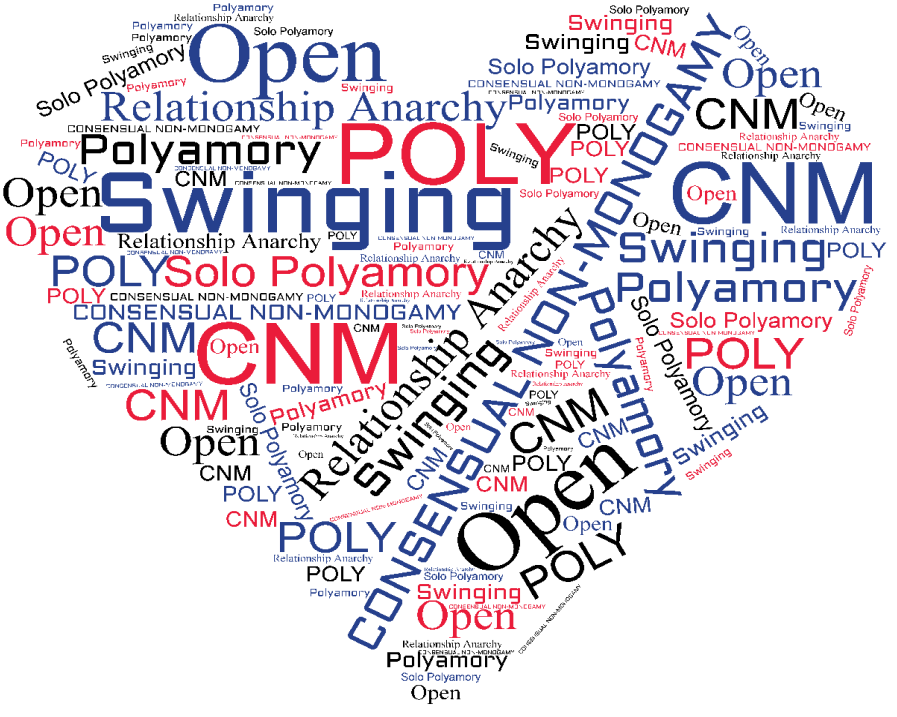
WHAT PROFESSIONALS NEED TO KNOW ABOUT CONSENSUAL NON-MONOGAMY (CNM)



NCSF

national coalition for sexual freedom inc.

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V 1.2, 2024. If you have any comments or questions please reach out to NCSFreedom@NCSFreedom.org

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CONSENSUAL NON-MONOGAMY (CNM)

The National Coalition for Sexual Freedom created this resource to provide information about consensual non-monogamy (CNM) for professionals of all types, including mental health and legal professionals. This resource includes information on various kinds of CNM, the science that supports the health and well-being of those who engage in CNM, as well as the impact of stigma and discrimination. Read on to learn more about your clients' challenges and issues and how you can help this underserved population.

Consensual Non-monogamy (CNM) is the practice of giving informed consent to simultaneous, multiple sexual and/or romantic relationships. Some people may desire and/or identify with a CNM dynamic and may or may not engage in it. Others may engage in CNM and see it as supplementary to their primary sexual identity. Finally, others may still see CNM as a part of their sexual identity (Stephens, 2019).

The most commonly discussed polyamorous relationship includes an inherent hierarchy of primary and secondary relationships; however, some polyamorous individuals reject these hierarchical distinctions (Sheff, 2013). For those who engage in hierarchical relationships, primary relationships tend to include two partners engaging in nesting activities such as living together, sharing finances, being married, and/or raising children. In comparison, secondary relationships tend to be characterized by living separately, not sharing finances, having less time together, and/or having fewer plans for the future (Kleese, 2006).

TYPES OF CONSENSUAL NON-MONOGAMY (CNM)

Polyamory

The philosophy or state of being romantically and intimately involved with more than one person simultaneously, with the knowledge of all involved.

Open Relationship

An intimate relationship that is sexually non-monogamous, without necessarily involving emotional intimacy with other people.

Relationship Anarchy

The application of anarchist principles to intimate relationships that value autonomy, anti-hierarchical practices, lack of state control, anti-normativity, and community interdependence. Andie Nordgren popularized the term “relationship anarchy” in their 2012 Tumblr essay “The short instructional manifesto for relationship anarchy.”

Swinging

Activities in which both singles and partners sexually and socially engage with others.

Solo Polyamory

An individual without a designated “primary partner” who is romantically and/or intimately involved with more than one person simultaneously, with the knowledge of all involved.

LANGUAGE YOU SHOULD KNOW

While this is not an exhaustive list, it does help acquaint a professional with some of some of the important language of consensual non-monogamy communities.

