

A Plan to Defend the Family at the UN

“The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.”

*(The Universal Declaration of Human Rights,
Resolution 217A(III), Article 16.)*

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The Case for the Traditional Mother/Father Family

Do governments have a vested interest in preserving and protecting the married mother/father family? We will answer that question by examining some of the social and financial costs of family breakdown to society and state.

The Cost of Family Breakdown

Extensive research done in the U.S. examines outcomes for men, women and children according to family structures such as single, divorced, cohabitating, lesbian or male homosexuals.¹ (See Attachment 1.) This research (which can be found at the end of this paper) overwhelmingly shows that men, women and children generally do best, according to any and all ways one can measure success (e.g., happiness, health, wealth, education, etc.) when they reside in an intact mother/father traditional family.

Any deviation from the traditional married family structure generally leads to such things as poverty, crime, violence, substance abuse, disease and other problems that world governments must spend billions of dollars trying to fix. While most of this research was done in the U.S., a cursory look at similar research indicates that these negative trends would likely be seen in other countries as well. Yet the developed world is trying to force policies that facilitate family breakdown onto the developing world largely through the UN.

From a purely economic perspective, there are enormous tangible costs to society and state that emanate from family breakdown. A landmark U.S. study released in 2008 revealed that the breakdown of the family costs taxpayers a staggering \$112 billion every year!² To arrive at this figure, a group of distinguished scholars and economists considered only the following costs:³

- Costs to taxpayers from divorce and out-of-wedlock childbearing;
- Costs for government programs to single parents, such as child welfare, housing assistance and food stamps;
- Losses in tax revenue from taxpayers who are thrown into poverty after family breakdown; and
- Increased taxpayer expenditures for criminal justice and education programs serving children and adults from broken families.

¹ The majority of the research presented in this paper was adapted from Sharon Slater's soon to be published book, *Stand for the Family: Alarming Evidence and Firsthand Accounts Exposing the Threats to the Family*. To receive notice of its publication, go to www.familywatchinternational.org and sign up for *The Family Watch* e-newsletter at no cost.

² Benjamin Scafidi, Principal Investigator, "The Taxpayer Costs of Divorce and Unwed Childbearing: First-Ever Estimates for the Nation and All Fifty States," Institute for American Values (2008): 5.

³ See http://www.americanvalues.org/html/coff_mediaadvisory.htm.

Over the last decade, the cumulative costs of national, state and local expenditures in the U.S. alone due to family breakdown was more than \$1 trillion.

So what about Africa? In addition to facing similar costs due to family breakdown, Africa must also pay the multi-million dollar price tag associated with the AIDS pandemic—even though AIDS is a completely preventable disease. And how do you prevent AIDS? Confine sex within the married mother/father relationship. It is that simple. Once sex strays outside of the married context, the financial ramifications in just this one area of family breakdown are astronomical.

And while we are on the subject of sex, let's discuss the central role of sex in the breakdown of the family and on the economy. When sex occurs outside of marriage, it doesn't matter if it is heterosexual, homosexual, premarital or extramarital; the evidence shows that *any* sexual activity outside of a traditional marriage, sooner or later, is damaging to the individual and to society and especially to children and to the institution of the family.

The Sexual Rights Agenda and the United Nations

The Universal Declaration of Human Rights states, "The family is the natural and fundamental group unit of society and is entitled to protection by society and the State." (*Article 16.*)

So what is the UN doing to safeguard the family? Not much. In fact, in most areas the UN is leading the charge toward family breakdown. Specifically, there is a sexual rights agenda at the UN promoted by various UN officials, UN agencies, UN Member States and UN-accredited NGOs, which is increasingly gaining power. Those behind this movement are literally seeking to destroy the family.

I am one of many witnesses to this stark reality, but there are plenty of others. For example, renowned scholar Doctor Patrick Fagan stated:

The United Nations system, in partnership with NGOs are working systematically to undermine the foundations of society; the two-parent married family, religions that espouse the primary importance of marriage and traditional sexual morality, and the legal and social structures that protect these institutions . . .

A representative of the United Nations Population Fund (UNFPA), Arie Hoekman unabashedly declared that the breakdown of the traditional family is a "triumph" for "human rights" and that high rates of divorce and out-of-wedlock births are not a social crisis, but rather, represent a "triumph" against "patriarchy."

Mr. Hoekman's agency, UNFPA, receives millions of dollars annually to promote "family planning" across the world. His statements would indicate that his underlying goal is to "plan" the traditional family out of existence.

UNFPA, as well as some other UN agencies and powerful NGOs, have been working for years to manipulate the UN system to advance their sexual rights agenda. At the center of this agenda are attempts to establish an international right to any kind of sexual activity, and to require that governments pay for the resulting consequences. Also central to this agenda is the push for an international right to abortion on demand as a way to deal with one of the consequences of liberalized sexual norms.

To advance their agenda, sexual rights activists have created and perpetuated a series of lies which they seek to enshrine in UN documents in an attempt to manipulate UN Member

States. Many of these lies are driving UN development programs and funding in Africa. All of these lies are based on a common objective: they promote sex without any restraints or consequences. And wherever this sexual rights agenda is implemented, the institution of the family is negatively impacted. Time will permit us to examine only a few of these lies.

Lies Perpetuated by the United Nations to African Countries

Lie Number One – *Sexual rights advocates claim that the way to solve the AIDS pandemic is to liberalize sexual norms.*

United Nations bureaucrats have developed formal guidelines on how to address the AIDS pandemic. These HIV/AIDS Guidelines⁴ call upon world governments to:

- Legalize abortion;
- Legalize same-sex marriage;
- Punish people who criticize same-sex relations (i.e., religions which teach that homosexual sex is immoral could be penalized if such a law were enacted);
- Repeal laws against adultery, fornication, oral sex and sodomy; and
- Provide children with explicit sex education.

