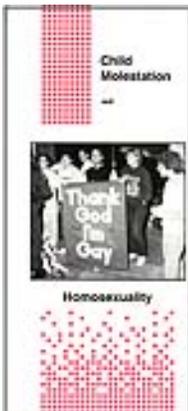


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The peculiar nature of homosexual desire has led some people to conclude that this urge must be innate: that a certain number of people are "born that way," that sexual preferences cannot be changed or even ended. What does the best research really indicate? Are homosexual proclivities natural or irresistible?

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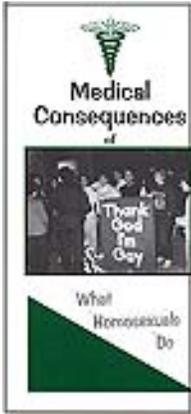


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Why is it, then, that we read about sex between boys and men in every newspaper? Does it merely reflect sensationalist journalism? We know that heterosexual molestation also occurs. But since there are so many more heterosexuals than homosexuals, which kind of child molestation -- homosexual or heterosexual -- is proportionately more common?

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Medical Consequences of What Homosexuals Do

Throughout history, the major civilizations and major religions condemned homosexuality. Until 1961 homosexual acts were illegal throughout America.

Gays claim that the "prevailing attitude toward homosexuals in the U.S. and many other countries is revulsion and hostility....for acts and desires not harmful to anyone." The American Psychological Association and the American Public Health Association assured the U.S. Supreme Court in 1986 that "no significant data show that engaging in...oral and anal sex, results in mental or physical dysfunction."

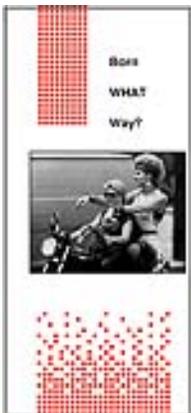
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Violence and Homosexuality

In 1992 two Jeffersonville, Indiana lesbians, aged 17 and 16, abducted a 12-year-old girl whom they accused of trying to "steal a girlfriend." The little girl was pushed into the trunk of a car, stabbed repeatedly, and beaten with a heavy metal bar. While still struggling, they poured gasoline on her and set her ablaze. Later that year a Fort Lauderdale, Florida 14-year-old was convicted of first-degree murder for helping to kill his 40-year-old father. The father "was stabbed 45 times and beaten so badly with an iron skillet that the skillet shattered." The boy confessed that he helped his father's former homosexual lover and roommate kill him so he and the 31-year-old "could live together."

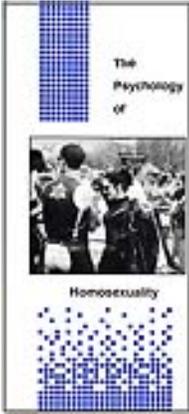
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Born WHAT Way?

Gay activists regularly claim that they were "born that way" and thus cannot change their desires or stop their activities. Yet there are numerous documented cases in which homosexuals have changed. The Masters-Johnson Institute reported that: "A 25-year-old man had had his first sexual experience when he was 13 years old. It was arranged by his lesbian mother with an older gay man. After that episode, his imagery and interpersonal sexual experience were exclusively homosexual.... The man was motivated to establish a heterosexual life style because he was sincerely distressed by public disapproval of homosexuality and his personal loneliness. [After treatment, he] has been followed for 3 1/2 years. His sexual interaction has been exclusively heterosexual. He has moved out of the gay community and has changed... his life style."

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The Psychology of Homosexuality

Though many would like to think otherwise, the very existence of our society depends upon each individual contributing to the survival and well-being of all. No one -- except the old, the sick, the handicapped -- has ever been exempt from leading a productive life. In primitive societies, the good man hunted for the sustenance of the entire tribe and the good woman bore and reared children to ensure the survival of their kind. In modern culture, the roles have changed in superficial ways, but until recently have remained essentially the same. Good citizens led productive lives and brought children into the world to replenish the community with virtue.

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Same Sex Marriage: Til Death Do Us Part??

Society has a vested interest in prohibiting behavior that endangers the health or safety of the community. Because of this, homosexual liaisons have historically been forbidden by law.

Homosexuals contend that their relationships are the equivalent of marriage between a man and woman. They demand that society dignify and approve of their partnerships by giving them legal status as 'marriages.' They further argue that homosexuals should be allowed to become foster parents or adopt children.

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What Causes Homosexual Desire and Can It Be Changed?

By Paul Cameron, Ph. D.



Dr. Cameron is Chariman of the [Family Research Institute](#) of Colorado Springs, Colorado USA. [Click here](#) for more information about this organization. You may contact him at: Family Research Institute, PO Box 62640, Colorado Springs, CO 80962 USA. Phone number: (303) 681-3113. (No e-mail address.)

Most of us fail to understand why anyone would want to engage in homosexual activity. To the average person, the very idea is either puzzling or repugnant. Indeed, a recent survey (1) indicated that only 14% of men and 10% of women imagined that such behavior could hold any "possibility of enjoyment."

The peculiar nature of homosexual desire has led some people to conclude that this urge must be innate: that a certain number of people are "born that way," that sexual preferences cannot be changed or even ended. What does the best research really indicate? Are homosexual proclivities natural or irresistible?

At least three answers seem possible. The first, the answer of tradition, is as follows: homosexual behavior is a bad habit that people fall into because they are sexually permissive and experimental. This view holds that homosexuals choose their lifestyle as the result of self-indulgence and an unwillingness to play by society rules. The second position is held by a number of psychoanalysts (e.g., Bieber, Socarides). According to them, homosexual behavior is a mental illness, symptomatic of arrested development. They believe that homosexuals have unnatural or perverse desires as a consequence of poor familial relations in childhood or some other trauma. The third view is "biological" and holds that such desires are genetic or hormonal in origin, and that there is no choice involved and no "childhood trauma" necessary.

Which of these views is most consistent with the facts? Which tells us the most about homosexual behavior and its origins? The answer seems to be that homosexual behavior is learned. The following **seven** lines of evidence support such a conclusion.

1) No researcher has found provable biological or genitic differences between heterosexuals and homosexuals that weren't caused by their behavior

Occasionally you may read about a scientific study that suggests that homosexuality is an inherited



tendency, but such studies have usually been discounted after careful scrutiny or attempts at replication. No one has found a single hereditary genetic, hormonal or physical difference between heterosexuals and homosexuals - at least none that is replicable. (9, 12) While the absence of such a discovery doesn't prove that inherited sexual tendencies aren't possible, it suggests that none has been found because none exists.

2) People tend to believe that their sexual desires and behaviors are learned

Two large studies asked homosexual respondents to explain the origins of their desires and behaviors - how they "got that way." The first of these studies was conducted by Kinsey in the 1940s and involved 1700 homosexuals. The second, in 1970, (4) involved 979 homosexuals. Both were conducted prior to the period when the "gay rights" movement started to politicize the issue of homosexual origins. Both reported essentially the same findings: Homosexuals overwhelmingly believed their feelings and behavior were the result of social or environmental influences.

In a 1983 study conducted by the Family Research Institute (5) (FRI) involving a random sample of 147 homosexuals, 35% said their sexual desires were hereditary. Interestingly, almost 80% of the 3,400 heterosexuals in the same study said that their preferences and behavior were learned (see Table 1 below).

Table 1

Reasons For Preferring:

homosexuality (1940s and 1970)

- early homosexual experience(s) with adults and/or peers - 22%
- homosexual friends/ around homosexuals a lot - 16%
- poor relationship with mother - 15%
- unusual development (was a sissy, artistic, couldn't get along with own sex, tom-boy, et cetera) - 15%
- poor relationship with father - 14%
- heterosexual partners unavailable - 12%
- social ineptitude - 9%
- born that way - 9%

heterosexuality (1983)

- I was around heterosexuals a lot - 39%
- society teaches heterosexuality and I responded - 34%
- born that way - 22%
- my parents, marriage was so good I wanted to have what they had - 21%
- I tried it and liked it - 12%
- childhood heterosexual experiences with peers it was the "in thing" in my crowd - 9%
- I was seduced by a heterosexual adult - 5%

While these results aren't conclusive, they tell something about the very recent tendency to believe that homosexual behavior is inherited or biologic. From the 1930s (when Kinsey started collecting data) to the early 1970s, before a "politically correct" answer emerged, only about 10% of homosexuals claimed they were "born that way." Heterosexuals apparently continue to believe that their behavior is primarily a result of social conditioning.

3) Older homosexuals often approach the young

There is evidence that homosexuality, like drug use is "handed down" from older individuals. The first homosexual encounter is usually initiated by an older person. In separate studies 60%, (6) 64%, (3) and 61% (10) of the respondents claimed that their first partner was someone older who initiated the sexual experience.

How this happens is suggested by a nationwide random study from Britain: (17) 35% of boys and 9% of girl said they were approached for sex by adult homosexuals. Whether for attention, curiosity, or by force, 2% of the boys and 1% of the girls succumbed. In the US, (1) 37% of males and 9% of females reported having been approached for homosexual sex (65% of those doing the inviting were older). Likewise, a study of over 400 London teenagers reported that "for the boys, their first homosexual experience was very likely with someone older: half the boys' first partner were 20 or older; for girls it was 43 percent." (13) A quarter of homosexuals have admitted to sex with children and underaged teens, (6,5,8) suggesting the homosexuality is introduced to youngsters the same way other behaviors are learned - by experience.

4) Early homosexual experiences influence adult patterns of behavior

In the 1980s, scholars (12) examined the early Kinsey data to determine whether or not childhood sexual experiences predicted adult behavior. The results were significant: Homosexual experience in the early year, particularly if it was one's first sexual experience - was a strong predictor of adult homosexual behavior, both for males and females. A similar pattern appeared in the 1970 Kinsey Institute (4) study: there was a strong relationship between those whose first experience was homosexual and those who practiced homosexuality in later life. In the FRI study (5) two-thirds of the boys whose first experience was homosexual engaged in homosexual behavior as adults; 95% of those whose first experience was heterosexual were likewise heterosexual in their adult behavior. A similarly progressive pattern of sexual behavior was reported for females.

It is remarkable that the three largest empirical studies of the question showed essentially the same pattern. A child's first sexual experiences were strongly associated with his or her adult behavior.

5) Sexual conduct is influenced by cultural factors - especially religious convictions

Kinsey reported "less homosexual activity among devout groups whether they be Protestant, Catholic, or Jewish, and more homosexual activity among religiously less active groups." (2) The 1983 FRI study found those raised in irreligious homes to be over 4 times more likely to become homosexual than those from devout homes. These studies suggest that when people believe strongly that homosexual behavior is immoral, they are significantly less apt to be involved in such activity.

Recently, because of the AIDS epidemic, it has been discovered that, relative to white males, twice as many black males are homosexual (14) and 4 times as many are bisexual. Perhaps it is related to the fact that 62% of black versus 17% of white children are being raised in fatherless homes. But even the worst racist wouldn't suggest that it is due to genetic predisposition.

Were homosexual impulses truly inherited, we should be unable to find differences in homosexual practice due to religious upbringing or racial sub-culture.

6) Many change their sexual preferences

In a large random sample (5) 88% of women currently claiming lesbian attraction and 73% of men claiming to currently enjoy homosexual sex, said that they had been sexually aroused by the opposite sex,

- 85% of these "lesbians" and 54% of these "homosexuals" reported sexual relations with someone of the opposite sex in adulthood,
- 67% of lesbians and 54% of homosexuals reported current sexual attraction to the opposite sex, and
- 82% of lesbians and 66% of homosexuals reported having been in love with a member of the opposite sex.

Homosexuals experiment. They feel some normal impulses. Most have been sexually aroused by, had sexual relations with, and even fallen in love with someone of the opposite sex.

Nationwide random samples (11) of 904 men were asked about their sex lives since age 21, and more specifically, in the last year. As the figure reveals, 1.3% reported sex with men in the past year and 5.2% at some time in adulthood. Less than 1% of men had only had sex with men during their lives. And 6 of every 7 who had had sex with men, also reported sex with women.

It's a much different story with inherited characteristics. Race and gender are not optional lifestyles. They remain immutable. The switching and experimentation demonstrated in these two studies identifies homosexuality as a preference, not an inevitability.



7) There are many ex-homosexuals

Many engage in one or two homosexual experiences and never do it again—a pattern reported for a third of the males with homosexual experience in one study. (1) And then there are ex-homosexuals - those who have continued in homosexual liaisons for a number of years and then chose to change not only their habits, but also the object of their desire. Sometimes this alteration occurs as the result of psychotherapy; (10) in others it is prompted by a religious or spiritual conversion. (18) Similar to the kinds of "cures" achieved by drug addicts and alcoholics, these treatments do not always remove homosexual desire or temptation. Whatever the mechanism, in a 1984 study (5) almost 2% of heterosexuals reported that at one time they considered themselves to be homosexual. It is clear that a substantial number of people are reconsidering their sexual preferences at any given time.

