

Psychologists^{for} Marriage Equality

SUBMISSION

Senate Inquiry into the Marriage Equality Amendment
Bill 2012 and the Marriage Amendment Bill 2012

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Psychologist for Marriage Equality

**RE: Submission to the Senate Inquiry into the Marriage Equality Amendment Bill 2012
and the Marriage Amendment Bill 2012**

Dear Senate Committee,

Thank you for giving Psychologists for Marriage Equality (PME) the opportunity to make a submission on the issue of marriage equality in Australia. PME represents Australian psychologists who recognise the substantive mental health burden associated with marriage discrimination. PME supports both the Marriage Equality Amendment Bill 2012 and the Marriage Amendment Bill 2012.

In this submission we will outline some of the pertinent research from around the world, including Australia, which demonstrates the effects of discrimination on minority groups. The implication of which will be related directly to the current issue at hand – marriage equality in Australia. It is the intention of this submission to demonstrate that the Australian government's current Marriage Act (2004), which restricts marriage to only heterosexual couples, is directly reinforcing high levels of social stigma directed towards individuals who are gay or lesbian. This in turn has led to an unsatisfactory level of psychiatric illness within the community. The associated burden of disease has wide-reaching implication, both from a social but also economic position.

The Effect of Minority Stress

Researchers have established that social prejudice, discrimination, and violence against lesbians, gay men, and bisexuals play a significant role in the mental health outcomes of such individuals (Peplau & Fingerhut, 2007). The term “minority stress” has been used to refer to the negative effects associated with the adverse social conditions experienced by members of a stigmatised social group (e.g., members of racial and ethnic minority groups, the physically disabled, women, the poor, or individuals who identify as gay, lesbian, bisexual, transgender or intersex) (see DiPlacido, 1998, Meyer, 2003).

One of the major implications for people who experience *minority stress* is that it increases vulnerability to mental illness due to the internalised negative messages that arise from stigma. In a recent meta-analysis of population-based epidemiological studies lesbian, gay and bisexual populations were found to have higher rates of stress-related psychiatric disorders (e.g., anxiety, mood and substance use disorders) compared to their heterosexual counterparts (Meyer, 2003). It is important to note that the increased incidence of psychiatric disturbance is not related to identifying as gay, lesbian, bisexual or transgender per se, but rather the associated interpersonal difficulties that arise from stigma and non-acceptance from the general community. In a quantitative study with more than 1,500 lesbian, gay, and bisexual participants, living in a U.S. state where same-sex marriage is banned it was shown that stigmatisation was *directly* related to chronic social stress and psychological problems, and *not* due to pre-existing mental health issues or other factors (Rostosky, Riggle, Horne, & Miller, 2009). According to Herdt and Boxer (1993), being denied the right to marry reinforces the stigma associated with a minority sexual identity, and can particularly undermine the healthy development of a well-adjusted emotional and social attachment style among adolescents and young adults. Research indicates that the denial of civil marriage, including the creation of legal statuses such as civil unions and domestic partnerships, stigmatises same-sex relationships, perpetuates the stigma historically attached to homosexuality, and reinforces prejudice against lesbian, gay, and bisexual people (Badgett, 2009; Herek, 2006; Hull, 2006);

Mental Health Statistics in Australia (APS, 2007)

The increased rate of psychiatric disturbance among homosexual/bisexual people that can be related to minority stress processes are captured below in the following Australian Bureau of Statistics findings, where homosexual/bisexual people are:

- 4 times more likely to have ever been homeless (12% homosexual/bisexual vs. 2.9% heterosexual).
- Twice as likely to have no contact with family or no family to rely on for serious problems (11.8% vs. 5.9%).
- More likely to be a current cigarette smoker (35.7% vs. 22%)
- More likely to have had a chronic condition in the last 12-months (51.3% vs. 46.9%)
- Twice as likely to have a high/very high level of psychological distress (18.2% vs. 9.2%).
- Almost 3 times as likely to have had suicidal thoughts (34.7% vs. 12.9%).
- 5 times as likely to have had suicidal plans (17.1% vs. 3.7%).
- 4 times as likely to have attempted suicide (12.6% vs. 3.1%).

Anecdotal evidence suggests that these rates, particularly suicidal ideation and suicide attempts, are much higher in rural and remote areas where the effects of social isolation and stigmatisation are often amplified. Additionally, although homosexual/bisexual people may be considered an ‘at-risk’ group due to higher levels of depression, this is currently not reflected in national health priorities (Carman, Corboz, & Dowsett, 2012).