Ironically, the HIV/AIDS Guidelines were designed to prevent AIDS, yet the sexually promiscuous behaviors they promote are known to increase the rate of HIV/AIDS infections.

This year at a UN conference where the African nations were negotiating a resolution on HIV/AIDS,⁵ our UN team uncovered a ploy by certain UN officials and NGOs to trick UN delegates into endorsing the HIV/AIDS Guidelines.⁶ Fortunately, we were able to have the reference to the HIV/AIDS Guidelines removed. This is because my foster son, Luis, from Mozambique helped me rally various African nations to remove them.⁷

⁴ The full title of the guidelines is the “International Guidelines on HIV/AIDS and Human Rights.”

⁵ This conference was the 52nd Session of the UN Commission on the Status of Women (CSW), held in New York from February 25 to March 1, 2008.

⁶ The exact wording of the proposed text was “taking note of the International Guidelines on HIV/AIDS and Human Rights, as adopted by the Second International Consultation on HIV/AIDS and Human Rights.”

⁷ While visiting the country of Mozambique to promote an HIV/AIDS prevention program, my husband and I met three orphan siblings—Luis, Amelia and Afonso, whose parents had recently died of AIDS. We set off on a seven-year journey to try to legally adopt them, which still continues today. They came to the U. S. in January of 2008 and are now our legal foster children. To learn more about Family Watch International’s orphan project please go to www.familiesfororphans.org.

As we were lobbying on the matter, a UNAIDS official stated that their office fully supported everything in the Guidelines, and a delegate from the United States told me that they also had instructions to support it. Clearly, some were using these UN negotiations not to fight AIDS, but to advance the sexual rights agenda.

While we were fortunate to get the reference removed this year, I can assure you the HIV/AIDS Guidelines will be proposed again. We will need your help to stop them.

At the United Nations Commission on Population and Development this year, I watched as representatives of International Planned Parenthood Federation (IPPF) worked closely with UN delegates to insert multiple references to sexual rights in the document under negotiation. We were so busy working to get family-friendly delegates to remove these references that we had little time to fight against a new provision that was slipped in during the last hour of negotiations. This surprise provision calls upon nations to provide “comprehensive education on human sexuality.”

As the document was about to be adopted, our Family Watch team went on the UN floor to show individual UN delegates how dangerous this proposed language was. We handed them excerpts from a UNICEF-funded manual, which teaches children that a person can have sexual pleasure with “inanimate objects, animals, and minors” or with a “non-consenting person.”⁸

We also showed them excerpts from UNFPA-published sex-ed manuals, which teach children that “It is common for boys to have frequent sexual intercourse with other boys,” and that “Women and men with a full sexual identity have erotic preferences for people of the opposite sex, of their own sex and of both sexes.”⁹

Understandably, many of the delegates were aghast when they saw these quotes from UN- published manuals and realized how the proposed provision on “comprehensive education on human sexuality” could be interpreted and used by UN agencies in their own countries. The Ambassador from Syria approached us and said, “This is pure evil. What you are fighting here is pure evil.” However, we were too late to get the reference removed because of the way it had been deliberately slipped into the document at the last minute when no new proposals were supposed to be considered.

Since this particular document must still be adopted by the full UN General Assembly, there is still time to rally nations to remove the reference. If we don’t, UN agencies and NGOs like International Planned Parenthood will point to this language to justify their radical sex education programs using UN funds.

The Web site of Planned Parenthood, an affiliate of International Planned Parenthood, states that people are sexual from birth. It encourages the teaching of children as young as five about masturbation, homosexual relations, and gender identities (i.e., transgenderism and transsexualism). Planned Parenthood also advocates teaching children as young as five that “people experience sexual pleasure in a number of different ways.”

We cannot allow NGOs like International Planned Parenthood and UN agencies such as UNFPA and UNICEF to continue to corrupt the world’s children with this kind of education.

⁸ *Taller de salud sexual y reproductiva para madres y embarazadas adolescentes: Propuesta Metodologica* [English Translation: Sexual and Reproductive Health Workbook for Mothers and Pregnant Teens] Mexico: DIF/UNICEF, 1999, p. 89.

⁹ *Manual de Consejería Para Adolescentes*, Copyright Fondo de Poblacion de las Naciones Unidas (FNUAP) [English Translation: Manual for Counseling Adolescents, Copyright UNFPA], Managua, Nicaragua (December 2000), p. 33.

Many of the UN delegates accepted the language on “comprehensive education on human sexuality” because they were told by the sexual rights activists that it was essential to help prevent HIV/AIDS. We must educate more UN delegates and help them see through these lies.

