 6% mostly to females, and 19% said they were equally attracted to males and females—that is, a total of 31% had same-sex attraction. Of the youth who had had sex, 1.5% of the males and 8% of females had some same-sex sexual experience.

These numbers are certainly not lower than U.S. studies that find about 7% of youth to be non-heterosexual (Kann et al., 2011), again demonstrating that homosexuality is not more uncommon in Uganda than in the U.S. Although these studies are insufficient to assess the size of the Ugandan LGBT population, they clearly show that same-sex behavior is present in both youth and adults.

Using a very conservative estimate of 3% lesbian and bisexual women and the same for gay and bisexual men in Uganda—U.S. estimates are 3.6% and 3.4%, respectively, based on sexual identity measures only—and then applying this only at the Ugandan population of men and women over age 18 (Uganda Bureau of Statistics, 2014), I have calculated the number of LGB in Uganda to be about 450,000 men and women.

Of course, this assumes that the comparison to U.S. estimates is reasonable, but the evidence from African studies and the consensus among researchers who attempted this estimate is that this is reasonable (e.g., Bariyo, 2014; van Griensven, 2007). It is important to remember that this estimate is very conservative as it does not include youth under age 18. Also, Epprecht

described that because of cultural pressures to marry and have children, there is an African culture of "secretive *de facto* bisexuality," which he described as "enjoying same-sex relations while still fulfilling social obligations of heterosexual marriage and the appearance of virility/fertility" (Epprecht, 2012, p. 226). My estimate does not include the many more people who have same-sex behavior at some time over their lifetime and are not identified as LGB but nevertheless cannot be classified as completely heterosexual.

C. Uganda's Anti-Homosexuality Law

Criminalization of same-sex acts became incorporated into Ugandan law with the application of British law when Uganda became a British Protectorate in 1894. An "Order-in-Council provided that jurisdiction should so far as circumstances permitted be exercised upon the principles of and in conformity with the substance of the law for the time being in force in England. This introduced British law and Victorian morality in Uganda" (CSCHRCL, 2013, p. 28). The situation in Uganda is similar to other African nations, where laws against same-sex behavior were incorporated into post-colonial law from colonial law. As Kaoma (2013, p. 77) noted, "Postcolonial Africa is highly critical of colonial laws and values, but one colonial legacy is the English law that reads the same across Anglophone Africa. 'Carnal knowledge against the order of nature' is illegal in many African countries today, just as it was in colonial times. Compounded by the religious teachings of Christianity and Islam, this law has been assimilated into all aspects of African society and is defended with pride."

Uganda's Anti-Homosexuality Bill (AHB), first introduced in 2009 and later enacted as the *Anti-Homosexuality Act (AHA, 2014*), originally proposed the death penalty for a second conviction of consensual sex between adults of the same gender, and in other cases with aggravating factors, imprisonment for failure to report on others suspected of being homosexual,

and for "promotion of homosexuality" (AHB, 2009). Later the bill was revised to remove the death penalty by substituting it with life in prison. The reporting requirement was also removed but "aiding and abetting" homosexuality remained. The bill was signed into law by President Museveni on February 24, 2014 and later annulled by the Uganda Constitutional Court on August 1, 2014 when the Court found that the bill was passed without the requisite quorum (*Oloka-Onyango & 9 Ors v Attorney General*).

Uganda's Anti-Homosexual Bill propagated stigma against LGBT people

The Anti-Homosexuality Bill was introduced and widely discussed in Uganda since 2009. The Bill's impact goes far beyond what one would expect in implementation of the now-annulled law. Because of the wide public awareness of the Bill, and, indeed, the public and religious incitement against LGBT people in Uganda that it has elicited, the AHB is an example of how laws (in this case, even if annulled) enhance and enshrine stigma against LGBT people.

It is important to note that since the 19th century, Uganda law has criminalized sexual behavior between people of the same sex even without the Anti-Homosexuality Act. Even if one believes that homosexual acts ought to be criminalized, which goes counter to basic guarantees of human rights (United Nations, 2015), the purpose of the Anti-Homosexuality Act was suspect. Thus, the Anti-Homosexuality Act reveals an attempt to further stigmatize LGBT people as people, not only for their alleged objectionable sexual behavior.

Indeed, the Anti-Homosexual Bill was unique in that it cast a wide net and sought not only to criminalize same-sex sexual conduct but *identity* in the sense that it criminalizes many facets of life, the including officiating same-sex marriages, "promoting" homosexuality, failing to report or "aiding and abetting" others suspected of being in violation of the law, which was not limited to sexual conduct (AHB, 2009). The preamble to the original legislation was replete

with justifications such as the "need to protect children and youths of Uganda" and "emerging internal and external threats to the traditional heterosexual family" (AHB, 2009; see also Proceedings of the Parliament of Uganda, 4/1, 4/15, 4/29, 2009 and 12/20,13). This unique feature of the law—that it targets the person not the acts—is especially indicative of the relationship of the law and stigma. Sociologist Irwin Goffman (1963), in the classic text on stigma, referred to the stigmatized individuals as having a "spoiled identity" due to the social designation of stigma to them. In the Anti-Homosexual Bill, stigma and criminality are attached not to specific acts but to the person as a whole. Thus, the bill, later modified and enacted as the AHA, appears to purposefully stigmatize and dehumanize LGBT persons.

Analysis by the Civil Society Coalition on Human Rights and Constitutional Law (CSCHRCL, 2013) of Makerere University in Kampala is consistent with this view, suggesting that "further criminalisation of homosexuality would simply drive more LGBTI persons underground, increase discrimination based on sexual orientation and gender identity, and further condone violations of the constitutional rights of LGBTI persons by third parties" (CSCHRCL p. 21).

The following description by CSCHRCL (p. 22) about the debates that ensued after the introduction of the Anti-Homosexuality Bill demonstrates the significant role that laws can play in enhancing stigma and advancing prejudice, discrimination, and violence against a persecuted minority:

> The Bill attracted a lot of debate and attention among the Ugandan populace and the international community respectively. At the height of this, the Rolling Stone tabloid published pictures and addresses of suspected gay people and called for their hanging. Consequently, many of those named faced various threats and some were forced to leave the country. . . . [Later], media coverage of the burial ceremony of David Kato, [a gay rights

> activist who was killed at his home], outed many of the members of the LGBTI community and put them at further risk.

VII. Uganda's Anti Homosexual Act Exposed LGBT People to Minority Stress

A. Increased Exposure to Minority Stressors

Above, I described internalized homophobia, expectations of rejection, hiding (concealing) one's sexual identity, and various stress events and conditions as processes that define minority stress. All of these are evident in reports from Uganda.

Although internalized homophobia is less often studied, one study suggested that the general social rejection and, specifically the Anti-Homosexuality Bill, may lead to higher experiences of internalized homophobia that have an adverse effects on safe sex practices (Ross, Kajubi, Mandel, McFarland, & Raymond, 2013).

Uganda's social environment, with its overt and explicit homophobia and hostility and violence toward LGBT people, would cause LGBT people to expect harm, which induces chronic stress as defined by minority stress. This onslaught of institutional assault and condemnation "has created an environment where LBT/kuchu people are beaten in public social places, chased out of restaurants and bars, and many lost their jobs and others lost their families" (FARUG/ IGLHRC, 2010, p. 16). That State and governmental agencies, including the police, are complicit in effecting anti-LGBT acts would reasonably make LGBT people feel unprotected by the State and require them to maintain high levels of vigilance to secure the safety of themselves, their intimate partners, and their children.

In terms of exposure to an array of stressful events and conditions, evidence suggests that the introduction of the Anti-Homosexual Bill in 2009 inflamed an already homophobic social environment, leading to aggressive and violent persecution of LGB people (FARUG/ IGLHRC, 2010). Because homophobia is seen as sponsored by the authorities of the Church and State, acts

of rejection and violence were perpetrated with impunity and often with the blessing of the law and religious leaders. A report by Freedom and Roam Uganda (FARUG) and the International Gay and Lesbian Human Rights Commission (IGLHRC) recorded government officials supporting the Anti-Homosexuality Bill and inciting action against LGB people. For example, Minister of Ethics, James Nsaba Buturo reportedly said: "…Ugandans should strengthen their mobilisation against the gay movement because the government is also committed to support them … We hear that some students in our schools have been lured into homosexuality. I appeal to the investigative arms of the government to quickly compile reports of such students and their schools so that touch action is taken against them" (FARUG/IGLHRC, 2010, p. 15).

Media has actively participated in the persecution of LGBT people by publishing articles that incite violence and include photos, work place, and home addresses of alleged LGBT people. For example, a 2006 *Red Paper* article wrote: "To rid our motherland of the deadly vice [of lesbianism], we are committed to exposing all the lesbos in the city (…) Send more names [with] the name and occupation of the lesbin [sic] in your neighborhood and we shall shame her" (FARUG/ IGLHRC, 2010, p. 15). "…on October 2, 2010, the tabloid *Rolling Stone* printed a story with the title, "100 Pictures of Uganda's Top Homos Leak." The cover of the paper calls to, "Hang Them" and includes photos of a number of Ugandan LGBT activists and human rights defenders" (FARUG/IGLHRC, 2010, p. 16).

Multiple sources describe severe stressful events and conditions that constitute minority stress. The FARUG/IGLHRC report describes numerous incidents of rejection, discrimination, harassment, and violence as recounted by victims in Uganda. This, and other reports by LGBT people in Uganda that I was able to locate, echo in more severe, public, and violent forms, the type of prejudice events I have researched and written about in the context of the United States.

(An example of accounts by LGBT people writing about their experience in Uganda is the self-published *Bombastic* magazine).

Incidents included in witness accounts recounted in the FARUG/ IGLHRC report include harassment and violent attacks including rape in both public places and home; harassment at work and termination of employment for the stated reason that someone is suspected of being LGBT; and harassment and discrimination at schools, clinical facilities, and housing.

There are many accounts of police and other governmental institutions participating in the rejection, discrimination, and harassment of LGB people. For example, a lesbian was denied a passport renewal when the government clerk told her that she "was not Ugandan and that am just impersonating" (FARUG/ IGLHRC, 2010, p. 18). Indeed, there are reports that police officers openly and with impunity harass LGBT people and expect bribes. In many cases, there are no formal arrest records. As described by one witness: "If you're arrested, there's no report that you're arrested. They put you in, to intimidate you and maybe extort money out of you. They know they've done something wrong by taking money from you, so there's no report" (FARUG/ IGLHRC, 2010, p. 12-13).

Some reports (e.g., Joint report from the Danish Immigration Service's and the Danish Refugee Council, 2014) suggest that there has been a concentrated effort by the Inspector General of Police (IGP) of the Uganda Police Force to curb police harassment (for example, by way of arrest and demand for bribe) and even to protect LGBT people in Uganda when they are threatened (for example, by mob attack). It is notable, however, that the reach of the IGP may be limited as various sources reported many incidents of harassment, such as arrests, that continue seemingly despite the IGP's effort. Also, the same Danish government report describes a country and police force afflicted by bribery that is difficult to control, with Uganda ranking

among the most corrupt countries in the world. All this suggests that even honest efforts by the IGP to protect LGBT people may be hindered in an environment characterized by homophobia and corruption.

An independent source of confirmation for the picture painted by the reports in newspapers and by non-governmental, governmental, and international bodies (some cited above), comes from research, primarily in the context of HIV/AIDS and published in peer-reviewed journals, with gay/bisexual men and men who have sex with men (or *MSM*, referring to men engaged in same-sex sexual activity regardless of whether they also identify as gay or bisexual. By design, such research focuses on men only as they are perceived to be at greater risk for HIV/AIDS than lesbian and bisexual women. For example, a study of MSM (the majority of whom identified as gay or bisexual) reported that 39% of MSM have suffered homophobic abuse, including what the authors referred to as moral (including isolation, exclusion, 18%) verbal (threats, insults, 33%), physical (15.5%) and sexual violence (22.0%). The authors further noted that "abuse most frequently originated from family members (25.4%), sex partners (24.2%), and friends and acquaintances (24.1%)" (Hladik et al., 2012, p. 7). Another study of gay/bisexual men in Kampala similarly found that 27% of the men reported "being subject to some form of violence or abuse as a result of being gay or bisexual: of these, 32.8% indicated it was physical, 83.6% verbal, 42.6% moral (discrimination or humiliation based on being gay or bisexual) and 31.2% sexual: 62.3% indicated that they had been subjected to two or more forms of violence" (Ross, Kajubi, Mandel, McFarland, & Raymond, 2013, p. 412).

With nowhere to turn for protection, an atmosphere of persecution has created a stressful state of fear among LGBT people. In addition, LGBT people have to use their own resources, if

they have any, to afford any sense of security, as this witnesses described: “With the community now you have to keep shifting from this place and the other place because of the discrimination and the homophobia. … Then you know, you become... you can't move freely. I can't even use public means of transport because I fear … I'm living a forced life, an expensive life, I'm not supposed to go to public places, open places for shopping.” And another witness stated: “We have most of our LGBTI people who are… known, cannot just walk on the street. You have to look for a really secure place. And for you to find a very secure place where you can live where maybe it’s fewer people, maybe like in a space like inside here, where you feel you’re safe to go out and do whatever and come back in, it’s very difficult. And it’s very expensive. So you live like in fear, every day, like, what will happen to me?” (FARUG/ IGLHRC, 2010, p. 31).

From various other reports, I was able to identify numerous instances demonstrating the ill treatment of LGBT people in Uganda, including, among many others, those listed below:

1. In June 2012, police raided a human rights workshop attended by lesbian, gay, bisexual and transgender (LGBT) activists in Kampala (Amnesty International, 2012).

2. On January 27, 2014, police arrested a man on suspicion that he was gay and forcibly subjected the suspect to an anal exam and an HIV exam. Man was also paraded in the media, including in Red Pepper (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

3. On January 27, 2014, a transwoman was arrested and detained at Old Kampala Police Station. Because the police perceived her to be a man, she was detained with male inmates who insulted her verbally while in detention (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

4. On January 27, 2014, a woman was attacked by neighbors around her home. The neighbor had always insulted her that she was homosexual. They beat her up and threatened to rape her if she did not change her “behavior.” She later had to relocate (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

5. On January 28, 2014, the police at Ntinda arrested a Kenyan and a Belgian national on suspicion of practicing homosexuality (Consortium of Monitoring Violations Based on

Sex Determination, Gender Identity and Sexual Orientation, 2015).

6. In January 2014, two LGBTI defendants were arrested after one was thrown out of his house and beaten by local officials and neighbors on the basis of allegations that he was a homosexual. The pair was subjected to HIV examinations without their consent and an anal examination (Stewart, 76 Crimes, October 22, 2014).

7. In January 2014, when a man reported to the Police about an eviction, he was instead arrested on charges of having carnal knowledge against the order of nature and remanded to prison for three months (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

8. On February 9, 2014, a transman was detained at Kiira Road Police Station. The victim was detained in female detention cells. They alleged that he was a woman pretending to be a man with the aim of defrauding people. This exposed him to abuses and trauma (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

9. In February 2014, Red Pepper published a cover story on "200 top homos" in Uganda (McGrath, Global Post, February 25, 2014).

10. In February 2014 (reported), LGBTI activist was served with a 14-day eviction notice for his "gay work and sexuality" (Hogan, The Daily Beast, February 24, 2014).

11. On March 2, 2014, the police at Namirembe police post arrested a gay man and detained him after a tip off from someone that he was homosexual. He was later released without a charge (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

12. On March 6, 2014, a man was called by his friend to join him at his home. On arrival, he found two guards waiting; they dragged him to a friend's home where he was detained for 11 hours. He was beaten and accused of wanting to recruit the friend into homosexuality (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

13. On March 17, 2014, the police arrested and investigated a man suspected of assaulting and stealing from a gay man and a transwoman. The two were locked in a house and beaten with sticks and wires by three men while they were being asked why they were homosexuals (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

14. On March 18, 2014, two men were detained on allegations of sodomy and released on police bond on April 17,2014. The two men spent a total of 28 days in detention at the police station (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

15. In March 2014, a Ugandan lesbian was served with an eviction notice. The landlord cited the anti-gay law as the reason (Brydum, Advocate, March 5, 2014).

16. In March 2014, a transgender person was rejected by his family and thrown out and his belongings set on fire. His relatives vowed to kill him rather than having a homosexual in the family (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

17. On April 3, 2014, Makerere University Walter Reed Project, an organization that was engaged in research on HIV, was raided by the police and a staff member arrested on allegations of promoting homosexuality in Uganda (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

18. On April 25, 2014, a gay man was arrested after he received a phone call to go to Kabalagala Police Station. On reaching there, he was taken to Katwe Police Station where he was told he had sodomized a person who had reported him to the police (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

19. On April 30, 2014, a man was arrested and detained at Kabalagala Police Station and produced in court after 12 days on May 12, 2014 (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

20. In April 2014, Uganda teenager committed suicide allegedly over the homophobic law (Morgan, Gay Star News, April 7, 2014). Gay rights activists have said they have heard of at least 17 LGBTI people who have attempted to kill themselves over the law. It is unknown how many succeeded in their attempt.

21. In April 2014 (reported), Ugandan teen was thrown out of his home, arrested, and tortured (Watson, Huffington Post, April 19, 2014). After his parents learned about his lovers, his parents demanded he leave their home immediately. He recalls, “they took me into the jail for two months and they tortured me to a severe extent. They asked me to reveal other groups of gays and give them names. But I didn’t tell, and they continued the torture every day. They tortured me every after my first day there and they took one to two days without giving me food. They beat me and beat me to every part on my body, in fingers, on the ankles, while asking me the other gay groups. The next month they took me to the court because they were expected my uncle to come and give out the proof that I was gay.” He was ultimately released and went to the streets.

22. In April 2014, a transman was refused treatment for malaria by health workers. He had sought treatment from a clinic nearby. A nurse questioned whether he was a man or woman and ultimately made him leave the clinic with no treatment (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

23. On May 12, 2014, a gay man who was employed by a family member was fired from his job and not paid four month's salary he was owed after it was revealed that he was gay (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

24. On May 14, 2014, the police rescued a bisexual man from a mob, which had locked him in a house and assaulted him (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

25. On May 28, 2014, a transwoman was attacked by six strangers (five men and a woman). The six assailants accosted the victim and taunted her about her appearance (her pierced ears and the manner of wearing trousers). The assailants beat up the victim saying that she and her neighbors who usually moved with her were gay (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

26. On June 5, 2014, a landlord evicted a transwoman from her rented room because of her gender identity. This was after the landlord had made accusations on several occasions that she was gay. She was given two weeks' notice (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

27. On July 9, 2014 (reported), police in Pader district arrested five people suspected to be promoting the act of homosexuality in the district (Owot, Daily Monitor, July 9, 2014).

28. On September 7, 2014, the business community in Mbarara evicted a gay man from his market stall for being gay. This left him with no work to earn a living (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

29. On September 27, 2014, a gay man was arrested at his home in Salaama after neighbors complained to the police that he was homosexual (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

30. On September 30, 2014, a gay man was dismissed and denied 4 months' salary from his work place after being accused of being gay. (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

31. On August 17, 2014, four men were evicted at Kasubi after one of their friends they were living with was listed as a homosexual in the Red Pepper tabloid (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

32. On November 11, 2014, a customer slapped a transwoman working at a bar and promised to mobilize other people to beat her up. Later that day, youths started throwing stones at the bar. (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

33. On November 28, 2014, the police failed to investigate claims where unknown perpetrators assaulted a gay man and left him unconscious and bleeding (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

34. In November 2014, a transman was evicted from his home and expelled from a village due to his gender identity. The landlord gave him only two days to vacate his home (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

35. On December 18, 2014, police arrested a gay man after leaving a gym in Nabweru. Upon his arrest, he was forced into a police car and not given any reason for his arrest. He was later charged with being "rogue and vagabond" and taken to Matugga Court where he was remanded to Buwambo Prison (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

36. In December 2014, a transman was thrown out of his residence in Gayaza after a neighbor had reported him to the religious leaders at a nearby mosque. His parents also dismissed him from home on the same allegations. The parents beat him heavily and tried to bring police to arrest him and put him in jail. (Consortium of Monitoring Violations Based on Sex Determination, Gender Identity and Sexual Orientation, 2015).

37. In January 2015, nine young gay men were attacked by a homophobic mob. The victims were later arrested by police and subjected to ill-treatment while in jail (Morgan, 2015).

38. May 29, 2015, the Ugandan tabloid *Hello* published a front-page article listing alleged lesbians in Uganda, including LGBTI activists (Stewart, 76 Crimes, June 1, 2015).

39. In May 2015, Ugandan tabloid published photos of Ugandans in the UK who attended Pride in Birmingham, England, referring to them as "bum drillers" and to Pride as a "mega sex fest." Photos included some of the *Out and Proud Diamond African LGBTI Group* (OPDG). (McCormick, Pink News, May 29, 2015).

40. In June 2015, a Ugandan lesbian was granted asylum in UK (McCormick, Pink News, June, 9, 2015). She was forced to undergo "a torturous exorcism" ritual in Uganda and still bears the scars of sharp lacerations on her joints and the trauma of human degradation.

B. Impact on Affiliation and Social Support

As I described above, hiding one's sexual identity is a social stressor for many reasons, including the psychological damage from not being able to express oneself genuinely, the

cognitive burden on the person having to lie and conceal his or her identity, and the tangible limitations on affiliation and support.

According to a report by Amnesty International (2014), the situation of LGBT people has become worse after the passage of the Anti-Homosexuality Act. LGBT people found that they had to modify their dress and behavior in order to feel safe. The escalation of conditions, and the targeting by the Anti-Homosexual Act of people who are suspected of "homosexuality" regardless of any sexual behavior, has led to fear that can chill any resources that were available to LGBT people before. As Martin, a gay man, said to Amnesty International, "We are intimidated ...we can't fit into society because of [the AHA] ... there is nowhere safe to go" (Amnesty International, 2014, p.51). "We used to be able to go to safe spaces—bars, beaches—but these are now not safe" (p. 52).

In a study of gay and bisexual men in Kampala published in a peer-reviewed journal, researchers found that 45% of the men had not disclosed their sexual orientation to others. As one of the study participants told investigators, "it is my secret life and Uganda is not a free country'' (King et al., 2013, p. 4). Another participant described the need to protect family by hiding his gay identity 'Yeah I want to look acceptable in my mum's face but indeed I know who I am, I am gay. Yeah, at least I love being me; I don't want to let the whole public know that I am an MSM. Okay people may see me with guys only and they suspect […] but won't be able to exactly know what is going on" (p. 5). As described above, although such hiding of one's gay or bisexual identity is done to protect against exposure to stigma, it is also a stressor on its own as it prevents association and affiliation with others who may be able to provide the LGBT person with support and affirmation.

It is a particularly injurious aspect of Uganda's social and political environment that not only are LGBT individuals targeted, but also their association and ability to access support is disturbed (and was explicitly criminalized by the Anti-Homosexuality Bill). For example, as reported by Amnesty International, "In February 2012, [prior to the enactment of the AHA] Fr. Lokodo, Minister for Ethics and Integrity, raided a workshop organized by LGBTI activists. The workshop included activities designed to encourage participants to have self-esteem and confidence"(Amnesty International, 2014, p. 66). Activists filed a case against the Minister, "claiming that the raid infringed on their constitutional rights" but the court ruled in favor of the government "citing section 145 of the Penal Code" arguing "the applicants' promotion of prohibited homosexual acts in the impugned workshop would thus amount to incitement to commit homosexual acts and conspiracy to effect and unlawful purpose". The court also found "that the Minister and police acted lawfully in order to "protect public morals", because same-sex sexual activity is illegal under Ugandan law" (p. 66-67).

This can have a devastating effects on the community as a whole as resources that are aimed at providing support become themselves associated with danger of exposure and violence. Public raids, arrests of advocates, and closures of LGBT-friendly service organizations thus hinder access to support and increase the stress experienced by the community by instilling fear and uncertainty and contributing to a sense that there is nowhere to turn for support.

As related in Amnesty International's report on the effect of the Anti-Homosexuality Act, many people told Amnesty International about the effect that the lack of social spaces has had on their lives. Martin said, "When we go to bars, we are able to live free. Not being able to go out – it's like being locked in a cocoon." Another Uganda respondent agreed saying, "We feel bad – we feel like we are held captive." Alice told Amnesty International that this meant that LGBTI

people "no longer see our friends, no longer communicate." The report stated, "this lack of space has an effect on relationships with friends and partners" (p. 52).

As I described above, coping and social support are key means through which LGBT people can reduce the ill effects of minority stress. In addition to government actions like raiding peaceful meetings, provisions in the law like "aiding and abetting homosexuality" codify and enforce social isolation and add stressors through exposing family, friends or others to criminal penalty. With coping and social support resources severely curtailed both because of the general fear of discovery and the barriers to finding opportunities for affiliation, the harmful impact on health of minority stress increases.

C. Impact on health and well-being

Research has described the high prevalence of HIV infection among MSM in Kampala: with almost 14% prevalence of HIV, much higher than the 4.5% prevalence estimated for all men in the general population (Hladik et al., 2012). Researchers noted in particular that the "illegality of homosexual behavior, human rights abuses, and severe stigma add to the specifics of [Africa's] HIV epidemic among MSM" (Hladik et al., p. 1). In a study designed to assess the role of the Same-Sex Marriage Prohibition Act in Nigeria, which has similar impact on stigma of LGBT people as did the Ugandan AHA, researchers found negative health effects of anti-homosexuality legislation. In that study of a sample of MSM in Abuja, Nigeria who were interviewed either before or after the passage of the law, the researchers documented increase in a variety of measures, including fear of seeking health care, a sense that there were no safe place to socialize with other MSM, avoidance of seeking care altogether, verbal harassment and blackmail (Schwartz, Nowak, Orazulike, Keshinro, Ake, Kennedy, Njoku, et al, TRUST Study Group, 2015). This research also demonstrates the devastating effects that stigma can have by

discouraging open discussion of one's sexuality with health care providers. HIV-positive men who had disclosed to a health care provider that there were gay or bisexual were significantly more likely to be on recommended effective HIV treatment and significantly more likely to have undetectable viral load (a desired clinical outcome of the treatment) than their peers who have not disclosed to a health care providers that they were gay or bisexual.

Stigma and discrimination against LGB people in Uganda have a detrimental impact on health care utilization and, particularly, HIV treatment and prevention. As the law could prohibit, discourage, or curtail medical treatment and education about HIV and other health issues relevant to the life of LGBT people, it can have severe adverse consequences to the health of Uganda's LGBT population.

The Anti-Homosexuality Act, in particular, with its criminalization of "homosexuality"—that is, one's identity rather than behavior—has escalated the situation for LGBT people in Uganda who, according to one AIDS advocate there, "have gone underground" (Lavers, Washington Blade, February 28, 2014).

One 24-year-old HIV-positive research participant in a study of gay and bisexual men in Kampala expressed this to the researchers (King et al., 2013):

> I always go to hospitals and they easily tell that I am gay. I ask for condoms but usually a health worker will tell you to sit down and wait. Then he calls his co-workers, they peep through a window and laugh/ mock you. This makes me feel very bad. So, I find it easier to use my friends to pick up condoms for me. Sometimes, I just go straight and buy them instead of getting them for free from hospitals (p. 5).

Another respondent in the same study (King et al., 2013), a 25-year-old HIV-negative man, said:

> Even if I fall sick or get fever, I just stay home without treatment because you can't go to the main referral hospital in Kampala. There, every health worker will object to giving you treatment saying that ''he is a homosexual don't work on him'' and say many other things. I was told that very many times, about six or eight times. Like when I was assaulted, don't you see here at the ear, there is

> (Embunda; scar/ wounds) […] they neglected and chased me away and I was bleeding and swollen. I came back home and slept and got healed by God's mercy (p. 5).

Both the fear of rejection and internalized homophobia, also a minority stressor, impact the men in this study and lead to avoiding health care services (King et al., 2013), as described by another study participant:

> When you go to visit the hospital, they will not attend to you. In fact I hate going to such hospitals. I do self-treatment from home and I usually use tablets. You know I feel ashamed. I will visit the hospital and everybody will despise me. It is the way female health workers treat me, they make me feel angry and resentful to seek treatment. That makes me feel ashamed. Everybody looks at you. You feel you are not part of the society (p. 5-6).

Not only are LGBT people afraid to seek services, the AHA directly leads to the denial of services to LGBT people, the withdrawal of services, and the threat of to inform the police, as is believed to be required by the law. "Provisions in the bill defining and criminalising 'aiding and abetting homosexuality' would punish landlords, healthcare providers, lawyers, and even friends or family, for failure to disclose alleged homosexuality" (Semugoma, Beyrer, & Baral, 2012, p. 174).

Of course, this is in direct conflict with the Hippocratic Oath and professional ethics obligations as applied to health care settings when sexual identity is disclosed (Semugoma, Beyrer, & Baral, 2012). Indeed, since the AHA was enacted, LGBT persons have been denied access to health services and even threatened with arrest when they are suspected of being LGBT. Jay, a 28-year-old transgender activist in Kampala went to see a doctor for a fever. "When the doctor arrived, he also asked, 'Are you a woman or a man?' I told him that I'm a trans man. He said, 'What's a trans man? You know we don't offer services to gay people here. You people are not even supposed to be in our community. I can even call the police and report you'" (Amnesty International, 2014, p. 62).

This has the effect of demolishing health education and services to LGBT populations in Uganda. Such developments are contrary to any standard of population health, which calls for the inclusion of LGBT-specific health interventions, education, and reduction of stigma related to homosexuality as hallmarks of proper public health efforts.

A 2014 report by the United Nations Educational, Scientific, and Cultural Organization (UNESCO) identifying homophobia is one of the causes of the HIV epidemic among men who have sex with men, explaining "homophobia fuels the epidemic, isolating individuals and making them less likely to seek help and support," whereas "education can help promote positive attitudes towards sexual diversity and the need for changes geared to addressing intolerance and tackling homophobic and transphobic bullying" (p. 22).

The World Health Organization (WHO) recommended that "MSM and transgender people are entitled to full protection of their human rights as stated in the Yogyakarta Principles," including "the rights to the highest attainable standard of health, non-discrimination and privacy" (published in *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people;* WHO, 2011, p. 29). Furthermore, "punitive laws and law enforcement practices, stigma and discrimination undermine the effectiveness of HIV and sexual health programmes" (p. 29). The WHO concluded, "Long-standing evidence indicates that MSM and transgender people experience significant barriers to quality health care due to widespread stigma against homosexuality and ignorance about gender variance in mainstream society and within health systems," (p. 29) and that "[s]tigma against homosexuality is a significant cause of barriers to quality health care of MSM" (p. 10).

For example, a cornerstone of HIV treatment and prevention is early detection of HIV in the population through HIV testing. But this too is devastated by the AHA as it places great risks on individuals who are LGB (or MSM), as they might be reported to the police and subject to punishment under the AHA (Semugoma, Beyrer & Baral, 2012).

Specifically, the WHO noted, "legal and policy barriers," such as criminalization of homosexuality, "play a key role in the vulnerability of MSM" to HIV (p. 10). The WHO report identified such legal conditions as, on one hand, preventing or inhibiting access of MSM to medical and other health service providers, and, on the other hand, "[giving] the police the authority to harass organizations that provide services to these populations" (p. 10). As is evidenced by reports from Uganda, the WHO predicted that MSM may "delay or avoid seeking health, STI or HIV-related information, care and services as a result of perceived homophobia" and "be less inclined to disclose their sexual orientation and other health-related behaviors in health settings that may otherwise encourage discussions between the provider and patient to inform subsequent clinical decision-making" (p. 11).

The developments reported from Uganda are precisely the opposite of what is needed, as the WHO report noted: "The promotion of a legal and social environment that protects human rights and ensures access to prevention, treatment, care and support without discrimination or criminalization is essential for achieving an effective response to the HIV epidemic and promoting public health" (p. 29).

This analysis leads the WHO to recommend that "Legislators and other government authorities should establish and enforce antidiscrimination and protective laws, derived from international human rights standards, in order to eliminate stigma, discrimination and violence

faced by MSM and transgender people, and reduce their vulnerability to infection with HIV and the impacts of HIV and AIDS" (p. 30). Again, these are the all contradicted by the AHA.

VIII. Conclusions

Stigma and prejudice create for LGBT people a social environment that is inhospitable, and an environment that sends a clear message that the LGBT person is unwelcome. With the backdrop of an environment that was already characterized by homophobia in Uganda and where same-sex acts were illegal, the Anti-Homosexuality Bill and later the AHA sent a clear message of rejection that dehumanized LGBT people by making their very identity as LGBT a "spoiled identity."

The social environment, in particular within the context of discussions about the Anti-Homosexuality Bill, and public rhetoric that assailed LGBT people, for example by erroneously portraying them as dangerous and child molesters who recruit innocent children, precipitated a hostile environment. The Ugandan social environment is an environment that demands of its LGBT citizens vigilance as they seek to protect themselves from potential discrimination and violence. It is an environment where, in an attempt to protect themselves from the stress of this stigma, LGBT people are moved to conceal their sexual identity. It is an environment where stigma and stereotypes, promoted by civil and religious leaders, are internalized by heterosexual and LGBT people alike, leading to further prejudice, discrimination, and violence.

Numerous accounts have shown how this social environment has brought about a host of stressors on LGBT people that in my and other researchers' work has been described as *minority stress.* Hundreds of research articles have shown that, in addition to the indignities described by numerous LGBT Ugandans, minority stress causes a host of mental and physical health problems, a reduced sense of well-being, an increase in suicides, and an increase in unhealthy

behaviors (such as unsafe sex practices). In addition, the structural stressors brought about by the AHB, whether they are sanctioned by law or incorrectly interpreted by the public and health care providers, have led to the erection of barriers to healthcare for LGBT people.

I declare under penalty of perjury that the foregoing is true and correct.

Los Angeles, CA
November 2, 2015

Signature:_____
Ilan H. Meyer

Exhibit A

§ 5 EDUCATION

Tel Aviv University, Tel Aviv, Israel -- B.A. Psychology, Special Education, 1981

New School for Social Research, New York, NY -- M.A. Psychology, 1987

Columbia University, School of Public Health New York, NY – Ph.D. Sociomedical Sciences/ Social Psychology 1993,

Dissertation title: *Prejudice and Pride: Minority Stress and Mental Health in Gay Men*. Bruce G. Link, Ph.D. Sponsor

Traineeship

1987-1992: Pre-doctoral NIMH Fellow in Psychiatric Epidemiology - Columbia University (T32 MH 13043)

1993 -1995: Postdoctoral Fellow, Health Psychology, The Graduate Center at CUNY

1995 -1996: NIMH Research Fellow in Psychiatry (AIDS), Memorial Sloan-Kettering Cancer Center

§ 6 PREVIOUS EMPLOYMENT

Assistant Professor of Clinical Public Health (part-time), Mailman School of Public Health, Columbia University, November 1994

Assistant Professor of Clinical Public Health, (full-time), Mailman School of Public Health, Columbia University, November 1996

Assistant Professor of Public Health, Sociomedical Sciences (full-time), Mailman School of Public Health, Columbia University, September 1998

Associate Professor of Clinical Sociomedical Sciences, Mailman School of Public Health, Columbia University, July 2003

Deputy Chair for Masters Programs, Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, February 2004

Visiting Scholar, Russell Sage Foundation, New York, NY 2006 – 2007

Professor of Clinical Sociomedical Sciences, Mailman School of Public Health, Columbia University, July 1010

UCLA SERVICE

§ 7 ACADEMIC AND ADMINISTRATIVE TITLES

Williams Senior Scholar for Public Policy, The Williams Institute at UCLA School of Law, July 2011 - Present

§ 8 LAW SCHOOL COURSES TAUGHT

None

§ 9 LAW SCHOOL COMMITTEE MEMBERSHIP

Williams Institute Management Committee

§ 10 LAW SCHOOL--OTHER SERVICE

None

§ 11 OTHER UNIVERSITY TEACHING

Columbia University Departmental and University Committees

Doctoral Admissions Committee – 2011

Coordinator, MPH Research Track – till 2002

Coordinator, MPH Admissions 2002 – 2003

MPH Committee 2003 – 2011

Curriculum committee 2003 – 2011

School MPH Admissions Committee 2002 – 2011

Department of Sociomedical Sciences Steering Committee 2007 – 2011

Department of Sociomedical Sciences Subcommittee on Revenue Generation 2008

Mailman School of Public Health Steering Committee, (elected) 2008 – 2011

Teaching Experience and Responsibilities

Courses

Introduction to Health Psychology (1995 - 2003)

Research Seminar in Gay and Lesbian Issues in Public Health (1997 – 2011)

Stigma, Prejudice and Discrimination as Social Stressors (2004 - 2011)

Masters Integrative Project (2005 - 2011)

Survey Research Methods in Sociomedical Sciences (2009 - 2011)

Dissertation sponsor

Lesley Sept (completed 2002) – *Evaluation of a tailored HIV prevention web site*

Parisa Tehranifar (completed 2004) – *African American adolescents perceptions of everyday racism and their psychological responses—D*istinguished Dissertation; Best Dissertation ASA

Paul Teixeira (defense 2007) – *Condom use among gay men: The impact of reactance and affect on safer sex practices*

Alicia Lukachko (defense 2009) – *Racial identity, discrimination, discrimination and religiosity and use of mental health services among African Americans*

§ 12 ACADEMIC SENATE COMMITTEE MEMBERSHIP

N/A

§ 13 ACADEMIC SENATE--OTHER SERVICE

N/A

§ 14 OTHER UNIVERSITY SERVICE AND ACTIVITIES

2013 -- Dissertation committee Saanjh Aakash Kishore**,** UCLA Psychology

2013 -- Dissertation committee Melissa Boone, Columbia University, Sociomedical Sciences and Psychology

2013 – Dissertation committee Geoffrey Stephen Carastathis, Psychology Edity Cowan University, Australia

§ 15 ADDITIONAL ACADEMIC AND OTHER APPOINTMENTS

None

§ 16 MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American Public Health Association

American Psychological Association

American Sociological Association

§ 17 SERVICE TO PROFESSIONAL SOCIETIES AND ORGANIZATIONS

American Civil Liberties Union: Position paper on Gender Identity Disorder and Psychiatric Diagnosis (with Sharon Schwartz)

1993 – 2002 Co-Chair - Science Committee, American Psychological Association, Division 44 (Lesbian and Gay Issues)

§ 17a COMMUNITY SERVICE

Gay Men's Health Crisis: Oral Sex & HIV Risk Among Gay Men (with David Nimmons)

1999 – 2000 Member, working group preparing a white paper on LGBT health disparities for consideration by US HHS of inclusion of sexual orientation in Healthy People 2010

1999- 2000 Member Healthy People 2010 workgroup on sexual orientation

2012 (March) -- (Co-authored with J. Pizer, press release) *Uganda Bill Concerning Same-Sex Relationships and Human Rights Advocacy.*

2012 (March 12) -- (Co-authored with J. Pizer, press release) Analysis and Data On Tennessee's "Don't Say Gay" Bill.

2012 (March 14) -- (Co-authored with J. Pizer) Letter to Governor Gary R. Herbert, Utah Re: House Bill 363 by Rep. Wright (Sen. Dayton) – *Potential Impacts On At-Risk Youth And Licensed Educational Professionals From Health Information Ban.*

2012 (March 28) -- (Co-authored with J. Pizer, press release) *Extending Marriage To Same-Sex Couples in Illinois Will Have Positive Effects For 23,049 Couples Raising 7,662 Children.*

2012 (May 4) – (Co-authored with J. Pizer) Letter to Missouri House Committee on Elementary and Secondary Education, Jackson Missouri re: HB 2051 (Cookson) – *Potential impacts on at-risk youth and licensed education professionals from ban on information about sexual orientation, including about the existence of lesbian, gay, bisexual and transgender people.*

2013 (May 14) – *Promoting the Well-being of Gay and Bisexual Male and Transgender Youth of Color –Working Together for Action.* A summit organized by the Williams Institute, with support from the Liberty Hill Foundation. Organized meeting and presented *Project Access - Recommendations for Serving GBTQ Male Youth of Color.*

§ 17b CONSULTING ACTIVITIES

Expert witness testimony in Perry v. Schwarzenegger, 704 F. Supp.2d 921 (N.D. Cal. 2010);

Expert report – Written testimony in application for asylum, withholding of removal, and/or

withholding under the convention against torture. Removal proceedings before Immigration Judge, United States Department of Justice, Executive Office for Immigration Review (2010);

Expert testimony before the United States Commission on Civil Rights briefing on peer-to-peer violence and bullying in K-12 public schools (2011);

Expert report -- Written testimony in hearing before Immigration Judge on the validity of asylum granted to bisexual man, United States Department of Justice, Executive Office for Immigration Review (2012);

Expert Consultation -- Charles Patrick Pratt, et al. vs. Indian River Central School District; Indian River Central School District Board of Education (2013). Case settled prior to trial.

Expert Declaration – Garden State Equality v. Doe, Superior Court of New Jersey, MER L-1729-11.

Expert Declaration – Cleopatra De Leon, et al. v. Rick Perry, Civil Action No. 5:-13-cv-982. United States District Court for the Western District of Texas, San Antonio Division.

Expert Declaration – Washington State v. Arlene Flowers, Inc. No. 13-2-00871-5

Expert Consultant – Pat PJ Newton/ Shannon Mississippi Gay Bar

Expert witness – U.S. v. Gary Douglas Watland, Defendant. Criminal Action No. 1:11-cr-00038-JLK-CBS.

Expert Declaration – European Court of Human Rights. Bayev v. Russia (No. 67667/09), Kiselev v. Russia (No. 44092/12), and Alekseyev v. Russia (No. 56717/12)

§ 17c OTHER PROFESSIONAL ACTIVITIES

2001 – 2011 Faculty, the Center for Gender, Sexuality and Health, Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University

2003 Member, Working Group – Men who have sex with men (MSM) of color summit, Los Angeles, CA, May 29-30

2004 – 2011 Faculty, The Robert Wood Johnson Foundation Health & Society Scholars Program at Columbia University

2004 Leader, Working Group on Stigma, prejudice and discrimination. The Robert Wood Johnson Health and Society Scholars Program at Columbia. Mailman School of Public Health, Columbia University

2008 – 2011 Faculty, The Center for the Study of Social Inequalities and Health, Mailman School of Public Health, Columbia University

2008 – 2011 Faculty -- New York State Psychiatric Institute, HIV Center for Clinical and Behavioral Studies

2008 – 2011 Faculty -- Center for Population Research in LGBT Health, The Fenway Institute

2013 – Present Affiliate, California Center for Population Research

Mentorships

Past

John Blosnich. West Virginia University, Public Health Sciences, Social & Behavioral Theory. Mentor through Center for Population Research in LGBT Health (Fenway Institute, Boston, MA).

Richard Nobles. Department of Psychology, University of Washington. Consultant on NIMH individual NRSA grant.

Keren Lehavot. Department of Psychology, University of Washington. Consultant on NIMH individual NRSA grant.

Natasha Davis. Columbia University Teachers College. Mentor on supplemental diversity NIMH grant (MH066058).

Edward Alessi (NYU) – Dissertation: *Association of stressful life events and with posttraumatic stress disorder (PTSD) in a racially and ethnically diverse sample lesbian, gay, bisexual (LGB), and heterosexuals*.

David Frost (CUNY Graduate Center) – Dissertation: *Stigma, intimacy, and well-being: A personality and social structures approaches*

David Barnes -- Columbia University Mailman School of Public health, Department of Epidemiology, Psychiatric Epidemiology Training program.

Naa Oyo Kwate, Ph.D., Research Scientist, Postdoctoral Award, Department of Defense, Breast Cancer Research Program, Department of Defense

Jennifer Stuber, Ph.D., Scholar, Robert Wood Johnson Foundation Health and Society Scholars

Kimberley Balsam, Ph. D., University of Washington. Consultant, NIMH K-Award application

Carolyn Wong, Ph.D., University of Southern California. Consultant, K-Award application.

José A. Bauermeister, MPH, PhD, University of Michigan, Mentor, K-Award application.

Huso Yi, Ph.D., Columbia University, HIV Center, Mentor, K-Award application.

Rahwa Haile, Ph.D., Columbia University, HIV Center for Clinical and Behavioral Studies, Mentor.

Tracy McFarlane, Ph.D., Columbia University, Psychiatric Epidemiology Training Program, Mentor.

Laura Durso, Williams Institute UCLA School of Law, post-doctoral fellow.

Ethan Meirish, Ph.D., Boston College, Fenway mentorship program

Ashley Borders, Ph.D., Assistant Professor, Department of Psychology, The College of New Jersey

Current

Johnny Berona, University of Michigan, Clinical Psychology

Carlos Pavao, Doctoral Student, Health Promotion & Community Health Sciences School of Rural Public Health, Texas A&M University Health Science Center

Annesa Flentje, Ph.D., Clinical Psychology Fellow, University of California, San Francisco San Francisco General Hospital, Department of Psychiatry

§ 18 SERVICE ON EDITORIAL BOARDS/EDITORIAL SERVICE TO SCHOLARLY PUBLICATIONS

1993 – present Ad hoc reviewer for leading scientific journals, including (partial list), AIDS Education and Prevention: An interdisciplinary Journal, American Journal of Public Health, Archives of General Psychiatry, Epidemiology, Journal of Health and Social Behavior, Journal of Consulting and Clinical Psychology, Journal of Counseling Psychology, Sex Roles: A Journal of Research, Women and Health, Self and Identity, Developmental Psychology

2000 – 2001 Guest Editor, American Journal of Public Health, Special Issue on LGBT Health, published June 2001

2006 Co-editor, Social Science & Medicine, Special Issue on Prejudice, stigma, and Discrimination in Health

2009 – 2012 Editorial Board – Journal of Health and Social Behavior (ASA Journals)

2013 – present Editorial Board – Journal of LGBT Health (Mary Ann Liebert, Inc.)

2013 – present Consulting Editor – Journal of Sexual Orientation and Gender Diversity (APA Journals)

§ 19 SERVICE TO EDUCATIONAL AND GOVERNMENTAL AGENCIES

2003 Member, Working Group -- Workplace discrimination research and prevention, National Institute of Occupational Safety and Health (NIOSH), Cincinnati, OH, September 29-30

§ 20 INVITED LECTURES, PAPERS AT MEETINGS, AND SIMILAR ACTIVITIES

Conference Presentations (partial list)

Meyer, I.H. Experience from a community-based asthma intervention. Working Together to Combat Urban Asthma. Proceedings of a Conference hosted by the Center for Urban Epidemiologic Studies at the New York Academy of Medicine. New York, May 4 and 5, 1998.

Meyer I.H., Copeland L., Findley S., McLean D.E., Richardson L., Ford J.G.: The Harlem asthma knowledge questionnaire. Paper presented at the International Conference of the American Thoracic Society, Chicago, IL. April 24 - 29, 1998

Meyer, I.H., Richardson, L., Findley, S., McLean, D., Trowers, R., Ford, J.G. (1999). Predictors of frequent asthma-related emergency department use in Harlem. American Journal of Respiratory and Critical Care Medicine, 159: (3) A129-A129, Suppl. S.

Ford, J.G., Li, Y., Meyer, I.H., Dave, C., De Graffinreidt, D. (1999). beta(2)-adrenoreceptor B16 and B27 polymorphisms and asthma severity. American Journal of Respiratory and Critical Care Medicine, 159: (3) A31-A31, Suppl. S.

Meyer I.H. Reducing Disparities in Asthma Care: Are We Doing Enough?. The 96th International Conference of the American Thoracic Society, Toronto, Canada. May 5 –10, 2000

Meyer I.H., Fagan J., Sternfels P., Foster K., Dave C., Ford J: Asthma-Related Limitation in Sexual Functioning among Emergency Department Users. The 96th International Conference of the American Thoracic Society, Toronto, Canada. May 5 –10, 2000

Meyer, I.H. Minority stress and mental health in lesbian and gay populations. Paper presented at the 26th Annual Meeting of the International Academy of Sex Research, Paris, France. June 21 – 24, 2000.

Meyer, I.H. Epidemiology of mental health in gay men: What do we know and what do we need to know? Paper presented at the Gay Men's Health Summit, Boulder, Colorado. July 19 – 23, 2000.

Meyer, I.H., Community outreach for asthma care in Harlem: Broad based community, clinic, and research collaboration. Paper presented at the Annual Meeting of the American Association of Public Health, Washington, DC, November 13, 2000.

Meyer, I.H., Gay and bisexual men's health: What we know, what we need to know, what we need to do. Paper presented at the Annual Meeting of the American Association of Public Health, Washington, DC, November 15, 2000.

Meyer, I.H., Rossano, L., Ellis, J., & Bradford, J. Use of a brief telephone interview to identify lesbian and bisexual women in random digit dialing sampling. Paper presented at the 56th Annual Conference of the American Association of Public Opinion Research, Montreal, Canada, May 17 – 20, 2001.

Meyer, I.H. (2003). Prejudice as stress: Conceptual and measurement problems. Paper presented at the Eighth International Conference on Social Stress Research, Portsmouth, NH, April 2002.

Meyer, I.H. (2003). Minority stress and mental health in lesbians, gay men, and bisexuals. Paper presented at the annual meeting of the American Psychiatric Association, San Francisco, May 17 – 20, 2003.

Meyer, I.H. (2004). Expectations of stigma as a stressor in minority populations. Paper presented at the Ninth International Conference on Social Stress Research, Montreal, Canada, May 28 – 31, 2004.

Meyer, I.H. (2005). LGBT health research: Theoretical issues and research ethics. Enhancing the Health and Well-being of LGBT Individuals, Families and Communities: Building a Social Work Research Agenda. Symposium of the Institute for the Advancement of Social Work Research, Washington, D.C., June 23-24, 2005

Meyer, I. H. (2005, August). *Intersectionality in LGB health research*. Paper presented at the annual convention of the American Psychological Association (APA), Washington, DC.

Meyer, I. H. (2006, March). *Stress and mental health lesbian, gay, and bisexual individuals.* Paper presented at Temple Concord, Binghamton, NY (co-sponsored by Binghamton University, Pride and Joy Families, and the Temple Concord Outreach Committee).

Meyer, I. H. (2006, March 23). *Social stress, identity, and mental health in diverse lesbian, gay, and bisexual populations.* Paper presented at Binghamton University, Binghamton, NY.

Meyer, I. H. (2006, May 18). *Race, gender, and sexual orientation variability in exposure to stress related to prejudice.* Paper presented at the Psychiatric Epidemiology Training Seminar, Mailman School of Public Health, Columbia University.

Meyer, I, H., Schwartz, S., Stirratt, M. J., & Frost, D. M. (2006, August). *Identity, stress, and coping in lesbian, gay, and bisexual populations*. Paper presented at the annual convention of the American Psychological Association (APA), New Orleans, LA.

Frost, D. M., & Meyer, I. H. (2006, August). *Internalized homophobia as a predictor of intimacy-related stressors among gay, lesbians, and bisexual individuals*. Poster presented at the annual convention of the American Psychological Association (APA), New Orleans, LA.

Meyer, I.H. (2006, October). *Social stress related to prejudice and discrimination as a cause of mental disorders: Conceptual issues and research findings*. Paper presented at the Yale University Psychology Colloquium.

Meyer, I. H., Dietrich, J., & Schwartz, S. (2006, November). *Prevalence of DSM-IV disorders in diverse lesbian, gay, and bisexual populations.* Paper presented at the annual convention of the American Public Health Association (APHA). Boston, MA.

Frost, D. M., Dietrich, J., Narvaez, R. F., & Meyer, I. H. (2006, November). *Improving community sampling strategies of diverse lesbian, gay, and bisexual populations*. Paper presented at the annual convention of the American Public Health Association (APHA). Boston, MA.

Gordon, A. R., & Meyer, I. H. (2006, November). *Gender nonconformity as a target of prejudice, discrimination, and violence against LGB individuals*. Paper presented at the annual convention of the American Public Health Association (APHA), Boston, MA.

Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2006, November). *Psychological and social well-being in lesbians, gay men, and bisexuals: The effects of age, sexual orientation, gender, and race.* Paper presented at the annual convention of the American Public Health Association (APHA), Boston, MA.

Meyer, I.H. (2008, July) Social stress and mental health outcomes in lesbians, gay men and bisexuals. Paper presented at the XXIX International Congress of Psychology, Berlin, Germany.

