

Exhibit C

Expert Report of Gregory M. Herek, Ph.D.

Perry v. Schwarzenegger

Case No. 09-cv-2292 VRW

October 2, 2009

1. I have been retained by counsel for Plaintiffs as a consultant in connection with the above-referenced litigation.

2. My background, experience, and list of publications from the last 10 years are summarized in my curriculum vitae, which is attached as Exhibit B to this report.

3. I am a Professor of Psychology at the University of California at Davis. In 1983, I received my Ph.D. in Psychology, with an emphasis in Personality and Social Psychology, from the University of California at Davis. I was a Post-Doctoral Fellow in Social Psychology at Yale University from 1983 to 1985. I subsequently served as a Lecturer and Visiting Assistant Professor at Yale University, and then as an Assistant Professor at the City University of New York Graduate Center in the graduate program in Social and Personality Psychology. I returned to the University of California at Davis in 1989 as an Associate Research Psychologist, and was appointed a tenured full Professor in 1999.

4. Two principal foci of my original empirical research program are societal stigma based on sexual orientation and the social psychology of heterosexuals' attitudes towards lesbians, gay men, and bisexuals. As reflected in my curriculum vitae (Exhibit B), I have published more than 95 papers and chapters in scholarly journals and books, most of them related to sexual orientation, HIV/AIDS, or attitudes and prejudice. I also have edited or coedited five books and two special issues of academic journals on these topics, and I have made more than 85 presentations at professional conferences and meetings. I have received numerous federal and state grants for my research with combined budgets totaling more than \$5 million.

5. I am a member and Fellow of the American Psychological Association (APA), the Association for Psychological Science, and several other professional organizations. On two occasions, I have testified before the U.S. Congress about issues of sexual orientation on behalf of the APA and other professional societies. I have received several professional awards and honors, including the 1996 APA Award for Distinguished Contributions to Psychology in the Public Interest.

6. I currently serve on the editorial boards of nine professional journals and I routinely serve as an ad hoc reviewer for others. Throughout my professional career, I have

reviewed manuscripts for a large number of scientific and professional journals spanning a variety of disciplines, including psychology, sociology, political science, sexuality studies, gender studies, and public health. I am the Executive Editor Emeritus of *Contemporary Perspectives on Lesbian, Gay, and Bisexual Psychology*, a book series dedicated to scientific and professional works on sexual orientation and related topics, which is published by the American Psychological Association. I was a member of a peer review panel for the National Institute of Mental Health from 1992 to 1995, and have served as an ad hoc reviewer for NIMH and other funding agencies on several occasions since completing my three-year term on that committee. From 1995 to 2007, I served as chairperson of the Scientific Review Committee of the Wayne F. Placek Award competition, sponsored by the American Psychological Foundation, which annually funded empirical research in the behavioral and social sciences related to sexual orientation. At the University of California, Davis, I regularly teach an upper-division undergraduate course on sexual orientation and also have taught graduate seminars on this and related topics. My successful service in these varied capacities has required me to possess a broad multidisciplinary knowledge of theory and empirical research on a wide variety of topics related to sexual orientation. Thus, I have expertise on sexual orientation that crosses academic disciplinary boundaries and extends beyond the specific areas addressed in my own empirical research program.

7. In the past four years, I have provided expert testimony by deposition in two matters, *Varnum v. Brien*, Iowa District Court for Polk County, Case No. CV 5965, and *Carlson v. eHarmony, Inc.*, Superior Court of California, Los Angeles County, Case No. BC 371958. I have not testified at a trial in any matter in the past four years.

8. For my work in this matter, I am being compensated at my standard consulting rate of \$300 per hour for preparation time and time spent writing my report, and \$450 per hour for time spent giving deposition testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

9. If Plaintiffs call me to testify at the trial as an expert witness in this matter, and as discussed in greater detail below, I currently expect that my testimony will relate to the nature of

sexual orientation, how mainstream mental health professionals and behavioral scientists regard homosexuality (i.e., as a normal variant of human sexuality), benefits conferred by marriage, stereotypes relating to lesbians and gay men, stigma and prejudice directed at lesbians and gay men, the harm to lesbians and gay men and their families as a consequence of being denied the right to marry, and how the institution of domestic partnerships differs from that of marriage and is linked with antigay stigma.

10. In preparing to write this report and to testify in this matter, I reviewed the materials listed in Exhibits A and C. I may rely on those documents, in addition to the documents specifically cited as supportive examples in particular sections of this report, as additional support of my opinions. I have also relied on my years of experience in this field, as set out in my curriculum vitae, and on the materials listed therein.

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

12. I may testify as an expert regarding additional matters, including (i) by rebutting positions that the Defendants or Defendant-Intervenors take, including opinions of their experts and materials they discuss or rely upon; (ii) issues that arise from any forthcoming Orders from Chief Judge Walker, (iii) issues that arise from documents or other discovery that Defendants or Defendant-Intervenors or other entities have not yet produced, or that were produced too late to be fully considered before my report was due; or (iv) to respond to witness testimony that has not yet been given.

13. I reserve the right to supplement or amend this report based on (i) any Orders that the Chief Judge Walker hands down; (ii) documents or other discovery that the Defendants or Defendant-Intervenors or other entities have not yet produced; or (iii) witness testimony that has not yet been given.

I. Summary of Ultimate Conclusions

14. Mainstream mental health professionals long have recognized that homosexuality is a normal expression of human sexuality. Being gay or lesbian poses no inherent obstacle to leading a happy, healthy, and productive life, or to functioning well in society. Such functioning includes the capacity to form healthy and mutually satisfying intimate relationships, just as heterosexual persons do. The factors that cause an individual to become heterosexual, homosexual, or bisexual are not currently well understood. However, most lesbian and gay adults report that they do not experience their sexual orientation as a choice, and sexual orientation is highly resistant to change through psychotherapy or religious interventions. Marriage confers a variety of psychological, social, and health benefits to spouses. By prohibiting same-sex couples from marrying, California law effectively denies gay and lesbian persons access to the institution of marriage. This denial is an instance of structural stigma. Structural stigma gives rise to prejudicial attitudes and stigmatizing actions against the members of stigmatized groups and thus has negative consequences for the entire gay, lesbian, and bisexual population. Experiencing stigma is associated with heightened psychological distress among lesbians and gay men. To the extent that stigma prevents heterosexuals from establishing personal relationships with lesbians and gay men, it further reinforces antigay prejudice among heterosexuals.

II. The Nature of Scientific Evidence

15. In this report, I summarize the current state of scientific and professional knowledge about several issues relevant to sexual orientation and marriage. At the outset, I wish to note three important, interrelated points concerning the nature of scientific evidence in the social and behavioral sciences.

16. First, scientific knowledge is cumulative. Scientists continually try to replicate their own findings and those of their colleagues by collecting new data from new samples using a variety of methods. Conclusions that are supported by multiple studies employing different methods with different samples are typically accorded greater weight than conclusions derived from a single study.

17. Second, scientific research cannot prove a negative. We cannot conclusively demonstrate that a particular phenomenon never occurs or that two variables are never related to each other. Over time, however, as the data accumulated from multiple independent studies fail to establish the existence of a phenomenon or fail to show a relationship between two variables, we become increasingly convinced that, in fact, the phenomenon does not exist or the variables are unrelated. At that point, if a researcher wishes to argue that the phenomenon exists or that the variables are correlated, the burden of proof is on that researcher to provide empirical support for her or his assertions.

18. Third, all scientific studies can be constructively criticized because no empirical study is perfect in its design and execution. Indeed, scientists are trained to continually critique their own research and that of their colleagues in order to advance scientific knowledge. Thus, when a scientist identifies limitations or qualifications to a published study's findings (whether the scientist's own research or that of a colleague), or when she or he notes areas in which additional research is needed, this should not itself be interpreted as a dismissal or discounting of the research.

19. In preparing this declaration, I have relied on the best empirical research available, focusing as much as possible on general patterns rather than any single study. Whenever possible, I have relied on original empirical studies and literature reviews published in highly respected peer-reviewed journals in the behavioral and social sciences. Not every published paper meets this standard because academic journals differ widely in their publication criteria and the rigor of their peer review. In some cases, I have used material published in academic books or technical reports released by individual scholars or research organizations, recognizing that such work typically is not subjected to the same rigorous peer-review standards as journal articles. I have relied on such sources only when, in my judgment, they meet the criteria of employing rigorous methods, having credible researchers as authors, and accurately reflecting professional opinion about the current state of knowledge. In assessing the scientific literature, I have not relied upon studies merely because they support particular conclusions, nor

have I excluded credible studies from consideration merely because they contradict particular conclusions.

20. Although this report, in my judgment, accurately summarizes the scientific literature on the topics it addresses, I have not attempted to provide an exhaustive review of that literature. Rather, I cite representative sources that illustrate or elaborate on my main points or provide additional evidence for the conclusions I have reached. The full bibliographic citations for the sources I cite in this report are listed in Exhibit A.

III. Sexual Orientation

A. The Nature of Sexual Orientation and Its Inherent Link to Intimate Relationships.

21. As commonly used, *sexual orientation* refers to an enduring pattern of or disposition to experience sexual, affectional, or romantic desires for and attractions to men, women, or both sexes. The term is also used to refer to an individual's sense of personal and social identity based on those desires and attractions, behaviors expressing them, and membership in a community of others who share them. Although sexual orientation ranges along a continuum from exclusively heterosexual to exclusively homosexual, it is usually discussed in terms of three categories: *heterosexual* (having attraction primarily or exclusively to members of the other sex), *homosexual* (having attraction primarily or exclusively to members of one's own sex), and *bisexual* (having a significant degree of attraction to both men and women).¹

22. Most social and behavioral research has assessed sexual orientation in terms of attraction, behavior, or identity, or some combination of these constructs. Which of these

¹ For elaboration on the definition of sexual orientation, see the entries I wrote on "Homosexuality" for *The Encyclopedia of Psychology* (Herek, 2000) and *The Corsini Encyclopedia of Psychology and Behavioral Science* (Herek, 2001). See also Gonsiorek & Weinrich, 1991. In this report, I focus specifically on persons with a homosexual orientation – gay men and lesbians – and on how prohibiting marriage rights for same-sex couples affects that group and their children. It should be noted that some research I cite (for example, some of the research on stigma discussed below) is applicable to bisexual as well as homosexual persons. Moreover, many bisexual persons are involved in committed same-sex relationships and, to the extent that they are, many statements in this report apply with equal force to them.

operational definitions is most appropriate for a particular study depends on the research goals. For example, studies of sexually-transmitted diseases among men who have sex with men would appropriately focus on sexual behavior. By contrast, for research on experiences stemming from one's status as an openly gay, lesbian, or bisexual individual, sexual orientation would be best operationalized in terms of identity.

23. Although social scientists conceive of sexual orientation as a complex, multi-faceted phenomenon and operationalize it in a variety of ways, most adults in the United States are able to report their own sexual orientation to researchers. When asked one or more questions about their sexual orientation, nearly all participants in national survey studies are able to provide a response.² Among the small percentage of individuals who do not report their sexual orientation in response to a survey question, some may be unsure about their orientation or may be uncomfortable labeling it, but many are probably motivated by concerns about their personal privacy or, for those who are not heterosexual, fear of stigma.

24. Sexual orientation is distinct from other components of sex and sexuality, including *biological sex* (the anatomical, physiological, and genetic characteristics associated with being male or female), *gender identity* (the psychological sense of being male or female), and *gender role orientation* (the extent to which one conforms to cultural norms defining feminine and masculine behavior; also referred to as *sex role orientation*).

25. Sexual orientation is commonly discussed as a characteristic of the *individual*, like biological sex, gender identity, race, or age. Although this perspective is accurate insofar as it goes, it is incomplete because sexual orientation is always defined in *relational* terms and necessarily involves relationships with other individuals. Sexual acts and romantic attractions are characterized as homosexual or heterosexual according to the biological sex of the individuals involved in them, relative to each other. Indeed, it is by acting with another person – or expressing a desire to act – that individuals express their heterosexuality, homosexuality, or

² Some heterosexual survey respondents are unfamiliar with terms such as “heterosexual” and “homosexual” but provide responses (e.g., “normal,” “straight”) that indicate they identify as heterosexual (e.g., Laumann, Gagnon, Michael, & Michaels, 1994).

bisexuality. This includes sexual behaviors as well as actions that simply express affection, such as holding hands with or kissing another person.

26. Thus, sexual orientation is integrally linked to the intimate personal relationships that human beings form with others to meet their deeply felt needs for love, attachment, and intimacy. These bonds encompass not only sexual behavior, but also feelings of affection between partners, shared goals and values, mutual support, and ongoing commitment. Consequently, sexual orientation is not merely a personal characteristic that can be defined in isolation. Rather, one's sexual orientation defines the universe of persons with whom one is likely to find the satisfying and fulfilling relationships that, for many individuals, comprise an essential component of personal identity.

B. Homosexuality Is a Normal Expression of Human Sexuality.

27. Mainstream mental health professionals and researchers have long recognized that homosexuality is a normal expression of human sexuality; that being gay or lesbian³ bears no inherent relation to a person's ability to perform, contribute to, or participate in society; that being gay or lesbian poses no inherent obstacle to leading a happy, healthy, and productive life; and that the vast majority of gay and lesbian people function well in society and in their interpersonal relationships. Such functioning includes the capacity to form a healthy and mutually satisfying intimate relationship with another person of the same sex and to raise healthy and well-adjusted children.

28. Empirical research conducted since the 1950s consistently has failed to provide an empirical or scientific basis for the once common view of homosexuality as a mental disorder. While the American Psychiatric Association initially classified homosexuality as a disorder in 1952 when it published its first *Diagnostic and Statistical Manual of Mental Disorders* (DSM),⁴

³ In this report, I use "gay" to refer collectively to men and women whose social identity is based on their homosexual orientation, that is, their sexual, affectional, or romantic attraction primarily to members of their own sex. I use "gay man" to refer to men in this group, and "lesbian" to refer to women in this group. In some instances, I use the phrase "gay and lesbian" to clarify that I am referring to both gay women and men.

⁴ American Psychiatric Association, 1952.

that classification was subjected almost immediately to critical scrutiny in research funded by the National Institute of Mental Health.⁵ As empirical research results accumulated, professionals in medicine, mental health, and the behavioral and social sciences reached the conclusion that the classification of homosexuality as a mental disorder was in error. They recognized that it reflected untested assumptions based on once-prevalent social norms as well as clinical impressions from unrepresentative samples of patients seeking therapy and of individuals whose conduct brought them into the criminal justice system.