Lie Number Two – *Sexual rights advocates claim that promoting “safe sex” (i.e., anything goes as long as you use a condom) will eradicate AIDS.*

At an HIV/AIDS conference I met a doctor from Nigeria who told me, “Condoms are killing my people!” He had my attention. Especially since at a previous UN conference on children, a woman had screamed at me that I was the cause of all of the AIDS-related deaths because I was promoting an abstinence provision in the document under negotiation. The abstinence versus “safe sex” controversy is still alive and well at the UN as UN agencies ignore their own data that contradict their agenda. Consider the following revealing information supplied by UNAIDS the United Nations agency tasked with addressing the AIDS pandemic:

- “There are no definite examples yet of generalized epidemics that have been turned back by prevention programs based primarily on condom promotion.”¹⁰
- Countries with some of the highest levels of condom availability have some of world's highest HIV prevalence rates, such as Botswana (23.9 percent), South Africa (18.1 percent), and Zimbabwe (15.3 percent).¹¹

So why has the condom approach failed to eradicate AIDS? Let me give you three reasons:

1. *High condom failure rates*

- In the words of Dr. Robert Enfield, then Chief of Retro-Viral Research at the Walter Reed Army Institute, “Simply put, condoms fail. And condoms fail at a rate unacceptable for me as a physician to endorse them as a strategy to be promoted as meaningful AIDS protection”¹²
- A two-year study by the Alan Guttmacher Institute found that sexually active youth using condoms for protection experienced a 25.8 percent condom failure rate resulting in pregnancy.¹³
- A meta-analysis of 11 different studies found the average condom failure rate for preventing transmission of the AIDS virus was 31 percent.¹⁴

¹⁰ Chen, S. & Hearst, N. (2003). *Condoms for AIDS Prevention in the Developing World: A Review of Scientific Literature*. Geneva: UNAIDS.

¹¹ 2008 Report on the Global AIDS Epidemic, UNAIDS.

¹² Quoted in “Condom ‘Cure’ Questioned by Top AIDS Researcher,” Russell Shaw, *Our Sunday Visitor* (1/23/94) (emphasis added).

¹³ Ranjit, N. et al. (2001). Contraceptive Failure in the First Two Years of Use: Differences Across Socioeconomic Subgroups. *Family Planning Perspectives*, 33(1), 19-27.

2. Condoms give a false sense of security

- UNFPA tells us in one of their own reports: “Promoting condoms as providing 100 percent protection could inadvertently encourage high-risk behavior.”¹⁵
- Doctor Harold Jaffe, then Chief of the AIDS Epidemiology at the U.S. National Centers for Disease Control said, “You just can’t tell people it’s all right to do whatever you want as long as you wear a condom. It’s [AIDS] just too dangerous a disease to say that.”¹⁶

3. People fail to use condoms despite education and condom availability

- No matter how much you educate a population regarding condom use, many will fail to use them even if readily available simply because they prefer to have unprotected sex.
- For example, of the condoms distributed to high-risk groups in the Jinja District of Uganda, 91 percent went unused.¹⁷

Even though NGOs such as International Planned Parenthood and UN agencies such as UNAIDS have this data, they still promote condoms as the answer to the AIDS pandemic. The question we need to ask is why.

Lie Number Three – *Sexual rights activists claim that UN international human rights treaties require governments to protect sexual orientation and diverse gender identities and to legalize abortion on demand.*

There is not a single UN treaty that has established a right to abortion or protection for sexual behavior or diverse gender identities such as transgendered individuals. However, sexual rights activists have manipulated the UN system to the point where this lie is getting traction. UN committees monitoring treaty compliance are increasingly interpreting treaty language in ways that go far beyond what treaties actually say or what they were understood to mean when originally negotiated by state parties.

UN committees are dominated by sexual rights advocates who misinterpret UN treaties to pressure countries to change their laws in ways that advance the sexual rights agenda. For example, in 2002, the Human Rights Committee (HRC) told Peru that,

. . . the Committee has viewed lack of access for women to reproductive health services, including abortion, as a violation of women’s right to life, and that this has been reiterated by other committees such as the Committee on the Elimination of

¹⁴ Weller, S. C. (1993). A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV. *Social Science and Medicine*, 36(12), 1635-1644.

¹⁵ 2003 State of World Population Report. UNFPA.

¹⁶ Quoted in “Condoms: Experts Fear False Sense of Security,” *New York Times*, August 18, 1987, Lindsey Gruson.

¹⁷ Waibale, P. et al., (1992). Comparison of Two Condom Education Approaches for Prostitutes in Jinja District, Uganda. International Conference on AIDS.

*Discrimination against Women and the Committee on Economic, Social and Cultural Rights.*¹⁸

Notice that to support this unfounded conclusion that “women’s right to life” includes a right to abortion, the HRC referred to statements issued by other UN committees because the UN treaties they monitoring are silent on the matter.

When the High Court of Colombia in 2006 overturned their law prohibiting abortion, the Court concluded that it was bound by “the recommendations made by the international authorities in charge of overseeing compliance” with the Convention on the Elimination of All Forms of Discrimination against Women, also known as the CEDAW treaty.¹⁹ CEDAW does not mention abortion.

Another example is when a powerful NGO, Human Rights Watch (HRW), targeted Uganda as part of its campaign to make homosexuality an internationally recognized “human right.” HRW claimed that as a state party to the ICCPR treaty, Uganda was required by the equality provisions of that convention to repeal its laws regarding homosexuality.

To support its position, HRW claimed that the phrases “the right to freedom of expression” and “equality and non-discrimination” in the ICCPR, which was drafted in 1976, are now to be interpreted as an international right to “sexual orientation.” They claim this even though none of the state parties to the treaty would have accepted that interpretation at the time it was negotiated and signed.

Fortunately, Uganda refused to accept this misinterpretation. However, this deliberate misinterpretation of a UN treaty underscores a growing trend wherein UN committees and NGOs are manipulating imprecise language in UN documents to further their sexual rights agenda.

I want to reemphasize that no UN treaty includes a right to abortion or unrestrained sexual activity, but the UN monitoring committees routinely act as if they do.