Alternative Sexuality (Alt-sex)	An umbrella term for a wide range of sexual and relationship practices between consenting adults, including CNM and kink.
Compersion	A feeling of joy when a partner invests in and takes pleasure from their partners' romantic or sexual relationship. The Kerista Commune coined the term, and while it is not necessary for a happy CNM relationship, many find it a benefit of CNM dynamics (Flicker et al., 2021; Flicker et al., 2022; Thouin-Savard, 2021).
Ethical Non-monogamy (ENM)	Another term for a wide range of consensual and ethical non-monogamous practices.
Fluid Bonding	Practices that involve the exchange of bodily fluids, such as barrier-free sexual intercourse and BDSM.
Kitchen Table Polyamory	A network of partners and metamours who all hang out and have close relationships, as symbolized by sitting down at a kitchen table together to have a meal.
Lifestyle	The swingers community sometimes refers to itself as "the lifestyle" or "alternative lifestyle."

Metamour	The partner of one's partner with whom one does not share a direct sexual or loving relationship.
Nesting Partner	Partners who live together and may have shared finances.
New Relationship Energy (NRE)	A strong, almost giddy feeling of excitement and infatuation common at the beginning of any new romantic relationship.
Polycule	An extended series of connections between partners and metamours that link a group of people together.
Polygamy	Polyamory may be confused with polygamy (having multiple simultaneous marriages), a relationship structure most commonly practiced by certain conservative religious groups (Barnett, 2014; Willey, 2006). However, consensual non-monogamy as an identity and/or relational orientation is not based on specific religious or spiritual teachings.
Primary / Secondary	A polyamorous relationship structure in which a person has multiple partners with varying degrees of interconnection, emotional intensity, intertwinement in practical or financial matters, or power within the relationship. A person in a primary/ secondary relationship may have one (or more than one) primary partner and one or more additional secondary or tertiary partners.

CONSENT

Consent to non-monogamy must be given explicitly on a detailed level. Professionals need to be aware that there is a difference between true consent and coerced “consent.” Personal choice shouldn’t be imposed on someone else.

NCSF suggests in our Got Consent for Non-monogamy brochure that someone asks themselves the following questions when evaluating whether their non-monogamous relationship is consensual. Considering the variety of CNM relationship structures and activities:

1. Do you feel you have an equal say in deciding your relationship agreements with each of your partners?

2. Do you feel you have enough information to understand and agree to any potential risks involved and inform each other about any change(s)?

3. Do you fully understand both the desires and the boundaries of the other participants?

4. Are you aware of cultural differences, and are you making sure that the language you’re using has the same meaning with everyone involved?

5. Are you able to consent to who will be involved in your activities prior to beginning?

6. Can you consent freely without facing coercion, force, or manipulation?

7. Are you aware of your choices about STI prevention and pregnancy planning/prevention? Are these choices being respected by all of your partners?

8. Are you free to withdraw prior consent during the activity?

9. Are you basing your consent on your autonomous desires rather than what you are being asked to do or what you've seen someone do with other people?

10. Are you basing consent on what you've agreed to rather than making assumptions based on what you've seen someone do with others?

11. Are you aware that consent to one thing doesn't mean you have to consent to anything else and that current consent does not imply future consent?

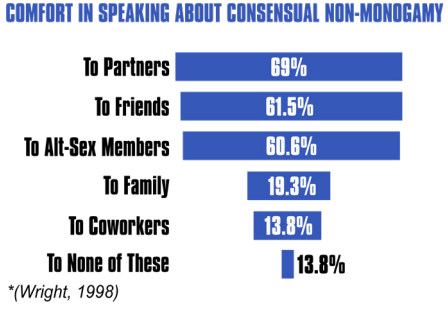
12. Do you feel you understand everyone's limitations or barriers to their ability to consent to the planned activities, such as age, diminished mental capacity, or use of drugs or alcohol?

13. Do you know you can request changes to help you feel safe? For example, you could have somebody nearby during the activities or have others present to verify that you are heard and consenting.

DISCLOSURE

Nearly one (1) in three (3) people involved in Consensual Non-monogamy stated that they could not speak “comfortably” about it, even to their partners (Bowling et al., 2020). This finding raises the question of whether these respondents are self-identifying cheating as CNM or whether it is a struggle to speak about CNM with partners. In addition, only 60% report comfortably speaking about CNM with their friends.

These findings are similar to the reports received over 20 years earlier, in the Violence & Discrimination Against Sexual Minorities Survey (Wright, 1998). The survey asked: “Are you completely ‘out’ about your involvement in sexual minority practices?” with 62% of the respondents stating they were not “completely out.”



(Wright, 1998)

When people are not out about their CNM practices, they may fear being discovered and shunned by people who disapprove. There could be added stress that comes with the lack of recognition of one’s partners. For example, partners not invited to family gatherings and office parties may feel excluded and devalued. Parents may need to arrange a time and place to meet privately rather than in the comfort of one’s home.