Meyer, I.H. (2008, August). Random versus venue-based community sampling of lesbians, gay men, and bisexuals, Paper in a symposium titled *Innovative research methodologies for advancing LGBT scholarship*. American Psychological Association 2008 Annual Convention, Boston MA

Frost, D.M. & Meyer, I.H. (2008, August). Social Support Networks among Diverse Sexual Minority Populations. Poster presented at the American Psychological Association 2008 Annual Convention, Boston MA

Frost, D.M., Lehavot, K., & Meyer, I.H. (2011, August). Minority Stress and Physical Health among Sexual Minorities. Poster presented at the American Psychological Association 2011 Annual Convention, Washington, DC.

Meyer, I.H. (Naomi Goldberg first author) (2012, May 4). Intimate Partner Violence in LGB Populations: Data from the California Health Interview Survey. Population Association of America, San Francisco, CA.

Meyer, I.H. (Discussant) (2013, July 31) -- Emerging Directions and Novel Applications of Minority Stress Theory. Presented at the American Psychological Association 2013 Annual Convention, Honolulu, HI.

Meyer, I.H. (Conversation Hour) (2013, August 2) – Is Minority stress theory still relevant to LGB populations? A Discussion. Presented at the American Psychological Association 2013 Annual Convention, Honolulu, HI.

Invited Presentations (partial list)

Meyer, I.H. (2004, March 26). *Minority Stress: The Impact of Stigma, Prejudice, and Discrimination on the Mental Health of LGB populations*. Gay Men's Health Center, New York, NY.

-- (2004, September 28). *Stress, identity, and mental health in minority populations.* Sociomedical Sciences Seminar, Mailman School of Public Health, Columbia University.

-- (2004, October 7). *Prejudice, Identity, and Resilience in Minority Mental Health*. Rutgers University.

-- (2006, February 7). *Stress, identity, and mental health: overview*. Sociomedical Sciences Seminar, Mailman School of Public Health, Columbia University.

-- (2006, March). *Stress and mental health lesbian, gay, and bisexual individuals.* Temple Concord, Binghamton, NY (co-sponsored by Binghamton University, Pride and Joy Families, and the Temple Concord Outreach Committee).

-- (2006, March 23). *Social stress, identity, and mental health in diverse lesbian, gay, and bisexual populations*. Binghamton University, Binghamton, NY.

-- (2006, May 18). *Race, gender, and sexual orientation variability in exposure to stress related to prejudice*. Psychiatric Epidemiology Training Seminar, Mailman School of Public Health, Columbia University.

-- (2006, October 12). Clinical lunch talks, Department of Psychology, Yale University.

-- (2006, November 1). *Social stress related to prejudice and discrimination as a cause of mental disorders*. Temple University, Philadelphia, PA.

-- (2007, February 11). Russell Sage Foundation, Scholars Seminar. *Stress related to prejudice as a cause of mental disorders*. Russell Sage Foundation, New York, NY

-- (2007, September 20). *Stress, Identity, and Health in Diverse NYC LGB Communities.* HIV Center for Behavioral Studies, New York State Psychiatric Institute, New York, NY

-- (2007, June 5). Invited Keynote Address, The NIH 11th Annual Noon-in-June Program: An Observance of Gay, Lesbian, Bisexual & Transgender Pride Month at the National Institutes of Health. *The impact of prejudice on the mental health of lesbians, gay men, and bisexuals.* Bethesda, MD

-- (October, 2007). *Stress, Identity, and Mental Health in Diverse NYC LGB Communities?* St. Luke-Roosevelt Hospital, New York, NY

-- (2007, November 14). *Stress exposure and mental health outcomes: Are women disadvantaged?* Johns Hopkins University, Baltimore, MD.

-- (2007, November 29). Invited speaker: AAPOR NY symposium on lesbian and gay men. *The Impact of Prejudice and Discrimination on the Mental Health of LBG Populations.* Hunter College, New York, NY

-- (2008, January 6). Trevor Project suicide prevention helpline . *Staff training: Minority stress and health of LGB persons*. New York, NY

-- (2008, April 25). Invited speaker: *Minority stress and LGBT public health.* Breaking the Silence: LGBT Research at Columbia and Beyond, Columbia University, New York, NY

-- (2008, May 29). Keynote Speaker, Maine LGBTI Health Summit: Challenges, Opportunities, Change. *Social Stress and Health Disparities of LGBTI populations.* Augusta, ME

-- (2008, September 17) Personality/Social Psychology Colloquia. *Social Psychology and Minority Stress Models.* Graduate Center of the City University of New York. New York, NY.

-- (2008, October 17). *Prejudice, Social Stress and Mental Health.* Psychiatry Grand Rounds. Memorial Sloan-Kettering Cancer Center, New York, NY.

-- (2009, February 27). *LGBT public health.* UNC Minority Health Conference. UNC Gillings School of Global Public Health, Chapel Hill, NC

-- (2009, March 18). *Minority (Social) Stress.* Drexel University, Philadelphia, PA.

-- (2009, May 1). Keynote Speaker. Queer Health Task Force Conference, Columbia University, Mailman School of Public Health.

-- (2009, September 22). Gender, Sexuality, and Health seminar. *Social stress as a cause of mental disorder: research findings and reflections on a theory.* Columbia University, Mailman School of Public Health, Department of Sociomedical Sciences. New York, NY

-- (2009, October 8). Robert Wood Johnson Foundation Investigator Awards in Health Policy Research, 2009 Annual Meeting. With Naa Oyo Kwate. *On the content of our character: The myth of meritocracy and African American health.* San Diego, CA

-- (2009, December 1). Keynote Speaker. World AIDS Day Symposium *Minority Stress Theory, Findings, and Implications for HIV/AIDS Prevention with Racial/Ethnic Minority Gay and Bisexual Men.* University of California San Francisco, Parnassus Campus. San Francisco, CA

-- (2009, December 3). *Social stress as a cause of mental disorders: Research findings and reflections on a theory*. Palo Alto University, Palo Alto, CA

-- (2010, March 22). Invited address. *Mental Health: Stress and Protective Factors.* Institute of Medicine, Board on the Health of Select Populations. Committee on Lesbian, Gay, Bisexual, and Transgender Health: Issues and Research Gaps and Opportunities. Washington, DC

-- (2010, April 27). Invited Speaker. *Bring gay back to the MSM health crisis.* Invited address, The Sexual Health of Gay Men and other MSM: HIV/STD Prevention Plus Conference, The Fenway Institute, Fenway Health, Boston, MA.

-- (2010, May 5). Keynote Speaker. LGBT Resiliency: From Trauma To Policy, Boston College, Boston, MA

-- (2010, May 7). Invited Speaker. *Sexual Orientation and Disparities in Mental Health.* Kellogg School of Management, Northwestern University, Chicago, IL.

-- (2010, June 28 – July 1). Lecturer. National Sexuality Resource Center at San Francisco State University Summer Institute. San Francisco, CA

-- (2010, August 11). Lecturer. Boston University/Fenway Health Summer Institute, Boston, MA

-- (2010, August 13). Invited Speaker. *Marriage Inequality, Structural Stigma, and Health: Lesbian, Gay, and Bisexual People.* American Psychological Association, Presidential program on Marriage Equality. San Diego, CA

-- (2010, September 21). Research, advocacy, and the constitutional challenge to the Prop 8 ban on gay marriage in California. Department of Sociomedical Sciences, Columbia Unversity Mailman School of Public Health.

-- (2010, September 21). Bring gay back to the MSM health crisis. New York City HIV Prevention Planning Group. New York, NY

-- (2010, December 1). Invited Speaker. Perry v. Schwarzenegger and minority stress. Rutgers University, Women and Gender Studies Department.

-- (2010, December 6). Minority Stress and Mental Health in LGB Populations. The Charles R. Williams Institute on Sexual Orientation Law, University of California Los Angeles, Los Angeles, CA

-- (2011, February 9). Invited Speaker. Research, advocacy, and the constitutional challenge to the Prop 8 ban on gay marriage in California. CUNY Graduate Center, Social/Personality Psychology. New York, NY

-- (2011, February 22). Discussant, Libby Adler's paper entitled: Just the Facts: The Perils of Expert Testimony in Gay Rights Litigation. Columbia Unversity Law School.

-- (2011, March 16). Invited Speaker. Institute on Urban Health Research Northeastern University.

-- (2011, March 25). Group leader, Intersectionality Working Group. Fenway Institute, Boston.

-- (2011, April 8). Pride & Joy Training Day, Training fro health care professionals in Upstate and Western New York State on mental health issues of LGBT populations. Pride and Joy Families Weekend Conference, Rochester, NY.

-- (2011, April 9). Invited Speaker: *Research, Advocacy, and the Constitutional Challenge to the Prop 8 Ban on Gay Marriage in California*. 2011 Pride and Joy Families Weekend Conference, Rochester, NY.

-- (2011, May 13). Testimony before the U.S. Commission on Civil Rights *Peer-to-Peer Violence and Bullying: Examining the Federal Response*. Washington, DC.

-- (2011, May 29-31). Invited address. Quantifying Intersectionality Dialogue. Spring Learning Institute on Intersectionality. Simon Fraser University, Vancouver, BC.

-- (August 10, 2011). Minority Stress Research and the Constitutional Challenge to the Prop 8 Ban on Gay Marriage in California. Fenway Summer Institute, Boston, MA

-- (2011, September 8-10). Invited Speaker. Using Social Science Research in LGBT Rights Litigation and Public Policy Advocacy, Lavender Law conference, Los Angeles, CA

-- (2011, October 21). Invited Speaker. Social Science and Public Health in LGBT Law and Public Policy. Loyola Law School Los Angeles, CA Symposium LGBT identity and the law.

-- (2011, November 1). Keynote Address. Minority Stress and the Health of Sexual Minorities. 7th British Columbia Gay Men's Health Summit Health & Sexual Rights, Vancouver, BC, Canada

- (2012, February 9). Minority Stress and the Health of Sexual Minorities Lecture at Diversity Science Initiative. UCLA Psychology Department, Los Angeles, CA

- (2012, February 18). The health impact of homophobic school environment on LGBT youth. CESCaL Supporting Students ~ Saving Lives conference, San Diego, CA

- (2012, February 22). What happened to the Employment Non-Discrimination Act (ENDA) and how employment discrimination still burdens the LGBT community? Williams Institute Lecture Series, West Hollywood, CA

- (2012, April 5). Why LGBT public health? National Public Health Week 2012 Queers for Public Health & Students of Color for Public Health. UCLA School of Public Health, Los Angeles, CA

- (2012, April 20). Marriage Equality for Same-Sex Couples: Science and the Legal Debate. Keynote panel, Minnesota Psychological Association, Minneapolis, MN.

Guest Lectures (2011 – Present only)

Lecturer. Boston University/Fenway Health Summer Institute, Boston, MA (2010 – 2013)

Guest lectures– Department of Community Health Sciences, Fielding School of Public Health (2012 and 2013) Chandra Ford

Guest lecture -- Introduction to LGBT Studies ,UCLA (2012) James Schultz

Guest Lecture (Panel) – HIV Legal Needs Assessment, UCLA School of Law (2013) Brad Sears

Guest lecture -- Department of Social Welfare, UCLA Luskin School of Public Affairs (2013) Ian Holloway

Guest lecture – Education Department, UCLA (2013, 2014) Stuart Biegel

§20a OTHER PROFESSIONAL ACTIVITIES

§21 AWARDS, HONORS, COMMENDATIONS

Distinguished Dissertation - Columbia University, Graduate School of Arts and Sciences

Barbara Snell Dohrenwend Award for published/publishable paper

Marisa De Castro Benton Dissertation Award for outstanding contribution to the Sociomedical sciences - Columbia University

Honorable Mention, Best Dissertation - American Sociological Association, Mental Health Section

Mark Freedman Award for outstanding research on lesbian/gay issues - Association of Lesbian & Gay Psychologists

Distinguished Scientific Contribution Award -- American Psychological Association Division 44.

May 2010 – Inaugural Faculty Mentoring Award – Department of Sociomedical Sciences, Columbia University's Mailman School of Public Health

August 2011 -- Outstanding Achievement Award – The Committee on Lesbian, Gay, Bisexual, and Transgender Concerns 2011

August 2013 – Distinguished Professional Contribution Award – The Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Association.

§22 FELLOWSHIPS AND RESEARCH GRANTS

1. Project Title: Random Digit Dialing Survey of Gay/Bisexual Men

Project #, PI, and dates: Meyer, 5/1/95 – 5/1/96

Source and support amount: American Suicide Foundation, New York State Psychiatric Institute, $5,000

Role: Principal Investigator

2. Project title: Decreasing the Need for Emergency Asthma Care in Harlem

Project #, PI, and dates: 5R01HL051492, Ford, 9/1/96 – 7/31/99

Source and support amount: National Heart, Lung, and Blood Institute $1,800,000 (est.)

Role: Project Director

3. Project Title: Columbia Center for Children's Environmental Health

Project #, PI, and dates: Perrera, 8/1/98 – 7/ 31/03

Source and support amount: National Institute for Environmental Health Sciences, $901,730 (annual)

Role: Co-Investigator

4. Project Title: Community Outreach for Asthma Care in Harlem

Project #, PI, and dates: Meyer, 8/1/99 – 10/1/00

Source and support amount: New York State Department of Health, $350,000

Role: Principal Investigator

5. Project Title: Head Start for Asthma

Project #, PI, and dates: Ford, 9/30/99 – 9/ 29/02

Source and support amount: Centers for Disease Control and Prevention (CDC), $350,000 (annual)

Role: Co-Investigator

6. Project Title: Survey of Women's Health and Sexuality

Project #, PI, and dates: Meyer, 3/1/00 – 3/1/01

Source and support amount: Gay and Lesbian Medical Association, Lesbian Health Fund, $7,500

Role: Principal Investigator

7. Project Title: Vulnerabilities and strengths in the face of sexual prejudice in lesbians, gay men, and bisexuals

Project #, PI, and dates: Meyer, 10/31/01 – 10/30/03

Source and support amount: American Psychological Foundation, $50,000

Role: Principal Investigator

8. Project Title: Prejudice as Stress – writing manuscript

Project #, PI, and dates: 5 G13 LM007660, Meyer, 9/30/02 – 9/29/05

Source and support amount: National Library of Medicine, $163,500

Role: Principal Investigator

9. Project Title: Measurement of Major Stressful Events over Life Courses

Project #, PI, and dates: R01MH059627, Dohrenwend, 2/1/03 – 2/ 31/04

Source and support amount: National Institute of Mental Health, $276,000 (annual)

Role: Co-Investigator

10. Project Title: Stress, Identity, and Mental Health in Diverse Minority Populations

Project #, PI, and dates: R01 MH066058, Meyer, 4/1/03 – 3/31/07

Source and support amount: National Institute of Mental Health, $1,861,700

Role: Principal Investigator

11. Project title: Stigma, prejudice and discrimination in public health.

Project #, PI, and dates: Meyer, 9/1/04 – 5/31/06

Source and support amount: The Robert Wood Johnson Health & Society Scholars at Columbia University, $42,000

Role: Principal Investigator

12. Project Title: Cultural and Contextual Determinants of Alcohol Use Among African American Women: A Multidisciplinary Approach to Breast Cancer Risk

Project #, PI, and dates: BC031019, Kwate, 9/1/04 – 8/31/07

Source and support amount: Department of Defense, Breast Cancer Research Program, $402,206

Role: Mentor to Dr. Kwate, PI.

13. Project Title: Diversity supplement doctoral student, Natasha Davis

Project #, PI, and dates: Supplement to 5 R01 MH066058, Meyer, 4/22/05 – 3/31/07

Source: National Institute of Mental Health, $42,000 (est. annual)

Role: Principal Investigator

14. Project Title: Prejudice and stress in minority populations

Project #, PI, and dates: Meyer, 9/1/07 – 7/31/07

Source of support and amount: Russell Sage Foundation,

Role: Visiting Scholar

15. Project title: HIV Center for Clinical and Behavioral Studies

Project #, PI, and dates: P30 MH43520 (Ehrhardt) 02/01/08 - 01/31/11

Source and support: NIMH $1,483,545

Role: Investigator

Project description: This large multidisciplinary AIDS research center focuses on HIV prevention science among neglected populations at risk for HIV infection, with a commitment to underserved inner-city populations and innovative research based on new scientific approaches to prevention that emphasize sexual risk and its broader context of gender, ethnicity, and culture. Research also focuses on interventions with HIV-infected populations, including those for stress, coping, and medical adherence.

16. Project title: Minority HIV/AIDS Research Initiative (MARI): Sexual risk-taking among young Black men who have sex with men: exploring the social and situational contexts of HIV risk, prevention, and treatment

Project #, PI, and dates: U01 PS 000700-01 (Wilson) 9/30/07 – 6/30/2011

Source and support: CDC, $592,720

Project description: The 3-year project will research contextual risk and protective factors linked to HIV risk among young Black men who have sex with men (BMSM).

Role: Mentor, Co-investigator

17. Project title: Developmental infrastructure for population research

Project #, PI, and dates : Bradford (PI) 2007-2012

Source and support: NICHD R21HD051178 – *No funds requested for faculty*

Role: Research Faculty

18. Project title: On the content of our character: The myth of meritocracy and African American health.

Project #, PI, and dates: July 1, 2009 – December 14, 2012

Source and support: Robert Wood Johnson Foundation Investigator Award in Health Policy. $202,353 ($57,783 to UCLA for 2012)

Role: Co-PI

Project description: The proposed study aims to investigate some of the ill health effects of meritocratic ideology (MI). We propose to describe the distribution and variation of MI in the United States across historical periods and geographic regions and to assess the relationship between MI ideologies and other ideologies that more explicitly advance inequality. We then aim to describe narratives of MI among African Americans and assess their impact on their physical and mental health.

19. Project title: ACCESS: Assessing the experiences and needs lf gay, bisexual, and transgender youth of color

Project #, PI, and dates: Ilan Meyer 2011 – 2012

Source of Support: California Endowment, Liberty Hill Foundation, $35,000

Role: PI

20. Project title: Needs Assessment of People with HIV/AIDS

Project #, PI, and dates: Brad Sears, 2013-2014

Source of Support: Ford Foundation, *part of $250,000 to the Institute*

Role: Co-PI (with Brad Sears)

21. Project title: Sexual victimization of men

Project #, PI, and dates: Brad Sears, 2013-2014

Source of Support: Ford Foundation, *part of $250,000 to the Institute*

Role: Co-PI (with Brad Sears)

22. Project title: Generations: Identity Stress and Health in Three Cohorts of LGB individuals

Project #, PI, and dates: 5R01HD078526, Ilan H. Meyer, 09/04/2014 – 05/31/2019

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), $3,402,550

24. TransPop: U.S. Transgender Population Health Survey

Project #, PI, and dates: 3R01HD078526-01A1S1, Ilan H. Meyer, 3/25/2015 – 3/24/2016

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD, supplement) -- $285,000

25. Sampling LGBT populations in large population samples: sensitivity and specificity

Project #, PI, and dates: 3R01HD078526-02S1, Ilan H. Meyer, 3/25/2015 – 3/24/2016

NIH Office of Research on Women's Health (ORWH) -- $200,000

26. Research supplement to support diversity – Alexander Martos "LGBT health services delivery"

Project #, PI, and dates: 3R01HD078526-02S2, Ilan H. Meyer, 9/4/15 – 5/31/2018

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD, supplement) -- $224,892

Research Consultant (Current only)

1. Jeremy T. Goldbach, Ph.D., LMSW, (PI) Assistant Professor, University of Southern California School of Social Work. *USC Lesbian, Gay, and Bisexual Adolescent Study* and NIH Application for same.

2. Bruce Link and Mark Hatzenbuehler (Co-PIs). *Structural Stigma as a Source of Disparities in Critical Social, Economic, and Health Domains* NSF application.

3. Allen J. LeBlanc, Ph.D., (PI) San Francisco State University, Department of Sociology,

Health Equity Institute, *Minority Stress and Mental Health among Same-Sex Couples*

4. Phillip L. Hammack, Ph.D., (PI) University of California, Santa Cruz, William T Grant *Empowering Settings as Vehicles for Social, Political, and Psychological Change among Sexual Minority Youth.*

5. Jaime Barrientos-Delgado, Ph.D., Escuela de Psicología, Universidad Católica del Norte, *Beyond Homophobia: Quality of Life and Post-Traumatic Growth (PTG) as a Response to Gay and Lesbian Minority Stress in Chile*

§23 BIBLIOGRAPHY

WORK IN PROGRESS

Wilson, P.A., Meyer, I.H., Antebi, N., Boone, M.R., Cook, S.H., & Cherenack, E. (in review). *Profiles of Resilience and Psychosocial Outcomes among Young Black Gay and Bisexual Men.*

Durso, L.E., Kastanis, A., Wilson, B.D.M, & Meyer, I.H. (in review). *Service Needs of Sexual Minority Male Youth of Color.*

Frost, D.M., Meyer, I.H., Schwartz, S. (in review). *Social Support Networks among Diverse Sexual Minority Populations.*

Meyer, I.H. (in preparation for journal submission). *Is Minority Stress Theory Still Relevant to LGB populations? Critiques and Research Recommendations.*

PUBLISHED WORK

Books:

Meyer, I.H. & Northridge, M.E. (Eds.). (2007). The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations. New York: Springer.

Chapters:

1. Meyer, I.H., Frost, D.M., & Nezhad, S. (2014). Minority stress and suicide in lesbians, gay men, and bisexuals. In Peter B. Goldblum, Dorothy Espelage, Joyce Chu, & Bruce Bongar, (Eds), *The Challenge of Youth Suicide and Bullying* (pp. 177 – 190). New York, NY: Oxford University Press.

2. Meyer, I.H. & Frost, D.M. (2013). Minority stress and the health of sexual minorities. In Charlotte J. Patterson and Anthony R. D'Augelli (Eds.), Handbook of Psychology and Sexual Orientation (pp. 252 – 266). NY: Oxford University Press.

3. Meyer, I.H. (2011). The health of sexual minorities. In: Andrew Baum, Tracey A. Revenson, & Jerome Singer (Eds.), Handbook of Health Psychology, 2nd Edition (pp. 595 – 616). NY: Psychology Press, Taylor & Francis Group.

4. Meyer, I.H. & Ouellette, S.C. (2009). Unity and purpose at the intersections of racial/ethnic and sexual identities. In Phillip L. Hammack and Bertram J. Cohler (Eds.), The story of sexual identity: Narrative perspectives on the gay and lesbian life course (pp. 79 – 106). NY: Oxford University Press.

5. Meyer, I.H. (2007). Prejudice and discrimination as social stressors. In I.H. Meyer and M.E. Northridge (Eds.), The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations (pp. 242 – 267). New York: Springer.

Articles/Editorials:

6. Frost, D.M., Meyer, I.H., & Schwartz, S. (in press). Social Support Networks Among Diverse Sexual Minority Populations. *American Journal of Orthopsychiatry.*

7. Wight, R.G., LeBlanc, A.J., Meyer, I.H., & Harig, F.A. (in press). Internalized Gay Ageism, Mattering, and Depressive Symptoms among Midlife and Older Gay-Identified Men. *Social Science & Medicine.*

8. Lukachko, A., Meyer, I., & Hankerson, S. (2015). Religiosity and mental health service utilization among African-Americans. J Nerv Ment Dis, 203(8), 578-82. doi:10.1097/NMD.0000000000000334

9. Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 209-213. doi:10.1037/sgd0000132

10. Frost, D. M., Meyer, I. H., & Hammack, P. L. (2015). Health and well-being in emerging adults' same-sex relationships: Critical questions and directions for research in developmental science. *Emerging Adulthood*, 3(1) 3-13. DOI: 10.1177/2167696814535915

11. Calabrese, S.K., Meyer, I.H., Overstreet, N.M., Haile, R., & Hansen, N.B. (2015). Discrimination and mental health among Black sexual minority women: Race- and gender based disparities within the sexual minority community. *Psychology or Women Quarterly, 287 – 304.*

12. Meyer, I.H. (2014). Minority stress and positive psychology: Convergences and divergences to understanding LGBT health. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 348-349. http://dx.doi.org/10.1037/sgd0000070

13. Martos, A., Nezhad, S., & Meyer, I.H. (2014). Variations in Sexual Identity Milestones Among Lesbians, Gay Men and Bisexuals. *Sexuality Research and Social Policy.*

14. Borders, A., Guillén, L.A., Meyer, I.H. (2014). Rumination, Sexual Orientation Uncertainty, and Psychological Distress in Sexual Minority University Students. *The Counseling Psychologist, 42*, 497-523.

15. Meyer, I.H., Teylan, M., & Schwartz, S. (2014). The Role of Help-Seeking in Preventing Suicide Attempts Among Lesbians, Gay Men, and Bisexuals. *Suicide and Life-Threatening Behavior* (2014): doi:10.1111/sltb.12104.

16. Stemple, L. & Meyer, I.H. (2014). The Sexual Victimization of Men in America: New Data Challenge Old Assumptions. *American Journal of Public Health,* online before publication.

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18. Cook, Jonathan E, Valerie Purdie-Vaughns, Ilan H Meyer, and Justin T A Busch. "Intervening Within and Across Levels: A Multilevel Approach to Stigma and Public Health." *Social Science & Medicine* 103 (2014): doi:10.1016/j.socscimed.2013.09.023.

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OTHER

2009 Interview with Dr. Van Nuys
http://www.mentalhelp.net/poc/view_index.php?idx=119&w=9 or

http://tinyurl.com/br6ojl

Exhibit B

ILAN H. MEYER, PH.D.
EXHIBIT B: DOCUMENTS PROVIDED BY COUNSEL TO THE PLAINTIFFS

1. FIRST AMENDED COMPLAINT PURSUANT TO FED. R. CIV. P. 15(a)(1)(B) FOR CRIME AGAINST HUMANITY OF PERSECUTION, DEMAND FOR JURY TRIAL, Civil Action 3:12-CV-30051 (MAP). Filed July 13, 2012

2. Videotape deposition of RICHARD LUSIMBO, taken by Defendants, pursuant to notice, held at the offices of DORSEY & WHITNEY, LLP, 51 West 52nd Street, New York, New York 10019, before Elizabeth Willeski, RPR, of Capital Reporting Company, a Notary Public in and of the State of New York.
Date: Thursday, June 25, 2015; Time: 10:11 a.m.

3. Videotape deposition of FRANK MUGISHA, taken by Defendants, pursuant to notice, held at the offices of DORSEY & WHITNEY, LLP, 51 West 52nd Street, New York, New York 10019, before Elizabeth Willeski, RPR, of Capital Reporting Company, a Notary Public in and of the State of New York.
Date: Monday, June 22, 2015; Time: 10:03 a.m.

4. Email from Gina Spiegelman on October 17, 2014. List of facts disclosed to opposing counsel in response to interrogatories.

Exhibit C

ILAN H. MEYER, PH.D.
EXHIBIT C: LIST OF REFERENCES

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PLOS ONE

RESEARCH ARTICLE

Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample

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Abstract

During the past 50 years, there have been marked improvement in the social and legal environment of sexual minorities in the United States. Minority stress theory predicts that health of sexual minorities is predicated on the social environment. As the social environment improves, exposure to stress would decline and health outcomes would improve. We assessed how stress, identity, connectedness with the LGBT community, and psychological distress and suicide behavior varied across three distinct cohorts of sexual minority people in the United States. Using a national probability sample recruited in 2016 and 2017, we assessed three a priori defined cohorts of sexual minorities we labeled the *pride* (born 1956–1963), *visibility* (born 1974–1981), and *equality* (born 1990–1997) cohorts. We found significant and impressive cohort differences in coming out milestones, with members of the younger cohort coming out much earlier than members of the two older cohorts. But we found no signs that the improved social environment attenuated their exposure to minority stressors—both distal stressors, such as violence and discrimination, and proximal stressors, such as internalized homophobia and expectations of rejection. Psychological distress and suicide behavior also were not improved, and indeed were worse for the younger than the older cohorts. These findings suggest that changes in the social environment had limited impact on stress processes and mental health for sexual minority people. They speak to the endurance of cultural ideologies such as homophobia and heterosexism and accompanying rejection of and violence toward sexual minorities.

Introduction

For decades, researchers have demonstrated that sexual minority people experience disparities in multiple indicators of mental health and physical health when compared to nonsexual minority populations [1]. Minority stress theory has been a primary causal model explaining these health disparities. Minority stress builds on social and psychological theories about

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stigma and prejudice, social structures and health, and stress [2]. It describes how stressors that stem from prejudice and stigma, along with resilience resources (e.g., social support, community connectedness), affect the health of sexual and gender minority people [2–6].

Minority stress theory starts with the observation that stressors are not distributed randomly in society but are tied to social positions and social processes [7,8]. The basic premise of the theory is that all other things being equal (e.g., race and ethnicity, social class, gender), prejudice toward sexual minorities predisposes them to excess stress as compared with their heterosexual counterparts. In turn, this excess stress increases the risk of negative outcomes caused by stress and contributes to health disparities [2,9].

By its basic premise, minority stress is understood in social context: It is a social theory of stress and health. Therefore, we would expect that as social context shifts, so would experiences of minority stress and resultant health outcomes. Thus, if prejudice toward sexual minority people declined, minority stress and in turn, health disparities would decline. Indeed, during the past 50 years, there have been marked changes in the social environment of sexual minorities in the United States (and other societies). Younger cohorts of sexual minority people have been living in a world that in many ways was not imaginable to older cohorts of sexual minority people when they were young [10,11]. In this study, we tested the proposition that in the context of increasing societal acceptance and cultural inclusion of sexual minority people, younger cohorts of sexual minorities fare better than older cohorts in terms of exposure to stress and health.

Shifting social environment for sexual minority people

One of the most consistently used measures related to attitudes toward sexual minorities is a question in the General Social Survey that has been asked since the 1970s. Data have shown that between 1973 and 2010, the proportion of Americans who said that homosexuality is "always wrong" declined from 70% to 43% [12]; by 2014, that proportion declined to 40% [13]. Attitudes toward same-sex marriage also show similar trends. In 1996, 27% of Americans said they thought "same-sex couples should be recognized by the law as valid, with the same rights as traditional marriages". By 2015, the year the U.S. Supreme Court recognized same-sex marriage as constitutionally mandated, the proportion of Americans saying that marriage for same-sex couples should be valid had grown to 60% [14]. By 2018, public support for marriage for same-sex couples had grown to 67%, defying expectations that the court's decision would lead to a backlash against same-sex marriages [14].

Other shifts in the social environment are even more pronounced. During the past 50 years, homosexuality was reconceptualized from a mental illness, as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I and II) in 1952 and 1968, to a normal variation of human sexual behavior, as it has been understood since the declassification of homosexuality as a mental disorder in 1973 [15–17].

In law, in 2003, the Supreme Court declared sodomy laws unconstitutional in *Lawrence v. Texas*, reversing a decision to affirm the constitutionality of sodomy laws just 17 years earlier (*Bowers v. Hardwick*, 1986). Today, more than 58% of the sexual minority population in the United States live in areas that are defined as fair or better because of the existence of state laws that protect sexual minority people, such as nondiscrimination statutes protecting sexual minority people from unfair treatment in employment and housing and the absence of laws that marginalize sexual minority people, such as laws that restrict child welfare or medical services to sexual minority people based on the provider's religious objection [18].

Together, these changes have led to markedly different social environments for sexual minority people who came of age in the past 50 years. A person who came of age immediately

after Stonewall—the 1969 New York City uprising that dramatically increased visibility of the modern gay rights movement [19]—grew up at a time when homosexuality was criminalized, considered a mental disorder, and rejected by most Americans. Sexual minority people who came of age in the 2000s can plan on getting married and having children. Younger cohorts of sexual minority people can imagine themselves as accepted by family and community. In high school, they may have had an opportunity to join with other sexual minority youth and allies in school activities (e.g., gender and sexuality alliances) [20]. With the availability of the internet, they can find resources online, no matter how far they are from a major urban center, where most LGBT resources concentrated in the past, if they were available at all. In national media (films, TV shows, newspaper and magazine articles), a sexual minority person who came of age after 2000 can see positive role models and a positive portrayal of life for sexual minorities.

Of course, this is an optimistic, perhaps idyllic, portrayal of the lives of young sexual minority people in the United States. In the context of rapid social change, the experiences of sexual minority people vary significantly based on their social or geopolitical setting. Although the Movement Advancement Project identified 58% of the sexual minority population as residing in a fair to positive policy environment, 42% of sexual minority people live in states defined as having a poor social environment by these measures, and 29 states still do not prohibit discrimination based on sexual orientation [21]. Recent studies showed that in the years before federal marriage equality (2015), state ballot initiatives to limit marriage were linked to the health and well-being of sexual minority adults [22–25] and homophobic bullying for school-aged students [26].

Regardless of the political climate, for many sexual minority youth, acceptance at home, in school, and in religious communities is still unattainable [27]. Additionally, studies have shown that even after equal marriage was passed, minority stressors still persist for same-sex couples, particularly in the familial domain [28–30].

Has minority stress changed in the past few decades?

The life course of sexual minority people is characterized by some transitions that are distinct, such as awareness of sexual minority identity (e.g., lesbian, gay, bisexual, queer) and coming out, as well as normative life transitions, such as establishing healthy adult relationships, completing education, and beginning employment [31,32]. Because of the vast changes in the status of sexual minority people in our society during the past 50 years, each recent cohort of sexual minority people has faced a different environment in terms of legal status, community attitudes, health context, and parental and familial acceptance [33,34].

These contextual factors likely create divergent experiences for sexual minorities, but we know little about their impact on minority stress and health. We do not know how minority stress has been experienced by different cohorts of sexual minority people, but it is reasonable to expect that exposure to minority stress would have declined among younger sexual minority people [35,36]. Thus, we would expect that today, sexual minority people are less likely to be fired from a job because of their sexual orientation than they were in the 1970s, not only because it is illegal in many regions—in June 2020, the Supreme Court declared employment discrimination of sexual and gender minorities unconstitutional across the United States—but also because of greater social acceptance of sexual minority people. Similarly, sexual minority people in older cohorts often experienced rejection from family members, which has possibly declined for younger sexual minority people today.

By extension, internalizing, or proximal, minority stressors, such as internalized homophobia—a minority stressor that is a significant predictor of adverse health and well-being [37]—

should be lower for younger sexual minority people if they experience more affirming and less rejecting attitudes then their older peers had experienced as youth. The same is true for expectations of rejection and discrimination and for concealing one's sexual minority identity [2]. Despite being a stressor in its own right, concealing one's sexual minority identity is often used as a protective mechanism, in an attempt to avoid rejection and violence. As the social environment improved, people might be less fearful of rejection and violence and therefore, have less of a need to conceal their sexual minority identity. Therefore, we asked: Have improved social attitudes and legal conditions led to significant differences in the experience of minority stress among members of cohorts of sexual minority people?

Distinct cohorts of sexual minority people related to changes in the social environment

To address this question and test the impact of the changing social environment on the lives of sexual minority people, we conceptualized three distinct cohorts of sexual minority people that correspond to significant social changes in the U.S. regarding law, policy, and culture.

One way to think about the social environment of sexual minority cohorts is to consider the discourse about sexual minorities at the time the cohort members were young teens. What would have been the main themes people learned about had they, at that young age, connected with the sexual minority discourse? Using this heuristic, we defined the age of 10 years old—considered a significant age for sexual development [38]—plus or minus 3 years, as a significant developmental period with which to define our cohort. We then identified significant historical events that characterized the social environment of sexual minority people since 1969 (the full list is available on the study website at www.generations-study.com) and lined them up historically against the lifeline of people beginning at age 10.

We identify three events as anchors that characterized three periods in the lives of sexual minorities: the Stonewall uprising (1969), the formation of ACT UP (1987), and the Massachusetts Supreme Court ruling that it was unconstitutional to deny marriage to same sex couples (2003). Around these events, we defined three distinct cohorts. Table 1 provides a sample of historical events that characterize each cohort.

We named each cohort to capture that cohort's essential characteristics. We described the first, older cohort (of people born 1956–1963), as the *pride* cohort. These individuals came of age at a time when homosexuality was considered a mental disorder and sodomy was illegal in many states. But sexual minority people in this era began early efforts to cultivate pride in their communities. It was an era when sexual minority (a "gay" identity) was born as a modern civil rights movement, with slogans such as "gay is good" and the first gay pride march [39].

We named the second cohort the *visibility* cohort (born 1974–1981). The main discourse when they were experiencing puberty was around the AIDS epidemic that particularly affected men who have sex with men but had a profound impact on the entire LGBT community [40]. Increasing visibility of sexual minorities portrayed them both as good, as caretakers of their own and activists, but also as bad—as victims of a disease they deserved. When gay and bisexual men of this cohort became sexually active in the 1990s and 2000s, HIV/AIDS had already become an epidemic. This cohort of men benefited from better HIV prevention education and improved AIDS antiretroviral therapies. These therapies changed HIV from the death sentence it had been just a cohort before to a dreaded, but manageable, disease [40]. One of the hallmarks of this period was a significant strengthening of LGBT institutions including political activist organizations, community health centers, and other community development [41]. Among many milestones, this period saw the establishment of an LGBT high school in New

Table 1. Historical context for the definition of three cohorts of sexual minorities in the United States.

Pride Cohort Born 1956–1963		Visibility Cohort Born 1974–1981		Equality Cohort Born 1990–1997	
1967	First officially recognized gay and lesbian campus group is formed: Student Homophile League, Columbia University	1985	Names Project memorial quilt for AIDS victims launches	2002	Nevada voters approve constitutional amendment defining marriage between man and woman
1967	*The Advocate* begins publishing	1985	First school for openly gay and lesbian teens opens in NYC (Harvey Milk School)	2003	Massachusetts Supreme Court rules it unconstitutional to deny marriage to same sex couples
1967	First U.S. gay bookstore opens: Oscar Wilde Memorial Bookshop, Greenwich Village	1985	Artificial insemination becomes available to unmarried women (start of the lesbian "baby boom")	2003	U.S. Supreme Court strikes down remaining sodomy laws (*Lawrence v. Texas*)
1968	APA moves homosexuality from "sociopathic" category to "sexual deviation"	1985	Rock Hudson comes out, admits he has AIDS	2003	Reuben Zellman becomes first openly transgender person accepted to Hebrew Union College–Jewish Institute of Religion
1969	Stonewall Inn Riots occur	1986	US Supreme Court rejects challenge to state sodomy laws, rules sodomy laws are constitutional	2004	Maine legalizes same-sex partnerships
1969	President Richard Nixon takes office	1987	ACT UP forms	2004	New Jersey legalizes same-sex partnerships
1969	Lesbian concerns are introduced into the National Organization for Women	1987	2nd National March on Washington occurs, Names Project quilt is shown	2004	President George W. Bush calls for constitutional amendment defining marriage between man and woman
1969	Evelyn Hooker (NIMH study) urges decriminalization of private sex acts between consenting adults	1988	National Coming Out Day launches	2004	Constitutional amendments defining marriage between man and woman pass in Missouri, Louisiana, Arkansas, Georgia, Kentucky, Mississippi, Montana, North Dakota, Ohio, Oklahoma, Oregon, and Utah
1970	First gay pride parade is held in New York	1988	City College of San Francisco approves creation of the first gay and lesbian studies department in the United States	2004	*The L Word* premieres on television
1970	Gay "zaps" begin, first against NYC Mayor John Lindsay	1990	First National Bisexual Conference is held in San Francisco	2005	Constitutional amendment defining marriage between man and woman passes in Texas and Kansas
1970	Unitarian Universalist Association becomes first US mainstream religious group to recognize LGB clergy and laity in its ranks and demands an end to antigay discrimination	1990	Federal Hate Crimes Statistics Act passes; first law extending federal recognition to gays and lesbians	2006	Kim Coco Iwamoto becomes first transgender official to win statewide office in Hawaii
1970	Vatican issues statement reiterating that homosexuality is a moral aberration	1990	US restriction against gay immigrants is lifted	2006	Constitutional amendment defining marriage between man and woman passes in Alabama, Colorado, Idaho, South Carolina, South Dakota, Tennessee, Virginia, and Wisconsin
1970	"Lavender Menace" protest occurs at a feminist conference, urging National Organization for Women to change its stance on lesbianism.	1990	BiNet USA and Queer Nation are founded as national LGBT activist organizations	2007	Candis Cayne plays Carmelita Rainer, a trans woman having an affair with New York attorney in *Dirty Sexy Money* (recurring trans character)
1971	University of Michigan establishes the first collegiate LGBT programs office, then known as the "Gay Advocate's Office"	1990	Union for Reform Judaism announces national policy: "All Jews are religiously equal regardless of their sexual orientation"	2008	George Takei (*Star Trek*) marries Brad Altman
1972	First gay and lesbian delegates are sent to the Democratic Convention	1991	First Black Lesbian and Gay Pride celebration is held in Washington, DC	2008	Oregon legalizes same-sex partnerships
1972	East Lansing, MI becomes first city to ban antigay bias in hiring	1991	Amnesty International decides to work on behalf of those imprisoned for consensual same-sex acts	2008	Connecticut legalizes same-sex marriage
1972	Washington Supreme Court rules that teachers can be fired for being homosexual (review is denied by U.S. Supreme Court in 1977)	1991	Red ribbon is first used as a symbol of the campaign against HIV/AIDS	2008	California Proposition 8 passes (voters approve constitutional amendment defining marriage between man and woman)
1973	APA removes homosexuality from list of mental illnesses	1991	Three same-sex couples file suit seeking right to marry in Hawaii	2008	Constitutional amendment defining marriage between man and woman passes in Arizona and Florida
1974	Lesbian Herstory Archives open to public	1991	First lesbian kiss on television occurs (*L.A. Law*)	2008	Ellen DeGeneres marries Portia de Rossi

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York City, the National March on Washington, and the first gay and lesbian studies department established in City College of San Francisco.

We named the youngest cohort the *equality* cohort (born 1990–1997). The discourse during the period of their teenage years had shifted to a discourse about the equality of sexual minorities and demands (and some successes) regarding their cultural inclusion. The discourse around equality was most resonant (and successful) around marriage equality. Members of this cohort witnessed reversal of the federal "Don't Ask, Don't Tell" policy that prohibited sexual minority military personnel to be open about their sexual identities and the invalidation of significant parts of the Defense of Marriage Act by the Supreme Court. Also, significantly, public attitudes in the United States changed to reflect more positive views of homosexuality [42,43]. Thus, sexual minority people in the equality cohort grew up in a less prejudicial society as compared with the older cohorts.

Using a probability sample of sexual minorities in the United States, we asked: How do these three cohorts differ in levels of minority stress experiences, their association with LGBT community, and mental health outcomes like distress and suicidality? Answering these questions is significant to understanding the causes of health disparities, developing public health and policy interventions, and improving clinical interventions with sexual minority people across the life course.

Materials and methods

Sample

Data were collected as part of the Generations study, a 5-year study designed to examine health and well-being across three cohorts of sexual minority people. The Generations study used a two-phase recruitment procedure. In the first phase, utilizing a question asked of all Gallup respondents in the Daily Tracking Survey (see Measures), all LGBT individuals were identified. In the second phase, respondents who identified as LGBT were assessed for eligibility for participation in the Generations study, and those eligible were invited to participate in the survey [44].

The first phase was conducted by Gallup using a national probability sample of adults aged 18 or older. Gallup used a dual-frame sampling procedure, which included random-digit dialing to reach both landline and cellphone users. Gallup stratified the dialing list to ensure that the unweighted samples were proportionate by U.S. census region and time zone. Gallup weighted the data daily to compensate for disproportionalities in nonresponse and selection probabilities.

The second phase consisted of a self-administered survey. Respondents were eligible if they identified as cisgender or a gender nonbinary sexual minority; belonged to the three cohorts under investigation (aged 18–25, 34–41, or 52–59); were Black, Latino, or White; completed sixth grade at least; and spoke English well enough to conduct the phone interview in English. (Respondents who identified as transgender, regardless of their sexual orientation, were screened for participation in a related *TransPop* study).

Eligibility was limited to these age groups because the scientific focus concerned differences among age cohorts related to the social environment, as previously described. Eligibility was limited to the three larger racial and ethnic groups in the United States, as well as bi- or multiracial groups that included one of these, because estimates of recruitment showed that we would not be able to get a sufficient number of respondents who belonged to smaller racial and ethnic groups (i.e., Asian and Native American or Alaska Native). Eligibility was restricted to sixth grade or higher education to ensure reading comprehension for self-administration of the survey.

Eligible respondents who agreed to receive the Generations survey received a survey questionnaire by email or mail to complete by self-administration (via a web link or printed questionnaire, respectively). Respondents received a $25 gift certificate together with their survey materials. Prior to completing the survey, respondents reviewed the consent information. Respondents who received the survey electronically via email submitted the web survey online; respondents with mailed surveys returned the questionnaires using a provided preaddressed, prestamped envelope.

Recruitment lasted a year, between March 28, 2016, and March 30, 2017, with recruitment of 366,644 participants screened by Gallup. Of them, 3.5% identified as LGBT, and 3,525 met eligibility criteria. Of those eligible, 81% agreed to participate in the survey and of those, 48% completed the survey, for an overall cooperation rate of 39%. To increase the number of racial and ethnic minority respondents, we oversampled Black and Latino respondents using the same procedures by extending the recruitment period (April 1, 2017, to March 30, 2018). The final Generations baseline sample size was 1,518, including 1,331 from the original sample and 187 from the enhancement sample.

The study was approved by the IRBs of UCLA and Gallup. The UCLA IRB served as the lead IRB for collaborating universities. Respondents were anonymous to the investigators, information about respondents' identity was held by Gallup, which administered the survey. In lieu of signed consent, respondents received an information sheet that they had to accept prior to participating in the survey.

Measures

Sexual identity. In Phase 1, Gallup asked all respondents: "Do you, personally, identify as lesbian, gay, bisexual, or transgender?" with response options "yes, do" or "no, do not". Because this question includes both LGB and transgender people, we followed up with people who said "yes". To assess sexual minority status, respondents were asked, "Which of the following best describes your current sexual orientation?" with the response options, "straight/heterosexual", "lesbian", "gay", "bisexual", "queer", "same-gender loving", or "other"; if they answered that they were not heterosexual, they were considered a sexual minority person.

Gender identity. In Phase 2, respondents were also asked two questions to determine their gender identity: First, "On your original birth certificate, was your sex assigned as female or male?" with the response options of "female" or "male", and then, "Do you currently describe yourself as a man, woman, or transgender?" with the response options of "man", "woman", and "transgender". Respondents who said they were transgender were then asked, "Are you trans woman (male-to-female), trans man (female-to-male), or nonbinary or gender-queer". Respondents were classified as transgender if they said they were transgender in the second question or if their current gender identity (second question) was different than their sex assigned at birth (first question).

Coming out milestones. Respondents reported the age when they were first sexually attracted to a same-sex person, age of first sexual relationship, age of first intimate same-sex relationship, age when they first realized they were LGB, and age when they first told a family member that they were LGB.

Minority stressors. *Sexual orientation change effort*. Also referred to as conversion therapy, this measure was developed by the Generations investigators. Respondents were asked, "Did you ever receive treatment from someone who tried to change your sexual orientation (such as try to make you straight/heterosexual)". Responses coded as having ever received such treatment or not.

Victimization. These experiences were assessed using six items that asked whether the respondents experienced during their lifetime being physical and sexual assaulted, threatened with assault, and verbally abused [45]. Responses were dichotomized into "once or more" versus "never".

Everyday discrimination. This 9-item scale assesses common experiences of microaggression, including being disrespected, treated unfairly, and harassed over a year prior to the interview [46]. Responses were recorded on a 4-point Likert scale ranging from "often" to "never". The scale score was created as a mean score of each item within the scale. The resulting variable was reverse-coded so that lower values represented less everyday discrimination and higher values represented more everyday discrimination. Scale values ranged from 1 to 4 (Cronbach's alpha = .91).

Felt stigma. This 3-item scale developed by Herek [45] asks about respondents' expectations that they will be stigmatized by others in their community, asking whether "most people" where the respondent lives would think less of or be less likely to hire someone who is openly LGB. Responses were recorded on a 5-point Likert scale ranging from "strongly disagree" to "strongly agree", with a middle category of "neither agree nor disagree". Lower values represented less felt stigma and higher values represented greater felt stigma. Scale values ranged from 1 to 5 (Cronbach's alpha = .70).

Internalized homophobia (revised). This 5-item scale assesses the respondent's feelings about being a sexual minority, including whether the respondent tried to stop being attracted to people of the same sex, felt that being sexual minority is a shortcoming, or sought professional help to change their sexual orientation to become straight [47]. Responses were recorded on a 5-point Likert scale ranging from "strongly disagree" to "strongly agree". The scale score was created as a mean score of each items in the scale. Lower values represented less internalized homophobia and higher values represented greater internalized homophobia. Scale values ranged from 1 to 5 (Cronbach's alpha = .75).

Mental health indicators. *Psychological distress*. This 6-item scale asks how often, in the past 30 days, respondents felt "nervous", "hopeless", "restless or fidgety", "so depressed that nothing could cheer you up", "that everything was an effort", and "worthless" [48]. Responses were recorded on a 5-point scale ranging from "all of the time" to "none of the time" (Cronbach's alpha = .89).

Suicide attempt. This was assessed with the Army Study to Assess Risk and Resilience in Service Members instrument [49]. Respondents answered "yes" or "no" to a series of questions including, "Did you ever make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?"

Identity and LGBT community affiliation. *Connection with the LGBT community*. This 7-item scale, adapted from the 8-item scale described by Frost and Meyer [50], assesses the desire for and strength of LGBT community affiliation among respondents. Scale items include "You feel you're a part of the LGBT community" and "You are proud of the LGBT community". Responses were recorded on a 4-point Likert scale ranging from "agree strongly" to "disagree strongly". The scale variable was created as a mean score of each item in the scale. The final scale was reverse-coded so that lower scores represented lower community connectedness, whereas higher scores represented greater community connectedness. Scale values ranged from 1 to 4 (Cronbach's alpha = .86).

Sexual identity centrality. This 5-item subscale from Mohr and Kendra's [51] 27-item Lesbian, Gay, and Bisexual Identity Scale assesses the degree to which respondents' sexual identities were central to their overall identities. Scale items include "My sexual orientation is an insignificant part of who I am" and "Being an LGB person is a very important aspect of my life". Responses were recorded on a 6-point Likert scale ranging from "disagree strongly" to

"agree strongly". The scale score was created as a mean score of each item in the scale. Lower values represented lower centrality and higher values represented greater centrality. Scale values range from 1 to 6 (Cronbach's alpha = .81).

Statistical analyses

We used descriptive statistics to describe demographic characteristics of the sample (Table 2). We calculated point estimates and 95% confidence intervals to assess differences among the cohorts in lieu of significance testing because we did not pose specific hypotheses regarding the demographics of the cohorts. In Table 3, we reported differences among the cohorts in eight categorical and six continuous outcome measures. For the eight categorical variables, we present point prevalence estimates and 95% confidence intervals weighted for the sampled population. We assessed differences among the cohorts using odds ratios (OR) and 95%

Table 2. Select demographic characteristics in generations study by cohort, estimated population percentage and 95% confidence interval (*N* = 1,518).