For example, the UN CEDAW Committee alone has pressured seven countries to legalize prostitution,²⁰ six countries to decriminalize homosexuality and protect “sexual orientation,”²¹ and 66 nations to legalize, remove penalties for, or increase access to abortion.²²

¹⁸ Human Rights Committee, Eighty-fifth Session, “Views,” November 22, 2005 (CCPR/C/85/D/1153/2003) (emphasis added).

¹⁹ For an English summary of the opinion and its potential impact in Latin America, see Juan Forero, “Colombian Court Legalizes Some Abortions,” *New York Times* (May 12, 2006); available: www.nytimes.com/2006/05/12/world/americas/12colombia.html. The research on the Colombia case was taken from a groundbreaking report, “Rights by Stealth, The Role of Human Rights Treaty Bodies in the Campaign for an International Right to Abortion,” Douglas Sylva, Ph.D., and Susan Yoshihara, Ph.D., The International Organizations Research Group, The Catholic Family and Human Rights Institute, p. 29. Available at www.c-fam.org/doclib/20080425_Number_8_Rights_By-Stealth.pdf.

²⁰ The Republic of Korea (2007), Kenya (2007), Netherlands (2007), Fiji (2002), Hungary (2002), Uganda (2002), and Saint Kitts and Nevis (2002).

²¹ Brazil (2007), Honduras (2007), Republic of Korea (2007), Sweden (2001), Kyrgyzstan (1999), México (1998).

²² African countries (17), Latin America countries (20) Caribbean (4) Asian (13) European countries (4) Middle Eastern Countries (4), and Pacific countries (4). These statistics and those in the prior two footnotes were derived from research done by Thomas Jacobson, the UN representative of Focus on the Family, www.focusonthefamily.com.

In addition, the notorious CEDAW Committee:

- Told the Czech Republic that it was concerned about that country's "over-protective measures for pregnancy and motherhood."²³
- Told Belarus it was "concerned by the continuing prevalence of sex-role stereotypes and by the reintroduction of such symbols as a Mothers' Day and a Mothers' Award, which it sees as encouraging women's traditional roles."²⁴
- Criticized Slovenia because "less than 30 percent of children under three years of age ... were in formal daycare."²⁵

These runaway UN committees are exhibiting cultural imperialism at its worst.

Nigeria also was told by the CEDAW Committee that it was "concerned about the high rates of maternal mortality as a result of unsafe abortions," and the Committee encouraged Nigeria to "take measures to assess the impact of its abortion laws on women's health."²⁶

As I was preparing this paper, I received a revealing memo from the Sexual Rights Initiative (SRI). The memo describes how they plan to use the UN Human Rights Council to further sexual rights:

"The major forum for our work is the United Nations Human Rights Council that offers many more opportunities for State and non-state actors to influence the development and implementation of international law and standards through the United Nations human rights mechanisms. It is an increasingly important venue to develop and advance sexual rights as a critical part of the international human rights framework."

"The Sexual Rights Initiative . . . intends to frame sexual rights as both a set of particular rights and as a cross-cutting issue, including the traditional framework of sexual and reproductive rights issues (reproductive rights, HIV/AIDS, sexual orientation and gender identity and so on), but also analyzing sexual rights within a comprehensive human rights framework. Hopefully, it will result in stronger and more comprehensive international legal norms that will in turn be implemented at national and regional levels."

²³ Concluding observations of the Committee on the Elimination of Discrimination Against Women: Czech Republic. 14/05/98. A/53/38, paras. 167-207.

²⁴ Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Belarus. 04/02/2000. A/55/38, paras. 334-378.

²⁵ Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Slovenia. 31/01/97. A/52/38/Rev.1, paras. 81-122.

²⁶ Nigeria ratified CEDAW in June 1985 without reservations. The Committee considered the combined second and third periodic reports of Nigeria (CEDAW/C/NGA/2-3) at its 396th and 397th meetings, on 2 July 1998 (see CEDAW/C/SR.396 and 397). These quotes come from comments 307 and 308.

SRI was offering \$500 to anyone interested in producing a report on sexual rights abuses regarding “. . . *reproductive rights, sexual diversity, sexuality education, HIV/AIDS, etc.*” The memo clarified that “*Women, Trans and Intersex people, as well as those younger than 30 will be given priority consideration.*” These reports were to target specific countries up for review at the next round of the Universal Periodic Review in the UN Human Rights Council.

This manipulation of the UN system must be stopped.

I wish we had more time to expose and debunk many of the other lies perpetuated by sexual rights activists through the UN system. For example, sexual rights advocates claim that family planning is the key to development and that developing nations will only progress if they limit their populations.

They also claim that Africa will only develop when women are empowered with “reproductive rights and services,” which they define as the right and means to abort their babies at will.

They falsely claim that abortion is safer than childbirth and that women not only should have the right to abort their babies but that they would be better off to do so. They lie to women worldwide and fail to inform them of the negative consequences of abortion, some of them quite serious, which will likely haunt them the rest of their lives.

I expose and debunk all of these claims and more in my upcoming book to be published this summer, entitled *Stand for the Family*.

So what can we do about all this? I hope you are as frustrated as I am about it and that you will want to do all you can to help us stop this craziness. In the few minutes I have left I will briefly outline concrete steps that must be taken to defend the family at the UN against these assaults. This plan requires your help.