Evidence from Australia on same-sex relationship recognition and the association with psychological well-being

A survey, involving over 2,000 same-sex attracted Australians (aged 18-82 years) from each state and territory, was conducted through the School of Psychology at The University of Queensland. The ensuing *Not So Private Lives* report (Dane, Masser, MacDonald, & Duck, 2010) presents the following marriage related findings:

Numbers wanting to marry:

When presented with various forms of legal relationship recognition (e.g., marriage, civil unions, de facto status), the majority of participants (54.7%) selected marriage as their personal choice. Further, the numbers preferring to marry increased significantly the younger the age group. For example, 66.7% of those 18-19 years old, 62.8% of those 20-29 years old and 58.4% of those 30-39 years old reported that they preferred to marry. The preference for marriage over other forms of legal relationship recognition was particularly strong among people in a same-sex relationship and living with young children. In cases where the eldest child was under 13 years of age, 74.7% preferred to marry. This figure increased to 80.8% for those with children under the age of 5.

Perceptions of how others value one's same-sex relationship relative to heterosexual marriages and the association with psychological well-being:

Participants who reported having a regular same-sex partner were asked to what extent they felt others (heterosexual friends, parents, siblings and wider contacts), who were aware of their relationship, placed equal value on that relationship when compared with heterosexual marriages and heterosexual de facto relationships. In all cases, the majority perceived that others placed less value on their same-sex relationship when compared with heterosexual marriages. For example, only a third of participants (33.6%) felt that their parents and only 45.6% felt that their heterosexual friends equated the value of their relationship with that of heterosexual marriages. By contrast, the majority felt that parents and heterosexual friends (51.2% and 68.9% respectively) viewed their relationships as being of equal value when compared with heterosexual de facto relationships. These findings show that in most cases participants did not feel that their relationships were devalued relative to heterosexual relationships in general. Instead, sensing that others placed an inferior status on their same-sex relationship was significantly more likely to be the case when the comparison was with marriages. These findings were even more pronounced among those with a desire to marry, supporting the argument that a desire to marry is likely to be influenced by one's perception of the value others in society place upon such unions. Importantly, the more individuals perceived others valued their relationships, relative to heterosexual relationships, the significantly greater their reported level of psychological well-being.

Acceptance and Duration of relationships

The more people felt accepted by their heterosexual friends, parents and siblings the significantly more likely they were to have reported having an ongoing same-sex relationship. Further, when taking into account age differences, those with a same-sex partner who felt more accepted by heterosexual friends and siblings were more likely to report a relationship of a significantly longer duration.

Lesbian and Gay Parenting

There has been an enormous pool of research devoted to the issue of gay and lesbian parenting. Research in this area can be dated back to Evelyn Hooker's landmark study (1957), which eventually resulted in the declassification of homosexuality as a mental disorder in 1973 (Gonsiorek, 1991). Like heterosexual families, families headed by gay and lesbian parents are diverse in nature (Arnup, 1995; Barrett & Tasker, 2001). What sets gay and lesbian parents apart from their heterosexual counterparts is that they often face intense scrutiny over their capabilities as parents, based solely on their sexual orientation. As is the case with most beliefs about stigmatised groups, beliefs are often not based on personal experience/evidence, but rather culturally transmitted myths and stereotypes (Herek, 1995, Gillis, 1998). Whilst the Australian government has in recent years sought to rectify legislation to ensure equal right for gay and lesbian parents, the continued discrimination inherent in the Marriage Act (2001) continues to reinforce these cultural myths, which maintains and increases minority stress.

According to the APA's recent publication on gay and lesbian parenting (APA, 2005) three concerns have historically been associated with the judicial decision making process in relation to custody litigation, and public policies governing foster care and adoption: the belief that gay and lesbian people are mentally-ill, that lesbians are less maternal than heterosexual women, and that gay and lesbian relationships with sexual partners leaves little time for interaction with their children (ACLU Lesbian and Gay Rights Project, 2002; Falk, 1989, 1994; Patterson et al., 2002; Patterson & Redding, 1996). Following is research that demonstrates that these beliefs are without empirical basis.

Mental Health of Gay and Lesbian People

Since 1975 there has been consensus from both psychological and psychiatric experts that homosexuality is neither a form of mental illness nor a symptom of mental illness (Conger, 1975). Indeed the American Psychological Association (APA) recently declared in their resolution on Marriage Equality for Same-Sex Couples: *“homosexuality is a normal expression of human sexual orientation that poses no inherent obstacle to leading a happy, healthy, and productive life, including the capacity to form healthy and mutually satisfying intimate relationships with another person of the same sex and to raise healthy and well-adjusted children, as documented by several professional organizations”* (American Psychiatric Association, 2004; Conger, 1975, National Association of Social Workers, 2003; Paige, 2005) The Australia Psychological Society (APS) has also publically supported this resolution stating *“scientific research provides no evidence that would justify discrimination against same-sex partners and their families.”*(ref. needed).