29. The American Psychiatric Association removed homosexuality from the *DSM* in 1973, stating that “homosexuality *per se* implies no impairment in judgment, stability, reliability, or general social or vocational capabilities.” The American Psychological Association adopted the same position in 1975, and urged all mental health professionals to help dispel the stigma of mental illness that had long been associated with homosexual orientation.⁶

30. Like heterosexuals, lesbians and gay men benefit psychologically from being able to share their lives with and receive support from their family, friends, and other people who are important to them. In many studies, for example, lesbians and gay men have been found to manifest better mental health to the extent that they hold positive feelings about their own sexual

⁵ In what is now considered a classic study and one of the first methodologically rigorous examinations of the mental health status of homosexuality, Dr. Evelyn Hooker administered a battery of widely used psychological tests to groups of homosexual and heterosexual males who were matched for age, IQ, and education. The men were recruited from nonclinical settings; none of the men was in therapy at the time of the study. The heterosexual and homosexual groups did not differ significantly in their overall psychological adjustment, as rated by independent experts who were unaware of each man’s sexual orientation. Hooker concluded from her data that homosexuality is not inherently associated with psychopathology and that “homosexuality as a clinical entity does not exist” (Hooker, 1957, p. 30). Hooker’s findings were subsequently replicated and amplified by numerous studies using a variety of research techniques which similarly concluded that homosexuality is not inherently associated with psychopathology or social maladjustment (see, e.g., Gonsiorek, 1991).

⁶ The text of the 1975 American Psychological Association resolution can be found at <http://www.apa.org/pi/lgbt/policy/discrimination.html> and in Conger, 1975. The Psychological Association’s other resolutions addressing issues related to sexual orientation are posted at <http://www.apa.org/pi/lgbt/policy/pshome.html>. The Psychiatric Association’s official positions on those issues are posted at <http://www.healthyminds.org/More-Info-For/GayLesbianBisexuals.aspx>.

orientation, have developed a positive sense of personal identity based on it, and have integrated it into their lives by disclosing it to others (such disclosure is commonly referred to as “coming out of the closet” or simply “coming out”).⁷ By contrast, lesbians and gay men who feel compelled to conceal their sexual orientation tend to report more frequent mental health concerns than their openly gay counterparts⁸ and are also at risk for physical health problems.⁹

31. Moreover, like heterosexuals, gay people can be adversely affected by high levels of stress. The link between experiencing stress and manifesting symptoms of psychological or physical illness is well established in human beings and other species. To the extent that the portion of the population with a homosexual orientation is subjected to additional stress beyond what is normally experienced by the heterosexual population, it may, as a group, manifest somewhat higher levels of illness or psychological distress.¹⁰ Much of the difference in levels of stress experienced by the heterosexual population and the homosexual population is attributable to the societal stigma directed at the latter.¹¹ As Prof. Ilan Meyer noted after reviewing the relevant scientific literature, lesbian, gay, and bisexual individuals “are exposed to excess stress due to their minority position and . . . this stress causes an excess in mental disorders.”¹² In experiencing such excess stress, the gay and lesbian population is comparable to other minority groups that face unique stressors due to prejudice and discrimination based on their minority status.¹³ Given the unique social stressors to which they are subjected, the noteworthy fact is that

⁷ Herek & Garnets, 2007; Pachankis, 2007.

⁸ Meyer, 2003; Herek, 1996.

⁹ Cole, 2006; Strachan, Bennett, Russo, & Roy-Byrne, 2007.

¹⁰ Consistent with this observation, several studies suggest that, compared to the heterosexual population, a somewhat larger proportion of the homosexual and bisexual population may manifest certain psychological symptoms (Herek & Garnets, 2007).

¹¹ I define the construct of stigma and discuss it at length below.

¹² Meyer, 2003; see also Herek & Garnets, 2007.

¹³ Meyer, 2003, pp. 675-76, 690. In addition, lesbian, gay, and bisexual people face other stressors. For example, because the AIDS epidemic has had a disproportionate impact on the gay male community in the United States, many gay and bisexual men have

[Footnote continued on next page]

the vast majority of gay men and lesbians effectively cope with these challenges and lead happy, healthy and well-adjusted lives.

C. The Origins and Enduring Nature of Sexual Orientation.

32. The factors that cause an individual to become heterosexual, homosexual, or bisexual are not currently well understood. Widely differing sources for adult sexual orientation have been proposed but no single theory enjoys unequivocal empirical support. Given the current lack of definitive knowledge about why some individuals develop a heterosexual orientation and others become homosexual, most social and behavioral scientists regard sexual orientation as being shaped by a complex interaction of biological, psychological, and social forces. They often differ, however, on the relative importance they attach to each.

33. Irrespective of the origins of sexual orientation, I have found in my own research that most gay men and lesbians report experiencing either no choice or very little choice in their sexual orientation. In a survey conducted during the 1990s with a nonprobability sample¹⁴ of

[Footnote continued from previous page]

experienced the loss of a life partner, and gay, lesbian, and bisexual people alike have experienced extensive losses in their personal and social networks resulting from the death of close friends and acquaintances; bereavement related to multiple losses is linked to higher levels of depressive symptoms (see Folkman, Chesney, Collette, Boccellari, & Cooke, 1996; Martin, 1988).

¹⁴ Researchers distinguish between probability and nonprobability samples. In a *probability* sample, all members of the population under study have some calculable chance of being included in the sample, and individual sample members are chosen through a process that includes some element of randomization. Probability samples are sometimes referred to colloquially as *representative* samples, reflecting the fact that statistical procedures can be applied to them to estimate their level of sampling error. In *nonprobability* samples, by contrast, some members of the population have no chance of being included in sample. For example, if a study relies solely on data from volunteers who respond to a newspaper advertisement, it inevitably excludes members of the population who didn't see the ad; this would be a nonprobability sample. To confidently describe the prevalence or frequency with which a phenomenon occurs in the population at large, it is necessary to collect data from a probability sample. By contrast, simply to document that a phenomenon ever occurs, case studies and nonprobability samples are often adequate. For comparisons of different populations, probability samples drawn from each group are desirable but not necessary and are often not feasible. Hence, researchers often rely on nonprobability samples that have been matched on relevant characteristics (e.g., educational level, age, income). Some groups are sufficiently few in number – relative to the entire population – that locating them with probability sampling methods is extremely expensive or practically impossible. In the latter cases, the use of nonprobability samples is often appropriate.

more than 2,200 gay, lesbian, and bisexual adults in the greater Sacramento area, I found that 87% of the gay men and 70% of the lesbians reported that they experienced “no choice at all” or “very little choice” about their sexual orientation.¹⁵ More recently, in a survey conducted with a national probability sample of more than 650 self-identified lesbian, gay, and bisexual adults, I found that 88% of the gay men reported that they experienced “no choice at all” about being gay, and another 7% reported experiencing “a small amount of choice.” Only 5% said they experienced “a fair amount” or “a great deal” of choice. Among lesbians, 68% reported that they experienced no choice, and another 15% reported experiencing a small amount of choice; only 16% experienced a fair amount or a great deal of choice.¹⁶

34. This finding is consistent with research showing that most people report having sexual attractions to and experiences with the members of only one sex. In the Kinsey studies of the 1940s and 1950s, for example, substantial numbers of respondents reported they had experienced sexual attraction to the members of only one sex, that is, they experienced either heterosexual or homosexual attractions, but not both.¹⁷ More recent studies have reported similar findings.¹⁸ I am not aware of empirical studies in which heterosexual men and women were directly asked whether or not they chose to be heterosexual. If such a study were to be conducted, however, I believe it is likely that most heterosexuals would report that they do not experience their heterosexuality as a choice.

¹⁵ Herek, Gillis, & Cogan, 2009.

¹⁶ Herek, Norton, Allen, & Sims, 2009.

¹⁷ In interviews with a nonprobability sample of more than 10,000 adults, Alfred Kinsey and his colleagues categorized respondents according to the extent to which their sexual behaviors and emotional attractions and fantasies after the onset of adolescence were heterosexual or homosexual (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). The extent to which the percentages reported by Kinsey and his colleagues can be generalized to the current U.S. population has been a topic of controversy (e.g., Michaels, 1996). However, regardless of whether or not Kinsey’s findings accurately describe the current distribution of heterosexuals, homosexuals, and bisexuals in the general population, they document the existence of a sizable number of individuals whose history of sexual attractions and behaviors is exclusively or almost entirely to one sex.

¹⁸ e.g., Lauman et al., 1994.

35. Sexual orientation is highly resistant to change through psychotherapy or religious interventions. Interventions aimed at changing an individual's sexual orientation have not been demonstrated by empirical research to be effective or safe. Moreover, because homosexuality is a normal variant of human sexuality, the major mental health professional organizations do not encourage individuals to try to change their sexual orientation from homosexual to heterosexual. Indeed, such interventions are ethically suspect because they can be harmful to the psychological well-being of those who attempt them; clinical observations and self-reports indicate that many individuals who unsuccessfully attempt to change their sexual orientation experience considerable psychological distress.¹⁹

¹⁹ Although some psychotherapists and religious counselors have reported changing their clients' sexual orientation from homosexual to heterosexual, empirical data are lacking to demonstrate that these interventions are either effective or safe. Most of the published empirical research that has claimed to demonstrate the efficacy of techniques intended to change a person's sexual orientation can be criticized on methodological grounds. In response to public debates about these techniques, the American Psychological Association created a Task Force on Appropriate Therapeutic Responses to Sexual Orientation which reviewed the relevant research literature. The Task Force reported that it found "serious methodological problems in this area of research, such that only a few studies met the minimal standards for evaluating whether psychological treatments, such as efforts to change sexual orientation, are effective" (American Psychological Association, 2009a, p. 2). Based on its review of the studies that met these standards, the Task Force concluded that

"enduring change to an individual's sexual orientation is uncommon. The participants in this body of research continued to experience same-sex attractions following SOCE [sexual orientation change efforts] and did not report significant change to other-sex attractions that could be empirically validated, though some showed lessened physiological arousal to all sexual stimuli. Compelling evidence of decreased same-sex sexual behavior and of engagement in sexual behavior with the other sex was rare. Few studies provided strong evidence that any changes produced in laboratory conditions translated to daily life. Thus, the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE" (pp. 2-3).

In addition, the Task Force found evidence to indicate that some individuals experienced harm or believed they had been harmed by these interventions. The Task Force report provides a detailed discussion of this topic and an extensive review of relevant research. It is available at: <http://www.apa.org/pi/lgbcc/publications/therapeutic-response.pdf>.

36. For these reasons, no major mental health professional organization has sanctioned efforts to change sexual orientation and virtually all of them have adopted policy statements cautioning the profession and the public about treatments that purport to change sexual orientation. These include the American Psychiatric Association, American Psychological Association, American Counseling Association, and National Association of Social Workers. In addition, reflecting the fact that adolescents are often subjected to such treatments, the American Academy of Pediatrics has adopted a policy statement advising that therapy directed specifically at attempting to change an adolescent's sexual orientation is contraindicated and unlikely to result in change.²⁰

IV. Marriage Confers Benefits.

37. The belief that being married bestows benefits on wedded couples is widespread and the positive consequences of being married are well documented. Married men and women who are satisfied with their relationships generally experience better physical and mental health than their unmarried counterparts.²¹ This outcome does not result simply from being in an intimate relationship, as indicated by the fact that otherwise comparable heterosexuals who are in cohabiting couples generally do not manifest the same levels of health and well-being as married

²⁰ In response to the 2009 report of its Task Force on Appropriate Therapeutic Responses to Sexual Orientation, the APA passed a resolution that stated, in part, "the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation" and "the American Psychological Association concludes that the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation" (American Psychological Association, 2009b). See also the relevant policy statements by the American Psychiatric Association, the National Association of Social Workers, and the American Counseling Association. These policy statements are compiled in a publication titled *Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel*, which is available on the American Psychological Association's Web site: <http://www.apa.org/pi/lgbt/publications/justthefacts.pdf>

²¹ Diener, Suh, Lucas, & Smith, 1999; Goye, Style, & Hughes, 1990; Johnson, Backlund, Sorlie, & Loveless, 2000; Ross, Mirowsky, & Goldstein, 1990; Simon, 2002; Stack & Eshleman, 1998

individuals.²² Nor does it appear to be simply a product of self-selection by healthy and happy individuals into marital relationships.²³ Of course, marriage is not a panacea. Empirical data and common experience show that it is a better option for some than for others.²⁴ People who are unhappy with their marriages often manifest lower levels of well-being than their unmarried counterparts, and experiencing marital discord and dissatisfaction is often associated with negative health effects.²⁵ Nevertheless, happily married couples are generally better off than the unmarried.

38. The positive health effects of marriage result, in part, from the tangible resources and protections that society accords to spouses.²⁶ But marriage also provides other benefits and protections. Compared with the unmarried, for example, married adults tend to receive more social support from other people, especially from their parents, and such support contributes to individual well-being.²⁷ Indeed, social support and integration are central to the institution of marriage: Marital relationships differ from nonmarital intimate relationships, in part, by requiring a lifelong commitment that is publicly affirmed, typically in the presence of family members, friends, and civil or religious authorities. This public aspect of marriage can be

²² Brown, 2000; Nock, 1995; Stack & Eshleman, 1998; but see Ross, 1995

²³ Gove et al., 1990; but see Huston & Melz, 2004

²⁴ e.g., Huston & Melz, 2004

²⁵ Gove, Hughes, & Style, 1983; Kiecolt-Glaser & Newton, 2001; Williams, 2003

²⁶ For example, federal and state statutes accord married partners many financial benefits – including those deriving from tax laws, employee benefits, death benefits, and entitlement programs – which provide the couple with greater economic and financial security than unmarried individuals. Such security is an important predictor of mental and physical health. In addition, married couples enjoy special rights and privileges that buffer them against the psychological stress associated with extremely traumatic life events, such as the death or incapacitation of a partner. Married couples' legal status also enables them to exercise greater control over their lives when stressful situations arise and to avoid some types of stressful situations entirely. These include, for example, being compelled to testify against one's spouse in court, having a noncitizen spouse deported, and having one's relationship or joint parental status challenged outside one's home state (see generally Herek, 2006).