Seven Steps to Stop the UN from Destroying the Institution of the Family

1. Gather and organize worldwide support for the family.
 - **NGOs** – Increase the number of UN-accredited pro-family NGOs
 - **Governments** – Get more support from government officials in country to make sure their delegations are proactively supporting family-friendly provisions in UN negotiations. (Example: The Ugandan Minister of Integrity and Ethics, who after we contacted him, called his UN Ambassador and enlisted him to help us get the reference the HIV/AIDS Guidelines removed from a UN resolution.)
 - **Grass Roots** – Join the Global Movement for the Family by signing the “I Stand for the Family” Petition which can be found online at www.familywatchinternational.org. You will be kept informed through the Internet of critical developments on family issues and of simple ways you can impact critical family policies with a few clicks of a mouse.
2. Use technology (i.e., Internet) to pressure governments to protect the family at the UN.
 - Examples: People from around the world emailed the President of Mexico through our Web site informing him that his UN delegation was promoting sexual rights.

Their instructions then were changed. A few years ago (when I was president of United Families International) we conducted an Internet campaign that generated over 350,000 emails into UN offices opposing a Brazilian Resolution on sexual orientation which was defeated.

3. Form a coalition of UN Member States that will call for UN reforms that will stop sexual rights activists from being able to manipulate the UN system.
 - Establish a new UN procedure whereby UN delegates will have ample time to consult with their governments before being pressured into adopting UN documents.
 - Ensure the presence of interpreters during all UN negotiations. (e.g., the delegate from Comoros could not help us stop anti-family provisions in CPD negotiations because he only spoke French and they excused the interpreters during heated negotiations.)
 - Demand periodic audits of all UN agencies (especially UNFPA, UNICEF and UNAIDS) and all UN compliance committees to identify where they have overstepped their mandates. Any UN program or policy that runs counter to the values and culture of the countries where they are being implemented, or that weaken the institution of the family should be discontinued.
 - Establish a complaint mechanism whereby UN Member states can make UN officials and agencies accountable for overstepping their mandates.
4. We must pass multiple family-protective resolutions at the UN General Assembly and in UN documents negotiated in the future.
 - Example: We urgently need to pass a UN resolution in the General Assembly to counteract a French-led resolution promoting protections for sexual orientation and gender identity. This resolution could address a host of critical issues and put sexual orientation issues in their proper context (e.g., as a sexual behavior needing compassion and treatment).
5. Member states should make reservations to treaties and UN documents past, present and future, stating they do not consider anything in the treaties they have signed to create any kind of sexual rights or abortion rights, etc.
6. Pro-family nations and NGOs should co-sponsor UN forums in support of family issues.
 - Topics that need to be addressed at the UN to dispel common myths: causes and treatment of homosexuality; complications from legal abortions; effectiveness of abstinence programs that work to reduce HIV/AIDS infection rates; data on maternal mortality and abortion.

- Family Watch International facilitated the launch of a new caucus at the UN last year, the Family Rights Caucus. Pro-family governments need to participate in this caucus and work with us to prepare to protect the family in upcoming UN conferences.
7. Countries should include experts on family issues on their delegations to ensure that all UN policies being negotiated take into consideration their impact on the family. There are a number of NGOs with expertise in family issues that could be called upon to help.

Attachment 1

Outcomes According to Family Structure

When compared to single adults, married adults:

- have significantly higher average household income.¹
- generally have better physical health.²
- generally have better emotional health.³
- are happier.⁴
- are more likely to be productive and engaged citizens.⁵
- drink and smoke less.⁶
- live longer.⁷
- have lower rates of domestic violence.⁸
- report they find more meaning and purpose in life.⁹
- experience more satisfying sex lives.¹⁰

¹ U.S. Census Bureau. (2002). *Statistical Abstract of the United States: 2001*. Washington, D.C.: U.S. Government Printing Office.

² Schoenborn, C. A. (2004). Marital status and health: United States, 1999-2002. Advance Data from Vital and Health Statistics; no 351. Hyattsville, Maryland: National Center for Health Statistics.

³ Marks, N. F. & Lambert, J. D. (1998). Marital status continuity and change among young and midlife adults. *Journal of Family Issues*, 19(6), 652-686.

⁴ Lee, G., Seccombe, K., & Shehan, C. (1991). Marital status and personal happiness: An analysis of trend data. *Journal of Marriage and the Family*, 53(4), 839-844.

⁵ Keyes, C. L. (2002). Social civility in the United States. *Sociological Inquiry* 72, 393-408; Keyes, Corey L.M. The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207-222.

⁶ Schoenborn, supra note 2.

⁷ Kaplan, R. M. & Kronick, R. G. (2006). Marital status and longevity in the United States population. *Journal of Epidemiology and Community Health*, 60(9), 760-765.

⁸ Stets, J. E. & Straus, M. A. (1998). The marriage license as hitting license: A comparison of assaults in dating, cohabitating and married couples. *Journal of Family Violence*, 4(2), 161-180.

⁹ Wilcox, W. B., Waite, L., & Roberts, A. (2007). Marriage and Mental Health in Adults and Children. Research Brief No. 4. Center for Marriage and Families, Institute for American Values. Retrieved June 6, 2009, from <http://www.americanvalues.org/pdfs/researchbrief4.pdf>

¹⁰ Whitehead, B. D. & Popenoe, D. (2000). *The state of our unions: 2000: The social health of marriage in America*. New Brunswick, New Jersey: The National Marriage Project.