	Total Sample	Equality Cohort (ages 18–25)	Visibility Cohort (ages 34–41)	Pride Cohort (ages 52–59)
	(*N* = 1,518)	(*n* = 670)	(*n* = 372)	(*n* = 476)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Gender				
Woman	55.01 (51.90, 58.07)	59.02 (54.69, 63.22)	55.95 (49.87, 61.86)	39.61 (34.70, 44.73)
Man	37.58 (34.70, 40.56)	31.15 (27.38, 35.20)	40.53 (34.74, 46.59)	56.88 (51.71, 61.89)
Gender nonbinary	7.41 (5.85, 9.35)	9.82 (7.45, 12.84)	3.52 (2.15, 5.72)	3.52 (2.01, 6.09)
Sexual identity				
Straight	1.32 (0.67, 2.60)	1.22 (0.48, 3.09)	2.04 (0.61, 6.60)	0.82 (0.18, 3.677)
Lesbian	17.26 (15.05, 19.71)	14.54 (11.66, 17.98)	17.46 (13.17, 22.79)	26.65 (22.39, 31.39)
Gay	29.03 (26.42, 31.79)	21.47 (18.16, 25.19)	31.76 (26.60, 37.41)	52.60 (47.43, 57.71)
Bisexual	40.02 (36.91, 43.22)	47.4 (43.01, 51.83)	39.29 (33.36, 45.55)	14.70 (11.37, 18.81)
Queer	5.72 (4.51, 7.23)	7.05 (5.30, 9.33)	5.92 (3.84, 9.02)	0.77 (0.30, 1.98)
Same-gender loving	1.17 (0.74, 1.83)	0.49 (0.16, 1.45)	1.41 (0.63, 3.10)	3.29 (1.82, 5.86)
Asexual	1.66 (0.95, 2.87)	2.44 (1.35, 4.40)	0.48 (0.11, 2.10)	0.23 (0.04, 1.85)
Pansexual	3.32 (2.35, 4.67)	4.819 (3.32, 6.95)	1.65 (0.75, 3.60)	0
Anti-label	0.23 (0.06, 0.83)	0.23 (0.03, 1.60)	0	0.50 (0.14, 1.72)
Something else	0.28 (0.08, 0.94)	0.34 (0.07, 1.56)	0	0.42 (0.09, 1.93)
Education				
High school or less	42.51 (39.23, 45.85)	54.59 (50.32, 58.80)	23.51 (17.54, 30.77)	22.38 (17.57, 28.07)
Race and ethnicity				
White	62.22 (59.15, 65.20)	56.59 (52.22, 60.85)	65.15 (59.24, 70.63)	78.69 (73.92, 82.79)
Black	16.52 (14.37, 18.93)	17.75 (14.76, 21.2)	18.02 (13.89, 23.05)	10.36 (7.44, 14.25)
Latino	21.26 (18.81, 23.94)	25.66 (22.10, 29.58)	16.83 (12.89, 21.66)	10.95 (8.01, 14.81)
Urbanicity				
Urban	87.28 (84.95, 89.29)	86.74 (83.36, 89.52)	88.46 (83.61, 92.01)	87.77 (84.04, 90.72)
Region				
Northeast	18.97 (16.68, 21.50)	16.95 (13.95, 20.44)	22.63 (17.89, 28.19)	21.76 (17.64, 26.53)
Midwest	20.09 (17.60, 22.82)	20.57 (17.18, 24.42)	21.88 (16.78, 28.00)	16.23 (12.85, 20.30)
South	34.64 (31.69, 37.71)	37.08 (32.90, 41.45)	29.11 (23.98, 34.84)	32.62 (28.03, 37.58)
West	26.30 (23.69, 29.10)	25.40 (21.79, 29.40)	26.38 (21.63, 31.76)	29.39 (24.92, 34.29)
Unemployed	8.30 (6.46, 10.60)	10.67 (8.00, 14.08)	6.15 (3.27, 11.28)	2.67 (1.32, 5.33)
Poverty (200% poverty level or worse)	41.64 (38.48, 44.88)	48.05 (43.61, 52.52)	36.17 (30.10, 42.72)	25.41 (20.86, 30.57)
Own home	25.68 (23.26, 28.25)	11.91 (9.26, 15.20)	34.08 (28.88, 39.70)	64.24 (58.96, 69.20)

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Table 3. Exposure to minority stressors, sexual orientation affiliation, and mental health outcomes by cohort (N = 1,518).

	Cohort 1 (Equality)	Cohort 2 (Visibility)	Cohort 3 (Pride)	Cohorts 1 vs. 2	Cohorts 1 vs. 3	Cohorts 2 vs. 3
	% (95% CI)	% (95% CI)	% (95% CI)	*OR* (95% CI)	*OR* (95% CI)	*OR* (95% CI)
Categorical variables						
Sexual orientation change effort (lifetime)	6.15 (4.32, 8.67)	8.30 (5.37, 12.62)	7.79 (5.33, 11.25)	0.98 (0.94, 1.02)	0.98 (0.95, 1.02)	1.01 (0.96, 1.05)
Hit, beaten, physically attacked, sexually assaulted since age 18 (once or more)	37.33 (33.13, 41.74)	51.51 (45.36, 57.61)	42.85 (37.77, 48.09)	0.87 (0.81, 0.94)	0.95 (0.89, 1.01)	1.09 (1.01, 1.18)
Robbed or property was stolen, vandalized, or purposely damaged since age 18 (once or more)	28.90 (25.07, 33.05)	55.20 (48.99, 61.26)	64.90 (59.77, 69.70)	0.77 (0.71, 0.83)	0.70 (0.66, 0.74)	0.91 (0.84, 0.98)
Someone tried to attack you, rob you, or damage your property, both didn't succeed since age 18 (once or more)	17.56 (14.37, 21.28)	29.00 (23.69, 34.97)	30.67 (25.94, 35.85)	0.89 (0.84, 0.95)	0.88 (0.83, 0.93)	0.98 (0.91, 1.06)
Someone threatened you with violence since age 18 (once or more)	46.08 (41.69, 50.53)	61.38 (55.37, 67.06)	55.59 (50.39, 60.68)	0.86 (0.80, 0.92)	0.91 (0.85, 0.97)	1.06 (0.98, 1.15)
Someone verbally insulted or abused you since age 18 (once or more)	72.14 (68.02, 75.92)	80.74 (75.62, 84.99)	77.78 (73.26, 81.73)	0.92 (0.86, 0.98)	0.95 (0.89, 1.00)	1.03 (0.97, 1.10)
Someone threw an object at you since age 18 (once or more)	34.55 (30.44, 38.91)	51.79 (45.67, 57.86)	41.88 (36.79, 47.14)	0.84 (0.78, 0.91)	0.93 (0.87, 0.99)	1.10 (1.02, 1.20)
Suicide attempt (lifetime)	30.45 (26.49, 34.72)	24.29 (19.48, 29.84)	21.01 (16.90, 25.81)	1.06 (0.99, 1.14)	1.10 (1.03, 1.17)	1.03 (0.97, 1.11)
Continuous variables	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*F*	*F*	*F*
Everyday discrimination	2.152 (0.033)	2.001 (0.048)	1.638 (0.032)	6.86**	128.32***	40.23***
Felt stigma	2.718 (0.042)	2.693 (0.054)	2.699 (0.051)	0.14	0.08	0.01
Internalized homophobia	1.707 (0.032)	1.649 (0.050)	1.514 (0.034)	0.96	17.22***	4.99*
Connection with the LGBT community	3.034 (0.026)	2.860 (0.044)	2.916 (0.029)	11.67**	9.32**	1.14
Sexual identity centrality	3.932 (0.047)	3.808 (0.076)	4.019 (0.060)	1.93	1.29	4.75*
Psychological distress	10.176 (0.241)	7.669 (0.372)	5.364 (0.257)	32.03***	186.45***	25.96***

Note. Results presented used analysis for weighted survey research; CI = confidence interval, OR = odds ratio, SD = standard deviation.

*$p < .05$.

**$p < .01$.

***$p < .001$.

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confidence intervals. For the six continuous variables, we present means and standard deviations and tested differences among the cohorts using the *F*-test and indicate *p*-values less than .05.

Results

In Table 2, we show demographic characteristics of the total sample and the three cohorts. Results show that more people in the younger equality cohort than the two older cohorts were gender nonbinary and more people in the older pride cohort were men. Younger cohort people were also more likely to use terms other than lesbian, gay, and bisexual to identify themselves (including queer and pansexual). As expected, younger people had lower education levels, were more likely to be unemployed and poor, and less likely to own a home than older people. Older people were also more likely than members of the two younger cohorts to be White.

Coming out milestones

Fig 1 shows ages at milestones related to same-gender attraction, behavior, identity, and disclosure by cohort. The figure shows that age when first sexually attracted to a person of the same

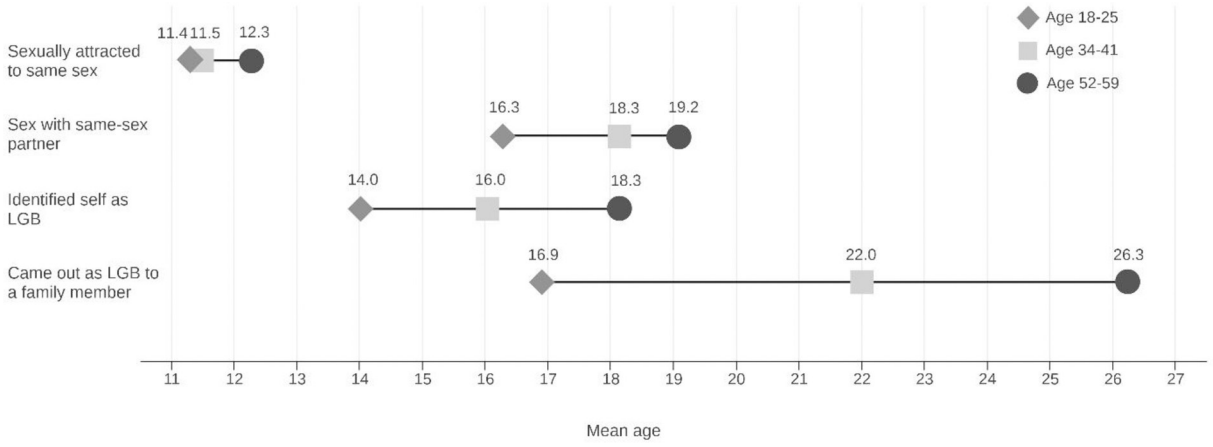

Fig 1. Ages at milestones related to LGB attraction, behavior, identity, and disclosure by age cohort, (N = 1,518).

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gender was about the same across the cohorts (M = 11.6 years, SE = 0.15, Wald test F = 2.11, p = .12). But there were significant age differences for every other milestone, with the younger cohort of LGB people having earlier onset of a sexual relationship, realizing they were LGB, and telling a family member they were LGB (F = 21.77, $p < .001$; F = 45.83, $p < .001$; F = 195.35, $p < .001$, respectively).

Minority stressors

In Table 3, we show differences and similarities among cohorts in exposure to minority stressors, community affiliation, and mental health indicators. There were small, nonsignificant differences in the proportions of people who had been subjected to sexual orientation change effort in their lifetime across cohorts, with about 6% to 8% of all sexual minority people experiencing sexual orientation change effort and ORs indicating statistical nonsignificance, hovering around 1.

In terms of lifetime experiences of victimization (since age 18), we found that more sexual minorities in the older or middle cohorts than in the younger cohort reported having been hit, beaten, physically attacked, or sexually assaulted (F = 8.27, $p < .001$), with statistically significant differences between the younger and middle cohorts but not the younger and older cohorts or the middle and older cohorts. Results were significant for having been robbed or having had property stolen, vandalized, or purposely damaged, with all cohorts significantly different from one another, showing that the younger cohort had less exposure than the middle and older cohorts and the middle cohort had less exposure than the older cohort. The rest of the victimization items in Table 3—attempted robbery, having been threatened with violence, having been verbally insulted or abused, and having had an object thrown at—all had similar patterns, with statistically significant differences between the younger and middle and younger and older cohorts, showing that the younger cohort had less exposure than the middle and older cohorts; however, the differences between the middle and older cohorts were not statistically significant. (The difference between the younger and older cohorts for having been verbally insulted or abused was in the same direction but marginal in significance).

Sexual minority people in the younger cohort had experienced more everyday discrimination than sexual minority people in the middle and older cohorts, with the middle cohort having intermediate levels of everyday discrimination. In terms of internalized homophobia, the younger cohort did not differ from the middle cohort, but both the younger and middle

cohorts had higher levels of internalized homophobia than the older cohort. The three cohorts did not differ in level of felt stigma (i.e., expectations of rejection and discrimination).

Identity centrality and affiliation with the LGBT community

We assessed similarities and differences among the three cohorts in centrality of minority sexual identity and connection with LGBT community. On both measures, the mean scores were similar across the cohorts, but young cohort members reported the highest levels on both scales. The difference was significant for connection with the LGBT community between the younger and middle cohorts and the younger and older cohorts, but not between the middle and older cohorts. The difference in identity centrality of sexual orientation identity was significant only between the middle and older cohorts, with the older cohort having a slightly higher mean score on the scale (Table 2).

Psychological distress and suicide

When it comes to psychological distress, members of the younger cohort reported higher levels of distress than both the middle and older cohorts, and the middle cohort reported a higher level of distress than the older cohort.

Regarding lifetime suicide attempts, 30% of the younger cohort, 24% of the middle cohort, and 21% of the older cohort reported at least one suicide attempt (only the difference between the younger and older cohorts was statistically significant).

Discussion

We started this project with the hypothesis that younger cohorts of sexual minority people would fare better than their older peers, who grew up in a more hostile social and legal environment than that of the younger cohorts. We found a strong cohort impact on the age of same-sex attraction milestones: Each successive cohort had earlier sexual identity milestone experiences of identifying as a sexual minority person, first sexual experience, and coming out. This likely indicates both greater comfort in coming out and shifting social norms around sexuality and youth. On one hand, these trends suggest that the younger cohorts reached developmental milestones related to their sexuality earlier than older cohorts, which is generally understood to be positive for adjustment. On the other hand, identifying and coming out as a sexual minority can confer risk, including greater exposure to minority stressors and victimization [52].

Indeed, contrary to our hypothesis, we found little evidence that social and legal improvements during the past 50 years in the status of sexual minority people have altered the experiences of sexual minority people in terms of exposure to minority stressors and resultant adverse mental health outcomes. Most tellingly, younger sexual minority people did not have less psychological distress or fewer suicide attempts than older sexual minority people.

Regarding minority stress, we found that members of the younger cohort did not experience less minority stress than members of older cohorts. This was consistent across both distal minority stressors, which measure direct exposure to external conditions, such as antigay violence, and proximal stressors, which measure how homophobia is internalized and learned. Members of the younger cohort did experience fewer of the victimization experiences we studied. But the measure of lifetime exposure to victimization presents a challenge. By their nature, lifetime measures would show higher prevalence among older people simply because they have more years in their lifetime and therefore, more opportunities for experiencing victimization. It this context, it is notable that the younger sexual minority people experienced more extreme victimization in their shorter lifespan. More than 1 in 3 (37%) experienced being hit,

beaten, physically attacked, or sexually assaulted; almost half (46%) had someone threaten them with violence; and almost 3 in 4 (72%) were verbally insulted or abused. In terms of proximal minority stressors—internalized homophobia and felt stigma—we found members of the younger cohort recorded as high or higher levels of stress relative to their older counterparts.

Consistent with findings on the experience of minority stressors, we found high scores of psychological distress in the younger cohort. Although some research has suggested that this may be a general trend for younger adults to have higher levels of depressive symptoms, there appears to be a U-shaped relationship in the general population, with younger and older people exhibiting high levels of depressive symptoms measured by the same scale we used [53]. We found a clear disadvantage to the younger cohort that seems unique to sexual minority people. Research has also shown that no significant bias in reporting patterns to this scale could explain the pattern of our results [54]. We also found that 30% of members of the younger cohort had attempted suicide. This is an alarming figure that was even higher than the high proportions of lifetime suicide attempts reported by the middle and older cohorts. By comparison, the proportion of young people aged 18–24 in the general population who have attempted suicide has been less than 4% [55].

Our findings are clearly inconsistent with the hypothesis. We started our hypothesis from a theoretical perspective that suggests that as social conditions improve, exposure to minority stressors and mental health problems would decrease. Our hypothesis was optimistic, but we were not blind to evidence to the contrary. As Russell and Fish [56] have shown, disparities by sexual identity have not been declining, but instead increasing. Most foretelling has been findings by the Centers for Disease Control and Prevention about exposure to stress among youth in high schools. Reports have consistently indicated that sexual minority youth experience significantly more stressful experiences than heterosexual youth and suffer significantly greater adverse health outcomes, including suicide ideation and attempts [57–60]. Our findings, thus, are consistent with studies that showed that minority stress and health disparities based on sexual orientation have not dissipated [56,61–64], despite the significant social and legal gains of the last decades.

Finally, contradicting writings about the declining significance of the LGBT community and sexual minority identity for the young cohort of sexual minority people, we found as high a sense of centrality of sexual minority identity and sense of connection with the LGBT community [35,36]. This is an important finding because it suggests that the LGBT community is still an important locale for connecting with LGBT identities, values that denounce homophobia, and role models for healthy sexual minority lives. As has been shown with older cohorts of sexual minorities, these are important resilience factors that allow sexual minority people to grow and overcome homophobia [2,65–69]. Connection with the LGBT community is also important for health information and the public health of LGBT communities, because resources serving sexual minorities have been organized under the LGBT banner for decades [70]. Studies have shown, for example, that gay and bisexual men who were connected to LGBT health resources were more likely than those who were not to use preexposure prophylaxis as HIV prevention [40]. However, this should not obscure the many challenges facing LGBT community organizers to overcome intracommunity rejection across race, social class, and other attributes [71].

There are many reasons why our hypothesis was not supported, and it is beyond our scope to explore these. Our approach was to examine cohort-wide patterns of change. In that, we may have missed the impact on specific segments of the populations. For example, we do not know whether White sexual minority people fared differently than ethnic minorities or how gender impacted the patterns we studied. This was, of course, purposeful because our theory was that the entire cohort would be affected by historical changes (even if not in equal ways).

Also, it is plausible that social conditions, looked at as broadly as we did, do not reveal many other influences on stress exposure and mental health outcomes. For example, even if the social environment improved overall, it may have not improved in all microenvironments. Furthermore, it is possible that even as the social environment improves, the lived experience of sexual minority people continues to be challenging [72]. For example, a gay or lesbian teenager may be more accepted now than their older cohort peers had been when they were teenagers, but they were still a minority in their high school, deprived of opportunities for developing intimate relations. Also, a "developmental collision" may occur as sexual minority identity disclosure at younger ages coincides with normative developmental processes associated with adolescence [56]. Although the larger social context may have improved in such a way that emboldens younger generations to be out, the normative developmental context of adolescence remains one in which conformity is prized. Compulsions to conform to gender and sexual norms that privilege heterosexuality may continue to characterize adolescence in the United States [73]. Future analysis could determine whether some segments of the population benefited more than others from the improved social conditions and how improved social conditions impact the lived experience of sexual minority people.

Study limitations

Our study was limited in several important ways that are relevant to drawing conclusions about cohort differences. First, our purpose was to provide an overview of the status of stress and health in three cohorts of sexual minority people at one point using cross-sectional data. Obviously, this one-time picture limits our ability to discuss historical differences and trajectories, but we interpret the results to suggest that they reflect the impact of historical changes in the status of sexual minority people in society. Our interpretation is based on theory and our a priori categorization of the three cohorts. Because we aimed to capture the impact of historical context, we erred by ignoring potential differences among members of any age cohort that could have affected variability in cohorts. We assessed differences among three cohorts of sexual minority people but not differences by gender, race and ethnicity, socioeconomic status, neighborhood context, etc. This is consistent with our hypothesis about cohort differences. Regardless of variability in each cohort, we tested the hypothesis that the younger cohort, as a whole, fared better than older cohorts because members of the young cohort, across all strata, enjoyed better social conditions than members of older cohorts.

Second, like all measures, our measures of stress, coping, and health were limited in that each measure has its limitations and represents only a portion of complex constructs. For example, we assessed depressive symptoms and suicide attempts as proxies for the construct of mental health. Nonetheless, we present a variety of stress measures that include victimization and everyday discrimination, internalized minority stressors (felt stigma and internalized homophobia), and generalized distress, which is associated with mental health and suicide attempts—a clear and serious outcome and significant gauge of sexual minority health. The two measures that represent resilience assessed connection with the community and centrality of identity—two important elements of coping with minority stress.

Third, cohort (and the historical periods of interest) and age were confounded. That is, there was no way to avoid the fact that respondents who came of age in more distant historical periods are also older than respondents who grew up in the context of recent and improved social conditions. Therefore, it is plausible that some differences that we observed resulted from developmental or age-related changes rather than the impact of the different historical social environments. For example, internalized homophobia typically is expected to decline with age, as a person comes to terms with their same-sex attraction and comes out [32]. Our

finding that internalized homophobia was higher in the younger than older cohort is consistent with that theory and could reflect the younger developmental stage of the younger cohort members. On the other hand, if social conditions have improved so greatly, we could have expected that internalized homophobia—which denotes rejection of oneself because of one's same-sex attraction and identity—would cease to be an issue for younger people altogether. That is definitely not the case. Our findings show that some younger people still struggle with self-acceptance. So, although we cannot say with certainty that there is no age effect, we certainly can say that internalized homophobia has not ended in young sexual minority people.

Conclusion

Our study has many strengths. It is the first probability sample to provide nationally representative statistics on the specific experiences of sexual minority people using measures that were tailored to this population (as compared with general population surveys that did not include sexual minority-specific measures). It is the also the first large-scale study with a design that allows for inferences about the relationships between key health outcomes and social context among sexual minority populations.

Few social issues have shifted as dramatically during a half-century as cultural attitudes and social policies affecting sexual minorities. In the span of 50 years since the Stonewall uprising, homosexuality was declassified as a mental illness and eventually decriminalized. The community endured a large-scale public health epidemic and successfully advocated for rights and recognition, including the right to marry and most recently, protection against employment discrimination. Given the marked changes in the social and political contexts in the United States and elsewhere, it is difficult to imagine a uniform experience of development for sexual minorities. Rather, we would expect to find variability across cohorts in critical aspects of development. The evidence of changes in identity development processes, including opportunities for self-labeling and the timing of milestones, is clear [73–77]. But analysis of stress exposure and mental health suggests little distinction in the experience of minority stress across cohorts, indicating no discernable improvement in minority stress and health of sexual minorities.

These findings indicate the extent to which changes in the social environment have been limited in their impact on stress processes and mental health for sexual minority people. They speak to the endurance of cultural ideologies such as homophobia and heterosexism accompanying rejection of and violence toward sexual minorities. They call our attention to the continued need to recognize threats to the health and well-being of sexual minority people across all ages and remind us that LGBT equality remains elusive [78].

Supporting information

S1 File.
(PDF)

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Volume 4

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UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

BEFORE THE HONORABLE VAUGHN R. WALKER

KRISTIN M. PERRY, SANDRA B. STIER, PAUL T. KATAMI, and JEFFREY J. ZARRILLO, Plaintiffs, VS. ARNOLD SCHWARZENEGGER, in his official capacity as Governor of California; EDMUND G. BROWN, JR., in his official capacity as Attorney General of California; MARK B. HORTON, in his official capacity as Director of the California Department of Public Health and State Registrar of Vital Statistics; LINETTE SCOTT, in her official capacity as Deputy Director of Health Information & Strategic Planning for the California Department of Public Health; PATRICK O'CONNELL, in his official capacity as Clerk-Recorder for the County of Alameda; and DEAN C. LOGAN, in his official capacity as Registrar-Recorder/County Clerk for the County of Los Angeles, Defendants.	NO. C 09-2292-VRW San Francisco, California Thursday January 14, 2010

TRANSCRIPT OF PROCEEDINGS

Reported By: *Katherine Powell Sullivan, CRR, CSR 5812*
Debra L. Pas, CRR, CSR 11916
Official Reporters - U.S. District Court

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P R O C E E D I N G S

JANUARY 14, 2010 **1:00 P.M.**

THE COURT: Mr. Boutrous, your next witness, please.

MR. DUSSEAULT: Your Honor, the plaintiffs call Dr. Ilan Meyer.

THE CLERK: Raise your right hand, please.

ILAN MEYER,

called as a witness for the Plaintiffs herein, having been first duly sworn, was examined and testified as follows:

THE WITNESS: I do.

THE CLERK: Thank you.

State your name, please.

THE WITNESS: Ilan Meyer.

THE CLERK: And spell your last name.

THE WITNESS: M-e-y-e-r.

THE CLERK: Your first name.

THE WITNESS: I-l-a-n.

THE CLERK: Thank you.

DIRECT EXAMINATION

BY MR. DUSSEAULT:

Q. Good afternoon, Dr. Meyer.

A. Good afternoon.

Q. I would like to start asking you a few questions about your educational background. Where did you receive your

undergraduate degree?

A. I received a B.A. from Tel Aviv University in Israel. I received a B.A. from Tel Aviv University, in psychology and special education.

Q. Do you have a master's degree?

A. Yes. I received a master's degree in psychology from the New School for Social Research in New York City.

Q. Did you do a predoctoral fellowship of any kind?

A. Yes. After the master's degree, I moved to a doctoral program at Columbia University. And during this program, I had a National Institute of Mental Health Fellowship in psychiatric epidemiology.

Q. What is psychiatric epidemiology?

A. Psychiatric epidemiology is the study of mental disorders. We are interested in patterns of mental disorders, causes of mental disorders, risks for mental disorders. Very much like epidemiology of infectious diseases, where we are looking at the infections, but this is concerning psychiatric disorders such as depression, anxiety, and so forth.

Q. Dr. Meyer, do you have a Ph.D.?

A. I do.

Q. From where did you receive it?

A. From Columbia University.

Q. When did you receive it?

A. In 1993.

Q. And in what field did you receive your Ph.D.?

A. The department where I got the Ph.D. is called Sociomedical Sciences. It's a department that brings together people from various social sciences and studying of public health problems or public health issues. In my case, mental disorders. But other people may study other types of disorders.

Q. And did you do a doctoral dissertation?

A. I did.

Q. What was the title of it?

A. The title of it was, "Prejudice and Pride. Minority Stress and Mental Health in Gay Men."

Q. Did it receive any awards?

A. It was chosen for distinction by the University, which is given to the top 10 percent of dissertations at the university, Columbia University.

Q. Did you do any postdoctoral fellowship?

A. I did. After finishing my Ph.D., I did three years of postdoctoral work. They were funded also by the National Institutes of Health, or NIH.

The first one was a two-year postdoctoral fellowship at City University of New York, the graduate center. And that was in health psychology.

The second one was at Memorial Sloan-Kettering. And that was in HIV, AIDS and psychiatry.

Q. Dr. Meyer, let's talk a bit about your employment. What's your current employment position?

A. I'm an associate professor at the Department of Sociomedical Sciences, the same department where I graduated. I'm also the executive chair for the department, in charge of our masters program, which has about a hundred students a year entering to this master's degree.

Q. This is at Columbia University?

A. Exactly.

Q. At the Mailman School of Public Health?

A. Yes.

Q. Do you chair any programs within your department?

A. Yes. Well, first, I co-chair what we call the steering committee for the school, entire school. That is the School of Public Health.

And the steering committee is a faculty committee that represents the academic and other issues that the faculty has, in terms of the direction of the school and in terms of programs and so forth. So we -- so I'm a co-chair of that committee.

I also chair the departmental committee on M.P.H., master's of public health degree. As I said, I'm in charge of that program.

I'm also involved or sit in our curriculum committee, which is the committee that determines what the students should

learn in terms of receiving their degrees.

I probably have some other committees that I am on. That's quite a bit of --

Q. That's a good start. Thank you.

What year did you join the faculty of Columbia University?

A. My first appointment, in '94. But that was while I was still doing my postdoctoral degree. But I think my full-time appointment is in '96.

Q. And you've been there consistently?

A. Yes.

Q. Let's talk a little bit about what you do professionally. Has your professional -- let me step back.

It's been close to 20 years since you got your doctorate?

A. It is.

Q. Has the professional work you've done over that period focused on any particular topics?

A. Yes. My area of study I would define as social epidemiology. The terms that are maybe not that self-explanatory, but if I had to explain it, I study the relationship between social issues, social factors in our -- the structure of our society, and the way things happen in our society, and health patterns, health outcomes. And, specifically, mental health outcomes.

Q. And that's within the field of social epidemiology?

A. That's within the field, I guess, of psychiatric epidemiology. And social epidemiology would be one approach within that field.

THE COURT: Let me see if I have that. Your area of study is the relationship of social structures and mental health outcomes?

THE WITNESS: Yes, within psychiatric epidemiology, which more broadly discusses and studies patterns and causes of mental disorders.

THE COURT: Fine.

BY MR. DUSSEAULT:

Q. Dr. Meyer, could you please tell the Court, has your work focused on any particular groups of the population?

A. Yes. Most directly, I have been studying lesbian, gay, and bisexual populations within this area.

I have also studied other populations. I have studied African-Americans. I have studied other issues, such as asthma and HIV. But most of my work has been on lesbian, gay, bisexuals and mental health issues.

Q. Have you made any presentations at professional conferences in the course of your work?

A. Yes, I have made many presentations. I think most of them are listed in my CV, but maybe not all the major ones. I would say there were over 40 listed there.

Q. Okay. Have you received any research grants, sir?

A. Yes, I've received funding for my research. Currently, I'm a recipient of the Robert Wood Johnson's Foundation's Health Policy Investigator Award.

I've received, in the past, grants from the National Institutes of Health, and the National Library of Medicine, from New York State Department of Health, from private foundations, et cetera.

Q. Have you received any awards for your professional work?

A. I have.

Q. What are some of those?

A. Well, I guess, most recently, I received an award for distinguished scientific contribution from the American Psychological Association's Division 44, which is a division of the American Psychological Association that concerns gay, lesbian, and bisexual health.

Q. Have you been a reviewer or editor of any publications?

A. Many times. That's part of what we do. I've reviewed many manuscripts that were to be published and would -- would assess them for their value, and recommend to the editor about -- and critique the manuscripts, and so forth.

I've also been a guest editor on a couple of journals. A major one was when I was invited to guest edit the American Journal of Public Health, special issue on lesbian, gay, bisexual and transgender health.

This was the first issue that was published on the topic by the *American Journal of Public Health*, which is a very prestigious journal. It's been around for, I would say, close to a hundred years.

It was a very successful issue. It actually is the first issue that sold out, in the memory of anybody. Which is a very rare thing for a scientific journal.

Q. Not the highest circulation.

(Laughter)

A. No. After that, I edited or co-edited another journal. Again, this is a special issue of a journal, so the journal is published regularly. But I, in this case, edited a special issue of *American Journal of Public Health*.

And the second one was a journal that's called *Social Science in Medicine*. In that case, I co-edited with two colleagues a special issue that focused on prejudice and stigma, and their impact in public health, and different issues within public health of how we should think about prejudice and stigma.

Q. Have you edited any books, sir?

A. Yes. The I -- in part, because of the success of *American Journal of Public Health* issue, I was invited by editors in Springer Publication -- at the time it was *Clure* -- and they asked me to edit a book on lesbian, gay, bisexual and transgender public health issues, which I did with a co-editor

also.

Q. And have you written any articles?

A. Yes. I have written articles, both peer-reviewed articles and articles that were more of a commentary or editorial nature, and chapters, and so forth.

Q. Can you approximate how many articles you've written?

A. I think there are 44 peer-reviewed articles listed on my CV right now. And maybe 12 other types, commentaries, and so forth.

Q. Dr. Meyer, do you teach students as part of your position at Columbia?

A. Yes.

Q. What courses do you teach?

A. Currently, I teach three courses. Not at the same time, but there are three courses I currently teach. The first one is a course in research methodology, such as how to conduct surveys, and things like that.

The -- that's a required course for our students. There are also two seminars that I teach. One is called, "Prejudice, Stigma, and Discrimination as Social Stressors."

And that one is a course on gay and lesbian issues in public health.

Q. Dr. Meyer, you have a witness binder in front of you. If you could turn to the very last tab, which is Plaintiff's Exhibit No. 2328.

A. Yes.

Q. If you could take a look at that document.

A. That's my CV.

Q. That's your CV. That was my question.

MR. DUSSEAULT: Your Honor, plaintiffs would tender Dr. Ilan Meyer as an expert in public health, with a focus on social psychology and psychiatric epidemiology.

THE COURT: Voir dire?

MR. NIELSON: No objection to (inaudible).

THE COURT: No objection to him being qualified to offer his opinions?

MR. NIELSON: No objection to him being qualified as an expert (inaudible).

THE COURT: Very well.

MR. DUSSEAULT: And, Your Honor, with respect to the exhibits, to try and keep things efficient, what we have done is, counsel and I have agreed on a list of documents that will be admitted together.

I understand that list has been provided to you and to the clerk. And I'm happy to read them, if it would be better for you, but we could just agree -- I suspect it's not. We could agree that those documents will be admitted.

THE COURT: This is five pages.

MR. DUSSEAULT: It is. 49 exhibits, I believe.

THE COURT: 49 exhibits. If there is no objection,

each of these will be admitted.

MR. NIELSON: No objection, Your Honor.

THE COURT: Thank you, Counsel.

(Plaintiffs' Exhibits 900, 922, 923, 926, 927, 955, 962, 973, 974, 975, 976, 978, 979, 980, 981, 982, 983, 984, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1002, 1003, 1004, 1005, 1008, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1020, 1168, 1374, 1378, 1471 and 2328 received in evidence.)

BY MR. DUSSEAULT:

Q. Two straightforward questions about those exhibits that were just admitted into evidence.

With the exception of three of them, which are Exhibits 973, 975, and 976, is it true that each of the documents that has just been admitted into evidence, that's in your binder, is a document that you've relied on in forming the opinions that you intend to offer in this case?

A. Yes. Based on my examination of this previously, yes.

Q. And the three exhibits that I mentioned, 973 -- you can take a look at them, if you like -- 973, 975 and 976, those are documents that came up in the course of your deposition testimony in this case and that were referenced by you in that testimony?

A. Yes. What was the third one? I'm sorry.

Q. 976.

A. Okay. Yes, that is correct.

Q. Now, Dr. Meyer, do you intend to offer any opinions in this litigation here today?

A. Yes, I do.

Q. What opinions do you intend to offer?

A. Well, my opinion really describes the work that I've been doing, as I described it earlier. And I would say there are three elements there.

The first one is on the nature of stigma. And I will testify to the effect of stigma on gay and lesbian populations with reference to Proposition 8 as an example of a stigma.

The second part will describe a model of minority stress that is a model that I am credited with authoring, and has been referred to in much of the literature on gay and lesbian health. And I will describe how social stressors affect gay and lesbian populations.

And the third part describes the effect of those stressors on health, in particular mental health.

Q. And on what do you base the opinions that you're going to testify about today?

A. As I've said, this is a topic of my study for, as you said, for the past 20 years; really, since my work on my dissertation. And the opinion is based on many research articles, both -- some that I've conducted myself, and many

more that were conducted in the field over many years. And I rely on -- on this body of evidence.

A sample of it, I guess, would be what you offered as an exhibit, which is what I relied on in writing a report earlier.

Q. So, Dr. Meyer, let's start talking a little more detail about each of these opinions. Let's start with the first, which you said refers to stigma experienced by gay men and lesbians.

Can you define what you mean by "stigma," as you use that word?

A. Yes. And I have to say that I have to be very brief in this description. The work on stigma has many, many volumes that I'm sure we don't want -- as I said, it's the subject of the whole seminar that I teach.

But the most succinct, I guess, description would be that a group in society has some kind of attribute that has been identified to be a negative attribute, that is seen as negative by society.

And this attribute is attached to persons who are believed to have this attribute. And because of having this attribute, they are, therefore, what we call devalued.

So, in the example of gay sexual orientation, sexual orientation is identified as such an attribute that people perceive as being a negative attribute. And, therefore, gay

and lesbian people, as a whole -- I don't mean as a whole -- the whole person is identified by that identity that is devalued; and, therefore, the whole person is devalued because of that relationship.

And stigma, of course, has been applied to many other populations and instances.

Q. Are you familiar with a concept referred to as "structural stigma"?

A. Yes.

Q. What is structural stigma?

A. Structural stigma refers to, in a sense, the origins of the stigma and the mechanisms that maintain and enact stigma.

So those refer -- by the word "structural" we mean to more solid structures in society, societal institutions such as, of course, the law being an important one, and any other institution that is essential in our society.

Q. Explain a little more, if you would, for the Court, the way that laws can play a role in structural stigma.

A. Well, laws have a major role in determining access of different -- of the citizens to different -- we call it goods that society can provide to resources, I guess would be the word. And laws may block or foster access to such resources. In that sense, they enact, perhaps, for a group that is stigmatized -- or, rather, control the access that various groups may have to a particular institution.

So, of course, here we're talking about marriage. And that would be an example of, in this case, a very important institution of marriage.

And, of course, the law has a role in determining who can access that institution. And, again, that would be applicable to other types of examples.

Q. So once a social -- excuse me, a structural stigma is in place, how does it affect people?

A. So, as I said, structural stigmas determine the access that people have to those resources.

I rely on the sociologists that talked about the opportunity structures. The society lays out goals that people -- I don't want to say fault -- internalize.

People want to achieve certain goals that we all view as important goals in our lives; such as, career and marriage being two important examples of that.

And stigma would, as I said, determine the access that people have to those desired goals, to achieving those desired goals.

Q. And has the research found that there are stigmas associated with gay men and lesbians?

A. Yes, of course.

Q. And what are some examples of such stigma?

A. There are really many stigmas and stereotypes that describe kind of how people are perceived.

In my work, I have written about the role of intimate relationships and the way intimate relationships have been portrayed.

And part of the stereotype that is part of the stigma, the negative attitude or the negative associations with this group, has been for many years that gay people are un -- incapable of relationships, of intimate relationships; they may be undesiring, even, of intimate relationships; and that, certainly, they are not successful at having intimate relationships.

And when I say this has been a kind of social stigma, I'm talking about how it has been portrayed in various cultural outlets as well as in a more organized way in various social interactions, social institutions.

Q. You used the phrase "intimate relationships." What do you mean by that?

A. "Intimate relationships" mean relationships that people have. Of course, primary among them would be something like a marriage, a husband and a wife. But, also, other intimate relationships with one's family, one's children, and one's community.

And in all of those, again, as people have been described for many years as social isolates, as unconnected, as -- as not as good citizens, in a sense, who partake in society the same way that everybody else. As a pariah, so to

speak. So that's what stigma does.

And, in particular, for gay and lesbian example, I think the issue of intimate relationship because of the nature of what being gay is about who you choose to be with, that has been a strong source of stigma.

Q. Dr. Meyer, if you could turn in your binder to Plaintiff's Exhibit 1011, please.

A. Yes.

Q. And this is one of the documents that you've relied on in forming your opinions?

A. Yes.

Q. What is Exhibit 1011?

A. This is a chapter from a book that I've relied on and that I've used in teaching as an example of -- maybe I should say what the book is.

So, this is a chapter from a book that was published in the '60s, late '60s, and was a very popular book. It was called, "Everything you Ever Wanted to Know About Sex (But Were Afraid to Ask)."

It was very, very popular. It was published in many -- I have a hardcover edition that is the 17th edition of this book, that was published in 1969. And I personally remember that book.

So in this book there are different chapters that aim to educate the public about different issues concerning

sexuality. And this particular chapter is concerning male homosexuality.

Q. And this is a book that had wide distribution?

A. Absolutely.

MR. DUSSEAULT: Could we put up demonstrative 2, please.

(Document displayed)

BY MR. DUSSEAULT:

Q. I'm going to ask you about this, but what I would like to do is just read the text into the record so it's clear what you're addressing.

A. May I explain something about this?

Q. Of course.

A. I'm sorry. So the book is written in a question-and-answer format. And, basically, the author goes through explaining sexual issues as if there is a question that somebody is asking him about his opinion about various sexual issues, and then he provides the answer. So this is an excerpt of one of those question and answers?

Q. Okay. So the question posed is:

"What about all the homosexuals who live together happily for years?"

And the answer is:

"What about them? They are mighty rare birds among the homosexual flock. Moreover, the

'happy' part remains to be seen. The bitterest argument between husband and wife is a passionate love sonnet by comparison with a dialogue between a butch and his queen. Live together? Yes. Happily? Hardly."

Is this text from this book an example of the stigma that you're talking about, sir?

A. Yes, I think this is a very dramatic experience of what I was referring to where, in this case, an educational book portrays the relationship between, in this case, gay men as -- with great disrespect. I would say ridicule and contempt. So that was the kind of -- and one example of what I was referring to.

Q. At what stage in life does stigma begin to affect gay men and lesbians?

A. Stigma really affects all people in society, because it is a social norm, if you will. It is something that we all in society learn from a very young age.

It affects gay and lesbian -- this particular stigma affects gay and lesbian -- sorry, gay men and lesbians in a particular way because it is about something that is very pertinent to how they think about who they are.

In my mind, this kind of stigma on other stereotypes are very impactful, especially at the younger age, and in

particular in the time of life where gay men and lesbians, usually during youth, either realize or recognize or know that they're gay, and begin to try to understand what that means to them.

And, of course, the most available reference that they would have is the kind of things that they have learned over their lifetime, over their childhood, socialization that we all have been exposed to.

So it affects everybody but, certainly, it affects in a very strong way somebody who is maybe coming out and realizing that he or she is gay, and that's what they might believe is what is in line for them.

Q. Now, Dr. Meyer, you live in New York, correct?

A. That's true.

Q. Are you familiar with Proposition 8, the ballot initiative that was passed in California?

A. Yes, I am.

Q. And what's your basic understanding of what Proposition 8 did?

A. Well, proposition 8 was a proposition that was voted by voters in California, restricted marriage to a man and a woman; and, in fact, excluding gay men and lesbians from marriage. And it was a constitutional amendment to the California Constitution.

Q. In your view, based on your work in this field, is

Proposition 8 a form of structural stigma?

A. Yes, absolutely. As I described stigma earlier, I would say that law, and certainly a constitutional part of the law, would be a very strong part of, as I described, the social structures that define stigma, that define access.

In a very simple way, you can think of it as a block or gate toward a particular institution, toward attaining a particular goal. So, in that sense, it is very much fitting in the definition of structural stigma.

Q. And in what ways does Prop 8 impose structural stigma on gay men and lesbians in California?

A. Well, it imposes by the fact that it denies them access to the institution of marriage.

As I said, people in our society have goals that are cherished by all people. Again, that's part of social convention, that we all grow up raised to think that there are certain things that we want to achieve in life.

And, in this case, this Proposition 8, in fact, says that if you are gay or lesbian, you cannot achieve this particular goal.

Q. Now, are you aware, sir, that, in California, gay and lesbian couples can register as a domestic partnership?

A. Yes, I am.

Q. In your view, does that eliminate the structural stigma of Prop 8?

A. No.

Q. Why not?

A. When I talk about Proposition 8 and the institution of marriage, I'm talking about an institution that has a social meaning.

As I described it, this has to do with the aspirations of people to achieve certain goals. And I was not referring, and I don't refer to any tangible benefit that maybe are accompanying marriage or a domestic partnership arrangement.

So my -- what I'm talking about throughout my work and today is really about the symbolic meaning, the social meaning of marriage.

It is, I think, quite clear that the young children do not aspire to be domestic partners. But, certainly, the word "marriage" is something that many people aspire to.

Doesn't mean that everybody achieves that, but at least I would say it's a very common, social, socially-approved goal for people as they think -- for children as they think about their future and for people as they develop relationships.

For young people, and certainly for people later on, this is a desirable and respected type of goal that if you attain it, it's something that gives you pride and respect.

Q. And do you have an opinion as to whether domestic

partnerships enjoy similar symbolic and social meaning?

A. I have an opinion. And that is that, as I said, I don't think it has the same social meaning. In fact, I don't know if it has any social meaning.

I think it has, perhaps, value in terms of the types of benefits that people receive. But as I was trying to explain, that is not what I'm talking about. And that's not really relevant to my discussion of stigma.

Q. Let's turn, then, to the second opinion you mentioned, which had to do with minority stress.

What does "minority stress" mean, as you use that phrase?

A. Minority stress -- I've written a lot of articles about it, so I'm trying to, again, be brief.

But it basically describes the types of stressors which is -- I have to try to explain, maybe, what stress means, before I do that. Is it --

Q. Let me break it down. Why don't you tell us what stress means.

A. Okay. So that's perhaps something that's easier to understand.

Stress is -- well, everybody knows what stress means. But when we talk about stress, what we talk about is the kinds of events and conditions that happen from the outside, to the person. And that one of the main definitions is they bring

about some kind of change that require adaptation. In that sense, they are taxing on the person because it requires the person to adjust, so to speak, to this new situation.

One of the strongest types of stressors is a life event. And, certainly, losing a loved one would be a very -- a high magnitude type of an event. Losing a job is another example of an event.

So those are the general -- I've referred to those as general stressors, just because I'm trying to distinguish from the minority stress model that I have written about in regards to gay and lesbian stress.

So there's those different -- there are different ways that we think about stress, not just life events. But, for example, there are also chronic stressors. So, for example, unemployment, a prolonged -- and there are other types that maybe I can explain later if, you want.

Q. Let's talk a bit about the types. I believe you referenced acute stress. What would that mean?

A. So a life event is an acute stressor. That's something that has a beginning and end. It is pretty easily discernible. It happened.

And chronic stress is something that is, as I say, prolonged. Obviously, there could be a relationship between the two. So losing a job would be a life event, but unemployment that would result from that would be a chronic

stress. So they are not totally distinguished.

There are other types of stressors that people have written about. And, again, this is in general affecting everybody.

Another one would be what we sometimes call daily hassles or minor stressors that are just annoyances that happen to people. Maybe being stuck in traffic for a long time, or being in a long line in bank -- if people still go to banks -- or in supermarket, I guess. So those would be just daily kind of hassles.

And there is another type of stress that is a little different and maybe a little harder to understand as to why it is a stress. And those have been termed "nonevents." Which means nothing happened.

And the reason why a nonevent can be stressful is because it is something that was expected to have happened; so the fact that it didn't happen, in this case, also requires adaptation or adjustment.

So, for example, if I've been working in my job for a certain number of years, and I expected after a certain amount of time I would receive a promotion, but I didn't receive that promotion, that could be a nonevent, in a sense, because nothing happened but it was something that I expected and others expected.

It's not just any kind of expectation. So, you know,

if I bought a lottery ticket and did not get the prize, would not be the same type.

It is something that is normal to expect to happen at a particular time. Usually, we are talking about milestones over a lifetime. And, certainly, marriage will be one of those types of expected events. Having children.

If you ask little children, that will be the kind of thing that they will tell you about what might happen to them in the future: I will marry. I will have children. I will be a grandparent. Things like that, that are easily understood in our society.

Q. Are the stressors of the type you are talking about essentially inputs on people's lives, as opposed to the result that they may experience?

A. I'm sorry, yes. So in the research lingo, I guess we would call those the independent factors. Those are the things that happen from the outside.

But in common language, usually, when we talk about stress we think about, also, the outcome, what we call, which is, "I felt stress" means, usually, "I felt some kind of distress because of something that happened."

We try to separate those two. So we try to assess the stressor part, the input, and the outcome that resulted from that stressor, which may -- and, of course, in this case, we study health outcomes.

Q. So now that we've discussed stress, let's go back to this concept of minority stress. What is minority stress?

A. So minority stress is an extension of this notion of stress, in that it identifies a source of stress that stems, as I described earlier, from social arrangement. In particular, prejudice, stigma, and discrimination.

So in my model, any stress that is related to stigma, prejudice, and discrimination I would designate it as a minority stressor.

And, by the way, it could be the exact same type of stressor. So, for example, losing a job, as I said, is a life event. But losing a job due to discrimination is a minority stressor of the same life event.

And the reason that we distinguish those two is because we know that there's different impact for those types of events. And, also, because this allows us to assess and measure them, I guess, in a way that is more precise for this purpose of understanding these issues of social determinants.

Q. Thank you, Dr. Meyer.

Could you turn to Plaintiffs' Exhibit 1003, in your binder.

A. Yes.

Q. And if you would tell the Court, what is Exhibit 1003?

A. This is an article that was published, that I have written.

Q. And what's the subject of it?

A. So the title of this article is, "Prejudice, Social Stress and Mental Health in Lesbian, Gay, and Bisexual Populations, Conceptual Issues and Research Evidence."

I published this in 2003, in the journal *Psychological Bulletin*, which, I might add, is a very prestigious journal in the field of psychology, and quite difficult to get published there.

And this article, I would say, best articulates the model of minority stress that I've written about, and has been referred to by many other researchers who've used it as a theoretical background for their own studies.

So, in fact, there are several hundred studies that result -- well, I wouldn't say resulted, but, certainly, that have used this article, the ideas in this article, as a resource for their own research.

Q. Now, does the scholarship on minority stress address minority groups other than gay men and lesbians?

A. Well, certainly, the principles -- I have to explain, maybe, something about how I got to this idea of minority stress, and not to take too much credit, maybe.

So the ideas behind this theory that are outlined here in this article are not all brand-new ideas that I just made up or came up for this purpose of this article. Rather, they rely on many, many years of research.

So, for example, all the research on stress and life events, and so forth, I did not invent that. That has been going on, I would say, since the 1950s, people began to be interested in life events as a source of stress and its -- sorry, impact on health.

So what I have done is articulated this within this particular context of gay, lesbian, and bisexual population. So the literature on gay, lesbian, and bisexual population have used this term, "minority stress" -- which I, by the way, also did not invent, but used somebody else's. This was a term that I read about in a dissertation that was written on lesbians and mental -- sorry, and life events. And I thought it was a good term.

By the word "minority" here, I mean sexual minorities, which is a term that is used to describe gay men, lesbians and bisexuals.

So this refers to gay, lesbian, and bisexual. As you will see later, most of the things in it are quite specific to gay men and lesbians. But the general theories behind it apply in broader ways.

Q. So let's talk a bit more specifically about it.

Are there particular processes through which minority stress manifests itself or can manifest itself in the lives of gay men and lesbians?

A. Yes. So --

Q. What are those?

A. So this has been -- I would say, my main contribution is to articulate what do we exactly mean by that when we say that prejudice and stigma has an impact on people? And I described those as processes that describe what actually happens, why is that a stressor?

And I've described in this article and in other work four types of minority stress processes. The first one I've called "prejudice events."

The second -- I'm sorry.

Q. Why don't you articulate what the four are, and then I'd like to do a little more detail on each. So if you could just generally describe what the four are.

A. Okay. So the first one is called "prejudice events," which encompasses a bunch of concepts.

The second one is called "expectations of rejection and discrimination."

The third one is "concealing," which refers to hiding your sexual orientation, in this case, or not being out, as we say sometimes.

Q. Okay.

A. And the fourth one is "internalized homophobia," which refers to the internalization of social attitudes by a gay person or a lesbian.

Q. Now, how did you identify these processes?

A. So, as I said, there has been work on each of those topics, that I relied on that work to bring it together to this model that is maybe more concise.

While there were work on prejudice -- sorry, on life events -- and there has been, certainly, a lot of work, for example, on internalized homophobia, ranging to clinical psychological literature -- I gathered together those different sources of research and theory to put it together in this particular form, to explain the experiences of gay men and lesbians.

Q. So let's start with the first one you identified, prejudice events. What do you money by prejudice events?

A. So just as I described earlier, the general stress, prejudice events I refer to the types of stressors that are related to prejudice.

So I already gave an example of being fired due to discrimination. That will be a prejudice event.

And this -- in this case, sorry, the prejudice events echo those four types of stressors that I mentioned earlier. So that would be the major events, the chronic -- the major acute events, the chronic stress, the minor events we could call them, the daily hassles, and the nonevents.

So that is, basically, taking, again, the same framework and using it here in this context. As I say, all of this was not as well-packaged. So it's not that I just took

all of this and copied it into this. I used a lot of research to develop this.

Q. Dr. Meyer, are the events that you describe as prejudice events different from stress events that may be faced by the rest of the population?

A. Yes, by definition, they are related to prejudice.

Q. Can you give more specific examples of prejudice events?

A. Yes. So in addition to the example I gave that has to do with events related to discrimination, that would include other types of events that people experience.

For example, anti-gay violence would be, clearly, a prejudice event, even though it's not a discrimination. But it is like hate crimes, would be prejudice events in the sense that the person was chosen for this -- to be the victim of this crime because of prejudice.

So these are the major events. Then there are chronic stressors, again, that could be resultant from prejudice.

In my studies, for example, I've collected data from -- in the recent study, about 400 gay men and lesbians. And we asked them about life events that happened to them over their entire life. We have several -- many thousands of life events that each of them described.

So there would be chronic things like harassment, that children -- sorry, they were adult, who reported that

during their childhood they had been harassed at school. So that's not an event. Unless there was an event. So we assess each of those for what happened and how it happened.

But if somebody says, "Somebody called me a name over the entire year that I was in third grade," we would talk about it as a chronic stressor.

If somebody said, "I walked down the street and somebody jumped and attacked me and beat me up," that would be an event, and, in this case, a hate crime, probably, but an event related to prejudice.

So those are the life events. There --

Q. Can I ask a follow-up question?

A. Sorry.

Q. Do prejudice events differ in magnitude based on the research?

A. So when we say "magnitude," we mean how big the event was. And, usually, what this means is like how much -- going back to the definition in a more technical way, how much change did such an event require, how much adaptation?

So that's why I say that losing a job is a very big event. Maybe -- certainly, the minor events I described, waiting in a line is a very tiny magnitude.