²⁷ Cooney & Uhlenberg, 1992; Nock, 1995; Sprecher, 1988; Umberson, 1992.

understood as increasing each relationship partner's sense of security that the relationship will endure.²⁸

39. Moreover, by creating barriers and constraints on dissolving the relationship, marriage can be a source of relationship stability and commitment.²⁹ Social scientists have long recognized that marital commitment is a function not only of *attractive* forces (i.e., features of the partner or the relationship that are rewarding) but also of external forces that serve as *barriers* or constraints on dissolving the relationship. Barriers to terminating a marriage include feelings of obligation to one's spouse, children, and other family members; moral and religious values about divorce; legal restrictions; financial concerns; and the expected disapproval of friends and the community.³⁰ In the absence of adequate rewards, the existence of barriers alone is not sufficient to sustain a marriage in the long term. Not surprisingly, perceiving one's intimate relationship primarily in terms of rewards, rather than barriers to dissolution, is likely to be associated with greater relationship satisfaction.³¹ Nonetheless, the presence of barriers may increase partners' motivation to seek solutions for their problems when possible, rather than prematurely dissolving a potentially salvageable relationship. Indeed, the perceived presence of barriers is negatively correlated with divorce, suggesting that barriers contribute to staying together for at least some couples in some circumstances.³²

40. Marriage also offers other, less tangible benefits. In the 19th century, the sociologist Emile Durkheim observed that marriage helps to protect the individual from the negative effects of anomie. Expanding on this notion, 20th-century sociologists characterized marriage as "a social arrangement that creates for the individual the sort of order in which he can

²⁸ Cherlin, 2000, 2004.

²⁹ Adams & Jones, 1997; Cherlin, 2004; Nock, 1995.

³⁰ See Levinger, 1965; Adams & Jones, 1997.

³¹ See, e.g., Previti & Amato, 2003.

³² See Heaton & Albrecht, 1991; White & Booth, 1991.

experience his life as making sense"³³ and suggested that "in our society the role that most frequently provides a strong positive sense of identity, self-worth, and mastery is marriage."³⁴ Although it is difficult to quantify how the meaning of life changes for individuals once they marry, marriage clearly has distinct benefits that extend beyond the material necessities of life.³⁵

V. California Law Denies Gay Men and Lesbians Access to the Institution of Marriage.

41. The effect of California law is to deny gay men and lesbians access to the institution of marriage, thus depriving them of its psychological, social, and practical benefits. It also denies such access to bisexual persons who are in a loving, committed relationship with a person of the same sex.

A. Marrying a Person of the Other Sex Is Not a Realistic Option for Gay Men and Lesbians.

42. As explained above, a person's sexual orientation defines the universe of persons with whom one is likely to find the satisfying and fulfilling relationships that, for many individuals, comprise an essential component of personal identity. For individuals who are exclusively heterosexual, such relationships are with a person of the other sex. For individuals who are exclusively lesbian or gay, such relationships are with a person of the same sex.³⁶ Thus, marrying a person of the other sex is not a realistic option for a gay or lesbian person, any more than marrying a person of the same sex is a viable option for a heterosexual man or woman.

43. This is not to say that gay men and lesbians never marry a person of the other sex. In the fairly recent past, before the emergence of visible gay communities in the United States,

³³ Berger & Kellner, 1964, p. 1.

³⁴ Gove et al., 1990, p. 16; see also Cherlin, 2004.

³⁵ e. g., Burton, 1998.

³⁶ For example, in the previously-cited national survey that I conducted with a probability sample of more than 650 lesbian, gay, and bisexual adults, approximately 76% of lesbians and 40% of gay men were currently in a committed relationship, the vast majority of them cohabiting. Only two of these respondents were in a heterosexual relationship, both of them married to a person of the other sex (Herek et al., 2009).

many gay women and men married heterosexually for a variety of reasons, including social and family pressures, a desire to avoid stigma, and a perception that such marriages were the only available route to having children. Sometimes individuals have recognized their homosexuality or bisexuality only after they married a person of the other sex.³⁷ In these situations, the heterosexually married gay, lesbian, or bisexual individual's eventual recognition or disclosure of his or her sexuality has typically been highly disruptive for the entire family. Not all such marriages have ended in divorce or separation, but many have.³⁸ Given these negative consequences, pressuring gay men and lesbians to marry a person of the other sex is not in the best interests of the individuals involved or of society.

B. Domestic Partnership Does Not Confer the Same Benefits as Marriage.

44. It might be argued that arrangements such as domestic partnerships, which grant nearly all of the rights and privileges now conferred through civil marriage without actually designating a couple as "married," can adequately provide California same-sex couples with the same protections and benefits that married couples enjoy. However, this argument is problematic on several grounds.

45. First, although same-sex relationships are held together by many of the same *attracting* forces as those of heterosexual couples, without marriage they do not enjoy the same institutionalized *barriers* to relationship dissolution.³⁹ California same-sex couples seeking to dissolve a domestic partnership most likely do not experience many of the same social barriers to

³⁷ e.g., Higgins, 2006. Owing to the difficulty of obtaining probability samples that include large numbers of gay men and lesbians, reliable estimates of the proportion of gay and lesbian adults who have been heterosexually married have not been available. However, a recently published analysis of responses to a 2003 survey of California adults found that approximately 9% of gay men and 25% of lesbians 18-59 years of age reported having ever been married, most of them presumably to a person of the other sex (Carpenter & Gates, 2008, Table 3).

³⁸ e.g., Bozett, 1982.

³⁹ One study that directly compared same-sex cohabiting couples with heterosexual married couples on this factor found that the gay male and lesbian couples experienced significantly fewer institutional barriers to ending their relationship compared to the heterosexual couples (Kurdek, 1998).

relationship dissolution that are faced by married heterosexual couples. For example, although data are lacking in this area, it appears that social norms do not discourage the dissolution of a domestic partnership in the same way that they discourage marital divorce. This difference was dramatically illustrated in 2004, when a new law expanded the benefits and obligations accorded to California's domestic partners. That year, the California Secretary of State sent letters to registered domestic partners, warning them to consider the possible desirability of legally dissolving their partnership before the statute took effect.⁴⁰ According to data compiled by UCLA researchers, dissolutions of domestic partnerships peaked in 2004, spiking in December just before the new law took effect.⁴¹ It is difficult to imagine a parallel situation in which the State would encourage married couples to consider obtaining a divorce, suggesting that California domestic partnerships are not viewed as equivalent to marriage in terms of barriers to their dissolution.

46. Further evidence that significant portions of the U.S. and California populations do not regard domestic partnerships and civil unions to be equivalent to marriage is available from public opinion polls showing that a substantial proportion of the U.S. population supports civil unions or domestic partnerships but opposes marriage for same-sex couples.⁴² Similar patterns have been documented in California.⁴³

47. Second, whereas marriage as a social institution has a profound effect on the lives of those who inhabit it, the extent to which civil unions and domestic partnerships have comparable effects is unclear. Forming a domestic partnership or civil union may increase a

⁴⁰ Marech, 2004b.

⁴¹ Gates, Badgett, & Ho, 2008.

⁴² A 2009 national survey conducted by the Pew Center, for example, found that 54% of respondents opposed same-sex marriage whereas 53% favored civil unions (Pew Research Center for the People and the Press, 2009).

⁴³ In a 2009 Field Poll, for example, 34% of California adults said gay and lesbian couples should be allowed to form civil unions or domestic partnerships but not legally marry, whereas 45% said they should be allowed to marry; another 19% believed there should be no legal recognition of gay or lesbian couples' relationships (DiCamillo & Field, 2009).

same-sex couple's feelings of love and commitment,⁴⁴ but it seems unlikely that those institutions will be found to confer the same social and psychological benefits as marriage. Data are not currently available to directly test this hypothesis. Among heterosexuals, however, cohabiting couples do not derive the same health advantages from their relationships as married couples.⁴⁵ And it is noteworthy that in jurisdictions where heterosexuals are legally able to form domestic partnerships, relatively few different-sex couples exercise this option.⁴⁶ Indeed, the intense level of public debate and controversy surrounding the question of whether marriage rights should be granted to same-sex couples is itself an indication of the special status accorded to marriage as a social institution and the widespread belief that it confers unique benefits.

48. The transformative power of marriage and the special meaning associated with marital status – compared to that associated with domestic partner status – is further attested to by the widespread desire among lesbians, gay men, and bisexuals to marry a same-sex partner. Thousands of same-sex couples – including many who were already registered as domestic partners – married in California during the months in 2008 when marriage was a legal option for them, and many same-sex couples have traveled long distances across state and national borders to legally marry.⁴⁷ Survey data show that large numbers of lesbian, gay, and bisexual Americans want to marry. In a 2001 Kaiser Family Foundation poll of lesbian, gay, and bisexual adults, for example, 74% of the sample responded affirmatively to the question, “If you could get legally married to someone of the same sex, would you like to do that someday or not?”⁴⁸ In my own

⁴⁴ Solomon, Rothblum, & Balsam, 2005.

⁴⁵ See Note 22.

⁴⁶ Gates et al., 2008 (pp. 13-14).

⁴⁷ For example, many U.S. lesbian and gay couples traveled to Canada to marry when that country legalized marriage for same-sex couples (Marech, 2004a), and many traveled across state borders to marry in San Francisco in 2004 (Heref, Marech, & Lechuk, 2004) and in Connecticut and Iowa in 2009 (Foderaro, 2009; Olson, 2009).

⁴⁸ Kaiser Family Foundation, 2001, p. 31; this 2000 survey was conducted by the Kaiser Family Foundation with a probability sample of 405 lesbians, gay men, and bisexuals from 15 major U.S. metropolitan areas. It has not been published in a peer-reviewed journal but is available on the Kaiser Family Foundation web site:

[Footnote continued on next page]

previously-cited national survey, more than 75% of the gay men and more than 85% of the lesbians who were currently in a relationship stated that, if marriage were legally available in their state, they would be very likely, fairly likely, or somewhat likely to marry their current (same-sex) partner. Among the respondents not currently in a relationship, only 23% of the gay men and 8% of the lesbians expressed *no* desire to marry someday.⁴⁹

49. Additional evidence for the transformative power of marriage is provided by a 2009 study conducted with a nonprobability sample of more than 500 Massachusetts residents who married a same-sex partner in that state. This survey, sponsored by the Massachusetts Department of Public Health, included questions about the perceived effects of marrying. About half (49%) of the respondents cited “it increased our commitment to each other” as one of the most important ways in which being married had changed them or their relationship. In a follow-up question later in the survey, nearly three-fourths of the respondents (72%) agreed that “I feel more committed to my partner” as a result of being married.⁵⁰

VI. Denying Gay Men and Lesbians Access to the Institution of Marriage Stigmatizes Them.

50. Same-sex couples who choose marriage can be reasonably expected to benefit from it, like their heterosexual counterparts. It is my understanding that Dr. Peplau, in her expert report for this case, has explained that same-sex committed relationships do not differ from heterosexual committed relationships in their essential emotional qualities and their capacity for long-term commitment. It is also my understanding that Dr. Lamb, in his expert report, has explained that they also do not differ in the context they provide for rearing healthy and well-

[Footnote continued from previous page]

<http://www.kff.org/kaiserpolls/upload/National-Surveys-on-Experiences-of-Lesbians-Gays-and-Bisexuals-and-the-Public-s-Views-Related-to-Sexual-Orientation.pdf>

⁴⁹ Herek et al., 2009.

⁵⁰ Ramos, Goldberg, & Badgett, 2009. This study has not been published in a peer-reviewed journal, but is available on the website of the UCLA Williams Institute: <http://www.law.ucla.edu/williamsinstitute/publications/>

adjusted children. To the extent that the State of California's concurrence with these conclusions is evidenced in its domestic partnership and adoption statutes, the sole basis for according same-sex relationships a different legal status than heterosexual relationships is ultimately the fact that the relationship is homosexual rather than heterosexual.⁵¹

51. Denying same-sex couples the status of marriage – even if they receive virtually all other rights and privileges legally conferred by marriage – arguably devalues and delegitimizes their relationships. It conveys a societal judgment that committed intimate relationships with people of the same sex are inferior to heterosexual relationships, and that the participants in a same-sex relationship are less deserving of society's recognition than heterosexual couples. It perpetuates power differentials whereby heterosexuals have greater access than nonheterosexuals to the many resources and benefits bestowed by the institution of marriage. These elements are the crux of stigma.

52. *Stigma* refers to an enduring condition, status, or attribute that is negatively valued by society, that fundamentally defines a person's social identity, and that consequently disadvantages and disempowers those who have it.⁵² Social scientists have long recognized that stigma is not inherent in a particular trait or membership in a particular group; rather, society collectively identifies particular characteristics and groups, and assigns negative meaning and value to some of them, thereby "constructing" stigma. Thus, a classic work in this area

⁵¹ In 2004, based on its review of the relevant scientific research concerning marriage and same-sex relationships, the American Psychological Association passed a *Resolution on Sexual Orientation and Marriage*, in which it resolved "That the APA believes that it is unfair and discriminatory to deny same-sex couples legal access to civil marriage and to all its attendant benefits, rights, and privileges" and that the "APA encourages psychologists to act to eliminate all discrimination against same-sex couples in their practice, research, education and training" (American Psychological Association, 2004). Similarly, in 2005, the American Psychiatric Association adopted a *Support of Legal Recognition of Same-Sex Civil Marriage* position statement, resolving that "In the interest of maintaining and promoting mental health, the American Psychiatric Association supports the legal recognition of same-sex civil marriage with all rights, benefits, and responsibilities conferred by civil marriage, and opposes restrictions to those same rights, benefits, and responsibilities" (American Psychiatric Association, 2005).

⁵² See, e.g., Goffman, 1963; Link & Phelan, 2001.

characterized stigma as “an undesired differentness.”⁵³ Exactly which differences are important, and which ones are designated as undesirable, is socially constructed and can change over time as social norms and mores change.

53. Social psychological research indicates that “differentness,” to the extent that it creates perceptions of ingroups and outgroups, is associated with biased perceptions and differential treatment of individuals according to whether they are considered “us” or “them.” People tend to hold positive feelings and display favoritism toward members of their own group, even in situations when group membership is based on completely arbitrary criteria, such as the flip of a coin.⁵⁴ To the extent that State policies differentiate majority and minority groups and accord them differing statuses, they highlight the perceived “differentness” of the minority and thereby promote and perpetuate stigma.

A. Homosexuality Remains Stigmatized, and this Stigma Has Negative Consequences.

54. Homosexuality remains stigmatized today in the United States and in California: Significant portions of the heterosexual public harbor negative feelings and hostile attitudes toward sexual minorities.⁵⁵ Such stigma can be observed both in the institutions of society and among its individual members. In the former, stigma-derived differentials in status and power are legitimated and perpetuated in the form of *structural stigma*. As a product of sociopolitical forces, structural stigma “represents the policies of private and governmental institutions that restrict the opportunities of stigmatized groups.”⁵⁶

55. By legitimating and reinforcing the “undesired differentness” of sexual minorities and by according them inferior status relative to heterosexuals, structural stigma gives rise to prejudicial attitudes and individual acts against them, including ostracism, harassment,

⁵³ Goffman, 1963, p. 5.