We presume that respondents to NCSF surveys are aware of the potential benefits of being out to the communities in which they participate. However, stigma about kink and alternative relationship practices is still sufficiently robust, with 40% of CNM participants declining to be fully open with other CNM practitioners. This finding also implies that most participants face the costs of using stigmatized strategies for keeping their public and private lives separate, including compartmentalization, secrecy, lying, deception, and bring at least some ambivalence to situations in which they are tempted to disclose. For example, it is not uncommon for therapists to report that it may take some time in a therapeutic relationship for important material to be disclosed. As uncomfortable as it may be, this is a common aspect of alternative relationship styles, even for people who are open about other matters.

DISCRIMINATION

Along with the frequently overlooked structural benefits solely assigned to monogamous relationships, such as tax breaks, social security spousal benefits, legal validation, right to marry, and more, people who are non-monogamous also face discrimination by family, professionals, co-workers, landlords, among others. Stress could be caused by rejection by family members or partners or fear of rejection if their lifestyle is discovered. They could also fear the reactions of coworkers and supervisors and the potential negative repercussions for their careers.

Empirical Research indicates that interest in polyamory is becoming increasingly common (Moors, 2017)

RESEARCH HAS FOUND

More than one-half of CNM respondents in a recent survey reported experiencing discrimination (Witherspoon, 2021).

In the Loving More "What Polys Want" survey (Cox, 2012) 28.5% of the respondents reported having experienced some form of discrimination in the past ten years. 20.8% answered that they were "not sure" if they had experienced discrimination. Women (28.9%) were significantly more likely to state that they had experienced discrimination for being polyamorous than men (20.6%).

This prejudice experienced by CNM folks is commonly called mononormativity or couple-centricity. Mononormative bias continues to dominate popular culture by maintaining that any relationship configuration other than a monogamous coupling is inferior or abnormal, resulting in additional stress experienced by those in non-monogamous configurations:

- Mononormativity is defined as the culturally sanctioned assumption that monogamous relationships are the only healthy relationships (Conley et al., 2013b; Moors et al., 2013b).
- It is a term coined by Pieper and Bauer (2005, 2006).
- This assumption of mononormativity is not supported in the literature regarding relationship satisfaction, sexual satisfaction, and sexual health (Conley et al., 2013b).

In addition, couple centricity, or the mononormative bias that any

relationship configuration other than a monogamous coupling is inferior or abnormal, continues to dominate popular culture resulting in additional stress experienced by those in non-monogamous configurations.

Discrimination by Professionals

One major vulnerability for harm results from uninformed professionals perpetuating these prejudices inherent in society.

- Studies estimate the explicit experiences of this prejudice for CNM clientele between 25.8% (Cox, Fleckenstein, & Bergstrand, 2013) and 43% (Nearing, 2000).
    - Implicit experiences of prejudice such as micro-aggressions, lack of role models, and lack of social recognition are likely higher for this population.
    - Those exploring or practicing CNM are often stereotyped and face stigma by healthcare providers (Schechinger, Sakaluk, & Moors, 2018; Vaughan et al., 2019).
- One in seven people who engage in consensual non-monogamy report discrimination from a mental healthcare provider (Witherspoon, 2018).
- Because relationship identity is of equal importance to sexual and gender identities, it is of utmost importance that clinicians be aware of the unique policy and civil rights needs of CNM individuals and advocate accordingly (Manley, Diamond, & Anders, 2015)

The following statements are from In Their Own Words; quotes provided by respondents in the 2nd National Survey of Discrimination & Violence Against Sexual Minorities (Wright, 2008):

Discrimination by Medical Professionals

"Receive lectures about monogamy when I go for my STD testing…"

"My doctor gave me a dirty look and then went on about how being poly is very dangerous."

"My doctor invoked St. Peter and then my mother in an attempt to make me feel guilty after I told her that I am polyamorous. She then sabotaged the screenings that my partner and I needed."

Discrimination by Law Enforcement Professionals

"My testimony against a stalker who published prostitution ads in my name was discounted partly because I'd mentioned D/S a few times on the internet. Being polyamorous didn't help, either."

"The impression given was that since I was into the Lifestyle… that I "asked for it" and the attacker walked away losing only his job. I fought for a full restraining order, and won, my attacker admitting everything in court. Denver Police and my employer treated me disgracefully, finally causing my resignation."

Discrimination by Mental Health Professionals

"In counseling sessions I was told I must not practice my lifestyle with others in my church, including partners I'd been with for years. My current minister is much more understanding, and respects the agreements between my husband, my partners and I."

One in seven people who engage in consensual non-monogamy report discrimination from a mental healthcare provider (Witherspoon, 2018).

"I have had counselors decide that my being interested in BDSM was a way of retraumatization or evidence of unhealthy behavior.They have treated this aspect of my life in much the same way one might expect them to treat an addiction, which seriously damaged the therapeutic relationship and prevented me from gaining the help

from them I was seeking in the first place. Also I have had them make similar assumptions about my being polyamorous."