But there's another aspect to prejudice event which has been identified, for example, with hate crimes, which is that they have a greater impact psychologically on the person,

on the victim of hate crime.

And that greater impact has to be -- has -- sorry, has to do not so much with the characteristics of the event, but with the social meaning of the event.

So -- and I don't want to -- to talk in this room about anything legal, but, in fact, hate crimes was challenged as a -- whether it could be constitutional. And one of the reasons why, in my understanding, the Supreme Court allowed it to be a separate crime is, in fact, because of that added social meaning, and the added pain.

So that even though it's the same exact crime or the same exact event, when it is attached to prejudice and discrimination and stigma, it has a meaning for the victim that makes it worse.

And that's how we -- we described it here, as well.

Q. What has the research shown about who commonly perpetrates these prejudice events in the lives of gay men and lesbians?

A. So when I talk about -- well, "perpetrates" really -- as I described before, I talk about the different levels of, you can say, causes of those events.

So at the larger level is, really, the way I described earlier structural stigma. We sometimes talk about structural prejudice in a similar way. Those are the things that would determine -- that would be the context for, for example, events.

So an event usually is within a larger context. So we look at both of those. So a person -- so those are the structural. And then there are things that we call interpersonal types of events.

So the perpetrators might be, on one hand, the state, for example, by creating certain structures. But, of course, it could -- it is also individuals who do something. So in the example of the hate crime is the perpetrator.

In the case of gay men and lesbians, or sexual minorities, this is quite distinct from other groups that when we think about prejudice. Unfortunately, often the perpetrators could be family members, even parents and siblings.

And some of the stories that we've collected -- we collect them as short narratives -- has been quite dramatic in terms of what some of those respondents reported in terms of what had happened to them in the past.

This is, by the way, one of the publications here. And what was -- I don't know if I would say surprising, but what was distinctive about it was how many of them reported family members perpetrating such crimes, really. It would be things like rape or homelessness, that some of them described.

So there is a whole range of potential perpetrators that could be implicated here, in what I'm discussing.

Q. Now, from some of those very serious examples, you also

mentioned earlier, I think, a concept of everyday hassles?

A. Yes.

Q. Are those also prejudice events?

A. So in the prejudice literature, we call these daily hassles -- well, some people have called them everyday discrimination events. That's one word. There are other terms that have been used to describe those.

And in the same way that a hate crime is more significant because of its social meaning that is attached to it, a minor event could have a greater meaning than similar events that -- sorry, could have a greater impact than a similar event that had no such meaning.

So one could be just an annoyance, and the other one could be or is representing social disapproval. And, obviously, they would be felt by the person as -- to be very different.

Q. Give us, if you would, a couple of examples of daily hassles the research has looked at in the context of prejudice events.

A. Well, there are many. But, interestingly, I've read the plaintiffs' testimony here, I believe on Monday it was. I mean, I read it on Tuesday, but the testimony was given on Monday.

And I was really struck because one of the things that we hear over and over is forms, filling out forms. And it

is kind of bewildering because, on one hand, you might say, "What's the big deal about filling out a form?" But gay people do respond to that.

And the only way that I can explain it is that it is really not anything about the form. It is that the form evokes something much larger for the person. It evokes a social disapproval, a rejection. And, often, it evokes memories of such events, including large events that have happened maybe in the past.

So it is this minor annoyance, most of the time, for most people, to fill out a form. And they probably would never remember that, if they were asked to talk about what has happened to them. They would mention major things.

But for gay people, I've seen this in -- brought up many times. There are other type of things that gay people report that, again, might be minor under some circumstances, such as maybe treated in a very unfriendly way by one's partners' parents.

And, certainly, it would not be a nice thing for anybody, but for a gay person that may have -- or that does have a very great social meaning of, again, echoing the rejection and disrespect and the -- they have felt in the past and they continue to feel in society.

So that is the relationship between the social meaning and those minor events.

Q. There was --

THE COURT: Dr. Meyer, you mentioned "forms." What kind of forms are you talking about?

THE WITNESS: I'm sorry. I mentioned the testimony that was given here, that they talked about forms.

What I mean by forms are just any kind of administrative forms that one might have to fill, and in particular where you have to fill your marital status, for example.

So a gay person, let's say -- you know, really, what they experience is: There is no place for me to put anything there.

So either they would say, "Well, I'm just going to say single, even though I've been in a relationship for the past 40 years, because I just don't want to get into that. In this case, it really doesn't matter. Maybe I'm in a motor vehicle office. And I don't want to get into this whole explanation with a clerk about what does it mean. "

Or there might be -- I think one of the plaintiffs mentioned crossing out things and writing in things. But my point is, obviously, this is not very demanding to cross out a form and say something else. And I would say if it was within any other context, nobody would remember that maybe the form was not very well-written and you had to correct something there. That would not be a memorable event.

The only reason that it's memorable is because, as I said, of what it means. And what it means is social rejection. It echoes the kinds of rejections that I've been describing earlier.

Q. And, Dr. Meyer, to follow up on this, to be sure I understand, you might have applications like at a bank, to open an account, or a lease to get an apartment, or a job application. Is that the kind of form you're talking about, where there are boxes to describe your status, and not a box that corresponds to your status if you are not married?

A. Absolutely.

Q. There was also some testimony on Monday, I believe, about hassles relating to travel, say, trying to check into a hotel room and get the type of room you reserved. Would that be --

A. This is very similar, again, where to me it's not so much what happened, but what does it mean to you, to you as a gay person?

So, again, a clerk in a hotel asking you about a king-size bed for any couple would really mean nothing. But for a gay person, it's an area of great sensitivity because it really talks to their rejection and to their rejection of their family members, the people that they feel close to.

Q. Does the fact that you might draw in a box or ultimately get the right size bed make the problem go away for that individual?

A. No, not at all. Because, again, it is not about anything tangible here. It's not -- there's nothing really horrible about filling out a form. Well -- some forms.

(Laughter)

Q. There can be.

A. But at least small forms.

But, again, it is not about that effort of the filling out a form or explaining even to a clerk something about to clarify maybe some mistake. That is not what it's about. It's about, I'm gay and I'm not accepted here.

Q. You also talked, and I think, gave some specific examples about nonevents. These, although they are called nonevents, are also in the research treated as prejudice events?

A. Right. They are not all treated as a prejudice event, but when they are related to prejudice then I would call them prejudice nonevents.

But they are -- so, for example, somebody may not get a job promotion just because of all kinds of circumstances, that maybe everybody expected them to get. So that may not be due to prejudice. But it also could be due to prejudice.

Certainly, somebody might not marry for all kinds of reasons, not because of anybody blocking their access to the institution of marriage but for whatever other circumstances in their lives.

But it still would be a nonevent that could be

significant because other people will begin to ask: Well, are you married? Why aren't you married? Especially if they are of certain ethnic backgrounds where people ask questions like that.

So there's expectation that you will get married, that you will have children. And so when I talk about those as prejudice, it is when those things don't happen because of prejudice.

And, again, parallel to everything else I was saying, in this case, it would have that double meaning, both the impact of the actual event, the content of the actual event or, in this case, nonevent, such as not getting married.

But for gay men and lesbians, not getting married would also have that social meaning that I just described regarding daily hassles type of things, where not getting married is not just a simple -- it's not really simple either way. But it's not a fact of their life.

It's also a representation of their position in society, of the way society views them, of the kind of respect or, in this case, disrespect that they experience, of the stigma that I described earlier.

Q. Now, Dr. Meyer, what, if anything, is the relationship between Proposition 8 and the denial of the right to marry on the one hand and prejudice events, as you described them?

A. Well, I think it is quite obvious that Proposition 8, by

definition, blocks the marriage institution for gay men and lesbians. This is basically what it says.

So, in that sense, it certainly will be responsible for gay men and lesbian not marrying, and having to explain why I have not married.

And by explaining why I have not married, you also have to explain, I'm really not seen as equal. I'm -- my status is -- is not respected by my state or by my country, by my fellow citizens.

So it's -- in the very basic definition of structural stigma, it is a block on the way to achieving desirable goals in life.

Q. Now, you've already talked a little bit about some of the plaintiff testimony on Monday. I was hoping that I could show you a couple examples.

MR. DUSSEAULT: Do we have demonstrative 4 handy?

And, again, so that the record is clear so as to what you are commenting on, let me read this testimony from plaintiff Paul Katami.

"QUESTION: Have you experienced discrimination as a result of being gay.

"ANSWER: One example that I remember very clearly is the first time in college, with some gay friends, going to my first gay establishment, like a bar or a restaurant,

socially.

"And we were in an outdoor patio. And rocks and eggs came flying over the fence of the patio. We were struck by these rocks and eggs. And there were slurs. And, again, we couldn't see who the people were, but we were definitely hit. And it was a very sobering moment because I just accepted that as, well, that's part of our struggle. That's part of what we have to deal with."

BY MR. DUSSEAULT:

Q. In the context of prejudice events, do you have a reaction to this example?

A. Yes. And, as I said before, regarding form, this just seems like a very familiar type of report that a gay person might report.

And I don't -- I don't mean to tell the plaintiff that their experiences are not unique experiences. Certainly, within their life they are unique. But they are really not unique.

(Laughter)

Many people -- sorry. Many people experience those kind of things.

And I think when I read that what struck me most, almost, may be not what you would notice, but it is that point

about it was a very sobering moment. Because I think that refers to the registration about this is a meaningful point. This is about who I am. This is something I have to get used to.

When Mr. Katami talks about, well, that's part of our struggle. It is really a moment where he describes recognizing something that has to do with who he is as a gay person.

But other elements of this would be that, clearly, I would say, this was related to hate. In fact, when we assess the -- by the way, when we collect those narratives in my research, we go through a very, very tedious process of analyzing each of those narratives so that we quantify some qualities around them.

And one of the things we look at related to hate crime. And we actually try to use some of the guidelines that police use in determining hate crimes.

So, in this case, he mentioned being next to a gay establishment, which would be one element that would help in determining a hate crime.

But there's something that I don't know here, for example, whether someone was actually hurt, which would go to the issue of the magnitude.

But regardless of that, I think what is clear here, that the meaning of this -- and I would dare say not having talked to Mr. Katami and not really knowing anything behind

that -- that perhaps one of the main reasons that it's so memorable was because of that sobering moment, because of that recognition: I am not the same as other people in society. Somebody can come and just throw stones, or whatever it was, and eggs on me, because they don't like that I am gay.

Q. When you were talking earlier about whether or not this was unique, do you mean that this sort of example is, in your research, often relayed by gay men and lesbians?

A. Exactly.

Q. Let's put up a demonstrative 5, another example. And this is testimony from another of our plaintiffs, Sandra Stier.

(Document displayed)

"QUESTION: Are there occasions where you have to fill out forms that ask whether you are married or name of spouse or things like that?

"ANSWER: Doctor's offices. Are you single or are you married or are, you know, divorced even? But, you know, so I have to find myself, you know, scratching something out, putting a line through it and saying 'domestic partner' and making sure I explain to folks what that is, to make sure that our transaction can go smoothly."

We talked a good bit about forms already, but what's

your reaction?

A. Again, that's an example of this form.

But, you know, you have to think -- or I guess you have to ask yourself, why would a person remember that type of minor incident? And, as I mentioned before, I think the meaning of this incident is more important than, in this case, what has actually happened.

So, like I said, if there was some error on this form, where it says "Mr." or "Mrs." and somehow the words were not clear and she had to fix that, I don't think she would have reported that as a major -- something that she remembers.

But I think it is, again, the message that the forms, in a sense, echoes about rejection and about I'm not equal to other people, to most people who fill this form.

Q. So let's move to the second process you talked about, expectations of rejection and discrimination. What do you mean by that?

A. Expectations of rejection and discrimination actually mean exactly what it says. Expecting rejection and discrimination.

But this is a very -- well, to me, interesting process that occurs in populations that are -- that are used to prejudice. By "used" I mean that they know about the prejudice that exists in society.

And what happens is that a person who knows that they might be rejected or discriminated against needs to maintain a

certain vigilance about their interactions in society that would, first of all, guarantee their safety.

So an example that I often use when I talk about this is, a gay couple walking down the street. In my experience, very often, regardless of how friendly their street is, they would have to monitor the kind of affection that they display with each other because perhaps somebody will come and throw stones and eggs, and so forth, because they bring up something the person doesn't like. And, again, it's not something about them as individuals, but about the fact that they are representing -- sorry, presenting as gay.

So this would be one type of, as I call it, vigilance, that you have to be on edge; you have to watch; you have to have a third eye, looking, monitoring your environment.

And that is a very stressful thing, if you think about it, that many people don't have to think about any of that when they walk down the street with their partners.

Q. Now, does the impact of expectation of rejection, discrimination go away if the rejection or discrimination doesn't happen?

A. Well, that's another interesting thing about expectation of rejection and discrimination, is that nothing really has to happen. And not only that, the persons involved in the -- in that environment may themselves not at all hold any negative attitudes.

So in the sense it is the expectation is not that this particular person may harm me. It is that what I represent may trigger in somebody. And it could be this person, but maybe it's not. So it doesn't have to be about anything specific about the persons involved in this interaction.

I often give the example of being in a job interview and having to kind of monitor maybe how your -- what you're saying. And it doesn't mean -- it doesn't matter what the people interviewing you actually think. It is that you're expecting that, that matters. That is what is stressful here.

In addition to issues of safety, there are, as I just alluded to, issues around social intercourse, where -- since it can just be very embarrassing or awkward.

And we know that from stress literature, generally, many times people either choose to avoid those situations, swallow kind of minor incidents of prejudice or slurs, or something, and just kind of move on because they don't want to get into that, so to speak.

But the anticipation itself is what I'm talking about as stressful. You know, whether or not something happens, that has to do with a life event. But here we are just talking about that anticipation.

Q. So what if somebody, concerned about having to be vigilant on the street, just stays inside and doesn't go out, does that

solve the problem for them?

A. Well, that would be quite a severe punishment for that person.

(Laughter)

Q. Is there a relationship, as you see it, Dr. Meyer, between Proposition 8's denial of the opportunity to marry and this expectation of rejection and discrimination?

A. Yes.

Q. What is that connection?

A. Well, as I described earlier, in my mind, the Proposition 8, in its social meaning, sends a message that gay relationships are not to be respected; that they are of secondary value, if of any value at all; that they are certainly not equal to those of heterosexuals.

And, to me, that's -- in addition to achieving the literal aims of not allowing gay people to marry, it also sends a strong message about the values of the state; in this case, the Constitution itself. And it sends a message that would, in my mind, encourage or at least is consistent with holding prejudicial attitudes.

So that doesn't add up to a very welcoming environment.

Q. Let's talk about the third process you identify, which I think you described as concealing the stigmatizing identity.

A. Yes.

Q. Can you elaborate on that.

A. Yes. If I may just mention one more concept that is related to the stress, as we call it, the stress process, because it's relevant here.

And that is the concept of coping. Coping is part of the stress process. And when we assess how does a stress affect the outcome, as I mentioned earlier, of health outcome, we really look at the balance between the stress impact and what we call coping.

There's a whole bunch of stuff that goes into coping. People talk about social support. But it is anything that we can say is positive impact on the health, that counters the negative impact of the stressor.

The reason I bring it up here, because interesting thing -- so concealing means I'm not going to reveal to other people that I am gay or lesbian. I'm going to hide that fact.

But the interesting relationship with coping is that people conceal, usually, as a coping effort. They conceal so that they avoid some of the things that I described earlier, so that they are not fired from their job.

If you're in the United States military, by law you have to conceal, in that you are not allowed to talk about your homosexuality.

So they conceal as an effort to -- in this case, if you are gay and you are in the military, you would conceal so

that you don't get fired.

But there are many other types of instances where people might find the need to conceal their sexual orientation. They might conceal it because they feel that they will be rejected if other people knew that they were gay.

They may conceal it because of their personal safety, in the similar way that I described hate crimes, that they don't want people to recognize them as gay.

They might not want to go to a place that is recognized as gay, for fear that somebody might either hurt them, physically hurt them or in other ways hurt them.

So there are reasons that people choose to conceal what they, themselves, know about themselves, that they are gay or lesbian.

And what the stress process here talks -- so this is -- but what the stress process is, is that there are many ways that this kind of concealment are stressful. And I've written about, at least, maybe, three ways.

And, again, all of this comes from research and literature that is not specific to this topic or to gay population. This is basing it on general literature in various fields. In this case, mostly psychology.

So, if you want, I can tell you about the particular ways that concealing can be stressful.

Q. If you could briefly just identify what those ways are, it

would be helpful.

A. So one way is that concealing requires, actually, a very strong cognitive effort. By "cognitive" I mean the way we think or the way your mind works.

So there's a stress that is involved with concealing, because you have to really work hard on this. It's not something that is -- you know, if you're lying, it's not that easy, always, to keep a lie and to keep it, certainly, for a long period of time.

So there is research that has been done about that, that shows that this is, in fact, a very difficult type of thing.

I know, for example -- well, I brought up the example of the military. If you are in the military and you live your life there, and you have to talk to your comrades -- and people talk about, maybe, their girlfriend and boyfriend or whatever. And gay people have been known to maybe change a pronoun, kind of as a way of monitoring that, and say, "Yeah, my girlfriend," but you really mean your boyfriend. But, you know, this takes a lot of coordination. And, you know, you have to remember what you said the week before. It's all a lie.

So people have actually studied this with -- in other context, as I said. There's a couple of researchers that refer to that. Their respondents that they were studying said, "This is a private hell," just the effort of concealing.

Q. The work that's involved?

A. The cognitive effort. And they describe in great detail the cognitive work that goes into concealing. In this case, it was in the work environment.

Q. Can I ask a follow-up. In addition to that, does the person who conceals also lose benefits that he or she might receive if he or she were able to express their true self?

A. Right. So that's another way that concealment is damaging and stressful. So, actually, there's several benefits that are associated with that.

The first one is that concealing prevents you from what we call or what people call in psychology "expressed emotion."

Expressed emotion is very simply that you're expressing your emotion. But it doesn't have to be any deep emotion, just expressing something about yourself. And that has been shown to be a very positive, psychologically, thing to do.

In fact, people have used it as a form of therapy, to improve people's mental health. They have used it, for example, in cancer patients, and shown that just writing something, about expressing something not even very intimate, is very helpful psychologically.

So, certainly, hiding something and hiding something that is perceived as being such a core thing about who you are,

this is how people talk about: This is who I am.

That doesn't mean that gay people are just that. But it is a central identity that is important. And if you want to express who you are, certainly, you wouldn't want to hide that part.

There's related to that, also, concept of authenticity, of living an authentic life. And, certainly, people feel better, in a kind of existential way, by just presenting themselves as they are to the world and in interactions with the world.

Q. Does concealment impact a gay man or lesbian's ability to obtain social support?

A. Exactly. As I mentioned earlier, one of the important mechanisms around stress and illness is the ability of people to cope with stress.

And one of the beneficial -- I'm sorry, one of the beneficial ways people cope with stress is through social support. For example, through having a network of friends that you can talk about or an intimate friend that you can talk about things.

There are also things that happen through -- for gay people, specifically, what we call affiliation with the gay community. There are things that maybe you feel maybe other people don't understand, but if you go to a certain community center, or to a center -- sorry, to an event that maybe is like

a gay pride, that you get certain benefits from being in that environment that maybe you don't get in other places.

And, certainly, if you are concealing your gay identity, you are not going to walk into a gay community center or gay pride event.

And, finally, related to that, and especially of concern to me being in public health, in terms of health services, there are many health services that are provided that would provide, I would say, more targeted services to gay and lesbian populations that are more both informed from a medical perspective, for example, about the needs of gay men and lesbians, and also that maybe provide a more welcoming environment.

And that, too, will be something that a person who conceals his or her gay identity would not be able to benefit from.

So both are affected by the negatives but also from the prevention of the positive type of things that they could have had.

Q. Now, one point I want to clarify here. Can concealment be absolute in nature? Meaning the person doesn't tell anyone, ever, what their identity is?

A. I guess it could be. I don't think that -- certainly, it doesn't have to be that. And I would think that many people, even if they, for example, conceal at work, they might have

some friends that they may have confided with.

There's also concealment that will carry more kind of momentary nature, that is not as long-lasting as I was describing. And that, too, can have -- certainly, is not a pleasant experience. You know, again, because of the notion that you're really prevented from expressing something about yourself that you don't feel that you should.

But the reason that you're concealing it is because, again, of the significance of rejection of the region of disrespect that you would feel if you were to reveal this.

So it is not just a simple issue.

Q. Let me try and clarify the question. I believe there was some testimony from one of the plaintiffs on Monday about knowing that he was gay at a very, very young age, but not coming out, if you will, to anyone until about 25.

Is that a form of concealment?

A. Sounds like it. And to the extent that he knew that he was gay, or he identified as gay at some earlier point, and recognized or feared, at least, that if he were to reveal this or express this about himself would -- would lead to, again, rejection, discrimination, to losing maybe a relationship. Again, this is, I presume, what the person expected, and that was the motivation to maybe not to reveal his sexual orientation.

Q. Okay. But, alternatively, if somebody, let's say, were

open with family or friends, but in particular circumstances chooses to conceal or lie about his or her orientation, just to avoid having to deal with it, is that also --

A. That's another example. As I said, you know, because of Don't Ask, Don't Tell, obviously, if you're there you will have to conceal. But only in that environment.

And you might be able to, on home leave, go back and be your partner or with some friends. Certainly, you're not going to want to march in a gay pride parade. So there will be, still, some monitoring, but it doesn't have to be absolute.

Q. Dr. Meyer, do you see a connection between the concealment process and Proposition 8 in its denial of marriage rights?

A. Well, again, to the extent that we see Proposition 8 as part of the stigma, as something that propagates the stigma, it certainly doesn't send a message that: It's okay. You can be who you want to be. You know, we respect that. We welcome you as part of the community.

It sends the opposite message, in my mind, and, therefore, would -- I would think, add to that pressure, to that social environment that encourages people, some people, to conceal.

And, also, when I talk about those effects of Proposition 8, by the way, they don't only affect gay people. They also send the same message to other people who are not themselves gay.

So, in that sense, it's not just damaging to gay people because they feel bad about their rejection. It also sends a message that it is okay to reject. Not only that it is okay, that this is very highly valued by our Constitution to reject gay people, to designate them a different class of people in terms of their intimate relationships.

Q. I'd like to show you another example of testimony from our plaintiffs. This coming from Kristin Perry testimony that was given on Monday. Again, I'll read it.

"QUESTION: Do you, as you go through life every day, feel that -- the other effects of discrimination on the basis of your sexual orientation?

"ANSWER: Every day.

"QUESTION: Tell us about that.

"ANSWER: I have to decide every day if I want to come out everywhere I go and take the chance that somebody will have a hostile reaction to my sexuality, or just go there and buy the microwave we went there to buy, without having to go through that again. And the decision every day to come out or not come out at work, at home, at PTA, at music, at soccer, is exhausting. So much of the time I just choose to do as much of that as I

can handle doing in any given day."

Do you have a reaction to that testimony?

A. Yeah. I think that, again, demonstrates several of the things I have already mentioned, including the expectations of rejection and the need to monitor and maybe sometimes the need to decide: Is it worth it? Do I want to get into this whole thing or just avoid it? But, also, the repetition of it, like how it really is in so many contexts.

But I have to say, the word that most jumped at me in this -- it might be not the word that jumped at other people -- is the word "exhausting."

And the reason that it jumped at me is because "exhausting" has a special meaning in stress research. In fact, one of the earliest example of stress research was done by a researcher by the name of Hans Selye, S-e-l-y-e.

And he described something that he called the general adaptation syndrome. He studied animals. But his general adaptation syndrome, basically, echoes what I was just describing. There is a stressor, there is a coping. Which he didn't call "coping," but it's some adjustment period.

But, in his words, the end of that was exhaustion. So that the result of the stress process was exhaustion. And he studied animals, and in many case death of those animals that he studied.

So when I saw that, that's kind of what it brought to

my mind, is Selye's general adaptation syndrome.

Q. Let's turn, Dr. Meyer, to the fourth process you described, which you described as internalized homophobia.

Tell me what you mean by that.

A. So, again, that's a word that has been discussed in different forms, but it really relates to the same thing in the different form, that it has been discussed in the literature.

As again, I mentioned, I used existing literature and in terms homophobia has been something that has been discussed a lot in clinical and psychological research, people who talked about how to treat gay patients.

And one of the things they noted is that perhaps a very central aspect of treating people who are troubled by whatever symptom that brought them to therapy, is internalized homophobia. Internalized homophobia refers to the person who is gay or lesbian basically internalizing or taking in negative attitudes, negative notions that are existing in society that he or she has learned through their -- what we call socialization process, through their growing up in our society.

And, of course, it is not only gay -- as I said earlier, gay men and lesbians who learn those negative attitudes. Those are prevalent attitudes.

So in learning those attitudes one might learn -- you know, if they read this book by Rubin that I mentioned about what gay relationships might be.

And then at some age the person begins to think or realize or recognize or whatever way this happens, Well, I'm gay. So the natural thing is that everything that everything that I've learned about what it is to be gay, that must be what I am. And, therefore, if I was impacted by this quote from Rubin, for example, I would say that it will be quite devastating to a young -- or, really, not only young person. If they believe that and thought, Well, this is what is in my future.

Q. Now, when you use the word "internalized homophobia" here, do you mean specifically that the person internalizes a fear of themselves --

A. No, at all. When I use the word "homophobia," I use it in the sense of negative attitudes. Maybe something that is akin to racism or sexism. Just -- and people use other words, but I use that word because -- well, I have my reasons. I don't know if you want to hear them.

It's a word that is recognizable. It's a word that is in the dictionary, and I find it just as good a word as some other words that have been proposed.

But it basically relates to the negative attitudes that are prevalent in society about gay men and lesbian or about homosexuality in general.

Q. Now, within the context of internalized homophobia, are you aware of a concept called the possible self?

A. Yes, I am. And it's not exactly within the -- it's, again, another concept, a theory that I have used, borrowed, to explain some of those processes as they pertain to internalized homophobia.

Q. And what does it mean?

A. So possible self is a psychological concept that, again, I did not invent, unfortunately, because it is a very renowned work.

And it basically relates to something very interesting, which is that whoever we are -- and it really relates to any age -- we don't only look at where we are and where we were in our past, but we also project into what we might become.

So this is what they call the possible self. What would possibly could I become or what are the possibilities for me? Maybe you can talk about it like that.

And the work on that showed that this is a very important construct, not only because it actually helps people chart a life course of goals and so forth. It doesn't have to be, like, super articulated, like a whole life plan. Just, you know, like I mentioned earlier. I will be a mother, you know, things like that.

So the possible self is not only important because of how it projects to the future and how it maybe helps a person think about the future. It is also related to what people feel

right now. And having a -- obviously, a more optimistic notion of their future will be associated with feeling better about who you are.

And the opposite of that feeling, that you will be blocked from an achieving goals, obviously, will be associated with what we call a lower sense of well-being and maybe just negative feelings about who you are and about your position.

Q. And does internalized homophobia lead to a limitation on one's concept of a possible self?

A. Right. I'm sorry.

So the relationship is that internalized homophobia speaks very directly to that notion of possible self, because internalized homophobia conveys that there are certain attitudes, certain stereotypes -- negative attitudes, that is -- in the way that gay people have been portrayed, as I described earlier, related to social stigma, related to cultural portrayal, such as the Rubin, but, certainly, it is just one example. So if you internalize that, you think this is who I'm going to be in the future.

I mean, of course, it is not as simplistic as that, but that part of that is about, How do I see my future? How do I see my prospects for the future? Who will I become?

And we have seen that actually in some research. Gay and lesbian youth had a harder time projecting to the future because they have learned those kind of negative attitudes.

In fact, they have had a harder time -- so at a very young age children -- you know, the most accessible type of possible self, I think, is the kind of family relation that one describes. You know, a very young age people might -- sorry, little kids might play and say, "I am the wife" and "I am the mother," things like that.

So for gay youth or gay people, really, at whatever age they begin to grapple with those issues, this is -- this is a difficulty. You know, they have to think, well, how would I be, because is it true that, you know, gay -- homosexuals are not happy together?

You have to begin to, in a sense, undo some of those effects and in a sense relearn. And that was part of what the therapists were talking about, to relearn better attitudes about yourself and about what it is like to be gay.

Q. Dr. Meyer, I would like to show you -- if we could have demonstrative eight -- another example of testimony from Monday from our plaintiffs. Again, from Kristin Perry.

"QUESTION: What does the institution of marriage mean to you? Why do you want that?

"ANSWER: Well, I have never really let myself want it until now. Growing up as a lesbian, you don't let yourself want it, because everyone tells you you are never going to have it."

Do you have a reaction to that?

A. I think that is a pretty perfect example of what I was just describing, where the person recognizing herself, in this case as a lesbian, applies those notions that some of those things that are relevant to other people, such as marriage here, do not apply to me. I can't hope for that. That is not part of my possible self.

And, I guess, she is implying here, presumably because of her being a plaintiff, at some point she began to recognize that, yes, this is something that I could possibly get access to as well. So that's exactly the process I was describing earlier.

Q. I would like to move to your third and final opinion that you referenced earlier having to do with health outcomes.

You have described the stigma attached to being lesbian and gay and the role of minority stress in the lives of gay men and lesbians.

Does that stigma and minority stress, according to the research, have an impact or effect on health outcomes for gay men and lesbians?

A. Yes.

Q. What is that impact?

A. Well, as I mentioned earlier, this entire endeavor, this whole stress process that I described, its purpose is to study health determinants, as we call it, of health, the causes of

health and disease. And there's been literally hundreds of studies that studied different aspects of this and how it is associated with health outcomes.

And we know that for gay men and lesbians and, also, bisexuals, there has been shown a relationship between experiencing those kinds of stressors and negative health outcome or adverse health outcomes.

In my area of study those were mental disorders, such as -- there are three classes that we usually study in community studies. Those are anxiety disorders, mood disorders, such as depression, substance use disorders. It is a -- classify disorders. There are also just what we would call general distress or just feeling something, blue and sad, things like that. So there are a variety of outcomes that have been studied.

On the other side of it, there's also been health behaviors that are associated with stress, and this minority stress; for example, excess smoking, certain eating behavior, drinking.

Again, this is true for the general stress literature, as well as for gay and lesbian populations, with, I guess, the point being that gay and lesbian populations are exposed to more of the stress and -- to distress, which is unique and additive to kind of the general stress that, as I mentioned earlier, everybody experiences. And, therefore, that

excess risk, as we call in epidemiological language, that excess risk is associated with excess disease or disorder or whatever the outcome is.

So as I said, it could be disorders. It could also be generalized distress.

We have also studied something that's called well-being, which is -- some people refer to as a positive mental health.

And there has also been studies that show excess in suicide attempts, in particular, in youth.

Q. And, Dr. Meyer, does the research show that stigma and the minority stress that you talked about contributes to a higher incidence of these adverse mental health consequences or the attempted suicide you talk about in the gay and lesbian population than in the population at large?

A. Yes. So we look at the relationship between excess risk and -- to see whether it is related to excess in outcome, as we said, of the disease that we are studying. And there has been pretty consistent findings that show excess disorder or higher level of disorder in gay and lesbian populations as compared to heterosexuals.

Q. I want to be sure we are being clear on a couple of points.

Are you saying that being gay or lesbian is in and of itself in any way a mental illness?

A. No, not at all. What I'm saying is that there's risks that is associated with those social arrangement, with the social situation that I described as stigma and prejudice. And that excess risk is related to excess, as we call it, disorder or to an outcome. It leads to a certain outcome.

And because it is excess, it leads to more of the population that is exposed to the risk.

But when we study disorders and risk and outcome relationships, it is never expected that everybody who is exposed to a risk is, therefore, diseased somehow.

I mean, even in the area of stress, people who are exposed to the most severe type of stressors, like extreme stressors we call them, like war, doesn't mean that all of them are, therefore, going to be affected with a disease such as PTSD.

What we look at is excess and relationship between populations. As I said before, I studied patterns of diseases, so we want to see does this population have more of this risk and more of this disease. I don't know if it's clear.

Q. And a related point I just want to be clear on.

Are you saying that all gay men and lesbians suffer from some form of adverse mental health consequences or even that most do?

A. No. Again, what we look to see is whether this exposure is related to the outcome among some people.

I guess another analogy would be when we look at smoking and lung cancer. So we want to see, do people who smoke have more lung cancer than people who don't smoke? And that would indicate one indication of the association between those two, but it actually is not the fact that everybody who smokes gets lung cancer.

Going back to the gay and lesbian population, most gay men and lesbians are not disordered, but there is an excess in that population as compared to heterosexuals.

Q. Do you have a view as to whether the incidents of adverse health consequences of the type that you are describing would be less if we could find a way to reduce the stigma and minority stress experienced by gay men and lesbians?

A. Yes, I think that it stems from everything that I was saying. When we see people have more of this exposure, they have more of the disorder; and people who have less of this exposure, have less of the disorder.

So, for example, if we study within a group of -- we all them respondents, study participants. And we see that some people may have had a lot of those life events and they were of great magnitude. And then we see that they have more of the outcome that we're studying, maybe depression.

And then we see that some other people, for many reasons, didn't have that exposure. Maybe for particular circumstances in their own environment they were protected from

that or whatever other reasons. And we see that they have fewer -- a lower level of this disorder.

So that indicates that more of those stressors are associated with more of the disease, and by definition less of those stressors would be associated with less of that disease, or the diseases that are affected by those.

Q. Dr. Meyer, are you familiar with something called Healthy People 2010?

A. Yes.

Q. What is that?

A. We actually refer to that as Healthy People twenty-ten.

(Laughter.)

MR. DUSSEAULT: I stand corrected.

BY MR. DUSSEAULT:

Q. And what is Healthy People 2010?

A. So, just if you tell people Healthy People two thousand and ten, they would probably not know what you are talking about. We just call it Healthy People twenty-ten.

Healthy People is a project of the federal government organized or, I guess, I would say led by the Department of Health and Human Services. And it is the plan for the nation's health for the decade that is coming up. So, actually, right now we will be looking for Healthy People 2020.

So Healthy People 2010 is the plan for the health of the nation for the decade that started in 2000 and, obviously,

is ending now.

MR. DUSSEAULT: Could we put demonstrative three up?

(Document displayed)

BY MR. DUSSEAULT:

Q. Do you have that in front of you, sir?

A. Yes.

Q. And this is text from Healthy People 2010?

A. Yes. And can I explain something about it?

Q. Sure.

A. Okay. So Healthy People 2010, the Department of Health and Human Services and many, many -- this is a very long process that involves -- I don't know for exact, but many, many, many professionals and researchers and so forth, both in government and outside of government.

And so the main goals that the United States set up for itself in terms of health of the nation, one of the main goals was to reduce health disparities. Health disparities refer to differences between one population to another population where one population has more in excess of any kind of disorder, whether it's a mental or physical disorder.

And this is a section from Healthy People 2010 that describes one of those populations, which is a population defined by sexual orientation, and it has identified them as a -- one of our nation's goals to reduce disparities associated with -- in the health of gay and lesbian populations as

compared to heterosexuals. So that's what this is.

Q. Okay. And let me just read so, again, the record is clear what you are looking at. It says:

> "Sexual orientation. America's gay and lesbian population comprises a diverse community with disparate health concerns. Major health issues for gay men are HIV/Aids and other sexually transmitted diseases, substance abuse, depression and suicide. Gay male adolescents are two to three times more likely than their peers to attempt suicide. Some evidence suggests lesbians have higher rates of smoking, overweight, alcohol abuse, and stress than heterosexual women."
>
> And then we have highlighted the last sentence.
>
> "The issues surrounding personal, family, and social acceptance of sexual orientation can place a significant burden on mental health and personal safety."

In your view, is this finding from Healthy People 2010 relevant to your own opinion as to health outcomes and the relationship to stigma and minority stress?

A. I think it basically describes what I was talking about today, and this is pretty much what I describing.

MR. DUSSEAULT: Okay. Can we also show the chart?

Do we have the chart?

(Document displayed)

BY MR. DUSSEAULT:

Q. As we are reaching the end here, I want to just put a chart up here, which begins with social structure and then has a box on top, "Coping Resources," the top in the middle. And then bottom middle, "Stress (General and Prejudice-related)." And then on the right "Health Outcomes (Disease)."

Can you explain what this chart depicts?

A. This is a very, very schematic, simple way of basically demonstrating the causal chain that I was describing to you today that goes from the left to the right, with the health outcomes being our outcome of interest.

The social structure and social status are here to the left as determinants of stressors that people experience, as well as coping resources.

What we mean by that is that stress and coping resources are not randomly assigned to people in society, but they depend on their own social structures.

And it could mean something simple as if you are employed, you can get fired from your job. But if you are not employed, obviously, you cannot have that kind of event. So events do not just happen in a random order.

Specifically to the topics that I was discussing today, what it shows is the social status and the stigma lead

to exposure to specific stress -- stressors, such as the ones that I described that I call minority stress.

And I described here both general and prejudice-related to indicate that everybody experiences general stressors, as I described them, or just plain stress, and then there is added prejudice-related stress.

And on the top, "Coping Resources" relates to what I was describing before as the protective role of coping. And in coping -- all of this is very simplistic, but there are a lot more behind each of those boxes, as we just discussed at length; the stress, for example.

There is a lot more that can be said about coping, for example, and social support is part of that. And it basically shows what we look for is how does this whole process affect health outcomes.

Q. Dr. Meyer, I want to ask you one last thing as we close here.

Do you have a view as to whether the mental health outcomes of gay men and lesbians in California would improve if Prop 8 were not the law of California and gay men and lesbians were permitted to marry?

A. I do.

Q. What is that view?

A. I think consistent with everything that I have said, and consistent with my work on the relevance of the social

environment of social structures, and consistent with findings that show that when people are exposed to more stress, they fare worse than when they are exposed to less stress.

I think that if California -- and, also, consistent with the things I said earlier in terms of the proscriptive elements of Proposition 8, of the law having a constitutional amendment that basically says, you know, to gay people, you are not welcome here, that the opposite of that clearly would send a positive message. You are welcome here. Your relationships are valued. You are valued. We don't approve with rejection -- sorry. We don't approve rejection of you as a gay person as a state. And that has a very significant power.

As we all know, the law in the state is a very important party to creating the social environment. So clearly it's not the only thing that determines even experiences of prejudice and discrimination, but it is certainly a very major player, major factor, in creating this social environment that I described as prejudicial or stigmatizing.

Q. Thank you, Dr. Meyer.

MR. DUSSEAULT: Your Honor, I have nothing further at this time.

THE COURT: Very well. Why don't we take 10 minutes, counsel, to get ready for cross-examination.

We seem to be falling a little bit behind our schedule and so I'm going to suggest, if it's agreeable with

counsel, that we go a bit past 4:30 so that we can get in today everything that we had anticipated getting in.

Does that sound reasonable?

MR. BOUTROUS: That sounds great, your Honor.

THE COURT: Very well, good.

(Whereupon there was a recess in the proceedings from 2:58 p.m. until 3:17 p.m.)

THE COURT: Mr. Boies?

MR. BOIES: Your Honor, to perhaps allay some concerns to the Court about our pace, as I just explained to counsel for the defendants, we believe that we are on pace to finish Wednesday of this coming week. That is, we believe that we will be able to complete our case using tomorrow, Tuesday and Wednesday.

THE COURT: Okay.

MR. BOIES: And that is true even if we do not do Ms. Zia today. I had told the Court that we had hoped to get Ms. Zia in today; but even if we don't get her in today, we're still on target to finish on Wednesday.

THE COURT: Well, that's fine. Is that a suggestion that we not go beyond 4:00 o'clock?

MR. BOIES: No, your Honor, it's not, but I did want -- having consulted with counsel for defendants, I think their cross may very well take us somewhat beyond 4:00 o'clock. And I just wanted the Court to know that we could go longer,

and Ms. Zia is here, or we could go with Ms. Zia sometime tomorrow.

THE COURT: Well, let's just see how far we get and if we can certainly finish Mr. Meyer, that would be most helpful, and if we can get in Ms. Zia, that's all to the better. But let's take one step at a time.

MR. BOIES: Thank you, your Honor.

THE COURT: Cross examine.

MR. NIELSON: Yes, thank you. Good afternoon, your Honor.

CROSS EXAMINATION

BY MR. NIELSON:

Q. Good afternoon, Professor Meyer.

A. Good afternoon.

THE COURT: You are?

MR. NIELSON: Howard Nielson for the Defendant-Intervenors.

BY MR. NIELSON:

Q. I have already put a witness binder on your stand. You should have that, and it should also have been given to the Court. And I think we have a couple of witness binders for opposing counsel as well.

Professor Meyer, could you turn to tab one of the witness binder?

(Witness complied.)

A. Yes.

Q. Thank you. You will find an exhibit there, a document there pre-marked PX 934.

A. Yes.

Q. Can you identify this document?

A. Yes. It's a research article by Evelyn Hooker published, I believe, in 1954 or so.

Q. Are you familiar with this study?

A. Yes.

Q. Thank you.

Now, in his expert report Professor Herek said:

"This is now considered a classic study in one of the first methodologically rigorous examinations of the mental health status of homosexuality."

Are you familiar with Professor Herek?

A. Yes.

Q. Do you agree with that characterization of the study?

A. Can you repeat just the characterization?

Q. Yes. He said:

"It is now considered a classic study and one of the first methodologically rigorous examinations of the mental health status of homosexuality."

A. Yes.

Q. Now, according to Professor Herek, quote:

"Dr. Evelyn Hooker administered a battery of widely-used psychological tests to groups of homosexual and heterosexual males who were matched for age, I.Q. and education. The men were recruited from non-clinical settings. None of the men was in therapy at the time of the study. The heterosexual and homosexual groups did not differ significantly in their overall psychological adjustment as rated by independent experts who were unaware of each man's sexual orientation."

Do you agree with that description of the study's results?

A. Yes.

Q. Is there not some tension between Dr. Hooker's conclusions and your opinions that LGB individuals suffer from a higher prevalence of adverse mental health outcomes than heterosexuals?

A. Not at all.

Q. Please turn to tab three in the witness binder.

(Witness complied.)

Q. And you will see a document that is premarked DIX-1247.

THE COURT: By the way, are you moving in 934, or has it already come in?

MR. NIELSON: I'm not sure, but I will ask that I -- that that be admitted.

THE COURT: All right. 934 is admitted.

MR. DUSSEAULT: No objection.

(Defendants' Exhibit 934 received in evidence)

MR. NIELSON: And I apologize for not doing that at the first.

BY MR. NIELSON:

Q. Okay, your Honor -- excuse me, Professor Meyer. Now, can you identify this article.

A. Which exhibit is it?

Q. Tab three. It's exhibit DIX-1247.

A. Okay. Yes, this is my article.

Q. And, in fact, it's the same article that you talked about on your direct examination, correct?

A. Correct.

MR. NIELSON: And I happened to hear -- both defendants and plaintiffs separately designated this. I have my copy in front of me. I will move it into evidence, just as an abundance of caution in case --

MR. DUSSEAULT: No objection.

THE COURT: Okay. It came in, however, as Plaintiffs' --

MR. NIELSON: It's PX 1003, your Honor.

THE COURT: Fine. Thank you. We will refer to it as

that.

MR. NIELSON: All right.

BY MR. NIELSON:

Q. Now, I would like you to look at page 683 of the article, and that's going by the pagination from the journal that it was published in.

A. Yes.

Q. I'm going to read to you just a few passages from this page just to explore -- explore your opinions that you expressed in this article.

The very first, the top of the first column you write:

"Despite a long history of interest in the prevalence of mental disorders among gay men and lesbians, methodologically sound epidemiological studies are rare. The interest in mental health of lesbians and gay men has been clouded by shifts in the social environment within which it was embedded. Before the 1973 declassification of homosexuality as a mental disorder, gay affirmative psychologists and psychiatrists sought to refute arguments that homosexuality should remain a classified disorder by showing that homosexuals were not more likely

to be mentally ill than heterosexuals."

Now, you wrote that, correct?

A. Yes.

Q. And you believe that's correct?

A. Yes.

Q. Okay. Thank you.

Now, skip down to the next paragraph. About the middle of the paragraph it's -- it says, "In the social atmosphere of the time." Do you see that line? I'm going to read that. It's about the middle of the next --

A. Yes.

Q. (As read)

"In the social atmosphere of the time, research findings were interpreted by gay affirmative researchers conservatively so as to not erroneously suggest that lesbians and gay men had high prevalences of disorder."

Now, again, you wrote that, correct?

A. Yes.

Q. And you agree with that?

A. I wrote the entire article.

Q. Yes, okay.

(Laughter.)

Q. Then you are different from some of the professors I had.

A. I'm sorry. I don't mean to...

Q. All right. And then -- now, at the bottom that paragraph it says:

"Thus, most reviewers have concluded that research evidence has conclusively shown that homosexuals did not have abnormally elevated psychiatric symptomatology compared with heterosexuals. This conclusion has been widely accepted and has been often restated in most current psychological and psychiatric literature."

Correct?

A. Yes.

Q. Now, you believe that this quote "widely accepted," and "often restated view" is incorrect?

A. Do I believe that that --

Q. This "widely accepted" and "often restated view" is incorrect?

A. I believe that it was, as I said here -- you mean --

Q. The view that homosexuals did not have abnormally elevated psychiatric symptomatology compared with heterosexuals; that you said that view is widely accepted and often restated.

Do you believe that view is incorrect?

A. I said that it was in the past.

Q. Okay, it was in the past.

My question, though, is: Do you believe that is

incorrect, that view?

A. I have to explain the context of those studies, because --

Q. I'm sorry. I am going to move things along. You had a chance to explain your views at length on direct.

A. Right.

Q. And if opposing counsel thinks it is necessary, you can have an opportunity on redirect, but right now I really just want to know "yes" or "no."

Do you believe that view -- that past view, if you will, is incorrect?

A. I'm sorry. I cannot answer you like that because we are talking about what we call different generations of studies, and it's just -- if I could explain, I would explain.

But, for example, Evelyn Hooker's study was correct. So if you are asking do I feel that it was not correct, it was correct, but I don't think that it addressed the question that you are asking me about the prevalence of disorders.

Q. Well, what I'm asking is: Do you believe that -- in your own words you said:

"Homosexuals did not have abnormally elevated psychiatric symptomatology compared with heterosexuals."

Do you believe that it is -- that it is correct that homosexuals do not have abnormally elevated psychiatric symptomatology compared with heterosexuals?

A. I don't believe that, as I described the evidence today.

Q. So you believe that is incorrect?

A. As of today, yes.

Q. Okay. Thank you.

And that view is inconsistent with your testimony in this case, correct? Not the view you just expressed, the view that is the quoted here?

A. Right. My view is -- my research evidence that is recent has shown that, in fact, gay and lesbian population do have higher rates of some disorders.

Q. So that opinion is inconsistent with what you said was once the widely accepted and often restated view?

A. Correct.

Q. Thank you.

Look at the next paragraph. The very first line you say:

"More recently, there has been a shift in the popular and scientific discourse on the mental health of lesbians and gay men. Gay affirmative advocates have begun to advance minority stress hypothesis claiming that discriminatory social conditions lead to poor health outcomes."

Correct?

A. Yes.

Q. And that is your position, correct?

A. Yes.

Q. Thank you.

And I notice you used the -- that one of the citations, in fact, after that sentence is to your own work, correct?

A. Correct.

Q. It says "Meyer, 2001"?

A. Correct.

Q. So you consider yourself a, quote, gay affirmative advocate, correct?

A. I'm considering myself a gay affirmative scientist, and I certainly advocate for the improvement of the social environment for gay men and lesbians, yes.

Q. And the exact words you used here were "gay affirmative advocates." And you used that in connection with the citation to yourself.

So do you believe yourself to be a gay affirmative advocate?

A. Among other things that I am, such as a social scientist.

Q. So, yes, correct?

A. Yes.

Q. All right. Thank you.

And, in fact, you contributed money to the No On 8 campaign, correct?

A. Yes.

Q. In fact, you did so on two occasions, correct?

A. I don't remember, but I did contribute to them because I thought that the cause was something that I agreed with.

Q. All right. Thank you.

And please look at tab number four.

(Witness complied.)

Q. This is something that we got off the San Francisco Chronicle's data base. It tracked the Proposition 8 contributions.

Does this reflect your recollection about your contributions to Proposition 8, to the No On 8 campaign?

A. I don't have independent recollection, but I don't have any reason to doubt it either, so.

Q. All right. Okay. Thank you.

All right. In your testimony, writings and the expert report that I read, I notice that sometimes you refer to the minority stress model and sometimes you refer to the social stress model. For purposes of your opinions in this case, are those synonyms?

A. No.

Q. Are they essentially synonyms for purposes of your opinion here?

A. Well, one is a case of the other, so they refer to similar theories, but the minority stress, per se, is the theory that I

described earlier, as I described those stressors that are specific to gays and lesbians.

But it's -- the social stress is kind of like a broader category that would fit in it. So I don't know if you want to say that that's a synonym or not, but the minority stress is one of the models that are used as a -- within the, I would say, rubric of social stress.

Q. When we are talking about stress received by disadvantaged groups, would the social stress theory or the social stress model and minority stress model be synonyms?

A. I think, as I just explained, the minority stress is usually used to the gay and lesbian population because, for example, it as things like internalized homophobia or -- that are specific.

But in the social stress, for example, with African-Americans I would say the most prominent article discussed racism and stress, which is --

Q. Okay. But --

A. -- is parallel I guess.

Q. So minority stress is a subset of social stress?

A. Right, right, but I --

Q. Okay. Thank you.

And sometimes you use the word "minority stress theory." Sometimes you say "minority stress model." Is that essentially synonymous?

A. Yes. The -- yes, I guess.

Q. Thank you.

All right. I just wanted to clarify that, because you used these -- these were different words in some of our articles and I just want to make sure that we're on the same page.

A. Sure.

Q. Now, the social stress model or, if you will, the minority stress model predicts the individual's --

(Court reporter interruption.)

Q. The social stress model or the minority stress model, I guess I should say the minority stress model, predicts that individuals who are members of disadvantaged groups receive more stress than individuals who are not members of those groups, correct?

A. Yes, and that would be true of the social stress as well.

Q. Okay. So in that case they are synonyms?

A. Yes.

Q. Okay. Thank you.

And the model predicts that as a result of social stress or as a result of minority stress, individuals who are members of disadvantaged groups will have worse mental health outcomes than individuals who are not members of those groups, correct?

A. Yes.

Q. All right. And at least as a theoretical matter, those two premises should apply to other disadvantaged groups, correct?

A. That I would say is a question that is of great interest, but I cannot say correct or incorrect on the way that you described it.

Q. Okay. Even as a theoretical matter, you can't say that that's correct?

A. As a theoretical matter, we look at commonalities and divergences across populations in order to probe our theories and to understand how things work. So there are commonalities as the way that you described them, yes.

Q. And --

A. There are also dissimilarities, of course. So we -- we try to analyze the balance of those in learning about theoretical issues.

Q. Okay. I would like you to turn to tab number eight in the witness binder.

(Witness complied.)

A. Yes.

Q. And you'll find a document pre-marked DIX-2519.

A. Yes.

Q. Can you identify that document?

A. Yes. That's an interview that I -- I was interviewed by this person, David Van Nuys, and I believe it's a transcription

of that interview. It was an oral, you know, internet radio interview.

Q. Yes, thank you.

And in that interview you discussed some of the studies and work that you have conducted, correct?

A. Yes.

Q. All right. Thank you.

MR. NIELSON: Your Honor, I would like to move DIX-2519 into evidence.

MR. DUSSEAULT: No objection.

THE COURT: Very well.

(Defendants' Exhibit 2519 received in evidence.)

MR. NIELSON: Okay. Thank you.

BY MR. NIELSON:

Q. And I would like to look at the third page of the exhibit.

A. Yes.

Q. Sorry. I want to look at the second to the bottom paragraph on that page, and it says:

"So some of the findings that we had, for example, is when we look at stress exposure. So we wanted to study each aspect of this theory because a lot of the elements of the stress theory, especially when it comes to social stress, are often assumed but not tested. And we wanted to test carefully the

entire process. So the first hypothesis -- you know, it's a pretty big hypothesis, there are a lot of different studies about that -- is do disadvantaged groups, in fact, have more stress."

Correct? So that -- that doesn't distinguish gays and lesbians from other disadvantaged groups, correct?

A. Right. That will be a general test of the social stress model. As you said, the first assumption is the disadvantaged is associated with added stress.