⁵⁴ See, e.g., Devine, 1995; Dovidio & Gaertner, 1993.

⁵⁵ e.g., Herek, 2002; Herek & Capitano, 1999; Schafer & Shaw, 2009.

⁵⁶ Corrigan et al., 2005; see generally Link & Phelan, 2001.

discrimination, and violence. Large numbers of lesbian, gay, and bisexual people experience such acts of stigma because of their sexual orientation. For example, in my national survey of lesbian, gay, and bisexual adults, 21% of the respondents reported having been the target of a physical assault or property crime because of their sexual orientation since age 18. Gay men were the most likely to report they had been the targets of such crimes; 38% had experienced an assault or property crime because of their sexual orientation.⁵⁷ In the same survey, I found that 18% of gay men and 16% of lesbians reported they had experienced discrimination in housing or employment because of their sexual orientation. Enactments of stigma are not only experienced by lesbian, gay, and bisexual adults; victimization of adolescents is also common. For example, findings from the California Healthy Kids Survey indicate that harassment and bullying based on a child's actual or perceived sexual orientation is widespread in California middle and high schools.⁵⁸

56. Research indicates that experiencing stigma and discrimination is associated with heightened psychological distress – both among gay and lesbian adults⁵⁹ and adolescents.⁶⁰ Being the target of extreme enactments of stigma, such as an antigay criminal assault, is accompanied by greater psychological distress than is experiencing a similar crime not based on one's sexual orientation.⁶¹ Fear of being a target for stigma makes some gay and lesbian persons feel compelled to conceal or lie about their sexual orientation. As noted above, experiencing barriers to integrating one's sexual orientation into one's life (e.g., by being able to disclose it to others) is often associated with heightened psychological distress and has negative implications for physical health.

⁵⁷ Herek, 2009a; see also Herek, Gillis, & Cogan, 1999; Herek & Sims, 2008.

⁵⁸ O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004.

⁵⁹ e.g., Meyer, 2003; Mays & Cochran, 2001.

⁶⁰ O'Shaughnessy et al., 2004.

⁶¹ Herek et al., 1999.

57. In addition, to the extent that the threat of being stigmatized motivates some lesbians and gay men to remain in the closet, it further reinforces anti-gay prejudices among heterosexuals. Research has consistently shown that prejudice against minorities, including gay people,⁶² is significantly lower among members of the majority group who knowingly have contact with minority group members.⁶³ Consistent with this general pattern, empirical research demonstrates that having personal contact with an openly gay person is one of the strongest and most consistent correlates of heterosexuals' tolerance and acceptance of gay people. Anti-gay prejudice is significantly less common among members of the population who report having a close friend or family member who is gay or lesbian.⁶⁴ Indeed, an extensive analysis of empirical studies examining the association between prejudice and personal contact between a wide range of stigmatized and nonstigmatized groups found that the link is stronger for sexual minorities than for other types of groups, including those defined by race, ethnicity, and mental illness.⁶⁵ Prejudice tends to be lower when a lesbian or gay friend or family member has directly disclosed her or his sexual orientation to a heterosexual person, compared to when the former's sexual orientation is known but has not been directly discussed.⁶⁶

⁶² Although the specific content of prejudice varies across different minority groups, the psychological dynamics of prejudice are similar regardless of the group toward which that prejudice is directed.

⁶³ A meta-analysis of more than 500 studies of contact and prejudice based on sexual orientation, nationality, race, age, and disability found a highly robust inverse relationship between contact and prejudice. That analysis also found that more rigorous studies (based on observed contact rather than reported contact) yielded greater effects, that contact changed attitudes towards the entire outgroup (not just towards those individuals with whom subjects had contact), and that majority group participants experienced greater changes in attitude than minority group members (Pettigrew & Tropp, 2006).

⁶⁴ Herek & Capitano, 1996; Herek & Ghunt, 1993; Familiarity encourages acceptance, 2000; Vonofakou, Hewstone, & Voci, 2007.

⁶⁵ Based on their meta-analysis, Pettigrew & Tropp reported that ". . . the magnitudes of the contact-prejudice effect sizes vary in relation to different target groups. The largest effects emerge for samples involving contact between heterosexuals and gay men and lesbians These effects are significantly larger than are those for the other samples combined" (Pettigrew & Tropp, 2006, p. 763, statistics omitted).

⁶⁶ Herek, 2009b; Herek & Capitano, 1996.

B. California's Prohibition on Marriage for Same-Sex Couples Reflects and Reinforces This Stigma.

58. Just as sexual orientation is inherently about relationships, so is the stigma associated with homosexuality. Although sexual stigma is often enacted against individuals (e.g., through ostracism, discrimination, or violence), it is based on those individuals' relationships (actual, imagined, or desired) with others of their same sex. Sexual minority individuals are stigmatized not only because their private desires are directed at people of their same sex, but also because of the nature of their intimate relationships (i.e., because their sexual or romantic partner is of their same sex). Indeed, a person's homosexuality or bisexuality often becomes known to others only when she or he enters into a same-sex relationship, regardless of whether that relationship involves a single sexual act or a lifelong commitment to another person. Consistent with this observation, psychological research has shown that heterosexuals' reactions to same-sex couples are typically more negative than their reactions to heterosexual couples, and this bias is often outside their conscious awareness or control.⁶⁷

59. Because it restricts the opportunities of sexual minorities relative to heterosexuals, California's voter-enacted prohibition on marriage by same-sex couples is, by definition, an instance of structural stigma. It conveys the State's judgment that, in the realm of intimate relationships, a same-sex couple possesses an "undesired differentness" and is inherently less deserving of society's full recognition through the status of civil marriage than are heterosexual couples. This according of disadvantaged status to the members of one group relative to another is the crux of stigma. The State's distinction between same-sex and different-sex couples is stigmatizing even when same-sex couples are granted most of the legal benefits and obligations conferred by marriage through domestic partnerships. Irrespective of such benefits, the "differentness" of domestic partnerships, compared to marriage, is evident. Indeed, by taking away the right to marriage that California same-sex couples once enjoyed, while maintaining a separate, quasi-marital status that highlights their "differentness" from heterosexual couples, and

⁶⁷ e.g., Dasgupta & Rivera, 2006; Jellison, McConnell, & Gabriel, 2004.

by thus devaluing and delegitimizing the relationships that constitute the very core of a homosexual orientation, the State compounds and perpetuates the stigma historically attached to homosexuality. This stigma affects homosexual and bisexual persons as a group, not only the members of same-sex couples who seek to be married.

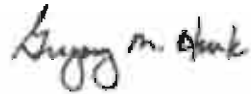
60. Data are not currently available to systematically assess the psychological impact on lesbian, gay, and bisexual Californians of the State's revocation of their right to marry. However, data from other states where ballot measures have been passed to prevent same-sex couples from marrying offer relevant insights. Two recent studies, each using a somewhat different methodology, documented significant increases in psychological distress and symptoms among lesbian, gay, and bisexual adults after the passage of such measures in statewide elections between 2004 and 2006. Comparable increases were generally not observed among lesbian, gay, and bisexual residents of other states where anti-marriage ballot campaigns did not occur.⁶⁸ One of the studies also included heterosexual adults in the sample, and did not find comparable increases in distress and symptoms among them.⁶⁹ Although neither study establishes a definitive causal connection, their findings are consistent with the conclusion that experiencing a statewide election campaign in which one's right to marry is taken away exacts a psychological toll on lesbian, gay, and bisexual adults. To the extent that these findings can be generalized to California, they suggest that the revocation of marriage rights – like other enactments of stigma – is linked with heightened psychological distress among lesbian, gay, and bisexual people. Insofar as lesbian, gay, and bisexual Californians actually had the right to marry prior to the passage of Proposition 8 – in contrast to other states where ballot measures preemptively barred that right from being granted in the future – it is reasonable to expect that they may have experienced even greater psychological distress as a consequence of its revocation.

⁶⁸ Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2009; Rostosky, Riggle, Horne, & Miller, 2009.

⁶⁹ Hatzenbuehler et al., 2009.

I declare under penalty of perjury and pursuant to the laws of the United States that the foregoing is true and correct.

DATED: October 2, 2009

A handwritten signature in black ink, appearing to read "Gregory M. Herek". The signature is written in a cursive style with a large initial 'G'.

Gregory M. Herek, Ph.D.

EXHIBIT A

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and straight men. *Personality and Social Psychology Bulletin*, 30, 629-642.

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EXHIBIT B

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CURRENT POSITION

Professor of Psychology, University of California at Davis.

EDUCATION

B.A. University of Nebraska at Omaha, 1977. Majors in Psychology and Sociology (magna cum laude).
M.A. University of California at Davis, 1980. Personality and Social Psychology.
Ph.D. University of California at Davis, 1983. Personality and Social Psychology.
Post-Doctoral Fellowship Yale University, 1983-1985. Social Psychology.

ACADEMIC AND RESEARCH APPOINTMENTS

1999-present Professor, University of California at Davis.
2000 Distinguished Visiting Scholar, Richard and Rhoda Goldman School of Public Policy, University of California, Berkeley.
1994-1999 Research Psychologist, University of California at Davis.
1989-1994 Associate Research Psychologist, University of California at Davis.
1986-1989 Assistant Professor, Graduate Program in Social and Personality Psychology, Graduate Center of the City University of New York.
1986 Visiting Assistant Professor, Yale University.
1985-1986 Lecturer, Yale University.
1984 Visiting Lecturer, Branford and Ezra Stiles Colleges, Yale University.
1983-1985 Postdoctoral Fellow in Personality and Social Psychology, Yale University.
1978-1983 Teaching Assistant, Research Assistant, and Teaching Associate in Psychology, University of California at Davis.

SCIENTIFIC AND PROFESSIONAL SERVICE

2009 Ad Hoc Reviewer, National Science Foundation.
2009 Ad Hoc Reviewer, Anthony Marchionne Foundation Small Grants Program.
2007-2008 Chair, Fellows Committee, Society for the Psychological Study of Social Issues (APA Division 9)
1995-2007 Chair, Wayne Placek Award Scientific Review Committee, American Psychological Foundation.
2003-2007 Member, Task Force on Sexual Orientation and Military Service, American Psychological Association.

(continued)

SCIENTIFIC AND PROFESSIONAL SERVICE (continued)

- 2002-2005 Member, Advisory Board for the National Sexual Resource Center. Sponsored by the Ford Foundation and San Francisco State University.
- 2001-2005 Member, Diversity Committee, Society for Personality and Social Psychology.
- 2004-2005 Member, Policy Task Force, Society for the Psychological Study of Social Issues.
- 2003-2004 Ad Hoc Reviewer, National Institute of Mental Health.
- 2001 Member, Program Committee for "Sexual Orientation and Mental Health: Toward Global Perspectives on Practice and Policy," an international conference cosponsored by the American Psychological Association and professional societies from Europe, Australia, and South America.
- 1996-2001 Ad Hoc Reviewer, National Institute of Mental Health.
- 2000 Member, Public Interest Awards Committee, American Psychological Association.
- 2000 Member, International Review Committee, World Conference on AIDS.
- 2000 Ad Hoc Reviewer, National Science Foundation.
- 1999-2000 Member, Community Advisory Board, Program in Human Sexuality Studies, San Francisco State University.
- 1998 Member, International Review Committee, World Conference on AIDS.
- 1997 Ad Hoc Reviewer, National Science Foundation.
- 1996 Chair of research workshop, *AIDS, Stigma, and Mental Health: Research Issues and Directions*. Sponsored by the Office on AIDS, National Institute of Mental Health.
- 1992-95 Member, National Institute of Mental Health (NIMH) Mental Health, AIDS and Immunology Review Committee.
- 1992-94 Member, International Scientific Program Committee, International Conference on AIDS.
- 1985-94 Convention Program Committee, APA Division 44. (Member, 1985-87, 1989-94; Chair, 1987-88).
- 1991-93 Convention Program Committee, American Psychological Society.
- 1986-92 Ad Hoc Reviewer and Site Visitor, National Institute of Mental Health.
- 1990-91 Consultant, National Academy of Sciences Committee on AIDS Research, for study of the social impact of AIDS.
- 1990 Scientific consultant to Social Science Research Council for proposed National Survey of Health and Sexual Behavior.
- 1989 Chair of research workshop, *Mental Health Aspects of Violence Toward Lesbians and Gay Men: Research Issues and Directions*. Sponsored by the Antisocial and Violent Behavior Branch, National Institute of Mental Health.
- 1987-89 Member, Task Force on Psychology and AIDS, American Psychological Association (APA).
- 1986-87 Chairperson (1987) and Member (1986), APA Committee on Lesbian and Gay Concerns.
- 1985-87 President (1987) and Steering Committee Member (1985-86), Association of Lesbian and Gay Psychologists.
- 1985-87 Member, APA Task Force on Avoiding Heterosexist Bias in Psychological Research.