What causes homosexual desire?

If homosexual impulses are not inherited, what kinds of influences do cause strong homosexual desires? No one answer is acceptable to all researchers in the field. Important factors, however, seem to fall into four categories. As with so many other odd sexual proclivities, males appear especially susceptible:

1. Homosexual experience:

- any homosexual experience in childhood, especially if it is a first sexual experience or with an adult
- any homosexual contact with an adult, particularly with a relative or authority figure (in a random survey, 5% of adult homosexuals vs 0.8% of heterosexuals reported childhood sexual involvements with elementary or secondary school teachers (5).

2. Family abnormality, including the following:

- a dominant, possessive, or rejecting mother

- an absent, distant, or rejecting father
- a parent with homosexual proclivities, particularly one who molests a child of the same sex
- a sibling with homosexual tendencies, particularly one who molests a brother or sister
- the lack of a religious home environment
- divorce, which often leads to sexual problems for both the children and the adults
- parents who model unconventional sex roles
- condoning homosexuality as a legitimate lifestyle– welcoming homosexuals (e.g., co-workers, friends) into the family circle

3. Unusual sexual experience, particularly in early childhood:

- precocious or excessive masturbation
- exposure to pornography in childhood
- depersonalized sex (e.g., group sex, sex with animals)
- or girls, sexual interaction with adult males

4. Cultural influences:

- a visible and socially approved homosexual sub-culture that invites curiosity and encourages exploration
- pro-homosexual sex education
- openly homosexual authority figures, such as teachers (4% of Kinsey's and 4% of FRI's gays reported that their first homosexual experience was with a teacher)
- societal and legal toleration of homosexual acts
- depictions of homosexuality as normal and/or desirable behavior

Can homosexuality be changed?

Certainly. As noted above, many people have turned away from homosexuality - almost as many people call themselves "gay."

Clearly the easier problem to eliminate is homosexual behavior. Just as many heterosexuals control their desires to engage in premarital or extramarital sex, so some with homosexual desires discipline themselves to abstain from homosexual contact.

One thing seems to stand out: Associations are all-important. Anyone who wants to abstain from homosexual behavior should avoid the company of practicing homosexuals. There are organizations including "ex-gay ministries, " [\(18\)](#) designed to help those who wish to reform their conduct. Psychotherapy claims about a 30% cure rate, and religious commitment seems to be the most helpful factor in avoiding homosexual habits.

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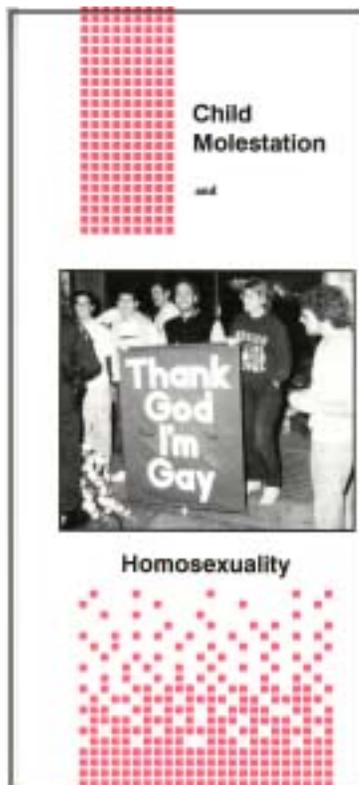
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Child Molestation and Homosexuality

By Paul Cameron, Ph. D.



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The Scientific Evidence

Three kinds of scientific evidence point to the proportion of homosexual molestation: 1) survey reports of molestation in the general population, 2) surveys of those caught and convicted of molestation, and 3) what homosexuals themselves have reported. These three lines of evidence suggest that the 1%-to-3% of adults who practice homosexuality [\(3\)](#)

account for between a fifth and a third of all child molestation.

Reports of Molestation by the General Population

In 1983, a probability survey of the sexual experiences of 4,340 adults in 5 U.S. cities found that about 3% of men and 7% of women reported sexual involvement with a man before the age of 13⁴ (i.e., 30% was homosexual).

In 1983- [\(4\)](#), a random survey of 3,132 adults in Los Angeles found that 3.8% of men and 6.8% of women said that they had been sexually assaulted in childhood. Since 93% of the assailants were male, and only 1% of girls had been assaulted by females, about 35% of the assaults were homosexual. [\(5\)](#)

The Los Angeles Times [\(6\)](#) surveyed 2,628 adults across the U.S. in 1985. 27% of the women and 16% of the men claimed to have been sexually molested. Since 7% of the molestations of girls and 93% of the molestations of boys were by adults of the same sex, about 4 of every 10 molestations in this survey were homosexual.

In a random survey of British 15-to-19 yr olds, 35% of the boys and 9% of the girls claimed to have been approached for sex by adult homosexuals and 2% of the boys and 1% of the girls admitted to succumbing. [\(7\)](#)

In science, a review of the professional literature published in a refereed scientific journal is considered to be an accurate summary of the current state of knowledge. The latest such review was published in 1985. [\(8\)](#) It concluded that homosexual acts were involved in 25% to 40% of the cases of child molestation recorded in the scientific and forensic literature.

Surveys of Those Convicted

Drs Freund and Heasman [\(9\)](#) of the Clarke Institute of Psychiatry in Toronto reviewed two sizeable studies and calculated that 34% and 32% of the offenders against children were homosexual. In cases they had personally handled, homosexuals accounted for 36% of their 457 pedophiles.

Dr. Adrian Copeland, a psychiatrist who works with sexual offenders at the Peters Institute in Philadelphia, said [\(10\)](#) that, from his experience, pedophiles tend to be homosexual and "40% to 45%" of child molesters have had "significant homosexual experiences."

Dr. C. H. McGaghy [\(11\)](#) estimated that "homosexual offenders probably constitute about half of molesters who work with children." Other studies are similar:

- Of the approximately 100 child molesters in 1991 at the Massachusetts Treatment Center for Sexually Dangerous Persons, a third were heterosexual, a third bisexual and a third homosexual in orientation. [\(12\)](#)
- A state-wide survey of 161 Vermont adolescents who committed sex offenses in 1984 found that 35 (22%) were homosexual. [\(13\)](#)
- Of the 91 molesters of non-related children at Canada's Kingston Sexual Behaviour Clinic from 1978-1984, 38 (42%) engaged in homosexuality. [\(14\)](#)
- Of 52 child molesters in Ottawa from 1983 to 1985, 31 (60%) were homosexual. [\(15\)](#)
- In England for 1973, 802 persons (8 females) were convicted of indecent assault on a male, and 3,006 (6 of them female) were convicted of indecent assault on a female (i.e., 21% were homosexual). 88% of male and about 70% of female victims were under age sixteen. [\(16\)](#)

Because of this pattern, Judge J. T. Rees concluded that "the male homosexual naturally seeks the

company of the male adolescent, or of the young male adult, in preference to that of the fully-grown man. [In 1947] 986 persons were convicted of homosexual and unnatural offences. Of those, 257 were indictable offences involving 402 male victims.... The great majority of [whom]... were under the age of 16. Only 11%... were over 21."

"[T]he problem of male homosexuality is in essence the problem of the corruption of youth by itself [i.e., by other boys] and by its elders. [And thereby]... the creation... of new addicts ready to corrupt a still further generation of young men and boys in the future." [\(17\)](#)

What Homosexuals Admit

The 1948 Kinsey survey found that 37% of the gays and 2% of the lesbians admitted to sexual relations with under-17-yr-olds, and 28% of the gays and 1% of the lesbians admitted to sexual relations with under-16-yr-olds while they themselves were aged 18 or older. [\(18\)](#)

In 1970 the Kinsey Institute interviewed 565 white gays in San Francisco: 25% of them admitted to having had sex with boys aged 16 or younger while they themselves were at least 21. [\(19\)](#)

In The Gay Report, 23% of the gays and 6% of the lesbians admitted to sexual interaction with youth less than 16 years of age. [\(20\)](#)

In France, 129 convicted gays [\(21\)](#)(average age 34 years) said they had had sexual contact with a total of 11,007 boys (an average of 85 different boys per man). Abel et al reported similarly that men who molested girls outside their family had averaged 20 victims each; those who molested boys averaged 150 victims each. [\(22\)](#)

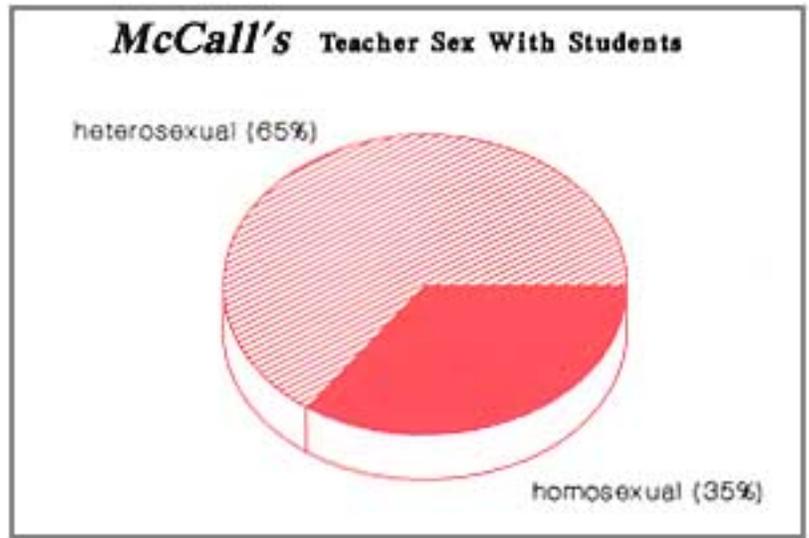
Summary

About a third of the reports of molestation by the populace have involved homosexuality. Likewise, between a fifth and a third of those who have been caught and/or convicted practiced homosexuality. Finally, a fifth to a third of surveyed gays admitted to child molestation. All-in-all, a rather consistent story.

Teacher-Pupil Sexual Interaction

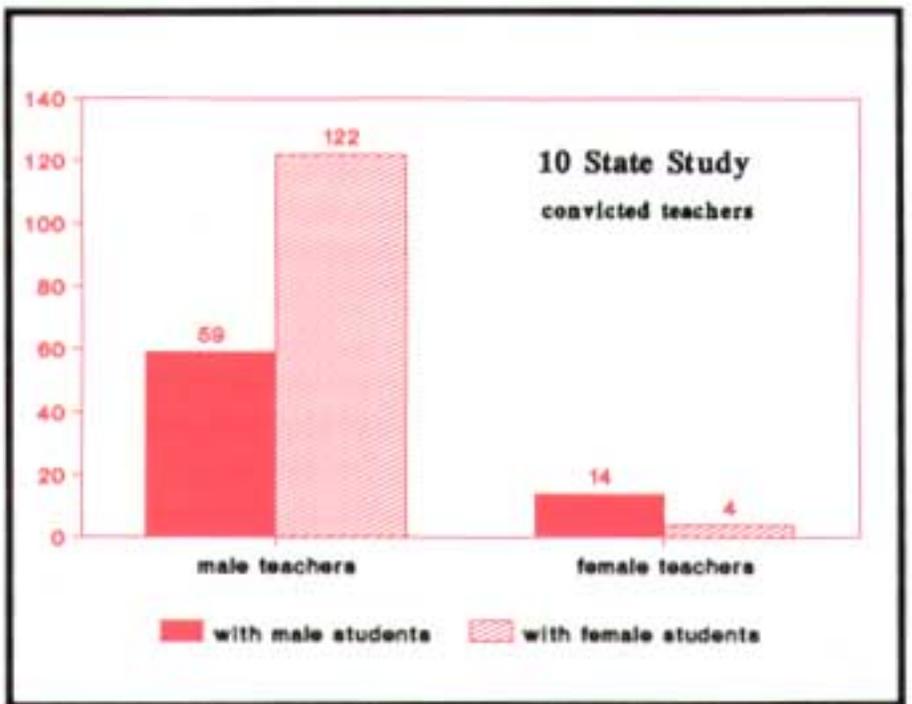
Nowadays parents are labeled bigots for fearing that homosexual teachers might molest their children. But if homosexuals are more apt to molest children and are in a position to take advantage of them, this fear makes sense. Indeed, accounts of disproportionate homosexual teacher molestation appear throughout the scientific literature.

