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ATTORNEYS FOR PLAINTIFFS

MONTANA FIRST JUDICIAL DISTRICT COURT, LEWIS AND CLARK COUNTY

JAN DONALDSON and MARY ANNE GUGGENHEIM, MARY LESLIE and STACEY HAUGLAND, GARY STALLINGS and RICK WAGNER, KELLIE GIBSON and DENISE BOETTCHER, JOHN MICHAEL LONG and RICHARD PARKER, NANCY OWENS and MJ WILLIAMS, and CASEY CHARLES and DAVID WILSON, Plaintiffs, vs. STATE OF MONTANA, Defendant.	))))))))))))))))	Cause No. BDV-2010-702 Hon. Jeffrey M. Sherlock **<u>AFFIDAVIT OF</u>** **<u>SUZANNE D. DIXON, MD, MPH</u>**

AFFIDAVIT OF SUZANNE D. DIXON, MD, MPH.

I, Dr. Suzanne D. Dixon, having been duly sworn, declare under oath as follows:

1. I submit the report attached hereto in support of Plaintiffs' Opposition to Defendant's Motion to Dismiss and Plaintiffs' Motion for Summary Judgment.

2. I am the author of the attached report and the opinions therein are my own. My opinions are based on years of experience in my field, as well as the review of documents and publications referenced in my report. If called upon to testify about the statements in my report, I could and would testify competently.

3. My relevant qualifications as an expert are detailed in the attached report. My background, experience, and list of publications are summarized in my curriculum vitae, which is attached as Exhibit A to the report.

Suzanne D. Dixon, MD, MPH

Suzanne D. Dixon, MD, MPH
December 8, 2010

STATE OF MONTANA
COUNTY OF CASCADE
ON THIS DATE, DECEMBER 08, 2010, APPEARED SUZANNE D. DIXON, BEFORE ME, PAULA E SHUBAT, NOTARY, STATE OF MONTANA
MY COMMISSION EXPIRES 07-15-2012

Paula Shubat

PAULA E. SHUBAT
NOTARY PUBLIC for the
State of Montana
Residing at Great Falls, Montana
My Commission Expires
July 15, 2012

NOTARIAL SEAL — PAULA E. SHUBAT — STATE OF MONTANA

sf-2929629

I, Dr. Suzanne D. Dixon, hereby declare:

Expert Background and Qualifications

1. I am a Behavioral and Developmental Pediatrician, practicing in Great Falls, Montana, a Professor Emerita from the University of California, San Diego and a Clinical Professor at the University of Washington WWAMI program.

2. I obtained my undergraduate and medical degrees from the University of Minnesota, my Pediatric training at Harvard University, Massachusetts General Hospital and my fellowship in Child Development at Harvard University, Boston Children's Medical Center. My Masters in Public Health with a concentration in Maternal/Child Health was obtained from San Diego State University, School of Public Health.

3. I have worked in the field of child development and behavior for 40 years, as a clinician, researcher, program administrator, writer and editor. I am the editor and author of Encounters With Children: Pediatric Behavior and Development, now in its 4th Edition, a basic textbook on child development and behavior used in medical and nursing schools and in postgraduate medical training programs throughout the world. I have contributed chapters to other major medical textbooks, including one on sexual development in Rudolph's Pediatrics.

4. I am the Editor-in-Chief of the Journal of Developmental and Behavioral Pediatrics, in charge of oversight of all aspects of the peer review process for this top-tier medical journal.

5. I have been a consultant to programs around the world dealing with parenting, child health and development. I have been an invited speaker and visiting professor in many settings in the US and around the world.

6. I have authored a large body of scientific work, contributed to several textbooks and have written for the public in both print and web-based venues.

7. My research interests have included aspects of perinatal factors and care and their influences on child development, cross cultural differences in parenting and child development, the processes of normal development. These have been published in first-tier medical and social science journals. Additionally, I have studied the differences in infants' interaction between mothers, fathers and strangers.

8. My advocacy work has been on obtaining health care for all children, developing programs for pregnant and newly parenting women with addiction problems and enhancing more widespread access to mental health care for children and adolescents.

9. I have not been involved with or supported any advocacy programs related to the rights of gay and lesbian parents. I have been being retained in this matter by the ACLU of Montana to review the science that touches on this matter and to provide the court a summary of the literature. I am being compensated for those efforts.

10. I submit this affidavit in support of Plaintiff's Opposition to Defendant's Motion to Dismiss and Plaintiff's Motion for Summary Judgment in the matter of Donaldson and

Guggenheim et al vs. the State of Montana. My background, experience, and list of publications are summarized in my curriculum vitae, which is attached as Exhibit A to this affidavit.

Summary of Opinion

11. This affidavit addresses the issue of any impact of their parents' sexual orientation on the behavior and development of children raised by gay, lesbian or bisexual parents. This summary has been formulated by review of the relevant scientific literature and of the policy statements of the established, mainstream professional organizations whose members care for children and youth. Good studies of this population are now available and these acknowledge and control for the widely varying way in which same-sex parenting families are formed. Comparison populations must be appropriate and statistical controls applied when data are analyzed. These reports must pass rigorous peer review in order to be published in recognized scientific journals. A large body of data is now available from the United States and Europe that meets these standards including now longitudinal, prospective studies of youngsters raised in gay and lesbian families. These sources come to a unified conclusion:

12. **Children raised by same-sex parents are just as likely to be psychologically, emotionally, socially and sexually well adjusted as those raised by heterosexual parents. Being parented by gay, lesbian or bisexual parents has no adverse impact on the behavior and development of children.**

Opinion and Bases for Opinion

I. The Factors That Determine Children's Adjustment.

13. Families provide for the physical and psychological well being of children. One's sense of oneself, how one interfaces with the world and how one approaches the future are determined in the context of the family. A broad range of scientific studies show that certain features of families around the world are associated with the successful rearing of children. These include:

- Provision of material resources (food, clothing, shelter, sanitation, medical resources) that are and are perceived to be secure.
- Demonstration of warmth and responsiveness. This includes sensitivity to the needs and attributes of an individual child.
- Continuity and stability in care giving.
- Socialization, which in turn implies modeling appropriate, cooperative behavior and setting limits on inappropriate behavior.
- Avoidance of violence and excessive stress.
- Provision of opportunities for interaction with peers and play.
- Stimulation of cognitive growth, opportunities for education and the development for moral reasoning.
- Facilitation of interaction with relatives and a broader community.

14. Children must feel loved, appreciated for themselves and trusting that they will be taken care of. That security is vital for the development of the individual to explore the wider world, with its opportunity to learn and grow psychologically. Consistency in care and in interactions, contingent on each child's behavior is the foundation of healthy child development.

15. Research has shown that certain conditions form impediments or obstacles to successful parenting:

- Children raised in single parent families are at greater risk for behavioral problems, difficulties with relationships in childhood and adulthood and challenges in school. Two parents are more likely to provide greater advantages to children than one. Research shows that the bases of these difficulties in single parent households are primarily related to reduced material and psychological resources and to conflict in single parent households, not gender. Both male and female parents have been shown to be capable of competent parenting. The absence of either male or female parent(s) does not in itself negatively influence development. Although this was a prevalent belief in earlier eras, current research has refuted that claim. It is the quality of the parent-child relationship, the quality of the parents' relationship and the capacity to care for children that are determinant.
- Children raised in poverty or with economic insecurity are at greater risk of poorer health, school failure, behavioral problems and long-term adjustment concerns. Being economically deprived or even fearing to be so is bad for children.
- Children raised in households isolated from the broader community are at higher risk for poor adjustment. Appropriate socialization through contact with and involvement in the broader community is essential for healthy development. Families who successfully provide that linkage and that involvement foster healthy development.
- Children raised in families burdened by substance abuse, domestic violence, serious parental mental illness, and parental cognitive limitations are at greater risk for poor outcomes. Psychologically healthy adults are able to provide the consistency and sustenance that is vital for healthy child development.
- Parents satisfied with their own partner relationships are able to better provide for the nurturance of children. Disharmony and discontent with threatened or actual breakup of the relationship places a child at greater risk for poor psychological adjustment.

16. Each family's capacity to fulfill these parenting requirements must be viewed individually. Currently, in the U.S., there is a wide range of family forms: Single parents, grandparents, uncles and aunts, divorced and remarried parents with and without stepchildren, fostered and adoptive etc. The two parent, married heterosexual couple, both biological parents of the children, is a now in the minority.

17. Current research does not show that biological parents are more capable of parenting children than caring adults who come to the parenting role through other routes. The ability to provide the core features of parenting is what determines children's healthy adjustment, not the form of the family unit.

II. The Factors Predicting Healthy Adjustment of Children Are the Same for Families Headed by Same-Sex and Different-Sex Parents, and Children in Families Headed by Same-Sex Parents Are Just as Likely to Experience Healthy Adjustment as those in Families Headed by Different-Sex Parents.

18. The same factors that influence the health and well being of children raised in traditional families are operative in influencing children and youth in gay and lesbian headed families. There is no scientific basis to withhold from, discriminate against or limit the rights of gay or lesbian parents as a group. The evidence accumulated over more than three decades of scientific research, published in peer reviewed and established journals, overwhelmingly concludes that there is no evidence of adverse effects on children or youth raised in these family constellations.

19. In earlier eras, there were assumptions about negative outcomes for children raised in families headed by same-sex parents. The psychoanalytic theories formulated by Freud proposed that a child needs a father and a mother in order to work through issues of his own identity and that these specific roles were needed for healthy development. Empirical work completed over the last half century has shown these notions not to be correct. Scientific work on fathering shows the importance of father involvement, but fathers (and mothers) are important to children because they are parents, not because of their gender. To the extent children benefit from a range of role models, children and youth are surrounded by a variety of male and female role models, e.g., relatives, neighbors, and friends. It was also previously assumed that a traditional family predicted a better outcome for children. Beginning in the 1960's, the increasing incidence of single parenting, the accelerating divorce rates, higher rates of out of home employment for mothers and the concomitant increase in daycare for children provided natural laboratories to test these assumptions. When placed under the bright light of scientific investigation from many different directions, these assumptions were shown to be unfounded. Many nontraditional families were able to provide the core functions in the successful raising of children. These include consistency, affection, emotional commitment, reliability and economic and social resources. These studies also included examinations of families of gay and lesbian parents and their offspring and such work continues to the present era. This research has focused on psychological adjustment, peer relationships, school performance, family relationships, and gender identity; these are now laid out below.

20. **Psychological Adjustment**. Adjustment is defined as psychological wellbeing, the absence of behavioral problems and psychological symptoms. For children, this means the ability to function in all areas of their lives - home, sibling and peer relationships, school performance, and community involvement - without problems in these settings. It implies compliance with the rules of society and the rules of the authority figures. It means the ability to get along, to participate and to be able to take on the challenges that life brings. Good adjustment in childhood sets the path to positive work and family success including the development of intimate relationships later in life. It implies the absence of behavior problems and poor functioning in childhood and later on in life. We now know a lot about what supports good adjustment in childhood. These include the quality of the relationships between the child and parent(s), the quality of the relationships between the parents, and the availability of economic and psychological resources.