PUBLIC POLICY AND LEGAL SERVICE

- 2009 Primary consultant for *amicus curiae* brief by American Psychological Association in *Florida Department Of Children And Families vs. In the Matter of Adoption of X.X.G. and N.R.G.*, summarizing social science research relevant to Florida law concerning adoption by gay men and lesbians. (Florida District Court of Appeal)
- 2007 Primary consultant for *amicus curiae* brief by American Psychological Association in *In re Marriage Cases*, summarizing social science research relevant to California law concerning marriage and same-sex couples. (California Supreme Court)
- 2007 Submitted expert affidavit in *Varnum et al., v. Brien*, summarizing social science research relevant to marriage laws and same-sex couples. (Iowa District Court)
- 2007 Primary consultant for *amicus curiae* brief by American Psychological Association in *Kerrigan et al. v. Commissioner of Public Health et al.*, summarizing social science research relevant to a Connecticut law prohibiting the marriage of same-sex couples. (Connecticut Supreme Court)
- 2006 Primary consultant for *amicus curiae* brief by American Psychological Association in *Conaway et al. v. Deane & Polyak et al.*, summarizing social science research relevant to a Maryland law prohibiting the marriage of same-sex couples. (Court of Appeals of Maryland)
- 2006 Primary consultant for *amicus curiae* brief by American Psychological Association for *In re: Adoption of R.A. and M.A.*, summarizing social science research relevant to foster parenting by same-sex couples. (Maine Supreme Judicial Court)
- 2005-06 Primary consultant for *amicus curiae* brief by American Psychological Association in *Department of Human Services et al. v. Matthew Howard et al.*, summarizing social science research relevant to a ruling by the Arkansas Child Welfare Agency Review Board barring gay and lesbian foster parents (Arkansas Supreme Court).
- 2005 Primary consultant for *amicus curiae* brief by American Psychological Association in *Citizens For Equal Protection v. Bruning et al.*, summarizing social science research relevant to a Nebraska state law prohibiting all recognition of same-sex relationships (US Court of Appeals, 8th District).
- 2005 Primary consultant for *amicus curiae* briefs by American Psychological Association in *Samuels et al. v. New York, Shields et al. vs. Madigan et al., and Hernandez et al. vs. Robles*, summarizing social science research relevant to a New York state law prohibiting the marriage of same-sex couples. (Supreme Court of New York: First, Second, and Third Judicial Departments)
- 2004 Primary consultant for *amicus curiae* briefs by American Psychological Association in *Li et al. vs. Oregon, Lewis v. Harris, and Andersen et al. vs. Washington*, summarizing social science research relevant to state laws prohibiting the marriage of same-sex couples in Oregon, New Jersey, and Washington. (Oregon Supreme Court, New Jersey Superior Court, Washington Supreme Court)
- 2004 Submitted expert declaration in *San Francisco v. California et al.*, summarizing social science research relevant to marriage laws and same-sex couples. (California Superior Court)
- 2003 Primary consultant for *amicus curiae* brief by American Psychological Association in *Lawrence v. Texas*, summarizing social science research relevant to state sodomy laws (US Supreme Court).

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PUBLIC POLICY AND LEGAL SERVICE (continued)

- 2002 Consultant for *amicus curiae* brief by American Psychological Association in *Boy Scouts of America v. District of Columbia Commission on Human Rights*, summarizing social science research relevant to the D.C. Human Rights Commission's enforcement of antidiscrimination legislation against the Boy Scouts (District of Columbia Court of Appeals).
- 2001 Consultant for *amicus curiae* brief by American Psychological Association in *Jegley v. Picado*, summarizing social science research relevant to the Arkansas sodomy law (Arkansas Supreme Court).
- 2000 Member, Advisory Task Force for AB 537, advising the California State Superintendent of Public Instruction on reducing and preventing hate-motivated acts against lesbian, gay, bisexual, and transgendered students in public schools.
- 2000 Consultant for *amicus curiae* brief by American Psychological Association in *Boy Scouts of America v. Dale*, summarizing social science research relevant to antigay discriminatory policy by the Boy Scouts (U.S. Supreme Court).
- 1997 Invited participant, White House Conference on Hate Crimes.
- 1997 Invited speaker, Congressional briefing on hate crimes (sponsored by the American Psychological Association).
- 1995 Submitted expert declarations in *Able et al. v. U.S.* and *Watson v. Perry et al.* (summarizing social science research relevant to Department of Defense revised policy prohibiting service by gay personnel).
- 1995 Consultant for *amicus curiae* brief by American Psychological Association in *Campbell et al. v. Sundquist et al.*, summarizing social science research relevant to Tennessee sodomy law (Tennessee Court of Appeals).
- 1994 Consultant for *amicus curiae* brief by American Psychological Association in *Romer v. Evans*, summarizing social science research relevant to a Colorado statewide initiative prohibiting local statutes to protect people from discrimination on the basis of their sexual orientation (U.S. Supreme Court).
- 1995 Submitted expert declaration summarizing social science research relevant to U.S. Department of Defense policy prohibiting service by gay personnel in administrative discharge proceedings for *Petty Officer Mark A. Phillips, USN*, and *A1C Sean Fucci, USAF*.
- 1994 Consultant for *amicus curiae* brief by American Psychological Association in *Equality Foundation of Greater Cincinnati v. City of Cincinnati*, summarizing social science research relevant to a court ruling that struck down an initiative prohibiting statutes to protect people from discrimination on the basis of their sexual orientation (U.S. District Court, Southern District of Ohio).
- 1994 Submitted expert declarations summarizing social science research relevant to U.S. Department of Defense policy prohibiting service by gay personnel in the following administrative discharge proceedings: *Lt. Paul G. Thomasson, USN*; *Capt. Richard P. Richenberg, USAF*; *LTJG Tracy W.J. Thorne, USNR*; and *LTJG Richard Dirk Selland, USN*.
- 1994 Submitted expert declaration, *Commermeier v. Aspin et al.* (summarizing social science research relevant to Department of Defense policy prohibiting service by gay personnel).

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PUBLIC POLICY AND LEGAL SERVICE (continued)

- 1993 Witness, Committee on Armed Services, U.S. House of Representatives (Hon. Ronald Dellums, Chair). Hearings on *The Policy Implications of Lifting the Ban on Homosexuals in the Military*. Provided expert testimony on behalf of the American Psychological Association, American Psychiatric Association, and four other national professional organizations.
- 1993 Consultant for *amicus curiae* brief by American Academy of Child & Adolescent Psychiatry, American Psychological Association, and others in *Bottoms v. Bottoms*, summarizing social science research relevant to a court ruling that removed a child from the custody of his lesbian mother (Virginia Court of Appeals).
- 1993 Submitted expert declaration summarizing social science research relevant to U.S. Department of Defense policy prohibiting service by gay personnel in the following administrative discharge proceedings: *HN Berkeley R. Allen Pemberton, USN; Lt. Maria Zoe Dunning, USN; Sgt. Justin Elzie, USMC*.
- 1993 Submitted expert declaration, *Meinhold v. U.S. Department of Defense and U.S. Department of the Navy* (summarizing social science research relevant to Navy policy prohibiting service by gay personnel).
- 1992 Submitted expert declarations summarizing social science research relevant to U.S. Department of Defense policy prohibiting service by gay personnel in the following administrative discharge proceedings: *Sgt. Richard A. Kirton, WAARNG; AW1 Volker Keith Meinhold, USN; SSgt Thomas P. Paniccia, USAF; LTJG Tracy W.J. Thorne, USNR*.
- 1992 Submitted expert declaration in *Evans et al. v. Colorado* (summarizing social science research relevant to Amendment 2, which prohibited passage of legislation to prevent discrimination on the basis of sexual orientation).
- 1992 Submitted expert affidavit, *Douglas v. The Queen* (summarizing social science research relevant to Canadian military policy prohibiting service by gay personnel).
- 1992 Submitted expert declaration, *Woodard v. Gallagher* (summarizing social science research relevant to discriminatory employment policy of Sheriff's Department of Orange County, Florida).
- 1991-92 Member, San Francisco District Attorney's Special Commission on Hate Crimes.
- 1990 Submitted expert affidavit, *Morales et al. v. Texas* (summarizing social science research relevant to Texas state sodomy law).
- 1991 Submitted expert affidavit, *Steffart v. Cheney et al.* (summarizing social science research relevant to Navy policy prohibiting service by gay personnel).
- 1988-92 Consultant for *amicus curiae* briefs by American Psychological Association summarizing social science research relevant to state sodomy laws (including *Kentucky v. Wasson*, Kentucky Supreme Court).
- 1988-89 Consultant for *amicus curiae* brief by American Psychological Association, *Watkins vs. U.S. Army*, summarizing social science research relevant to military ban on gay and lesbian members (U.S. Court of Appeals, Ninth Circuit).
- 1985-86 Consultant for *amicus curiae* brief by American Psychological Association, *Bowers v. Hardwick*, summarizing social science research relevant to Georgia sodomy law (U.S. Supreme Court).
- 1986 Witness, Committee on the Judiciary, Subcommittee on Criminal Justice, U.S. House of Representatives (Hon. John Conyers, Chair). Hearings on *Anti-Gay Violence*. Provided testimony on behalf of American Psychological Association.

SERVICE FOR ACADEMIC JOURNALS AND SERIES**Executive Editor**

Contemporary Perspectives on Lesbian, Gay, and Bisexual Psychology, book series cosponsored by the Society for the Psychological Study of Lesbian and Gay Issues (APA Division 44) and APA Books (1999-2008)

Editor

Psychological Perspectives on Lesbian and Gay Issues, annual volume sponsored by the Society for the Psychological Study of Lesbian and Gay Issues, APA Division 44 (1992-2000)

Consulting Editor, Associate Editor, or Member of Editorial Board or Advisory Board**Academic Book Series**

Contemporary Social Issues. (Society for the Psychological Study of Social Issues) (2007-present)
Sexuality and Social Policy: Studies In Culture, Development, Citizenship & Social Health.
 (National Sexuality Resource Center, San Francisco State University) (2007-present)
Research on Men and Masculinity. (Sage Publications) (1994-present)

Academic Journals

Psychology & Sexuality (2009-present)
International Journal of Health and Disability-Related Stigma (2009-present)
Sexuality Research and Social Policy (2003-present)
Lesbian & Gay Psychology Review, journal of the Lesbian and Gay Psychology Section of the British Psychology Society (BPS) (2007-present)
Psychology of Men and Masculinity (1999-2009)
Basic and Applied Social Psychology (1997- present)
The Journal of Sex Research (1995-present)
Men and Masculinities (1992-present)
Journal of Homosexuality (1984-present)
Personality and Social Psychology Bulletin (2002-2003)
Journal of the Gay and Lesbian Medical Association (1996-2003)
Journal of Lesbian and Gay Social Work (1991-2000)

Ad Hoc Reviewer (partial list)

<i>Aggressive Behavior</i>	<i>J. of Experimental Social Psychology</i>
<i>AIDS & Behavior</i>	<i>J. of Interpersonal Violence</i>
<i>AIDS Care</i>	<i>J. of Law, Medicine & Ethics</i>
<i>American J. of Community Psychology</i>	<i>J. of Personality & Social Psychology</i>
<i>American J. of Public Health</i>	<i>J. of Politics</i>
<i>American Psychologist</i>	<i>Merrill-Palmer Quarterly</i>
<i>Analysis of Social Issues & Public Policy</i>	<i>Political Psychology</i>
<i>British J. of Social Psychology</i>	<i>Political Research Quarterly</i>
<i>Culture, Health & Sexuality</i>	<i>Professional Psychology</i>
<i>Emotion</i>	<i>Psychological Bulletin</i>
<i>European J. of Social Psychology</i>	<i>Psychological Review</i>
<i>Gender & Society</i>	<i>Psychological Science</i>
<i>Group Processes & Intergroup Relations</i>	<i>Psychology of Women Quarterly</i>
<i>Health Psychology</i>	<i>Public Opinion Quarterly</i>
<i>J. of Applied Social Psychology</i>	<i>Sex Roles</i>
<i>J. of Consulting & Clinical Psychology</i>	<i>Social Science & Medicine</i>
<i>J. of Contemporary Criminal Justice</i>	<i>Sociological Perspectives</i>

PROFESSIONAL MEMBERSHIPS

Association for Psychological Science (Fellow)
 American Psychological Association (Fellow)
 Society for Experimental Social Psychology (Fellow)
 Society for Personality and Social Psychology (APA Division 8, Fellow)
 Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues (APA Division 44, Fellow)
 Society for the Psychological Study of Social Issues (APA Division 9, Fellow)

RESEARCH GRANTS RECEIVED

2004-2006 *The Experience of Stigma in Persons with HIV/AIDS*. Universitywide AIDS Research Program (\$99,876).

2005-2006 *Sexual Prejudice and Voters' Attitudes Toward Public Policy Affecting Sexual Minorities in the United States*. The Gill Foundation (\$48,240)

1997-2002 *HIV/AIDS-Related Stigma*. Independent Scientist Award, National Institute of Mental Health (\$429,916).

1995-1999 *HIV/AIDS-Related Public Attitudes and Beliefs in the US*. National Institute of Mental Health (\$1,173,872).

1993-1996 *Mental Health Consequences of Anti-Gay/Lesbian Violence*. National Institute of Mental Health (\$736,095).

1992-1996 *Gay/Bisexual Identity and Community In The AIDS Era*. National Institute of Mental Health (\$540,295).

1988-1997 *Public Education About AIDS: A Social Psychological Approach*. National Institute of Mental Health (\$1,432,963).

1989-1993 *Public Reactions to AIDS: Knowledge, Attitudes, and Behavior*. National Institute of Mental Health (\$674,080).

1990-1992 *Cultural Differences in AIDS-Related Attitudes and Behaviors Among Californians*. Universitywide AIDS Research Program (\$70,092).

1987-1989 *Public Knowledge, Attitudes, and Behavior Concerning AIDS: A National Survey*. National Institute of Mental Health (\$121,391).

1987-1988 *Public Education About AIDS*. PSC/CUNY Foundation (\$6068).

1986-1988 *A Neofunctional Theory of Attitudes*. National Institute of Mental Health. (\$15,000)

1985-1986 *Anti-Gay Prejudice and Public Reactions to AIDS*. Society for the Psychological Study of Social Issues, Grants-in-Aid Program. (\$1000)

1982 Dissertation research grant from National Gay Academic Union (\$1000).

1982 Dissertation research grant from Psychology Department, University of California at Davis (\$600).

1979-1981 Annual Graduate Research Awards, University of California at Davis. (\$1400 total)

OTHER AWARDS AND HONORS

- 2009 Distinguished Service Award, Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues (APA Division 44). Presented at the annual meeting of the American Psychological Association, Toronto.
- 2006 Kurt Lewin Memorial Award for "outstanding contributions to the development and integration of psychological research and social action." Society for the Psychological Study of Social Issues (APA Division 9).
- 2005 William Bevan Memorial Lecture on Psychology and Public Policy. American Psychological Foundation. Presented at the annual meeting of the American Psychological Association, Washington, DC.
- 2005 Elected Fellow, Society for Personality and Social Psychology, Division 8 of the American Psychological Association.
- 2003 Certificate of Appreciation for presenting psychological science to the courts in *Lawrence v. Texas* and other cases related to sexual orientation, from the Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues, APA Division 44. Presented at the annual meeting of the American Psychological Association, Toronto.
- 2001 Recognized for contributions to research and public policy by the Society for the Psychological Study of Men and Masculinity, APA Division 51. Presented at the annual meeting of the American Psychological Association, San Francisco.
- 2000 Elected Fellow, Society for the Psychological Study of Social Issues, Division 9 of the American Psychological Association.
- 2000 Monette/Horwitz Trust Award, "in recognition of distinguished achievement in combating homophobia through research and writing." Presented at the Lambda Literary Awards banquet, Chicago.
- 2000 Elected to membership, Society for Experimental Social Psychology.
- 1999 1999 Award for Distinguished Scientific Contribution. Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues (APA Division 44). Presented at the annual meeting of the American Psychological Association, Boston.
- 1996 Distinguished Contribution to Psychology in the Public Interest. American Psychological Association. (Early Career Award)
- 1994 Frederick Howell Lewis Distinguished Lecturer, Psi Chi Honor Society.
- 1993 Myers Center Award for the Study of Human Rights in the United States, presented to *Hate Crimes: Confronting Violence Against Lesbians And Gay Men* (Herek & Berrill, editors). Gustavus Myers Center for the Study of Human Rights in North America, Fayetteville, AR.
- 1992 Outstanding Achievement Award, Committee on Lesbian and Gay Concerns, American Psychological Association.
- 1992 *Hate Crimes: Confronting Violence Against Lesbians And Gay Men* (Herek & Berrill, editors) named an Outstanding Academic Book of 1992 by Choice Magazine, American Library Association.
- 1991 Elected Fellow, American Psychological Association and the Society for the Psychological Study of Gay and Lesbian Issues, APA Division 44.