"I've had a mental health 'professional' refuse to even try to understand the poly nature of our family and insist that I needed to get out of the relationship before he would 'treat' me."

Discrimination by Legal Professionals

"My first divorce lawyer withdrew from my case when my ex started detailing my bedroom practices."

"I had an attorney who sold me down the river because of his feelings towards me as a lifestyle person."

"An attorney would not help us fight our case because of our lifestyle, and recommended we 'take a plea' even though we had done nothing wrong."

"Lawyer not wanting to take my case and acting unprofessionally by blushing and making bad jokes."

Discrimination by Family Courts & Child Protective Services

"DSS in the county I live in has taken a report of BDSM and polygamy against us and turned it into a hunt to remove my Sir and other members of our family from the house. They are seeking for me to denounce the lifestyle and have taken my child from me. They exhausted our finances so that finding a lawyer that we can afford is very difficult at this time."

"My ex-husband has threatened to sue for custody of my son because he feels that my polyamorous lifestyle is unhealthy and has told him so in front of him. He told my son himself that I was living an unhealthy life. Mind you, this is coming from a man that has gone to prison for drug manufacturing, possession and domestic violence."

COMMUNITY RESOURCES

Consensual Non-monogamy communities have sprung up in many locations in the United States, Canada, Australia, New Zealand, South Africa, and Europe. It is helpful for practitioners to participate in community events in order to learn how to communicate about consensual non-monogamy as well as learning how to process their feelings with other group members.

Since the late 1990s, the CNM communities have been Internet-based to facilitate in-person meet-ups and social events, enabling people to find ways to meet and learn more. This subculture overlaps significantly with others in which alternative lifestyles are accepted, such as LGBTQIA+ and kink communities.

The APA Division 44 Committee on Consensual Non-monogamy (CNM) generates research, creates empirically informed clinical resources, and promotes awareness of CNM issues within the mental health industry and the public.

Along with NCSF, nonprofit advocacy groups include:

- **Canadian Polyamory Advocacy Association (CPAA)** Advocating on behalf of Canadians who practice polyamory by promoting legal, social, government, and institutional acceptance and support of polyamory and advancing the interests of the Canadian polyamorous community generally. Thanks to the advocacy of the CPAA, polyamory is no longer criminalized in Canada. https://polyadvocacy.ca/
- **Polyamory Legal Advocacy Coalition (PLAC)** A multi-disciplinary coalition supported by some Harvard academics. https://polyamorylegal.org/faqs
- **OPEN (Organization for Polyamory and Ethical Non-monogamy)** A nonprofit dedicated to fostering the polyamory and non-monogamy movement by advancing cultural acceptance, building political power, and supporting non-monogamous communities and leaders. https://www.open-love.org/

RESEARCH

Prevalence

Using two U.S. Census-based quota samples of single adults in the United States, one in five participants (21.9% in Study 1; 21.2% in Study 2) reported engaging in consensual non-monogamy at some point in their lifetime (Haupert et al., 2016). This proportion remained constant across age, education level, income, religion, region, political affiliation, and race but varied with gender and sexual orientation. Specifically, men (compared to women) and people who identify as gay, lesbian, or bisexual (compared to those who identify as heterosexual) were more likely to report previous engagement in CNM.

This shift in cultural mores applies to “threesomes” as well. A 2017 prevalence study found that 10% of women and 18% of men in the US have engaged in sexual interactions with more than one person simultaneously (Herbenick et al., 2017).

A Canadian prevalence survey found that a typical fantasy for men (84.5%) is receiving oral sex and having sexual intercourse with two women. In comparison, more than half of women (56.5%) fantasize about having sexual relations with two men (Joyal et al., 2015). In addition, 42.3% of men and 17.5% of women fantasize about indulging in sexual swinging with a couple they know, while more women (26.9%) fantasize about indulging in sexual swinging with a couple they don’t know.

A U.S. survey about sexual fantasies, while not a representative sample, found that sex with multiple partners is a “staple” of Americans’ fantasies (Lehmiller, 2018). When asked to describe their favorite sexual fantasy of all time, group sex was by far the most common theme, with 89% fantasizing about threesomes and 74% about orgies.

The best contemporary scientific evidence finds that consenting adults who practice non-monogamy have no psychological or relationship functioning differences compared to those in monogamous relationships (Hamilton et al., 2021). Several recent studies found few differences in relationship functioning and no significant differences in relationship quality between CNM and monogamous relationships (Conley et al., 2017; Mogilski et al., 2015; Morrison et al., 2011). A literature review also examined the psychological well-being and relationship quality of CNM individuals compared to monogamous participants, and the authors found similar psychological well-being and relationship quality levels (Rubel & Bogaert, 2014).