Gay and Lesbian People as Parents

The belief that gay and lesbian people are not fit to parent is also without empirical support (Anderssen, Amlie, & Ytteroy, 2002). There have been no significant differences found between lesbian and heterosexual woman in their overall mental health or in their child rearing approaches (Bos, van Balen, & vanden Boom, 2004). Similarly, lesbians’ romantic and sexual relationships with other women have not been found to detract from their parenting responsibilities (Bos et al., 2004, Chan, Brooks, Raboy, & Patterson, 1998). Same-sex parents have also been shown to manage their time evenly with respects to their child-care responsibilities and their own romantic needs (Bos et al., 2004; Johnson & O’Conner, 2002; McPerson, 1993). There is research that suggests that in some cases same-sex parenting skills may be superior to heterosexual couples (see Flaks, Fisher, Masterpasqua, & Joseph, 1995; Brewaeys & Van Hall, 1997).

Legislative same-sex marriage bans and health and economic burden

A recent study from the United States identified legislative bans on gay marriage resulted in an increase in the occurrence of psychiatric disorders among same-sex attracted individuals in states where bans were passed relative to states where no bans occurred and in comparison to

heterosexuals. The study by Hatzenbuehler et al. (2010) observed a 36.6% increase in mood disorders, 248.2% increase in generalised anxiety disorder, a 41.9% increase in alcohol use disorders, and a 36.3% increase in psychiatric comorbidity (i.e. more than one psychiatric disorder). Similar findings were found by Rotosky et al. (2009) in their study of minority stress impacts from same-sex marriage bans upon 1,500 participants via an online survey in the United States. While similar studies did not occur in Australia following the 2004 amendment to the Marriage Act that banned same-sex marriage, the findings can be considered in light of data collated by the Australian Institute of Health and Welfare (AIHW).

In 2003 depressive and anxiety disorders were the number one cause of disease and injury among females (10% of all disease and injury), and the number three for males (4.8% of all disease and injury), with the total estimated proportion that takes into account associated health risks from anxiety and depression to be 8.2% (Begg et al., 2007). While accurate data indicating the proportion of the Australian population that is homosexual does not currently exist, conservative estimates of homosexual men have suggested that this may be between 2 and 3% of adults males. Prestage et al. (2008) indicated New South Wales to have a prevalence of 3%, Victoria 2.3% and Queensland 2.7% collected from 2001 Census data. The authors were careful to state that there is no actual specific questioning regarding sexual orientation and therefore census results and inferences made are likely much lower than actual rates. Using a very conservative 2% statistical estimate for the population as a whole and with 2012 population estimations by the Australian Bureau of Statistics being 22,800,000 (ABS Population Clock, 2012), Australia's homosexual population may be predicted to be 456,000. Utilising AIHW psychiatric prevalence rates for 2003 described above (Begg et al., 2007) and not taking into account the elevated rates of mental illness in the homosexual community would place depressive and anxiety disorders to be present in 36,572 individuals. Based upon burden of disease figures for the population in 2003, this equated to 3835 healthy life years lost to depressive and anxiety disorders in the homosexual population during that year. Based upon current ABS estimates of average annual adult income being approximately \$69,000, these findings suggest a loss of \$264,615,000 in income based upon the smaller 2003 Australia population.

With findings of increases in Generalised Anxiety Disorder (248% increase) and Mood Disorders (36.6% increase) in the United States following same-sex marriage bans (Hatzenbuehler et al., 2010), this suggests both a startling and disturbing potential increase in psychiatric illness in Australia following the 2004 amendment to the Marriage Act banning same-sex marriage. It also suggests an improvement in mental health outcomes should same-sex marriage in Australia be allowed into law and a concomitant decrease in economic burden.

Conclusions

The scientific evidence presented in this submission strongly indicates the strong correlation between the discrimination of minority groups and poorer mental-health and well being of gay and lesbian people. Psychologists for Marriage Equality support the removal of the ban on same-sex marriage to ensure all Australian's are given equal choice to marry the person they choose. Failure to do so is likely to perpetuate many of the harmful effects of minority stress outlined in this submission. We thank the Senate Committee for the opportunity to contribute to this important social reform.

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