(continued)

OTHER AWARDS AND HONORS (continued)

- 1989 Award for "Best Contribution to Empirical Research in Peace Psychology," from Psychologists for Social Responsibility. Presented at the annual meeting of the American Psychological Association, New Orleans. [Shared with Irving L. Janis and Paul Huth for Herek, Janis, & Huth (1987)]
- 1989 Recipient of first annual award for "Distinguished Scientific Contributions to Lesbian and Gay Psychology," Society for the Psychological Study of Lesbian and Gay Issues (APA Division 44). Presented at the annual meeting of the American Psychological Association, New Orleans.
- 1989 Master Lecturer, American Psychological Association.
- 1984 Mark Freedman Memorial Research Award, Association of Lesbian and Gay Psychologists. Presented at the annual meeting of the American Psychological Association, Toronto.
- 1983 Postdoctoral Fellowship, Yale University.
- 1982 Teaching Award for Outstanding Graduate Student, University of California at Davis.
- 1979-82 Regents' Fellowships, University of California at Davis (total of three annual awards).
- 1977 First Prize, J.P. Guilford National Undergraduate Research Competition sponsored by Psi Chi Honor Society. Presented at the annual meeting of the American Psychological Association, San Francisco.
- 1977 First Prize, Nebraska Psychological Association Undergraduate Research Competition.

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5. Herek, G.M. (1984). Values, research questions, and the news media. *Science*, 226 (4679), 1142.
6. Herek, G.M. (1985). On doing, being, and not being: Prejudice and the social construction of sexuality. [Review of *Homosexual Acts, Actors, and Identities* by L. Nungesser, and *Gay Men, Gay Selves* by T. Weinberg]. *Journal of Homosexuality*, 12 (1), 135-151.
7. Herek, G.M. (1987). The social context of an epidemic. [Review of *The social dimensions of AIDS: Method and theory*, edited by A.D. Feldman & T.M. Johnson.] *Contemporary Psychology*, 32, 1004-1009.
8. Herek, G.M. & Glunt, E.K. (1989). AIDS-stigma and anti-gay prejudice: Public reactions to AIDS-related policies and gay men in the U.S.A. *Abstracts of the Fifth International Conference on AIDS*. Montreal, Canada.
9. Herek, G.M. (1991). Stopping the AIDS epidemic. [Review of *Primary Prevention of AIDS*, edited by V.M. Mays, G.W. Albee, & S.F. Schneider.] *Contemporary Psychology*, 36, 495-496.
10. Herek, G.M., Bat-Chava, Y., Capitanio, J., Araba-Owoyele, L., & Castañeda, D. (1991). A social psychological evaluation of AIDS-educational videos. *Abstracts of the Seventh International Conference on AIDS*. Florence, Italy.
11. Herek, G.M., & Capitanio, J.P. (1991). Reactions to AIDS in the United States: A social psychological analysis. *Abstracts of the First International Conference on Biopsychosocial Aspects of HIV Infection*. Amsterdam, The Netherlands.
12. Herek, G.M., & Capitanio, J.P. (1992). AIDS-related stigma persists in the United States. *Abstracts of the Eighth International Conference on AIDS*. Amsterdam, The Netherlands.
13. Herek, G.M., & Capitanio, J.P. (1993). The relationship of trust to public reactions to AIDS in the United States. *Abstracts of the Ninth International Conference on AIDS*. Berlin, Germany.
14. Herek, G.M., Gillis, J.R., Glunt, E.K., Lewis, J.L., & Welton, D.A. (1994). Improving the credibility of AIDS education among African Americans: An experimental evaluation. *Abstracts of "AIDS" Impact: Biopsychosocial Aspects of HIV Infection, " Second International Conference*. Brighton, England.

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Abstracts, Comments, Reviews, Newsletters (continued)

15. Herek, G.M. (1997). AIDS stigma: A psychosocial perspective. *Abstracts of "AIDS' Impact: Biopsychosocial Aspects of HIV Infection," Third International Conference*. Melbourne, Australia.
16. Herek, G.M. (1998). Sexual prejudice: Understanding heterosexuals' attitudes toward lesbians and gay men. In M. Backström (Ed.), *Homosexuell i dag: Rapport från en konferens om samhällsvetenskaplig forskning kring homosexualitet [Homosexuality Today]* (pp. 31-36). Kriminologiska institutionen Stockholms universitet [Institute for Criminology, Stockholm University], Stockholm, Sweden.
17. Herek, G.M. (1998). Hate crimes in the USA: The psychological impact of violence against lesbians and gay men. In M. Backström (Ed.), *Homosexuell i dag: Rapport från en konferens om samhällsvetenskaplig forskning kring homosexualitet [Homosexuality Today]* (pp. 71-73). Kriminologiska institutionen Stockholms universitet [Institute for Criminology, Stockholm University], Stockholm, Sweden.
18. Herek, G.M., & Capitanio, J.P. (1998). AIDS stigma and HIV-related beliefs in the United States: Results from a national telephone survey. *Conference record [abstracts] of the 12th World AIDS Conference*. Geneva, Switzerland.
19. Steward W.T., Ramakrishna J., Herek G.M., Bharat S., Chandy S., Wrubel J., Huebner D.M., Singh G., & Ekstrand M.L. (2006). Developing culturally-specific AIDS stigma scales for use in India. *Abstracts of the XVI International AIDS Conference, Toronto, Canada*.

Reports

1. Herek, G.M. (1986, April 3). *Sexual orientation and prejudice at Yale: A report on the experiences of lesbian, gay, and bisexual members of the Yale community*. Prepared for the Yale Corporation, New Haven CT.
2. APA Task Force. (1986, November 25). *Avoiding heterosexist bias: Guidelines for ethical and valid research*. Washington, DC: American Psychological Association.
3. Herek, G.M., & AIDS Psychosocial Research Group. (1990). *Video AIDS: A catalog for users of AIDS educational videos*. Davis, CA: Author.
4. Herek, G.M. (1993). *Questionnaire development for attitudes toward homosexuality among Army personnel*. Alexandria, VA: U.S. Army Research Institute.
5. Herek, G.M., & AIDS Psychosocial Research Group. (1991). *Video AIDS: A catalog for users of AIDS educational videos, 2nd edition*. Davis, CA: Author.
6. Herek, G.M., & Cogan, J. (1994). *AIDS and stigma: A review of the scientific literature*. Prepared for the Public Media Center (San Francisco, CA) and the Ford Foundation.
7. Herek, G.M., & AIDS Psychosocial Research Group. (1994). *Video AIDS: A catalog for users of AIDS educational videos, 1994 edition. Focus: Videos for African American audiences*. Davis, CA: Author.
8. Herek, G.M., & AIDS Psychosocial Research Group. (1995). *Video AIDS: A catalog for users of AIDS educational videos, 1995 edition. Focus: Videos for gay/bisexual male audiences*. Davis, CA: Author.
9. Herek, G.M., & AIDS Psychosocial Research Group. (1996). *Video AIDS: A catalog for users of AIDS educational videos, 1996 edition. Focus: Videos for Latino audiences*. Davis, CA: Author.
10. Herek, G.M. (1996). *Integrating minorities in the U.S. military: An overview of research relevant to sexual orientation policies*. Alexandria, VA: U.S. Army Research Institute.
11. Belkin, A., Frank, N., Herek, G.M., Hillman, E.L., Mazur, D.H., & Wilson, B.J. (2009). *How to end "Don't Ask, Don't Tell": A roadmap of political, legal, regulatory, and organizational steps to equal treatment*. Santa Barbara, CA: Palm Center, University of California, Santa Barbara.

Articles in Publications for General Audiences

1. Herek, G.M. (1989, August 1). The tyranny of ten percent: Does it really matter how many Americans are gay? *The Advocate*, pp. 46-48.
2. Herek, G.M. (1991, November 5). Why are hate crimes against lesbians and gays on the rise? *The Advocate*, p. 106.
3. Herek, G.M. (1998, October 16). "Us" and "them" of murder [OP/ED]. *Los Angeles Times*, p. A17.
4. Herek, G.M. (2000, March 6). A shift from "Don't Ask" to heterosexual exception [OP/ED]. *San Francisco Chronicle*, p. A25.
5. Herek, G. M. (2009, May 31). Take a deep, collective breath [California Forum]. *Sacramento Bee*, p. 2E.

Internet

1. *Sexual orientation: Science, education, and policy*. World Wide Web site. First posted March 5, 1997. <http://psychology.ucdavis.edu/rainbow/>
2. *Beyond homophobia*. Weblog. First posted September 14, 2006. <http://www.beyondhomophobia.com/blog>

Presentations at Professional Meetings

1. Herek, G.M. (1980). *Attitudes toward male homosexuals and lesbians: A refined factor analytic approach*. Western Psychological Association, Honolulu, Hawaii.
2. Herek, G.M. (1981). *Gender, sex roles, and attitudes toward lesbians and male homosexuals*. American Psychological Association, Los Angeles, CA.
3. Herek, G.M. (1982). *Erotic hegemony and the ideology of heterosexual prejudice*. Southwestern Anthropological Association, Sacramento, CA.
4. Herek, G.M. (1983). *Individual differences in attitudes toward lesbians and gay men*. American Psychological Association, Anaheim, CA.
5. Herek, G.M. (1984). *The functions of attitudes: New methods for an old theory*. Tri-State Social Cognition Group, New York University.
6. Herek, G.M. (1985). *Research on homophobia: What is to be done?* In G.M. Herek (Chair), Psychological research on homophobia: Present status and future directions. American Psychological Association, Los Angeles. (Symposium)
7. Herek, G.M. (1986). *Public education about AIDS: Is information enough?* In J.H. Pleck (Chair), Perceptions of AIDS. American Psychological Association, Washington, D.C. (Symposium)
8. Herek, G.M. (1987). *Lesbian and gay issues in scientific psychology: Overcoming invisibility*. In F. Denmark (Chair), Increasing the participation of under-represented groups in both the publication process and in scholarly publications. Eastern Psychological Association, Arlington, VA. (Symposium)
9. Herek, G.M. (1988). Participant in K. Sherrill (Chair). *The politics of AIDS*. C.U.N.Y. Political Science Conference, New York. (Panel Discussion)
10. Herek, G.M. (1988). *The roots of homophobia*. Conference on "Changing the categories: Lesbian and gay studies." Graduate Center, City University of New York, April 30. (Invited Presentation)
11. Herek, G.M. (1988). *The social psychology of violence against lesbians and gay men*. In K. Hancock (Chair), Violence against lesbians and gay men: Toward a research agenda. American Psychological Association, Atlanta, GA. (Symposium)

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Presentations at Professional Meetings (continued)

12. Herek, G.M. (1988). *The meaning of AIDS for individuals and society*. In S. Morin (Chair), Critical psychological aspects of AIDS. American Psychological Association, Atlanta, GA. (Invited Symposium)
13. Herek, G.M., & Glunt, E.K. (1989). *AIDS-stigma and anti-gay prejudice: Public reactions to AIDS-related policies and gay men in the U.S.A.* Fifth International Conference on AIDS, Montreal, Canada. (Poster)
14. Herek, G.M. (1989). *Illness, stigma and AIDS*. Invited Master Lecture, American Psychological Association, New Orleans.
15. Herek, G.M. (1989). *Lesbians, gay men, and government security clearances*. American Psychological Association, New Orleans. (Symposium)
16. Herek, G.M. (1989). *The context of anti-gay violence: Psychological, social, and cultural issues*. "Mental Health Aspects of Violence Toward Lesbians and Gay Men: Research Issues and Directions." Workshop sponsored by the Antisocial and Violent Behavior Branch, National Institute of Mental Health, Bethesda, MD.
17. Herek, G.M. (1990). *The psychological dimensions of public reactions to AIDS*. In J. Martin (Chair), Public reactions to AIDS in the United States. American Psychological Association, Boston. (Symposium)
18. Herek, G.M., Bat-Chava, Y., Capitanio, J., Araba-Owwoyele, L., & Castañeda, D. (1991). *A social psychological evaluation of AIDS-educational videos*. Seventh International Conference on AIDS, Florence, Italy. (Poster)
19. Herek, G.M., & Capitanio, J.P. (1991). *AIDS-related attitudes and beliefs among Black Californians: A preliminary methodological discussion*. Investigators' Conference, UC Universitywide AIDS Research Program. (Poster)
20. Herek, G.M. (1991). *Violence against lesbians and gay men: A research agenda for the 1990s*. In G. Herek (Chair), Violence against lesbians and gay men: Challenges for psychologists in the 1990s. American Psychological Association, San Francisco. (Invited Symposium)
21. Herek, G.M. (1991). *Is homosexuality incompatible with military service?: A review of social science data*. In S. Morin (Chair), "Homosexuality is incompatible with military service:" Psychological evaluation of DoD policy. American Psychological Association, San Francisco. (Symposium)
22. Herek, G.M. (1991). *Violence against lesbians and gay men: Challenges for action research*. Invited presentation for a research luncheon sponsored by the American Psychological Association with the National Institute of Mental Health. San Francisco.
23. Herek, G.M., & Capitanio, J.P. (1991). *Reactions to AIDS in the United States: A social psychological analysis*. Paper presented at the First International Conference on Biopsychosocial Aspects of HIV Infection. Amsterdam, The Netherlands.
24. Herek, G.M., & Capitanio, J.P. (1992). *AIDS-related attitudes and beliefs among African Americans in California*. Investigators' Conference, UC Universitywide AIDS Research Program. (Poster)
25. Herek, G.M., & Capitanio, J.P. (1992). *Intergroup contact predicts heterosexuals' attitudes toward gay men*. American Psychological Society, San Diego. (Poster)
26. Capitanio, J.P., & Herek, G.M. (1992). *Racial differences in attitudes toward persons with AIDS and AIDS policies*. American Psychological Society, San Diego. (Poster)
27. Herek, G.M., & Capitanio, J.P. (1992). *AIDS-related stigma persists in the United States*. Eighth International Conference on AIDS, Amsterdam, The Netherlands. (Poster)