21. Systematic studies and reviews, spanning over three decades of research and constituting over 100 written reports, show that children in families headed by gay and lesbian parents are as well adjusted as equivalent samples of children raised in traditional families. The adjustment of children is not affected by the gender or sexual orientation of the parent(s), but by the quality of the parent/child relationship, the quality of the relationship between parents and the resources within the household.

22. Differences that have been identified in these comparative studies are all in the realm of normal variation in development, not with the presence of pathology or maladjustment broadly. In fact, in some instances, these differences are seen as an advantage: Children in families headed by gay and lesbian couples have been shown to have views of appropriate play behavior and aspirations and beliefs that are, on average, less rigid and less sex stereotyped. They are more likely on average to discuss their beliefs with family and to be more open about their own thoughts and aspirations. As a specific example, a recent (June 2010) study published in Pediatrics, the foremost pediatric journal, reports on the psychological adjustment of adolescents raised by lesbian parents, a prospective, longitudinal study from the U.S. The findings of this study support the contention that these youngsters demonstrate healthy psychological development. In fact, they had significantly higher social, academic and general competence than their matched age mates. They had fewer social problems, less rule-breaking and aggressive behavior. These data replicate a similar longitudinal project from Britain, showing higher levels of self-esteem in children raised by lesbian mothers. Other reports suggest that youngsters raised by lesbian parents were less aggressive and more affectionate when compared with children in traditional circumstances. Intelligence and academic success were also comparable.

23. **Peer Relationships.** Studies that examine how children raised in families headed by gay and lesbian couples get along with other children show that these youngsters get along as well as those raised in heterosexual families. Gender specific play and interests were observed in both groups and activities are observed to be similar, even though, as noted above, children in families headed by gay and lesbian couples have been shown to have views of appropriate play behavior that are, on average, less rigid and less sex stereotyped. Participation in school-based and outside activities has been found to be similar. Children in single parent families, both lesbian and heterosexual have, as a group, more social problems.

24. There is no observation of systematic or widespread bias or ostracism of youngsters raised in households headed by same-sex parents. Children regularly get teased about a lot of things – single moms, big ears, funny speech, clumsy motor skills, to name but a few – and studies indicate that the overall rate of teasing experienced by children raised by same-sex couples is similar to that experienced by those raised by different-sex couples. Some studies suggest that if youngsters in families headed by gay and lesbian couples are teased by peers, the subject of the teasing is more likely to be their parents' sexual orientation than other teasing targets. One study of adults raised by lesbian parents suggested that there was some remembrance of being teased in childhood about the form of their family and their own sexuality. However, this study, reported in 1995, with data collected in ~1993 of experiences a decade or more before is likely not to be applicable in the present day when there is more widespread acknowledgement of and acceptance of gay and lesbian relationships, including network television programs that explicitly present gay and lesbian families. Other studies

reported that youngsters worried about being teased, losing friends or "being judged", although there was no report that that actually happened more frequently.

25. **Family Relationships.** The research shows that gay and lesbian parents form family relationships that are similar to those of heterosexual parents. Warm relationships with children, responsiveness to children's needs and positive discipline have been observed. Contrary to stereotypical views of gay men, research indicates that gay fathers are on average firmer disciplinarians and more involved in their children's lives than heterosexual fathers. Research also rebuts stereotypical views about the parenting styles of lesbian women – research indicates that lesbian mothers on average have as warm as or warmer relationships with their children than heterosexual mothers. Lesbian headed families also tend on average to share household tasks and child care more evenly between the adults and to be more cooperative in managing the household, characteristics that have been shown to be advantageous to all families.

26. **Gender Identity and Sexual Orientation.** There is no evidence that having a gay or lesbian parent produces any difference in gender identity, the sense of one's self as male or female. Gender Identity Disorder, the feeling that one is psychologically at odds with ones physical gender, is a rare condition and it does not occur in any greater frequency in children raised by gay or lesbian parents.

27. Gender roles - what is the appropriate activity as culturally defined - shows no difference in children of gay or lesbian parents. Society surrounds children with adequate male and female role models from which children learn about patterns of behavior. There are some observations that children raised in lesbian families have a more egalitarian approach to play and career expectations as young children. In these studies children in these families are more likely to think it is OK for girls to play with trucks and both boys and girls to grow up to be doctors and scientists and it's OK for boys to play with dolls. Children in traditional families are more likely to have stereotyped notions about appropriate roles in childhood and beyond. The more flexible, broad perspective is viewed as a positive attribute in young children and is often associated with the advantages of children of educated parents broadly. These observed differences are not related to adjustment in any dimension.

28. Sexual orientation - same or cross gender sexual attraction - has been shown not to be influenced by the sexual orientation of one's parents. In one study, youth raised in lesbian headed families reported considering a same-sex relationship on average more than youth raised in traditional families. The research does not show higher rates of lesbian or gay orientation based on the sexual orientation of the parents.

III. Children With Same-Sex Parents Could Benefit If Their Parents' Relationships Were Legally Recognized.

29. The courts are charged with safeguarding the best interests of the child. A child's best interest is served by securing a stable, secure and happy family that is able to provide the core functions of a family as described above. There is no scientific evidence that families headed by gay or lesbian parents are as a group less able than families headed by heterosexuals to provide for the optimal development of children. There is widespread consensus in the scientific literature regarding the lack of relevance of a parent's sexual orientation on a child's well being.

There is ample scientific work to support that position. There is no dissent regarding these matters; the science is uniform in this matter.

30. Families headed by same-sex parents, like other families, are adversely affected by laws and policies that undermine family stability and economic and psychological security, that marginalize their positions in the community and that discriminate against them as a group. Having legal recognition of same-sex couples' relationships would promote stability and economic and psychological security for some families just as it does for many heterosexual married couples. Children benefit from family stability and when their parents enjoy economic and psychological security.

IV. All Major Professional Organizations Concerned With the Health and Safety of Children Support Parenting by Same-Sex Couples.

31. There is widespread consensus in the scientific community regarding same-sex parenting. All the major professional organizations that deal with the health and welfare of children have issued policy statements that address the matters dealing with gay and lesbian parenting. These are based upon each organization's separate review of the scientific literature and endorsement of the governing their bodies; these are summarized here: (See Exhibit B for complete statements).

32. **The American Academy of Pediatrics** February 2002 Pediatrics 109:339-340: "The American Academy recognizes that a considerable body of professional literature provides evidence that children with parents who are homosexual can have the same advantages and the same expectations for health, adjustment and development as can children whose parents are heterosexual."

33. **American Academy of Child & Adolescent Psychiatry** AACAP October 2008: "There is no evidence to suggest or support that parents who are lesbian, gay, bisexual or transgender are per se different from or deficient in parenting skills, child-centered concerns and parent-child attachments when compared to heterosexual parents. There is no basis on which to assume that a parent's sexual orientation or gender identity will adversely affect the child."

34. **American Psychiatric Association** November 2004: "Numerous studies over the last three decades consistently demonstrate that children raised by gay or lesbian parents exhibit the same level of emotional, cognitive, social and sexual functioning as children raised by heterosexual parents. This research indicates that optimal development for children is based not on the sexual orientation of the parents, but on stable attachments to committed and nurturing adults. . . Removing legal barriers that adversely affect the emotional and physical health of children raised by lesbian and gay parents is consistent with the goals of the APA."

35. **American Psychological Association** 2004: "Whereas there is no scientific evidence that parenting effectiveness is related to parental sexual orientation: lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children. . . ."

36. **Child Welfare League of America** : "Based upon more than three decades of social science research and our 85 years of service to millions of families, CWLA believes that families

with L (lesbian) G (gay) B (Bisexual) T (Transgender) Q (Questioning) members deserve the same levels of support afforded other families."

37. **National Association of Social Workers** 2009: "There is no significant difference between gay and lesbian adoptive parents and heterosexual parents in terms of family functioning, their children's behavior problems and their family support networks."

38. **American Psychoanalytic Association** May, 2002: "Gay and lesbian individuals and couples are capable of meeting the best interest of the child and should be afforded the same rights and should accept the same responsibilities as heterosexual parents."

Dr. Suzanne D. Dixon, MD, MPH
December 8, 2010

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EXHIBIT A

CURRICULUM VITA

December 2010

NAME Suzanne D. Dixon, M.D., M.P.H., F.A.A.P
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Clinical Professor, University of Washington

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EDUCATION

1964-1967 Creighton University, Omaha, NE
Honor Society; Major areas: zoology, psychology

1967-1971 University of Minnesota School of Medicine, Minneapolis, MN
Degrees: B.S. - 1969; M.D. - 1971

1993-1994 Graduate School of Public Health, San Diego State University
Degree: Masters in Public Health - 1994

PROFESSIONAL TRAINING

1971-1972 Pediatric Internship, Massachusetts General Hospital,
Children's Service, Boston, MA

1972-1974 Pediatric Residency, Massachusetts General Hospital,
Children's Service, Boston, MA
Teaching Fellow, Harvard University, School of Medicine

1974-1977 Fellowship in Child Development,
Children's Hospital, Boston, MA
Instructor, Harvard University, School of Medicine

1993-1994 Masters in Public Health, Graduate School of Public Health,
San Diego State University, San Diego, CA
Concentration in Maternal and Child Health

PROFESSIONAL LICENSURE

1996-Present Medical Board of Montana

1977-Present Board of Medical Quality Assurance, State of California

1973-1978	Board of Registration in Medicine and Surgery, Massachusetts
1971-1982	Board of Medical Registration, State of Minnesota

BOARD CERTIFICATION

1977	American Board of Pediatrics

ACADEMIC APPOINTMENTS

1996-Present	Professor (Emeritus), University of California, San Diego
2002-Present	Clinical Professor, University of Washington
1997-Present	Associate Clinical Professor, University of Washington
1991-1996	Professor, University of California, San Diego
1990-1991	Director, Division of General Pediatrics, UCSD
1985-1991	Associate Professor, Department of Pediatrics, UCSD
1977-1985	Assistant Professor of Pediatrics, UCSD
1974-1977	Instructor, Harvard University, School of Medicine

EDITORSHIPS

2003-Present	Editor, Journal of Developmental and Behavioral Pediatrics
2009-Present	Editorial Board, Infectious Diseases In Children
2002-Present	Medical Editor, The Child: An Encyclopedic Companion
1992-1996	Associate Editor, Infant Mental Health

MEDICAL STAFF APPOINTMENTS

1996-Present	Great Falls Clinic, Great Falls, Montana
1996- Present	Benefis Health Care, Great Falls, Montana
1977-1996	University of California, San Diego Medical Center
1977-1996	University of California, San Diego Medical Center, Director of Behavioral and Developmental Pediatrics
1984-1996	Family Maternity Care Center Nursery Services, University of California San Diego Medical Center, Medical Director

1992-1996	Children's Hospital Medical Staff, San Diego, California
1978-1996	California Children's Services panel physician
1977-1996	Pediatric Primary Care Center, University of California San Diego Medical Center
1974-1977	Children's Hospital and Health Center, Boston, Massachusetts
1976-1977	Roxbury Comprehensive Community Health Center, Roxbury, MA
1974-1975	Department of Pediatrics, Somerville Hospital, Somerville, MA
1972-1974	Massachusetts General Hospital, Boston, MA