Empirical research also indicates that interest in polyamory is becoming increasingly common. (Haupert, 2017)

Stigma

Research has found the general public's attitudes prefer monogamous relationships over CNM relationships, with people in monogamous relationships perceived to have wide-ranging benefits at the individual, family, and societal levels (Conley et al., 2013a). Participants also believed that engaging in monogamy prevents the spread of STIs.

Yet, research shows that it is debatable whether monogamy effectively prevents STIs, with unfaithful individuals less likely to practice safer sex than openly non-monogamous individuals. (Conley et al., 2012).

Evidence from small qualitative studies suggests that prejudice against people involved in CNM may be very severe and pervasive (Barker et al., 2010). Moreover, although CNM relationships are concealable, concealable stigmas are also well documented to be a source of negative health outcomes (Meyer, 2003; Quinn et al., 2009).

In addition, CNM relationships lack visibility within psychological theories and research. For example, most contemporary psychological theories of human development assume that a normal and healthy developmental transformation in one's life is monogamous dyadic partnering (Bowlby, 1969; Erikson, 1982). Likewise, CNM individuals are invisible within arguably the most popular conceptualization of close relationships, the adult-attachment theory (Hazan et al., 1987; Shaver et al., 1988). Empirical research often relies on Western conceptualizations of romantic love, which emphasizes monogamy (Ryan et al., 2010).

Psychological Health

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MENTAL HEALTH PROFESSIONALS

Those exploring or practicing CNM are often stereotyped and face stigma by healthcare providers (Schechinger, Sakaluk, & Moors, 2018; Vaughan et al., 2019). One in seven people who engage in consensual non-monogamy report discrimination from a mental healthcare provider (Witherspoon, 2018).

Be aware of cultural differences and strive to recognize how consensual non-monogamy intersects with your clients' other demographics/identities, including sexual identity and expression (including kink), gender identity and expression, race, ethnicity, nationality, socioeconomic status, religion/spirituality, ability/disability status, and age.

Clinical Guidelines

The American Psychological Association has approved professional practice guidelines in areas such as multicultural practice (APA, 2017) and working with lesbian, gay, bisexual, and transgender clients (APA 2021; 2015). Research continues to expand this work for individuals engaged in consensual non-monogamy.

Recommendations for supporting CNM therapy clients:

- Education - Look up information about CNM rather than using time in session.
- Avoid assuming monogamy - Being married or partnered does not equate to monogamy.
- Acknowledge stigma - This may be causing/amplifying distress.
- Avoid blaming CNM - Stress from societal stigma may be causing the problem.
- Use inclusive language - Ask about preferred language (i.e., partner(s), spouse, etc.).
- Clarify agreements and terms - Ask, do not assume; all relationships are unique.

- Signal CNM affirmation - With statements and CNM symbols.
- Ask about relationship style - On forms and intake to avoid mislabeling.
- Judgment and bias - Avoid judgment, recommending a traditional relationship, or pressuring clients to disclose CNM status or end a relationship based on it being CNM.

Institution/systems-related recommendations

- Inclusive forms and website - Offer the option to self-identify relationship style on intake and any demographic forms. Be explicitly affirming toward CNM on office documents, non-discrimination statements, and websites.
- Affirming setting and structure - Provide ample space and chairs for multiple partners. Longer appointments may also be needed.
- Offer CNM support group(s) - Topics can include exploring, acknowledging, navigating, and/or coming out about consensual non-monogamy.
- Training and Education - Provide annual training for staff about consensual non-monogamy.
- Recruitment - Actively recruit staff who are CNM-affirming or CNM-identified.
- Offer educational programs - Examples can include exploring CNM, coming out as CNM, opening a relationship, coping with CNM stigma, and raising children as a parent who is CNM.

Encourage the adoption of an Exit Strategy and strategies for STI protection for clients who engage in CNM.

Tell Your Clients:

You can create the ability to leave before or during any activities.	You do not have to justify or validate the different reasons and/or need for an exit.
You have the right to keep your exit strategy from being modified by anyone else.	You have the right to choose your protection. Stealthing may not be illegal, but knowingly passing on an STI or HIV is illegal in 35 states.

A 2021 YouGov poll of more than 23,000 Americans found that about a quarter (25%) of Americans say they would be interested in having an open relationship. Men (32%) are more likely than women (19%) to say they would be interested in a non-monogamous relationship. Among married couples, this is also the case: 30% of husbands would be interested, 21% of wives feel similarly. Millennials are more likely than any other generation to express interest in having an open relationship, by a notable margin. Four in 10 (41%) Millennials would be interested, while Generation Z (29%) trails 12 points behind, followed by Generation X (23%). Baby Boomers (12%) are the least likely to express interest in an open relationship.