(continued)

Presentations at Professional Meetings (continued)

28. Herek, G.M. (1993). *Violence against lesbians and gay men: Heterosexism, hate crimes, and the law*. Tenth Annual Claremont Symposium on Applied Social Psychology, Claremont, CA. (Invited Paper)
29. Herek, G.M. (1993). *Hatred and heterosexism: Prejudice and violence against lesbians and gay men in the United States*. Casassas Conference on "The Persistence of Hatred," Loyola Marymount University, Los Angeles, CA. (Invited Paper)
30. Herek, G.M., & Capitanio, J.P. (1993). *The relationship of trust to public reactions to AIDS in the United States*. Ninth International Conference on AIDS, Berlin, Germany. (Poster)
31. Herek, G.M., & Capitanio, J.C. (1993). *The National Survey on AIDS and Stigma*. Paper presented at the annual meeting of the American Psychological Association, Toronto.
32. Herek, G.M. (1993). *Psychologists, bigotry, and the ballot box: Using scientific data to counter attacks on gay/lesbian rights*. In M. Biaggio (Chair), *Countering attacks on gay/lesbian rights: State movements and referenda*. American Psychological Association, Toronto. (Symposium)
33. Herek, G.M. (1993). *A social psychological perspective on implementing a nondiscriminatory military policy*. In C. Anderson (Chair), *Integrating lesbians and gay men into the U.S. military*. American Psychological Association, Toronto. (Invited Symposium)
34. Herek, G.M., Gillis, J.R., Glunt, E.K., Lewis, J.L., & Welton, D.A. (1994). *Improving the credibility of AIDS education among African Americans: An experimental evaluation*. AIDS Impact: Biopsychosocial Aspects of HIV Infection, Second International Conference, Brighton, England. (Poster)
35. Herek, G.M. (1994). *Sexual orientation and the U.S. military: Putting the new policy in context*. In J. Jobe, G. Herek, & R. Carney (Chairs), *Gays and lesbians in the military: Psychological perspectives on implementing the new policy*. American Psychological Association, Los Angeles. (Pre-convention workshop)
36. Herek, G.M. (1994). *Interpersonal contact and heterosexuals' attitudes toward lesbians and gay men*. In I. Meyer & F. Wong (Chairs), *Gays and lesbians in the 21st century: Setting a research agenda*. American Psychological Association, Los Angeles. (Invited Symposium)
37. Herek, G.M. (1994). *Victimization experiences among lesbians and gay men in Sacramento*. In G. Herek (Chair), *Mental health and anti-lesbian/-gay victimization: The Sacramento Hate Crimes Study*. American Psychological Association, Los Angeles. (Symposium)
38. Glunt, E.K., Herek, G.M., Fead, F.B., Gillis, R.J., & Webb, D. (1994). *Gay/bisexual identity, community, and HIV/AIDS risk reduction*. Paper presented at the annual meeting of the American Psychological Association, Los Angeles.
39. Gillis, R.J., Herek, G.M., Lewis, J.L., Glunt, E.K., Sullivan, C.S., & Barber, A.C. (1994). *AIDS risk, knowledge, and stigma of Northern California African Americans*. American Psychological Association, Los Angeles. (Poster)
40. Herek, G.M. (1994). *Philadelphia* (Discussant). In E. Donnerstein (Chair), *Film Discussion: Philadelphia*. Sponsored by APA Ad Hoc Committee on Films and Other Media at the annual meeting of the American Psychological Association, Los Angeles. (Film/discussion)
41. Herek, G.M. (1995). *Hate crimes: Confronting violence against lesbians and gay men*. Pacific Sociological Association, San Francisco. (Panel discussion of Herek & Berrill [1992])
42. Herek, G.M. (1995). *Mental health consequences of antigay and anti-lesbian victimization*. In G. Herek (Chair), *The Sacramento Hate Crimes Study: Psychological impact of anti-lesbian and anti-gay victimization*. American Psychological Association, New York. (Symposium)

(continued)

Presentations at Professional Meetings (continued)

43. Glunt, E.K., & Herek, G.M. (1995). *HIV and AIDS risk reduction and psychological functioning among gay and bisexual men*. American Psychological Association, New York. (Poster)
44. Gonzalez, M., Herek, G.M., Welton, D., Fead, F., & Medina, G. (1995). *Gay-/bisexual- and Latino-/Latina-targeted AIDS educational videos: A content analysis*. American Psychological Association, New York. (Poster)
45. Gillis, J.R., Herek, G.M., Cogan, J.C., & Glunt, E.K. (1995). *Forcing open the closet door: Attitudes toward outing*. American Psychological Association, New York. (Poster)
46. Cogan, J.C., Herek, G.M., Gillis, J.R., & Glunt, E.K. (1995). *Lesbian and gay perceptions of body image: An empirical understanding*. American Psychological Association, New York. (Poster)
47. Herek, G.M. (1995). *Prejudice and violence against lesbians and gay men*. Arizona Psychological Association, Phoenix. (Invited workshop)
48. Herek, G.M., Cogan, J.C., & Gillis, J.R. (1996). *Psychological correlates of hate crime victimization among gay men, lesbians, and bisexuals*. American Psychological Society, San Francisco. (Poster)
49. Herek, G.M., Gillis, J.R., & Cogan, J.C. (1996). *Hate crimes against gay men, lesbians, and bisexuals: Psychological consequences*. American Psychological Association, Toronto. (Symposium)
50. Herek, G.M. (1997). *AIDS stigma: A psychosocial perspective*. AIDS Impact: Biopsychosocial Aspects of HIV Infection, Third International Conference. Melbourne, Australia. (Invited paper)
51. Herek, G.M. (1997). *Homophobia: A barrier to AIDS prevention*. Sexuality and HIV/AIDS in Cuba, Latin America, and the Caribbean: Building bridges, crossing borders. Havana, Cuba. (Invited address)
52. Herek, G.M. (1997). *Sexual orientation and public policy*. American Psychological Association, Chicago. (Invited award address, Distinguished Contribution to Psychology in the Public Interest, Early Career Award).
53. Herek, G.M. (1997). *Sexual prejudice: Understanding heterosexuals' attitudes toward lesbians and gay men*. "Homosexuell I Dag" Conference [*Homosexuality Today*], Stockholm University, Stockholm, Sweden. (Invited address)
54. Herek, G.M. (1997). *Hate crimes in the USA: The psychological impact of violence against lesbians and gay men*. "Homosexuell I Dag" Conference [*Homosexuality Today*], Stockholm University, Stockholm, Sweden. (Invited address)
55. Herek, G.M., & Capitano, J.P. (1998). *AIDS stigma and HIV-related beliefs in the United States: Results from a national telephone survey*. World AIDS Conference, Geneva, Switzerland. (Oral presentation and poster)
56. Herek, G.M. (1998). *Sexual prejudice: The social psychology of homophobias and heterosexisms*. American Psychological Association, San Francisco. (Invited address, Society for the Psychological Study of Social Issues, APA Division 9)
57. Herek, G.M. (1999). *Sexual prejudice*. "Beyond Homophobia" International Conference, San Francisco. (Invited keynote address)
58. Herek, G.M. (1999). *AIDS and stigma in the United States*. Workshop on HIV/AIDS Stigma in Developing Countries. US Agency for International Development, Horizons Project, San Francisco. (Invited presentation)
59. Herek, G.M. (1999). *AIDS and stigma in the United States*. Conference on "HIV-AIDS: Issues in treatment, stigma, and policy." University of Nebraska, Lincoln. (Invited address)

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Presentations at Professional Meetings (continued)

60. Herek, G.M. (1999). *Interpersonal contact and sexual prejudice*. In G. M. Herek (Chair), *The psychology of prejudice*. American Psychological Society, Denver, Colorado. (Invited symposium)
61. Herek, G.M. (1999). *Sexual prejudice: Survey research on heterosexuals' attitudes toward lesbians and gay men*. Conference on "New approaches to research on sexual orientation, mental health, and substance abuse." National Institute of Mental Health, Bethesda, Maryland. (Invited presentation)
62. Herek, G.M. (1999). *Hate crimes: A framework for empirical research*. Hate Crimes: Research, Policy, and Action. Conference sponsored by the Society for the Psychological Study of Social Issues, Los Angeles, California. (Invited keynote remarks)
63. Herek, G.M. (1999). *Criminal victimization and sexual orientation: The Sacramento Hate Crimes Study*. Hate Crimes: Research, Policy, and Action. Conference sponsored by the Society for the Psychological Study of Social Issues, Los Angeles, California. (Invited presentation)
64. Herek, G.M. (2000). *Gender gaps in heterosexuals' attitudes toward gay men and lesbians*. Paper presented at the annual conference of the American Association for Public Opinion Research, Portland, OR.
65. Herek, G.M., Cogan, J.C., & Gillis, J.R. (2000) *Psychological well-being and commitment to lesbian, gay, and bisexual identities*. Paper presented in G.M. Herek (Chair), *Identity, community, and well-being among lesbians, gay men, and bisexuals*. American Psychological Association, Washington, DC.
66. Herek, G.M. (2001). *Heterosexual masculinity and the dynamics of sexual prejudice*. American Psychological Association, San Francisco. (Invited address, Society for the Psychological Study of Men and Masculinity, APA Division 51).
67. Herek, G.M. (2001). *The social psychology of stigma*. Invited address, conference on "Health, law, and human rights: Exploring the connections," sponsored by the American Society of Law, Medicine, and Ethics. Philadelphia, September 30, 2001.
68. Herek, G.M. (2002). *Heterosexism: Characteristics, causes, and consequences*. American Psychological Association, Chicago. (Symposium Chair and Discussant)
69. Herek, G.M. (2003). *Gender differences in sexual prejudice*. Paper presented in T. K. Vescio (Chair), *Sexual prejudice and heterosexism: Critical considerations on perpetrators and targets*. Society for Personality and Social Psychology, Los Angeles. (Invited symposium)
70. Herek, G.M. (2003). *Why is sexual prejudice declining in the United States? The role of heterosexuals' interpersonal contact with lesbians and gay men*. Paper presented at the annual conference of the American Association for Public Opinion Research, Nashville, TN.
71. Herek, G.M. (2003). *Beyond "homophobia": Thinking about sexual stigma and prejudice in the twenty-first century*. Invited paper presented at the conference, "Critical Issues in American Sexuality," sponsored by the San Francisco State University National Sexuality Resource Center, San Francisco.
72. Herek, G.M. (2005). *Marriage equality*. Conference of the International Association for the Study of Sexuality, Culture, and Society, San Francisco, CA. (Plenary panel: Invited discussant)
73. Herek, G.M. (2005). *Recognition of same-sex relationships: Politics, policy, and public opinion*. Paper presented in A. Omoto (Chair), *Public policy and same sex relationships: Scientific perspectives*. American Psychological Association, Washington, DC. (Invited paper)
74. Herek, G.M. (2005). *From sodomy laws to marriage equality: Psychology's role in public policy related to sexual orientation*. William Bevan Lecture on Psychology and Public Policy, presented at the annual meeting of the American Psychological Association, Washington, DC. (Invited address)

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Presentations at Professional Meetings (continued)

75. Herek, G.M. (2006). *The relationship of stigma to psychological and physical well-being in people with HIV/AIDS*. Paper presented at the Universitywide AIDS Research Program Investigators' Conference, San Mateo, CA.
76. Herek, G.M. (2006). *Sexual prejudice and stigma in the United States*. Nebraska Symposium on Motivation, University of Nebraska at Lincoln. (Invited lecture)
77. Steward W.T., Ramakrishna J., Herek G.M., Bharat S., Chandy S., Wrubel J., Huebner D.M., Singh G., & Ekstrand M.L. (2006) *Developing culturally-specific AIDS stigma scales for use in India*. XVI International AIDS Conference, Toronto, Canada (Poster)
78. Herek, G.M. (2006). *Eradicating sexual stigma and prejudice: Roles for psychologists*. Paper presented at the biennial convention of the Society for the Psychological Study of Social Issues, Long Beach, CA. (Invited award address)
79. Herek, G.M. (2006). *Understanding public opinion about same-sex relationships in the United States*. Paper presented in J. Mohr (Chair), Psychological research on legal recognition of same-sex romantic relationships. American Psychological Association, New Orleans, LA.
80. Herek, G.M. (2006). *Stigma, coping, and psychological and physical well-being in people with HIV/AIDS*. Paper presented in J. Stone (Chair), Relationship between stigma and well-being: New factors in coping and change. American Psychological Association, New Orleans, LA.
81. Herek, G.M. (2007). *Sexual prejudice and intergroup contact: The moderating effects of disclosure and communication*. Paper presented in Mark Snyder (Chair), Sexual prejudice: Continuities and discontinuities with other forms of prejudice. Society for Personality and Social Psychology, Memphis, TN.
82. Norton, A.T., & Herek, G.M. (2007). *Exploring the gender(ed) divide: Attitudes toward transgender people in a national probability sample of US adults*. Society for Personality and Social Psychology, Memphis, TN. (Poster)
83. Herek, G.M. (2007). *Sexualities, science, and stigma*. Paper presented in Morton Ann Gerasbacher (Chair), Stigma from science: Group differences, not group deficits. Association for Psychological Science, Washington, DC. (Presidential Symposium: Invited participant)
84. Herek, G.M. (2007). *Confronting sexual prejudice: Theory and practice*. American Psychological Association, San Francisco, CA. (Invited address, Society for Personality and Social Psychology, APA Division 8)
85. Herek, G.M. (2007). Discussant in A. Lott (Chair), *Sexual orientation and military service: Current evidence and APA policy*. Presidential Symposium, American Psychological Association, San Francisco.
86. Herek, G.M., & Allen, T.J. (2007). *When does heterosexuals' contact with sexual minorities reduce sexual prejudice?* Paper presented in L. Garnets (Chair), Sexual prejudice and intergroup contact. American Psychological Association, San Francisco.
87. Allen, T.J., Sherman, J., & Herek, G.M. (2008). *Levels of self-representation determine the target of defense-based prejudice*. Society for the Psychological Study of Social Issues, Chicago, IL. (Poster)
88. Herek, G.M. (2008). *Beyond "homophobia": Thinking about sexual prejudice and stigma*. International Lesbian, Gay, Bisexual, and Transgender Psychology Summer Institute, University of Michigan, Ann Arbor. (Invited lecture)
89. Steward, W. T., Herek, G. M., Chandy, S., Singh, G., Panicker, S., Osmand, T., & Ekstrand, M. L. (2008). *Avoiding disclosure of HIV status results leads to greater isolation and depression among HIV-infected individuals in Southern India*. XVII International AIDS Conference, Mexico City. (Poster)