HOSPITAL AND MEDICAL SCHOOL COMMITTEES

1996-Present	Active teacher/mentor in the WAMI program, University of Washington, Department of Pediatrics, medical student teaching program
1997-2000	Women's Health Advisory Board, Benefis Health Care
1995-1996	Member, Substance Abuse Curriculum Task Force, UCSD (campus-wide)
1991-1996	Member, Perinatal Practices Committee, UCSD Medical Center
1991-1996	Member, Pediatric Quality Assurance Committee, UCSD
1989-1996	Member, Intern Selection Committee, Department of Pediatrics, UCSD
1986-1990	Member, Review and Appraisal Committee, Department of Pediatrics, UCSD
1982-1996	Member, Residency Curriculum Committee, Department of Pediatrics, UCSD
1991-1993	Chair, Subcommittee on Perinatal HIV, UCSD Medical Center

CONSULTANT ACTIVITIES

1996-2004	Chief Medical Consultant (Global), Pampers Parenting Institute
2000-2003	Well-Med Corporation, developing internet services for health care organizations
2001-Present	Montana Governor's Task Force on Fetal Alcohol Syndrome
2001-2002	Early Childhood Care, Advisory Council for the state of Montana, representing the American Academy of Pediatrics

2002	Consultant, Great Falls Clinic, Black Hole Communication project
1997-2000	Consultant to BabyCenter, a private corporation, dedicated to the education and support of new families
1998	Evaluation and technical assistance, Healthy Steps, a program of Boston University, the Commonwealth Foundation & Johns Hopkins University
1997-2000	Bright Futures project, mental health component, American Academy of Pediatrics
1996-1997	Technical assistance for the Ministry of Foreign Affairs, Government of the Netherlands, nutrition project in Armenia
1996-1997	Program Development, Vista Behavioral Health, Managed mental health care program for the State of Montana
1997-2000	Bright Futures project, mental health component, American Academy of Pediatrics
1994	Advisory Group, National Pregnancy Health Survey (NPHS), National Institute of Drug Abuse (NIDA)
1994,1997	Consultant, Social Science Research Council, Program on Ethno-pediatrics, Atlanta, GA & San Diego, CA
1994-1998	National Seminar Series. Children's Hospital, Boston, Massachusetts Multiple professional presentations throughout the United States
1994	Consultant and lecturer, Abandoned Infants National Service Network, Berkeley, CA.
1992	Consultant and lecturer, National Council of Juvenile and Family Court Judges, Reno, Nevada
1992-1996	San Diego County, Department of Health Services
1992-1994	San Diego County Department of Social Services
1990-1992	San Diego County Department of Education
1992-1993	San Diego County Juvenile Courts
1991-1994	Westat Corporation, Washington, DC. National Prevalence Study of Perinatal Substance Abuse, on contract for NIDA
1990-1992	International Population Center, San Diego State University. Project on perinatal risks and outcomes among low-Income immigrants
1986-1991	San Diego County Department of Education, Early infant programming

1983-2000	Wellstart International ♦ 1983-1997: Lectureships to international faculty groups from over 50 countries; program advisor. ♦ 1996: Consultant to Armenian government regarding perinatal service through UNICEF and Wellstart International ♦ 1994: Central Asian Technical Assistance and Program Review -- ♦ 1988: Indonesia; Regional Pacific Conference on Breastfeeding and Perinatal Health, Bali, Indonesia. ♦ 1986: White River Reservation, White River, Arizona. ♦ 1992: Latin American Congress on Breastfeeding
1981-1982	San Diego Museum of Man

MEDIA EXPERIENCES

2002-2007	Editor for Your Health in **Great Falls Tribune**
2000-2004	Columnist, **Great Falls Tribune**: "Your Child"
October 2004	Featured guest on **Across the Big Sky**, a syndicated television feature
August 2004	Featured guest on **House Call**, a Montana television feature
1996-2004	Writer, professional consultant and advisor for "totalbabycare.com" ("pampers.com") educational internet site, Proctor and Gamble
1999-2000	Consultant and participant, " Hello Family", a video instructional series from Vida Health Communications, Cambridge, Massachusetts
1999-2000	Consultant, "Brazelton on Parenting", a 26 weeks of programs for Lifetime Television, produced by New Screen Concepts
1997-2000	Consultant and writer, "babyenter.com" educational internet site
1997-1998, 2001	Participant, "Clinic Update" on KRTV, Great Falls, Montana
1996	Script reviewer and consultant: "Healthy Kids Show," Cable television production of the American Academy of Pediatrics.
1992	Consultant and participant: "Drug Babies Grow Up," San Diego Week Special Production, KPBS television
1990	Consultant and Participant: "Victims at Birth," KPBS television feature production (syndicated)
1981-1982	Host and Consultant: "How To Be A Terrific Parent". Cable Health Network, Arnold Shapiro Productions, Hollywood, CA
1980-1985	Regular contributor: Campus Healthline Radio show, UCSD
1980- Present	Multiple interviews with national and regional newspapers and magazines including, **Child, Parenting,** the **Boston Globe,** the **Houston Chronicle,** the **Chicago Herald,** the **Dallas Sun Times,** the **San Diego Union,** the

Great Falls Tribune, AP (syndicated)

PROFESSIONAL JOURNAL ACTIVITIES

2003-Present — Editor, **Journal of Developmental and Behavioral Pediatrics**

2009-Present — Editorial Board, **Infectious Diseases in Children**

1994-1996 — Editorial Board, **Ambulatory Child Health**

1992-1996 — Associate Editor, **Infant Mental Health Journal**

1981-Present — Reviewer for: **Pediatrics, Child Development, Journal of Pediatrics, Journal of Developmental and Behavioral Pediatrics, American Journal of Obstetrics and Gynecology, Infant Mental Health Journal**

BOOK EDITORSHIPS

1999-2009 — Medical Associate Editor, **The Chicago Companion to the Child,** University of Chicago press

1983-2000 — Co-Editor, **Encounters With Children: Pediatric Behavior and Development,** through four editions, 1983-2006.

FUNDED RESEARCH ACTIVITIES

1995-1996 — Economic, Social and Health Benefits of Prenatal Case Management for Pregnant Substance Abusers. State of California, Office of Perinatal Substance Abuse (UCSD Contract #94-00237) **S. Dixon, Principal Investigator.**

1990-1993 — Pediatric Expansion (PACTG); Perinatal Education and Outreach Program on AIDS (#UO1-AI27563). S. Spector, Principal Investigator.

1990-1996 — Origins of Communication. NIDCD Program Project, E. Bates, P.I.; Program Project 4. (#5-P50-DCO1289) **S. Dixon, Principal Investigator**.

1987-1994 — Lactation Management Continuing Education Project. U.S. Department of Health and Human Services, Maternal and Child Health. Phase I: 1987-1989 #MCJ-009108; Phase II: 1989-1994 #MCJ-067021 **S. Dixon, Principal Investigator**

1987-1989 — Children with Perinatal Drug Exposure: An Assessment of Short Term Outcome and Needs Assessment. San Diego County March of Dimes. **S. Dixon, Principal Investigator.**

1986-1989 — Premie Team: A Combined Medical/Educational Approach to Early Intervention. San Diego County Department of Education, Hope Infant Program. **Project Director: S. Dixon**

1983-1986 — Linkage Intervention Program for Preterm Infants with Intraventricular Hemorrhage U.S. Department of Education; Handicapped Children's Early Intervention Program, T. Allen Merritt, Principal Investigator (#G-008303644)

1977-1980 "Parenting and Child Development Among the Gusii of Kenya" in support of independent research and analysis on several African studies. William T. Grant Foundation Grant: **S. Dixon, Principal Investigator**

1974 Minnesota Heart Association Research Fellowship

HONORS

2005 Founders' Award, Montana Healthy Mothers, Healthy Babies

1994 Outstanding student in Maternal-Child Health, Graduate School of Public Health, San Diego State University

1993 Nominated for 1993 President's Volunteer Action Award.

1992 Award for Excellence in Community Service, Chancellor's Associates, University of California, San Diego

1990 Outstanding Contributor: Research/Evaluation in the field of Drug Abuse. Awarded by the California Association of County Drug Program Administrators.

1988 San Diego Headliner of the Year in Medicine. Awarded by San Diego Press Club.

1987 Outstanding Teacher Award. University of California, San Diego, Department of Family Medicine.

1969-1971 James E. Moore Surgical Honor Society

1969-1971 Minnesota Medical Foundation Awards, including the Lowry Prize for Special Merit

1964-1967 Academic Scholarships, Creighton University

PROFESSIONAL ASSOCIATIONS

1977-Present Fellow, American Academy of Pediatrics

- 1986-1990: National Section Liaison, Committee on Early Childhood, Adoption, Dependency and Foster Care
- 1978 -1996: San Diego Chapter,
  -- Committee on Fetus and the Newborn,
  -- Committee on the Handicapped Child,
  -- Committee on Foster Care,
  -- Committee on Preschool Child/Daycare
- 1982 -1992:, Section on Behavioral and Developmental Pediatrics
  1990-1992: National Executive committee
  1992 & 1995: National Nominations committee
- 1992: National Task force on mental health coding
- 1997- Present Montana chapter

1976-2001 Society for Research in Child Development

- 1991-1995: Committee for Ethical Conduct in Child Development Research

- 1994-1995: Program/Abstract Reviewer

1977-1987 Ambulatory Pediatric Association

1983-Present Society for Developmental and Behavioral Pediatrics
2003-Present: Editorial Board Chair and Executive Council
- 1992-1994: Committee on International Education
- 1987-1993: Executive Council
- 1986-1987: Nominations Committee

1985-1994 Society for Cross - Cultural Research

1989-2007 Society for Pediatric Research (nominated and accepted)

1993-2002 American Public Health Association,
- Section on Maternal/Child Health
- Section on International Health

COMMUNITY ACTIVITIES

2001-2006 Governor's Advisory Council on Fetal Alcohol Syndrome

2000-2006 Speech and Debate Judge, State of Montana

1998- Present Montana Alliance for Children

1997-2005 Participant in the committee on universal infant hearing screening, State of Montana, Department of Health and Human Services

1996-1997 Mathematics curriculum committee, Great Falls Public Schools

1995 Mercy Outreach, clinical program in Jerez, Mexico

1993-1994 Advisory committee for When Love is Not Enough: The Children of Crack Cocaine , Resources for Children with Special Needs, Inc. with support from the March of Dimes. A television documentary and book.

1992 San Diego County Commission on Children and Youth: Child Development Competency Task Force

1989-1996 San Diego Health Coalition for Children and Youth

1989-1991 Advisory Board, Child Abuse Prevention Foundation, San Diego, CA

1988-1996 Perinatal Substance Abuse Task Force, County of San Diego

1987-1996 Board of Directors, Gateways, a non-profit volunteer summer program for gifted and talented youth

1987-1989 Mayor's Task Force on Drugs, San Diego, CA

1986 Task Force on Neonatal Drug Exposure, San Diego County Department of Social Services and Juvenile Courts

1985-1992	Board of Directors, Wellstart International, San Diego, California
1983-1987	Board of Directors, San Diego Children's Museum

JOURNAL PUBLICATIONS

1. **Dixon S**, Yogman M, Tronick E, Adamson L, Als H and Brazelton TB: Early infant social interaction with parents and strangers. **J Am Acad Child Adolesc Psychiatry** 20: 32-52, 1981.