The original U.S. Kinsey study reported that 4% of the non-criminal white gays and 7% of the non-criminal white lesbians reported that they had their first homosexual experience with a 'teacher or other caretaker.' None of the heterosexuals were recorded as having a teacher as their first sex partner. (18)



In England, Schofield reported that at least 2 of his 150 homosexuals had their first homosexual experience with a teacher and an additional 2 reported that their first homosexual contact with an adult was with a teacher. One of the 50 men in his comparison group had also been seduced by a homosexual teacher, while none of the men interviewed claimed involvement with a heterosexual teacher. (23)

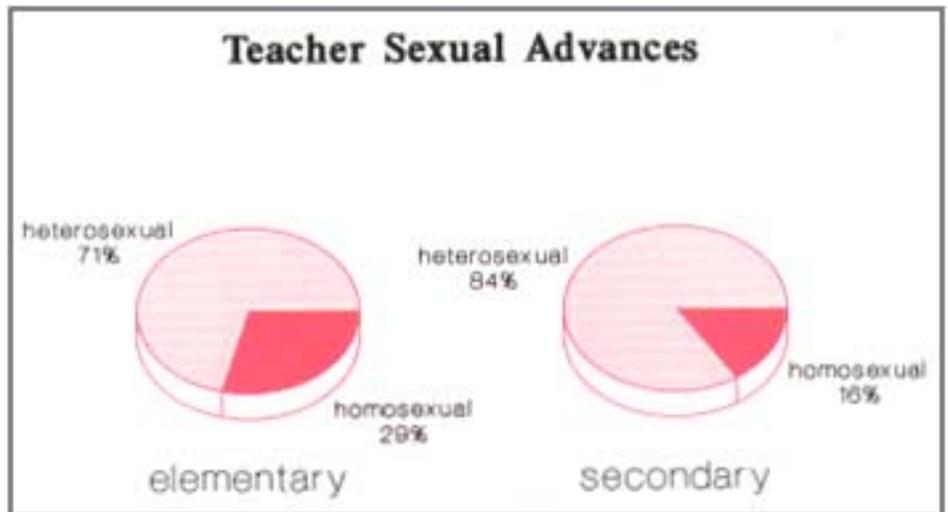
In the 1978 McCall's magazine study of 1,400 principals, (24) 7% reported complaints about homosexual contact between teachers and pupils and 13% reported complaints about heterosexual contact between teachers and pupils (i.e., 35% of complaints were homosexual). 2% "knew of instances in which teachers discussed their homosexuality in class."



Of 400 consecutive Australian (25) cases of molestation, 7 boys and 4 girls were assaulted by male teachers. Thus 64% of those assaults were homosexual.

In 1987, Dr. Stephen Rubin, associate professor of psychology at Whitman College, conducted a 10 state survey (26) and found 199 sexual abuse cases involving teachers. 122 male teachers had abused female pupils and 14 female teachers had abused male students. In 59 cases, however, male teachers had abused male pupils and in 4 cases female teachers had abused female students (overall 32% were homosexual).

A 1983 survey asked 4,340 adults to report on any sexual advances and any physical sexual contact by elementary and secondary teachers (4% of those who were teachers in the survey claimed to be bisexual or homosexual).⁴ 29% of the advances by elementary and 16% of the advances by secondary school teachers were homosexual. In addition, 1 of 4 (25%) reports of actual sexual contact with an elementary



school teacher were homosexual. In high school, 8 (22%) of 37 contacts between teacher and pupil were homosexual. 18% reported having had a homosexual teacher (8% of those over the age of 55 vs 25% of those under 26). Of those reporting a homosexual teacher, 6% said that the teacher influenced them to try homosexuality and 13% of the men and 4% of the women said that the teacher made sexual advances toward them.

Summary

Whether examining surveys of the general populace or counts of those caught, homosexual teachers are disproportionately apt to become sexually involved with children.

Proportionality: The Key

Study after nationwide study [\(3\)](#) has yielded estimates of male homosexuality that range between 1% and 3%. The proportion of lesbians in these studies is almost always lower, usually about half that of gays. So, overall, perhaps 2% of adults regularly indulge in homosexuality. Yet they account for between 20% to 40% of all molestations of children.

Child molestation is not to be taken lightly. Officials at a facility which serves about 1,500 runaway youngsters each year estimate that about half of the boys have been homosexually abused and 90% of the girls heterosexually assaulted. [\(27\)](#) Investigation of those suffering severe chronic mental illness implicates child molestation as a primary cause (45% of Bigras et al's [\(28\)](#) patients were homosexually abused).

If 2% of the population is responsible for 20% to 40% of something as socially and personally troubling as child molestation, something must be desperately wrong with that 2%. Not every homosexual is a child molester. But enough gays do molest children so that the risk of a homosexual molesting a child is 10 to 20 times greater than that of a heterosexual.

Goals of the Gay Movement

The gay movement is forthright about seeking to legitimize child-adult homosexual sex. In 1987, The Journal of Homosexuality – the scholarly organ of the gay rights movement – published "Pedophilia and the Gay Movement." (29) Author Theo Sandfort detailed homosexual efforts to end "oppression towards pedophilia." In 1980 the largest Dutch gay organization (the COC) "adopted the position that the liberation of pedophilia must be viewed as a gay issue... [and that] ages of consent should therefore be abolished... by acknowledging the affinity between homosexuality and pedophilia, the COC has quite possibly made it easier for homosexual adults to become more sensitive to erotic desires of younger members of their sex, thereby broadening gay identity."

In 1990 COC achieved a significant victory: lowering of the age of consent for homosexual sex in Holland to 12 (unless the parents object, in which case it goes up to 15). (30) In the U.S. and Canada, the North American Man-Boy Love Association marches proudly in many gay pride parades with the stated goal of removing the barriers to man-boy sex. Note the phrases "oppression towards pedophilia" and "liberation of pedophilia." It is clear that those who advocate the legalization of sex between adults and children intend to argue that such conduct is a "civil right," deserving of the same legal protections afforded to other minorities. A large proportion of Americans regard that argument as a mere pretext to giving "sexual predators" free reign to take advantage of vulnerable children.

Conclusion

Not only is the gay rights movement upfront in its desire to legitimize sex with children, but whether indexed by population reports of molestation, pedophile convictions, or teacher-pupil assaults, there is a strong, disproportionate association between child molestation and homosexuality. Ann Landers' claim that homosexuals molest children at no higher a rate than heterosexuals do is untrue. The assertion by gay leaders and the American Psychological Association that a homosexual is less likely than a heterosexual to molest children is patently false.

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MEDICAL CONSEQUENCES OF WHAT HOMOSEXUALS DO

By Paul Cameron, Ph.D.



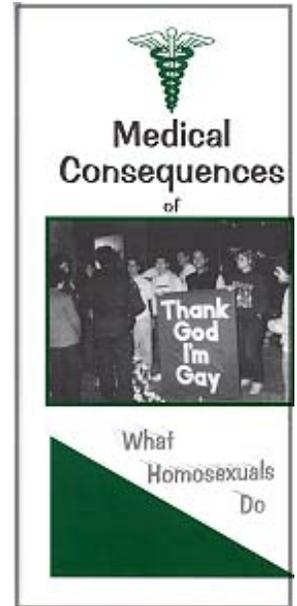
Dr. Cameron is Chariman of the [Family Research Institute](#) of Colorado Springs, Colorado USA. [Click here](#) for more information about this organization. You may contact him at: Family Research Institute, PO Box 62640, Colorado Springs, CO 80962 USA. Phone number: (303) 681-3113.

Throughout history, the major civilizations major religions condemned homosexuality.¹ Until 1961 homosexual acts were illegal throughout America.

Gays claim that the "prevailing attitude toward homosexuals in the U.S. and many other countries is revulsion and hostility....for acts and desires not harmful to anyone."³ The American Psychological Association and the American Public Health Association assured the U.S. Supreme Court in 1986 that "no significant data show that engaging in...oral and anal sex, results in mental or physical dysfunction."⁴

What Homosexuals Do

The major surveys on homosexual behavior are summarized below. Two things stand out 1) homosexuals behave similarly world-over, and 2) as Harvard Medical Professor, Dr. William Haseltine,³³ noted in 1993, the "changes in sexual behavior that have been reported to have occurred in some groups have proved, for the most part, to be transient. For example, bath houses and sex clubs in many cities have either reopened or were never closed."



Homosexual Activities (in %)

	US ¹⁶	US ¹³	US	US ¹⁸	Denmark ²⁰	US ¹⁹	London ²⁷	Sydney/London ²⁶
Canada ²⁵								
	1940s	1977	83/84	1983	1984	1983	1985	1991
	ever	ever	ever	in yr	in yr	in mo	in mo	last 6mo
oral/penile	83	99	100/99	99	86		67	
anal/penile	68	91	93/98	95	92	95	100	
oral/anal	59	83	92/92	63		69	89	55/65
urine sex	10	23	29/					
fisting/toys	22	41/47	34					
fecal sex-eating		4	8					
enemas		11	11					
torture sex	22	37	37					
public/orgy sex	61	76	88					
sex with minors	37	23	24/					

ORAL SEX Homosexuals fellate almost all of their sexual contacts (and ingest semen from about half of these). Semen contains many of the germs carried in the blood. Because of this, gays who practice oral sex verge on consuming raw human blood, with all its medical risks. Since the penis often has tiny lesions (and often will have been in unsanitary places such as a rectum), individuals so involved may become infected with hepatitis A or gonorrhea (and even HIV and hepatitis B). Since many contacts occur between strangers (70% of gays estimated that they had had sex only once with over half of their partners^{17,27}), and gays average somewhere between 106 and 1105 different partners/year, the potential for infection is considerable.

RECTAL SEX Surveys indicate that about 90% of gays have engaged in rectal intercourse, and about two-thirds do it regularly. In a 6-month long study of daily sexual diaries,³ gays averaged 110 sex partners and 68 rectal encounters a year.

Rectal sex is dangerous. During rectal intercourse the rectum becomes a mixing bowl for 1) saliva and its germs and/or an artificial lubricant, 2) the recipient's own feces, 3) whatever germs, infections or substances the penis has on it, and 4) the seminal fluid of the inserter. Since sperm readily penetrate the rectal wall (which is only one cell thick) causing immunologic damage, and tearing or

bruising of the anal wall is very common during anal/penile sex, these substances gain almost direct access to the blood stream. Unlike heterosexual intercourse (in which sperm cannot penetrate the multilayered vagina and no feces are present),⁷ rectal intercourse is probably the most sexually efficient way to spread hepatitis B, HIV syphilis and a host of other blood-borne diseases.

Tearing or ripping of the anal wall is especially likely with "fisting," where the hand and arm is inserted into the rectum. It is also common when "toys" are employed (homosexual lingo for objects which are inserted into the rectum--bottles, carrots, even gerbils⁸). The risk of contamination and/or having to wear a colostomy bag from such "sport" is very real. Fisting was apparently so rare in Kinsey's time that he didn't think to talk about it. By 1977, well over a third of gays admitted to doing it. The rectum was not designed to accommodate the fist, and those who do so can find themselves consigned to diapers for life.

FECAL SEX About 80% of gays (see Table) admit to licking and/or inserting their tongues into the anus of partners and thus ingesting medically significant amounts of feces. Those who eat or wallow in it are probably at even greater risk. In the diary study,⁵ 70% of the gays had engaged in this activity--half regularly over 6 months. Result? --the "annual incidence of hepatitis A in...homosexual men was 22 percent, whereas no heterosexual men acquired hepatitis A." In 1992,²⁶ it was noted that the proportion of London gays engaging in oral/anal sex had not declined since 1984.

While the body has defenses against fecal germs, exposure to the fecal discharge of dozens of strangers each year is extremely unhealthy. Ingestion of human waste is the major route of contracting hepatitis A and the enteric parasites collectively known as the Gay Bowel Syndrome. Consumption of feces has also been implicated in the transmission of typhoid fever,⁹ herpes, and cancer.²⁷ About 10% of gays have eaten or played with [e.g., enemas, wallowing in feces]. The San Francisco Department of Public Health saw 75,000 patients per year, of whom 70 to 80 per cent are homosexual men....An average of 10 per cent of all patients and asymptomatic contacts reported...because of positive fecal samples or cultures for amoeba, giardia, and shigella infections were employed as food handlers in public establishments; almost 5 per cent of those with hepatitis A were similarly employed."¹⁰ In 1976, a rare airborne scarlet fever broke out among gays and just missed sweeping through San Francisco.¹⁰ The U.S. Centers for Disease Control reported that 29% of the hepatitis A cases in Denver, 66% in New York, 50% in San Francisco, 56% in Toronto, 42% in Montreal and 26% in Melbourne in the first six months of 1991 were among gays.¹¹ A 1982 study "suggested that some transmission from the homosexual group to the general population may have occurred."¹²

URINE SEX About 10% of Kinsey's gays reported having engaged in "golden showers" [drinking or being splashed with urine]. In the largest survey of gays ever conducted,¹³ 23% admitted to urine-sex. In the largest random survey of gays,⁶ 29% reported urine-sex. In a San Francisco study of 655 gays,¹⁴ only 24% claimed to have been monogamous in the past year. Of these monogamous gays, 5% drank urine, 7% practiced "fisting," 33% ingested feces via anal/oral contact, 53% swallowed semen, and 59% received semen in their rectum during the previous month.