INVITED LECTURES AND COLLOQUIA

1. *Why prejudice, why tolerance? The social psychology of attitudes toward lesbians and gay men.* University of California, Davis. July 23, 1984. (Invited colloquium)
2. *Homophobias, heterosexisms, and the psychological functions of prejudice.* AIDS Project New Haven (CT). February 7, 1985. (Invited lecture)
3. *The psychological functions of prejudice and tolerance.* Barnard College of Columbia University, New York. March 6, 1985. (Invited colloquium)
4. *Homophobias and heterosexisms: The psychology of prejudice and sexuality.* Connecticut College, New London, CT. May 1, 1985. (Invited lecture)
5. *Making better decisions: A psychologist's perspective.* Conference of Maine, New Hampshire, and Vermont Superior Court Justices. May 10, 1985. (Invited address)
6. *Straight talk about homophobia and health care.* Grand Rounds, Yale Student Health Center, New Haven, CT. May 21, 1985. (Invited lecture)
7. *Straight talk about homophobia and health care.* Fair Haven (CT) Community Health Clinic. June 14, 1985. (Invited lecture)
8. *Bioethical problems associated with AIDS.* Symposium on Bioethical Issues, Sponsored by Department of Biology, Yale University, New Haven. December 12, 1985. (Discussant)
9. *AIDS, prejudice, and politics.* Connecticut Jungian Society, Guilford, CT. February 8, 1986. (Invited panel discussion)
10. *The social psychology of homophobia: Toward a practical theory.* Conference on Sex, Politics, and the Law. New York University Law School. February 22, 1986. (Invited address)
11. *The psychology of homophobia and the politics of AIDS.* Yale University Summer Lecture Series, New Haven. July 17, 1986. (Invited lecture)
12. *Attitudes toward lesbians and gay men: A social psychological approach.* Smith College, Northampton, MA. October 23, 1986. (Invited lecture)
13. *Sexuality and civil rights.* Yale University, New Haven. November 12, 1986. (Invited lecture and panel discussion)
14. *The social psychology of homophobia.* Pennsylvania State University, University Park, PA. February 12, 1987. (Invited lecture)
15. *Public education about AIDS: A functional approach.* Yale University, New Haven. April 1, 1987. (Invited colloquium)
16. *A functional approach to attitudes: The case of prejudice against lesbians and gay men.* University of Nebraska at Omaha. April 15, 1987. (Invited colloquium)
17. *AIDS and homophobia: Psychosocial and political dimensions of the epidemic.* University of Texas Medical Center, Dallas, TX. September 18, 1987. (Invited lecture)
18. *The psychology of homophobia and the politics of AIDS.* Haverford College, PA. November 7, 1987. (Invited lecture)
19. *Homophobia and the politics of discrimination.* 92nd Street YMHA. New York. November 14, 1987. (Invited public lecture)
20. *Public reactions to AIDS.* Teachers College of Columbia University, New York. December 1, 1987. (Invited lecture)
21. *The social psychology of homophobia and anti-gay/anti-lesbian violence.* California State University, Fresno. April 7, 1988. (Invited lecture)

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Invited Lectures and Colloquia (continued)

22. *Attitudes toward lesbians and gay men*. Second Tuesdays Lecture Series of the New York Lesbian and Gay Community Center. April 12, 1988. (Invited public lecture)
23. *Attitudes toward lesbians and gay men: A social psychological approach*. Midwest Association for the Psychological Study of Lesbian and Gay Issues, Chicago. June 25, 1988. (Invited lecture)
24. *Assessing attitude functions: Theoretical and methodological issues*. Institute for Personality Assessment and Research, University of California, Berkeley. November 8, 1988. (Invited colloquium)
25. *AIDS and public opinion*. Center for AIDS Prevention Studies, University of California at San Francisco. April 28, 1989. (Invited colloquium)
26. *The psychology of prejudice and the politics of AIDS and AIDS-prevention*. James Madison University, Harrisonburg, VA. October 2, 1989. (Invited lecture)
27. *Invisible victims of crime: The lesbian and gay community*. Governor's Conference on Victim Services and Public Safety, Anaheim, CA. May 29, 1990. (Invited address)
28. *The social psychology of public reactions to AIDS*. California Office of AIDS, Sacramento, CA. December 11, 1990. (Invited colloquium)
29. *The psychology of prejudice and the politics of AIDS*. Marquette University, Milwaukee WI. April 17, 1991. (Invited lecture)
30. *Anti-gay prejudice: A social science perspective*. University of Wisconsin, Milwaukee. April 18, 1991. (Invited public lecture)
31. *The psychology of heterosexism: Prejudice and violence in the era of AIDS*. Stanford University. April 26, 1991. (Invited lecture)
32. *Hate crimes against lesbians and gay men*. Stanford University Law School Conference on Bias Crimes. April 8, 1992. (Invited address and panel discussion)
33. *Hetero/Sexism: Prejudice and violence against lesbians and gay men*. Oregon State University, Corvallis. October 30, 1992. (Invited lecture)
34. *Hate crimes and heterosexism: The social psychology of violence against lesbians and gay men*. Pennsylvania State University. November 7, 1992. (Invited lecture)
35. *Sexual orientation and the U.S. military: A social science perspective on current policy*. Meeting of national organizations on the U.S. military policy on homosexuality and military service, sponsored by the American Psychological Association. December 7, 1992. (Invited address)
36. *Research on Gay, Lesbian, and Bisexual Issues at the University of California* (Panel discussion). "U.C. us everywhere: A U.C. systemwide conference on gay, lesbian, and bisexual issues." University of California, Davis. February 13, 1993. (Invited address and panel discussion)
37. *Hetero/Sexism: Prejudice and violence against lesbians and gay men*. California State University, Long Beach. February 19, 1993. (Invited lecture)
38. *U.S. military personnel policy and gay people: A social science perspective on implementing a nondiscriminatory policy*. The Rand Corporation, Santa Monica, CA. May 12, 1993. (Invited lecture and briefing)
39. *Sex, lies, and factoids: The uses and misuses of social science research in the fight for lesbian and gay civil rights*. Symposium cosponsored by the American Psychological Association, National Gay & Lesbian Task Force, and Human Rights Campaign Fund. Washington, DC. November 5, 1993. (Invited lecture)

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Invited Lectures and Colloquia (continued)

40. *Heterosexuals' attitudes toward lesbians and gay men: The contact hypothesis reconsidered.* "At The Frontier: Homosexuality and the Social Sciences." Conference sponsored by the Center for Lesbian and Gay Studies, City University of New York. December 3, 1993. (Invited lecture)
41. *Homophobia.* Gay, lesbian, and bisexual studies seminar for psychiatry residents and fellows, UCSF Langley Porter Institute. December 14, 1993. (Invited lecture)
42. *Heterosexuals' attitudes toward lesbians and gay men.* Grand Rounds, Department of Psychiatry, University of California Medical Center, Sacramento, CA. April 6, 1994. (Invited lecture)
43. *Prejudice, public policy, and sexual orientation: A psychologist's perspective.* Frederick Howell Lewis Distinguished Lecture, Psi Chi. American Psychological Association, Los Angeles. August, 1994. (Invited award lecture)
44. *Mental health and anti-lesbian/anti-gay victimization: The Sacramento Hate Crimes Study.* Bay Area Hate Crimes Investigators' Association, San Francisco. September 21, 1994. (Invited lecture)
45. *Heterosexuals' attitudes toward lesbians and gay men: The contact hypothesis reconsidered.* Conference on "Health Sciences, Heterosexism, and Homophobia." University of California, San Francisco. April 22, 1995. (Invited address)
46. *Heterosexuals' attitudes toward lesbians and gay men: Does coming out make a difference?* Lawrence Berkeley National Laboratories, University of California, Berkeley. October 10, 1995. (Invited lecture)
47. *Hate crimes: Confronting violence against lesbians and gay men.* Phoenix College, Phoenix, AZ. October 14, 1995. (Invited public lecture)
48. *Hate crimes: Psychological responses to violence against lesbians and gay men.* Yale University. April 29, 1996. (Invited lecture)
49. *Homophobia and public health.* National Lesbian and Gay Journalists Association, Miami. September 6, 1996. (Invited address)
50. *Hate crimes and homophobia in the USA.* Sydney Anti-Violence Project, Sydney, Australia. June 26, 1997. (Invited public lecture)
51. *Sexual prejudice: Understanding heterosexuals' attitudes toward lesbians and gay men.* Schorer Institute and University of Utrecht, Amsterdam, The Netherlands. October 27, 1997. (Invited public lecture)
52. *The impact of victimization: Why hate crimes are a special case.* Congressional briefing sponsored by the American Psychological Association, Washington, DC. November 7, 1997. (Invited lecture)
53. *Sexual prejudice: Understanding homophobias and heterosexisms.* Department of Psychology, University of California, Davis. January 21, 1998. (Invited lecture)
54. *Sexual prejudice: The psychology of homophobias and heterosexisms.* Oberlin College. December 5, 1998. (Invited lecture)
55. *Hate crimes against lesbians and gay men.* Columbia University HIV Center. May 20, 1999. (Grand Rounds) (Invited lecture)
56. *Hate crimes based on sexual orientation: An overview.* American Civil Liberties Union Biennial Conference, San Diego. June 25, 1999. (Invited address)
57. *Sexual prejudice in the United States.* San Francisco Public Library. October 16, 1999. (Invited public lecture and panel discussion)
58. *Sexual prejudice.* Department of Psychology, University of California, Santa Cruz. April 19, 2000. (Invited colloquium)

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Invited Lectures and Colloquia (continued)

59. *AIDS and stigma in the United States*. Centers for Disease Control and Prevention. Atlanta, June 9, 2000. (Invited address)
60. *AIDS and stigma in the United States*. Forum on "Stigma: Breaking Through the Misinformation," sponsored by AIDS Action and the Centers for Disease Control and Prevention, Washington DC. January 26, 2001. (Invited address)
61. *The roots of sexual prejudice*. Invited lecture for the series, "Homosexuality and Christian Faith: New Visions for the New Century," sponsored by an inter-denominational group of 24 churches in the San Francisco Bay Area. San Francisco. March 22, 2001.
62. *Survey methods for studying stigma and prejudice*. Summer Institute on Sexuality, Society and Health. Program in Sexuality Studies, San Francisco State University. June 28, 2001. (Invited lecture)
63. "Live and Let Live." Sacramento and Yolo Counties World AIDS Day Commemoration. December 5, 2002. (Invited keynote address)
64. *Sexual prejudice*. Summer Institute on Sexuality, Society and Health. Program in Sexuality Studies, San Francisco State University. July 22, 2003. (Invited lecture)
65. *Sexual orientation, science, and the law: How social and behavioral research can inform public policy*. Jeanne Herberger Lecture Series on "Communication, Culture, and Conflict," Hugh Downs School of Human Communication, Arizona State University. October 9, 2003. (Invited lecture)
66. *Fitness for priesthood? Shifting Vatican teachings on homosexuality*. National Sexuality Resource Center, San Francisco State University, February 23, 2006. (Invited address and panel discussion)
67. *Beyond "homophobia": What social science tells us about sexual prejudice*. Marquette University. April 20, 2006. (Invited lecture)
68. *Deconstructing "LGB": Social, psychological, and demographic differences and similarities among lesbians, gay men, bisexual women, and bisexual men in a US national probability sample*. Department of Psychology, University of California, Los Angeles. May 4, 2006. (Invited colloquium)
69. *Deconstructing "LGB": Findings from a nationally representative sample of sexual minority adults*. Department of Psychology, University of California, Berkeley. April 3, 2007. (Invited colloquium sponsored by the Diversity Student Alliance)
70. *Deconstructing "LGB": Findings from a nationally representative sample of sexual minority adults*. Bay Area Sexuality Research Seminar Series, San Francisco State University. April 26, 2007. (Invited lecture)
71. *Identity, relationships, and stigma among U.S. sexual minority adults*. Sexual Minority Action Research Team, San Francisco. May 1, 2007. (Invited lecture)
72. *Stigma, prejudice, and sexual orientation*. Continuing Medical Education conference on Sexual Orientation and Gender Identity in Primary Care, General Medicine and Mental Health, UC Davis Medical Center, January 17, 2009. (Keynote lecture)

EXHIBIT C

Plaintiffs' Responses to Defendant-Intervenors First Set of Interrogatories

Plaintiff-Intervenor's Responses to Defendant-Intervenors' First Set of Interrogatories.

Defendant-Intervenors' Motion for Summary Judgment

California Safe Schools Coalition, *Safe Place to Learn: Consequences of Harassment Based on Actual or Perceived Sexual Orientation and Gender Non-Conformity and Steps for Making Schools Safer* (Available at <http://www.casafeschools.org>).

Hatzenbuehler, M.L., Keyes, K.M. & Hasin, D.S. (in press) State-level policies and psychiatric morbidity in LGB populations. *American Journal of Public Health*. [Confidential Until Published].

Hatzenbuehler, M.L. (in press) The impact of institutional discrimination on psychiatric disorders in LGB populations: A prospective study. *American Journal of Public Health*. [Confidential Until Published].

Hatzenbuehler, M.L., Nolen-Hoeksema, S. & Dovidio, J.F. (in press) How Does Stigma "Get Under the Skin?" The Mediating Role of Emotion Regulation. *Psychological Science*. [Confidential Until Published].

Russell, S. T., Talmage, C., Laub, C., & Manke, E. (2009). *The Economic Costs of Bullying at School*. (California Safe Schools Coalition Research Brief No. 5). San Francisco, CA: California Safe Schools Coalition.

Russell, S. T., McGuire, J.K., Laub, C., & Manke, E. (2006). *Harassment in School Based on Actual or Perceived Sexual Orientation: Prevalence and Consequences* (California Safe Schools Coalition Research Brief No. 2). San Francisco, CA: California Safe Schools Coalition.

WestEd, *California Healthy Kids Survey, Aggregated California Data Technical Report, 2006-2007 & 2007-2008 Secondary* (available at http://www.wested.org/cs/chks/print/docs/chks_samplerereports.html).