2. **Dixon S**, Keefer C, Tronick E and Brazelton TB: Perinatal circumstances and newborn outcome along the Gusii of Kenya: assessment of risk. **Infant Behav Dev** 5: 11-21, 1982.

3. **Dixon S**, LeVine R and Brazelton TB: Malnutrition: a closer look at the problem in an East African village. **Dev Med Child Neurol** 24: 670-685, 1982.

4. Keefer C, Tronick E, **Dixon S** and Brazelton TB: Specific differences in motor performances between Gusii and American newborns and a modification of the Neonatal Behavioral Assessment Scale. **Child Dev** 53: 754-759, 1982.

5. Holve R, Bromberger P, Groveman H, Klauber M, **Dixon S** and Snyder J: Regional anesthesia during newborn circumcision: effect on infant pain response. **Clin Pediatr** 22: 813-817, 1983.

6. Hennessy M, **Dixon S** and Simon S: The development of gait: a study in African children ages one to five. **Child Dev** 55: 844-853, 1984.

7. **Dixon S**, LeVine R, Richman A and Brazelton TB: Mother-child interaction around a teaching task: an African-American comparison. **Child Dev** 55: 1252-1264, 1984.

8. **Dixon S**, Snyder J, Holve R and Bromberger P: Behavioral effects of circumcision with and without anesthesia. **Dev Behav Pediatr** 5: 246-250, 1984.

9. Richman D and **Dixon S**: Comparative study of Cambodian, Hmong, and Caucasian infant and maternal perinatal profiles. **J Nurse Midwifery** 30: 313-319, 1985.

10. Oro A and **Dixon S**: Perinatal cocaine and methamphetamine exposure: maternal and neonatal correlates. **J Pediatr** 111: 571-578, 1987.

11. Committee on Early Childhood (lead author: **SD Dixon)**: Adoption and dependent care: health care of foster children. **Pediatr** 79: 644-645, 1987.

12. Committee on Early Childhood (principal author: **SD Dixon**): Adoption--Special Considerations. In: **Guidelines for Perinatal Care**. Evanston, IL.: American Academy of Pediatrics. 1987.

13. Telsey A, **Dixon S** and Merritt TA: Cocaine exposure in a term neonate: necrotizing enterocolitis as a complication. **Clin Pediatr** 77: 547-550, 1988.

14. Oro A and **Dixon S**: Waterbed care of narcotic-exposed neonates: a useful adjunct to

supportive care. **Am J Dis Child** 142: 186-188, 1988.

15. Hoyme HE, Jones KL, **Dixon SD**, Jewett T, Hanson JW, Robinson LK, Msal ME and Allanson J: Maternal cocaine use and fetal vascular disruption. **Am J Hum Genet** 43(3), September 1988.

16. **Dixon S**: Psychosocial and cultural aspects of breastfeeding. **Proceedings of Perinasia**. Denpasar, Bali, Indonesia, July 1988.

17. **Dixon S**: Effects of transplacental exposure to cocaine and methamphetamine on the neonate. **West J Med** 150: 436-442, 1989.

18. **Dixon S** and Bejar R: Echoencephalographic findings in neonates associated with maternal cocaine and methamphetamine exposure; incidence and clinical correlates. **J Pediatr** 115: 770-778, 1989.

19. **Dixon S**: Talking to the child's physician. **Young Children** 45: 36-37, 1990.

20. **Dixon SD**, Bresnahan K and Zuckerman B: Cocaine babies: Meeting the challenge of management. **Contemporary Pediatrics** 7: 70-92, 1990.

21. Hoyme HE, Jones KL, **Dixon SD**, Jewett T, Hanson JW, Robinson LK, Msall ME and Allanson: Prenatal cocaine exposure and fetal vascular disruption. **Pediatr** 85: 743-747, 1990.

22. Dankner WM, **Dixon SD**, Lane TA, Moore T: Hepatitis B in a prenatal population. **JAMA** 269 (5): 589, 1993. (letter to the editor)

23. **Dixon S**: Book review of **Adoption and the Family System.** **J Dev Behav Dev** 14 (4): 287, 1993.

24. **Dixon SD**: Neurological consequences of prenatal stimulant drug exposure. **Infant Mental Health J** 15(2): 134-145, 1994.

25. **Dixon S**, Naylor A and Powers N: Breastfeeding: time to teach what we preach. **JAMA** 270(7): 830, 1993. (letter to the editor)

26. Naylor AJ, Creer AE, Woodward-Lopez G and **Dixon S**: Lactation management education for physicians. **Sem Perinatology** 18(6): 525-531, 1994.

27. Nyquist JG, Naylor AJ, Woodward-Lopez G and **Dixon S**: Use of performance based assessment to evaluate the impact of a skill-oriented continuing education program. **Acad Med** 69 (suppl): S51-S53, 1994.

28. **Dixon, S**: Commentary on "Testing the Effectiveness of the NBAS Intervention with a Substance-Using Population" (research commentary) **Infant Mental Health Journal** 15(3): 305-306.

29. **Dixon SD**, Thal D, Potrykus J, Bullock T and Jacoby J: Early language development in children with prenatal exposure to stimulant drugs.

Developmental Neuropsychology 13(3): 371-396, 1997.

30. Haas RH, **Dixon SD**, Sartoris DJ and Hennessy MJ: Osteopenia in Rett Syndrome. **J of Pediartics** 131(5): 771-774, 1997.

31. **Dixon SD:** Engaging parents in the treatment of young patients. **International Pharmacy** 11(6), supplement: 12-15, 1997.

BOOKS AND BOOK CHAPTERS

1. **Dixon S**, Tronick E, Keefer C and Brazelton TB: Mother-infant interaction among the Gusii of Kenya. In: **Culture and Early Interaction**, T. Field, A. Sostek, P. Vietz and P.H. Leiderman, (Eds). New York: Lawrence Erlbaum Press, 1981.

2. **Dixon S**, LeVine R, Richman A and Brazelton TB: Mother-Child interaction around a teaching task: an African-American comparison. In: **Inventory of Marriage and Family Literature**, D.H. Olson and R. Markoff (Eds). St. Paul: University of Minnesota press, 1985.

3. **Dixon S** and Stein M (Eds): **Encounters with Children: Pediatric Behavior and Development.**
   Edition 1 Chicago: Year Book Medical Publishers, 1987
   Edition 2 St. Louis: Mosby-Yearbook, 1992,
   Edition 3 St. Louis: Mosby 2000
   Edition 4 Philadelphia: Elsevier, 2006

4. Keefer C, **Dixon S**, and Brazelton TB: Cultural mediation of newborn behavior and later development: implications for methodology in cross-cultural research. In: **Cultural Context of Infancy, Vol II**. JK Nugent (Ed), New York: Ablex Publishing, 1988.

5. **Dixon S**: Foreword. In: **Pediatrics for Parents and Everyone**. E Mizrahi (Ed), Vantage Press, 1990.

6. LeVine RA and **Dixon S**: Child survival in a Kenyan community: changing risks over thirty years. In: **Health Transition Series No. 2 (Vol I) What We Know About Health Transition: The Cultural, Social and Behavioral Determinants of Health**. J. Caldwell, S. Findley, P. Caldwell, G. Santow, W. Cosford, J. Braid and D. Broers-Freeman (Eds), Canberra, Australia: Australia National University: 420-424, 1990.

7. LeVine RA, **Dixon SD**, LeVine S et al: **Culture and Child Care: Lessons from Africa**. Cambridge: Cambridge University Press, 1994.

8. **Dixon, S**: Gender Identity: Early orientation to atypical behavior. In: **Rudolph's Pediatrics, 20th edition**, A. Rudolph, J. Hoffman and C. Rudolph, (Eds.) Norwalk: Appleton and Lange, 1996.

9. **Dixon S**, Potrykus J, Leech M, Coleman R: **Health, Social and Economic Outcomes for Pregnant Addicted Women With and Without Case Management Services.** Commissioned evaluation report, Contract # 94-00237, submitted to State of California, Department of Alcohol and Drug Programs, July 1996; in press 1998

ABSTRACTS

1. **Dixon SD**: A comparison of infant interaction with strangers and parents. **ERIC** 148: 458, 1978.

2. **Dixon SD** and Oro A: Cocaine and methamphetamine exposure in neonates: perinatal consequences. **Ann Neurol** 22: 428, 1987.

3. **Dixon SD**, Coen RW and Crutchfield S: Visual dysfunction in cocaine-exposed infants. **Pediatr Res** 21: 359A, 1987.

4. **Dixon SD** and Oro A: Cocaine and methamphetamine exposure in neonates: perinatal consequences. **Pediatr Res** 21: 359A, 1987.

5. Crutchfield S, **Dixon S** and Coen R: Flash evoked visual potentials in drug-exposed infants. XXVI Symposium. **International Soc Clinical Electrophysiology of Vision**, Estopil, Portugal, 1988.

6. **Dixon S** and Bejar R: "Brain lesions in cocaine and methamphetamine exposed neonates". **Society for Pediatric Research**, Washington, D.C., May 1988.

7. Lopez S, **Dixon S**, Schanberger J, Nader P and Fairweather P: The effects of lullabies and play songs on newborn infants. **19th Congress de Pediatrie**, Paris, France, July 1989.

8. **Dixon S**: "Best paper of the year in behavioral and developmental pediatrics". American Academy of Pediatrics Annual Meetings, Chicago, Illinois, October 1989.

9. Kashani IA, Sherman MJ and **Dixon S**: Electrocardiographic findings in antenatally stimulant drug exposed neonates. **Clin Res** 38: 167A, 1990.

10. Bachman K, **Dixon S** and Bejar R: Deficient respiratory control in methamphetamine and cocaine-exposed neonates. **Pediatr Res** 27: 1163,1990.

11. Jones III OW, Catanzaro A, **Dixon SD**, Goscienski PD and Moore TR: Tuberculosis screening in pregnant women with no prenatal care. **Society of Perinatal Obstet.**, 1991.

12. **Dixon SD**: Language performance in children of substance-abusing mothers. Twentieth Annual INS Meeting, San Diego, CA, February 1992.

13. Aronson S and **Dixon SD** (Consultants): Policy statement "Families and Adoption: The pediatrician's role in supporting communication." **AAP News**, Feb 1992, p 21.

14. McEvoy RE and **Dixon SD** : Executive function skills in young children prenatally exposed to stimulants. **SRCD** 9: 490, 1993.

15. Reilly J, Escamilla J, Mah M, Boskovich M and **Dixon SD**: Temperament and affective expression in infants of substance-abusing mothers (ISAMS). **SRCD** 9:89,1993.

16. **Dixon SD**: Neurological outcome in infants exposed to stimulants in the perinatal period. NIDA Proceedings of the 53rd Annual Scientific Meeting. **NIDA Research Monograph** 119: 116-120, 1992.

17. McEvoy RE and **Dixon SD**: Executive function skills in young children prenatally exposed to stimulants. **SRCD** 9:490,1993.

18. **Dixon SD**: Aspectos psicosociales y culturales de la lactancia materna. In preceedings of the Congresso Latino Americano de Lactancia de Wellstart International. Oaxaca, Mexico, March 22-28, 1992. Published 1st Ed., April, 1994.