Q. Right, right. And I would like to go up earlier on that page, your second full response. You say:

"So around this, I designed the study and the study included 524 men and women who were New York City residents. And there were people who were in those different groups that we can identify based on this so that we can test this theory. So they were gay and lesbian bisexual versus heterosexual; they were women versus men; and they were black and Latino versus white. And we looked at those three disadvantaged statuses and to what extent those disadvantaged statuses are related to an increase in stressors as the theory would say, and to what extent, if they

do have those increases in stressors, do they, in fact, lead to certain mental disorder."

A. Yes.

Q. So at least as a theoretical matter, the social stress theory would predict that for each of those three groups, the disadvantaged group would experience more stress and have worse mental health outcomes, correct?

A. Correct.

Q. All right. Thank you.

Turning back to LGB, the LGB individuals in particular. You believe that as a result of -- you believe that due, in part, to minority status, the LGB population has about twice as many mental health disorders as heterosexuals, including mood, anxiety and substance use disorders, correct?

A. Yes.

Q. And you also believe that the LGB population suffers from a higher prevalence of mood anxiety or substance use problems that do not meet criteria for a formal psychiatric order, but are nevertheless indicative of stress, correct?

A. Yes.

Q. Okay. Thank you.

And you also believe that LGB individuals have lower levels of well-being than heterosexuals, correct?

A. Yes.

Q. And you believe there is a higher incidence of suicide attempts among the LGB individuals compared to heterosexual individuals, correct?

A. Repeat, please?

Q. You believe that there's a higher incidence of suicide attempts among LGB individuals than among heterosexual individuals?

A. Yes.

Q. Okay. And where one LGB individual suffers from minority stress, it would tend to affect the other partner as well, correct?

(Brief pause.)

Q. Let me rephrase that.

When an LGB individual is in a relationship, intimate relationship with another individual, where one LGB individual suffers from minority stress, it would tend to affect the other partner as well, correct?

A. I think that's true of all partners. When something bad happens to one of them, surely it will affect the other.

Q. So it's a yes, correct?

A. Yes.

Q. Okay. Thank you.

A. I just would say it's not unique to LGB in this case.

Q. Okay. It's not unique, but it would be true?

A. Yes.

Q. Okay. Thank you.

A. I assume -- you know, it's kind of theoretical. I would assume that it would affect the other person, too, who is -- if his loved one experienced something.

Q. And specifically if one of the members of the partnership or the marriage, whatever it might be, if they suffered -- one member suffered from minority stress, it would increase general stress on the relationship and would have a negative impact on their satisfaction, correct?

A. Yes. Some of the stressors -- you know, this is in general, kind of an average.

So some of those stressors would definitely have this effect. And I particularly studied internalized homophobia as an example of that type of effect, but there might be more minor things that may not have this effect.

Q. Okay. Thank you.

Now, you believe that the adverse mental health outcomes among the LGB population that you believe you have identified are due, in part, to minority stress, correct?

A. Yes.

Q. Emphasis on "due in part."

A. It's not that I identified all those differences. There are many studies and even in the article that we just discussed, I rely on other studies by summarizing them, but --

Q. My question is really getting --

MR. DUSSEAULT: Could I object to the extent counsel is interrupting the answers? He is asking the question and the witness is answering and he needs to be permitted to answer.

MR. NIELSON: I'll try and be careful. I'm trying to move things along, but...

THE COURT: All right. Well, maybe you can point your questions and the witness can point his answers and, hopefully, you will meet in the middle.

(Laughter.)

A. I was just making the point that you said that I found those -- the evidence about a higher prevalence, and I just made the point that it is not all my studies.

BY MR. NIELSON:

Q. Correct. Thank you. And I appreciate your making that clear.

My question, though, what I'm really getting at is: These mental health outcomes can also result from other causes, correct?

A. Yes.

Q. And some of those causes would be unrelated to stress, correct?

A. Yes.

Q. And some -- even for stress-related causes, some of those stressors would be not related to minority stress, correct?

A. Yes.

Q. General stressors, I think you -- is the term you used --

A. Yes.

Q. -- correct?

Okay. Thank you.

And those sorts of general stressors are not dependent on membership in a disadvantaged group, correct?

A. Correct.

Q. All right. At least as a theoretical matter, the social stress model would predict that women experience more stress than men, correct?

A. It's correct with some -- it's correct that we would look for that prediction, yes.

Q. Okay. Thank you.

And in this interview, as you describe your work, you actually found that men and women did not have different levels of overall stress, correct?

A. Yes.

Q. And this is something that's also found in the general literature, correct?

A. Yes.

Q. So regarding gender, the expectations of social stress theory, the disadvantaged group, in this case women, would have more exposure to stress is not verified by your studies, correct?

A. Yes.

Q. And this expectation, the social stress theory regarding women, is not verified by many other studies either, correct?

A. Yes.

Q. Thank you.

And the social stress model would predict that African-Americans and Latinos suffer from a higher prevalence of mental disorders than non-Hispanic whites, correct?

A. As a group, yes.

Q. Thank you.

Now, in the study that you describe in this interview, you, in fact, found that African-Americans and Latinos do not have more stress -- or, excuse me, they do have more stress than non-Hispanic whites, correct?

A. Correct.

Q. But you found that African-Americans and Latinos do not have more mental disorders than whites, correct?

A. Correct.

Q. And this is a finding that's not unique to this study, correct?

A. Yes.

Q. This finding seems to be valid because it's been shown with other populations in general studies, correct?

A. I think -- other populations, you mean that studied the same thing? Other studies, yeah.

Q. Yes, okay. I was actually just quoting directly from your

words --

A. Yeah. Other studies that use other samples and so forth, yes.

Q. Please look at the third paragraph of your first full answer on page four. And, again, we're still in this interview you gave.

And it starts with "However." Can you see that, Professor Meyer?

A. Page four --

Q. Your first full answer. It's about the middle of the page. And I'm going to read that to you. You say:

"However, regarding the blacks and Latinos, we found an interesting finding.

And, in fact, that just repeats what I said, so I'm going to skip to the middle --

A. Okay.

Q. -- where it says:

"So blacks and Latinos have more stress, but they don't have more mental disorders. So that's very bewildering, again, from the social stress perspective because you question whether your theory is correct. If they have more stress and the stress is a cause of disorders, which is what this whole study is about, then how come they don't show

more disorders?"

Okay. Now, you wrote that, correct?

A. Yes.

Q. Or, rather, you said it probably, because it was an interview.

A. Right, but probably have written something like that as well.

Q. Okay. And the social stress model would also predict that within the LGB community, African-Americans and Latino LGB individuals, would suffer from a higher prevalence of mental disorders than white non-Hispanic individuals, correct?

A. I'm sorry. The study that you quoted before was about African-American and Latino gay and lesbian people.

Q. Yes. I --

A. Are you asking now a different --

Q. Well, in the study we just talked about, you said this was true in the general population as well.

A. Right. So it's true -- but the study that I conducted was about black and Latino gay men and lesbians as compared to white gay men and lesbians.

Q. All right. And I want you to look at another study you did that's -- that's clearly -- more clearly pointed just at that within the LGB group. But I take your point, so thank you for clarifying that.

A. Okay.

Q. But let me ask one clarifying question.

The general pattern, you said in this article, is true for non-LGB as well, correct, for both men versus women and for the ethnicity and race groups?

A. I would limit it to African-Americans versus white, because it's a little complicated with Latinos; but, yes, African-Americans versus white.

Q. Okay. But -- but the social stress model would predict that within the LGB community, African-American and Latino LGB individuals would suffer from a higher prevalence of mental disorders than white non-Hispanic LGB individuals, correct?

A. That was a hypothesis that we tested, yes.

Q. Thank you.

And you tested that because that's what the social stress theory or the minority stress theory would predict, correct?

A. We tested because we wanted to see whether -- there's actually an alternative prediction, too. So it's a little bit more complex than the way you are describing it. But we -- we test the hypothesis because we always pose one side of the hypothesis.

In fact, in this matter of gay and lesbian, which we call kind of having dual minority identities, the one theory or one hypothesis that they would have more -- because they now have two kind of minority identities or disadvantaged, but the

other theory was that they actually would do better because somehow their experience as black and exposed to racism would somehow give them special coping ability so that when they deal with the gay homophobia, that they can somehow do better.

So those are the two sides, and we certainly posed the hypothesis as one side when we tested it.

Q. Well, two questions. First of all, do you consider that a very parsimonious explanation?

And I don't mean your words. I mean as a theoretical matter. Is that a parsimonious theory?

A. Parsimonious in what way?

Q. In the way you use it in the social sciences. And you have used that word.

A. Exactly, but I have used it in different contexts, so --

Q. My understanding is that parsimonious means simple, and that in the social sciences -- in science in general a simpler answer is preferred to a more complex one, as long as they both fit the data, is that correct?

A. You want me to say if that is preferable in social sciences?

Q. Yes.

A. There is disagreements about that. So a more parsimonious explanation is preferable if you look to kind of -- in some ways, you know, you are looking for the pithiest and most simple, as you said, explanation that can explain the

widest phenomenon.

But on the other side of parsimony, there are people and, you know, a study that -- a philosophy of sciences that say that parsimony is not good because it doesn't allow you to understand the details and the workings; that it could oversimplify, in other words.

So that is a debatable thing. But, certainly, we are interested in those questions of parsimony in the way that may be referred to.

Q. Okay.

A. So we are interested in those questions. We want to see, is it parsimonious? Is it explaining a cross situation and a cross populations and so forth. It's certainly what makes my work interesting.

Q. Okay. Thank you.

Now, please, look at tab nine in the witness binder.

(Witness complied.)

Q. And you will find a document that's pre-marked DIX-1253?

A. Yes.

Q. Can you identify this document?

A. Yes. That's an article I published in the *American Journal of Public Health* in 2008.

Q. Thank you.

MR. NIELSON: And, your Honor, I would like to introduce DIX-1253 into evidence.

MR. DUSSEAULT: No objection.

THE COURT: 1253 is admitted.

(Defendants' Exhibit 1253 received in evidence.)

MR. NIELSON: Thank you.

BY MR. NIELSON:

Q. And this document describes a study that you conducted, correct?

A. Yes.

Q. Thank you.

And, please, look at the top -- there's three columns actually, but look in the first page, the top of the first column -- or the second column, the middle column?

A. Uh-huh.

Q. And now you stated a minute ago that you were -- you were not inclined to agree with my statement that the social stress theory would predict that black and Latino lesbians -- well, LGB individuals would have more mental disorders than white non-Hispanic LGB individuals.

But I would like to read that to you. It says," Social stress theories" --

A. I don't think I said that.

Q. Well, do you agree with that?

A. Can you repeat it?

Q. Okay. The social stress model would also predict that within the LGB community African-American and Latino LGB

individuals would suffer from a higher prevalence of mental disorders than white non-Hispanic individuals, correct?

A. Yes. I said that was the hypothesis we tested.

Q. Okay.

A. So I didn't disagree with that, but I also said that there is -- there is a debate, you know, that we tried to address in studying this topic. So there is one side and the other side in terms of the dual identity. That's what I was saying earlier.

So that was the hypothesis we tested --

Q. Now, the --

(Court reporter interruption.)

Q. Have you completed your answer?

A. Yes.

Q. I apologize.

Now, the first sentence here says:

"Social stress theories lead us to expect that compared with socially advantaged groups, disadvantaged groups are at a higher risk for mental disorders."

A. Yes.

Q. You agree with that statement, correct?

A. Yes.

Q. So we, thus, hypothesized, one, that black and Latino lesbians, gay men and bisexual individuals have more mental

disorders than do white lesbian gay men and bisexual individuals because they are more -- exposed to more stress related to prejudice, discrimination -- excuse me, prejudice and discrimination associated with their race, ethnicity?

A. Correct.

Q. All right. And you believe that hypothesis followed from the social stress theory, correct?

A. Yes.

Q. Thank you.

All right. And then in this study you found that African-Americans and Latino lesbians, gay men and --

(Court reporter interruption.)

Q. And in this study you found that African-American and Latino lesbians, gay men and bisexual individuals did not have a higher disorder prevalence than did white participants, correct?

A. Than the white lesbian, gay men and bisexuals.

Q. Correct.

A. Yes.

Q. And I guess the white non-Hispanic lesbian, gay men and bisexuals.

A. Right.

Q. And this finding was contrary to your hypothesis, correct?

A. Right.

Q. All right. Thank you.

And you found that African-American lesbians, gay men and bisexuals have significantly fewer disorders than did white participants, correct?

A. I think in some of the findings that was significantly fewer, yes.

Q. Okay. And let's look at -- let's look at page -- this first page in the third column, and I will read starting with the second paragraph -- the second sentence, it says:

> "Contrary to our hypothesis, black and Latino lesbians, gay men and bisexual individuals did not have a higher disorder prevalence than did white participants. Indeed, black lesbians, gay men and bisexual individuals had significantly fewer disorders than did white participants."

A. Right. The black --

Q. Okay. So that is correct?

A. Yes. But the -- yes.

Q. Okay. Thank you.

And you found that the prevalence of disorders among Latino lesbians, gay men and bisexual individuals was similar to that --

(Court reporter interruption.)

Q. Okay, sorry.

And you found that the prevalence of disorders among

Latino lesbians, gay men and bisexual individuals was similar to that of white lesbians, gay men and bisexual individuals, correct?

A. With the exception of serious suicide attempts, that is correct. But we found them to have a higher prevalence of serious suicide attempts in history.

Q. But not of disorders generally, correct?

A. Of those three disorders, right.

Q. Okay. Thank you.

And men and women did not differ substantially in disorder prevalence, correct?

A. Correct.

Q. In terms of implications to social stress theory, this study reported inconsistent findings, correct?

A. Within the context of this particular questions that were raised in this study, but it is not inconsistent with the general -- what I testified to, which was about the difference between gay, lesbian and heterosexual.

So within that gay and lesbian group, there was not the finding that supported the idea that if you had an added -- sorry, an added minority identity, that that will add more disorders to you.

But as a group, they had more disorders than heterosexuals --

Q. Correct. But the --

A. -- which is not reported here because this is just looking at one particular aspect of it.

Q. But the results regarding race, ethnicity were inconsistent with your predictions made on the basis of social stress theory, correct?

A. Again, within the context of that, yes.

Q. Thank you. And these results regarding race and ethnicity were inconsistent with other's predictions made on the basis of social stress theory, correct?

A. What is it? With other peoples, yes.

Q. Yes, thank you.

And you found it notable that the race ethnicity patterns reported here among lesbians, gay men and bisexual individuals were similar to race differences found among heterosexual individuals in general population studies, correct?

A. Yes. But, again, as a group, they were all elevated; but the differences within the group of gay men, lesbians were consistent in that sense of that hypothesis that I tested, although there were some differences. But I don't think it's relevant to what you are asking right now.

Q. No, I understand that.

And you stated that you believed that further research needs to explain the seeming contradiction of social stress predictions, correct?

A. Absolutely. We always think that further research is necessary.

Q. Yes.

A. That's what we do.

Q. That's how you stay in business.

(Laughter.)

Q. And some lawyers predict that litigation is always necessary, too. But, thank you.

The social stress model would also predict that within the LGB community, racial and ethnic minorities would suffer from lower levels of well-being than whites, correct?

A. Yes. The same rationale.

Q. And the social stress model would predict that within the LGB community, racial and ethnic minorities would suffer from a higher prevalence of depression than whites, correct?

A. I think -- is it repeating the same thing we discussed, because --

Q. I just asked you about mental disorders, which I understood it to be the subject of the study we just read.

Now I'm asking about well-being first, and then suicide attempts second.

A. Oh, okay. I'm sorry.

So regarding well-being. Again, it will be the same basic pattern. You would -- on one hand, the social stress part of it would say they have another minority identity,

therefore, they should have more disorder.

The coping, I guess, hypothesis you can say would say the opposite.

And with regard to suicide, yes, you would expect them to have more.

Q. Okay. So the answer is that the social model -- the stress model would predict that within the LGB community, racial and ethnic minorities would suffer from a higher prevalence of depression than whites?

A. Yes.

Q. Is that correct?

And I apologize, I misspoke. The study I'm going to look at next is about depression and well-being.

A. Okay.

Q. Okay. Thank you.

Now, please turn to tab 10 in the witness binder.

(Witness complied.)

Q. You will find a document that's pre-marked DIX-1252. And can you identify this document?

A. Yes. That's another study from the same -- sorry. Another paper that was published from the same study, looking at the different outcomes that you mentioned actually, and it was published in the *American Journal of Orthopsychiatry* in 2009.

MR. NIELSON: Your Honor, this is also an exhibit

that was designated by both parties. I believe the plaintiffs designated it as Exhibit No. 999. And it may have been among that list that Mr. Dusseault submitted, though I can't recall.

THE COURT: It is.

MR. NIELSON: Okay. Thank you.

THE COURT: So that's in.

MR. NIELSON: It's in? All right. Thank you.

BY MR. NIELSON:

Q. Now, this document describes another study you have conducted, correct?

A. It's the same study. It's a different analysis on the same -- the same sample that was in the other paper we just discussed. So it's the same people, but a different outcome, as you mentioned.

Q. All right. So it's the same study, but a different aspect of that study?

A. Exactly.

Q. All right, thank you.

And in this study you did not find decreased well-being or increased depression in racial ethnic minority respondents as a whole, correct?

A. In the -- again, those are the gay and lesbian black and -- yes. Consistent with what we were just saying with the other study, yes.

Q. Right. And this finding was contrary to your hypotheses

stemming from minority stress theory about the added stress that racial, ethnic, minority status would place on --

(Court reporter interruption.)

Q. Sorry.

And this finding was contrary to your hypotheses stemming from minority stress theory about the added stress that racial, ethnic, minority status would place on LGB individuals, correct?

A. Yes.

Q. And your finding regarding mental health and well-being of African-American LGB persons is consistent with results of studies of the general population that found that despite greater exposure to discrimination and prejudice, African-Americans do not have a higher prevalence of most common mental disorders than whites, correct?

A. Yes.

Q. And studies have found this is true with respect to both the general population and LGB populations, correct?

A. Again, it's correct in the sense of black versus white LGB, but the LGB versus heterosexuals, which is what I was testifying to, that was higher.

But in the general population, meaning non- -- well, not necessarily gay samples, the finding is that as you described it.

Q. Okay. And we will turn to the studies of heterosexuals

versus LGB individuals immediately after this exhibit, but I'm testing the minority stress theory generally, which is why I'm exploring some of the work you've done relating to gender and race.

A. Okay.

Q. Now, other studies have shown that African-Americans, in fact, have higher self-esteem and well-being than whites, correct?

A. That's in the general population.

Q. Yes.

A. Yes.

Q. Look at page eight of this exhibit. And, again, we are at tab 10.

Starting about halfway down in the middle of the paragraph at the bottom of the second column, I'm going to read that to you. It says:

> "That our results show inconsistent support for minority stress hypotheses should lead to a reexamination and, if necessary, elaboration of the minority stress model. We are particularly struck by the finding that black LGB respondents, clearly a disadvantaged social group in American society, do not show higher levels of depressive symptoms and lower levels of

well-being than their white counterparts. This finding clearly challenges minority stress theory. That this finding is consistent with findings about black/white differences and well-being in the general population, as well as findings regarding differences and prevalence of mental disorders between black and white LGB, strengthens our confidence that these findings are not a result of some bias in our study."

Those are your words, correct?

A. Yes.

Q. And does that fairly summarize --

A. That's one of the conclusions that we came to, yes.

Q. Okay. And turn over the page to the next paragraph, the top of the page nine in the first column. It says:

"The lack of parsimony in our results represents a challenge in social stress theory. It suggests that the theory cannot be applied uniformly and that greater definitions and distinctions are necessary in future research."

Correct?

A. Correct.

Q. And we discussed parsimony a minute ago, correct?

A. It is saying exactly what I said, that -- I guess, the word "challenge" needs to be explained.

What I'm saying here is that we need to examine, because of those differences, the commonalities and divergences, we need to try to better -- we would call it specify the model; that it will be a better model predicting those types of outcomes so that they -- so we can explain them better.

Q. But you said that it means that the theory cannot be applied uniformly and that greater definition and distinctions are necessary, correct?

A. Exactly.

Q. All right. Thank you.

Please turn to tab 11 in the witness binder, and you'll find a document pre-marked DIX-1246.

(Witness complied.)

Q. Can you identify this document?

A. 1246?

Q. Yes. It's tab 11.

A. Yes. That's an article that I wrote that was published in the *Journal of Health and Social Behavior* in 1995.

Q. Thank you.

MR. NIELSON: And, again, this is one that was designated by the plaintiffs as 1002, your Honor, and I believe

that it is in evidence.

THE COURT: Very well.

MR. DUSSEAULT: No objection.

MR. NIELSON: Correct?

MR. DUSSEAULT: I'm sorry?

MR. NIELSON: 1002, PX 1002. Could I have opposing counsel confirm that that was admitted?

THE COURT: Yes. 1002?

MR. NIELSON: Yes.

THE COURT: Is in.

MR. NIELSON: Okay. Thank you.

BY MR. NIELSON:

Q. Okay. Now, this document discusses a study you conducted, correct?

A. Yes. This was my dissertation study.

Q. This was your doctoral dissertation, you said?

A. This was based on the dissertation. This is a publication that came out of it, yes.

Q. Okay. Thank you.

All right. Now, please look at page 39 in the middle of the -- well, towards the top of the second column, about three sentences into the first full paragraph, you write:

"It has been predicted that, if minority position is stressful, and if the stress is related to psychological distress, the

minority groups must have higher rates of distress than non-minority groups. But studies that compared rates of distress and disorder between blacks and whites, women and men, and homosexuals and heterosexuals did not confirm such predictions, leading some researchers to refute minority stress conceptualizations."

And the study goes on to list a number of citations, a number of studies, including -- I believe I count nine on, quote, gay/straight differences, correct?

A. Right.

Q. So those studies, at least, do not support the social stress model as it applies to LGB individuals, correct?

A. Those are the studies that I was referring to before when you asked me the questions about Evelyn Hooker and so forth that in the past demonstrated that.

And as I also said in many of the publications, that the studies in the 90's are the ones that began to use more advanced accepted methods that begin to show this difference.

And, in fact, the point of this article is to show the support for minority stress. And this is the article that, actually, I first introduced the concept and demonstrated how it does work. In other words, it is supported. So this was just the introduction to this.

Q. All right. Thank you.

But these studies that you cite here you characterize as studies that compared rates of distress and disorder between homosexuals and heterosexuals and did not confirm such predictions.

And the predictions to which you are referring earlier in that sentence already:

"It has been predicted that, if minority position is stressful, and if this stress is related to psychological distress, then minority groups must have higher rates of distress than non-minority groups."

Correct?

A. So those older studies did not show that, as we showed --

Q. Sorry --

A. -- yesterday.

Q. All right. So those studies, at least, were inconsistent with your model, correct?

A. Yes.

Q. Okay. Thank you.

And your 1995 study did not look at inter-group comparisons, correct? By "intergroup comparisons" I mean comparisons between heterosexuals and LGB individuals.

A. No. I did this most fully in the 2003 article that we

discussed earlier.

Q. Yes. But in 1995 you did not, correct?

A. This was looking at a group of gay men.

Q. And, in fact, in that article you stated that -- just lower down to the page, you say:

"I suggest that we must reexamine our reliance on evidence from intergroup comparisons of rates of distress. Despite the intuitive appeal of this approach, numerous methodological problems lead to bias, making it difficult to interpret the evidence from studies using this approach."

Correct?

A. This refers to -- you know, we refer to different generations of studies in psychiatric epidemiology. There was a huge shift in understanding how to do studies like that.

So I'm saying here, what I said in that -- what you are quoting, that those older articles are not a good indication for the assessment of those differences because they didn't use sampling methodologies that would be correct, that would allow us to make -- to draw those conclusions. They didn't at the time have diagnostic criteria that were that clear, and they certainly did not have any measures to assess those.

So there were a lot of methodological problems in

those earlier studies, including the studies that we were discussing earlier when you quoted some of the, again, early studies that do not talk to the effect off prevalence.

So they would have been two groups of gay versus straight, but they were not studies of prevalence in the population. So, therefore, they are not reliable as an estimate of the difference in the prevalence.

Q. Okay. But you said -- you suggest -- quote:

"I suggest that we must reexamine reliance on evidence from intergroup comparisons of rates of disorder (sic)."

Correct?

A. Yes. Because of that problem, and other issues that I think I list here.

Q. Okay. And thank you.

And that's why you did not conduct an intergroup study in 1995, correct?

A. I wouldn't say that is why I didn't conduct it, but I was using this study as another anchor on this problem, on this question.

As I said, we used -- we tried to use different approaches to study the same problem from different sides so that we can see convergences and inconsistencies so that we can, by looking at those, improve our way that we understand the problem and the theories. That is not unique, you know, to

these studies.

For example, there was a time that people thought that all cancers are caused by some kind of a genetic mutation. And then they find studies that don't confirm that and, therefore, they go on and investigate further and they say, Oh, some studies, some -- sorry -- cancers are caused by an infectious agent. So that's what I mean by improving the model. So now we understand something a little better about how cancer is caused.

So in the same way we always try to challenge our results and our studies using different methodologies, different ways of assessing the basic theory that, you know, we discussed here as social stress and use it -- so when I say the word "challenge," we use it to further study things that are discovered in, let's say, inconsistencies. So some of the inconsistencies that you described are now the subject of further investigation.

Q. Okay. Thank you.

But you found -- your findings in this study contrasted with the previous evidence compiled on minority stress, correct?

A. Well, this study was looking within a group of gay men. It contrasts with those older studies that, as I said, did not show the differences.

But as I also said, there were studies that were not

up to par in terms of how we assess those issues now in terms of their ability to represent the population prevalence or the proportion of people in the population that have the disorder.

Q. All right. I'm not asking about the methodology of the previous studies. I'm just asking whether your findings in this study were inconsistent with those studies?

A. I mean, I guess you could -- I think I would say that the older studies were inconsistent with this new finding.

Q. Okay. And please turn to page 51, if you would, please, sir?

A. Yeah.

(Witness complied.)

Q. Okay, Professor Meyer, let's -- right in the middle of the second column on page 51, you write:

"These findings contrast with previous evidence compiled on minority stress. When studies compared rates of disorder or distress between minority and non-minority groups, we found little evidence that minority stress is related to adverse mental health."

Correct?

A. Yes. Those are those old studies that I mentioned.

Q. Thank you.

And in the last -- in the last paragraph of that

page, a little farther down, you say:

"Certainly the issue of rates of disorder and distress cannot be sidestepped and will have to be addressed, too. But if the present findings are convincing, we must address the question of rates of difference with this evidence in mind. The issue, thus, becomes one of explaining why there are no differences in rates of disorder between minority and non-minority populations and how such findings could be consistent with the evidence that not just social conditions do, in fact, have adverse mental health effects."

And you wrote that, correct?

A. Yes.

Q. Okay. Thank you.

A. It's kind of what I was just trying to explain as well, that --

Q. Thank you.

Let's turn back to tab three. And we discussed this document a moment ago and it's in evidence, so we can go straight to it.

THE COURT: Tab?

MR. NIELSON: Three, your Honor.

BY MR. NIELSON:

Q. And this is your 2003 article where you did look at intergroup comparisons, correct?

A. Correct.

Q. Yes, thank you.

And in the middle --

THE COURT: Page? What page?

MR. NIELSON: That was just a general question, your Honor.

THE COURT: I thought you were about ready to read something.

MR. NIELSON: I am.

BY MR. NIELSON:

Q. Now I will direct -- ask you, Professor Meyer, to turn to page 684.

(Witness complied.)

Q. Okay. Please look at the second sentence of the first full paragraph. It starts, "In drawing."

A. Uh-huh.

Q. (As read)

"In drawing a conclusion about whether LGB groups have higher prevalences of mental disorders, one should proceed with caution. The studies are few, methodologies and measurements are inconsistent and trends in

the findings are not always easy to interpret. Although several studies show significant elevation in prevalence of disorders in LGB people, some do not."

So at the time you wrote this, you believed that, at least, some of the previous studies were inconsistent with the minority stress model, correct?

A. We are talking still about the same studies that were the older studies. And the reason that I did this paper is to use only the better studies, the ones that can actually answer the question, and that's what the findings in this paper demonstrate.

Q. Okay. Thank you.

Now, please look at page 685. Look at page 685 and look at the second full paragraph on the page. You describe -- well, I will just read it:

"Two studies assess the risk for completed suicides among gay men. These studies assess the prevalences of homosexuality among completed suicides and found no overrepresentation of gay and bisexual men, concluding that LGB populations are not at increased risk for suicide. Thus, findings from studies of completed suicides are inconsistent with studies finding the LGB

"groups are at higher risk of suicide ideation and attempts than heterosexuals."

And then in the last sentence of that paragraph you say:

"Considering the scarcity of studies, the methodological challenges and the greater potential for bias in studies of completed suicide, it is difficult to draw firm conclusions from their apparent refutation of minority stress theory."

Correct?

A. This concerns a particular type of study that looks at completed suicide -- as those people who are dead -- and, therefore, it is -- there are only two of those and it is very hard to assess the proportion of people there who were gay.

So that's why I said that it is hard to draw conclusions for those two studies.

Q. But at least on their face they -- you describe them as presenting an apparent refutation of minority stress theory, correct?

A. Apparent, yes. But I also say in the same paragraph that the methodological problems would preclude you from drawing those conclusions.

Q. All right. And you said it was --

"Considering the scarcity of studies, the

methodological challenge and greater potential for bias, it's difficult to draw firm conclusions."

That is correct.

A. About this particular issue of completed suicides.

Q. Yes. Thank you.

Now, your 2003 study did conclude that LGB individuals have a higher prevalence of mental disorders than heterosexuals, correct?

A. Yes.

Q. Okay.

A. As I said before, this was not my study. This was what we call a meta-analysis, which is a method of gathering data and information from other studies. So I -- I looked at the other studies and came up with the statistics that describe the aggregate of those studies.

So the purpose of that is to get a better handle on those estimates because you are using not just one study, but several studies that are available to you.

Q. Correct. And you -- you relied on two types of studies, correct; studies that targeted LGB groups using non-probability samples, and studies that used probability samples of the general populations that allowed identification of LGB versus heterosexual groups, correct, in your meta-analysis?

A. I looked at all of those studies, but in conclusions I

relied only on the studies that used probability samples.

The studies that don't use probability samples are exactly the ones we were discussing earlier and which is why I said that you cannot really draw good conclusions from them in terms of estimating prevalence.

So I looked at, I think, all of the studies that were available going back, I think, to the 70's. And so when I -- when you say "rely," I certainly looked at all of those, but in the meta-analysis I -- as most people do, you create a selection criteria for which studies you want to include and. In this case there were -- I looked specifically at the ones that were community studies that are very large and that involve probability samples, because probability samples allow us to then estimate back into the population the proportions, the prevalences as we called them.

Q. So when you say -- you looked at the first type of non-probability study, but you ultimately didn't rely on that, is that your explanation?

A. In the meta-analysis.

Q. So the meta-analysis was based only on the -- well, let me get your exact words. It's the -- well, the probability samples of the general population that allowed identification --

A. I think I did both, and I show -- but in terms of drawing conclusion -- I looked at different things, but in terms of

drawing conclusion about prevalences, I relied on those studies that are probability studies and --

Q. Okay. Thank you. I wasn't clear on that from reading the article, and I appreciate that clarification.

So let's talk just about those probability studies then. The second group of studies you reviewed, the population -- well, the population-based studies do suffer from some methodological deficiencies, correct?

A. The population-based studies?

Q. Yes.

A. All studies suffer from methodological deficiencies, but the population based studies are the best ones that we have to addresses this question.

Those are very large population-based studies that the entire United States Public Health Service relies on. Those were the only evidence we have for prevalences of mental disorders in the United States.

Q. Thank you.

And because none of these studies was a priori designed to assess mental health of the LGB groups, they were not sophisticated in the measurement of sexual orientation, correct?

A. Yes. Those were general population studies and the LGB group were basically -- whoever happened to have been gay within the general population was included by virtue of the

probability sampling.

Q. The studies classified respondents as "homosexual" or "heterosexual" only on the basis of past sexual behavior, rather than using a more complex matrix that assessed identity and attraction in addition to sexual behavior, correct?

A. I actually -- if I said that, I assume it's correct, but I actually don't remember that all of them used even the exact same.

But they usually would choose one measure and, therefore, they don't have a more complex measure. I -- I don't remember independent that they all used the exact same measure that you just quoted, but --

Q. Please look at page 685 in the second column. It's the last full paragraph on that page, so it's above the carryover. And about part way down, I'm going to read it to you, it says -- after the sentence -- the first sentence says that:

> "...they, too, suffer from methodological deficiencies."
>
> But then I'll start reading in full. It says:
>
> "This is because none of these studies was a priori designed to assess mental health of LGB groups. As a result, they were not sophisticated in the measurement of sexual orientation. The studies classified respondents as homosexual or heterosexual

only on the basis of past sexual behavior. In one year," and there is a citation to a study, "in five years," and another citation, "or over the lifetime," and a third citation, "rather than using a more complex matrix that assessed identity and attraction in addition to sexual behavior," and another citation. "The problem of measurement could have increased potential error due to misclassification which, in turn, could have led to selection bias." Does that refresh your recollections?

A. Yes. I don't know if I'm referring here to a particular group or study, but let me just say that if this is true about all the studies that I use, but it may be. But in general, this is true the way you described it.

There have been studies of this nature that use not just this one thing, but they all use a selected measure that they find the most relevant to their purpose.

So I just can't confirm that all of the ones here -- I would actually be surprised if they all used this exact same measure, but --

Q. Well, just answer that -- I'm sorry. Go ahead.

A. Basically, the main point that they do not use the more complex ways of measuring that I agree with.

Q. Thank you.

And these population studies also suffer because they included a very small number of LGB people, correct?

A. Correct. But let me just say, this is why I conducted the meta-analysis, which allows you to, in a sense, increase your sample because you are then aggregating all of them.

But, on the other hand, you are limited by some -- maybe some comparisons that you might want to do. But to conduct the meta-analysis I aggregated them to overcome this problem of small sample sizes.

Q. And, please, look at page 688, if you would. And starting at the middle of the carryover paragraph, as you see it on 688, you write:

"My use of a meta-analytic technique to estimate combined ORs somewhat corrects this deficiency, but it is important to remember that a meta-analysis cannot overcome problems on the studies in which it is based."

Correct?

A. It cannot overcome all the problems, but in this particular example that you used, it certainly overcomes the problem of the sample size. That's because you are adding all of those sample together.

But as I said, there is no method that is like a hundred percent perfect, but it specifically overcomes the

problem of both sample size and, also, what we call sampling error. So that if you just rely on one sample, you might have some specific biases connected with that; but if you aggregate, you know, five samples, then that error will get lost within that bigger number of studies. So that's what it does.

But it certainly doesn't, for example, overcome the issue of measurement because they all -- you know, you can't change the measures that they use. So it depends on what, you know, you are talking about.

Q. So it may overcome sample size, but it wouldn't overcome a lack of precision in the definition of LGB individuals, correct?

A. I didn't say there was a lack of precision. But if there were a lack of precision -- I said they didn't use as a -- the measure that they did use could have been precise, but they didn't use a more complex measure.

But it wouldn't overcome measurement -- we call it measurement error, although it would help, because of that question -- because of that issue that I just said related to sampling error.

So, again, the best way to explain it is that when you take -- even if one study has an error and maybe another one has another error, when you aggregate them all together, they all part of it; but the larger pattern that you see will emerge despite different errors that will get -- they are much

better than if you just relied on the one study with the error or with the bias.

Q. But still a meta-analysis cannot overcome all the problems in the study on which it's based, correct?

A. No.

Q. And it's important to interpret results of a meta-analyses with caution on the critical perspective, correct?

A. Absolutely, yeah.

Q. All right. And in this 2003 study, you described your conclusions as:

> "Inconsistent with research and theoretical writings that can be described as a minority resilience hypothesis which claims that stigma does not negatively affect self-esteem."
>
> Correct?

A. Yes.

Q. And you described your conclusions as:

> "Inconsistent with studies that showed that blacks do not have a higher prevalence of mental disorders than whites as expected by minority stress formulations."
>
> Correct?

A. Yes.

Q. You stated:

"Further research must address this apparent contradiction."

Correct?

A. Yes.

Q. And please look at 688 again. I guess if you are still there, that would be great.

A. Yes.

Q. You write:

"One problem which can provide a plausible alternative explanation for the findings about prevalences of mental disorders in LGB individuals is that bias related to cultural differences between LGB and heterosexual persons inflates reports about history of mental health symptoms. It is plausible that cultural differences between LGB and heterosexual individuals cause a response bias that led to overestimation of mental disorders among LGB individuals. This would happen if, for example, LGB individuals were more likely to report mental health problems than heterosexual individuals."

And then your article goes on to identify several reasons why LGB individuals might be more likely to report mental health problems than heterosexual individuals, correct?

A. Yes. That is one of the possible limitations in the sense that, you know, we look at -- as I said earlier when I described the methodology of working on studies, we look at all kinds of potential explanations and try to address them, assess whether or not they are feasible, whether or not they threaten the conclusion and so forth. So this is one of the things I considered in looking at this evidence.

Q. And you found -- and you said in your study that:

> "To the extent that such a response bias exists, it would have led researchers to overestimate the prevalence of mental disorders in LGB groups."
>
> Correct?

A. To the extent that it exists, it would.

Q. And, all right. In his expert report Professor Herek wrote:

> "In addition, lesbian, gay, bisexual people face other stressors. For example, because the Aids epidemic has had a disproportionate impact on the gay male community in the United States, many gay and bisexual men have experienced the loss of a life partner, and gay, lesbian and bisexual people alike have experienced extensive losses in their personal social networks resulting from the

death of close friends and acquaintances. Treatment related to multiple losses is linked to higher levels of depressive symptoms."

Do you agree with that statement?

MR. DUSSEAULT: Your Honor, could I ask for a citation and page?

MR. NIELSON: It's Paragraph 31, note 13 of the Herek report. That's at tab two, if you would like to look at that. And it's on --

A. I'm sorry. What page?

BY MR. NIELSON:

Q. Tab two, it's and it's Paragraph 31.

A. Okay.

Q. It appears to be on -- starts at the bottom of page 10. It's in the footnote. If you would like to look at that, I read it. I won't ask you to read it aloud, but if you just look at what he writes in that footnote.

A. Which footnote?

Q. 13. It starts at the bottom of page 10.

A. You want me to read what it says?

Q. Just to yourself.

A. Oh, okay.

Q. My question is: Do you agree with that statement? I already read --

A. Yes. He's actually referring to something that I wrote apparently, yes.

Q. Okay. Thank you.

MR. NIELSON: Your Honor, I still have a fair amount of material. Do you want me to continue?

THE COURT: Keep plowing.

MR. NIELSON: Yes, sir. Yes, your Honor.

BY MR. NIELSON:

Q. Please turn to tab 13 in the witness binder, Professor Meyer.

A. Yes.

(Witness complied.)

Q. You will see a document pre-marked DIX-1249.

A. Yes.

Q. Can you identify that document?

A. That's another article that I wrote, which was published last year in 2009 in a journal that's called *Journal of Counseling Psychology*.

Q. Thank you.

MR. NIELSON: And, your Honor, we had a slight technical difficulty with this document. The PDF version that we provided plaintiffs and, perhaps, the Court inadvertently had an exhibit stamp on each page and so that obscured some of the words.

We have corrected that problem in this hard copy, and

we can provide corrected PDFs to the plaintiffs and the Court, if that's necessary.

THE COURT: The copy in my binder looks fine.

MR. NIELSON: The hard copy is correct. The PDF, I believe, had the exhibit stamp on every page.

THE COURT: All right. Well, why don't you correct that?

MR. NIELSON: We will take care of that, but I assume there is no prejudice since the citation was evident and Professor Meyer wrote it.

And I would like to move that into evidence, DIX-1249, the version without the exhibit stamps on every page.

THE COURT: Fine.

MR. NIELSON: Thank you.

THE COURT: 1249 is admitted.

(Defendants' Exhibit 1249 received in evidence.)

BY MR. NIELSON:

Q. Please look at page 23, Professor Meyer.

A. Yes.

Q. You write:

"But here lies the first problem for researchers of LGB populations. The population's definition is elusive."

So defining the LGB population as a potential methodological problem in comparing mental health outcomes of

LGB individuals to mental health outcomes of non-LGB individuals, correct?

A. Where is it? I assume that it is correct.

Q. Well, that last question I didn't read from your report. So if you disagree with it, let me know.

You wrote that:

"Here lies the first problem for researchers of LGB populations."

A. Where is that?

Q. I'm sorry. It's page 23, the second column, the bottom paragraph, about the middle. It's a carryover paragraph.

A. Okay.

Q. You write:

"But here lies the first problem for researchers of LGB populations. The population's definition is elusive."

And then I asked you this question: Is defining the LGB population a potential methodological problem in comparing rates -- or comparing mental health outcomes of LGB individuals to mental health outcomes of non-LGB individuals?

A. Is it...

Q. A potential methodological problem?

A. I'm not sure what you mean, what kind of problem. As I said, in this article defining the population, regardless of LGB or any population, is the first step in conducting a study.

And any study faces the challenge of definition of the population because if you want to sample, you cannot -- you know, you have to know who it is that you are sampling from, and there is a variety of steps that one takes in doing this.

This is nothing specific to LGB populations, and some of the quotes I use here are just methodological issues.

So when you say it causes a problem, I don't exactly see that as a problem. I see it as just, this is part of what we do when we design a study. We --

Q. Okay.

A. -- look through all of those issues.

Q. My question was whether it causes a -- raises a potential problem.

A. You know, I can come up with scenarios, I guess, but I cannot answer that question in that generic form. I would have to see what exactly we're talking about.

It doesn't create a problem in principle, the fact that we have questions of definition. As I said, all studies start with questions of definition. So that fact doesn't create a problem.

Q. Now, in the article we were just looking at you noted that the population-based studies, one of the methodological problems they suffered from was that they did not use a sophisticated definition of the LGB population, correct?

A. That's not exactly how I said it. What I said is that

they used a -- that's, perhaps, a limitation that they used one type of a definition, but I -- I mean, obviously, I didn't think that there was that great of a problem and, obviously, the reviews of this journal didn't think it was that great of a problem, and the people who quote it -- you know, it's not -- you are trying to suggest that it's some big problem. It's not.

Q. Well, I would like to explore that based on what you wrote in this article.

As you said in the first line, "The population's definition is elusive," correct?

A. The population definition is elusive in every study. This is one of the greatest sampling methodologies. Sudman devotes a lot of effort to try to address that and I quoted it here.

As I said, this is the first step of trying to establish a study. If I wanted to study men, I would have to define what age group, is there any particular residence that I'm interested in or a region of the country.

This is just basic survey methodology. This is the first step you have to define. And it is -- it is challenging, you know. If you are interested in issues related to birth problems, are you going to study women of a particular age who are -- you know, so those are just normal things.

What is a Latino? Do you include Mexicans or do you include Puerto Ricans? This is what I'm talking about, that

this is the issue that sampling methodologies confront as they design a study. And this is the first step, is to define a population, which we call the general population. Then you define the sampling population, which is a more specific definition of where you want to sample from. And there's further problems and issues of definition.

Q. Let's talk about the first question you said, the general sample, not specific sample for LGB individuals.

Is there a correct definition of the general LGB population?

A. Is there one correct definition? As I explained in this article, the definition depends on your purpose in the research. So just as there is no correct definition of Latino, there is no correct or one correct -- it is correct if it is responsive to the research questions that you are trying to answer.

So it is only correct in that sense that, did you do a good job in defining the population so that you are getting at the population that you intending to study? You know, we talk about the kind of theoretical population and the actual population. So it is correct only in the sense that you correctly sample the population of intention.

So if I wanted to study last Latinos and I defined it as Mexicans and Puerto Ricans, there is nothing incorrect about it because I didn't include another Latino group, if that's

what I was interested in.

So in the same sense here, there is a variety of ways that you can measure what we are calling here in a general way LGB. So, for example, you might want to measure the behavior as the only thing that you are interested in, in which case that will be a correct thing, if it makes sense for your purpose.

Q. Okay. So I want to ask you two "yes" or "no" questions, if it's possible.

First, there is no one correct definition of the LGB population, correct?

A. For the purpose of particular research.

Q. Okay. Second, definitions of sexual minorities vary, correct?

A. All definitions, by definition, vary. If you are talking about definitions, they vary.

Q. Let's be more concrete. Let's look at page 24, the first full paragraph. You write -- and this is starting with the second -- yes, the second sentence of the first full paragraph in the first column on page 24.

You write:

"Researchers have distinguished among sexual identity, sexual behavior and attraction. Although these overlap -- that is, a person who is attracted to same-sex individuals may

also have sex with same-sex individuals -- this overlap is not great. Only among 15 percent of women and 24 percent of men do the three categories overlap."

A. In this particular study that I quoted, yes.

Q. So we have three partially, but only partially overlapping concepts that have been used by researchers to define the LGB population; sexual identity, sexual behavior and attraction, correct?

A. Again, they might have used just one of them or they might have used more. So those are three ways of defining that people have used in the field, yes.

Q. And some researchers may use a combination of those, correct?

A. Exactly.

Q. All right. And let's break this down. First of all, sexual identity. Identity labels -- and even whether a person uses an LGB identity label at all -- vary across generations, racial ethnic groups, geographical regions, education levels and other group characteristics, correct?

A. Yes.

Q. Not all LGB individuals define themselves as LGB until some developmental tasks along the coming-out process have been achieved, correct?

A. Yes.

Q. This means that at any point some people who answer truthfully that they are not LGB will, at a later point, define themselves as LGB, correct?

A. Yes, exactly, because they haven't yet -- I referred before to the coming-out process.

So at some point you might talk to a person and they would either hide it or have not yet defined themselves like that, and that they would truthfully answer no to the question.

Q. Thank you.

And, furthermore, because of cultural diversity, some people who engage in same-sex behavior, who may be considered by others as sexual minorities and who may be of interest to the researcher, would not identify themselves as LGB, nor consider themselves a sexual minority by any name, regardless of the researcher's definition, correct?

A. Yes.

Q. So it's possible that the same individual may honestly give different answers when asked about his or her sexual identity at different times in his life, correct?

A. Yes.

Q. And it's possible that an individual who engages in same-sex behavior may honestly not identify himself or herself as LGB, correct?

A. Yes.

Q. And both of these -- well, that assumes -- both of those

questions assume that an individual gives an honest answer when asked his or her sexual identity, but it's also possible that some individuals will not give an honest answer to that question, correct?

A. Obviously, that's possible, that people would not give an honest answer.

Q. And, in fact, for LGB individuals, there may be particular reasons why they would -- might be reluctant to answer that question, correct?

A. Yes. As I described before, concealing would be that -- what I would refer to that.

Q. Thank you.

Let's turn next to sexual behavior. Behavior -- behavioral definitions also vary, correct?

A. Behavioral definitions of what?

Q. Of sexual orientation.

A. I'm not sure what you -- I guess they could differ in this time frame that people might have looked at, yes.

Q. Yes. So they could look at different time periods, correct?

A. Right.

Q. All right. And because more people have same-sex sex in adolescence, defining sexual orientation as "sexual behavior ever" includes more people than defining it in the past year, correct?

A. Right. But that will be true for anything. If you look at "ever," you get more.

Q. For example, you could ask someone whether they were African-American ever or African-American in the last year?

A. That would actually -- that is a very interesting phenomenon, but that is also possible.

African-American is an identity, so the identity part of it could vary and, in fact, it does vary.

People who move into the United States, for example, who are by our definition African-Americans may not describe themselves as African-American or even black.

And there are studies that show that people who come, for example, from the Caribbean who are dark colored, their parents don't describe themselves as black, but their offsprings after being educated in the United States and socialized do.

So it -- definitions always vary. Certainly, with African-Americans, the term itself is relatively recent. Black was used before that. And Negro was used even before that. Senator Reid got into trouble for using that term.

So those identities change and they are responsive to the social context in many different ways, but -- obviously, the population itself doesn't change, but how people refer to themselves might change.

Q. Okay. But for LGB individuals, the variance in the time

period you are looking at can lead to significantly different estimates, correct, of the population?

A. As I said, again, that is true for anything. We always look at lifetime, for example, versus one year. So if you look at the one-year rate of a disorder, it will be a lot less than a lifetime.

Q. Thank you.

Now, there are also different ways in which a definition of sexual orientation that focuses on attraction might vary, correct?

A. Yes.

Q. All right. Now the size of the LGB population might vary a great deal depending on how sexual orientation is defined, correct?

A. Right.

Q. Thank you.

And please look at tab 12 in the witness binder. You will find an Exhibit pre-marked DIX-1248.

(Witness complied.)

A. Wait, I'm sorry. Oh, 1248, yes.

Q. And can you identify this document?

A. Umm --

Q. I apologize. It doesn't have a cover sheet. It's an article you wrote with Laura Dean and others entitled "Lesbian, Gay, Bisexual and Transgender Health Findings and Concerns"

that was published in the *Journal of Gay and Lesbian Medical Association*. Is that the document?

A. Yes. That is -- that is actually a report that tries to summarize some of the findings, health findings.

MR. NIELSON: And I believe this is also PX 1004, which I believe is in evidence.

THE COURT: I can check that.

MR. NIELSON: Could I ask the Court to confirm that that is Laura Dean, Meyer findings in the "Lesbian, Gay, Bisexual and Transgender Health Findings and Concerns"?

MR. DUSSEAULT: Correct.

MR. NIELSON: Okay. So that's in evidence.

BY MR. NIELSON:

Q. All right. Please look at page 135 in the exhibit. It's a lengthy exhibit. And that's towards the -- not quite the end, but towards the end.

A. Yes.

(Witness complied.)

Q. And in the second full paragraph in the second column you write:

"Recent national studies estimating the percentage of the population that falls into each of the three broad dimensions of identity, behavior and attraction show that one to four percent of the population

identifies as lesbian or gay, two to six percent of the population reports some same-sex behavior in the previous five years, and up to 21 percent of the population reports same-sex attraction at least once in adulthood."

And I will skip the citations.

And then you go on to say:

"Therefore, depending upon how it is defined and measured, 1 to 21 percent of the population could be classified as lesbian or gay to some degree with the remainder classified as bisexual or heterosexual to some degree."

Correct?

A. If that's what it says here. And, obviously, again, depending -- you can -- depending on the definition that you use for the finding of population, you will get different rates. If it's more expansive, inclusive, then you will get a high rate than if it is less expansive and inclusive.

Q. Now, 1 to 21 percent seems like a great deal of variance.

A. I don't think anybody would say that attraction is a true measure of LGB, what we are talking about.

So I think one of the things is when you -- when you measure things, you realize that it is not exactly the way you

think it is.

So attraction is a very, very fluid thing in the sense that, for example, I -- a woman tends to have less inhibitions about saying, oh, this other person is attractive. That doesn't make her a lesbian because she said that. So that's why I'm saying, it's a definitional thing.

For me, in my studies, I use identity, which is the standard that we use in the U.S. census, for example -- not in LGB, which is not measured, but, let's say, on race. So, you know, those things are the same issues in measuring any kind of group's identity.

If you wanted to, for example, measure race by skin tone, you will find that you will have a huge number of people who maybe have a darker skin tone, but are not identified as black.

So to me, the attraction -- personally, as a researcher, I don't use the attraction definition because I find it very broad. And I use the identity when I am interested in issues, such as the ones we discussed today; but I might use behavior if I'm interested, for example, in HIV-related risk.

So every researcher uses definition based on the purpose of their study or survey or whatever it is.

Q. Okay, thank you.

MR. NIELSON: And, your Honor, I had more

methodological questions, but I'm going to skip ahead. I think we have dwelled on that long enough.

MR. DUSSEAULT: Your Honor, may I raise one issue, just simply to note we have not had a chance to look at 1004. And while it is Meyer and Dean, it's not the same article as Defendants' 1248. We don't have an objection to Defendants' 1248, but we didn't want the record to reflect they were the same.

MR. NIELSON: Thank you for -- I appreciate that clarification.

And, your Honor, I would move DIX-1248 into evidence then.

THE COURT: Very well. So admitted.

(Defendants' Exhibit 1248 received in evidence.)

MR. NIELSON: Thank you.

BY MR. NIELSON:

Q. Now, Professor Meyer, it's your opinion that limiting marriage to opposite-sex couples causes minority stress for LGB individuals, correct?