OTHER GAY SEX PRACTICES

SADOMASOCHISM as the Table indicates, a large minority of gays engage in torture for sexual fun. Sex with minors 25% of white gays¹⁷ admitted to sex with boys 16 or younger as adults. In a 9-state study,³⁰ 33% of the 181 male, and 22% of the 18 female teachers caught molesting students did so homosexually (though less than 3% of men and 2% of women engage in homosexuality³¹). Depending on the study, the percent of gays reporting sex in public restrooms ranged from 14%¹⁶ to 41%¹³ to 66%,⁶ 9%¹⁶, 60%¹³ and 67%⁵ reported sex in gay baths; 64%¹⁶ and 90%¹⁸ said that they used illegal drugs.

Fear of AIDS may have reduced the volume of gay sex partners, but the numbers are prodigious by any standard. Morin¹⁵ reported that 824 gays had lowered their sex-rate from 70 different partners/yr. in 1982 to 50/yr. by 1984. McKusick¹⁴ reported declines from 76/yr. to 47/yr. in 1985. In Spain³² the average was 42/yr. in 1989.

Medical Consequences of Homosexual Sex

Death and disease accompany promiscuous and unsanitary sexual activity. 70%²⁵ to 78%^{x,13} of gays reported having had a sexually transmitted disease. The proportion with intestinal parasites (worms, flukes, amoeba) ranged from 25%¹⁸ to 39%¹⁹ to 59%.²⁰ As of 1992, 83% of U.S. AIDS in whites had occurred in gays.²¹ The Seattle sexual diary study^{3?} reported that gays had, on a yearly average:

1. fellated 108 men and swallowed semen from 48;
2. exchanged saliva with 96;
3. experienced 68 penile penetrations of the anus; and
4. ingested fecal material from 19.

No wonder 10% came down with hepatitis B and 7% contracted hepatitis A during the 6-month study.

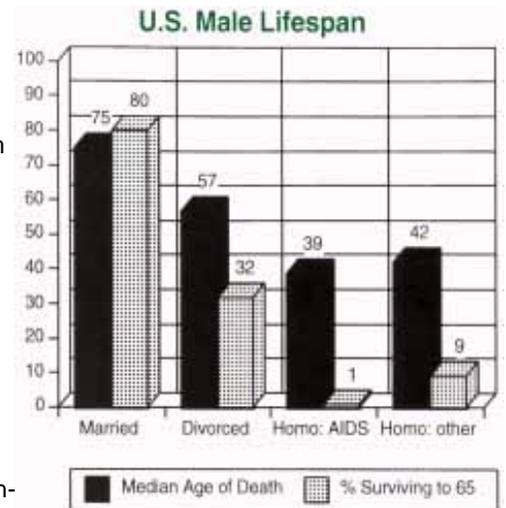
Effects on the Lifespan

Smokers and drug addicts don't live as long as non-smokers or non-addicts, so we consider smoking and narcotics abuse harmful. The typical life-span of homosexuals suggests that their activities are more destructive than smoking and as dangerous as drugs.

Obituaries numbering 6,516 from 16 U.S. homosexual journals over the past 12 years were compared to a large sample of obituaries from regular newspapers.²³ The obituaries from the regular newspapers were similar to U.S. averages for longevity; the medium age of death of married men was 75, and 80% of them died old (age 65 or older). For unmarried or divorced men the median age of death was 57, and 32% of them died old. Married women averaged age 79 at death; 85% died old. Unmarried and divorced women averaged age 71, and 60% of them died old.

The median age of death for homosexuals, however, was virtually the same nationwide--and, overall, less than 2% survived to old age. If AIDS was the cause of death, the median age was 39. For the 829 gays who died of something other than AIDS, the median age of death was 42, and 9% died old. The 163 lesbians had a median age of death of 44, and 20% died old.

Two and eight-tenths percent (2.8%) of gays died violently. They were 116 times more apt to be murdered; 24 times more apt to commit suicide; and had a traffic-accident death-rate 18 times the rate of comparably-aged white males. Heart attacks, cancer and liver failure were exceptionally common. Twenty percent of lesbians died of murder, suicide, or accident--a rate 487 times higher than that of white females aged 25-44. The age distribution of samples of homosexuals in the scientific literature from 1989 to 1992 suggests a similarly shortened life-span.



The Gay Legacy

Homosexuals rode into the dawn of sexual freedom and returned with a plague that gives every indication of destroying most of them. Those who treat AIDS patients are at great risk, not only from HIV infection, which as of 1992 involved over 100 health care workers,²¹ but also from TB and new strains of other diseases.²⁴ Those who are housed with AIDS patients are also at risk.²⁴ Those who are housed with AIDS patients are also at risk.²⁴ Dr. Max Essex, chair of the Harvard AIDS Institute, warned congress in 1992 that "AIDS has already led to other kinds of dangerous epidemics...If AIDS is not eliminated, other new lethal microbes will emerge, and neither safe sex nor drug free practices will prevent them."²⁸ At least 8, and perhaps as many as 30 ²⁹ patients had been infected with HIV by health care workers as of 1992.

The Biological Swapmeet

The typical sexual practices of homosexuals are a medical horror story --imagine exchanging saliva, feces, semen and/or blood with dozens of different men each year. Imagine drinking urine, ingesting feces and experiencing rectal trauma on a regular basis. Often these encounters occur while the participants are drunk, high, and/or in an orgy setting. Further, many of them occur in extremely unsanitary places (bathrooms, dirty peep shows), or, because homosexuals travel so frequently, in other parts of the world.

Every year, a quarter or more of homosexuals visit another country.²⁰ Fresh American germs get taken to Europe, Africa and Asia. And fresh pathogens from these continents come here. Foreign homosexuals regularly visit the U.S. and participate in this biological swapmeet.

The Pattern of Infection

Unfortunately the danger of these exchanges does not merely affect homosexuals. Travelers carried so many tropical diseases to New York City that it had to institute a tropical disease center, and gays carried HIV from New York City to the rest of the world.²⁷ Most of the 6,349 Americans who got AIDS from contaminated blood as of 1992, received it from homosexuals and most of the women in California who got AIDS through heterosexual activity got it from men who engaged in homosexual behavior.²³ The rare form of airborne scarlet fever that stalked San Francisco in 1976 also started among homosexuals.¹⁰

Genuine Compassion

Society is legitimately concerned with health risks-- they impact our taxes and everyone's chances of illness and injury. Because we care about them, smokers are discouraged from smoking by higher insurance premiums, taxes on cigarettes and bans against smoking in public. These social pressures cause many to quit. They likewise encourage non-smokers to stay non-smokers.

Homosexuals are sexually troubled people engaging in dangerous activities. Because we care about them and those tempted to join them, it is important that we neither encourage nor legitimize such a destructive lifestyle.

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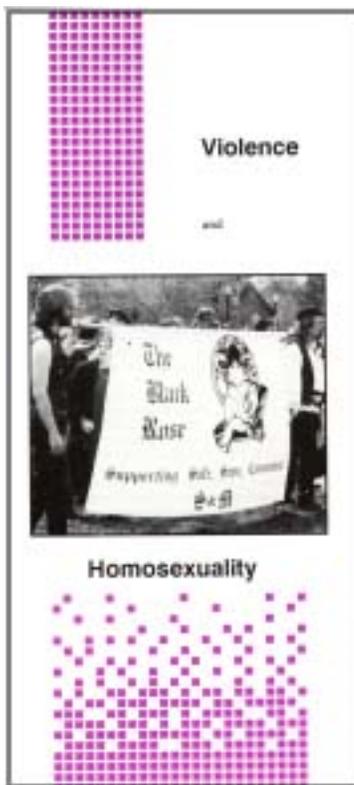
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Violence and Homosexuality

By Paul Cameron, Ph. D.



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In 1992 two Jeffersonville, Indiana lesbians, aged 17 and 16, abducted a 12-year-old girl whom they accused of trying to "steal a girlfriend." The little girl was pushed into the trunk of a car, stabbed repeatedly, and beaten with a heavy metal bar. While still struggling, they poured gasoline on her and set her ablaze. Later that year a Fort Lauderdale, Florida 14-year-old was convicted of first-degree murder for helping to kill his 40-year-old father. The father "was stabbed 45 times and beaten so badly with an iron skillet that the skillet shattered." The boy confessed that he helped his father's former homosexual lover and roommate kill him so he and the 31-year-old "could live together."

These murders fit traditional psychiatric opinion: excessive violence is naturally associated with other forms of social pathology. From this perspective, those who rebel against society's norms – homosexuals, prostitutes, alcoholics, etc. – are more apt to be violent also. Gay leaders reply that they are not pathological, rebellious, or sexually deviant. They contend that gays are gentle, loving people and that the violence they experience proves that they need special 'hate crime' laws to protect them from non-homosexual 'gay bashers.'

Who's right? Does the excess of violence naturally well up from within a pathological gay subculture or do outsiders direct it toward homosexuals? Keeping in mind that only about 2%–3% of adults are homosexual or bisexual, [\(1\)](#) let's examine varieties of violence.

Murder and Mass Murder

Although the total number of victims dispatched by a given killer is often in doubt, (e.g., homosexual Henry Lucas claimed that he killed 350), it appears that the modern world record for serial killing is held by a Russian homosexual, Andrei Chikatilo, who was convicted in 1992 of raping, murdering and eating parts of at least 21 boys, 17 women and 14 girls. The pathology of eating one's sexual victims also characterized Milwaukee's Jeffrey Dahmer in 1992. He not only killed 17 young men and boys, but cooked and ate their body parts.

The top six U.S. male serial killers were all gay:

- Donald Harvey claimed 37 victims in Kentucky;
- John Wayne Gacy raped and killed 33 boys in Chicago, burying them under his house and in his yard;
- Patrick Kearney accounted for 32, cutting his victims into small pieces after sex and leaving them in trash bags along the Los Angeles freeways;
- Bruce Davis molested and killed 27 young men and boys in Illinois;
- A gay sex-murder-torture ring (Corll-Henley-Brooks) sent 27 Texas men and boys to their grave; and
- Juan Corona was convicted of murdering 25 migrant workers (he "made love" with their corpses).

Lesbian Aileen Wuornos laid claim in 1992 to "worst female killer" with at least 7 middle-aged male victims. She singlehandedly topped the lesbian nurse team of Catherine Wood and Gwen Graham, who had killed 6 convalescent patients in Grand Rapids, Michigan.

The association between serial murder and homosexuality isn't recent. Two gays compete for the spot of "world's worst murderer." During the Nazi reign of terror, Auschwitz executioner Ludwig Tiene strangled, crushed, and gnawed boys and young men to death while he raped them. Though his grand total is uncertain, he often murdered as many as 100 a day. Gilles de Rais (Bluebeard) brutally destroyed the lives of 800 boys. Each lad was lured to his home, bathed and fed. Just as the poor boy thought "this is my lucky day," he was raped, then killed by being ripped or cut apart and either burned or eaten.

A study of 518 sexually-tinged mass murders in the U.S. from 1966 to 1983 determined that 350 (68%) of the victims were killed by those who practiced homosexuality and that 19 (44%) of the 43 murderers were bisexuals or homosexuals. [\(2\)](#)

Though probably less than a majority of mass murderers are homosexual, given that no more than 3% of the populace is gay, homosexual murderers show up much more frequently than one would expect (even Richard Speck engaged in homosexuality). Along with serial murder, there appears to be a connection between homosexuality and murder. Evidence from before the gay rights movement is limited. Of 444 homicides in one jurisdiction from 1955-1973, investigators noted 5 clear "sexual motivation" murders. Three of the 5 involved homosexuality and 2 involved heterosexuality. [\(3\)](#)

Probing more deeply into the connection between murder and homosexuality, Jim Warren, who worked as a counselor at the Washington State Corrections Center, did the intake interview for almost all the younger murderers (i.e., under age 36) in the state of Washington from 1971-82 (during the growth of the gay rights movement). He was "probably the only one who examined the entirety of each of their case files." Warren testified [\(4\)](#) that he was struck with how frequently homosexuality

turned up in the cases.

Starting with a trickle of 2 or 3 murders/year in 1972 until dozens/year by the 1980s, he noted a recurrent pattern: Although the motive listed in the report was often robbery or theft, "about 50% of the time" it was also associated with homosexuality. Typically, a homosexual would meet someone at a bar or park and invite him to his home. Before the morning, an argument would ensue and he or his visitor would be dead.

Violent Sexual Practices

A substantial minority of homosexuals (between 22% [\(5\)](#) to 37% [\(6,7\)](#)) indulge in painful or violent sex (e.g., bondage and discipline [B/D], where the partner is physically restrained and mildly tortured, or sadomasochism [S/M], where partners are tortured or hurt during sex). Even in the 1940s, psychiatrist David Abrahamsen [\(8\)](#) noted, "It is well known that homosexual inclinations may be accompanied by sadistic or masochistic tendencies.... These perversions play a great part in many sexual offenses and in many cases of murder." In a national survey of random samples of homosexuals and heterosexuals, [\(7\)](#) 32% of those males who called themselves homosexual or bisexual versus 5% of heterosexual males reported having engaged in sadomasochism; 17% of lesbians versus 4% of heterosexual women also admitted to S/M. Likewise, gays and lesbians were about four times more apt to engage in bondage than were heterosexuals.