Consensual Acts vs. Interpersonal Violence

Consent to consensual non-monogamy must be given explicitly on a detailed level. Professionals need to be aware that there is a difference between true consent and coerced "consent." Personal choice shouldn't be imposed on someone else.

Consensual	Nonconsensual
• You have an equal say in deciding the form of your relationship with each partner. • You have enough information to know what you agree to do. • You can express your feelings and clarify any previous agreements. • Interactions happen within the limits and boundaries you agree to. • You can make your own choice about STI and pregnancy protection. • You understand and agree to the risks involved and inform each other about any change. • You can request an environment that you feel provides a sense of safety. • You can request an outside party be in proximity during any activities. • You have direct access to the other affected parties to verify information. • You have the right to third-party verification for safety when entering new relationships.	• You are forced into relationships or sexual interactions against your will. • You aren't told what will happen and have no chance to agree or refuse. • Your questions aren't answered truthfully. • You are tricked, coerced or pressured into doing things outside your comfort zone. • You are lied to or aren't told about someone's STI status. • You aren't allowed to decide what kind of sexual protection you use. • You are pressured to do activities that aren't appropriate for the location or social environment. • You are forced to drink, take drugs or necessary medication is refused. • You are afraid to be honest about what you think and feel. • You are isolated and cut off from outside support, information or counsel. • You are coerced using • economics, mental health, intellect, history, and/or experience.

NCSF suggests you ask the following when someone is evaluating whether a non-monogamous relationship is consensual:

1. Do you feel you have an equal say in deciding your relationship agreements with each of your partners?
2. Do you feel you have enough information to understand and agree to any potential risks and inform each other about any change(s)?
3. Do you fully understand both the desires and the boundaries of the other participants?
4. Are you aware of cultural differences, and are you making sure that the language you're using has the same meaning with everyone involved?
5. Are you able to consent to who will be involved in your activities before beginning?
6. Can you consent freely without facing coercion, force, or manipulation?
7. Are you aware of your choices about STI prevention and pregnancy planning/prevention? Are these choices being respected by all of your partners?
8. Are you free to withdraw prior consent during the activity?
9. Are you basing your consent on your autonomous desires rather than what you are being asked to do or what you've seen someone do with others?
10. Are you basing consent on what you've agreed to rather than making assumptions based on what you've seen someone do with others?
11. Are you aware that consent to one thing doesn't mean you have to consent to anything else and that current consent does not imply future consent?
12. Do you understand everyone's limitations or barriers to their ability to consent to the planned activities, such as age, diminished mental capacity, or use of drugs or alcohol?
13. Do you know you can request changes to help you feel safe? For example, you could have somebody nearby during the activities or have others present to verify that you are heard and consenting.

Interpersonal Issues

Clinicians can assist clients with dealing with interpersonal issues that arise during a client's exploration of CNM

● Making the decision - Determining which form of relationship best suits one's needs.
● Developing boundaries - All healthy relationships require good skills in deciding on and maintaining one's boundaries and respecting others' boundaries.
● Communication - You can't have consent for non-monogamy without much communication, but learning how to talk about needs and desires can be difficult.
● Dealing with Change - Transitioning from a monogamous to a non-monogamous model may mean that clients need assistance in navigating the feelings that arise, including confusion, distress, doubt, fear of loss, abandonment, insecurity, guilt or jealousy.

Common topics addressed in therapy

- Boundary setting and communication
- Consent and hierarchy in relationships
- Coping with envy or jealousy
- Integrating and transitioning relationships
- Creating and adjusting relationship agreements
- Time management and scheduling
- Transitioning to CNM from monogamy
- Navigating parenting responsibilities with multiple partners
- Disclosure about being non-monogamous
- Disapproval from family and friends
- Coping with stigma and judgment
- Lack of legal protection for CNM
- Discrimination (e.g., employment, housing, custody)
- Safer sex considerations
- Relating to a partner's other lovers
- Finding resources and support

Opening Up a Relationship

When it is one partner in a couple who wishes to introduce polyamory into the relationship, the therapist can help them to decide how to bring up the topic, and can assist them in preparing for the responses that the partner might have. Questions to ask when opening up an existing relationship:

- When do new relationships need to be discussed with the existing partner/s?
- Do any partners have “veto power”?
- Are any restrictions placed upon the new relationship, such as limits on the amount of time that partners may spend together, or specific sexual acts that are reserved for specific partners?
- Can shared homes/bedrooms be used for time spent with new partners?
- Will the new relationship become equal in status to the existing one, or is the existing one expected to remain primary?

LEGAL PROFESSIONALS

There is currently a lack of legal protection in property law, inheritance law, parenting and child custody. Examples of unique legal concerns that polyamorous individuals have include:

- Issues related to marriage
- Child custody
- Protection of marital assets (Blaney et al., 2013)
- Anti-adultery laws (Muzacz et al., 2017)

Dryden (2015) notes that CNM individuals and families are not protected by either family policy or law in the United States. Because the various types of CNM individuals have unique experiences of stigma (Matsick et al., 2014) and different civil rights needs (Sizemore et al., 2017), legal and family policy changes are desperately needed to protect this vulnerable population.