When compared to children of non-married parents, children of married parents:

- are less likely to be aborted, abused, or neglected.¹¹
- spend more time with, and receive more affection from, their fathers.¹²
- are less likely to have a premarital birth in high school.¹³
- have higher grade point averages and lower dropout rates.¹⁴
- do better economically.¹⁵
- have better physical health and increased life expectancy.¹⁶
- are less likely to have emotional or behavioral problems.¹⁷
- engage in fewer risky behaviors (e.g., premarital sex and substance abuse).¹⁸
- are less likely to divorce as adults.¹⁹
- experience a lower rate of sexually transmitted diseases (STDs).²⁰

¹¹ Sedlak, A. J., & Broadhurst, D. D. (1996). *The third national incidence study of child abuse and neglect (NIS-3)*. U.S. Department of Health and Human Services. Washington, D.C.; Jones, R. K., Darroch, J. E., & Henshaw, S. K. (2002). Patterns in the socioeconomic characteristics of women obtaining abortions in 2000–2001, *Perspectives on Sexual and Reproductive Health*, 34(5), 226-235.

¹² Hofferth, S. L. & Anderson, K. G. (2003). Are all dads equal? Biological versus marriage as a basis for paternal investment. *Journal of Marriage and Family*, 65, 213-232.

¹³ Moore, K. A. et al. (1998). Nonmarital school-age motherhood: family, individual, and school characteristics. *Journal of Adolescent Research*, 13(4), 433-457.

¹⁴ Schneider, B., Atteberry, A., & Owens, A. (2005). *Family matters: Family structure and child outcomes*. Birmingham: Alabama Policy Institute. Retrieved June 6, 2009, from <http://www.alabamapolicyinstitute.org/pdf/currentfamilystructure.pdf>

¹⁵ Thomson, E. et al. (1994). Family structure and child well-being: Economic resources vs. parental behaviors. *Social Forces*, 73(1), 221-242.

¹⁶ Tucker, J. S. et al. (1997). Parental divorce: Effects on individual behavior and longevity. *Journal of Personality and Social Psychology*, 73(2), 381-391; Mauldon, J. (1990). The effects of marital disruption on children's health. *Demography*, 27(3), 431-446.

¹⁷ Kelleher, K. J. et al. (2000). Increasing identification of psychosocial problems: 1979-1996. *Pediatrics*, 105(6), 1313-1321.

¹⁸ Flewelling, R. L. & Bauman, K. E. (1990). Family structure as a predictor of initial substance use and sexual intercourse in early adolescence. *Journal of Marriage and the Family*, 52(1), 171. Retrieved September 12, 2008, from Research Library database (Document ID: 1718139).

¹⁹ Amato, P. R. & DeBoer, D. D. (2001). The transmission of marital instability across generations: Relationship skills or commitment to marriage? *Journal of Marriage and Family*, 63(4), 1038-1051.

²⁰ Newbern, E. C. et al. (2004). Family socioeconomic status and self-reported sexually transmitted diseases among black and white American adolescents. *Sexually Transmitted Diseases*, 31(9), 533-541.

When compared to married couples, cohabiting couples:

- have worse physical and mental health.²¹
- earn less and possess fewer assets.²²
- are much more likely to separate.²³
- experience more conflict and violence.²⁴
- receive less social support from friends and family.²⁵

When compared to married women, cohabiting women:

- have more depression and three times the alcohol problems.²⁶
- are three times as likely to experience physical aggression.²⁷
- experience at least three times the amount of violence.²⁸
- are more likely to suffer sexual abuse.²⁹

When compared to children in married households, children in cohabiting households:

- will receive a smaller share of their parents' income for education.³⁰
- are more likely to cheat in, or be suspended from, school.³¹

²¹ Pienta, A. M. et al. (2000). Health consequences of marriage for the retirement years. *Journal of Family Issues*, 21(5), 559-586; Hortwitz, A. V. & Raskin, H. (1998). The relationship of cohabitation and mental health: A study of a young adult cohort. *Journal of Marriage and the Family*, 60(2), 505-514.

²² Hao, L. (1996). Family structure, private transfers, and the economic well-being of families with children. *Social Forces*, 75(1), 269-292.

²³ Binstock, G. & Thornton, A. (2003). Separations, reconciliations, and living apart in cohabiting and marital unions. *Journal of Marriage and Family*, 65(2), 432-443.

²⁴ Brown, S. L. & Booth, A. (1996). Cohabitation versus marriage: A comparison of relationship quality. *Journal of Marriage & the Family*, 58(3), 668-678.

²⁵ Popenoe, D. & Whitehead, B. D. (2002). *Should we live together? What young adults need to know about cohabitation before marriage: A comprehensive review of recent research*. New Brunswick, New Jersey: National Marriage Project.

²⁶ Horowitz, A. V. & White, H. R. (1998). The relationship of cohabitation and mental health: A study of a young adult cohort. *Journal of Marriage and the Family*, 60(2), 505-514.

²⁷ Salari, S. M. & Baldwin, B. M. (2002). Verbal, physical and injurious aggression among intimate couples over time. *Journal of Family Issues*, 23(4), 523-550.

²⁸ Ibid.

²⁹ Waite, L. J. & Gallagher, M. (2000). *The case for marriage: Why married people are happier, healthier, and better off financially*. New York: Doubleday, 41.

³⁰ DeLeire, T. & Kalil, A. (2005). How do cohabitating couples with children spend their money? *Journal of Marriage and Family*, 67(2), 286-295.

³¹ Wilcox, W. B. et al., supra note 9.