A. That limiting -- can you repeat?

Q. Yes. Now, it is your opinion that limiting marriage to opposite-sex couples causes minority stress for LGB individuals, correct?

A. Yes, as I described earlier.

Q. And it's your opinion that minority stress causes a higher

prevalence of mental disorders, a higher prevalence of certain symptoms of distress that don't rise to the level of formal disorders; including mood, anxiety and substance use problems, lower levels of well-being and higher incidents of suicide attempts, correct?

A. Correct.

Q. Now, does limiting marriage to opposite-sex couples cause minority stress for all gays and lesbians or only for lesbians or gay couples who wish to marry?

A. I would say all, because of -- as I explained earlier, it is the message you send.

So you can think about the event of marriage in a sense and say, well, this would only affect those people who want to marry. But the message that I described earlier of rejection or disapproval, clearly applies to all gay people. So they would all -- you know, I can't predict what every single person that sees this, but there would be something that affects the rest of the social environment regardless if you are personally interested in getting married.

It is the message, in this case in the constitutional amendment, that demonstrates -- that is of interest, or the meaning as I said before, the social meaning.

Q. So it affects all of them and not just those, not -- all LGB and not just those wishing to marry, correct?

A. It has the potential to effect -- you know, I never said

that -- minority stress doesn't affect of single person in the same way. It is a potential.

Q. Thank you for that clarification.

Are you aware that same-sex marriage has been legal since 2004 in Massachusetts?

A. Yes.

Q. Do LGB individuals suffer from a lower prevalence of mental health disorders in Massachusetts than in California?

A. Well, the first answer is I don't really know, but that's now how I -- I wouldn't expect it exactly in that way that you are suggesting; that that would be the test of that, because Massachusetts is not, you know, an isolate in the United States and, you know, it would be more complicated for me to assess.

So that alone would not change everything. So it's just one aspect of it. And, certainly, I would think that people in Massachusetts who are gay would feel more supported and welcome, so to speak. So in that sense, it would reduce the stress that they have somewhat.

Q. But your answer is you don't know, correct?

A. Well, I don't -- I don't have the data on that.

Q. You don't have data?

A. Right.

Q. Okay. Thank you.

Do LGB individuals suffer from a lower prevalence of mood, anxiety and substance use problems that do not meet the

criteria for formal psychiatric disorders in Massachusetts and in California?

A. Again, the study wasn't done in the way that you are describing it, although a study was done looking at states where there's greater rights for gay and lesbian people, and it did show those things that you are alluding to.

So it wasn't exactly done in the way that you are saying. It wasn't Massachusetts versus California. But in general in the United States states that offer more protections, gay and lesbian populations there fare better than in states that do not offer such protections.

So to the extent that you can use that as a suggestion that it does have this effect that you are alluding to, but I don't know of a study that compared California to Massachusetts on any of those outcomes.

Q. Okay. And I was planning to ask you about the other outcomes, but the answer would be the same?

A. Right. I don't know of a study that tested it either way.

Q. Thank you.

Are you aware that same-sex marriage has been legal since 2001 in the Netherlands?

A. I am going to believe you on that. I'm aware that it's legal.

Q. I will represent to you that it was.

A. Okay.

Q. Do LGB individuals suffer from a lower prevalence of mental disorders in the Netherlands than in California?

A. I -- I actually don't know the answer to that, although there are studies that -- I don't know the answer to that.

Q. Would your answer be the same if I asked about the other outcomes you identified?

A. Right. I don't -- I don't know the comparison. Honestly, I don't know that I can tell you the rates of all the disorders specifically to California, so I couldn't compare them.

Most of the studies that I relied on were national studies that were not separated by state.

Q. Okay. Thank you.

Now, you are aware that California allows same-sex couples to register as domestic partners, correct?

A. Yes, I've learned that.

Q. And you believe that, quote, domestic partnership has almost no meaning, and, to some extent, it's incomprehensible to people as a social institution, correct?

A. Yes.

Q. And I apologize, I said "quote." That's -- that was from your deposition?

A. Correct.

Q. And for opposing counsel's benefit, I'll identify that as the transcript at page 80, 9 to 11.

A. I believe I talked about it today, as well.

Q. Yes. And you believe that domestic partnership reduces the value of same-sex intimate relationships, correct?

A. Reduces -- yes.

Q. Okay. And if domestic partnership and marriage were both available to same-sex couples, you think they would probably not choose domestic partnership, correct?

A. I would think that.

THE COURT: How are you doing on time, Mr. Nielson?

MR. NIELSON: Fifteen minutes?

THE COURT: All right.

MR. NIELSON: I'll try. That may be slightly optimistic, but I'm cutting a lot of -- I'm trying to cut a lot of chaff from the wheat.

THE COURT: The longer we talk, the less wheat that's ...

BY MR. NIELSON:

Q. Please turn to page -- or tab 14 in the witness binder.

I'm going to represent to you that this is a California statute governing domestic partnerships.

A. Okay.

Q. And I'm going to read you part of this. And we could read it all, but I am not going to read it all.

If you look at section A, it says:

"Registered domestic partners shall have the same rights, protections, and benefits, and

shall be subject to the same responsibilities, obligations and duties under law, whether they derive from statutes, administrative regulations, court rules, government policies, common law, or any other provisions or sources of law as are granted to and imposed upon spouses."

Were you aware that California law treated domestic partners in this manner?

A. I'm not aware of all of the legal issues around it, but I was aware that it is at least approximate in the same rights and benefits.

But, as I said, I wasn't in my testimony or in my reports talking about those benefits and rights. I was talking about the social meaning and the social message that marriage conveys. So I wasn't studying that particular aspect of the --

Q. So that does not, in any way, change the opinions that you've offered in the case?

A. No. It certainly is a good thing that they offer benefits, but I'm just saying that's not what I was focusing on. My focus is on the social meaning, the social place of that --

Q. You --

A. -- of marriage.

Q. I'm sorry. Are you complete?

A. I'm sorry.

Q. Do you believe that domestic partnerships stigmatize gay and lesbian individuals?

THE COURT: I'm sorry, what was the question?

BY MR. NIELSON:

Q. Do you believe that domestic partnerships stigmatize gay and lesbian individuals?

A. Yes.

Q. Okay. Please look at tab 15 in the witness binder.

You will see a document premarked DIX1067. And, as you can see, it's a letter from California Assembly Member Jackie Goldberg. And, as you can see, it concerns legislation titled "AB205."

A. I'm going to take your word on that.

Q. And if you look at the heading under it, it says:

"AB205 will provide registered domestic partners with a number of significant new rights, benefits, responsibilities and obligations."

And I'm going to represent to you that this -- that AB205 was enacted into law, and the principal portion of that law as amended was the statute we were just looking at.

A. Okay.

Q. Okay. Please turn to the last page of the exhibit. And please look at the italics, the italicized statement about two

and a half inches up from the bottom of the page.

A. Uh-huh. Yes.

Q. It says:

"This bill is sponsored by Equality California. Other advocacy organizations that collaborated on the drafting of this bill included Lambda Legal Defense and Education Fund, National Center for Lesbian Rights, and ACLU."

A. Yes.

Q. Are you familiar with Equality California?

A. Yes. I believe they are the organization that opposed Proposition 8.

Q. Right. And, in fact, you contributed money to the Equality California's No On 8 campaign, correct?

A. I should become familiar with them.

(Laughter)

Q. Do you believe Equality California would sponsor legislation that stigmatizes LGB individuals?

A. Do I believe that they intend to stigmatize? No.

But I think that that doesn't change my answer to the question about domestic partnership. So whatever their intention was, I'm sure, to better the lives of gay and lesbian individuals in California, but, nonetheless, having a second type of an institution that is clearly not the one that is

desired by most people is stigmatizing.

Q. All right. And if I were to ask you the same question about the involvement of Lambda Legal Defense and Education Fund, National Center for Lesbian Rights, and the ACLU, your answer would be the same, correct?

A. Exactly.

Q. All right. Thank you.

MR. NIELSON: Your Honor, I would like to move DIX1067 into evidence.

MR. DUSSEAULT: No objection.

THE COURT: Very well, 1067 is in.

(Defendants' Exhibit 1067 received in evidence.)

BY MR. NIELSON:

Q. I'd like to direct your attention to tab 18. You'll find a document premarked DIX1020. Can you identify this document?

A. I got it.

I don't believe I've seen it before. It says, "Article Proposition 8 and the future of American Same-Sex Marriage Activism." But I have not read it before, I believe.

Q. And who is the author?

A. Jeffrey Redding.

Q. Are you familiar with Jeffrey Redding?

A. No. I -- I don't think so. I don't remember the name.

Q. All right. I'm going to -- I won't question you about that document then.

Have you done any research to determine whether, since it adopted AB205 -- and that's this bill we were just talking about -- LGB individuals in California suffer from worse mental health outcomes than LGB individuals in any jurisdiction that recognizes same-sex relationships as marriages?

A. No.

Q. Okay. Now, at your deposition -- I would like you to turn to -- you made a statement, and I want to confirm that it was, in fact, a statement that you made. And it's -- turn to tab 7, if you would. That's a transcript of your deposition. And look at page 149. And the pages are a little confusing. There's four on each page.

A. That's okay.

Q. And it's actually page 38 in the continuous pagination at the bottom, if that's helpful.

A. I got it.

MR. DUSSEAULT: Your Honor, I'd object if it's not being offered to impeach anything.

THE COURT: Why are you offering it?

MR. NIELSON: I was going to ask him whether he agreed with it. Perhaps I should ask him whether he agreed with it, first. And then if he doesn't --

THE COURT: Why don't you ask him the statement --

MR. NIELSON: Yes, exactly.

THE COURT: -- without referring to the deposition.

MR. NIELSON: Right.

BY MR. NIELSON:

Q. When you speak of a gay and lesbian person whose intimate relationship has not been granted societal approval, would that include gays and lesbians who are in a domestic partnership?

A. Yes, in the same sense that I discussed earlier, about the social meaning of marriage versus domestic partnership.

Q. Okay. Now, let's look at the deposition transcript. It's lines -- page 149, line 16 through 20. And you can continue past that, if you need to, for context.

Could you -- you don't need to read it aloud, but could you read that and tell me whether you gave that testimony at your deposition.

A. Did I give this --

Q. Did you say this at your deposition?

A. I don't have an independent recollection, but I read it here and I presume that's correct.

Q. Okay. And the statement -- the answer you gave to the question today was "yes."

And the answer at your deposition was:

"No. I describe here -- when I talk about these unions in the sense of the impact on stigma, I'm really not considering domestic partners, domestic partnership. And,

admittedly, they have many benefits, including maybe something that you were referring to just recently. But in terms of the impact that I'm referring to here, I wasn't talking about domestic partnerships."

And, as you said, you have no reason to think that you didn't give that testimony, correct?

A. Right. But I'm really not sure what the context of this is and what -- what we were talking about before, so I don't know that it is replicating the question that I just agreed to.

But my answer is that, you know, what I just told you is what I still believe. I don't know that that necessarily in any way contradicts that.

MR. DUSSEAULT: Your Honor, if it's being offered for impeachment, could I add additional language in the interest of the rule of completeness?

THE COURT: Very well.

MR. DUSSEAULT: I'll just read it in, so it's part of the record, as well. This is from page 153, starting at line 3.

"QUESTION: Perhaps domestic partnership is confusing and not well understood. Does it minimize the significance of the relationship?

"ANSWER: Yes, because, as I explained

before, domestic partnership is compared with marriage. It refers to a similar thing. It refers to a couple being together, let's say to a union. And, therefore, when you use 'domestic partners,' an obvious comparison would be with marriage. Now, in this case or in any case, really, domestic partnership is offered clearly as a secondary option, not as the most desirable option."

THE COURT: Very well. Shall we move on, Mr. Nielson?

MR. NIELSON: Yes, we shall.

BY MR. NIELSON:

Q. Professor Meyer, you believe that laws are perhaps the strongest of social structures that uphold and enforce stigma, correct?

A. Yes. I believe I wrote that.

Q. Yes. As we've discussed, California recognizes same-sex relationships as domestic partnerships with essentially all the rights of marriage, correct?

A. Yes, I have to -- again, I have no knowledge of the law, specifically, but I understand that that's the case.

Q. Are you aware that California law prohibits discrimination on the basis of sexual orientation in housing?

A. I'll take your word for that. I think I know that, but...

Q. Are you aware that California law prohibits discrimination on the basis of sexual orientation in businesses' provisions of services?

A. Again, I'm not independently aware, necessarily, of all the legal issues of protection, but I -- I'm aware now that you tell me that.

Q. Okay. Are you aware that California law prohibits discrimination on the basis of sexual orientation in employment?

A. The same answer.

Q. Okay. And I could go on and on. And in the interest of time, I won't. But let me just ask you this:

Leaving aside the question of marriage, are you aware of any other state whose laws reflect less structural stigma than California?

A. Leaving aside the question of marriage? As I said, I'm not as familiar with the details of the protections either here or in other states, so it's going to be a very -- I cannot answer that.

Q. Okay. So the answer is, "I don't know," correct?

A. I just cannot answer that. I don't know what the different legal -- I would have to study this and look at this.

Q. Understood. Thank you.

Now, you talked about Proposition 8 sending a message about the value of gay and lesbian relationships, in your

direct testimony. Did you intend by that to offer an opinion about the purposes of the people who drafted or voted for Proposition 8?

A. No.

MR. NIELSON: All right. No further questions, Your Honor.

THE COURT: Very well. Any redirect?

MR. DUSSEAULT: Yes, Your Honor.

THE COURT: Mr. Dusseault.

DIRECT EXAMINATION

BY MR. DUSSEAULT:

Q. Good afternoon, Dr. Meyer.

A. Good afternoon.

Q. Almost evening, but I'll say afternoon.

Just a couple things I wanted to follow up on. Mr. Nielson spent a good bit of time this afternoon talking about your work in minority stress and social stress theory, and the implications of that work with respect to groups, not gay and lesbian individuals but, let's say, racial minorities. Do you recall that?

A. Yes.

Q. Okay. Now, is the point of this discussion that you have found in some of the research that certain racial or ethnic minorities, while they experience some stressors as a result of minority status, may not experience the same health effects as

a result?

A. Correct. That specifically with African-Americans, or blacks, in the United States.

Q. Now, Doctor --

A. And I should just correct. This is not that I found this, but this is a finding that definitely is in the literature. It's not all my studies empirically, but there are studies -- I found it in the sense that I read about it and so forth.

Q. Okay. Now, Dr. Meyer, do you have any views as to any differences between, let's say, the African-American minority community and the minority community of gay men and lesbians that might explain some of the differences in terms of the outcomes that flow from stressors?

A. Well, of course, as I mentioned, the reason we look at differences in the patterns of results is exactly to, as I said, improve our models.

And one of the things that we, therefore, analyze -- and it's not just me -- it would begin to look at, well, what is different between those two populations that might help us understand the workings of these social stressors.

In terms of African-American findings, there are several areas of further study that we're interested in.

The first one that is most often advanced is the -- and I'm discussing this in comparison to gay and lesbian here -- is that while African-Americans are definitely exposed

to racism, in their socialization process, especially earlier on, they are typically exposed to greater benefits of the resources that I described before as coping and social support, for the very simple fact that they typically grow up in black communities.

Of course, there might be some unique experiences, but there's evidence that being socialized by your family and educated about racism, being -- taking part in, for example, institutions, black churches that have for, really, decades if not centuries, been in place to combat the effects of racism, all the messages of racism. So as a person growing up and being socialized, an African-American person benefits from this social support affiliation.

As I described earlier, regarding gay and lesbian people, that is not how they grow up. Most gay and lesbian people, like most people in society, internalize very negative attitudes, and they do not have along the way access to gay supportive services, and so forth, until a later point where they have already come out and, you know, really made the big step of affiliating themself with some of the support.

So this is one thing --

Q. Before you move on, let me be sure I understand this. So in the African-American community, for example, typically, an African-American youth growing up would commonly be surrounded by African-American siblings, parents, grandparents, perhaps

community, church friends, et cetera. Is that right?

A. Correct.

Q. But with gay men and lesbians growing up, they may not have the same community support and socialization support?

A. I would say they definitely do not have the --

Q. Okay.

A. -- those type of -- the equivalent type of support addressing gay and lesbian -- an affirmative gay and lesbian approach. As I said, it's almost -- it's actually the opposite.

And many times we found within even families gay and lesbian individuals are shunned or are harmed in many ways, including violence. So it's almost like the direct opposite of the support.

THE COURT: Are you talking about African-American gays and lesbians or nonAfrican-American gays and lesbians?

THE WITNESS: Thank you, Your Honor.

In this comparison, we're comparing the overall African-American nongay with overall white nongay.

In a previous response --

THE COURT: I see.

THE WITNESS: -- we were discussing a different study that looked at gay African-American versus gay white, in which I was talking about the added element of racism.

But, as Mr. Nielson pointed out, this finding is also

true in the general population, nongay population, where African-Americans also have lower rates. And, therefore, that's why this analogy -- it makes sense in the way that I was answering.

BY MR. DUSSEAULT:

Q. But when comparing the gay and lesbian population to the African-American nongay population, your testimony is that there is more socialization and support in the African-American community that may explain a difference in certain outcomes?

A. Yes. That's one of the differences that may explain.

THE COURT: More socialization and support among --

THE WITNESS: Nongay --

THE COURT: Wait a minute. More socialization and support for African-American gays and lesbians?

THE WITNESS: Nongay.

THE COURT: Nongays.

THE WITNESS: So let me just clarify.

We're talking about two different comparisons that are joined only by the general theoretical perspective of how a social stress could affect people.

So the analogy here is that African-Americans being themselves, of course, subject to racism should have a parallel finding that we find in the gay versus straight in African-American nongay with white nongay.

It's very different, but you expect some kind of a

parallel that the stress related to prejudice is affecting them, then it should affect also blacks.

And the questions here were, well, why isn't it true for nongay African-Americans versus nongay white where it's true for gay versus straight, regardless of color?

So this is really going to a whole different area that is not pertinent, specifically, to what I testified regarding gay and lesbian population. This is expanding towards an analysis of broader sociological theories, and looking at some parallels in the findings across groups and across ideas.

BY MR. DUSSEAULT:

Q. Right. And let me clarify. The line of questioning that I want to follow up on now was a line of questioning from Mr. Nielson, suggesting that the -- if the theory of minority stress is taken from the gay and lesbian minority population to the African-American minority population, would you expect exactly the same health outcomes; and does that fact that you might not see the same health outcomes in some way suggest that the model doesn't work.

Do you recall that discussion?

A. Right. And my answer is that it does not indicate that the model doesn't work. It indicates that there are differences in the characteristics of the -- that this is not a perfect comparison.

There are differences in the characteristics of race, in terms of blacks versus white nongays, and that from that comparison and the comparison of gay versus straight, a major difference is that blacks are socialized with a lot of -- with a variety of access to support for their race, that comes to counter some of the effects of racism; whereas, gays are socialized with homophobia and without, in their families and original communities, say, access to this -- to a similar gay-related affirmation.

Q. In some of the exhibits we've seen today, we've seen the term "minority stress" and the term "social stress." Are those the same things?

A. As I responded to Mr. Nielson, social stress can be maybe thought of as a broader category. And within that, in the African-American comparison, people have talked about racism as stress. In the nongay African-American versus white, people have discussed it as a racism as stress.

So I would put it within the general social stress approach, because here we're looking at racism; whereas, in my examples with gay and lesbian versus heterosexuals, we're looking at homophobia and some of the other things.

So they're not obviously the same, but there's some theoretical parallel there in the way that you study those different populations, the different comparisons.

Q. But when you use the term "minority stress" in your

research, are you referring, generally, to all minorities, or specifically to gays and lesbians?

A. No. As I said, minority stress, which is a term that I helped popularize, refers to sexual minorities. And it is almost exclusively used in the literature with reference to sexual minorities and, I would dare say, many times referring to my own articles on that matter.

Q. And the four processes that we spent a fair amount of time on this afternoon, that embody minority stress, are those processes of general application, or specific to the gay and lesbian population?

A. Obviously, they are specific to the gay and lesbian population.

Q. Let me ask about one in particular: concealment.

Would concealment be a similarly significant issue when you're talking about the gay and lesbian population, as compared to a racial minority such as the African-American population?

A. Not -- not at all in the same way, for obvious reasons. Although, the -- the answer is no.

There are some instances where somebody may be able to conceal his black identity, but it is -- mostly, we don't think of concealment when we think about the model of racism.

Q. Let me also ask you, in this comparison of the gay and lesbian minority to the African-American minority, about the

issue of structural stigma. And you talked about the role of law.

Today in America, are African-Americans subject to legal structural stigma in any way comparable to Prop 8?

A. Well, obviously, as I said, this will be another difference between the two populations. When I was saying there are several differences, this is a major difference.

I believe that, at least since 1964, there are no legal types of racism in the United States. So in terms of the power of the law and the state, there is no endorsement of racism.

That does not mean that racism has abated. But, certainly, it is not parallel to what we were discussing today in terms of the structures of the law.

Q. Is there any racial minority in the United States that's denied the right to marry?

A. I don't think so. But...

Q. With this issue of the extent to which a theory of minority stress or social stress applies to, let's say, a racial minority group, does any of the discussion or findings in that area in any way undermine your view that minority stress operates in the lives of gay and lesbian people and adversely affects health?

A. No. And there's no evidence for that. There's no real challenge in terms of findings that are this -- confirming.

Certainly, not all the findings are always perfectly as you would like them, but there's -- majority of the studies done in the field, as I said -- and many of them that I quote -- do not lead me to have doubt in the veracity of what I was testifying to.

And the situation with African-Americans, as I said, is of great interest to me, as is the issue around gender; that is, men versus women. It is something that I am very motivated to study. But it is really because of my intellectual curiosity and interest in, as I said, specifying the model better, understanding how do these differences that we were just describing, for example -- and there are others -- how do they play into this causal change that I was describing earlier.

So it is of interest, but it doesn't lead me to doubt anything regarding the specific case of minority stress in lesbian and gay men and bisexuals, which has been my work.

Q. Now, Dr. Meyer, Mr. Nielson asked you a series of questions where he presented you with a hypothesis and then he would ask you whether a particular study or analysis was inconsistent with that hypothesis. Do you recall that?

A. Yes.

Q. Is one of the purposes of a study to test whether a hypothesis is true or not true?

A. That is the purpose of a study.

Q. Mr. Nielson also asked you about stigma in domestic partnerships, and he read you some examples of certain rights groups supporting domestic partnerships. Do you recall that?

A. Yes.

Q. Ask just a couple of follow-up questions about that.

Assume, hypothetically, that you have no right to marry for gay and lesbian people, and no right to domestic partnership. Is it your view that gay and lesbian people are stigmatized?

A. They're stigmatized as I showed, regardless of this. This is, as I said, an added block in the stigmatization and, I think, a very important and forceful one in the sense that it has the power of the state and all that. But it is not the only stigma, if I understand your question.

Q. Hypothetically, if you had a state in which there was no right to marry and no right to domestic partnership, is it your view that that would stigmatize gay and lesbian people?

A. Well, I think not having the right to marry would stigmatize them in the same way that it stigmatizes them in this case.

Q. And then, alternatively, if in the same state gay and lesbian people are denied the right to marry but they are given a domestic partnership that is valued differently by society, would you view that to be a stigmatic effect as well?

A. Of course. In a sense, you're actually making a clearer

statement of stigmatization when you have this dual system, because it is not only that you're denying them the marriage, you're also saying this marriage is highly valued and, therefore, you cannot get that part so we're giving you something that we're calling something else.

So in some ways you could say, at least in the way that, again, is not in some general way, but you could say that the message is even more severe. But, of course, it's kind of a silly comparison, because I agree.

I would say that if the state does not offer marriage, that alone is a stigma. But, certainly, if you have two sides to this, and you're saying you can only get to the back of the bus, that is quite more stigmatizing.

Q. Thank you.

MR. DUSSEAULT: I have nothing further.

THE COURT: Very well.

Thank you, Dr. Meyer. You may step down.

THE WITNESS: Thank you.

THE COURT: And I think we'll perhaps pass on Ms. Zia until tomorrow morning.

(Laughter)

THE COURT: Is that agreeable to everybody?

MR. BOIES: Yes, Your Honor.

THE COURT: All right. See you all at 8:30 tomorrow morning.

CERTIFICATE OF REPORTERS

We, KATHERINE POWELL SULLIVAN and DEBRA L. PAS, Official Reporters for the United States Court, Northern District of California, hereby certify that the foregoing proceedings in C 09-2292 VRW**, Kristin M. Perry, et al. vs. Arnold Schwarzenegger, in his official capacity as Governor of California**, **et al**., were reported by us, certified shorthand reporters, and were thereafter transcribed under our direction into typewriting; that the foregoing is a full, complete and true record of said proceedings at the time of filing.

/s/ Katherine Powell Sullivan

Katherine Powell Sullivan, CSR #5812, RPR, CRR
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Internalized Homophobia and Relationship Quality Among Lesbians, Gay Men, and Bisexuals

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The authors examined the associations between internalized homophobia, outness, community connectedness, depressive symptoms, and relationship quality among a diverse community sample of 396 lesbian, gay, and bisexual (LGB) individuals. Structural equation models showed that internalized homophobia was associated with greater relationship problems both generally and among coupled participants independent of outness and community connectedness. Depressive symptoms mediated the association between internalized homophobia and relationship problems. This study improves present understandings of the association between internalized homophobia and relationship quality by distinguishing between the effects of the core construct of internalized homophobia and its correlates and outcomes. The findings are useful for counselors interested in interventions and treatment approaches to help LGB individuals cope with internalized homophobia and relationship problems.

Keywords: internalized homophobia, relationship quality, community connectedness, outness, depression

Internalized homophobia represents "the gay person's direction of negative social attitudes toward the self" (Meyer & Dean, 1998, p. 161), and in its extreme forms, it can lead to the rejection of one's sexual orientation. Internalized homophobia is further characterized by an intrapsychic conflict between experiences of same-sex affection or desire and feeling a need to be heterosexual (Herek, 2004). Theories of identity development among lesbians, gay men, and bisexuals (LGB) suggest that internalized homophobia is commonly experienced in the process of LGB identity development, and overcoming internalized homophobia is essential to the development of a healthy self-concept (Cass, 1979; Fingerhut, Peplau, & Ghavami, 2005; Mayfield, 2001; Rowen & Malcolm, 2002; Troiden, 1979, 1989). Furthermore, internalized homophobia may never be completely overcome, thus it could affect LGB individuals long after coming out (Gonsiorek, 1988). Research has shown that internalized homophobia has a negative impact on LGBs' global self-concept, including mental health and well-being (Allen & Oleson, 1999; Herek, Cogan, Gillis, & Glunt, 1998; Meyer & Dean, 1998; Rowen & Malcolm, 2002).

Recent research on internalized homophobia and mental health has adopted a minority stress perspective (DiPlacido, 1998; Meyer 1995, 2003a). Stress theory posits that stressors are any factors or conditions that lead to change and require adaptation by individuals (Dohrenwend, 1998; Lazarus & Folkman, 1984; Pearlin, 1999). Meyer (2003a, 2003b) has extended this to discuss *minority stressors*, which strain individuals who are in a disadvantaged social position because they require adaptation to an inhospitable social environment, such as the LGB person's heterosexist social environment (Meyer, Schwartz, & Frost, 2008). In a meta-analytic review of the epidemiology of mental health disorders among heterosexual and LGB individuals, Meyer (2003a) demonstrated differences between heterosexual and LGB individuals and attributed these differences to minority stress processes.

Meyer (2003a) has defined minority stress processes along a continuum of proximity to the self. Stressors most distal to the self are objective stressors—events and conditions that happen regardless of the individual's characteristics or actions. For the LGB person, these stressors are based in the heterosexist environment, such as prevailing antigay stereotypes, prejudice, and discrimination. These lead to more proximal stressors that involve, to various degrees, the person's appraisal of the environment as threatening, such as expectations of rejection and concealment of one's sexual orientation in an effort to cope with stigma. Most proximal to the self is internalized homophobia: the internalizations of heterosexist social attitudes and their application to one's self. Coping efforts are a central part of the stress model, and Meyer has noted that, as it applies to minority stress, individuals turn to other members and aspects of their minority communities in order to cope with minority stress. For example, a strong sense of connectedness to one's minority community can buffer the ill effects of minority stress.

Meyer and Dean (1998) have referred to internalized homophobia as the most insidious of the minority stress processes in that, although it stems from heterosexist social attitudes, it can become self-generating and persist even when individuals are not experiencing direct external devaluation. It is important to note that despite being internalized and insidious, the minority stress framework locates internalized homophobia in its social origin, stemming

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from prevailing heterosexism and sexual prejudice, not from internal pathology or a personality trait (Russell & Bohan, 2006).

Internalized Homophobia and Relationship Quality

As a minority stressor, internalized homophobia has also been linked to several negative outcomes in romantic relationships and nonromantic intimate relationships of LGB individuals. At the core of the prevailing stigma surrounding being LGB are unsubstantiated notions that LGB people are not capable of intimacy and maintaining lasting and healthy relationships (Meyer & Dean, 1998). The anxiety, shame, and devaluation of LGB people and one's self are inherent to internalized homophobia and are likely to be most overtly manifested in interpersonal relationships with other LGB individuals (Coleman, Rosser, & Strapko, 1992). To the extent that LGB people internalize these notions, they could manifest in intimacy-related problems in many forms.

Experiencing these negative feelings in the context of sexual and other intimate interactions is likely to decrease the quality of and satisfaction with one's relationships. To alleviate these feelings, individuals may avoid lasting and deep relationships with other LGB people and/or seek avenues for sexual expression devoid of intimacy and interpersonal closeness. Within coupled romantic relationships, one's partner and shared experiences serve as constant reminders of one's own sexual orientation. Internalized homophobia can thus lead to problems related to ambivalence, relational conflict, misunderstandings, and discrepant goals (Mohr & Fassinger, 2006). Also, individuals who view themselves negatively because they are LGB are likely to be perceived as less attractive relationship partners than individuals who have more positive views of themselves.

Empirical evidence supports these theoretical claims. With regard to romantic relationships, Meyer and Dean (1998) demonstrated that gay men with higher levels of internalized homophobia were less likely to be in intimate relationships, and when they were in relationships, they were more likely to report problems with their partners than gay men with lower levels of internalized homophobia. Similarly, Ross and Rosser (1996) demonstrated that among gay and bisexual men, internalized homophobia was negatively associated with relationship quality and the length of individuals' longest relationships. Other researchers have shown that internalized homophobia negatively affects relationship functioning by reducing individuals' efforts to maintain relationships in the face of partner conflict (Gains et al., 2005). Internalized homophobia has been linked to poor relationship quality within both male and female same-sex relationships (Balsam & Szymanski, 2005; Otis, Rostosky, Riggle, & Hamrin, 2006).

With regard to nonromantic relationships, internalized homophobia can affect the quality of LGB individuals' friendships, familial relationships, and other social relationships. For example, a higher level of internalized homophobia has been linked to loneliness (Szymanski & Chung, 2001), less social support in general, and less support specifically from other LGBs (as a proportion of all support received; Shidlo, 1994).

Research suggests that internalized homophobia also affects gay and bisexual men's experience of sexual intimacy. Higher levels of internalized homophobia are associated with greater sexual depression, sexual anxiety, sexual image concern, and fear of sexuality as well as lower levels of sexual esteem and sexual satisfaction and are predictive of sexual problems among gay and bisexual men (Dupras, 1994; Meyer, 1995). Although there is less research about sexual intimacy among women, internalized homophobia has also been implicated in sexual problems among lesbians and bisexual women (Nichols, 2004).

Distinguishing Internalized Homophobia From Its Outcomes and Correlates

Researchers have disagreed about what constitutes internalized homophobia and how it is distinct from associated constructs (Currie, Cunningham, & Findlay, 2004; Meyer & Dean, 1998; Nungesser, 1983; Ross & Rosser, 1996; Shidlo, 1994; Szymanski & Chung, 2001). Most significantly, some have included in the definition of internalized homophobia the degree to which the person is out about his or her sexual orientation (we refer to this as *outness* here) and connected to the LGB community (Mayfield, 2001; Shidlo, 1994; Williamson, 2000). Also, some have considered depression and suicidal thoughts (Nungesser, 1983; Shidlo, 1994) as well as hopelessness about one's future (Szymanski & Chung, 2001) as part of internalized homophobia because, as we showed above, these are often associated with internalized homophobia.

The minority stress model differs from these perspectives in that it conceptualizes internalized homophobia and outness as two *separate* minority stressors and community connectedness as a mechanism for coping with minority stress. Depression is conceptualized as a potential outcome of internalized homophobia (Meyer, 2003a). Applying the minority stress model to understand how internalized homophobia is distinctly related to relationship quality is important given the lack of consistency in the field regarding associations between outness, community connectedness, depression, and relationship quality. For example, outness has been shown to be indicative of better relationship quality by some researchers (Caron & Ulin, 1997; LaSala, 2000), whereas others have found that outness was not related to relationship quality (Balsam & Szymanski, 2005; Beals & Peplau, 2001). Although community connectedness has been an important aspect of internalized homophobia in some models, we were aware of no studies that explicitly examine its association with relationship quality independently of other aspects of internalized homophobia. Furthermore, researchers have yet to examine the unique ways in which internalized homophobia is related to relationship problems in LGB lives, independent of depressive symptoms.

The treatment of outness as an aspect of internalized homophobia stems from psychologists' view that coming out is a positive developmental stage in LGB identity development (Cass, 1979). Coming out to important people in one's life may indicate that one has overcome personal shame and self-devaluation associated with being LGB. But, we contend, lack of outness should not be taken to indicate the opposite and therefore should not be conceptualized as a part of internalized homophobia (Eliason & Schope, 2007).

Being out regarding one's sexual orientation follows self-acceptance, but even after completely accepting one's self as lesbian, gay, or bisexual, an LGB person may decide not to be out in certain situations. Outness is often solely a function of situational and environmental circumstances that are unrelated to internal conflict. Disclosing an LGB orientation is affected by opportunities for and expected risks and benefits from the

disclosure. For example, others' knowledge of one's sexual orientation was shown to be related to external pressures such as having experienced discrimination and physical and verbal abuse (Frost & Bastone, 2007; Schope, 2004), suggesting that choosing not to disclose can be self-protective. A good example of this are men and women in the U.S. military who are barred from coming out by law and risk dismissal if they come out (Herek & Belkin, 2005). Another example pertains to LGB individuals in the workplace. Rostosky and Riggle (2002) demonstrated that coming out at work is a function not only of individuals' levels of internalized homophobia, but also their perceiving a safe and nondiscriminatory work environment. Clearly, concealing sexual orientation in an unsafe environment is a sign of healthy adjustment to environmental constraints and should not be considered indicative of internalized homophobia. As Fassinger and Miller (1996) noted, "disclosure is so profoundly influenced by contextual oppression that to use it as an index of identity development directly forces the victim to take responsibility for his or her own victimization" (p. 56).

Similar issues arise in conceptualizing internalized homophobia when considering its relationship to affiliation with the LGB community. A sense of connectedness with similar others may serve to remind LGB people that they are not alone, provide social support for dealing with stress, and allow them to make more favorable social comparisons (Crocker & Major, 1989; Lewis, Derlega, Clarke, & Kuang, 2006; Smith & Ingram, 2004). Individuals with a higher level of internalized homophobia may be less likely to feel connected with the gay community, but this is not always the case. Although few studies examine this relationship, it is plausible that, similar to outness, participation in the gay community is related to opportunities for and risk in doing so. For example, individuals in areas lacking a strong numeric representation of LGB individuals may not have a high level of connectedness to the gay community simply because there is little or no presence of similar others. Also, it is plausible that connection to the LGB community may have a different level of importance for single and coupled LGB individuals. Single LGBs may rely on community to serve social support functions; however, coupled individuals may not rely on the community as much in this regard. Thus, lack of connection with the community is not necessarily a reflection of internalized homophobia and should be considered as a separate construct so that researchers can tease apart these constructs in understanding their associations with relationship quality.

The associations between internalized homophobia, depressive symptoms, and relationship quality are obscured by conceptualizations of internalized homophobia that involve a considerable amount of overlap with depressive symptoms. Studies have consistently demonstrated a direct relationship between internalized homophobia and depressive symptoms (e.g., Igartua, Gill, & Montoro, 2003; Meyer, 1995; Shidlo, 1994; Szymanski, Chung, & Balsam, 2001). These findings are in accordance with the minority stress model, which conceptualizes internalized homophobia as a minority stressor that causes mental health problems, including depressive symptoms (Meyer, 2003a).

Few, however, have empirically studied whether internalized homophobia and depressive symptoms are independently related to relationship quality (Biss & Horne, 2005). Studies have linked increased depressive symptoms with problems in intimate relationships (Burns, Sayer, & Moras, 1994; Davila, Karney, Hall, & Bradbury, 2003; Gollan, Friedman, & Miller, 2002). Additional research on the interpersonal aspects of depression has demonstrated that individuals who are depressed bring about negative affect, anxiety, and tension within their relationship partners, which, in turn, cause relationship problems in the form of misunderstandings and rejection (Coyne, Kahn, & Gotlib, 1987; Coyne et al., 1987). These findings suggest that internalized homophobia may lead to increased depressive symptoms that, in turn, reduce relationship quality.

The Present Study

We examined the association between internalized homophobia and the quality and closeness of individuals' interpersonal relationships with friends and family and within romantic relationships. Specifically, we investigated internalized homophobia's association with sexual problems, loneliness, and the quality of individuals' interpersonal relationships and, among coupled individuals, relationship strains (e.g., relational conflict, misunderstandings). We assessed internalized homophobia, outness, community connectedness, and depressive symptoms as separate, independent constructs in the minority stress experience. We then examined the extent to which depressive symptoms *mediated* the relationship between internalized homophobia and relationship quality.

Our hypothesized model is outlined in Figure 1. Specifically, we hypothesized that internalized homophobia would positively affect relationship problems *independent* of outness, community connectedness, and depressive symptoms (Path a). We hypothesized that depressive symptoms would partially mediate the effect of internalized homophobia on relationship problems (Paths b and c). Consistent with previous theory and research, we expected that a higher level of internalized homophobia would be associated with less outness and less affiliation with the LGB community. We did not have specific hypotheses regarding the effects of outness and community connectedness[1] on relationship problems (Paths d and e), but we isolated the effects of these factors so that we could examine the independent effect of internalized homophobia on relationship problems.

Method

The data analyzed in the present study were obtained as part of Project Stride, a large epidemiological study that investigated the relationships between stress, identity, and mental health among diverse LGB and heterosexual populations in New York City. Participants in Project Stride were 396 LGB and 128 heterosexual

[1] Although the minority stress model (Meyer, 2003a) conceptualizes community connectedness as a moderator of the relationship between minority stress and mental health, we do not test the interaction between internalized homophobia and community connectedness in predicting depressive symptoms. This interaction is not directly relevant to assessing the effect of internalized homophobia on relationship problems independent of other aspects of the minority stress experience.

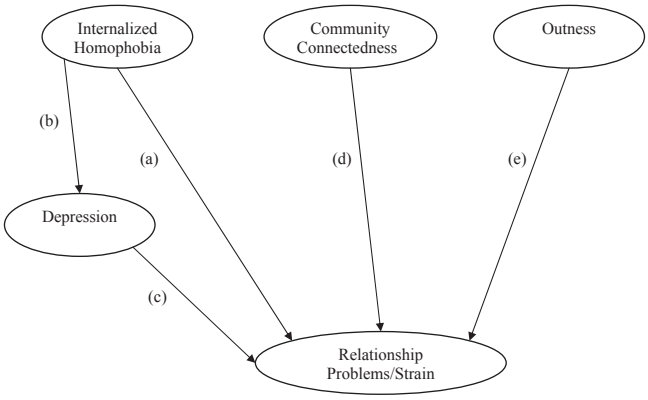

Figure 1. Theoretical model explaining relationship problems and relationship strain among lesbian, gay, and bisexual individuals.

individuals. Only data from the LGB participants are included in the present study.[2]

Participants and Procedure

Participants ($N = 396$) were sampled between February 2004 and January 2005 from venues in New York City chosen to represent a wide diversity of cultural, political, ethnic, and sexual communities. Sampling venues included business establishments (e.g., bookstores, cafes), social groups, and outdoor areas (e.g., parks), as well as snowball referrals. Recruitment of participants occurred in two phases. In the first phase, 25 outreach workers visited a total of 274 venues in 32 different New York City zip codes. For each potential participant, recruiters completed a brief screening form that would determine eligibility for participation in the study. In the second phase, eligible participants were contacted by research interviewers and invited to participate in a face-to-face interview. Participants were eligible if they were 18- to 59-years-old, New York City residents for 2 years or more, who could communicate in English, and self-identified as (a) lesbian, gay, or bisexual; (b) male or female; and (c) White, Black, or Latino (participants may have used other identity terms in referring to these social groups). Quota sampling was used to ensure approximately equivalent numbers of participants across gender, race/ethnicity, and age group (18–30 and 31–59). The response rate was 60%, defined according to the American Association for Public Opinion Research (AAPOR, 2005; formula RR2) as the number of complete and partial interviews divided by the number of complete and partial interviews, refusals, and eligible noncontacts (individuals who screened eligible in Phase 1 whom we could not contact for an interview). The cooperation rate was 79%, calculated in the same way as the response rate, but excluding noncontacts (AAPOR, 2005, formula COOP2). Response and cooperation rates did not vary greatly by sexual orientation, race/ethnicity, or gender (χ^2s ≤ 0.78, $ps \geq .38$).

Recruitment efforts were successful in reaching individuals who resided in diverse New York City neighborhoods and avoiding concentration in particular "gay neighborhoods" that is often characteristic of sampling of LGB populations. Participants resided in 128 different New York City zip codes; no more than 4% of the sample resided in any one zip code area. Participants' mean age was 32.43 years ($SD = 9.24$). By design, the sample included about equal numbers of men and women ($n = 198$) and White ($n = 134$, 34%), Black ($n = 131$, 33%), and Latino ($n = 131$, 33%) participants. The median per capita income was $27,500, 17% ($n = 68$) were unemployed, and 22% ($n = 86$) had a high school education or less. A total of 71 (18%) participants identified as bisexual and the rest as gay or lesbian (including similar terms such as queer or homosexual). Approximately half ($n = 184$, 47%) the participants were in a relationship (73 men and 111 women). The mean length of their relationships was 3.21 years ($SD = 3.50$, $Mdn = 2$). A total of 26 men and 50 women reported living with their partners; 5 men and 21 women were married or registered as domestic partners.

Participants completed in-person interviews lasting a mean of 3.82 hr ($SD = 55.00$ min). Interviews were conducted by interviewers trained to be sensitive to the concerns of the LGB community, aided by the use of a Computer-Assisted Personal Interview. The research protocol was reviewed and approved by the Western Institutional Review Board. Participants signed a written informed consent form after the study procedure had been explained to them and were paid $80 upon completing the interview.

Measures

Internalized homophobia (IHP). The IHP scale was originally developed by Martin and Dean (1992) to assess the extent to which LGB individuals reject their sexual orientation, are uneasy about their same-sex desires, and seek to avoid same-sex attractions and sexual feelings (Herek & Glunt, 1995; Meyer, 1995; Meyer & Dean, 1998). This measure was designed to assess the construct of internalized homophobia as we defined it above in the context of the minority stress model: distinct from mental health outcomes and isolated from concerns with community connectedness and outness. The original scale consisted of nine items. To avoid confounding between internalized homophobia and community connectedness, of particular interest to the present study, one item was eliminated from the original measure that reads "I often feel it best to avoid personal or social involvement with other gay men." The eight-item scale included, for example, how often participants have "wished you weren't gay," "felt alienated from yourself because of being gay," and "felt that being gay is a personal shortcoming." Participants rated the frequency with which they experienced such thoughts and feelings in the year prior to the interview on a 4-point scale ranging from 1 (*often*) to 4 (*never*). Items were worded so that the subject of the question matched the participant's self-reported sexual identity label so that "gay" in the examples above was replaced with "lesbian," "bisexual," or "queer," as relevant to the participant. Scores were recoded so that higher scores indicated more internalized homophobia. Previous studies have demonstrated that scores on this scale have internal consistency reliability of .79 (Meyer, 1995; Meyer & Dean, 1998) to .83 (Lewis, Derlega, Griffin, & Krowinski, 2003). Internal consistency for scores on internalized homophobia in the present study was .86. In a sample of gay men and lesbians, Herek et al. (1998) demonstrated convergent validity for the scale through significant correlations with individual self-esteem (for gay men)

[2] Detailed information about Project Stride is available at http://www.columbia.edu/~im15/

and collective self-esteem (for both gay men and lesbians). In a study of gay fathers, Sbordone (as cited by Shidlo, 1994) reported that this measure of internalized homophobia significantly correlates with another widely used measure of internalized homophobia: the Nungesser Homosexuality Attitudes Inventory (Nungesser, 1983).

Depressive symptoms. The Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) is a 20-item measure of depressive symptoms experienced over a 1-week period prior to the interview. Items were phrased in such a way that participants were asked how often during the past week they "could not get going," "felt depressed," "felt hopeful about the future," and "felt people dislike you." Participants responded on a 4-point scale ranging from 1 (*rarely or none of the time* [*<1 day*]) to 4 (*most or all of the time* [*5–7 days*]). Previous studies have demonstrated that scores on this scale have internal consistency reliability of .85 in the general population (Radloff, 1977) and .87–.92 among LGBs (Frost, Parsons, & Nanin, 2007; Lewis et al., 2003). Numerous studies have demonstrated the convergent validity of the CES-D among both clinical and nonclinical samples in the form of large correlations with clinical reports of depression, *DSM* depression diagnoses, and other self-report measure of depression (for a review of validity evidence, see McDowell & Newell, 1996; Roberts & Vernon, 1983). Although the scale has been shown to correlate moderately to highly with other measures of anxiety and psychological distress, it has been successful in identifying depression in several clinical and community samples (McDowell & Newell, 1996) and, as a result, is one of the most widely used measures of depressive symptoms. Internal consistency for scores on the CES-D in the present study was .92.

Outness. This measure assessed the degree of disclosure of sexual orientation to (a) family, (b) straight friends, (c) LGB friends, and (d) coworkers (Meyer, Rossano, Ellis, & Bradford, 2002). Participants described the extent to which they were "out of the closet" to each of these groups on a scale ranging from 1 (*out to none*) to 4 (*out to all*). The measure has good face validity, using simple language and referring to behaviors that are commonly discussed among LGB individuals. Preliminary evidence of validity from the present study is provided by the significant negative correlations between outness and internalized homophobia and community connectedness (see Table 1). Internal consistency for scores on the four outness items in the present study was .75.

Connectedness to the LGB community. Community connectedness was assessed with an eight-item scale, adapted from a seven-item community cohesion scale used in the Urban Men's Health Study (UMHS), a multicity study of gay men's psychological and physical health (Mills et al., 2001). One item was added—"You feel a bond with other [men who are gay or bisexual]," taken from Herek and Glunt's (1995) Community Consciousness Scale—to the UMHS scale to capture symbolic affiliation that did not denote activity. The scale was further modified to specify participation in New York City's LGB community. To aid participants in answering these questions, they were read by the interviewer a definition of community as used in the scale, which stated, "I don't mean any particular neighborhood or social group, but in general, groups of gay men, bisexual men and women, and lesbians." Participants rated on a scale ranging from 1 (*agree strongly*) to 4 (*disagree strongly*) how much they agreed with items such as "Participating in NYC's LGBT community is a positive thing for me" and "I really feel that any problems faced by NYC's LGBT community are also my problems." Scores were recoded so that higher scores indicated more connectedness. Scores on the measure demonstrated internal consistency of .78 in the UMHS (Barrett & Pollack, 2005), and with the addition of the new item, scores on this measure in the present study had a Cronbach's alpha of .80. Although there is no published data explicitly addressing the validity of this measure, in the present study, connectedness to the LGB community was significantly negatively correlated with internalized homophobia and outness (see Table 1) and significantly positively correlated with the number of LGB-related community or recreational groups participants were members of or active in (measured by a nine-item checklist developed by Mills et al., 2001, for the UMHS; $r = .31$, $p < .001$).

Relationship and loneliness strain. Participants' experiences of chronic strains across a multitude of dimensions were assessed on the basis of Wheaton's (1999) conceptualization of chronic

Table 1
Means, Standard Deviations, and Correlations Among the Overall Scales

Variable	All ($N = 396$)		Coupled ($n = 184$)		Pearson correlations						
	M	*SD*	*M*	*SD*	1	2	3	4	5	6	7
1. IHP	1.40	0.57	1.40	0.55	—	−.43**	−.30**	.20**	.20**	.14**	.23**
2. Outness	3.31	0.71	3.29	0.67	−.41**	—	.25**	−.06	−.11	−.11	−.15**
3. Connectedness	3.28	0.53	3.31	0.52	−.38**	.29**	—	−.05	−.05	−.07	−.18**
4. Depressive symptoms	1.71	0.56	1.71	0.52	.23**	−.07	.00	—	.37**	.31**	.39**
5. Sex problems	2.10	0.84	—	—	—	—	—	—	—	.15**	.26**
6. Loneliness, strain	1.47	0.58	—	—	—	—	—	—	—	—	.36**
7. Positive relations with others	2.85	1.32	—	—	—	—	—	—	—	—	—
8. Relationship strain	—	—	1.38	0.40	.20**	−.18*	.05	.24**	—	—	—

Note. Correlations for the entire sample are presented above the principal diagonal of the correlation matrix. Correlations for coupled participants only are presented below the principal diagonal of the correlation matrix. Sex problems, Loneliness strain, and Positive relations with others were assessed for all participants in the study but not analyzed separately for coupled participants only. Relationship strain was assessed for coupled participants only. IHP = Internalized Homophobia. Dashes were used in place of means, standard deviations, and correlations that were not assessed.
* $p < .05$. ** $p < .01$.

strain. In compiling items for an inventory of chronic strain, the procedure used by Turner and others was adopted (e.g., Turner & Avison, 2003; Turner, Wheaton, & Lloyd, 1995), aiming to make the items culturally relevant to the present participants and theoretically relevant to the overall study (Meyer et al., 2008). In Project Stride, our inventory of chronic strains contained questions designed to assess strain across the following life domains: job/work; unemployment; finances; education; parenting; residence; relationships; loneliness; significant other's illness/health; caretaking responsibilities; relationship with parents; wanting children; and general strain (for a more detailed description of the full inventory, see Meyer et al., 2008). Two of these life domains were used as indicators of relationship quality in the present study: loneliness and relationship strain. Relationship strain was assessed among coupled participants only using seven items, such as "You have a lot of conflict with your partner/boyfriend/girlfriend" and "Your partner/boyfriend/girlfriend expects too much out of you." These items were taken directly from the relationships section of an inventory of chronic strains previously developed by Turner and colleagues at the Life Course and Health Research Center (2001) for use in the Physical Challenges and Health Study. One item from the relationships section of this inventory was not included (i.e., "Your sexual needs are not fulfilled by this relationship") because it overlapped with the measure of sex problems. Loneliness strain was assessed for all individuals in the study using two items. One item was taken from the social life and recreation section of Turner's inventory (i.e., "You don't have enough friends"), and an item was added that read, "You are alone too much." Participants were asked to indicate how true each statement was for them on a scale ranging from 1 (*very true*) to 3 (*not true*). Scores were recoded so that higher scores indicated more of each construct. Internal consistency reliabilities for relationship and loneliness strain in the present study were .86 and .62, respectively. Because inventories of chronic strains vary from study to study and are most often analyzed in aggregate, no evidence for the validity of these two sets of items as distinct measures is available.