On June 29, 2020, Somerville, MA, was the first town to legally recognize more than one committed relationship in their domestic partnership ordinance in municipal law. The City of Cambridge approved a similar Ordinance in March 2021, providing for the registration of domestic partnerships with more than two partners.

Outside of the US, the Supreme Court of Newfoundland recently recognized the parental responsibilities of a polyamorous, three-parent family.

Legality of Consensual Non-monogamy

Having multiple non-marital partners, even if you are married to one, is legal in most U.S. jurisdictions, albeit with exceptions. In North Carolina, a spouse can sue a third party for causing a “loss of affection” with their spouse. More than twenty states have laws against adultery, although these are infrequently enforced.

The US became more accepting of open sexuality in the 1960s when the Supreme Court in Griswold v. Connecticut defined the legal right to sexual privacy, 381 U.S. 479, 85 S.Ct. 1678 (1965).

The 1965 ruling paved the way for the Supreme Court to articulate a constitutionally-protected "liberty interest" in sexual freedom in 2003 in Lawrence v Texas, 539 U.S. 558, 123 S.Ct. 2472 (2003).

Brown v. Buhman is a legal case in the United States federal courts that challenged the State of Utah's criminal polygamy law. The action was filed in 2011 by the United States Court of Appeals for the Tenth Circuit, rev'g 947 F.Supp.2d 1170 (D. Utah) (2016).

Brooke B. v Elizabeth C.C. in New York in August 2016, in which New York's State Court of Appeals has allowed the non-biological lesbian mother to seek visitation and custody.

Partanen v. Gallagher in Massachusetts on October 4, 2016, the Supreme Judicial Court (SJC) issued a decision declaring that Karen Partanen, a non-birth mother, had the right to visitation and custody.

Law Review Articles

Myrisha Lewis, "Biology, Genetics, Nurture and the Law: Expansion of the Legal Definition of Family to include Three or More Parents." 1*6 Nevada Law Journal 743, 2016*.

"Three's Company, Too: The Emergence of Polyamorous Partnership Ordinances." *135 Harvard Law Review 1441, MAR 10, 2022*. Ann E. Tweedy, "Polyamory as a Sexual Orientation." *University of Cincinnati Law Review, Vol. 79, p. 1461, 2011*.

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Child Custody & Divorce

The Uniform Parentage Act (a recommended uniform legal framework for establishing parent-child relationships in the U.S.) does allow for the legal recognition of more than two parents. However, only some states (including California, Washington, Louisiana, and Rhode Island) have recognized that families can have multiple parents, such as step-families, adoptive families, or even more rarely, families with CNM parents.

Regarding the prevalence of abuse in consensual non-monogamous families, there is a relatively low risk of abuse due to the parents' intimate relationships. According to the Fourth National Incidence Study of Child Abuse and Neglect (NIS–4) Report to Congress (Table 6–1), only 2.4% of child abuse is committed by a parent's intimate partner, and 3.2% by in-home step-parents. That was comparatively less than abuse committed by other family members (3.6%). These statistics are not used to remove custody from foster/adoptive families.

Table 6–1. Categorization of Perpetrators of Child Maltreatment (n=1,256,600) Perpetrator Category Percentage of Children with Closest-Related Perpetrator of Most Severe Maltreatment:
In-home biological parent 77.5%
Out-of-home biological parent 3.3%
In-home step-parent 3.2%
Other in-home non biological parent (foster, adoptive, etc.) 6.7%
Parent's boyfriend or girlfriend 2.4%
Other family members 3.6%
Other unrelated adults 3.0%

Family law varies significantly from state to state. However, most family courts decide on child custody based on "The Best Interests of the Child." Some states explicitly give the judge the right to make decisions based on "moral character." Research has found that Family Court judges do remove child custody from parents

who engage in CNM on the false premise that they are less moral, less stable, and less capable to care for children compared to monogamous people (V.B. v. J.E.B., 2012; Cross v. Cross, 2008).

In a high-profile 1999 case, a young child was removed from a polyamorous household after her grandparents petitioned for custody on the grounds that the home environment was immoral according to the Bible. No evidence of child abuse or neglect was found, and mental health professionals found that the child was well-adjusted, but the child's family still had to fight a court battle to have her returned. Even then, the child was only returned on the grounds that one of the three parents moved out (Emens, 2004).