- are more likely to engage in delinquent behavior.³²
- face dramatically higher rates of physical and sexual abuse.³³
- show poorer emotional development.³⁴

When compared to married adults, separated or divorced adults:

- are more than twice as likely to commit suicide.³⁵
- experience noticeably higher rates of violence by spouses, ex-spouses, and/or boyfriends.³⁶
- suffer greater economic hardships (especially women).³⁷
- experience greater depression, substance abuse, and poor health.³⁸

When compared to children of married couples, children whose parents divorced:

- are less likely to attend and graduate from college.³⁹
- are more likely to experience economic hardship and deep poverty.⁴⁰
- are more likely to experience depression or anxiety in their 20s or 30s.⁴¹

³² Ibid.

³³ Thomson, E. et al., supra note 15; Schnitzer, P. G. & Ewigman, B. G. (2005). Child deaths resulting from inflicted injuries: Household risk factors and perpetrator characteristics. *Pediatrics*, 116(5), 687-693.

³⁴ Sarantakos, S. (1996). Children in three contexts: family, education and social development. *Children Australia*, 21(3); Meltzer, H. et al. (2000). *Mental Health of Children and Adolescents in Great Britain*. London: Office for National Statistics, The Stationery Office. Hao, L. (1997). *Family Structure, Parental Input, and Child Development*. Paper presented at the Population Association of America Conference, Washington, D.C., March 27-29, 1997.

³⁵ Kposowa, A. J. (2000). Marital status and suicide in the National Longitudinal Mortality Study. *Journal of Epidemiology and Community Health*, 54, 254-261; Wilcox, W. B. et al., supra note 9.

³⁶ Rennison, C. M. & Welchans, S. (2000). *Intimate Partner Violence*. (NCJ 178247). Rockville, MD: U.S. Department of Justice, Bureau of Justice Statistics.

³⁷ Finie, R. (1993). Women, men and the economic consequences of divorce: Evidence from Canadian longitudinal data. *Canadian Review of Sociology and Anthropology*, 30; Bianchi, S. (1999). The gender gap in the economic well-being of nonresident fathers and custodial mothers. *Demography*, 36(2), 195-203; Waite, L. J. & Gallagher, M., supra note 29, 180.

³⁸ Liu, H. & Umberson, D. J. (2008). The times they are a changin': Marital status and health differentials from 1972 to 2003. *Journal of Health and Social Behavior*, 49(3), 239-253; Centers for Disease Control and Prevention. Schoenborn, C. A. (2004). *Marital Status and Health: United States, 1999-2002*. Advance Data from Vital and Health Statistics. (No. 351). Hyattsville, MD: National Center for Health Statistics; Coombs, R. H. (1991). Marital status and personal well-being: A literature review. *Family Relations*, 40(1), 97-102.

³⁹ Johnsson, J. O. & Gahler, M. (1997). Family dissolution, family reconstitution, and children's educational careers: Recent evidence from Sweden. *Demography*, 34(2), 277-293.

- have twice the risk of experiencing serious psychological problems.⁴²
- are more likely to get involved in early sexual activity.⁴³
- are more likely to use drugs and alcohol.⁴⁴
- are more likely to cohabit or divorce.⁴⁵

When compared to heterosexual men, men who engage in homosexual behavior:

- experience a significantly higher rate of domestic violence with their partners.⁴⁶
- are up to seven times more likely to attempt suicide.⁴⁷
- have a lower life expectancy by 20 to 30 years.⁴⁸
- have an incidence of HIV/AIDS that is up to 430 times higher.⁴⁹
- have three times the number of drug and alcohol dependencies.⁵⁰

⁴⁰ Thomas, A. & Sawhill, I. (2002). For richer or for poorer: Marriage as an antipoverty strategy. *Journal of Policy Analysis and Management*, 21(4), 587-599; Ross, C. E. & Mirowsky, John. (1999). Parental divorce, life-course disruption, and adult depression. *Journal of Marriage and the Family*, 61(4), 1034-1045.

⁴¹ Ross, C. E. & Mirowsky, John. (1999). Parental divorce, life-course disruption, and adult depression. *Journal of Marriage and the Family*, 61(4), 1034-1045; Cherlin, A. J. et al. (1998). Effects of parental divorce on mental health throughout the life course. *American Sociological Review* 63(2), 239-249.

⁴² Wilcox, W. B. et al., supra note 9.

⁴³ Flewelling, R. L. & Bauman, K. E. (1990). Family structure as a predictor of initial substance use and sexual intercourse in early adolescence. *Journal of Marriage and the Family*, 52(1), 171. Retrieved September 15, 2008, from Research Library database (Document ID: 1718139).

⁴⁴ Short, J. L. (1998). Predictors of substance use and mental health of children of divorce: A prospective analysis. *Journal of Divorce & Remarriage*, 29(112), 147-166; Wallerstein, J. S., Lewis, J. M., & Blakeslee, S. (2000). *The unexpected legacy of divorce: The 25-year landmark study*. New York: Hyperion; Flewelling, R. L. & Bauman, K. E. (1990). Family structure as a predictor of initial substance use and sexual intercourse in early adolescence. *Journal of Marriage and the Family*, 52(1), 171-181. Retrieved September 15, 2008, from Research Library database (Document ID: 1718139).

⁴⁵ Amato & DeBoer, supra note 19.

⁴⁶ Owen, S. & Burke, T. W. (2004). An exploration of the prevalence of domestic violence in same-sex relationships. *Psychological Reports*, 95(1), 129-132.

⁴⁷ Saunders, J. M. & Valente, S. M. (1987). Suicide risk among gay men and lesbians: A review. *Death Studies*, 11(1), 1-23.

⁴⁸ Cameron, P., Cameron, K., & Playfair, W. (1998). Does homosexual activity shorten life? *Psychological Reports*, 83, 847-866.