- Homosexual books and magazines celebrate the "fun" of violent sex. For instance, a Denver gay columnist (the "leathersex fairy"), told his readers how to strangle and flog one's partner during sex. He also extolled the practice of "hanging from a tree by meat hooks through the pectoral muscles" and described "guys who like to have burning cigars, cigarettes, or matches held near or pressed into their skin." [\(9\)](#) Likewise, national and international gay tour books matter-of-factly list places where sadomasochistic sex can be obtained. [\(10\)](#)
- In 1993, London gays raised £100,000 to appeal a conviction in which the judge ruled that "sex is no excuse for violence.... Pleasure derived from the infliction of pain is an evil thing." The crime? "Nailing a foreskin and scrotum to a board" and "pouring hot wax in a urethra." [\(11\)](#)
- The 1980 CBS-TV documentary, *Gay Power, Gay Politics* reported that about 10% of the accidental deaths among young men in San Francisco resulted from sadomasochistic sex gone awry.

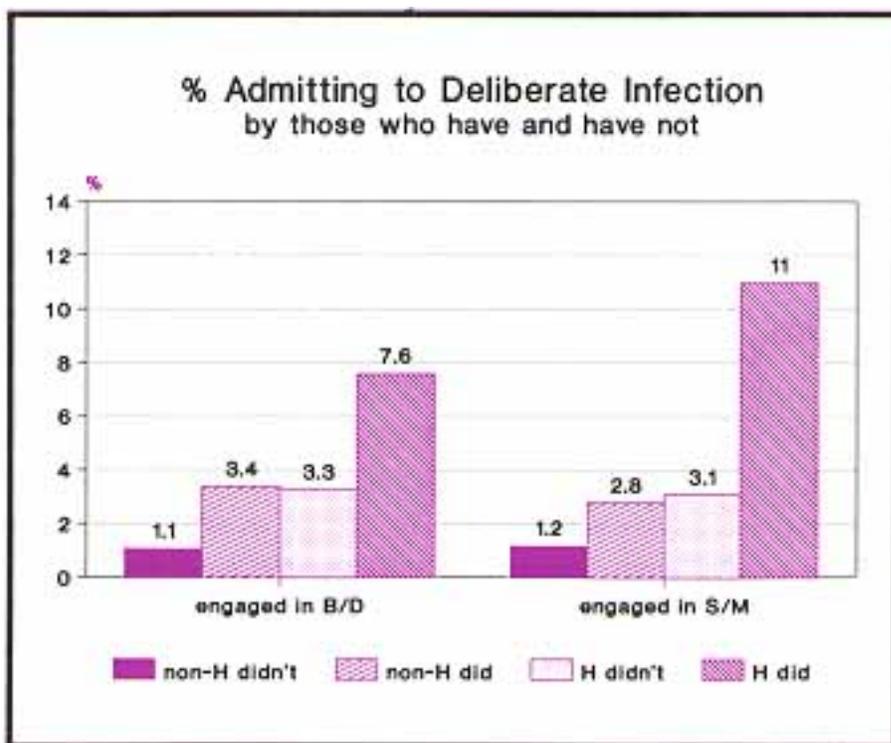
Deliberately Infecting Others During Sex

Gay activists often argue that what consenting adults do in private is nobody else's business. However, gays have sex with so many different partners [\(5,6,7\)](#) that they increase their risk of getting or transmitting sexually transmitted diseases (STDs). Indeed, homosexuals are considerably more apt to get STDs than are non-homosexuals. [\(12\)](#)

Most who get an STD decide that they will do all in their power not to infect others. But others – an important minority – decide that they will make their partners suffer as much as they have. As Mirko Grmek (13) noted "every historian of disease knows that such an attitude of vengeance, or at least of recklessness, had contributed in other times to the spread of tuberculosis and syphilis." Limited evidence suggests that, compared to heterosexuals, homosexuals are more apt to harm their sexual partners deliberately. The only comparative study (5,9) on this issue found that about 1% of male and female heterosexuals compared to 7% of gays and 3% of lesbians admitted to deliberately passing on STDs that they had acquired.

When the disease is AIDS, the personal and social costs of deliberate infection are exceptionally high. Several examples of homosexuals who were deliberate spreaders of AIDS have been documented, (13) but the most notorious is that of "patient zero," the Canadian flight attendant who, until his death at age 32, shared his body and infection with 250 men every year. From the late 1970s through the early 1980s he was personally responsible for at least 40 of the first 248 American cases of AIDS and told public health officials in San Francisco it "was nobody else's business but his own."

There also appears to be a connection between the practice of violent sex and one's willingness to deliberately infect someone else. Dividing our random national sample (7,12) into those with no interest in homosexual activity (non-H) and those with at least some homosexual interest (H) – and combining males and females – we found that 4.0% of the non-Hs vs 21.8% of those with at least some homosexual interest said that they had participated in sadomasochism (S/M); 7.8% of the non-Hs admitted to bondage (B/D) vs 27.5% of the Hs. Further, those who had engaged in violent sex of either type were twice as likely to have deliberately attempted to infect a partner than those without such violent experience (see Figure).



In 1992 three London STD clinics reported that almost half of their homosexual patients who *knew* they were infected with HIV had *then gotten* rectal gonorrhoea. (14) These gays were not permitting their deadly infection to spoil their sexual fun. By 1993 over 100,000 U.S. gays had died of AIDS and tens of thousands had died of hepatitis B. Most of these had been infected, many deliberately or carelessly, by other homosexuals.

Homosexual Rape

The National Crime Survey (15) reported that about 1 of every 10,000 males over the age of 11 is

raped each year (vs 13 of every 10,000 females) – that is, about 7% of rapes are homosexual. In two jurisdictions, Columbia, SC [\(16\)](#) and Memphis, TN, [\(17\)](#) males accounted for 5.7% of the victims of rape reported to authorities – in only one instance was the assailant a woman.

Along with the rise of the gay rights movement, homosexual rape of men appears to have increased in the past few decades. [\(5,15,16\)](#) Homosexual rape is twice as common in urban areas where gays congregate than in suburban or rural areas. [\(15\)](#) It may also be more common where the gay subculture is accepted: a 1970 study in San Francisco found that 9% of male heterosexuals and 24% of gays; 2% of female heterosexuals and 11% of lesbians reported having been homosexually raped. [\(18\)](#) In our 1983 national urban survey (which did not include San Francisco), 1.3% of heterosexual men vs 12.5% of gay men and 0.6% of heterosexual women vs 8.6% of lesbians reported having been homosexually raped. [\(5,10\)](#)

More alarmingly, between 15% to 40% of statutory rape (child molestation) involves homosexuality. [\(19\)](#) In one study, 25% of white gays [\(18\)](#) admitted to sex with boys 16 or younger when they were aged 21 or older.

Rape at any age is violent and emotionally devastating. But it can also edge victims toward homosexuality. In our national study, almost half the lesbians said they had been heterosexually raped – perhaps gravitating to homosexuality because of the experience. Males often react differently. Thus the Masters and Johnson Institute reported that a "25-year-old man had had his first sexual experience when he was 13 years old. It was arranged by his lesbian mother with an older gay man. After that episode, his imagery and interpersonal sexual experience were exclusively homosexual." [\(20\)](#) Likewise, "Mr. K, age 22, felt that his change in sexual preference was related to his having been raped by two men.... After the assault he experienced sexual identity confusion and began engaging voluntarily in homosexual activity. When he was seen for evaluation he labeled himself as openly homosexual." [\(21\)](#)

Impact of Violence On The Homosexual Lifespan

A study of 6,714 obituaries [\(22\)](#) in gay newspapers across the U.S. revealed that 3% of 6,574 gays and 20% of 140 lesbians had died violently:

- 1.4% of gays and 7% of lesbians were murdered (rates over a hundred times those of non-gays);
- 0.6% of gays and 5.7% of lesbians committed suicide (rates dozens of times those of non-gays); and
- 0.6% of gays and 4.3% of lesbians died in motor vehicle accidents (over 17 times the rate of non-gays)

These events, coupled with various STDs (especially AIDS) gotten from other gays, resulted in a median age of death of 40 among gays and a median age of death of 45 among lesbians. In the same study, comparison samples of married men had a median age of death of 75 and married women a

median age of death of 79. For divorced or single persons the median age of death was 57 for men and 71 for women.

Conclusion

The 'hate crimes' gays complain about are infrequent and seldom involve more than name-calling or snide remarks. The FBI reported 431 hate crimes against homosexuals for the U.S. in all of 1991. Only one was "confirmed" for Washington, D.C. – yet D.C. gay activists claimed 397 incidents! When pressed, they admitted that at least 366 of these "crimes" consisted of "verbal harassment." (23)

In line with traditional psychiatric opinion, violence goes hand-in-hand with the 'gay' lifestyle. Almost all the exposure by homosexuals to violence and disease is encountered in the gay subculture. Most of the murderers in the lifespan study whose sexual orientation could be determined were also homosexual. While violence toward homosexuals is deplorable, most violence involving gays is self-induced (and the gay subculture may export more violence than it absorbs from without).

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Born WHAT Way?

By Dr. Paul Cameron

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Gay activists regularly claim that they were "born that way" and thus cannot change their desires or stop their activities. Yet there are numerous documented cases in which homosexuals have changed. The **Masters-Johnson Institute** reported that: "A 25-year-old man had had his first sexual experience when he was 13 years old. It was arranged by his lesbian mother with an older gay man. After that episode, his imagery and interpersonal sexual experience were exclusively homosexual.... The man was motivated to establish a heterosexual life style because he was sincerely distressed by public disapproval of homosexuality and his personal loneliness. [After treatment, he] has been followed for 3 1/2 years. His sexual interaction has been exclusively heterosexual. He has moved out of the gay community and has changed... his life style."⁽¹⁾

- Was this man's sexual orientation *biologically* determined?
- If so, how was it initially set - toward heterosexuality or homosexuality?
- And if it was set initially, how was he able to change?

The answers to these seemingly "esoteric" questions matter a great deal. For one thing, the political stakes are high. The March 3, 1993 **New York**

Times/CBS News Poll reported that a majority of those who believe that gays "cannot change" favored permitting homosexuals to serve in the military. Only a third of those who believed it is a choice felt the same way.

Many opinions about gay rights hinge on the question of whether gays are "born that way" and/or "can't change." For instance, 57% of those who believe it is immutable consider homosexuality an acceptable life style vs 18% of those who consider it a choice. But if homosexual activity is no more inevitable or unchangeable than drunkenness or drug use, most people seem willing to insist that homosexuals abandon their destructive behavior.

Two prominent 'homosexual' psychiatrists, examining the evidence of their own lives as well as those of others, came to different conclusions in this long-running debate. The first of these, Sigmund Freud, saw his homosexual urges as pathological. Through self-analysis, he overcame them and eventually rejoiced in the "greater independence that results from having overcome my homosexuality."⁽²⁾ The second of these, Richard Isay, confronted his desires, pronounced them

"natural," divorced his wife and joined the gay subculture.⁽³⁾

In 1992 Isay admitted that the "conviction among most, though not all, dynamically oriented psychiatrists in general and psychoanalysts in particular [is] that homosexuality can and should be changed to heterosexuality."⁽⁴⁾ Yet, while acknowledging this consensus among his colleagues, Isay called attempts to change homosexual desire "the greatest abuse of psychiatry in America today." Why? Because the "attempt to change is extremely harmful."⁽³⁾ Instead, society should change to accommodate homosexuality.

Dr. Isay, who chairs the **American Psychiatric Association's** committee on *Gay, Lesbian, and Bisexual Issues*, argues that homosexuality "is constitutional [that is, biological in origin]."⁽⁴⁾ To support his position, he cited as proof two 1991 studies - the "gay brains" research of Simon LeVay⁽⁵⁾ and the "gay twins" study of Bailey & Pillard.⁽⁶⁾

In 1993, Drs. William Byne and Bruce Parsons, researchers at the **New York State Psychiatric Institute**, critically reviewed "the evidence favoring a biologic theory" presented by LeVay and Bailey & Pillard.⁽⁷⁾ They concluded in the *Archives of General Psychiatry* that "[t]here is **no evidence at present to substantiate a biologic theory**" of sexual orientation!

How could these researchers dismiss as inadequate the very studies that were fundamental to Dr. Isay's argument - and that even conservative columnist William- F. Buckley referred to in 1993 as proving that homosexuals are 'born that way?'