TECHNICAL REVIEWER

1. Dixon S: Technical reviewer for Schor, E: **Caring for your School Age Child Ages 5-12.** New York: Bantam Books for the American Academy of Pediatrics, 1995.

2. Dixon S: Technical reviewer for AAP: **Bright Futures: Mental Health**, 2002.

PRESENTATIONS

1. Yogman M, **Dixon S**, Tronick E, Adamson L, Als H and Brazelton TB: "Development of Infant Social Interaction with Fathers". Eastern Psychological Society, April 1976.

2. **Dixon S**, Yogman M, Tronick E, Adamson L, Als H and Brazelton TB: "Early Differentiation of Infant Interaction with Mother, Father and Strangers". American Academy of Pediatrics, October 1976.

3. Yogman M, **Dixon S**, Tronick E, Adamson L, Als H and Brazelton TB: "Early Father-Infant Interaction." American Academy of Child Psychiatry, October 1976.

4. **Dixon S**, LeVine R and LeVine S: "High Fertility in Africa: Causes and Consequences". Conference of the African Studies Association, November 1976.

5. **Dixon S**: "A Comparison of Infant Interaction with Strangers and Parents". Society for Research in Child Development, March 1977.

6. Keefer C, **Dixon S**, Tronick E and Brazelton TB: "Neonatal Behavior of African Infants". Eastern Psychological Society, March 1978.

7. **Dixon S**: "Unlocking the Behavior of the Premature Infants". Course: Advancing Perinatology into the 1980s, sponsored by UCSD, November 1979.

8. **Dixon S**: "The Development of Blind Children". March of Dimes Symposium on Birth Defects, San Diego: November 1979.

9. **Dixon S**: "Theoretical Perspectives on Developmental Assessment". NAPNAP Continuing Education Seminar, San Diego: October 1982.

10. **Dixon S:** "Behavior of the Premature Infant: Implications for Primary Care". Guest Lecturer: Otto Faust Memorial Lecture. Albany Medical College, Albany, New York, June 1986.

11. **Dixon S**: "Developmental Interventions in Primary Care." Visiting lectureship, University of Hawaii, 1987.

12. **Dixon S**: "Infants of Substance Abusing Mothers: Demographics and Medical Profile."

Conference sponsored by LRC Publications. San Francisco, CA., September 1990.

13. **Dixon S**: "Effects of Cocaine and Methamphetamine on the Fetus and Newborn" & "Primary Care for the Chemically-Addicted Newborn and Family." Thirteenth Annual Conference, Idaho Perinatal Project. Boise, ID, January 1991.

14. **Dixon S**: "Impact of Perinatal Substance Abuse." The San Diego Conference on Responding to Child Maltreatment. San Diego, CA, January 1991.

15. **Dixon S**: "Developmental Issues in the First Three Years After Prenatal Drug Exposure." Annual California Medical Association Meeting. Reno, NV, March 1991.

16. **Dixon S**: "Neurological Outcome in Infants to Stimulants in the Perinatal Period." Invited presentation to the 1991 Community Programs in Drug Dependency Annual Scientific Meeting. Palm Beach, FL, June 1991.

17. **Dixon S**: "The Effects of Maternal Drug Use on the Neonate and How to Manage Them." NAPARE Conference: Beyond Anger & Denial. San Diego, CA, Sept 1991.

18. **Dixon S**: "Issues in the Assessment and Follow-up of Children with In - Utero Exposure To Cocaine." Professional conference: The Fetus and Newborn: State of the Art Care. San Diego, CA, October, 1991.

19. **Dixon S**: "Medical Aspects of Prenatal Exposure To Stimulant Drugs." Colorado FASA Coalition. Denver, CO, November, 1991.

20. **Dixon S**: "What Is the Outcome of the Drug-Addicted Infant?" UCSD Infant Special Center annual conference. San Diego, CA, March, 1992.

21. **Dixon S**: "Fetal Alcohol Syndrome: What Should We Do?" Substance Abuse and Parenting. 1992 Annual Conference of AFCC. San Diego, CA, May 1992.

22. **Dixon S**: "Biomedical Risk Issues in Drug-Exposed Infants." Learning Disabilities Association -California State Conference. San Diego, CA, October 1992.

23. **Dixon S**: "Toxic Exposure: Alcohol and Other Drugs" & "Child Development: The Big Picture-What Judges Need to Know." The Second Winter College on Medical/Legal Issues in Juvenile and Family Courts. Reno, NV, December 1992.

24. **Dixon S**: "Drug-Exposed Infants: The Developmental and Learning Impact." Regional conference on: "Alcohol, Drugs, Parents and Children". Visalia, CA, February,1993.

25. **Dixon S**: "The Art of Intervention." Invited lecture to the Governor's Conference: **Partnership in Prevention II; Building our Children's Future**, San Jose, California, March 2, 1994. Sponsored, in part, California Department of Developmental Disabilities.

26. **Dixon SD**: "An Encounters Approach to Perinatal Substance Abuse." In **Parent-Professional Partnerships: Empowering Families for the Future.** Conference sponsored by Easter Seal Society of the Bay Area and The Parenting Project of the Napa Valley on April 1, 1994 in Napa, CA.

27. Crutchfield SR and **Dixon SD**: "Flash Visual Evoked Potentials in Infants Exposed In-Utero to Cocaine, Methamphetamine and Polydrugs: A Longitudinal Study."

International conference on Neurophysiology on September 4-7,1994 in Milan, Italy.

28. **Dixon SD**: "Neurological and Developmental Consequences of Prenatal Stimulant Drug exposure." Presented at the 14th Annual Conference of the Society for Reproductive and Infant Psychology, Dublin, Ireland, September 8, 1994.

29. **Dixon SD**: "Hospital Policies and Protocols Influencing Early Perinatal Care." Symposium: **The Significance of the Physical Environment in Childbirth and Infancy** at the 14th Annual Conference of the Society for Reproductive and Infant Psychology, Dublin, Ireland, September 9, 1994.

30. **Dixon SD**: "Ethnopaediatrics: Cultural Factors in Child Survival and Growth." Presented at Social Science Research Council invitational workshop, Atlanta, GA, October, 1994.

31. **Dixon SD**: "Engaging and Working with Parents of Infants." Abandoned Infants Assistance Resource Center Teleconference Presentation, November 16,1994.

32. **Dixon S**: "Prenatal Drug Exposure: Research Issues in Developmental Evaluation." Presented at University of Michigan, Center for Human Growth and Development, February 28, 1995.

33. **Dixon S**, Thal, D, Potrykus, J, Bullock, T, and Jacoby, T: "Early Language Development in Children with Prenatal Drug Exposure." Presented to California Speech and Hearing Association, March 17, 1995, San Diego, CA.

34. Anderson, DE, Patay, AS, Tran, TK and **Dixon, SD**: "Temperament and Emotional Expression in Atypical Populations" Presented at Society for Research in Child Development, March 31, 1995, Indianapolis, IN.

35. **Dixon S**: "Prenatal Drug Exposure and Its Effects on Developmental Outcome" and "Gender Development and Gender Identity in Young Children" . Ray Kroc Visiting Professorship, University of Rochester and Strong Memorial, Rochester, New York, April 3-5, 1995.

36. **Dixon S:** "Caring for the Difficult Child" Presented at a professional conference sponsored by Children's Health Center of Phoenix, September 19, 1995, Phoenix, Arizona.

37. **Dixon S:** "Adoption Issues and Perinatal Substance Abuse". Presented at the San Diego County, Department of Social Services, October 1995 San Diego, CA.

38. **Dixon S**: Guest faculty in **Caring for Children; Challenges for the 21st Century**, a professional conference sponsored by Children's Hospital of Oakland, November, 1995 Monterey, CA.:
    "What Happens after Prenatal Drug Exposure?";
    "Sleep Disorders in Children";
    "Management of Common Behavioral Problems";
    "Gender Development and Sexual Issues in Children".

39. Vaucher Y and **Dixon S**: Quarter curriculum for the undergraduate medical course "Human Lactation: Global and National Perspectives", UCSD School of Medicine, fall 1995.

40. **Dixon S**: " Developmental Outcomes of Infants and Children Exposed to Substances In Utero". Presented via teleconference to the Tri-Regional MCH Nursing Network, 1995.

41. **Dixon S:** "Antenatal Drug Exposure". Keynote speech for the Stanislaus County Perinatal Substance Abuse Coalition, Modesto, California, March, 1996.

42. **Dixon S**: "Difficult Children; Disruptive Behavior". Presented for a regional professional conference sponsored by Toledo Children's Hospital in Toledo, Ohio, March 1996.

43. **Dixon S**: "Difficult Children: Disruptive Behavior". Presented for regional conference sponsored by United Cerebral Palsy, Lehigh Valley, PA in Allentown, PA , April 1996.

44. **Dixon SD:** "Perspectives on Early Discharge and Perinatal Support". Presented at the Perinatal Conference, sponsored by Contemporary Forums, November 16,1996 in Los Angeles.

45. **Dixon SD:** "Management Strategies for Difficult Children". Presented at a professional conference sponsored by Baylor University and the Houston Children's Museum, January 14, 1997 in Houston, Texas.

46. **Dixon SD:** "An Encounters Approach to Perinatal Substance Abuse". Presented at professional conference sponsored by the University of California, Davis on February 4,1997 in Sacramento, California.

47. **Dixon SD:** "Management Strategies for Difficult Children". Presented at a professional conference sponsored by the University of Maine, May 14,1997, Portland, Maine.

48. **Dixon SD:** "Discipline Issues in Special Needs Children". Presented at a professional conference sponsored by the National Center on Disabilities, June 3,1997, Albertson, NY

49. **Dixon SD:** "Engaging Parents in the Treatment of Young Patients". Presented at 57th World Congress of Pharmacy, September 3,1997 in Vancouver, British Columbia.

50. **Dixon SD:** "Language Development in Special Needs Populations". Presented at a regional perinatal conference sponsored by Benefis Health Care, September 12, 1997, Great Falls, Montana.

51. **Dixon SD:** "Issues in the Management of Perinatal Substance Abuse". Presented at a regional professional conference on September 25,1997 in Pocatello, Idaho.

52. **Dixon SD:** "Management of Discipline in Special Populations". Presented at a professional conference sponsored by the University of Texas, Dec. 2,1997, Austin, Texas.

53. **Dixon SD:** "Infant Behavior and It's Relationship To Breastfeeding". Presented to a regional professional conference sponsored by Benefis Health Care, March 13,1998, Great Falls, Montana.

54. **Dixon SD:** "Key Developmental Issues in Early Childhood; Cognitive, Emotional, Language and Moral". & "Special Issues in Discipline". Both presented at a professional conference: **"Measuring the Health of Montana Kids**, sponsored by Family and Community Health Bureau, Department of Health and Human Services, the State of Montana, March 25,1998, Helena, Montana.

55. **Dixon SD:** "Common Behavioral Problems in Pediatric Practice". A professional workshop sponsored by the Montana chapter of the American Academy of Pediatrics,

April17, 1998, Bozeman, Montana.

56. **Dixon SD:** "Supporting Families in a Retail Environment" Keynote address for the Baby and Child Care division, Wal-Mart. Kansas City, Missouri, January 17, 2000.

57. **Dixon SD:** "Creating Communities for Children", address to the International Mass Retail Association, Orlando Florida, March 30, 2000.