"Governing bodies, the judiciary, and educational institutions have remained largely ignorant of polyamorous relationships. Research documents the exclusions of poly families (and individuals) from access to legal provisions and protections and their common discrimination in the courts, namely, in custody cases. It further highlights the discrimination of poly-identified adolescents in school and college settings and the predicament that poly families face when interacting with public institutions (including schools and kindergartens)." (Klesse, 2019)

"Polyamory and other forms of consensual non-monogamies (CNM) are becoming increasingly popular among members of the general public and especially among LGBTQ+ populations. CNM remains under-researched and comparatively little is known. Consequently, family service providers are often ill-informed about CNM and require additional information to adequately serve CNM communities. Seeking to contribute to that discussion, in this chapter we first identify four issues that frame the academic and social conversations about poly families and provide an overview of recent academic research and theoretical development regarding poly parenting." (Pallotta-Chiarolli et al., 2020).

"Using the psychological theory of resilience, this chapter

analyzes polyamorous families as an adaptive response to shifting social, economic, and relational circumstances, thus widening the scope of research in family studies. Like the families of other sexual minorities in the US and elsewhere, polyamorous families are often 'guilty until proven innocent' when interacting with officials from legal, educational, and child protection services. Given the level of stigma under which sexual and gender minority families labour, it would make sense for readers to interpret my use of resilience theory as a defensive posture taken against imminent attack. In fact, the data and the characteristics of polyamorous families led me to resilience theory, which is primarily a psychological theory and not one with which I had been familiar prior to researching polyamorous families. It was while reading others' research on stigmatized families that I came across the family resilience model, and was struck by how perfectly the emphases on communication and flexibility matched poly emphases on honesty and negotiation." (Sheff, 2016b).

Health Care Forms

Hospitals and health clinics often have rules about who is allowed to visit a patient or be present during a procedure. A medical power of attorney can grant partners the right to visit or have a right to a say in their partner's care if they are incapacitated.

The American Bar Association has a Medical Power of Attorney Guide with an easy-to-use, multi-state form for adults.Forms

Legal Forms

Multiple U.S. states (including California, Washington, Louisiana, and Rhode Island) have explicitly recognized families with multiple parents, such as step-families, adoptive families, and families with CNM parents. There may be forms available in your State that can enable people with multiple partners to have equity in their relationships, such as:

Child Custody	Power of Attorney	Estate Planning

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Other Resources from the National Coalition For Sexual Freedom

Kink Aware Professionals: List yourself in our Directory of Kink and Polyamory Aware Professionals https://www.kapprofessionals.org/

Order free Materials: https://ncsfreedom.org/order-ncsf-materials/

Sign up for newsletter: https://ncsfreedom.org/

Professional Resources: https://ncsfreedom.org/resource-library/

- Consensual Non-monogamy for Mental Health Professionals brochure
- What Professionals Need to Know about Consensual Non-monogamy
- What Professionals Need to Know about Kink
- Kink Clinical Guidelines
- BDSM Glossary
- Education Outreach Resources for Professionals

Get Help through Incident Reporting & Response
https://ncsfreedom.org/incident-reporting-response/

Education Outreach: Request a workshop for your group, practice, or company with https://ncsfreedom.org/educational-outreach-overview/

Consent Information from Consent Counts
https://ncsfreedom.org/key-programs-2/consent-counts/

Volunteer: Consider donating one of your most important assets, your time! Whether you want to work behind the scenes or take a more public role — we have a project just right for you! There are important tasks to be done and we need your help to make it all happen. https://ncsfreedom.org/volunteers/

Shop: https://www.cafepress.com/ncsfreedom

Join: NCSF is a coalition of groups, clubs and businesses, including mental health practices and law firms. The Foundation of the NCSF is a charitable foundation that provides education and conducts research. https://nationalcoalitionforsexualfreedom.wildapricot.org/

Member Resources: https://ncsfreedom.org/member-resources/

NCSF Mission Statement

The NCSF is committed to creating a political, legal and social environment in the U.S. that advances equal rights for consenting adults who engage in alternative sexual and relationship expressions.

The NCSF aims to advance the rights of, and advocate for, consenting adults in the BDSM, leather, fetish, swing, and polyamory communities. We pursue our vision through direct services, education, advocacy, and outreach, in conjunction with our partners, to directly benefit these communities.

Diversity, Equity and Inclusion Vision

NCSF's goal is to fulfill our mission through a better understanding of a diverse range of voices and experiences in our communities. We recognize the similarities and differences between people that make us all unique. We aim to be inclusive by creating opportunities for more people of various backgrounds to be represented and heard by NCSF.

How You Can Help

The NCSF relies on contributions from individuals and local BDSM, swing and polyamory groups for financial support. Contact us at **ncsfreedom@ncsfreedom.org** to find out how easy it can be to organize a fundraiser for NCSF!

You can also participate in NCSF activities, ranging from writing letters to the media and government officials, to joining in community outreach. Get information about NCSF actions as well as coverage of mainstream news concerning sexual freedom issues by subscribing to our free newsletter at **www.ncsfreedom.org,** or ordering free materials.

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