⁴⁹ Odets, W. (1994). Report to the American Association of Physicians for Human Rights, as cited in Goldman, E. L. (1994). Psychological Factors Generate HIV Resurgence in Young Gay Men. *Clinical Psychiatry News*. October, 5.

⁵⁰ Craig, R. J. (1987). MMPI-derived prevalence estimates of homosexuality among drug dependent patients. *The International Journal of Addictions*, 22(11), 1139-1145; Fifield, L., Latham J. D. & Phillips, C. (1977). *Alcoholism in the gay community: The price of alienation, isolation, and oppression*. Los Angeles: The Gay Community Service Center; Fenwick, R. D. & Pillard, R. C. (1978). *Advocate guide to gay health*. New York: E. P. Dutton.

- are significantly more promiscuous, with very few maintaining fidelity.⁵¹
- are more than twice as likely to have an STD.⁵²
- are significantly more likely to engage in pedophilia.⁵³
- are much more likely to have mental and emotional disorders/illnesses.⁵⁴
- are at higher risk of deliberate self-harm.⁵⁵

When compared to heterosexual youth, youth who engage in homosexual behavior:

- are at increased risk of suffering major depression and generalized anxiety disorder.⁵⁶
- are associated with more school and runaway problems.⁵⁷
- are more likely to attempt suicide.⁵⁸
- experience a much higher rate of alcoholism.⁵⁹
- are more likely to engage in substance abuse.⁶⁰

⁵¹ Rothblum, E. & Solomon, S. (2003). *Civil unions in the state of Vermont: A report on the first year*. Burlington: University of Vermont Department of Psychology; McWhirter, D. P. & Mattison, A. M. (1984). *The male couple: How relationships develop*. Englewood Cliffs, New Jersey: Prentice-Hall.

⁵² Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago: University of Chicago Press.

⁵³ Freund, K., & Watson, R. J. (1992). The proportions of heterosexual and homosexual pedophiles among sex offenders against children: An exploratory study. *Journal of Sex and Marital Therapy*, 18(1), 34-43; Erickson, W. D., Walbek, N. H., & Sely, R. K. (1988). Behavior patterns of child molesters. *Archives of Sexual Behavior*, 17(1), 77-86.

⁵⁴ Sandfort, T. G. et al. (2001). Same-sex sexual behavior and psychiatric disorders: Findings from the Netherlands Mental Health Survey and Incidence (NEMESIS), *Archives of General Psychiatry*, 58(1), 85-91; *New Study Confirms Higher Level of Psychiatric Disorders Among Men and Women Engaging in Same-Sex Behavior*. (2008, February). NARTH. Retrieved June 8, 2009, from <http://www.narth.com/docs/studyconfirms.html>.

⁵⁵ King, M., Semlyen, J., Tai, S. S. et al. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 18(8), 70-87.

⁵⁶ Fergusson, D. M., Horwood, L. J., & Beautrais, A. L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, 56(10), 876-80.

⁵⁷ Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology*, 62(2), 261-269.

⁵⁸ Silenzio, V. M., Pena, J. B., Duberstein, P. R., Cerel, J., & Knox, K. L. (2007). Sexual orientation and risk factors for suicidal ideation and suicide attempts among adolescents and young adults. *American Journal of Public Health*, 97(11), 2017-2019.

⁵⁹ Orenstein, A. (2001). Substance use among gay and lesbian adolescents. *Journal of Homosexuality*, 41(2), 1-15.

⁶⁰ Blake, S. M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health*, 91(6), 940-946; Russell, S. T., Driscoll, A. K., & Truong, N. (2002). Adolescent

- are more likely to engage in high-risk sexual behavior.⁶¹

When compared to heterosexual women, lesbian women:

- are significantly more likely to be victims of domestic violence.⁶²
- experience a much higher rate of sexual coercion by their partner.⁶³
- are more likely to use drugs and alcohol.⁶⁴
- have a significantly higher risk of developing general anxiety disorder.⁶⁵
- are twice as likely to attempt suicide.⁶⁶
- are at higher risk for breast cancer.⁶⁷
- are at higher risk of deliberate self-harm.⁶⁸

same-sex romantic attractions and relationships: Implications for substance use and abuse. *American Journal of Public Health*, 92(2), 198–202.

⁶¹ Ibid.

⁶² Brand, P. A., & Kidd, A. H. (1986). Frequency of physical aggression in heterosexual and female homosexual dyads. *Psychological Reports*, 59(3), 1307-1313.

⁶³ Waterman, C. K., Dawson, L. J., & Bologna, M. (1989). Sexual coercion in gay male and lesbian relationships: Predictors and implications and support services. *The Journal of Sex Research*, 26(1), 118-124.

⁶⁴ Lewis, C. E., Saghir, M. T., & Robins, E. (1982). Drinking patterns in homosexual and heterosexual women. *Journal of Clinical Psychiatry*, 43(7), 277-279.

⁶⁵ Cochran, S. D., Mays, V. M., & Sullivan, J. G. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53-61.

⁶⁶ Saghir, M. T. et al. (1970). Homosexuality. IV. Psychiatric disorders and disability in the female homosexuals. *American Journal of Psychiatry*, 127, 147-154; King, M., Semlyen, J. et al. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 18(8), 70-87.

⁶⁷ Brandenburg, D. L., Matthews, A. K., Johnson, T. P., & Hughes, T. L., (2007). Breast cancer risk and screening: a comparison of lesbian and heterosexual women. *Women & Health*, 45(4),109-30.

⁶⁸ King, M., Semlyen, J., Tai, S.S. et al. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry* 18(8), 70-87.