58. **Dixon SD:** "Supporting the Development of Young Children" International Symposium on Child Development, June 5, 2000, Taiuwan City, China

59. **Dixon SD:** " Developmental Outcome for Children with Prenatal Drug Exposure" and Perinatal Consequences of Drug Abuse" , workshop presentations for Regional Perinatal Substance Abuse Task Force, San Luis Obispo, California, November 3,2000

60. **Dixon SD:** "The Use of Children's Drawings in Pediatric Primary Care", Presentation to the Regional Indian Health Service, March 20, 2001, Chico, Montana

61. **Dixon SD:** "Supporting Healthy Psychological Development" International Pediatric Association meeting, September 11, 2001. Beijing, China

62. **Dixon SD**: "Pediatric Screening for Autistic Spectrum Disorders": presentation for the Chapter VIII American Academy of Pediatrics, September 28, 2002. Big Sky, MT.

63. **Dixon SD**: "Learning From Babies: Seeing the World through a Baby's Eyes" Invited presentation for the government and media. Athens, Greece. April 10, 2004.

64 **Dixon SD**: "Perspectives on Professional/Business Collaboration. Invited speech to BuzzIN, an International Executive Training Program, Sponsored by Global Business Unit, Procter and Gamble. June 1, 2004. Geneva Switzerland.

65. **Dixon SD**: "ADHD and Disruptive Behavior in Preschool Children: Perspectives in Practice." Invited presentation at the Pediatric Academic Societies meeting, May 15, 2005. Washington, DC.

66. **Dixon SD**: "Cross-cultural Child Development: Perspectives in Practice." Invited presentation for the regional training directors, University of Washington. June 25, 2005. Choteau, MT.

67. **Dixon SD**: "The Young and the Restless: ADHD in Young Children" presented at the American Academy of Pediatrics, Boston October 2007 and regional American Academy of Pediatrics Chapter meeting, Chico, MT September 2008.

68. **Dixon SD**: "Rural Practice Issues in Developmental and Behavioral Pediatrics" invited presentation, SDBP meeting Portland, OR. October 3, 2008.

INTERNATIONAL HEALTH

1968 Bombay and New Delhi, India: Medical exchange program in health care delivery systems. Focus Area: Family Planning. Sponsor: Experiment in International Living, Putney, Vermont.

1971 Welsh National School of Medicine, Cardiff, Wales: Extended externship.

Focus Area: Preventive Health Care in the Perinatal Period.

1974-1976 Research Consultant, Department of Anthropology, University of Chicago and the National Science Foundation - Child Research; Kisii, Kenya, East Africa.

1975-1976 Kisii, Kenya, East Africa: Multidisciplinary research program in parenting, child and family development. Focus Area: Pregnancy, Birth, Neonatal and Early Childhood. Sponsor: William T. Grant Foundation. PI: R.A. LeVine

1979 Merida, Yucatan, Mexico: Consultant to Infancy/Parent Research Project. Sponsor: Spencer Foundation. PI: G. Harrington

1983-2000 Consultant and Lecturer: Wellstart International/San Diego Lactation Program. International professional training programs in breastfeeding promotion and management and early mother-infant care. Field work in Indonesia, Mexico, Kazakstan, Kyrgistan and Armenia.

1985 Lecturer: DIF/UCSD Combined Educational Seminar. Topic: Early Infant Care. Tijuana, Baja, Mexico.

1988 Consultant, International Symposium on Lactation Management. USAID, UNICEF, WHO; Denpasar, Bali, Indonesia.

1988 Facilitator, Lecturer, Program Consultant: Invitational Lactation Management Training Program Seminar and Perinasia Biennial Conference. Denpasar, Bali Indonesia.

1989 Workshop on Social and Cultural Determinants of Health. Topic: Child Survival in a Kenyan Community: Changing Risks Over Thirty Years". Co-Lecturer: R.A. LeVine. Australian National University, Canberra, Australia.

1992 Lecturer: Latin America Lactation Congress Seminar. Oaxaca, Mexico.

1994: Lecturer and Program Consultant, Republic of Kazahkstan and the Republic of Kyrgistan Regional Conferences on Lactation Management.

1996: Consultant to the government of the Netherlands, Ministry of Foreign Affairs, regarding nutritional needs of special populations of children with UNICEF and Wellstart International, Yerevan, Armenia.

2000, 2001 Invited lectureships and media interviews in The Peoples' Republic of China

2002, 2004 Speaker, consultant and facilitator for the European Parenting Institute, and assembly of professionals dedicated to the health and development of children world wide. Sponsored by Procter and Gamble, Global Baby Care division, Geneva, Switzerland.

2004 Guest speaker and media outreach for the launch of the Greek parenting initiative and traveling exhibit, "Baby's World." Sponsored by the Greek government and Procter and Gamble, European division. Athens, Greece.

2009 Week long Workshop Faculty, Psychological Issues in Children in Disasters. Sponsored by UMEED Child Development Center. Mumbai India.

PERSONAL PROFILE

Married, three sons. Hobbies: travel, skiing, canoeing, hiking, herb gardening, ballroom dancing and the study of anthropology.

AMERICAN ACADEMY OF PEDIATRICS

Committee on Psychosocial Aspects of Child and Family Health

Coparent or Second-Parent Adoption by Same-Sex Parents

ABSTRACT. Children who are born to or adopted by 1 member of a same-sex couple deserve the security of 2 legally recognized parents. Therefore, the American Academy of Pediatrics supports legislative and legal efforts to provide the possibility of adoption of the child by the second parent or coparent in these families.

Children deserve to know that their relationships with both of their parents are stable and legally recognized. This applies to all children, whether their parents are of the same or opposite sex. The American Academy of Pediatrics recognizes that a considerable body of professional literature provides evidence that children with parents who are homosexual can have the same advantages and the same expectations for health, adjustment, and development as can children whose parents are heterosexual.[1–9] When 2 adults participate in parenting a child, they and the child deserve the serenity that comes with legal recognition.

Children born or adopted into families headed by partners who are of the same sex usually have only 1 biologic or adoptive legal parent. The other partner in a parental role is called the "coparent" or "second parent." Because these families and children need the permanence and security that are provided by having 2 fully sanctioned and legally defined parents, the Academy supports the legal adoption of children by coparents or second parents. Denying legal parent status through adoption to coparents or second parents prevents these children from enjoying the psychologic and legal security that comes from having 2 willing, capable, and loving parents.

Several states have considered or enacted legislation sanctioning second-parent adoption by partners of the same sex. In addition, legislative initiatives assuring legal status equivalent to marriage for gay and lesbian partners, such as the law approving civil unions in Vermont, can also attend to providing security and permanence for the children of those partnerships.

Many states have not yet considered legislative actions to ensure the security of children whose parents are gay or lesbian. Rather, adoption has been decided by probate or family courts on a case-by-case basis. Case precedent is limited. It is important that a broad ethical mandate exist nationally that will guide the courts in providing necessary protection for children through coparent adoption.

Coparent or second-parent adoption protects the child's right to maintain continuing relationships with both parents. The legal sanction provided by coparent adoption accomplishes the following:

1. Guarantees that the second parent's custody rights and responsibilities will be protected if the first parent were to die or become incapacitated. Moreover, second-parent adoption protects the child's legal right of relationships with both parents. In the absence of coparent adoption, members of the family of the legal parent, should he or she become incapacitated, might successfully challenge the surviving coparent's rights to continue to parent the child, thus causing the child to lose both parents.
2. Protects the second parent's rights to custody and visitation if the couple separates. Likewise, the child's right to maintain relationships with both parents after separation, viewed as important to a positive outcome in separation or divorce of heterosexual parents, would be protected for families with gay or lesbian parents.
3. Establishes the requirement for child support from both parents in the event of the parents' separation.
4. Ensures the child's eligibility for health benefits from both parents.
5. Provides legal grounds for either parent to provide consent for medical care and to make education, health care, and other important decisions on behalf of the child.
6. Creates the basis for financial security for children in the event of the death of either parent by ensuring eligibility to all appropriate entitlements, such as Social Security survivors benefits.

On the basis of the acknowledged desirability that children have and maintain a continuing relationship with 2 loving and supportive parents, the Academy recommends that pediatricians do the following:

- Be familiar with professional literature regarding gay and lesbian parents and their children.
- Support the right of every child and family to the financial, psychologic, and legal security that results from having legally recognized parents who are committed to each other and to the welfare of their children.
- Advocate for initiatives that establish permanency through coparent or second-parent adoption for

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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children of same-sex partners through the judicial system, legislation, and community education.

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Gay, Lesbian, Bisexual, or Transgender Parents Policy Statement

Revised by Council October 2008
To be reviewed

All decisions relating to custody and parental rights should rest on the interest of the child. There is no evidence to suggest or support that parents who are lesbian, gay, bisexual, or transgender are per se different from or deficient in parenting skills, child-centered concerns, and parent-child attachments when compared with heterosexual parents. There is no basis on which to assume that a parent's sexual orientation or gender identity will adversely affect the development of the child.

Lesbian, gay, bisexual, or transgender individuals historically have faced more rigorous scrutiny than heterosexual people regarding their rights to be or become parents. The American Academy of Child & Adolescent Psychiatry opposes any discrimination based on sexual orientation or gender identity against individuals in regard to their rights as custodial, foster, or adoptive parents.

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200214

Adoption and Co-parenting of Children by Same-sex Couples
POSITION STATEMENT

Approved by the Board of Trustees, November 2002
Approved by the Assembly, November 2002

"Policy documents are approved by the APA Assembly and Board of Trustees... These are ...position statements that define APA official policy on specific subjects..." — *APA Operations Manual.*

Numerous studies over the last three decades consistently demonstrate that children raised by gay or lesbian parents exhibit the same level of emotional, cognitive, social, and sexual functioning as children raised by heterosexual parents. This research indicates that optimal development for children is based not on the sexual orientation of the parents, but on stable attachments to committed and nurturing adults. The research also shows that children who have two parents, regardless of the parents' sexual orientations, do better than children with only one parent.

While some states have approved legislation sanctioning second parent adoption, other court judgments and legislation have prohibited lesbian women and gay men from adopting or co-parenting. Therefore, in most of the United States, only one partner in a committed gay or lesbian couple may have a legal parental relationship to a child they are raising together. Adoption by a second parent, however, would not only formalize a child's existing relationships with both parents in a same-sex couple, it would also provide vital security for the child. Children could avail themselves of both parents' health insurance benefits, access to medical care, death benefits, inheritance rights, and child support from both parents in the event of separation. Adoption protects both parents' rights to custody and/or visitation if the couple separates or if one parent dies.

The American Psychiatric Association has historically supported equity, parity, and non-discrimination regarding legal issues affecting mental health. In 2000, APA supported the legal recognition of same sex unions and their associated legal rights, benefits, and responsibilities. APA has also supported efforts to educate the public about homosexuality and the mental health needs of lesbian women, gay men, and their families. Removing legal barriers that adversely affect the emotional and physical health of children raised by lesbian and gay parents is consistent with the goals of the APA.

The American Psychiatric Association supports initiatives which allow same-sex couples to adopt and co-parent children and supports all the associated legal rights, benefits, and responsibilities which arise from such initiatives.