Byne & Parsons remembered that from the 1940s through the 1970s it was widely argued and *believed* in the scientific community that male homosexuals had a deficiency of male hormones. However, only 3 "studies had indicated lower testosterone levels in male homosexuals, while 20 studies found no differences based on sexual orientation, and two reported elevated testosterone levels in male homosexuals." In spite of these other studies, textbooks alluded to the supposed "fact" of hormonal differences for **three decades**. But this "scientific" belief was false.

Gay Brains: Byne & Parsons observed that the LeVay study was based upon a supposed functional correlation between the SDN-POA brain center in male rats and a brain center called INAH3 in humans. LeVay reasoned that since the SDN-POA had an effect on male rat crouching/mounting behavior, then a corresponding difference in the same part of the brain would make men homosexual. He assumed that the INAH3 in men was essentially the same as the SDN-POA in rats. But, as it turns out, the "effective lesion site within the anterior hypothalamus for disrupting mounting behavior [in male rats] lies **above, not within**, the SDN-POA. Thus, the SDN-POA **does not** play a critical role in male-typical behavior in male rats, and the correlation between its size and mounting frequencies clearly does not reflect a causal relationship." LeVay compared human brains with rat brains *but failed to locate the analogous region*. Instead of the "bullseye" that Isay and the mass media celebrated, it was an embarrassing *miss!*

LeVay's study also had numerous technical problems. For instance, his samples included 19 brains of gays who died of AIDS and 16 brains from men whose sexual orientation was unknown. He assumed the 16 were heterosexual, even though 5 had died of AIDS. More importantly, although LeVay argued that a small INAH3 "caused" homosexuality, some of the gays had an INAH3 that was larger than the average size of the INAH3 of the "heterosexuals," and some of the "heterosexuals" had an INAH3

that was smaller than those of gays. So some of his gays "should" have been heterosexual and vice-versa.

Gay Twins: Bailey & Pillard reported that 52% of identical twins of homosexuals were also homosexual. But after the media finished hyping Bailey & Pillard's results, King & McDonald⁽⁸⁾ published a new 'sexual orientation of twins' study, which found concordance rates for homosexuality of 25% in identical twins. That's half the 52% reported by Bailey & Pillard. Drs. Byne & Parsons noted the large proportions of identical twins in both studies "who were discordant for homosexuality despite sharing not only their genes but also their prenatal and familial environments... [which] underscores our ignorance of the factors that are involved, and the manner in which they interact, in the emergence of sexual orientation."

The evidence supporting the "born that way" claim of Isay and other gay activists is tenuous. It has been uncritically accepted and hyped by the media and some less-than-careful researchers. But it hasn't been replicated by others and is riddled with technical problems.

On the other side is a body of scientific evidence that suggests that **homosexuality is adopted by people who are confused, sexually adventurous and/or rebellious**. This evidence suggests that sexual orientation is **flexible, not immutable**. And the evidence comes from the largest studies on the subject, conducted by researchers on both sides of the gay rights debate.

Sexual Preference Shifts

That sexual desire and behavior are flexible was demonstrated by the Kinsey Institute in 1970. It reported⁽⁹⁾ that **81% of 684 gays** and 93% of 293 lesbians had changed or shifted either their sexual feelings or behaviors after age 12. 58% of the gays and 77% of the lesbians reported a second shift in sexual orientation; 31% of the gays and 49% of the lesbians reported a third shift; and 13% of the gays and 30% of the lesbians reported even a *fourth* shift in sexual orientation before "settling" into adult homosexuality. The shifts reported by these subjects varied in degree, but some were quite dramatic - about a quarter of gays and a third of lesbians once had heterosexual desires and 5% of heterosexual men and 3% of heterosexual women once had substantial homosexual desires. Heterosexuals in the study were much less likely to report shifts in their orientation. Even so, 29% of 337 heterosexual men and 14% of 140 heterosexual women reported at least one shift; while 4% of the men and 1% of the women reported at least three shifts. Immutable things like eye color or skin color don't change once, much less three or four times!

Unlike biological changes, the shifts in sexual orientation began at age 18 or later for half of both gays and lesbians. Sexual changes, five or more years after puberty, are *exceptionally* late and without biological precedent in development. But changes in *tastes* (e.g., food or entertainment) often take place around age 18.

Other Evidence

The same Kinsey study also produced other evidence that can not be explained in terms of biological determinism, but would readily support the idea that choice is involved in sexual orientation and behavior:

- 74% of their gays admitted to having been sexually aroused by a female and 80% of lesbians said that they had been sexually aroused by a male;

- 19% of their gays and 38% of lesbians had been heterosexually married;
- 20% of gays, 5% of heterosexual men, 7% of lesbians and no heterosexual women had had sex with animals.

Consistent with these results, the **Family Research Institute (FRI)** ¹⁰ conducted a nationwide random survey of 4,340 adults drawn from 5 U.S. cities in 1983 and found:

- 82% of those currently lesbian and 66% of those currently gay said that they had been **in love** with someone of the **opposite** sex;
- 88% of lesbians and 73% of gays **had been sexually aroused** by someone of the **opposite** sex;
- 67% of lesbians and 54% of gays reported **current sexual attraction** to the **opposite** sex;
- 85% of lesbians and 54% of gays, **as adults**, had sexual relations with someone of the **opposite** sex;
- 32% of gays and 47% of lesbians had been **heterosexually married**; and
- 17% of gays, 3% of heterosexual men, 10% of lesbians and 1% of heterosexual women reported **sex with animals**.

These are the kinds of sexual choices one would expect from the sexually adventurous or confused. Unless Dr. Isay and his supporters are willing to believe that people are "born" to fall in love, get married or to have sex with animals, some measure of choice, rather than biological inevitability, must have been involved.

The ability to change explains the FRI findings that:

- Overall, 7.8% of women and 12% of men claimed to have been homosexually aroused at some point in their life. Yet 59% of the once homosexually aroused women and 51% of the once homosexually aroused men were currently **heterosexual**;
- 5.1% of the women and 9.4% of the men admitted to at least one homosexual partner. Of these, only 58% of the women and 61% of the men were currently gay;
- 4.1% of women and 5.8% of men reported that they had, at least once, been "in homosexual love." Yet only 66% of those who had fallen in love with a member of the same sex were currently gay; and
- almost a third of those who admitted to homosexual relations in adulthood **were now heterosexual**.

People Can Change

Where is the "biological inevitability" or "immutability" in these findings? The evidence suggests that people can modify their sexual tastes. The FRI survey in Dallas, ⁽¹¹⁾ similar to the Kinsey survey in San Francisco, found that 1% of heterosexual females and 3% of heterosexual males at one time considered themselves homosexual (i.e., were ex-gay when interviewed).

And a survey of 50 wives who had no homosexual experiences or interests up to age 30, but who participated in homosexual sex acts as part of "swinging" (where married people swap partners) reported that all of these women eventually considered themselves to be bisexual. ⁽¹²⁾

These are among the findings that seriously challenge the claim that sexual orientation is

predetermined before or after birth, or even that it is permanently fixed in adulthood.

What is at Stake?

If sexual orientation is actually a matter of choice like drug use, we can expect that more of our youth will try homosexuality the more that it is tolerated and encouraged. Along these lines, Dr. Christopher Hewitt's⁽¹³⁾ analysis of the frequency of homosexuality in various societies is summarized in the Table: **societies that accept homosexuality have more of it and those that disapprove of and punish it have considerably less of it**

Attitude Toward Homosexuality	#	absent/rare	not uncommon
no concept of homosexuality	5	100%	
strongly disapprove & punish	15	60%	40%
ridiculed/mild disapproval	10	50%	50%
accepted, ignored	9	11%	89%

With the above in mind, consider our society's future in light of D. Minkowitz's December 29, 1992 editorial in the national gay magazine, *The Advocate*:

"I am increasingly impatient with the old chestnut that our movement for public acceptance has not increased and will not increase the number of gay men and lesbians in existence. `There are *more of us* than there used to be,' historian John D'Elmilio has written. Firmly believing this, I wanted to... argue the morality of teaching kids that gay is OK even if it means that some will join our ranks...."

Indeed. Youth are often attracted to excitement and rebellion. The gay movement is growing.

Minkowitz also argued that the 'born gay' claim is nothing more than a smokescreen: "most of the line about homosex[uality] being one's nature, not a choice, was articulated as a response to brutal repression.... 'We didn't choose this, so don't punish us for it!' One hundred years later, it's time for us

to abandon this defensive posture and walk upright on the earth. Maybe you didn't choose to be gay - that's fine. But I did."

When Kinsey (14) asked 1700 homosexuals in the 1940s how they "got that way," only 9% claimed that they were "born gay." In 1970, a similar percentage was recorded for 979 gays in San Francisco.(9) But in 1983, after the gay rights movement started to politicize the issue of homosexual origins, 35% of a random sample of 147 gays(10) said that they were "born that way.

Perhaps those who commit adultery, molest children or practice homosexuality are "born with" unusual biological influences. But there is no hard evidence of this. In fact, it appears that participation in these activities, like drug abuse or any other chosen behavior, is a combination of will and opportunity. No matter how such desires come about, members of society are rightly expected to control their behavior and not endanger others.

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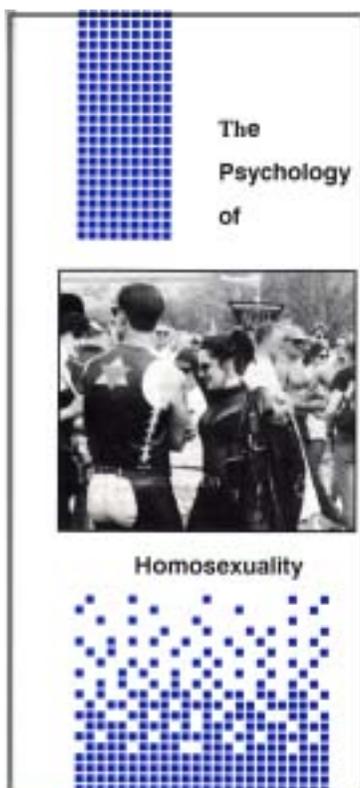
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The Psychology of Homosexuality

By Paul Cameron, Ph. D.



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Though many would like to think otherwise, the very existence of our society depends upon each individual contributing to the survival and well-being of all. No one – except the old, the sick, the handicapped – has ever been exempt from leading a productive life. In primitive societies, the good man hunted for the sustenance of the entire tribe and the good woman bore and reared children to ensure the survival of their kind. In modern culture, the roles have changed in superficial ways, but until recently have remained essentially the same. Good citizens led productive lives and brought children into the world to replenish the community with virtue.

Those who did not accept these responsibilities – who avoided work or failed to accept the "sweet yoke" of marriage and parenthood – were considered suspect and even vicious, depending on their capabilities and the degree to which they flouted the rules of society. Bums and ne'er-do-wells were but two examples of those who shirked their duty to make a positive contribution to the economy of the community. Thieves and embezzlers were worse because they actively preyed on those who were honest and diligent. Rakes and homosexuals were sexually selfish and irresponsible, not only because they were self-indulgent, but also because they saw sexuality as divorced from the responsibilities of parenthood.

Quite apart from Biblical injunctions, homosexuals have been considered non-productive and hence inimical to the well-being and even the survival of the community. In addition, they have been regarded as dangerous, because they preyed on the young and perverted them from normal, healthy, productive lives. In their selfish preoccupation with genital pleasure, they sought to rebel against the natural order of human life itself – the mutual responsibility of one for all that forms the basis of the social contract. Anyone who opts out of that contract for reasons other than illness or disability is "wrong headed," "worthless," "immoral." One need only examine the world's great heroic tales – from the *Iliad* to the *Aeneid* to the Gospels to see the virtue of men and women portrayed in terms of their willingness to be productive and unselfish, as opposed to self-centered and destructive.

Now that many in our society have cast aside these ancient norms, we see the old warnings coming true. Homosexuals are now more than non-productive "sexual bums." They are recruiting others, forming communities, beginning to mock and undermine the old pieties of loyalty to family, country, and God. They have redefined "good" and "evil" and view with contempt the idea that honest work

and sex within marriage are communal acts necessary for human survival.

Traditional social-psychiatric theory argues that productive people will enjoy life, feel good about themselves, earn the respect of friends and co-workers, and feel connected with their families and society. The non-productive will also have personalities shaped by their character and experience, namely, their worthless or counterproductive activities and life choices. They are expected to feel dissatisfied with life and themselves, be stung from social scorn, and seek excessive distraction (through amusements, risk-taking, drugs, sex).

The rebellious are expected to have "adjustment problems" because they don't follow society's prescription. They will feel angry at and at odds with their family and society, even while blaming them for their problems. Rebels, such as thieves and gays, will tend to "feel comfortable" only in the company of their kind. Though they may get satisfactions within their subcultures, their lifestyles preclude full participation in things that "really count" psychologically (e.g., parenthood, social honor). In reaction, traditional theory holds that rebels will mock those who are productive, even as they envy and resent them.