Positive relations with others. The three-item Positive Relations With Others scale was used, which is one of Ryff's (Ryff, 1989; Ryff & Keyes, 1995) six psychological well-being scales. The six psychological well-being scales were developed to integrate theories of life course development and positive mental health conceptions of psychological well-being using a construct-oriented approach to personality assessment. The Positive Relations With Others scale assessed the degree of warmth and trust in individuals' interpersonal relationships, broadly conceived. Participants were asked whether they agreed or disagreed with each of three items, such as "I have not experienced many warm and trusting relationships with others" on a scale ranging from 1 (*disagree completely*) to 7 (*agree completely*). Scores for positive relations with others were reverse coded, so higher scores indicated more problems with having positive relations with others. Internal consistency for scores on this measure in the present study was .54. This is consistent with what other researchers have found for this subscale and stems from the authors' desire to create a brief measure and maintain the multidimensionality of the overall psychological well-being construct at the expense of internal consistency (Chrouser Ahrens, & Ryff, 2006; Ryff & Keyes, 1995). The items for the Positive Relations With Others scale have been consistently demonstrated as representing a distinct single factor in Ryff's six-factor model of psychological well-being (Ryff & Keyes, 1995; Ryff & Singer, 2006). The Positive Relations With Others scale has also been shown to differentiate between the other five psychological well-being scales as well as indicators of happiness, life satisfaction, and depression (Ryff & Keyes, 1995). The subscale correlates highly with personality trait agreeableness (Schmutte & Ryff, 1997). Furthermore, providing evidence of validity on the basis of expected demographic differences, Marks and Lambert (1998) showed that individuals who are separated or divorced are significantly lower on positive relations with others than married individuals.

Sex problems. The Sex Problems subscale of the Psychiatric Epidemiology Research Interview (PERI; Dohrenwend, Shrout, Egri, & Mendelsohn, 1980) was used. The PERI contains 25 subscales, 8 of which measure general components of psychological distress (e.g., anxiety, sadness, hopelessness). The remaining 17 subscales, including sex problems, measured other symptoms (e.g., guilt, rule breaking, enervation). The Sex Problems subscale indicated the frequency of inhibited sexual desire, excitement, or orgasm over the 12 months prior to the interview (four items for women, and five items for men). Participants were given response choices ranging from 1 (*never*) to 5 (*very often*) to questions such as "How often have you had no interest in sex?" Scores on this measure in a previous study of minority stress among gay and bisexual men demonstrated internal consistency at the level of .72 (Meyer, 1995). Furthermore, internal consistency for scores on the measure across seven waves of data collected between 1985 and 1991 among gay men in New York City ranged from .69 to .73 (Martin & Dean, 1992). Internal consistency for scores on sex problems in the present study were .71 and .74 for men and women, respectively. The subscale was designed to measure a construct independent of the other subscales within the PERI measure. Specifically, in a sample of New York City heads of households, although sex problems correlated moderately with the Anxiety subscale ($r = .33$), sex problems correlated with the other 23 subscales at a level of .28 or lower, demonstrating discriminant validity (Dohrenwend et al., 1980).

Results

Data Preparation and Preliminary Analyses

Scale scores were distributed approximately normally, with the exception of the item measuring outness to LGB friends (skewness = −3.70, kurtosis = 14.43). To ensure univariate normality among the variables in the study, we computed a new "out to friends" score, which combined the average of the out to LGB friends and out to straight friends items. This new variable was distributed approximately normally (skewness = −1.57, kurtosis = 1.93). Descriptive statistics and Pearson correlations among the overall scale scores are presented in Table 1, for all participants and for coupled participants only. Missing data were minimal (i.e., ≤ 2% on all measures), were determined to be random, and missing values were replaced with mean substitution using the mean from each participant's corresponding demographic group on the basis of age, gender, and race/ethnicity.

We conducted structural equation modeling (SEM) analyses in AMOS® using latent variables to test the hypotheses outlined above (Frazier, Tix, & Barron, 2004). Because we did not have

multiple scale indicators of several of the predictor variables in the study, we created observed indicators by computing item parcels, or average scores on a subset of the scale items, using the item-to-construct technique for creating item parcels (Little, Cunningham, Shahar, & Widaman, 2002). Three parcels were created for each of the following scales: Internalized Homohpobia (two 3-item parcels and one 2-item parcel); the CES-D (two 7-item parcels and one 6-item parcel); Community Connectedness (two 3-item parcels and one 2-item parcel); and Relationship Strain for coupled participants only (two 2-item parcels and one 3-item parcel). This involved conducting an exploratory factor analysis individually, with each scale forcing a single-factor solution. On the basis of the factor loadings, we assigned the three highest loading items to be the basis for each of the three parcels. Next, we assigned the remaining three highest loading items to the parcels in reverse order. We repeated this process until all items were assigned to parcels. Parceling in the present study was deemed appropriate given that the constructs used in the study were unidimensional, and our focus was on the relationships between latent constructs, not the measurement and interrelatedness of each individual item (Little et al., 2002).

We used AMOS® to test for multivariate normality among the observed variables to be used in testing the hypothesized SEM models. The data did not demonstrate multivariate normality. We observed a multivariate kurtosis value of 47.35 with a critical ratio of 20.86, which exceeded the cutoff point of 1.96 that tests multivariate normality. When conducting SEM analyses with data that are not multivariate normal, the chi-square indicator of model fit is overestimated, and the standard estimates used to test the significance of parameter estimates are underestimated. To correct for this problem, we used a bootstrapping procedure (Bollen & Stine, 1992, 1993) in AMOS® to calculate (a) the average standardized path coefficients, their standard errors, and associated probability values on the basis of estimates from 10,000 samples dawn randomly from the 396 participants in the study and (b) the Bollen-Stine adjusted probability values for the chi-square tests of model fit.

SEM Tests of the Association Between Internalized Homophobia and Relationship Problems

At each step in the SEM analyses testing the relationship between internalized homophobia and relationship problems, we fit models separately[3] for (a) all participants in the study ($N = 396$) with a latent outcome of relationship problems and (b) coupled participants only ($n = 184$) with a latent outcome of relationship strain. We followed the two-step process recommended by Anderson and Gerbing (1988), which requires first demonstrating adequate fit of the measurement models using confirmatory factor analysis followed by testing the fit of the proposed structural models. In addition to the model chi-square, we used four additional indicators of good model fit: the relative chi-square, which is computed by dividing the model chi-square by the degrees of freedom for the model (values less than three; Carmines & McIver, 1981); the root-mean-square error of approximation (RMSEA; values below .06; Hu & Bentler, 1999); standardized root-mean-square residual (SRMR; values below .08; Hu & Bentler, 1999); and the comparative fit index (CFI; values above .95; Hu & Bentler, 1999).

Measurement models. Table 2 presents the factor loadings for the observed indicators for the measurement models as well as the correlations between the latent variables in the models. The measurement model including relationship problems for all participants in the study fit the data well, $\chi^2(80, N = 396) = 133.50$, $p < .05$ (relative $\chi^2 = 1.67$; CFI = .979; RMSEA = .041, 90% confidence interval [CI] = .028, .053; SRMR = .035). In this model, the factor loadings for all observed indicators were statistically significant. Furthermore, internalized homophobia, depression, and relationship problems were significantly correlated with one another. Outness and community connectedness were also significantly correlated with internalized homophobia as well as relationship problems. The measurement model including relationship strain for coupled participants only also fit the data well, $\chi^2(80, N = 184) = 98.24$, $p = .44$ (relative $\chi^2 = 1.23$; CFI = .985; RMSEA = .035, 90% CI = .000, .057; SRMR = .044). Factor loadings for all observed indicators were statistically significant in this model as well. Among coupled participants only, internalized homophobia, depression, and relationship problems were significantly correlated with one another. Outness and community connectedness were also significantly correlated with internalized homophobia but were not correlated with relationship strain. The results of both models indicated that all observed variables were adequate indicators of their corresponding latent constructs. Thus, we proceeded to fit the structural models.

Structural models. To test our hypotheses outlined in Figure 1, we followed the steps provided by Holmbeck (1997; see also Frazier et al., 2004) using the bootstrapping techniques described above. Model 1 tested the direct and uncontrolled relationship between internalized homophobia and relationship problems (see Figure 1, Path a only). Model 2 tested the direct effect of internalized homophobia on relationship problems, controlling for community connectedness and outness (see Figure 1, Paths a, d, and e). Model 3 examined the extent to which depressive symptoms completely mediated the relationship between internalized homophobia and relationship problems (see Figure 1, Paths b, c, d, and e). We compared these models with Model 4—the full hypothesized model—which modeled the relationship between internalized homophobia and relationship problems as partially mediated by depressive symptoms (see Figure 1, all paths). Each model was tested separately for all participants in the study and separately for coupled participants only. The results are reported in Table 3. In our description of these models below, we use the suffix *a* to refer to models tested among all participants in the study and *b* to refer to models tested among coupled participants only.

[3] To examine whether it would be appropriate to test multiple models predicting relationship quality separately for the demographic subgroups in the sample, we used multiple regression analyses to test interactions between internalized homophobia and gender, race/ethnicity, age, and bisexual identity in predicting sex problems, loneliness strain, and positive relations with others for all participants, and relationship strain among coupled participants only. Only one interaction term was statistically significant (internalized homophobia and gender), indicating that the effect of internalized homophobia on sex problems was stronger for women than for men ($B = .33$, $SE = .157$, $p < .05$). Because this pattern was not observed in predicting any of the other outcomes, we determined that the testing of models separately by groups defined by race, gender, age, and/or sexual orientation was not warranted.

Table 2
Factor Loadings and Correlations Among Latent Variables Obtained From the Measurement Models

Latent factors and observed variables	Standardized factor loadings: All (N = 396)	Standardized factor loadings: Coupled (n = 184)	Latent factor correlations: 1	2	3	4	5
1. Internalized homophobia			—	.20**	−.35**	−.53**	.37**
IHPP1	.87**	.84**					
IHPP2	.86**	.86**					
IHPP3	.75**	.67**					
2. Depressive symptoms			.25**	—	−.07	−.08	.70**
CESDP1	.91**	.90**					
CESDP2	.90**	.88**					
CESDP3	.86**	.85**					
3. Connectedness			−.43**	.01	—	.29**	−.24**
CONNECTP1	.75**	.81**					
CONNECTP2	.82**	.81**					
CONNECTP3	.71**	.65**					
4. Outness			−.56**	−.10	.33**	—	−.26**
OUTFAM	.64**	.54**					
OUTCOW	.70**	.74**					
OUTFRND	.85**	.80**					
5. Relationship problems			—	—	—	—	—
Sex problems	.46**	—					
Loneliness strain	.47**	—					
Positive relations w/others	.62**	—					
6. Relationship strain			.27**	.34**	.06	−.20	—
CHRRELP1	—	.73**					
CHRRELP2	—	.78**					
CHRRELP3	—	.80**					

Note. All values were calculated using bias-corrected bootstrapping with 10,000 samples. Correlations for the entire sample are presented above the principal diagonal of the correlation matrix. Correlations for coupled participants only are presented below the principal diagonal in the correlation matrix. Relationship problems were assessed for all participants in the study. Relationship strain was assessed for coupled participants only. IHPP1–IHPP3 = Internalized Homophobia item parcels; CESDP1–CESDP3 = Center for Epidemiological Studies Depression item parcels; CONNECTP1–CONNECTP3 = community connectedness parcels; OUTFAM = degree of being out to family; OUTCOW = degree of being out to coworkers; OUTFRND = degree of being out to friends; CHRRELP1–CHRRELP3 = relationship chronic strain item parcels. Dashes were used in place of factor loadings that were not assessed.
** $p < .01$.

For all participants in the study, we observed a significant uncontrolled direct effect of internalized homophobia on relationship problems ($\beta = .33$, $SE = .08$, $p < .01$ [Model 1a]). This relationship remained substantial and statistically significant when community connectedness and outness were controlled for ($\beta = .24$, $SE = .09$, $p < .05$ [Model 2a]). Both models fit the data well (see Table 3). The complete mediation model (Model 3a) also fit the data well; however, this model fit the data slightly less well than the hypothesized partial mediation model (Model 4a). The addition of the direct effect of internalized homophobia on relationship problems did not significantly improve the fit of the model, $\Delta\chi^2(1, N = 396) = 2.8$, $p = .09$). The hypothesized partial mediation model predicting relationship problems among all participants in the study is presented in Figure 2. As hypothesized, internalized homophobia was associated with increased depressive symptoms, and depressive symptoms were associated with increased relationship problems. Internalized homophobia explained approximately 4% of the variance in depressive symptoms in this model. The direct effect of internalized homophobia on relationship problems was not statistically significant. These relationships were controlled for the effects of community connectedness and outness, which were both not significantly associated with relationship problems. This model accounted for 57% of the variance in relationship problems among all participants in the study.

For coupled participants only, we also observed a significant direct effect of internalized homophobia on relationship strain, in both the uncontrolled model ($\beta = .27$, $SE = .10$, $p < .01$ [Model 1b]) and controlled model ($\beta = .31$, $SE = .16$, $p < .05$ [Model 2b]). In fact, the effect size of the direct effect of internalized homophobia on relationship strain slightly increased when community connectedness and outness were controlled for. Both models fit the data well (see Table 3). The complete mediation model (Model 3b) also fit the data well, but again, slightly worse than the hypothesized partial mediation model (Model 4b). The addition of the direct effect of internalized homophobia on relationship strain did not significantly improve the model, $\Delta\chi^2(1, N = 184) = 3.37$, $p = .07$. The hypothesized partial mediation model predicting relationship strain among coupled participants only is presented in Figure 3. Internalized homophobia was associated with increased depressive symptoms, and increased depressive symptoms were associated with increased relationship problems. Internalized homophobia explained approximately 6% of the variance in depressive symptoms among coupled participants only. The direct effect of internalized homophobia on relationship strain was not statistically significant. Unlike the model fit to the total sample, in the model fit for coupled individuals, a higher degree of community connectedness was associated with increased relationship strain. As in the total sample, outness was not significantly related to decreased

Table 3
Fit Statistics for Structural Equation Models Predicting Relationship Problems and Relationship Strain

Primary outcome and model	Fit statistics							
	χ^2	*df*	*p*	χ^2/df	RMSEA	90% CI	SRMR	CFI
Relationship problems for all participants (N = 396)								
Model 1a: Direct effect (IHP only)	20.79	8	.04	2.60	.064	.031, .098	.041	.982
Model 2a: Direct effect (IHP and correlates)	73.59	48	.10	1.53	.037	.018, .053	.035	.983
Model 3a: Complete mediation	136.67	83	.03	1.65	.040	.028, .052	.038	.979
Model 4a: Hypothesized model (partial mediation)	133.87	82	.03	1.63	.040	.027, .052	.035	.980
Relationship strain for coupled participants (n = 184)								
Model 1b: Direct effect (IHP only)	7.60	8	.60	0.95	.000	.000, .084	.023	.999
Model 2b: Direct effect (IHP and correlates)	52.68	48	.56	1.10	.023	.000, .055	.041	.994
Model 3b: Complete mediation	103.91	83	.39	1.25	.037	.000, .058	.053	.982
Model 4b: Hypothesized model (partial mediation)	100.54	82	.43	1.23	.035	.000, .057	.049	.984

Note. Probability values are adjusted for multivariate nonnormality using Bollen-Stine corrections from bootstrapping with 10,000 samples. RMSEA = root-mean-square error of approximation; 90% CI = upper and lower bounds for the RMSEA; CI = confidence interval; SRMR = standardized-root-mean square residual; CFI = comparative fit index; IHP = Internalized Homophobia.

relationship problems. This model accounted for 18% of the variance in relationship strain among coupled participants.

Significance of indirect effects. The results of the above models suggest that the effects of internalized homophobia on relationship problems and relationship strain are mediated by depressive symptoms. We therefore followed the procedure for testing the significance of the mediated effects of internalized homophobia outlined by Shrout and Bolger (2002) and Mallinckrodt, Abraham, Wei, and Russell (2006). To calculate the estimates of indirect effects, we multiplied the standardized path coefficient linking internalized homophobia to the mediator (i.e., depressive symptoms) by the standardized path coefficient linking the mediator to the outcome (i.e., relationship problems or relationship strain) obtained from the bootstrapping procedure using 10,000 samples. We also obtained the standard errors and 95% bias-corrected CIs around these estimates. According to Shrout and Bolger (2002), if the bias-corrected 95% CIs around the estimates for the indirect effects do not contain 0, then it is possible to conclude that the indirect effects are statistically significant at the level of $p < .05$. For all participants in the study, the standardized indirect effect of internalized homophobia on relationship problems was significant, (.20) × (.66) = .13, *SE* = .04, CI = .06, .22. Among coupled participants only, the standardized indirect effect of internalized homophobia on relationship strain was also significant, (.24) × (.28) = .07, *SE* = .04, CI = .01, .12.

Discussion

We aimed to assess the association between internalized homophobia and relationship problems using the minority stress model as our theoretical reference. Using this theoretical perspective, we conceptualized internalized homophobia as a minority stressor, separating the core construct of internalized homophobia from what the minority stress model describes as its outcomes and correlates. We suggested that three factors that some researchers have seen as overlapping with internalized homophobia—outness, community connectedness, and depressive symptoms—should be seen as distinct constructs. Our results demonstrate the utility of the minority stress model in delineating the relationships among these constructs.

As hypothesized, internalized homophobia was associated with greater relationship problems among all participants and among coupled individuals, specifically. These findings are consistent with previous research that has shown a negative relationship between internalized homophobia and relationship quality (e.g., Meyer, 1995; Meyer & Dean, 1998; Otis et al., 2006; Shidlo, 1994; Szymanski et al., 2001). However, we also showed that outness, community connectedness, and depressive symptoms are important to consider as factors independent of internalized homophobia.

As hypothesized, the direct effects of internalized homophobia significantly attenuated when we accounted for the mediating role of depression, suggesting that internalized homophobia leads to relationship problems primarily by increasing depressive symptoms. This is important to consider in interpreting the results from previous studies that demonstrated no effect of internalized homophobia on indicators of relationship quality controlling for psychological well-being (Biss & Horne, 2005). By theorizing and analyzing internalized homophobia and its mental health outcomes at

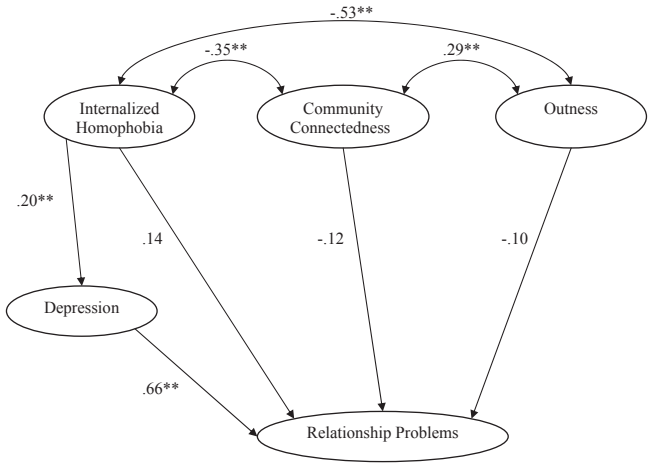

Figure 2. Structural model explaining relationship problems among all participants in the study (N = 396). Numbers represent standardized path coefficients obtained from bootstrapping using 10,000 samples. ** $p < .01$.

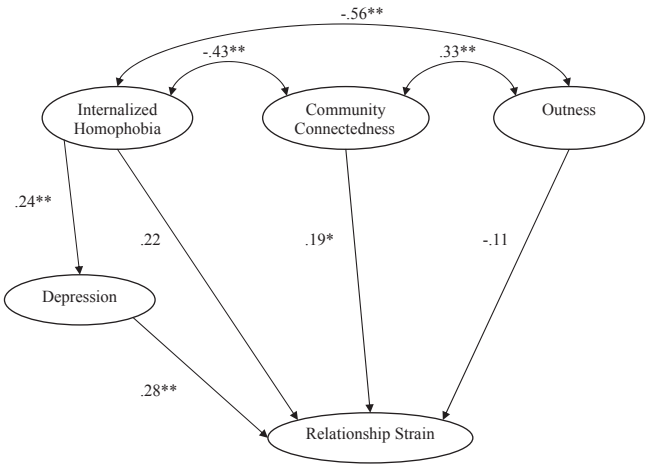

Figure 3. Structural model explaining relationship strain among coupled participants ($N = 184$). Numbers represent standardized path coefficients obtained from bootstrapping using 10,000 samples. $^{*}p < .05$. $^{**}p < .01$.

the same level, researchers misrepresent the nature of the relationship between the two constructs, obscuring the meditational role of mental health outcomes in the association between internalized homophobia and relationship quality.

Outness had a strong negative relationship with internalized homophobia, but it was not significantly associated with indicators of relationship quality among all participants or among the subgroup of coupled participants. This indicates that although internalized homophobia and outness are related constructs, they are not synonymous with one another. It is internalized homophobia, not outness, that has an impact on relationship quality among LGB individuals. Although we had no specific hypothesis about the relationship between outness and relationship problems, this finding is not surprising given recent calls by psychologists to avoid seeing outness as an indication of internalized homophobia (Eliason & Schope, 2007) and research that showed that internalized homophobia was negatively related to relationship quality, but outness was not (Balsam & Szymanski, 2005).

Similarly, although internalized homophobia was significantly correlated with community connectedness, it impeded relationship quality independent of connectedness. Unlike outness, community connectedness was associated with relationship quality for participants in the study. In predicting relationship strain among coupled participants, greater connectedness was associated with *increased* relationship strain. We had no specific hypotheses about the relationship between community connectedness and relationship strain, but we find this result intriguing and deserving of further research. One possible explanation for this finding is that individuals who are highly connected with the LGB community may be less invested in their relationships with their partners, which may make their partners feel less valued or neglected. It is also possible that individuals who are experiencing problems in their relationships turn to the LGB community for support and sanctuary. In summary, our results show that depressive symptoms, outness, and community connectedness are separate, though related, constructs that have unique roles in the experiences of LGB individuals.

Although our results demonstrate that depressive symptoms seem to completely mediate the relationship between internalized homophobia and relationship quality, especially among coupled participants, it is important not to overlook the remaining direct association between internalized homophobia and relationship quality. Although it was not statistically significant, the addition of this association to the models demonstrated improvement that approached statistical significance. Kline (2004) has noted that significance testing should not be the only consideration in reviewing results so that not only Type I but also Type II errors (not recognizing a relationship because of lack of power) would be minimized. Thus, the direct effect of internalized homophobia on relationship problems may well have clinical significance and deserves further study. The careful clinician working with LGB individuals should be cognizant that even after effectively treating depressive symptoms, underlying internalized homophobia needs to be addressed. As Gonsiorek (1988) noted, internalized homophobia can often persist and continue to affect LGB lives after individuals have successfully come out and have found positive connections with other LGB individuals. Working with an LGB client experiencing problems in interpersonal relationships, clinicians should pay careful attention to internalized homophobia, even if the individual has come out to important others and demonstrates positive participation in the LGB community.

Limitations

Several study limitations must be kept in mind when interpreting our findings. As with any cross-sectional study, causal claims cannot be drawn from the correlational data we present despite our presentation of the data in SEMs that suggest causality. Furthermore, there are plausible alternative models that may fit the data as well as or better than the models we tested. That being said, we believe that a causal role for internalized homophobia as specified by our model is the most parsimonious based on existing clinical and theoretical writings and empirical findings.

Some measures used in the study demonstrated less than desirable reliability and have limited information regarding validity among LGB populations (i.e., loneliness, relationship strain, and positive relations with others). In some cases, low reliability may have led to an underestimation of the relationships between constructs assessed in our study. Future studies should work to develop and validate measures of relationship quality among LGB individuals and incorporate additional, previously validated, measures of related constructs in order to address this limitation.

Although our study suggests that internalized homophobia is a significant source of relationship problems among LGB individuals, it was not meant to assess the full spectrum of factors that may affect relationship quality or how such factors may interact with one another. To understand relationship quality, it is important to consider many other factors such as differing commitment levels, disapproval from family and friends, and other stressors.

Also, our data were limited to the individual level. We therefore could not study factors that can only be observed at the dyadic level (Mohr & Fassinger, 2006; Otis et al., 2006). Perhaps more important is that the measures used as indicators of relationship quality do not provide an exhaustive representation of the construct (e.g., we did not investigate relationship satisfaction among coupled participants). Future studies should include more comprehensive measures to test relationship quality and tap more domains of the general intimacy construct, especially outside of the context of

romantic relationships, as problems in relationships generally defined (e.g., friendships and familial relationships) have rarely been the focus of such studies.

An important strength of the present study is that we examined the experiences of diverse populations of LGB individuals. This is an advantage over studies that typically investigate Whites only, thereby improving the external validity of our findings. However, sampling in the community limits how much can be generalized to clinical populations. Although we believe that the results are important for understanding treatment strategies, counselors should assess these findings critically, recognizing that the men and women in the sample were contacted using community sampling strategies, and they may be significantly different from a clinical population. For example, they may be more out, higher in community connectedness, lower on internalized homophobia, and have fewer depressive symptoms than a clinical sample.

Conclusions

It is important to recognize that our conceptualization of internalized homophobia locates it as a social stressor that is related to negative social stigma surrounding LGB lives prevalent in society today (Meyer, 2003a). Like others, we wish to caution against conceptualizing internalized homophobia as a trait that is internal to the person. We view the term *internalized homophobia* as relating to the process whereby prevailing heterosexism becomes applied to the self (Russell & Bohan, 2006). Furthermore, the use of the term *internalized homophobia* has been debated. Some writers note that it incorrectly suggests a phobic reaction, obscuring the focus on the external stressor. For this and other reasons, writers have suggested alternative terms such as *internalized heterosexism*, *internalized sexual prejudice*, and *internalized sexual stigma*. However, attempts at alternative terminology have yet to prove superior to internalized homophobia (Herek, 2004). Until a consensus emerges, we prefer the term used since the early development of the concept (Malyon, 1982).

Our investigation has special relevance given the media, political, and governmental attention that is being paid to same-sex relationships at present in the form of anti-same-sex marriage campaigns. Although LGB people are gaining rights they did not have previously and the social stigma surrounding LGB lives has declined (Savin-Williams, 2005), negative representations of LGB intimate relationships remain. The persistence of social stigma surrounding LGB people and intimacy remains a significant challenge to public and mental health practitioners and researchers working with LGB populations. Riggle, Thomas, and Rostosky (2005) noted that the present debate on marriage rights creates a "majority tyranny" that is on its own psychologically harmful to LGB individuals. The discourse of opponents of marriage rights devalues relationships of LGB people and reaffirms what Meyer and Dean (1998) called "heterosexist opportunity structures" that privilege heterosexual relationships and discourage same-sex relationships. Notions that LGB individuals, gay men in particular, are incapable of intimacy and long-term relationships and are likely to die alone without family are among the most fundamental stereotypes of LGB people (Meyer & Dean, 1998). Internalization of such societal discourse into one's self-concept as an LGB individual likely exacerbates the negative effect of internalized homophobia on relationship quality.

Stressors related to heterosexism and its ill effects, including internalized homophobia, must be combated at all levels (Ouellette, 1998). But in addition to efforts being made to combat social stigma at the macrosocial level, attention needs to be paid to helping LGB individuals negotiate this stigma and develop positive self-concepts in the face of it through counseling and preventive services. Good guidelines for effective treatment of LGB individuals have been developed (Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force on Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients, 2000). Our study suggests that efforts targeted at reducing internalized homophobia and its effects on LGB lives need to be specific and extend beyond helping LGB people come out of the closet and establish ties with the larger community, as models of identity development may suggest. Counselors working with LGB clients who struggle with internalized homophobia should focus on helping them develop more positive self-regard, combat resultant depressive symptoms, and develop healthy social support networks and intimate relationships (Gonsiorek, 1988).

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Internalized Stigma Among Sexual Minority Adults: Insights From a Social Psychological Perspective

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Internalized Stigma Among Sexual Minority Adults: Insights From A Social Psychological Perspective

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Abstract[1]

This article describes a social psychological framework for understanding sexual stigma and it reports data on sexual minority individuals' stigma-related experiences. The framework distinguishes between stigma's manifestations in society's institutions (heterosexism) and among individuals. The latter include enacted sexual stigma (overt negative actions against sexual minorities, such as hate crimes), felt sexual stigma (expectations about the circumstances in which sexual stigma will be enacted), and internalized sexual stigma (personal acceptance of sexual stigma as part of one's value system and self-concept). Drawing from previous research on internalized sexual stigma among heterosexuals (i.e., sexual prejudice), the article considers possible parallels in how sexual minorities experience internalized sexual stigma (i.e., self-stigma, or negative attitudes toward the self). Data are presented from a community sample of lesbian, gay, and bisexual adults (N = 2,259) to illustrate the model's utility for generating and testing hypotheses concerning self-stigma.

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Heterosexuals' attitudes toward sexual minorities have changed remarkably in the United States and elsewhere during the past two decades, and some of society's key institutions have reversed or tempered their historically negative stance toward lesbian, gay, and bisexual people (Herek, 2009a). Yet, even as U.S. society has become increasingly accepting of them, sexual minority individuals continue to experience considerable discrimination and hostility (e.g., Herek, 2009b; HR 2015, 2007; Rostosky, Riggle, Horne, & Miller, this issue). Consequently, understanding the nature and consequences of sexual stigma remains an important aim for researchers and practitioners.

Previous work in this area has often been framed in terms of *homophobia*, a word coined by Weinberg (1972) to refer to "the dread of being in close quarters with homosexuals – and in the case of homosexuals themselves, self-loathing" (p. 4). Whereas Weinberg's definition of homophobia suggested that a symmetry exists between the experiences of heterosexuals and homosexuals, subsequent work by psychologists and other behavioral scientists has tended to focus on the experiences of either heterosexuals or sexual minority people. Rarely have both been considered in tandem. Moreover, such work has often used the homophobia construct not only to refer to individual reactions to homosexuality, but also to characterize societal institutions such as the law and religion. Assigning such an expansive scope to this construct ultimately reduces its utility for

researchers and practitioners (Herek, 2004).

Herek (2007, 2008, 2009a) has proposed a unified conceptual framework that attempts to move psychological discourse beyond the rubric of homophobia to a more nuanced understanding of the various phenomena that are often referenced by this construct. The framework is intended to facilitate analysis of the relationships between sexual stigma's structural and individual manifestations while illuminating parallels between the stigma-related experiences of sexual minorities and heterosexuals. Similarities across sexual orientation groups are rooted in at least two kinds of common experience. First, most children internalize the tenets of sexual stigma to at least some degree during the socialization process, usually in conjunction with the expectation that they will grow up to be heterosexual. Second, because sexual orientation is usually a concealable status, anyone – regardless of their actual sexual orientation – can potentially be perceived by others as heterosexual, homosexual, or bisexual.

In the present article, we summarize the conceptual framework and then elaborate upon it by considering how constructs from research on sexual prejudice among heterosexuals might yield useful insights into self-stigma among sexual minorities. In particular, we explore how the social psychological construct of *attitudes* can be used to better understand sexual minority individuals' internalization of sexual stigma, and we present previously unpublished data from a large community-based study of sexual minority adults relevant to this goal.

The Conceptual Framework

In this section, we present a brief summary of the unified conceptual framework. More detailed information about the model, its grounding in sociological theories of stigma and psychological theories of prejudice, and its applicability to existing empirical findings is available elsewhere (Herek, 2007, 2008, 2009a).

The framework starts from a cultural analysis of how sexuality is socially constructed and how social categories based on sexuality reflect power and status inequalities. The term *sexual stigma* is used to refer broadly to the negative regard, inferior status, and relative powerlessness that society collectively accords anyone associated with nonheterosexual behaviors, identity, relationships, or communities. Inherent in this definition is the recognition that sexual stigma constitutes shared knowledge: The members of society know that homosexual behaviors and attractions are devalued relative to heterosexuality and they are aware of the hostility and malevolent stereotypes that are routinely attached to gay, lesbian, and bisexual individuals.

Stigma-based differentials in status and power are legitimated and perpetuated by society's institutions and ideological systems in the form of structural or institutional stigma. Structural sexual stigma, or *heterosexism*, is an ideology embodied in institutional practices that work to the disadvantage of sexual minority groups. As a structural phenomenon, heterosexism is relatively autonomous from the prejudice of individual members of society. It operates through at least two general processes. First, because everyone is presumed to be heterosexual (a tacit belief often referred to as "The Heterosexual Assumption"), sexual minorities generally remain invisible and unacknowledged by society's institutions. Second, when sexual minorities become visible, they are problematized, that is, they are presumed to be abnormal, unnatural, requiring explanation, and deserving of discriminatory treatment and hostility. Heterosexuals, by contrast, are considered prototypical members of the category "people." Instances of heterosexism include religious doctrines that vilify sexual minorities and laws that prohibit marriage equality or mandate the U.S. military's "Don't Ask, Don't Tell" policy (Herek, Chopp, & Strohl, 2007).

Against the backdrop of heterosexism, individuals – regardless of their sexual orientation – experience and manifest sexual stigma in at least three ways. First, sexual stigma is expressed behaviorally through actions such as shunning, ostracism, the use of antigay epithets, overt discrimination, and violence (e.g., Herek, 2009b). These and similar expressions constitute *enacted* sexual stigma. Because anyone can potentially be perceived as gay, lesbian, or bisexual, both heterosexuals and

nonheterosexuals can be targets of enacted stigma. Members of both groups can also perpetrate enacted stigma.

A second individual manifestation of sexual stigma occurs because, as noted above, such stigma constitutes shared knowledge about society's collective reaction to homosexual behaviors, same-sex relationships, and sexual minority individuals. For any member of society – heterosexual or nonheterosexual – this knowledge includes expectations about the probability that stigma enactments will occur in a particular situation or under specific circumstances. Because anyone is potentially a target and because people generally wish to avoid suffering stigma enactments, such expectations often motivate them to modify their behavior (e.g., Herek, 1996). This knowledge of society's stance toward nonheterosexuals, including expectations about the likelihood of stigma being enacted in a given situation, is referred to as *felt* sexual stigma. Felt stigma can motivate heterosexuals and nonheterosexuals alike to use various self-presentation strategies to avoid being labeled homosexual or bisexual. It can be adaptive insofar as it enables one to avoid being the target of stigma enactments, but it also has costs. Felt stigma can motivate heterosexuals and nonheterosexuals to constrict their range of behavioral options – e.g., by avoiding gender nonconformity or physical contact with same-sex friends – and even to enact sexual stigma against others. In addition, it can lead sexual minorities to chronically conceal or deny their identity and to socially isolate themselves, strategies that often have negative psychological consequences (e.g., Pachankis, 2007).

Finally, a third manifestation is *internalized* sexual stigma – a heterosexual or sexual minority individual's personal acceptance of sexual stigma as a part of her or his own value system. Internalizing sexual stigma involves adapting one's self-concept to be congruent with the stigmatizing responses of society. For heterosexuals, internalized stigma is manifested as negative attitudes toward sexual minorities, which are referred to here as *sexual prejudice*. This phenomenon has also been labeled *homophobia*, *homonegativity*, and *heterosexism*.

For sexual minority individuals, internalized stigma can be directed both inward and outward. As mentioned above, they – like heterosexuals – typically grow up learning the tenets of sexual stigma and applying them to others. Thus, they are capable of holding negative attitudes toward other lesbians, gay men, or bisexuals. In most cases, however, such prejudice is probably secondary to negative attitudes that they harbor toward themselves and their own homosexual desires. This self-directed prejudice, which is based on the individuals' acceptance of and agreement with society's negative evaluation of homosexuality, is referred to here as *self-stigma*. It has also been labeled *internalized homophobia*, *internalized heterosexism*, and *internalized homonegativity*.[1]

Using The Conceptual Framework To Understand Sexual Minority Experiences

By highlighting these parallels between heterosexuals and sexual minorities, the conceptual framework summarized above and in Table 1 can enrich psychologists' understanding of how sexual stigma affects all members of society. Elsewhere, for example, Herek (2007) has suggested that behavioral scientists can gain insights into the reduction of sexual prejudice among heterosexuals by examining how sexual minority individuals overcome their own self-stigma. In the present article, we extend this idea by examining some ways in which theory and research on majority group prejudice against minorities might advance our understanding of how sexual minorities deal with self-stigma. Thus, we focus here on internalized sexual stigma, especially as it is manifested by sexual minority individuals.

Before proceeding, we note some important parallels between the present framework and another approach that has been widely applied to the study of internalized stigma among lesbian, gay, and bisexual people, namely, the minority stress model, or MSM (Meyer, 1995, 2003). According to the MSM, the internalization of negative societal attitudes (i.e., self-stigma) is a major source of stress for minority individuals. In addition, the MSM highlights the stress induced by external, objectively stressful events and conditions (which correspond to enacted

stigma) and the minority individual's expectation of such events and its attendant vigilance (which correspond to felt stigma). Although both models highlight these three aspects of minority experience, they do so with somewhat different aims. The MSM, as its name implies, is mainly a framework for understanding the unique stressors experienced by minority individuals, their consequences for mental health, and ameliorative coping processes. The present article's framework, by contrast, is intended to shed light on the societal phenomenon of sexual stigma and its individual manifestations among majority and minority group members alike, including the psychological phenomena of sexual prejudice among heterosexuals and self-stigma among sexual minorities. Thus, we regard the two approaches as complementary rather than competing.

Central to the present discussion is the social psychological construct of *attitudes*. An attitude is a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor (Eagly & Chaiken, 1993). *Prejudice* represents a specific type of attitude, one involving evaluations (typically negative) of the members of a particular social category or group.

Conceptualizing self-stigma as an attitude suggests several promising parallels with sexual prejudice, three of which are explored here. First, like heterosexuals' prejudice against sexual minorities, the negative self-attitudes of nonheterosexuals are formed and maintained within the context of a culture whose institutions foster and reinforce those attitudes; consequently, an individual's location within those institutions should help to predict her or his level of sexual self-stigma. Second, like other attitudes, self-stigma can be understood as correlated with and deriving from multiple beliefs, affects, and behaviors. Thus, sexual minority individuals' levels of self-stigma should be predicted by their beliefs, affects, and behaviors related to their sexual orientation and the sexual minority population. Third, as a negative attitude toward the self, sexual self-stigma can usefully be considered a domain-specific form of low self-esteem. Consequently, the relationship between self-stigma and psychological distress and well-being should be mediated by global self-esteem. In the sections that follow, we elaborate upon each of these ideas and present illustrative data from a study we conducted with a large community-based sample.

Data Source

Baseline data were collected from a sample of 2,259 lesbian, gay, and bisexual adults (1,170 women, 1,089 men) who were recruited through multiple venues in the greater Sacramento (CA) area to complete an extensive self-administered questionnaire battery. Detailed information about the sample and data collection procedures has been presented elsewhere (Herek, Gillis, & Cogan, 1999; Herek, Cogan, & Gillis, 2002). At the time of initial data collection, 2,017 (89%) respondents indicated their willingness to participate in follow-up research and provided contact information. Approximately one year later, we were able to recontact and obtain additional data from 1,321 (65%) of them.

The analyses reported below focus on the variable of self-stigma, which was assessed with the Revised Internalized Homophobia Scale, or IHP-R. This self-report measure is a short version of the IHP, whose items were derived by the late John Martin from the DSM-III-R diagnostic criteria for ego-dystonic homosexuality (American Psychiatric Association, 1980) and which focus on respondents' attitudes toward their own sexual orientation (Herek, Cogan, Gillis, & Glunt, 1998; Meyer, 1995; see also Hamilton & Mahalik, this issue). Thus, the IHP-R – like the longer IHP – is somewhat analogous to the social distance scales used by social psychologists to measure majority group members' willingness to associate with minority group members.

Although the original IHP scale has been found to have acceptable internal consistency and construct validity (Herek et al., 1998; Herek & Glunt, 1995), it was originally developed for administration to gay men. Through a series of factor- and item-analyses, we developed a 5-item version of the IHP that is better suited to administration to bisexuals and lesbians as well.

The female version of the IHP-R scale consists of the following items (alternate wording for male respondents is indicated in bracketed text): (1) I wish I weren't lesbian/bisexual [gay/bisexual]. (2) I have tried to stop being attracted to women [men] in general. (3) If someone offered me the chance to be completely heterosexual, I would accept the chance. (4) I feel that being lesbian/bisexual [gay/bisexual] is a personal shortcoming for me. (5) I would like to get professional help in order to change my sexual orientation from lesbian/bisexual [gay/bisexual] to straight.

The items were administered with a 5-point response scale, ranging from *disagree strongly* to *agree strongly*. Scale scores were computed by summing responses and dividing by the total number of items, thereby maintaining the 1-5 response scale metric for ease of interpretation. Higher scores indicate more negative self-attitudes. For the present sample, internal reliability for the 5-item IHP-R scale was α = .82 (vs. α = .85 for the original 9-item IHP). Scores on the IHP-R were highly correlated with the full IHP for all sexual orientation groups (all *r*s > .90). IHP-R scores on the baseline and follow-up surveys were highly correlated (*r* = .67).

Most members of the present sample scored at the extreme low end of the IHP-R response range. The vast majority of lesbian (89%), gay male (77.5%), and bisexual female respondents (78%) did not agree with any of the items, indicating that they held positive attitudes toward and a strong commitment to their sexual orientation identity. An additional 7% of lesbians, 12.5% of gay men, and 12% of bisexual women agreed with only one IHP-R item. Bisexual men were the most likely to report negative attitudes toward their sexual orientation: 23.5% agreed with two or more IHP-R items, whereas only 54.5% did not agree with any items. Because the skewed distribution and constricted range of scores on the IHP-R measure could obscure relationships among the variables of interest, the statistical analyses reported below were conducted with a natural log transformation of the summary IHP-R scores. However, the more easily interpreted raw scale scores are reported in the tables.

Baseline IHP-R scores were significantly (all *p*s < .05) correlated with age and educational level (higher scores were associated with being younger and having less formal education) and differed systematically by race (Black respondents scored significantly higher than others). These same variables also differed across gender and sexual orientation groups in the sample. Bisexuals were significantly younger than gay men and lesbians, and bisexual men reported significantly less formal education than other respondents. In addition, bisexuals were significantly more likely than gay men and lesbians to be African American. Consequently, the analyses presented below controlled for respondents' race, education, and age when appropriate.

The Cultural Context of Sexual Self-Stigma

Using data from the sample, we evaluated whether hypotheses based on the three previously discussed parallels between self-stigma and sexual prejudice have empirical support. The first proposition to be considered is that sexual minorities' negative attitudes toward themselves should be understood within the context of a culture whose institutions foster and reinforce those attitudes. Sexual self-stigma, like sexual prejudice among heterosexuals, is an endorsement of a cultural ideology that disempowers sexual minorities, creates institutional barriers to their full participation in society, and fosters enactments of stigma against them (Herek, 2008). Currently, some institutions and ideologies in U.S. society (e.g., heterosexual masculinity, traditional Christianity, political conservatism) are characterized by especially high levels of heterosexism (e.g., Herek, 1986; Herek et al., 2007) and survey research has revealed higher levels of sexual prejudice among heterosexuals who are closely associated with those ideologies (i.e., men, the strongly religious, political conservatives) than among those who are not (women, the nonreligious, political moderates and liberals; e.g., Herek, 2009a). In a similar way, sexual minority individuals should tend to manifest higher levels of self-stigma to the extent that they are affiliated with these institutions.

With baseline IHP-R scores as the dependent

variable, a series of ANOVAs revealed that higher levels of self-stigma were indeed apparent among males, the highly religious, and the politically conservative.[2] As shown in the first row of Table 2, IHP-R scores were significantly higher for gay men than for lesbians, and for bisexual men than for bisexual women, F (1, 2154) = 138.54 ($p < .001$), η^2 = .06. As shown in the first two rows of Table 3, Republicans scored significantly higher than non-Republicans (F (2, 2095) = 10.66, $p < .001$, η^2 = .01) and self-described political conservatives scored significantly higher than moderates who, in turn, scored significantly higher than liberals (F (2, 2093) = 19.09, $p < .001$, η^2 = .018). Table 3 also shows that respondents scored significantly higher on the IHP-R if they belonged to a religious denomination or reported belief in a deity (F (3, 2091) = 8.96, $p < .001$, η^2 = .013) or if they attended religious services (F (2, 2113) = 5.54, $p < .01$, $\eta^2 = .005$).[3]

Psychological Correlates and Sources of Sexual Self-Stigmatizing Attitudes

Operational definitions of "internalized homophobia" and related constructs have reflected differing assumptions about exactly which phenomena should be considered direct manifestations of sexual self-stigma and which should be regarded as its antecedents, correlates, or consequences (e.g., Frost & Meyer, this issue; Shidlo, 1994). A social psychological approach can contribute to this ongoing discussion insofar as it suggests a fairly narrow conceptualization of self-stigma in terms of evaluations of the self, that is, self-attitudes. Whereas attitudes are correlated with – and can be inferred from – relevant cognitive, affective, and behavioral information, they are nevertheless distinguishable from such information (e.g., Albarracin, Zanna, Johnson, & Kumkale, 2005). As attitudes, therefore, sexual prejudice and self-stigma alike can be understood as related to, but distinct from, an individual's current beliefs about her or his sexuality, affective stance toward belonging to a sexual orientation group, and past actions relevant to her or his sexual orientation.

Using the baseline data, we examined the associations between self-stigma and variables in each of these three categories. As elaborated below, these included (a) beliefs about positive and negative outcomes resulting from one's sexual orientation, and essentialist beliefs about the origins of one's orientation (i.e., chosen or not chosen); (b) affect toward one's community membership; and (c) behaviors related to "outness," or openness about one's sexual orientation with parents and with nonfamily members. We employed two types of statistical analyses. For variables that were measured with continuous scales (beliefs about positive and negative outcomes, affect toward community membership, outness to nonfamily members), we used ordinary least squares regression. In each equation, control variables (sexual orientation, gender, race, education, and age) were entered on the first step, followed on a subsequent step by the independent variable of interest (e.g., outness). In evaluating these analyses, we focused on (a) the amount of additional variance in self-stigma explained by the belief, affect, and behavior variables, beyond that explained by the control variables, and (b) the relative predictive strength of the belief, affect, and behavior variables when all variables (including controls) were included in the equation. For variables that were measured categorically (essentialist beliefs, outness to parents), we used analysis of covariance. These analyses included the dichotomized independent variables of sexual orientation (1 = gay/lesbian, 0 = bisexual) and gender (1 = female, 0 = male) as main effects, with race, education, and age entered as covariates. In the sections below, we report separate analyses with the variables in each of the three categories, followed by a combined analysis in which all of the belief, affect, and behavior variables were examined simultaneously.

Self-Stigma and Beliefs About Sexual Orientation

We examined two general kinds of beliefs addressed in previous research on the cognitive sources and correlates of sexual prejudice (Herek, 2008). First, some attitude theories note the importance of beliefs about whether an attitude object is a source of benefits or punishments, with the former beliefs associated

with more positive attitudes toward the object and the latter linked to more negative attitudes (e.g., Eagly & Chaiken, 1993). Thus, just as heterosexuals' levels of sexual prejudice are likely to reflect the extent to which they perceive sexual minorities as a source of negative versus positive outcomes for themselves (Herek, 1987), so are gay, lesbian, and bisexual individuals likely to harbor higher levels of self-stigma to the extent that they associate their own minority status with more costs and fewer benefits.

We used two 4-item scales to assess beliefs about the costs and benefits associated with one's sexual orientation. One scale assessed respondents' beliefs that their negative life events and personal setbacks are attributable to sexual prejudice (Herek & Glunt, 1995; e.g., "Most of the bad things in my life happen because of homophobia"; $\alpha = .84$). The other scale measured respondents' beliefs that their successes and positive life events result from their membership in a sexual minority community (e.g., "I credit many of my successes in life to my contacts with the gay/bisexual community", $\alpha = .75$). The mean scale scores for each gender and sexual orientation group are reported in rows 2 and 3 of Table 2. Illustrating the link between self-stigma and beliefs, regression analyses (Table 4, section 1) revealed that IHP-R scores were significantly predicted by perceptions of both costs and benefits associated with one's sexual orientation. Moreover, the belief variables accounted for a significant portion of the variance in self-stigma, beyond that explained by the control variables.

Essentialist beliefs are a second category of beliefs correlated with sexual prejudice. For example, the belief that sexual orientation is involuntary and immutable is generally associated with lower levels of prejudice among heterosexuals, at least in the United States (e.g., Haider-Markel & Joslyn, 2008). However, the data currently available for heterosexuals do not indicate whether such beliefs are causally related to sexual prejudice, or the direction of that relationship, if it exists (Herek, 2008). In parallel fashion, it is possible that sexual minority adults manifest more self-stigma to the extent that they perceive that they chose their sexual orientation, but it is also possible that perceiving choice about one's own homosexual or bisexual orientation is unrelated to self-stigma or is even associated with rejection of it. To our knowledge, these possibilities have not been examined empirically in a sexual minority sample.

We measured essentialist beliefs with a single question, "How much choice do you feel that you had about being [lesbian/gay] /bisexual?" Bisexuals perceived they had more choice about their sexual orientation than did homosexuals, and women perceived more choice than men (Table 5, section 1). However, most gay men, lesbians, and bisexual men believed they had "no choice at all" or "very little choice," and 45% of bisexual women endorsed one of these response options (another 20% said they had only "some choice").

For IHP-R scores, with the background covariates included and with essentialist beliefs dichotomized (very little or no choice *versus* some choice, a fair amount, or a great deal of choice), the main effect for perceptions of choice was not significant.[4] However, a significant Sexual Orientation X Beliefs interaction was observed: $\underline{F}\ (1, 2113) = 5.02$, $p < .05$, $\eta^2 = .002$. In follow-up ANOVAs conducted separately with each sexual orientation group, IHP-R scores did not differ significantly among bisexual respondents according to beliefs about choice. However, they differed significantly among gay and lesbian respondents ($F\ (1, 1800) = 6.40$, $p = .01$, $\eta^2 = .004$), with those who believed they had some degree of choice scoring lower ($M = 1.3$, $SD = 0.54$) than those who believed they had little or no choice ($M = 1.4$, $SD = 0.68$). Thus, essentialist beliefs were indeed linked with self-stigma, but in a direction that is opposite to the pattern commonly observed among heterosexuals in the United States. Believing that one's homosexuality is a choice was associated with less self-stigma than believing one had little or no choice about being gay or lesbian. We speculate that, for at least some gay men and lesbians, believing their homosexuality is chosen may represent an affirmative and self-empowering embrace of their sexual orientation that is incompatible with self-stigma (Whisman, 1996). Insofar as the link between essentialist beliefs and self-stigma was

fairly weak, and the present sample included relatively few respondents who perceived their sexual orientation as a choice or manifested a high level of self-stigma, we offer this interpretation mainly as a hypothesis that warrants testing in future empirical research.

Self-Stigma and Affect

Turning to the affective correlates of attitudes, heterosexuals' prejudice has often been conceptualized in terms of negative emotional reactions to sexual minorities (Herek, 2008). Indeed, Weinberg's (1972) use of the term homophobia to describe those reactions suggests they are grounded in intense, irrational fears (Herek, 2004). In a parallel fashion, self-stigma among sexual minority individuals is likely to be correlated with negative affect toward their own status as members of the sexual minority population. Thus, we examined the associations between affect and self-stigma using two items adapted by Herek and Glunt (1995) from the Collective Self-Esteem scale (Luhtanen & Crocker, 1992) to assess respondents' affective reactions to their membership in the sexual minority community ("I'm glad I belong to the [lesbian/gay] /bisexual community" and "I feel good about belonging to the [lesbian/gay] /bisexual community"). The items were administered with a 5-point response scale, ranging from *disagree strongly* to *agree strongly* ($\alpha = .82$).

Means scores are reported in Table 2 (row 4). As shown in Table 4 (section 2), affect scores explained a significant increment of the variance in self-stigma beyond that accounted for by the control variables. Respondents experienced significantly more negative self-attitudes to the extent that they reported less positive affect about belonging to the lesbian, gay, and bisexual community.

Self-Stigma and Behavior: Disclosure of Sexual Orientation

As noted above, a high degree of felt stigma motivates some individuals to hide their sexual minority identity and attempt to pass as heterosexual. Whereas attempting to pass in specific situations that carry a high risk for enacted stigma is adaptive, chronically concealing one's sexual orientation is likely to be associated with higher levels of self-stigma. To test the hypothesis that sexual minority individuals manifest more self-stigma to the extent that they conceal their sexual orientation from family members and friends, we examined the associations between IHP-R scores and outness. We asked respondents whether their mother or father knew about their sexual orientation and, if so, whether or not the respondent had directly discussed it with either parent.

We also assessed respondents' levels of outness to five categories of non-family members: current heterosexual friends, heterosexual casual acquaintances, and, if applicable, coworkers, work supervisors, and school peers. Respondents described the extent to which their sexual orientation was known to the members of each category, using a 10-point scale ranging from *out to none of them* to *out to all of them*. Responses were summed and divided by the number of applicable items to yield a mean score for outness to non-family members ($\alpha = .92$).