This position statement was drafted and proposed by the Committee on Gay, Lesbian, and Bisexual Issues and was supported by the Council on Minority Mental Health and Health Disparities.

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LESBIAN, GAY, BISEXUAL & TRANSGENDER

APA POLICY STATEMENT

Sexual Orientation, Parents, & Children

Adopted by the APA Council of Representatives July 28 & 30, 2004.

RESEARCH SUMMARY

Lesbian and Gay Parents

Many lesbians and gay men are parents. In the 2000 U. S. Census, 33% of female same-sex couple households and 22% of male same-sex couple households reported at least one child under the age of 18 living in the home. Despite the significant presence of at least 163,879 households headed by lesbian or gay parents in U.S. society, three major concerns about lesbian and gay parents are commonly voiced (Falk, 1994; Patterson, Fulcher & Wainright, 2002). These include concerns that lesbians and gay men are mentally ill, that lesbians are less maternal than heterosexual women, and that lesbians' and gay men's relationships with their sexual partners leave little time for their relationships with their children. In general, research has failed to provide a basis for any of these concerns (Patterson, 2000, 2004a; Perrin, 2002; Tasker, 1999; Tasker & Golombok, 1997). First, homosexuality is not a psychological disorder (Conger, 1975). Although exposure to prejudice and discrimination based on sexual orientation may cause acute distress (Mays & Cochran, 2001; Meyer, 2003), there is no reliable evidence that homosexual orientation per se impairs psychological functioning. Second, beliefs that lesbian and gay adults are not fit parents have no empirical foundation (Patterson, 2000, 2004a; Perrin, 2002). Lesbian and heterosexual women have not been found to differ markedly in their approaches to child rearing (Patterson, 2000; Tasker, 1999). Members of gay and lesbian couples with children have been found to divide the work involved in childcare evenly, and to be satisfied with their relationships with their partners (Patterson, 2000, 2004a). The results of some studies suggest that lesbian mothers' and gay fathers' parenting skills may be superior to those of matched heterosexual parents. There is no scientific basis for concluding that lesbian mothers or gay fathers are unfit parents on the basis of their sexual orientation (Armesto, 2002; Patterson, 2000; Tasker & Golombok, 1997). On the contrary, results of research suggest that lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children. Return to top of the page

Children of Lesbian and Gay Parents

As the social visibility and legal status of lesbian and gay parents has increased, three major concerns about the influence of lesbian and gay parents on children have been often voiced (Falk, 1994; Patterson, Fulcher & Wainright, 2002). One is that the children of lesbian and gay parents will experience more difficulties in the area of sexual identity than children of heterosexual parents. For instance, one such concern is that children brought up by lesbian mothers or gay fathers will show disturbances in gender identity and/or in gender role behavior. A second category of concerns involves aspects of children's personal development other than sexual identity. For example, some observers have expressed fears that children in the custody of gay or lesbian parents would be more vulnerable to mental breakdown, would exhibit more adjustment difficulties and behavior problems, or would be less psychologically healthy than other children. A third category of concerns is that children of lesbian and gay parents will experience difficulty in social relationships. For example, some observers have expressed concern that children living with lesbian mothers or gay fathers will be stigmatized, teased, or otherwise victimized by peers. Another common fear is that children living with gay or lesbian parents will be more likely to be sexually abused by the parent or by the parent's friends or acquaintances.

Results of social science research have failed to confirm any of these concerns about children of lesbian and gay parents (Patterson, 2000, 2004a; Perrin, 2002; Tasker, 1999). Research suggests that sexual identities (including gender identity, gender-role behavior, and sexual orientation) develop in much the same ways among children of lesbian mothers as they do among children of heterosexual parents (Patterson, 2004a). Studies of other aspects of personal development (including personality, self-concept, and conduct) similarly reveal few differences between children of lesbian mothers and children of heterosexual parents (Perrin, 2002; Stacey & Biblarz, 2001; Tasker, 1999). However, few data regarding these concerns are available for children of gay fathers (Patterson, 2004b). Evidence also suggests that children of lesbian and gay parents have normal social relationships with peers and adults (Patterson, 2000, 2004a; Perrin, 2002; Stacey & Biblarz, 2001; Tasker, 1999; Tasker & Golombok, 1997). The picture that emerges from research is one of general engagement in social life with peers, parents, family members, and friends. Fears about children of lesbian or gay parents being sexually abused by adults, ostracized by peers, or isolated in single-sex lesbian or gay communities have received no scientific support. Overall, results of research suggest that the development, adjustment, and well-being of children with lesbian and gay parents do not differ markedly from that of children with heterosexual parents. Return to top of the page

Resolution

WHEREAS APA supports policy and legislation that promote safe, secure, and nurturing environments for all children (DeLeon, 1993, 1995; Fox, 1991; Levant, 2000);

WHEREAS APA has a long-established policy to deplore "all public and private discrimination against gay men and lesbians" and urges "the repeal of all discriminatory legislation against lesbians and gay men" (Conger, 1975);

WHEREAS the APA adopted the Resolution on Child Custody and Placement in 1976 (Conger, 1977, p. 432)

WHEREAS Discrimination against lesbian and gay parents deprives their children of benefits, rights, and privileges enjoyed by children of heterosexual married couples;

WHEREAS some jurisdictions prohibit gay and lesbian individuals and same-sex couples from adopting children, notwithstanding the great need for adoptive parents (Lofton v. Secretary, 2004);

WHEREAS there is no scientific evidence that parenting effectiveness is related to parental sexual orientation: lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children (Patterson, 2000, 2004; Perrin, 2002; Tasker, 1999);

WHEREAS research has shown that the adjustment, development, and psychological well-being of children is unrelated to parental sexual orientation and that the children of lesbian and gay parents are as likely as those of heterosexual parents to flourish (Patterson, 2004; Perrin, 2002; Stacey & Biblarz, 2001);

THEREFORE BE IT RESOLVED that the APA opposes any discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services;

THEREFORE BE IT FURTHER RESOLVED that the APA believes that children reared by a same-sex couple benefit from legal ties to each parent;

THEREFORE BE IT FURTHER RESOLVED that the APA supports the protection of parent-child relationships through the legalization of joint adoptions and second parent adoptions of children being reared by same-sex couples;

THEREFORE BE IT FURTHER RESOLVED that APA shall take a leadership role in opposing all discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services;

THEREFORE BE IT FURTHER RESOLVED that APA encourages psychologists to act to eliminate all discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services in their practice, research, education and training (American Psychological Association, 2002);

THEREFORE BE IT FURTHER RESOLVED that the APA shall provide scientific and educational resources that inform public discussion and public policy development regarding discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services and that assist its members, divisions, and affiliated state, provincial, and territorial psychological associations.
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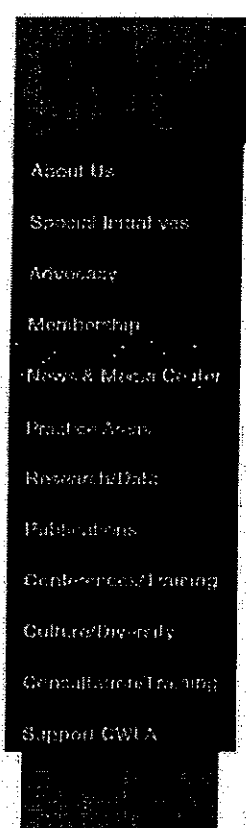

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Position Statement on Parenting of Children by Lesbian, Gay, and Bisexual Adults

CWLA's Position on Same-Sex Parenting

The Child Welfare League of America (CWLA) affirms that lesbian, gay, and bisexual parents are as well suited to raise children as their heterosexual counterparts.

Issue

Since 1920, CWLA and its member agencies have worked to ensure that abused, neglected, and other vulnerable children are protected from harm. CWLA strives to advance research-based best practices and sound public policy on behalf of the nine million vulnerable children served by our approximately 900 member agencies. We believe every child and youth has a value to society and we envision a future in which families, neighborhoods, communities, organizations, and governments ensure that all children and youth are provided with the resources and supports they need to grow into healthy, contributing members of society.

Among its member agencies, CWLA also values and encourages approaches to child welfare that are culturally competent and responsive to the specific needs of our society's broad and diverse population. Included in CWLA's definition of cultural competence is the ability to support children, youth, and families who are gay, lesbian, bisexual, or transgender (GLBT), as well as those individuals who may be questioning (Q) their sexual orientation or gender identity.

CWLA has operationalized its support of LGBTQ children, youth, and families by working in partnership with Lambda Legal, the nation's oldest and largest civil rights organization dedicated to supporting GLBT people, as well as people with HIV or AIDS. Together, CWLA and Lambda Legal have created an initiative entitled Fostering Transitions: CWLA/Lambda Joint Initiative to Support LGBTQ youth and Adults Involved with the Child Welfare System. The goal of the initiative is to increase the child welfare system's capacity to meet the needs of lesbian, gay, bisexual, transgender and questioning (LGBTQ) children, youth, adults, and families. CWLA is pursuing this goal by providing education, technical assistance, resource development and dissemination, programmatic coordination, and advocacy to CWLA member agencies and the greater child welfare field.

The number of children in America currently being raised by gay, lesbian, or bisexual parents is unknown. Resistance to lesbian and gay rights continues to force many lesbian and gay people to remain silent about their sexual orientation and relationships. But several studies indicate the numbers of children with same-sex parents in America are significant. According to the 2000 U.S. Census, there are approximately 600,000 same-sex couples in the United States (Simmons & O'Connell, 2003). More than 30% of these couples have at least one child, and over half of that 30% have two or more children. Therefore, parents of the same sex are raising at least 200,000 children--possibly more than 400,000--in America (these numbers do not include single lesbian or single gay parents). The 2000 U.S. Census also reported that lesbian and gay families live in 99.3% of all U.S. counties (Smith & Gates, 2001). A 1995 National Health and Social Life Survey by E.O. Lauman found that up to nine million children in America have gay or lesbian parents (Committee on Psychosocial Aspects of Child and Family Health, 2002).

Based on more than three decades of social science research and our 85 years of service to millions of families, CWLA believes that families with LGBTQ members deserve the same levels of support afforded other families. Any attempt to preclude or prevent gay, lesbian, and bisexual individuals or couples from parenting, based solely on their sexual orientation, is not in the best interest of children.

CWLA, therefore, affirms that gay, lesbian, and bisexual parents are as well suited to raise children as their heterosexual counterparts.

Existing Social Science Research Supporting Same-Sex Parenting

Existing research comparing lesbian and gay parents to heterosexual parents, and children of lesbian and gay parents to children of heterosexual parents, shows that common negative stereotypes are not supported (Patterson, 1995). Likewise, beliefs that lesbian and gay adults are unfit parents have no empirical foundation (American Psychological Association, 1995).

A growing body of scientific evidence demonstrates that children who grow up with one or two parents who are gay or lesbian fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual. Evidence shows that children's optimal development is influenced more by the nature of the relationships and interactions within the family unit than by its particular structural form (Perrin, 2002).