Besides gays' preoccupation with sex, traditionalist psychiatrists have catalogued a higher incidence of personality characteristics suggesting psychological disturbance and an inability to interact successfully with others. Dr. Edmond Bergler, [\(1\)](#) who treated over a thousand homosexuals, concluded that gays tended to: provoke attacks against themselves and then count these "attacks" as injustices they had suffered

- display defensive malice toward others,
- exhibit a flippant attitude in order to cover underlying depression and guilt,
- display extreme narcissism and superciliousness,
- refuse to acknowledge accepted standards in non-sexual matters, on the assumption that the right to cut moral corners is due homosexuals as compensation for their "suffering," and
- "be generally unreliable, also of a more or less psychopathic nature.

Dr. Irving Bieber, [\(2\)](#) who performed one of the largest and most intensive psychiatric studies of homosexuals, characterized gays as "angry, bitter people with low feelings of responsibility." And Dr. Charles Socarides has emphasized the similarity of the obsessive-compulsive nature of homosexual sex acts to a drug "fix." [\(3\)](#)

As opposed to the traditional view, **modern egalitarianism** emphasizes the equivalent worth of everyone irrespective of their willingness to be productive (after all, we share a 'common humanity'). This ideology sees no 'linkage' between economic and sexual productivity and psychological well-being: those who choose to live on welfare are "just as good" and have the same mix of personality characteristics as those who choose to work. The married are sexually and psychiatrically indistinguishable from those "living together." And homosexuals are psychiatrically and socially indistinguishable from heterosexuals.

Egalitarian social-psychiatric theory holds that if society would compel its members to accept everyone "for what they choose to do or be," everybody (including homosexuals) would come to feel good about themselves. In this 'brotherhood of humankind,' the job of creating adequate material

wealth and rearing a sufficiency of well-socialized children would flow 'naturally' out of the general spirit of cooperation, decency, and acceptance that would prevail.

The Psychological Question

Are homosexuals troubled today because society unreasonably discriminates against them or are they more frequently pathological and distressed due to a psychology shaped by their choices and experience?

Several lines of evidence suggest that the personality problems of gays are not a consequence of societal rejection, but 'part and parcel' of living the homosexual life. Furthermore, discrimination against those with homosexual inclinations, like discrimination against the able-bodied who refuse to work, is both necessary for the greater good of society and the individual himself. In fact, such discrimination is an attempt to prevent persons tempted by homosexuality from suffering the pathologies it induces.

The Reverse Socialization of Homosexuality

Becoming a homosexual involves a tremendous amount of reverse socialization. Almost every child is taught to avoid feces. Potty training explicitly teaches one to regard feces as 'dirty,' disgusting, and unhealthy. Yet most homosexuals eventually learn to immerse themselves in feces. Past surveys suggest the following typical sequential development of gay activity. The median age for gays when their genitals are first manipulated by another male is 13. In about two more years the anus is first used for sex rather than biological relief; and in another year or two the anus is licked for 'sexual fun.'

By age 21 most gays "have come a long way." They have learned to seek and enjoy activities that would have sickened them as children. Some go on to "bigger thrills" like sadomasochism, fisting (where the fist is placed up the rectum), or eating feces or drinking urine. [\(4,5,6,7\)](#) Medically speaking, it doesn't matter whether you pursue such activity for "fun" or ingest waste because your salad wasn't washed – exposure to feces is unhealthy. Psychologically, to undo the hygienic training of childhood in pursuit of adult sexual pleasure literally "turns all the rules upside down."

Given the biologically and psychologically unhealthful nature of such activity, it is not surprising that the younger a person "locks into" a gay identity, the more disturbed he is apt to be. Remafedi performed two studies of "gay youth." A 1987 study [\(8\)](#) of 29 such youngsters led him to conclude that the "very experience of acquiring a homosexual or bisexual identity at an early age places the individual at risk for dysfunction. This conclusion is strongly supported by the data." His 1991 study [\(9\)](#) of 137 gay and bisexual youth aged 14 to 21 reinforced his previous finding: "For each year's delay in bisexual or homosexual self-labeling, the odds of a suicide attempt diminished by 80%. These findings support a previously observed, inverse relationship between psychosocial problems and the age of acquiring a homosexual identity."

Social Disruption

Over the past 50 years, 5 studies have compared substantial numbers of homosexuals and heterosexuals – all generated results suggesting greater social disruption by gays. In the Kinsey

survey, general prison inmates (excluding those incarcerated for sexual offenses) were over 4 times more apt to have extensive homosexual experience than his control group. ⁽¹¹⁾ Saghir & Robins ⁽¹²⁾ compared 146 gays with 78 heterosexuals and reported less stability (more lovers, more job-changing) and more criminality among homosexuals. Bell & Weinberg ⁽⁵⁾ contrasted 979 gays with 477 heterosexuals and found more instability (psychiatric, marital) and more criminality among gays. Cameron & Ross ⁽¹³⁾ questionnaired 2,251 randomly-obtained respondents and reported that heterosexuals evidenced more social cohesion (numbers and kinds of intimate relationships), less self-destructive behavior (smoking, drug use, suicide attempts), and less endangerment of others (via driving habits, deliberate killing).

The largest comparison of gays and straights on a wide range of topics and based on a random sample involved 4,340 adults in 5 U.S. metropolitan areas. ⁽⁶⁾ Comparing those of both sexes who claimed to be bisexual or homosexual versus those of both sexes who claimed to be exclusively heterosexual:

Homosexuality was linked to lowered health

- homosexuals were about twice as apt to report having had a sexually transmitted disease (STD); and over twice as apt to have had at least 2 STDs;
- homosexuals were about 5 times more apt to have tried to deliberately infect another with an STD;
- homosexuals were about a third more apt to report a traffic ticket or traffic accident in the past 5 years;
- homosexuals were 3 times as likely to have attempted suicide, 4 times more apt to have attempted to kill someone, and about twice as likely to have been involved in a physical fight in the past year;
- homosexuals were about 5 times more apt to have engaged in torture-related sex (sadoomasochism, bondage); and
- homosexuals were about 4 times more likely to report having been raped.

Homosexuality was associated with criminality

- homosexuals were about twice as likely to have been arrested for a non-sexual crime and about 8 times more apt to have been arrested for a sexual crime;
- homosexuals were about twice as apt to have been convicted of a sexual crime and about twice as likely to have been jailed for a crime;
- homosexuals were about three times more likely to admit to having made an

obscene phone call; and

– homosexuals were about 50% more apt to claim that they had recently shoplifted, cheated on their income tax, or not been caught for a crime.

Homosexuality resulted in weaker human bonds

– only about half as many homosexuals had gotten married and, if married, were much less apt to have children;

– homosexuals averaged less than a year of sexual fidelity within either their longest homosexual or heterosexual relationship (heterosexuals averaged between 5 to 10 years of fidelity); and

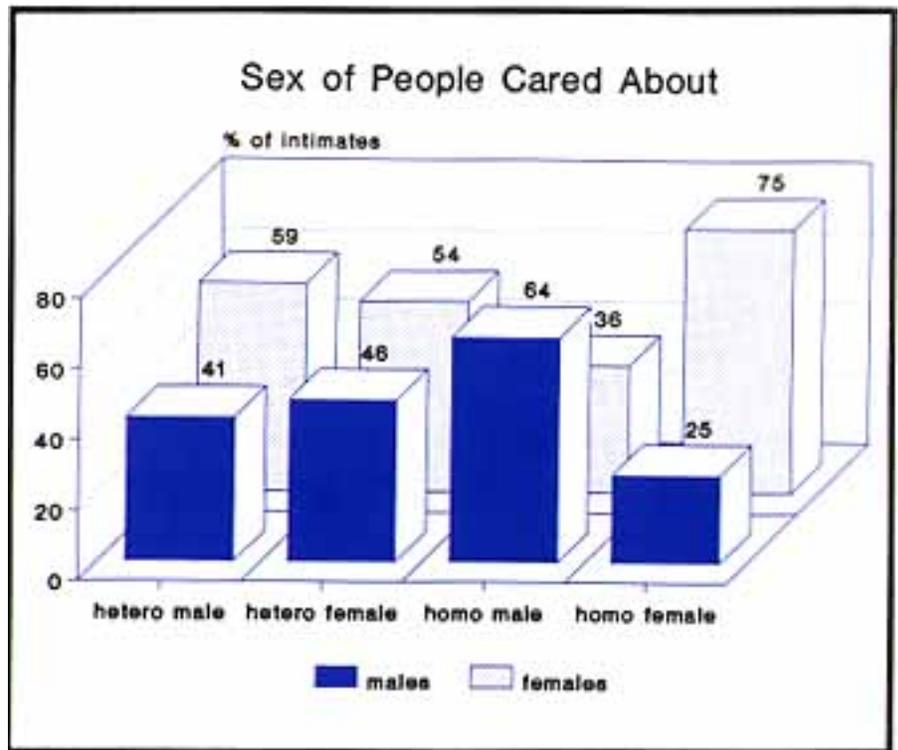
– if married, homosexuals were about 3 times more likely to cheat on their spouse.

These results echo the largest comparative study of straight and gay couples, which reported that the average length of time together averaged about 3 years for gay and lesbian couples vs 10 years for married heterosexuals. [\(14\)](#) Additionally, "cheating" was inevitable: "all [gay] couples with a relationship lasting more than five years have incorporated some provision for outside sexual activity." [\(15\)](#)

Importance of Social Cohesion

While reverse socialization explains a significant portion of the pathologies exhibited by homosexuals, their comparative lack of social cohesion is important also. A national survey of 5,182 adults [\(6\)](#) analyzed the gender, age, and kinds of people nominated as being intimately related to the respondent. Compared to heterosexuals, homosexuals exhibited less "relational connectedness" to those of the opposite sex or in different generations. 70% of the intimates reported by homosexuals were their sex as compared to 47% for heterosexuals (**see Figure**). And while 35% of heterosexuals' intimates were more than 20 years older or younger than the respondent, only half as many of the homosexuals' intimates were.

Homosexuals more narrowly focused their affections and interests on those of their own age and sex; they tended to be, like adolescents, peer oriented. Fully 38% of the intimates of heterosexuals were intergenerational blood relatives (e.g., parents, grandparents, children, grandchildren, etc.). Only 17% of homosexuals' intimates fell in the same categories. By contrast, 47% of homosexuals' intimates were unrelated friends or neighbors, compared to only 27% of heterosexuals' intimates.



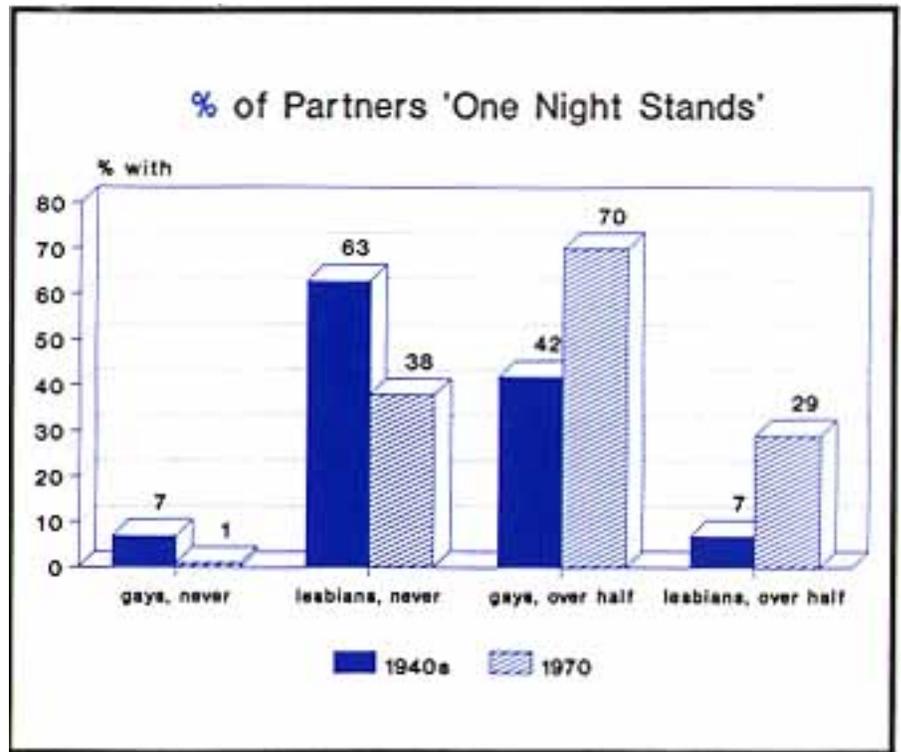
People have to learn to care for and care about those who are different than themselves. Homosexuals fail to display the kind of connectedness between sexes, generations, and social classes that leads to social harmony. If we are too focused on "people like us," we help to divide society into competing groups instead of a fabric of interwoven and connected interests.

Does Societal Acceptance Make a Difference?