Most of the homosexual respondents reported that their sexual orientation was known by one or both parents. Nearly two thirds of lesbians (64%) and gay men (63%) were out to both parents; only 12% of lesbians and 14.5% of gay men were not out to either parent. Bisexuals were less likely to be out to their parents. A substantial minority of bisexual women (35%) and men (42%) were not out to either parent, whereas 39% of bisexual women and 32% of bisexual men were out to both parents. Respondents were generally more likely to be out to their mother than to their father, and gay and lesbian respondents were more likely than bisexual respondents to have openly discussed their sexual orientation with a parent (Table 5, sections 2 and 3).

Compared to respondents who were not out, IHP-R scores were significantly lower among those whose sexual orientation was known to their mother (F (1, 2135) = 9.75, $p < .01$, $\eta^2 = .005$) or father (F (1, 2107) = 9.33, $p < .01$, $\eta^2 = .004$). This relationship did not differ according to respondent sex or sexual orientation, as indicated by a lack of significant interaction

effects. Among respondents whose parent knew about their sexual orientation, IHP-R scores were significantly lower among those who had directly discussed it with the parent compared to those whose parent knew but had not been told directly by the respondent: main effect for mothers, F (1, 1697) = 17.94, $p < .001$, $\eta^2 = .01$; for fathers, F (1, 1316) = 18.70, $p < .001$, $\eta^2 = .014$. These main effects were qualified by significant interactions between each parent's source of knowledge (told directly vs. not) and the respondent's sexual orientation: for mothers, F (1, 1697) = 4.32, $p < .05$, $\eta^2 = .003$; for fathers, F (1, 1316) = 10.31, $p < .01$, $\eta^2 = .008$. Follow-up analyses of covariance conducted separately for bisexual and homosexual respondents revealed that, for outness to mothers, the effect was stronger among bisexuals (F (1, 204) = 7.22, $p < .01$, $\eta^2 = .034$) than among gay and lesbian respondents (F (1, 1490) = 8.08, $p < .01$, $\eta^2 = .005$). For outness to fathers, the difference was significant for bisexuals (F (1, 128) = 10.32, $p < .01$, $\eta^2 = .075$) but not for gay or lesbian respondents.

Similarly, IHP-R scores were significantly associated with outness to nonfamily members (mean scores are reported in Table 2, row 5). In multiple regression analysis, the outness variables explained a significant amount of the variance in self-stigma beyond that accounted for by the control variables, and the bulk of this variance was accounted for by the measure of outness to nonfamily members (Table 4, section 3).

Beliefs, Affect, and Behavior: Joint Effects on Self-Stigma

When all of the previously described belief, affect, and behavior variables were simultaneously entered in a regression equation, they explained 22.5% of the variance in IHP-R scores beyond that explained by the control variables (Table 4, section 4). Beliefs about costs and benefits, affect toward community membership, and outness to nonfamily all contributed significantly. Sexual minority individuals manifested less self-stigma to the extent that they believed their sexual orientation was associated with fewer costs and more benefits, had positive feelings toward their membership in the sexual minority community, and were open about their sexual orientation with nonfamily members. Thus, sexual orientation-related beliefs, affect, and behavior are all associated with sexual self-stigma. However, the fact that they explained only a portion of the variance in IHP-R scores is consistent with the conclusion that self-stigma is distinct from these variables.

Sexual Self-Stigma As Domain-Specific Self-Esteem

Self-stigma among sexual minorities has been observed to correlate reliably with psychological distress (Herek & Garnets, 2007; Szymanski & Gupta, this issue). A social psychological perspective suggests that this association may result in large part from the impact of self-stigma on a sexual minority individual's global self-esteem. The definition of self-stigma as a negative attitude toward oneself as a member of a stigmatized group corresponds to one of the most common social psychological definitions of self-esteem, namely, a person's evaluation of or attitude toward herself or himself (e.g., Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). Social psychologists often distinguish global, or trait, self-esteem from domain-specific self-esteem, while recognizing that self-esteem in specific domains (e.g., one's sexual orientation identity) can affect global self-esteem. Global self-esteem, in turn, is correlated with many facets of psychological well-being (e.g., Rosenberg et al., 1995). Viewing self-stigma as a domain-specific form of self-esteem suggests that the associations between sexual self-stigma and psychological distress and well-being might be mediated by global self-esteem: Sexual self-stigma may reduce trait self-esteem which, in turn, may produce symptoms of anxiety and depression, as well as reduced positive affect (see also Szymanski & Gupta, this issue).

To evaluate this hypothesis, we first examined the relationships between IHP-R scores and baseline scores for (a) global self-esteem (assessed with a 6-item version of the Rosenberg Self-Esteem Scale; Rosenberg, 1965; $\alpha = .85$), (b) depressive symptoms (assessed with the 20-item Center for Epidemiologic Studies

Depression scale, or CES-D; Radloff, 1977; α = .91), (c) state anxiety (assessed with 6 items from the short version of Spielberger's scale; Marteau & Bekker, 1992; α = .92), and (d) positive affect (assessed with 5 items adapted from the Affect Balance Scale; Bradburn, 1969; α = .79). Each scale was framed in terms of respondents' experiences during the previous 30 days and each provided 5 response alternatives (*never, almost never, sometimes, fairly often, very often*).[5] Mean scores for each measure are reported in Table 2 (rows 6-9).

We conducted OLS regression analyses for each psychological variable. As in previous regression analyses, control variables were entered on the first step. Because our previous research with this sample revealed significantly higher levels of psychological distress among gay male and lesbian respondents who had been the target of an antigay hate crime against their person in the previous 5 years (Herek et al., 1999), a dichotomous variable for such victimization was entered in addition to the previously described control variables. IHP-R scores were entered on the next step.

In each equation, IHP-R scores contributed significantly to the explained variance in the outcome measure after controlling for the demographic and victimization variables. When entered on the second step, IHP-R scores explained significant increments of the variance in global self-esteem, depressive symptoms, state anxiety, and positive affect. Thus, IHP-R scores contributed significantly to psychological distress and well-being as measured by all four outcome variables (see Table 6).

Next, we assessed whether global self-esteem mediated the relationship between self-stigma and depressive symptoms, anxiety, and positive affect. Using an SPSS macro written for this purpose (Preacher & Hayes, 2008), we assessed the direct and indirect effects of IHP-R scores on each psychological outcome variable, once again controlling for the demographic and victimization variables. As shown in Table 7, the 95% confidence intervals for the a X b paths do not include zero, indicating that all indirect effects were statistically significant. Although these results are consistent with the interpretation that the relationship between self-stigma and psychological well-being is mediated by global self-esteem, further regression analyses revealed similar patterns and magnitudes of effects when global self-esteem was entered as the outcome variable, with depression, anxiety, and positive affect as mediators. Thus, the relationship between global self-esteem and the other psychological outcomes appears to have been reciprocal in the baseline data (Rosenberg et al., 1995).

However, analysis of the follow-up data indicated that the relationships between baseline self-stigma and psychological distress and well-being approximately 1 year later were mediated by baseline self-esteem. For these analyses, we treated baseline self-stigma as the independent variable, baseline self-esteem as the mediator, and the follow-up measure of well-being (depressive symptoms, anxiety, positive affect) as dependent variables. We also included the baseline measure of the psychological well-being variable as a control, along with a dichotomous variable indicating whether or not the respondent reported having been the target of a violent antigay crime since completing the baseline questionnaire.[6] As shown in Table 8, the results are consistent with the mediation hypothesis for all three variables, as indicated by the fact that the 95% confidence intervals for the a X b paths do not include zero.

Thus, in the present sample, the associations between sexual self-stigma and psychological distress and well-being were mediated by global self-esteem. Higher levels of self-stigma led to reduced self-esteem, which in turn was associated with heightened psychological distress and less positive affect.

Conclusion

We have described a unified model for understanding sexual stigma and its individual manifestations from a social psychological perspective. We have attempted to demonstrate how this model offers a new vocabulary and, by highlighting parallels between the experiences of heterosexuals and sexual minority individuals, suggests new ideas for better understanding the institutional sources of sexual self-stigma; its cognitive, affective, and behavioral correlates;

and its effects on psychological well-being.

In addition to illustrating insights from the conceptual framework, the analyses presented here revealed notable differences among sexual orientation and gender groups on self-stigma and its affective, belief, and behavioral correlates. The finding that self-described bisexual men manifested more self-stigma than any other group points to the need for more study of internalized sexual stigma within this group. This is further highlighted by the differences observed between bisexuals (especially males) and homosexuals in their affective response to their membership in a sexual minority community, their perception of costs and benefits associated with their sexual orientation, and their openness about their sexual orientation. Although a detailed discussion of these differences is beyond the scope of the present article, we note that they are consistent with the findings of other research (e.g., Balsam & Mohr, 2007) and they point to the importance of distinguishing between bisexuals and homosexuals, as well as men and women, in research on the experiences of sexual minority individuals.

As we noted at the outset of this article, the idea that self-stigma in sexual minorities is an attitude whose development parallels that of sexual prejudice in heterosexuals is hardly new. In 1972, Weinberg observed "The person who from early life has loathed himself for homosexual urges arrives at this attitude by a process exactly like the one occurring in heterosexuals who hold the prejudice against homosexuals" (Weinberg, 1972, p. 74). Despite Weinberg's early insight in this regard, researchers and theorists have not fully utilized these parallels for understanding self-stigma. We hope the conceptual framework and empirical data presented here will encourage further exploration of how sexual stigma affects both heterosexuals and sexual minorities, often in parallel ways.

Notes

[1] Sexual minority individuals can also harbor negative attitudes toward heterosexuals which can correctly be characterized as sexual prejudice. Unlike prejudice directed at sexual minorities, however, these attitudes are not reinforced by power differentials in the larger society. Thus, whereas all negative attitudes toward members of a sexual orientation group may be similar in strictly psychological terms, they differ according to whether or not they are reinforced by the social structure. For elaboration of this point, see Herek (2007).

[2] The total number of cases differs across analyses because of missing data for some variables.

[3] Some analyses reported here yielded relatively small effect sizes, which may indicate that the relationships among self-stigma and other variables are relatively weak albeit statistically significant. Further research may reveal important moderators of these associations. Some of the smaller effect sizes may also be due, in part, to the highly skewed distributions of IHP-R scores and some of the independent variables (e.g., religious attendance, essentialist beliefs, outness to parents).

[4] A complete report of all ANCOVA results, including nonsignificant effects, is provided in the supplemental appendix.

[5] To maintain consistency throughout the questionnaire, CES-D items were administered with this 5-point response scale, rather than the 4-point scale on which scale norms are based.

[6] Compared to respondents who were lost to attrition, those in the follow-up sample scored significantly lower on self-stigma, anxiety, and depression, and higher on self-esteem.

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Table 1

A Framework For Conceptualizing Sexual Stigma

Level of Analysis	Cultural	Individual			
Manifestation	Heterosexism	Enacted Stigma	Felt Stigma	Internalized Stigma	
Definition	Structural sexual stigma; a cultural ideology embodied in institutional practices that work to the disadvantage of sexual minority groups even in the absence of individual prejudice or discrimination.	The overt behavioral expression of sexual stigma by individuals.	An individual's knowledge of society's stance toward nonheterosexuals, including expectations about the likelihood of stigma being enacted in a given situation.	An individual's personal acceptance of sexual stigma as a part of her or his own value system and self-concept.	
Examples	• Sodomy laws • "Defense of Marriage" laws • "Don't Ask, Don't Tell" • Lack of legal constraints on discrimination • Religious teachings that categorically condemn same-sex relationships • Consistently negative media portrayals of sexual minorities • Pathologization of homosexuality	• Shunning and ostracism of (perceived) sexual minorities • Use of antigay terms and epithets • Employment and housing discrimination • Hate crimes	• Avoidance of gender nonconformity • Avoidance of same-sex physical contact • Public declarations that one is heterosexual to avoid stigma • Enactments of sexual stigma to avoid being labeled nonheterosexual • Hiding one's homosexual or bisexual identity	*In Heterosexuals:* Negative attitudes toward homosexuality and sexual minorities (sexual prejudice)	*In Sexual Minorities:* • Negative Attitudes toward oneself as homosexual or bisexual (self-stigma) • Negative attitudes toward homosexuality & sexual minorities (sexual prejudice)

Table 2

Scores on Continuous Variables By Respondent Gender and Sexual Orientation

Variable	Group				
	Gay Men	Lesbians	Bisexual Men	Bisexual Women	Entire Sample
1. Self-Stigma (IHP-R)	1.54_{a} *(0.77)*	1.25_{b} *(0.49)*	2.17_{c} *(0.99)*	1.53_{a} *(0.77)*	1.46 *(0.73)*
2. Beliefs: Benefits	2.12_{a} *(0.58)*	2.06_{a} *(0.57)*	1.88_{b} *(0.55)*	2.00_{ab} *(0.55)*	2.06 *(0.57)*
3. Beliefs: Costs	1.56_{a} *(0.57)*	1.43_{bc} *(0.51)*	1.54_{ac} *(0.57)*	1.37_{b} *(0.49)*	1.47 *(0.54)*
4. Positive Affect Toward Community	3.13_{a} *(0.88)*	3.37_{b} *(0.77)*	2.59_{c} *(0.96)*	2.97_{a} *(0.95)*	3.18 *(0.87)*
5. Behavior: Outness	5.52_{a} *(2.79)*	5.31_{a} *(2.74)*	3.64_{b} *(2.88)*	4.48_{c} *(2.90)*	5.18 *(2.84)*
6. CES-D	16.21_{a} *(10.30)*	14.60_{b} *(9.32)*	19.34_{c} *(11.78)*	17.56_{ac} *(10.69)*	15.86 *(10.13)*
7. State Anxiety	7.20_{a} *(3.56)*	7.27_{ab} *(3.53)*	7.70_{ab} *(3.94)*	8.05_{b} *(3.80)*	7.34 *(3.61)*
8. Positive Affect	9.04_{a} *(3.08)*	9.24_{a} *(3.01)*	8.61_{a} *(3.32)*	9.01_{a} *(3.04)*	9.09 *(3.07)*
9. Self-Esteem	14.83_{a} *(3.06)*	15.37_{b} *(2.81)*	13.73_{c} *(3.77)*	14.67_{ac} *(3.34)*	14.97 *(3.08)*

Table reports mean scores and, in parentheses, standard deviations. Across each row, means with different subscripts differ significantly at $p < .01$, based on Bonferroni-corrected pairwise comparisons using analyses of covariance.

Table 3

Self-Stigma (Baseline IHP-R) Scores By Political and Religious Variables

Variable	Subgroup	% of Sample	IHP-R
Political Party	Republican	10%	1.81 (0.92) $_a$
	Democrat	67%	1.37 (0.63) $_b$
	Independent/Other	23%	1.53 (0.77) $_b$
Political Ideology	Conservative	12%	1.80 (0.97) $_a$
	Middle of Road	18%	1.57 (0.76) $_b$
	Liberal	70%	1.36 (0.63) $_c$
Religious Beliefs	Formal Religious Affiliation	19%	1.64 (0.86) $_a$
	Belief in God, No Affiliation	34%	1.51 (0.75) $_a$
	Spiritual, No Belief in God	25%	1.32 (0.56) $_b$
	Agnostic/Atheist/Other	22%	1.35 (0.61) $_b$
Religious Attendance (previous year)	Never	48%	1.39 (0.66) $_a$
	Less than Weekly	41%	1.51 (0.76) $_b$
	Weekly or More	10%	1.55 (0.79) $_b$

Note. Final column reports mean raw IHP-R scores and, in parentheses, standard deviations. Within each variable, IHP-R mean scores with different subscripts differ significantly ($p < .005$ for religious beliefs, $p < .01$ for all other variables), based on Bonferroni-corrected pairwise comparisons of levels of the independent variable using analysis of covariance. Variations in the number of cases across variables reflect missing data. For political party, $n = 2{,}185$. For political ideology, $n = 2{,}181$. For religious beliefs, $n = 2{,}186$. For religious attendance, $n = 2{,}203$. Some percentages do not total 100 because of rounding.

Table 4: Regression Analysis: Beliefs, Affect, and Behavior As Predictors of Self-Stigma

	Independent Variable	B (Unstandardized)	SE	Beta (Standardized)	t
1. Beliefs: Costs & Benefits[a]					
	Beliefs: Benefits	-.168	.017	-.258	-10.07***
	Beliefs: Costs	.161	.018	.232	9.03***
	Sex	-.121	.018	-.161	-6.56***
	Sexual orientation	-.174	.025	-.173	-7.05***
	Age	-.001	.001	-.020	-0.76
	Education level	-.001	.004	-.010	-0.38
	Race	.069	.046	.037	1.50
2. Affect Toward Community Membership[b]					
	Affect	-.174	.009	-.385	-20.11***
	Sex	-.143	.015	-.181	-9.61***
	Sexual orientation	-.151	.020	-.143	-7.52***
	Age	-.002	.001	-.065	-3.26***
	Education level	-.007	.003	-.044	-2.24**
	Race	.157	.037	.080	4.30***
3. Behavior: Outness[c]					
	Outness To World	-.032	.003	-.230	-10.82***
	Mother knows	-.006	.023	-.007	-0.28
	Father knows	-.040	.019	-.050	-2.15*
	Sex	-.184	.016	-.235	-11.88***
	Sexual orientation	-.167	.022	-.157	-7.58***
	Age	-.003	.001	-.073	-3.46***
	Education level	-.008	.003	-.054	-2.59**
	Race	.139	.039	.071	3.60***

(Table continues)

Table 4 (continued)

	Independent Variable	B (Unstandardized)	SE	Beta (Standardized)	t
4. Belief, Affect, & Behavior[d]					
	Beliefs: Benefits	-.070	.017	-.108	-4.19***
	Beliefs: Costs	.114	.017	.166	-6.83***
	Beliefs: Choice	-.007	.020	-.008	-0.33
	Affect	-.143	.011	-.340	-13.47***
	Outness to world	-.021	.003	-.166	-6.65***
	Father knows	-.035	.020	-.046	-1.74
	Mother knows	.029	.024	.031	1.18
	Sex	-.088	.018	-.118	-4.96***
	Sexual orientation	-.101	.025	-.100	-4.96***
	Age	-.001	.001	-.037	-1.50
	Education level	-.001	.003	-.006	-0.26
	Race	.053	.042	.029	1.26

Note. Table reports coefficients for regression analysis with all variables included in the equation. For all analyses, dependent variable = baseline IHP-R scores. For Sex, 1=female. For sexual orientation, 1 = gay/lesbian, 0 = bisexual. For race, 1=Black, 0 = other. Education level was coded as an 11-point ordinal variable, ranging from *less than high school* to *doctoral degree*. Age was coded in years.

[a] For Step 1 (control variables), R^2 = 7.0% (F (5, 1448) = 21.92, $p < .001$). For Step 2 (beliefs added), change in R^2 = 8.2% (F (2, 1446) = 69.85, $p < .001$). n = 1,454.

[b] For Step 1 (control variables), R^2 = 13.5% (F (5, 2136) = 66.83, $p < .001$). For Step 2 (affect added), change in R^2 = 13.8% (F (1, 2135) = 404.48, $p < .001$). n = 2,124.

[c] For Step 1 (control variables), R^2 = 13.0% (F (5, 2106) = 63.08, $p < .001$). For Step 2 (outness added), change in R^2 = 6.0% (F (3, 2103) = 51.55, $p < .001$). n = 2.112.

[d] For Step 1 (control variables), R^2 = 7.3% (F (5, 1384) = 21.87, $p < .001$). For Step 2 (all belief, affect, and outness variables added), change in R^2 = 22.5% (F (7, 1377) = 63.05, $p < .001$). n = 1,390.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 5

Self-Stigma (Baseline IHP-R Scores) By Essentialist Beliefs and Outness To Parents

Variable	Group				Total
	Gay Men	Lesbians	Bisexual Men	Bisexual Women	
1. Essentialist Beliefs					
None/A Little	1.53 (0.77) [87%]	1.26 (0.52) [70%]	2.07 (0.95) [59%]	1.46 (0.69) [45%]	1.45 (0.72) [74%]
Some/Fair Amount/ A Lot	1.54 (0.74) [13%]	1.21 (0.40) [30%]	2.32 (0.99) [41%]	1.59 (0.82 [55%])	1.48 (0.75) [26%]
2. Outness To Mother					
Not Out	1.72 (0.84) [17%]	1.36 (0.62) [16%]	2.17 (0.92) [43%]	1.58 (0.78) [40%]	1.65 (0.83) [21%]
Out, No Discussion	1.57 (0.77) [15%]	1.30 (0.56) [14%]	2.57 (1.08) [17%]	1.66 (0.92) [12%]	1.56 (0.82) [15%]
Discussion	1.47 (0.73) [68%]	1.21 (0.44) [70%]	1.99 (0.96) [40%]	1.44 (0.68) [48%]	1.37 (0.65) [65%]
3. Outness To Father					
Not Out	1.71 (0.83) [34%]	1.30 (0.56) [32%]	2.17 (0.98) [66%]	1.58 (0.81) [56%]	1.61 (0.82) [38%]
Out, No Discussion	1.49 (0.76) [23%]	1.24 (0.47) [26%]	2.50 (1.05) [15%]	1.61 (0.78) [17%]	1.43 (0.71) [23%]
Discussion	1.41 (0.67) [44%]	1.22 (0.46) [42%]	1.83 (0.83) [19%]	1.40 (0.67) [27%]	1.34 (0.60) [39%]

Table reports mean raw IHP-R scores, standard deviations (in parentheses), and proportion of individuals from each sexual orientation and gender group within the cell [in brackets]. Within sexual orientation and gender groups, some percentages do not total 100 because of rounding. Variations in the number of cases across variables reflect missing data. For essentialist beliefs, n = 2,218. For outness to mother, n = 2,240. For outness to father, n = 2,210.

Table 6: Regression Analyses: Self-Stigma as a Predictor of Variables Related To Psychological Well-Being and Distress

	Dependent Variable	Independent Variables	B (Unstandardized)	SE	Beta (Standardized)	t
1.	Self-Esteem[1]					
		Self-Stigma	-2.135	.181	-.271	-11.79***
		Sex	.080	.139	.013	0.58
		Sexual orientation	.351	.188	.042	1.87
		Race	.680	.346	.043	1.97*
		Education level	.130	.028	.108	4.71***
		Age	.005	.007	.017	0.73
		Victimization	-.603	.313	-.042	-1.93*
2.	Depressive Symptoms[2]					
		Self-Stigma	6.823	.592	.265	11.52***
		Sex	.272	.455	.013	0.60
		Sexual orientation	-1.123	.611	-.041	-1.84
		Race	-.122	1.105	-.002	-0.11
		Education level	-.342	.091	-.087	-3.77***
		Age	-.094	.022	-.098	-4.22***
		Victimization	4.386	1.054	.090	4.16***
3.	State Anxiety[3]					
		Self-Stigma	1.483	.217	.161	6.82***
		Sex	.559	.167	.077	3.35***
		Sexual orientation	-.244	.224	-.025	-1.09
		Race	-.623	.406	-.034	-1.54
		Education level	-.013	.033	-.009	-0.39
		Age	-.033	.008	-.095	-4.00***
		Victimization	1.297	.379	.076	3.42***

Table 6 (continued)

	Dependent Variable	Independent Variables	B (Unstandardized)	SE	Beta (Standardized)	t
4.	Positive Affect[4]					
		Self-Stigma	-.724	.188	-.093	-3.86***
		Sex	.091	.144	.015	0.63
		Sexual orientation	.207	.194	.025	1.07
		Race	.577	.351	.037	1.65
		Education level	.039	.029	.033	1.37
		Age	-.020	.007	-.068	-2.80**
		Victimization	-.073	.330	-.005	-0.22

Note. Table reports coefficients for regression analyses with all variables included in the equation. Self-Stigma = Baseline IHP-R Scores (higher scores = more self-stigma). For Sex, 1=female. For sexual orientation, 1 = gay/lesbian, 0 = bisexual. For race, 1=Black, 0 = other. Education level was coded as an 11-point ordinal variable, ranging from *less than high school* to *doctoral degree*. Age was coded in years. For victimization, 1 = respondent experienced violent victimization based on sexual orientation during previous 5 years, 0 = all others.

[a] For Step 1 (control variables), R^2 = 4.1% (F (6, 1937) = 13.71, $p < .001$). For Step 2 (IHP-R added), change in R^2 = 6.4% (F (1, 1936) = 139.10, $p < .001$). n = 1,944.

[b] For Step 1 (control variables), R^2 = 5.6% (F (6, 1894) = 18.83, $p < .001$). For Step 2 (IHP-R added), change in R^2 = 6.2% (F (1, 1893) = 132.69, $p < .001$). n = 1,901.

[c] For Step 1 (control variables), R^2 = 2.4% (F (6, 1954) = 7.88, $p < .001$). For Step 2 (IHP-R added), change in R^2 = 2.3% (F (1, 1953) = 46.55, $p < .001$). n = 1,961.

[d] For Step 1 (control variables), R^2 = 0.8% (F (6, 1936) = 2.48, $p < .05$). For Step 2 (IHP-R added), change in R^2 = 0.8% (F (1, 1935) = 14.86, $p < .001$). n = 1,943.

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 7: Mediation Analysis Results (Baseline Data)

Outcome Variable	Path/effect	B	SE	95% CI
Depression				
	c	6.73***	.60	
R^2 = .46	a (IHP-R → ESTEEM)	-2.21***	.19	
$F(8, 1850) = 193.67^{***}$	b (Esteem → DEP)	-2.00***	.06	
	c' (IHP-R → DEP)	2.31***	.49	
	a X b	4.42***	.46	3.59, 5.35
Anxiety				
	c	1.51***	.22	
R^2 = .31	a (IHP-R → ESTEEM)	-2.11***	.18	
$F(8, 1903) = 107.32^{***}$	b (ESTEEM → ANX)	-0.63***	.02	
	c' (IHP-R → ANX)	0.17	.19	
	a X b	1.34	.13	1.12, 1.63
Positive Affect				
	c	-0.73***	.19	
R^2 = .29	a (IHP-R → ESTEEM)	-2.18***	.18	
$F(8, 1889) = 94.72^{***}$	b (ESTEEM → PA)	0.54***	.02	
	c' (IHP-R → PA)	0.46**	.17	
	a X b	-1.19	.12	-1.46, -0.95

Note. In each analysis, sexual orientation, sex, race, educational level, age were entered as control variables.

IHP-R = Baseline self-stigma. ESTEEM = Baseline Self-esteem. ANX = Baseline State Anxiety. PA = Baseline Positive Affect.

For paths, c = Total effect of IV on DV. a = Independent variable (IV) to mediators. b = Direct effect of mediator on dependent variable (DV). c' = Direct effect of IV on DV. a X b = Indirect effect of IV on DV through mediator.

** $p < .01$. *** $p < .001$

Table 8: Mediation Analysis Results (Longitudinal Data)

Outcome Variable & Model Summary	Path/effect	B	SE	95% CI
Depression (T_2)				
	c	1.22 *	.60	
R^2 = .37	a (T_1 IHP-R → T_1 ESTEEM)	-0.62 ***	.19	
$F(4, 1184) = 172.04^{***}$	b (T_1 ESTEEM → T_2 DEP)	-0.33 ***	.06	
	c' (T_1 IHP-R → T_2 DEP)	1.02	.49	
	a X b	0.20	.10	0.05, 0.45
Anxiety (T_2)				
	c	0.43 †	.24	
R^2 = .31	a (T_1 IHP-R → T_1 ESTEEM)	-1.02 ***	.20	
$F(4, 1224) = 132.23^{***}$	b (T_1 ESTEEM → T_2 ANX)	-0.13 ***	.03	
	c' (T_1 IHP-R → T_2 ANX)	0.30	.24	
	a X b	0.14	.05	0.06, 0.26
Positive Affect (T_2)				
	c	-0.62 **	.21	
R^2 = .24	a (T_1 IHP-R → T_1 ESTEEM)	-1.16 ***	.20	
$F(4, 1222) = 97.65^{***}$	b (T_1 ESTEEM → T_2 PA)	0.14 ***	.03	
	c' (T_1 IHP-R → T_2 PA)	0.45 *	.21	
	a X b	-0.17	.05	-0.29, -0.09

Note. In each analysis, the baseline measure of the outcome variable was entered as a control variable, along with a dichotomous variable indicating whether the respondent had experienced a hate crime victimization since completing the baseline questionnaire (1 = Yes, 0 = No).

T_1 IHP-R = Self-stigma (Baseline). T_1 ESTEEM = Self-esteem (Baseline). T_2 DEP = Depressive symptoms (Follow-up). T_2 ANX = State Anxiety (Follow-up). T_2 PA = Positive Affect (Follow-up).

For paths, c = Total effect of IV on DV. a = Independent variable (IV) to mediators. b = Direct effect of mediator on dependent variable (DV). c' = Direct effect of IV on DV. a X b = Indirect effect of IV on DV through mediator.

* $p < .05$. ** $p < .01$. *** $p < .001$ † $p < .10$

SUPPLEMENTAL APPENDIX

Results of Analysis of Covariance

Model	Effect	df	F	η^2
Essentialist Beliefs				
	Beliefs	1, 2113	2.36	.001
	Sex	1, 2113	129.91***	.058
	Sexual Orientation	1, 2113	108.15***	.049
	Beliefs X Sex	1, 2113	0.40	.000
	Beliefs X Sexual Orientation	1, 2113	5.02*	.002
	Sex X Sexual Orientation	1, 2113	18.04***	.008
	Beliefs X Sex X Sexual Orientation	1, 2113	0.03	.000
Outness To Mother				
	Outness To Mother	1, 2135	9.75**	.005
	Sex	1, 2135	127.56***	.056
	Sexual Orientation	1, 2135	68.43***	.031
	Outness X Sex	1, 2135	0.13	.000
	Outness X Sexual Orientation	1, 2135	3.05	.001
	Sex X Sexual Orientation	1, 2135	13.72***	.006
	Outness X Sex X Sexual Orientation	1, 2135	0.61	.000
Discussed With Mother[a]				
	Discussed With Mother	1, 1697	17.94***	.010
	Sex	1, 1697	74.17***	.042
	Sexual Orientation	1, 1697	66.64***	.038
	Discussed X Sex	1, 1697	2.85	.002
	Discussed X Sexual Orientation	1, 1697	4.32*	.003
	Sex X Sexual Orientation	1, 1697	13.46***	.008
	Discussed X Sex X Sexual Orientation	1, 1697	1.99	.001

[a]Analysis restricted to respondents who reported the parent knew about their sexual orientation.

*$p < .05$. **$p < .01$. ***$p < .001$.

(Appendix continues)

APPENDIX (continued)

Model	Effect	df	F	η^2
Outness To Father				
	Outness To Father	1, 2107	9.33**	.004
	Sex	1, 2107	125.78***	.056
	Sexual Orientation	1, 2107	83.44***	.038
	Outness X Sex	1, 2107	1.56	.001
	Outness X Sexual Orientation	1, 2107	2.61	.001
	Sex X Sexual Orientation	1, 2107	11.55***	.005
	Outness X Sex X Sexual Orientation	1, 2107	1.73	.001
Discussed With Father[a]				
	Discussed With Father	1, 1316	18.70***	.014
	Sex	1, 1316	51.52***	.038
	Sexual Orientation	1, 1316	62.95***	.046
	Discussed X Sex	1, 1316	2.46	.002
	Discussed X Sexual Orientation	1, 1316	10.31***	.008
	Sex X Sexual Orientation	1, 1316	11.48***	.009
	Discussed X Sex X Sexual Orientation	1, 1316	1.36	.001

[a]Analysis restricted to respondents who reported the parent knew about their sexual orientation.

*$p < .05$. **$p < .01$. ***$p < .001$.

Professional Psychology Groups urge the U.S. Department of Education to Protect LGBTQ+ Students at Religious Colleges and Universities

Our signing professional psychological groups affirm the importance of religious diversity and freedom of religious expression. Further, our groups recognize that religion and spirituality (R/S) are important to the lives of thousands of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people.

While recognizing the potential benefits of religious faith and participation, our groups echo the *American Psychological Association*'s (APA) statement that "prejudice based on or derived from religion continues to result in various forms of harmful discrimination," as stated in the *APA Resolution on Religious, Religion-Based and/or Religion-Derived Prejudice*[1]. Too many in the LGBTQ+ community are painfully aware of the ways in which they have been excluded from religious participation, condemned for their identities, and watched religion be used to oppose equity and civil rights for LGBTQ+ people all over the world – which have caused many harms to the community[2,3].

Decades of psychological research has consistently found that discrimination toward LGBTQ+ people is harmful, and can result in increased rates of suicide, mental health symptoms, substance abuse, isolation, and lower academic achievement in school settings[4]. We also know that policies and practices that promote equity and safety for LGBTQ+ people are associated with mental health benefits, improved wellbeing, and better academic outcomes[4].

LGBTQ+ students and employees at *non-affirming faith-based colleges and universities* (NFBCUs) are discriminated against in admission, retention, and employment due to a combination of restrictive policies, stigma, absence of formal social support groups, and lack of legal protections[5]. Recent studies and reports suggest that LGBTQ+ students at NFBCUs may experience higher rates of bullying and harassment than their heterosexual and cisgender peers[6], and develop mental health symptoms because of psychological distress and isolation[6,7].

Further, several studies show evidence that some LGBTQ+ students have been referred for *sexual orientation/gender identity change efforts* at NFBCUs[6, 7, 8]. APA's *Resolution on Sexual*

This is an official statement of the Divisions, Societies, and Associations listed above, and does not represent the position of the American Psychological Association or any of its other Divisions or subunits.

Orientation Change Efforts[9] (SOCE) states that "APA opposes SOCE because such efforts put individuals at significant risk of harm and encourage individuals, families, health professionals, and organizations to avoid SOCE." Similarly, the APA *Resolution on Gender Identity Change Efforts* (GICE) states that "explicit attempts to change individuals' gender according to cisnormative pressures […] cause harm by reinforcing anti-transgender and anti-gender nonbinary stigma and discrimination"[10]. Our groups hold strong concerns that some NFBCUs have policies that attach disciplinary threats to transgender and non-binary students who transition[11], thus discouraging students from accessing gender-affirming medical and psychological services. These gender-affirming clinical services have been shown to be lifesaving for many transgender and non-binary people[10].

Unlike LGBTQ+ people at non-religious universities, LGBTQ+ students and employees at NFBCUs are left with no legal protections due to exemptions in current Title IX legislation, which are granted by the U.S. Department of Education (ED)[6]. Consistent with APA's Resolution on *Opposing Discriminatory Laws, Policies, and Practices Aimed at LGBTQ+ Persons*[12], our groups "oppose the enactment of laws, policies, and procedures that exempt any group from following antidiscrimination laws designed to protect any group", and call upon policy makers and courts to recognize religious freedom without ignoring harmful practices and policies directed at LGBTQ+ people. Our groups also raise this concern given that NFBCUs are indirectly funded by the U.S. government through student loans, research grants, and other federal dollars; thus, taxpayers are, even if unwittingly, funding religiously-based discrimination.

In response, our groups call on ED to *investigate allegations of harm* toward LGBTQ+ students at NFCBUs, and to *take appropriate actions* to protect LGBTQ+ students.

Signatories:

Society for the Psychology of Sexual Orientation and Gender Diversity (APA Division 44)
Society for the Teaching of Psychology (APA Division 2)
Society for the Psychological Study of Social Issues (APA Division 9)
Society of Counseling Psychology (APA Division 17) Section on Lesbian, Gay, Bisexual, and Transgender issues
Psychologists in Public Service (APA Division 18)
Society for Military Psychology (APA Division 19)
Society for Community Research and Action (APA Division 27)
Society for Humanistic Psychology (APA Division 32)
Society for the Psychology of Women (APA Division 35)
Society for Child and Family Policy and Practice (APA Division 37)
Society for Psychoanalysis and Psychoanalytic Psychology (APA Division 39)
American Psychology-Law Society (APA Division 41)
Society of Group Psychology and Group Psychotherapy (APA Division 49)
Society for the Psychological Study of Men & Masculinities (APA Division 51)
Society for Pediatric Psychology (APA Division 54)
Asian American Psychological Association (AAPA)
National Latinx Psychological Association (NLPA)/Orgullo Latinx: Sexual Orientation and Gender Diversity special interest group

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EXHIBIT A

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

Eugene Division

ELIZABETH HUNTER, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF EDUCATION, et al.,

Defendants,

v.

COUNCIL FOR CHRISTIAN COLLEGES & UNIVERSITIES, WESTERN BAPTIST COLLEGE d/b/a CORBAN UNIVERSITY, WILLIAM JESSUP UNIVERSITY AND PHOENIX SEMINARY,

Defendants-Intervenors.

No. 6:21-CV-00474-AA

EXPERT DECLARATION OF SHIRLEY HOOGSTRA

I, Shirley Hoogstra, declare that I am an adult of sound mind and make this statement voluntarily, based upon my own personal knowledge, education, and experience.

OPINION

1. I am the president of the Council for Christian Colleges & Universities, and have served in this capacity for seven years. Since 1976, the CCCU has served as the leading national voice of Christian higher education, with 185 campuses across the

globe, including more than 150 in North America. Prior to my role at CCCU, I was Vice President of Student Life for 15 years at a Christian college in the Midwest. In both of these capacities, I have amassed a knowledge base regarding the interaction between Christian educational leadership, students and LGBT+ concerns.

2. As a Vice President of Student Life, I engaged the topic of faith and LGBT+ students in numerous ways. Under my direction there was a sexuality series that brought in expert speakers for ten years. In addition, I oversaw the school's mental health resources, Campus Security resources, residence life and student handbook content and compliance. I also oversaw the co-curricular religious practices on a campus of 3500+ students. I worked with individual LGBT+ students both as a mentor and as an advisor.

3. As the president of the CCCU, I have presided over or initiated professional development opportunities to help key leaders understand the needs of LGBT+ students. Under my leadership and direction, CCCU has financially sponsored research on LGBT+ students' beliefs and wellbeing within the Christian college movement. As a Christian administrative educational leader, I have familiarized myself with the experts, resources, and scholarly publications, as well as biblical backgrounds and teachings, that inform policy and decision-making in the important area of Christian college students, gender, and sexuality. I am also familiar with the policies and practices that our member institutions take in this important area.

4. In my experience, the data and reports I rely upon here are the kind of information relied upon by experts in educational administration and people in leadership positions at educational institutions.

5. Based on the authority and insights of the biblical record, the institutional members of the Council on Christian Colleges & Universities celebrate the goodness of creation (Genesis 1:31), recognize the reality of the Fall (Genesis 3:17-19), and pursue the redemptive work of Jesus Christ in bringing about God's purposes (Romans 8:22-23). Christian faith-based institutions acknowledge and celebrate the goodness of God's gift of sexuality, but also acknowledge that divinely-ordained boundaries have been established around that good gift. The Bible affirms that God created people as male and female (Genesis 1:27-28; Matthew 19:4; Mark 10:6), that the male and female marriage union is set up as the biblical standard for sexual intimacy (Genesis 2:24; Matthew 19:4-6; Mark 10:6-9), and that singleness and celibacy are also set up as an ideal (1 Corinthians 7:7-9; Matthew 19:12, 22:30).

6. Christian educational institutions generally believe that sin and brokenness distort all of creation (Genesis 3; Romans 1:18–3:20; 1 Corinthians 6:7-11). This includes all people's experience of sexuality and gender. These institutions hold that the Bible is clear, however, that any sexual activity outside of marriage between a man and a woman is contrary to God's plan for humanity (Leviticus 18:22; 20:13; Acts 15:28-29, alluding to Leviticus 18; Romans 1:24-27; 1 Corinthians 6:9; 1 Timothy 1:10; Jude 6-7; 2 Peter 2:4, 6-8). Also, they generally hold the view that God created people male and female (Genesis 1:26-27; 2:24) and that it is therefore best

to support the distinction between male and female sexes. (Genesis 17:10-11; Leviticus 12:3; Deuteronomy 22:5; Matthew 19:4-6). It is accepted, though, by Christian educational leaders that gender dysphoria is real, and efforts are made to address it compassionately.

7. These positions are rooted deeply in Christian history, back to a time in Greek and Roman history when same-sex activity was culturally and socially acceptable, and have continued unbroken for more than 2,000 years. They should be understood as positions based on age-old Scriptural teaching, rather than merely manifestations of particular social or cultural biases which could be easily or even with some difficulty modified. The Supreme Court has recognized this reality, and ruled that beliefs regarding traditional, heterosexual marriage are "based on decent and honorable religious or philosophical premises." *Obergefell v. Hodges*, 576 U.S. 644, 672 (2015). The Court underscored the importance of protecting these traditional religious communities, and their convictions on these matters of marriage and family. For example: "[I]t must be emphasized that religions, and those who adhere to religious doctrines, may continue to advocate with utmost, sincere conviction that, by divine precepts, same-sex marriage should not be condoned." *Id.* at 679.

8. The leadership of Christian colleges and universities believe that, for students who identify as LGBT+ (as for all students), the admission process, instructional process, and campus life should be welcoming and responsive to student questions, concerns, and needs. For these institutions, the foundational nature of the

university experience is based on a belief in Biblical authority. A Biblical perspective is a standard set for all students, and is generally articulated to each student consistently and clearly. Religious universities generally articulate their beliefs in their welcoming messages to students, and this includes the beliefs and standard expectations for all students, including LGBT+ students, as to the college's standards of sexuality and gender. This would include the review of the Student Behavioral Guidelines or handbook (usually a document available on-line for all students) and the signed agreement for all students indicating their willingness to comply with university guidelines and policy. It would also include guidelines for behavior, including sexual conduct, for all students. These guidelines would be seen by some students, both straight and LGBT+, as counter-cultural.

9. On a religious campus the focus would typically be toward developing a community of believers, faithful to their Biblical perspective, and promoting social and devotional activities, campus organizations, and a dorm life that respectfully honors persons of diversity. Central to a Biblical perspective is the honoring of a person, even when they engage in behaviors that may be counter to the standards of the university. The honoring process is demonstrated most clearly in an act of developing a meaningful relationship, listening before seeking to respond, and loving as Christ has loved each of us – always seeking to help all students, including LGBT+ students, to develop their individual Christian identities in the larger context of the communal Christian fellowship.

10. As noted previously, a Biblical perspective and foundation based on the authority of God's Word is the source for beliefs, decision making and practice for Christian universities. Thus, the ability to practice and carry out policies and practices consistent with the religious belief system of the university is essential to the institution's ability to pursue what it sees as its religious mission. If required to abandon or disavow religious practices, the result would sever the campus from its central identity, and certainly interfere with the development of a full Christian identity among the students. if Plaintiffs are successful in denying LGBT+, minority, and other students access to federal loans and grants to attend religious colleges, these students will be hindered, and perhaps even prevented, from developing the very identities that many of them most urgently seek and value. Many students at religious colleges use the funding they receive to maintain connection and identity with their religious communities. The inability for students of Christian schools to access federal loans and grants would be an unsurmountable financial obstacle to remaining open for many religious universities and colleges, at least in their current configurations. Even more devastating would be the inability for a student to attend a university or college of their choice without amassing untenable personal debt.

11. Traditional beliefs on sexuality and gender at Christian schools do not reflect animus towards LGBT+ identity. Rather, behavior expectations focus on choices and lifestyles that violate the standards and beliefs of traditional religious communities. LGBT+ students are loved and respected on Christian campuses, and their contributions to the campuses they attend are appreciated. A student's LGBT+

identity that requires affirmation of same-sex intimacy will create some inevitable tension when they choose to attend a school that adheres to the traditional sex-related beliefs that the Supreme Court has recognized as legitimate. (The same would be true, of course, if a student wishes the school to affirm other kinds of departures from biblical standards, such as the legitimacy of premarital, heterosexual intimacy.) It is not uncommon for college students to disagree with administrative policy. What is key is that students persist and excel in their academic and social goals regardless of disagreements. This is most likely to occur where all students sense fairness, respect and access to resources to graduate.

12. The findings of the REAP study (College Pulse, 2021) which purports to document greater difficulties faced by LGBT+ students than other students on Christian campuses, are not surprising given what is known about campus culture across all colleges and universities. Among its many weaknesses, including not being peer reviewed, its political origins, and its commercial nature, the REAP study assumes its findings are particular to only religious campuses, yet never considers or compares the experiences of LGBT+ students on secular campuses. Simply, the authors are drawing conclusions that cannot be made without direct comparison, and they failed to do that direct comparison.

13. Despite its limitations, the REAP study's findings (College Pulse, 2021), when taken at face value, can be compared with the results of scholarly studies carried out by professional researchers at major academic institutions. When this is done, the comparisons show that LGBT+ students face challenges at secular

universities that are very similar to the challenges they face at religious ones. These conclusions are revealed in seven national studies of public college campuses, conducted in 2016 and 2017, that were analyzed in the aggregate by researchers at Rutgers University, in collaboration with colleagues at Indiana University, University of Minnesota, and UCLA (Greathouse et al., 2018).

14. A full comparison of these two reports is not practicable in this context, but a fair overview assessment would be that LGBT+ students do measurably worse than their heterosexual/cis-gender peers at *both* religious and secular/public colleges. The studies show that LGBT+ students at Christian colleges share more common experiences with their counterparts at secular/public institutions than has been suggested. Indeed, in some important respects, LGBT+ students appear to do somewhat better at religious colleges than they do at their secular, public counterparts. There can be no absolute comparisons across the REAP report (College Pulse, 2021) and the Rutgers study (Greathouse et al., 2018), as the research questions are not identical. But there are questions that are similar enough to allow some meaningful comparisons. For instance, the REAP report highlights the fact that "four in ten sexual or gender minority students" are "uncomfortable with their sexual identity [or their gender identity] on campus" at religious colleges (College Pulse, p. 4, 6-7). But the Rutgers report indicates that *five* in ten queer-spectrum students and *seven* in ten trans-spectrum students do not feel "respected" on their secular, public campus (Greathouse et al., p. 14-15).

15. Similarly, the REAP report (College Pulse, 2021) asserts that about 64% of "sexual minority students" and 66% of gender minority students reported isolation and loneliness at their religious colleges, about 18% more than "straight" students on the same campuses (College Pulse, p. 13, 9). What the Rutgers study reveals, however, is that just over 79% of queer-spectrum students on public campuses report feeling very lonely in the past year, which is 20% more than their straight peers on their own campuses, and 15% more than their sexual minority peers on religious campuses (Greathouse et al., 2018, p. 23).

16. The reported numbers for depression and suicidal thoughts amongst sexual minority student is almost identical between the two settings. The figures at Christian colleges are 60% (depression) and 20% (suicidal thoughts) and, in the last 12 months, about 60% (depression) and 23.5% (suicidal thoughts) at secular colleges (College Pulse, 2021, p. 13; Greathouse et al., 2018, p. 23). The similarity of these numbers is actually surprising, given that the REAP figures were obtained during the pandemic, where levels of anxiety and depression have been considerably higher than when the Rutgers numbers were obtained in 2016 and 2017. For example, in one study of 2031 college students from a major public university, 71.3% reported increased stress and anxiety during the pandemic with 80.6% experiencing depression, 71.8% experiencing anxiety, and 18.0% experiencing suicidal thoughts (Wang et al., 2020). In another nationwide study of 336,525 adults, rates of depression and anxiety were three times higher than normal during the pandemic (Twenge & Joiner, 2020).

17. On more serious questions of the violation of basic personal security, such as physical and sexual assault, it appears that sexual minority students were *more* likely to suffer such affronts on secular/public campuses than on religious campuses. Sexual minority students were more than three times as likely to be physically assaulted (1% versus 3%) or sexually assaulted (16.6% versus 5%) on secular versus religious campuses. Also, the gap between the physical and sexual safety of straight versus sexual minority students was *greater* on secular than on religious campuses. There was virtually no difference between the physical safety of straight and sexual minority students on religious campuses (1% for each), and a difference on sexual assault of about 2% versus 5%. (College Pulse, 2021, p. 13; Greathouse et al., 2018, p. 25).

18. The relationship between faith and sexual/gender identity on Christian campuses is more complex than many would anticipate. Yes, some LGBT+ students on such campuses, about 1 out of 10, have had difficult experiences and are experiencing psychological distress warranting clinical concern and intervention, but such outcomes are far less common than one might anticipate. Approximately 4 out of 10 LGBT+ students show moderate levels of distress, but still below the threshold of diagnosable psychological disorders. About 1 out of 2 are doing quite well, with little to no distress (Wolff et al., 2016; Yarhouse et al., 2018), which is better than is typically seen across college students in general (CCMH, 2015).

19. One narrative is that Christian colleges and universities are not good places for LGBT+ students because of the faith-based views on sexuality, particularly

religious beliefs and policies, that ask students to put boundaries around any sexual behavior outside marriage between a man and a woman, including any same-sex sexual behavior. While a few LGBT+ students attend these schools because of family, social, and financial pressures, most volitionally choose these schools despite their institutional beliefs and policies regarding sex and sexuality. This choice is made for a variety of reasons, including personal faith, specific educational programs, quality of education, strong communities, opportunity to understand multiple perspectives, and support for managing their sexuality (Yarhouse et al., 2018). It is common knowledge that private schooling, including Christian higher education, is typically more expensive than state schools. It is striking that these students would choose to pay more to attend a school with these policies instead of paying less to attend a school without these policies, if the former were really more difficult for them overall.

20. Further, most of these students make this choice while knowing the institutional policies on sexuality. In a nationwide study of 160 LGB students from 15 Christian colleges and universities (Yarhouse et al., 2018), only about one out of ten claimed to be unaware of the policies on sexuality when they matriculated, suggesting that 9 out of 10 were aware. In fact, 40% indicated they quietly disagreed with the policies, and 19.4% said they were outspoken about their disagreement. However, nearly one out of three (31.3%) said that they came to their university because they agreed with the existing policies. Of the latter group, some reported in interviews that they had had little awareness of how these policies would interact with their sexual identity development later in their college careers, and others

believed these policies helped them steward their sexuality in congruence with their faith.

21. In general, LGBT+ students with higher levels of personal faith tend to agree with institutional policies based on traditional, orthodox Christian views of sexuality (Yarhouse et al., 2009; Stratton et al., 2013; Yarhouse et al., 2017; Yarhouse et al., 2018) as these policies fit with their personal beliefs. As expected then, those LGBT+ students with higher levels of faith reported holding more conservative views about both the causation and nature of same-sex sexual attraction and the morality of same-sex sexual behavior (Yarhouse et al., 2018). Attitudes regarding the moral acceptability of the behavior were more strongly related to faith than were understandings of causality, with the more religious students being less accepting of these behaviors. For this particular subgroup of LGBT+ students, their Christian colleges and universities were a very good "fit" for them in terms of faith and beliefs about sexuality.

22. LGBT+ students of faith are likely to have better outcomes when they are given opportunities to integrate their faith and sexual/gender identities together. Meanley et al. (2016) suggested sexual minorities would psychologically benefit from more attention given to their religious and spiritual needs, particularly through assisting them to navigate these conflicting identities. In fact, most Christian LGBT+ students prefer to find a way to hold their faith and their sexual/gender identities together, rather than rejecting either of them (Yarhouse et al., 2018; Chestna, 2016). Christian colleges and universities are uniquely positioned and resourced to do this

well, especially as these campuses have become better supports for their LGBT+ students (Yarhouse et al., 2018).

23. There is a different story, a different experience, for every individual LGBT+ student of faith (Yarhouse et al., 2009, 2017, 2018; Stratton et al., 2013). There are so many ways in which the individual differences among these students, as well as the unique stage of life and context in which they navigate these concerns, make it difficult to land on one coherent narrative that fits everyone's experience. The sheer breadth of attitudes, beliefs, and experiences, all still "under construction," mitigate against one overarching perspective that will encapsulate every LGBT+ student attending these private liberal arts Christian campuses. The nature of the interaction of sexuality/gender and faith in the context of Christian community requires almost an idiographic approach. The complexities should lead us away from easy answers ("These campuses are harmful to everyone…" or "These campuses are good fits for everyone…") and toward more nuanced reflection on sexuality/gender, human development, and flourishing. The plurality and diversity of colleges and universities allow these students to find the best place for their education, growth, and well-being. Plaintiffs' proposal to end all federal funding for students who desire to attend religious schools would cut off this important option for LGBT+ students who want it and find that it does foster their development.

I make the foregoing statements based on my knowledge, information and belief, under penalty of perjury.

Shirley Hoogstra

Shirley Hoogstra, President
Council for Christian Colleges & Universities

DATED this 15th day of October, 2021.

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