Studies using diverse samples and methodologies in the last decade have persuasively demonstrated that there are no systematic differences between gay or lesbian and non-gay or lesbian parents in emotional health, parenting skills, and attitudes toward parenting (Stacey & Biblarz, 2001). No studies have found risks to or disadvantages for children growing up in families with one or more gay parents, compared to children growing up with heterosexual parents (Perrin, 2002). Indeed, evidence to date suggests home environments provided by lesbian and gay parents support and enable children's psychosocial growth, just as do those provided by heterosexual parents (Patterson, 1995).

Prevalent heterosexism, sexual prejudice, homophobia, and resulting stigmatization might lead to teasing, bullying, and embarrassment for children about their parent's sexual orientation or their family constellation, restricting their ability to form and maintain friendships. Nevertheless, children seem to cope well with the challenges of understanding and describing their families to peers and teachers (Perrin, 2002). CWLA concludes that problems associated with such family formations do not emanate from within the family unit, but from prejudicial forces on the outside. Children of gay, lesbian, and bisexual parents are better served when society works to eliminate harmful, prejudicial attitudes directed toward them and their families.

CWLA Standards Support Same-Sex Parenting

CWLA's policies and standards are consistent with existing research on outcomes of children raised by gay, lesbian, or bisexual parents. CWLA develops and disseminates the Standards of Excellence for Child Welfare Services as benchmarks for high-quality services that protect children and youth and strengthen families and neighborhoods.

CWLA develops and revises its Standards through a rigorous, inclusive process that challenges child welfare agency representatives and national experts to address both persistent and emerging issues, debate current controversies and concerns, review research findings, and develop a shared vision reflecting the best current theory and practice. The Standards provide goals for the continuing improvement of services for children and families, and compare existing practice with what is considered most desirable for children and their families. The Standards are widely accepted as the foundation for sound U.S. child welfare practice, providing goals for the continuing improvement of services to children and their families.

As they pertain to LGBTQ children, youth, and families, CWLA's Standards of Excellence for Family Foster Care Services do not include requirements for adults present in the home to be legally related by blood, adoption, or legal marriage. Specifically, section 3.18 of the foster care standards establishes a policy of nondiscrimination in the selection of foster parents, stating: "The family foster care agency should not reject foster parent applicants solely due to their age, income, marital status, race, religious preference, sexual orientation, physical or disabling condition, or location of the foster home" (CWLA, 1995).

CWLA also articulates a strong position on the issue of nondiscrimination of adoptive applicants. Section 4.7 of the Standards of Excellence for Adoption Services states:

All applicants should be assessed on the basis of their abilities to successfully parent a child needing family membership and not on their race, ethnicity or culture, income, age, marital status, religion, appearance, differing lifestyle, or sexual orientation. Applicants should be accepted on the basis of an individual assessment of their capacity to understand and meet the needs of a particular available child at the point of the adoption and in the future (CWLA, 2000).

Thus, based on a preponderance of existing research substantiating the ability of gay, lesbian, and bisexual adults to serve as competent, caring, supportive and loving parents, and consistent with the Standards of Excellence for Child Welfare Services, CWLA commits its experience, its resources, and its influence to supporting LGBTQ children, youth, adults, and families involved in America's child welfare system.

Additional Resources

CWLA Online

- More information about CWLA
- More information about the CWLA/Lambda Legal joint LGBTQ initiative

Empirical Studies on Lesbian and Gay Parenting

- American Psychological Association, Lesbian and Gay Parenting
- American Psychological Association, Resources on Lesbian and Gay Parenting
- American Academy of Pediatrics, *Technical Report: Co-parent or Second Parent Adoption by Same-Sex Parents*
- American Civil Liberties Union, *Too High A Price: The Case Against Restricting Gay Parenting*

Books, Articles, and Chapters on Lesbian and Gay Parenting

- http://www.apa.org/pi/l&bbks.html
- http://www.apa.org/pi/l&gart.html

Legal and Advocacy Organizations:

- Lambda Legal
- American Civil Liberties Union Lesbian and Gay Rights Project
- Family Pride Coalition
- Parents, Families, and Friends of Lesbians and Gays
- Children of Lesbians and Gays Everywhere

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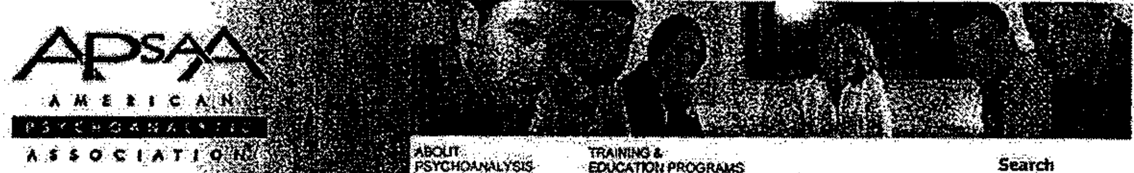

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POSITION STATEMENT

Gay and Lesbian Parenting

The American Psychoanalytic Association supports the position that the salient consideration in decisions about parenting, including conception, child rearing, adoption, visitation and custody is the best interest of the child.

Accumulated evidence suggests the best interest of the child requires attachment to committed, nurturing and competent parents. Evaluation of an individual or couple for these parental qualities should be determined without prejudice regarding sexual orientation. Gay and lesbian individuals and couples are capable of meeting the best interest of the child and should be afforded the same rights and should accept the same responsibilities as heterosexual parents.

With the adoption of this position statement, APsaA supports research studies that further our understanding of the impact of both traditional and gay/lesbian parenting on a child's development.

Adopted May 16, 2002.

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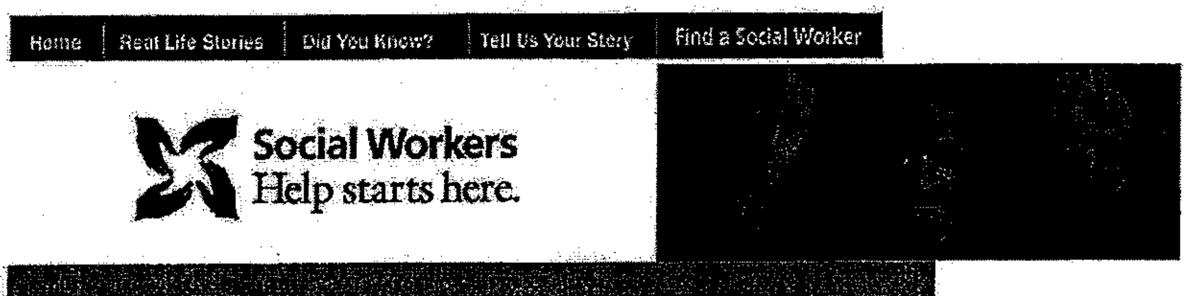

Adoption and Foster Care Current Trends - Adoption by Gay and Lesbian Adults and Couples

- Introduction
- Research on Families With Gay and Lesbian Parents
- Research on Children Adopted by Gay and Lesbian Adults

Introduction

The numbers of gay and lesbian adults and couples who are adopting children is increasing dramatically; at the same time, the number of adoption agencies willing to place children with gay and lesbian adults and couples is also increasing notably. What does this mean for children in need of healthy family environments? What does the research tell us about families with gay or lesbian parents, including those created through adoption?

First, a little background information about children awaiting adoption and the size of the adopter pool (parents interested in adopting). The number of children not living with their biological parents is at unacceptably high levels. Research suggests that there were 542,000 children in foster care in the United States in 2001 and as many as one third of these children may be eligible for adoption.

Many gay and lesbian adults and couples are interested in adopting children. However, discrimination has made it difficult for gay and lesbian adults and couples to complete the adoption process (Brodzinsky, 2003). Excluding gays and lesbians as potential adopters is not only discriminatory but it limits the number of potential adults available to adopt the thousands of children eligible for adoption.

Research on Families With Gay and Lesbian Parents

Although it is not commonly known, the research regarding parenting by gays and lesbians is very positive. The following list shows the important findings from research on families with gay and lesbian parents:

- Lesbian mothers have been found comparable to heterosexual mothers in their desire to be parents (Kirkpatrick, Smith, & Roy, 1981; Lewin & Lyons, 1982; Osterweil, 1991).
- Lesbian mothers have been found comparable to heterosexual mothers in their warmth toward children (Golombok, Tasker, & Murray, 1997).
- Lesbian mothers have been found comparable to heterosexual mothers in their parental behaviors (Harris & Turner, 1986).
- Lesbian couples have been found equal to or superior to heterosexual couples in dividing responsibility for chores equally, in financial cooperation, decision-making, relationship satisfaction and emotional expression (Brewaeys, Ponjaert, Van Hall, & Golombok, 1997; Chan, Brooks, Raboy, & Patterson, 1998).
- Gay fathers have been found comparable to heterosexual fathers in involvement with their children, intimacy with their children, provision of recreation, encouragement of autonomy, problem-solving and parental satisfaction, but superior in the way they respond to child needs, and communication of reasons for appropriate behavior (Bigner & Jacobsen, 1989a; 1989b; 1992; Peterson, Butts & Deville, 2000).

- Gay and lesbian couples value and desire commitment in relationships to the same extent that heterosexual couples do (Kurdek, 1995; Peplau, Venlegas, & Campbell, 1996)
- Children raised by gay and lesbian parents have no apparent adjustment problems that have been found to be related to their parent's sexual orientation (Chan, Raboy, & Patterson, 1998; Flaks, *et al.*, 1995; Patterson, 1994; 1997).
- In comparison to children raised by heterosexual parents, children raised by gay and lesbian parents have been found comparable in intelligence, behaviors, moral development, and peer relationships (Allen & Burrell, 1996; Falk, 1994; Flaks, *et al.* 1995; Tasker & Golombok, 1995; 1997).

Research on Children Adopted by Gay and Lesbian Adults

There is a limited number of studies involving children adopted by gay and lesbian adults and couples but once again the results are very positive. The following shows important findings from research on adoptive families with gay and lesbian parents:

- Adoptive families with gay and lesbian parents have been found to have positive family functioning, well-behaved children, and helpful family support networks (Erich, Leung, & Kanenberg, 2005a).
- There were no significant differences between gay and lesbian adoptive parents and heterosexual parents in terms of family functioning, their children's behavior problems, and their family support networks (Erich, Leung, & Kanenberg, 2005b).
- In a study involving three groups of adoptive families, "parent's sexual orientation" was not found to be a significant predictor of how well families function (Leung, Erich, & Kanenberg, 2005c).

This research provides clear support for the well-being of children being reared in homes with gay and lesbian adults or couples. In concert with the National Association of Social Work Code of Ethics which prohibits discrimination in any form, these findings direct social workers to support the practice of adoption by gay and lesbian adults and couples.

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Related Articles:

- About Adoption and Foster Care
- Adoption and Foster Care Current Trends
- Adoption and Foster Care: Your Options
- Adoptions and Foster Care: How Social Workers Help
- Adoption and Foster Care Tip Sheets
- Resources for Adoption and Foster Care
- Adoption and Foster Care Real Life Stories

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North American Council on Adoptable Children

http://www.nacac.org/policy/lgbtq.html

Gay and Lesbian Adoptions and Foster Care

Philosophy

Children should not be denied a permanent family because of the sexual orientation of potential parents.

Practice and Policy Recommendations

All prospective foster and adoptive parents, regardless of sexual orientation, should be given fair and equal consideration.

NACAC opposes rules and legislation that restrict the consideration of current or prospective foster and adoptive parents based on their sexual orientation.