- **Fecal exposure:** In the 1940s, Kinsey (4) reported that about two-thirds of gays had engaged in anal/penile contact, and 59% of gays and 18% of lesbians had participated in oral/anal activity (where the tongue is put in the anus). San Francisco decriminalized and then accepted homosexuality. When the Kinsey Institute did a survey⁵ there in 1970, 96% of gays admitted to anal/penile contact, and 89% of the gays and 25% of the lesbians to oral/anal activity. Lifting the restraints upon homosexual activity appears to have increased the exposure to biological danger among those with homosexual desires.

- **Promiscuity:** In the 1940s, 7% of gays and 63% of lesbians said that they had never had a 'one night stand,' while 42% of the gays and 7% of the lesbians said that "over half of their partners had been 'one night stands' (see Figure below). By 1970 only 1% of gays and 38% of lesbians said that they had never had a 'one night stand,' and 70% of gays and 29% of lesbians reported that they had had sex only once with over half of their partners!

Acceptance did not necessarily make homosexuals' lives better: 35% of gays (v. 11% of heterosexual men) and 37% of lesbians (v. 24% of heterosexual women) had either seriously considered or attempted suicide. Of homosexuals who had attempted suicide, the most frequent reason – which accounted for 47% of all attempts – was disagreements with a lover. (5) Further, although these "liberated gays reported many more lifetime sexual partners than the homosexuals interviewed in the 1940s (a median of 250+ compared to a median of 20), twice as many homosexuals as heterosexuals (15.6% v. 8.4%) reported having "often" felt "very lonely" in the past month. (5)



This pattern of "liberation and acceptance" leading to greater excesses was echoed in the results of a 1991 survey by the San Francisco Department of Public Health on the sexual risk-taking of young gay men. As the *Los Angeles Times* (10) reported, each succeeding generation "is behaving more dangerously than the one before."

Our culture has yet to totally accept homosexuality. The limited evidence available suggests that where social and legal acceptance has been implemented, the problems associated with homosexuality have increased rather than dissipated. Cutting the bonds of sexual restraint do not "free" the homosexual to live life to its fullest, but rather increase his chances of personal misery and isolation.

Impermanency

The gay lifestyle is strikingly impermanent. Homosexuals are acutely aware that while their sexual desires will continue, few will be sexually interested in them after their 30th birthday. Good health is frequently interrupted by bouts with alcoholism and STDs – and because their lifespan is so short (the median age of death for gays and lesbians is in the mid-40s while for married heterosexuals it is in the 70s (19)), associates frequently die. Unlike the relatively permanent satisfactions and attachments of marriage and parenthood, those associated with homosexuality are fleeting.

It is far from surprising that half of gays expressed regret about their homosexuality (5) or that four times as many would advise adolescents who were just beginning homosexual activity to stop rather than continue. (4)

The "gay life" is short, lonely, and filled with cheating, insecurity, disease, and danger. Although held captive by sexual addiction rather than brick and bars, homosexuals exhibit many of the same

psychological traits as those imprisoned in death camps. The pathologies of homosexuals fit the traditional social-psychiatric view: Happiness and well-being are earned through social and sexual productivity, not "sexual freedom."

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SAME SEX MARRIAGE:

Til Death Do Us Part?

By Dr. Paul Cameron



Dr. Cameron is Chairman of the [Family Research Institute](#) of Colorado Springs, Colorado USA. [Click here](#) for more information about this organization. You may contact him at: Family Research Institute, PO Box 62640, Colorado Springs, CO 80962 USA. Phone number: (303) 681-3113.

Society has a vested interest in prohibiting behavior that endangers the health or safety of the community. Because of this, homosexual liaisons have historically been forbidden by law.

Homosexuals contend that their relationships are the equivalent of marriage between a man and woman. They demand that society dignify and approve of their partnerships by giving them legal status as 'marriages.' They further argue that homosexuals should be allowed to become foster parents or adopt children.

The best scientific evidence suggests that putting society's stamp of approval on homosexual partnerships would harm society in general and homosexuals in particular, the very individuals some contend would be helped.

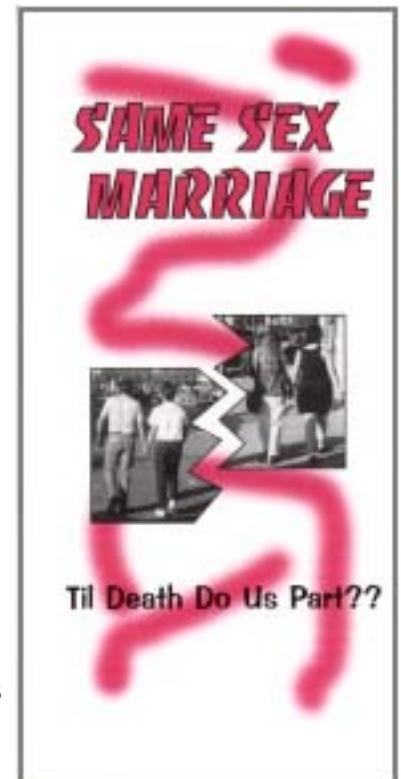
A large body of scientific evidence suggests that homosexual marriage is a defective counterfeit of traditional marriage and that it poses a clear and present danger to the health of the community:

Traditional marriage improves the health of its participants, has the lowest rate of domestic violence, prolongs life, and is the best context in which to raise children.

Homosexual coupling undermines its participants' health, has the highest rate of domestic violence, shortens life, and is a poor environment in which to raise children.

The Facts About Homosexual Marriage

Fact #1: Homosexual marriages are short lived.



When one examines homosexual behavior patterns, it becomes clear that the plea for legal homosexual marriage is less about marriage than the push for legitimacy. Most gays and lesbians are not in monogamous relationships, and in fact often live alone by preference.

- In a study (1) of 2,000 U.S. and European gays in the 1960s, researchers found that "living by oneself is probably the chief residential pattern for male homosexuals. It provides the freedom to pursue whatever style of homosexual life one chooses, whether it be furtive encounters in parks or immersion in the homosexual subculture. In addition, homosexual relationships are fragile enough to make this residential pattern common whether deliberate or not."
- A 1970 study in San Francisco (2) found that approximately 61% of gays and 37% of lesbians were living alone.
- In 1977, the Spada Report (3) noted that only 8% of the gays in its sample claimed to have a monogamous relationship with a live-in lover.
- The same year (4) over 5,000 gays and lesbians were asked: "Do you consider or have you considered yourself 'married' to another [homosexual]?" Only 40% of lesbians and 25% of gays said "yes." The authors noted that with "gay male couples, it is hard to even suggest that there are norms of behavior. [One] might expect to find a clear pattern of 'categories' emerging from the answers to the questions about lovers, boy friends, and relationships. In fact, no such pattern emerged."
- In the early 1980s, a large non-random sample (5) of almost 8,000 heterosexual and homosexual couples responded to advertisements in alternative newspapers. The average number of years together was 9.8 for the married, 1.7, for cohabiting heterosexuals, 3.5 for the gay couples, and 2.2 for the lesbian couples.

Variety Over Monogamy

Although gay activists often argue that legalizing homosexual marriage would help make such relationships more permanent, the reality is that most gays desire variety in their sex partners, not the monogamy of traditional marriage.

- In 1987, only 23% of gays in London (6) reported sexual exclusivity "in the month before interview."
- In 1990, only 12% of gays in Toronto, Canada (7) said that they were in monogamous relationships.
- In 1991, in the midst of the AIDS crisis, Australian gays (8) were monitored to see whether they had changed their sexual habits. There was essentially no change in 5 years: 23% reported a monogamous relationship, 35% a non-monogamous relationship, and 29% only "casual sex." The authors reported that "there were almost as many men moving into monogamy as out of it, and out of casual-only partnerships as into them."
- In 1993, a study (9) of 428 gays in San Francisco found that only 14% reported just a single sexual partner in the previous year. The vast majority had multiple sex partners.
- In 1994, the largest national gay magazine¹⁰ reported that only 17% of its sample of 2,500 gays claimed to live together in a monogamous relationship.

Even gays who do have long-term partners do not play by the typical 'rules.' Only 69% of Dutch gays¹¹ with a marriage-type 'partner' actually lived together. The average number of "outside partners" per year of 'marriage' was 7.1 and increased from 2.5 in the first year of the relationship to 11 in the 6th

year.

Why are homosexual marriages shorter and less committed than traditional marriages?

At any given time, less than a third of gays and approximately half of lesbians are living with a lover. Because the relationships are so short, the average homosexual can anticipate many, many 'divorces.'

At any instant, about 10% of gays live together in monogamous relationships. Their monogamy seldom lasts beyond a year. Perhaps half of lesbians live together in monogamous relationships. These typically dissolve in one to three years.

These same patterns appear in the scientific literature over the last 50 years, both long before and during the AIDS epidemic. This consistency suggests a reality associated with the practice of homosexuality, one unlikely to be affected by changes in marriage laws.

The Danish Experience

In Denmark, a form of homosexual marriage has been legal since 1989. Through 1995, less than 5% of Danish homosexuals had gotten married, and 28% of these marriages had already ended in divorce or death. [\(12\)](#)

The Danish experience provides no evidence that gay 'marriage' is beneficial. Men who married men were three times more apt to be widowers before the age of 55 than men who married women! Similarly, a woman who married a woman was three times more apt to be a widow than a woman who married a man.

Fact #2: Studies show homosexual marriage is hazardous to one's health.

Across the world, numerous researchers have reported that 'committed' or 'coupled' homosexuals are more apt to engage in highly risky and biologically unsanitary sexual practices than are 'single' gays. As a consequence of this activity, they increase their chances of getting AIDS and other sexually transmitted or blood-borne diseases.

- In 1983, near the beginning of the AIDS epidemic, gays in San Francisco [\(13\)](#) who claimed to be in "monogamous relationships" were compared to those who were not. Without exception, those in monogamous relationships more frequently reported that they had engaged in biologically unhealthful activity during the past year. As examples, 4.5% of the monogamous v. 2.2% of the unpartnered had engaged in drinking urine, and 33.3% v. 19.6% claimed to practice oral-anal sex.
- In a sample of London gays [\(6\)](#) in 1987, those infected with HIV were more apt to have regular partners than those not so infected. In 1989, Italian researchers [\(14\)](#) investigated 127

gays attending an AIDS clinic. Twelve percent of those without steady partners v. 28% of those with steady partners were HIV+. The investigators remarked that "to our surprise, male prostitutes did not seem to be at increased risk, whereas homosexuals who reported a steady partner (i.e., the same man for the previous six months) carried the highest relative risk."

- During 1991-92, 677 gays in England (15) were asked about "unprotected anal sex." Those who had 'regular' partners reported sex lives which were "about three times as likely to involve unprotected anal sex than partnerships described as 'casual/one-night stands.'" Sex with a regular partner "was far more important than awareness of HIV status in facilitating high-risk behaviour."
- A 1993 British sexual diary study (16) of 385 gays reported that men in "monogamous" relationships practiced more anal intercourse and more anal-oral sex than those without a steady partner. It concluded that "gay men in a Closed relationship... exhibit... the highest risk of HIV transmission."
- In 1992, a sample (17) of 2,593 gays from Tucson, AZ and Portland, OR reinforced the consistent finding that "gay men in primary relationships are significantly more likely than single men to have engaged in unprotected anal intercourse."
- Similarly, a 1993 sample (18) of gays from Barcelona, Spain practiced riskier sex with their regular partners than with casual pick ups.
- Even a 1994 study (19) of over 600 lesbians demonstrated that "the connection between monogamy and unprotected sex,... was very consistent across interviews. Protected sex was generally equated with casual encounters; unprotected sex was generally equated with trusting relationships. Not using latex barriers was seen as a step in the process of relational commitment. Choosing to have unprotected sex indicated deepening trust and intimacy as the relationship grew."

Why is homosexual marriage a health hazard?

While married people pledge and generally live up to their vows of sexual faithfulness, participants in both gay and lesbian "marriages" offer each other something quite different. They see shared biological intimacy and sexual risk-taking as the hallmark of trust and commitment. Being exposed in this way to the bodily discharges of their partner increases the risk of disease, especially so if that partner was 'married' to someone else before or engaged in sex with others outside the relationship.

The evidence is strong that both gays and lesbians are more apt to take biological risks when having sex with a partner than when having casual sex. The evidence is also strong that gays disproportionately contract more disease, especially AIDS and the various forms of hepatitis, from sex with "partners" than they do from sex with strangers. There is also some evidence (20) that gays with partners are more apt to die of both AIDS and non-AIDS conditions than those without partners.

Like gays, 'married' lesbians are more apt to engage in biological intimacy and risk-taking. However, there is insufficient evidence to conclude whether disease or death rates are higher for partnered or unpartnered lesbians.

Fact #3: Homosexual marriage has the highest rate of domestic violence.

Domestic violence is a public health concern. Among heterosexuals, not only is it an obvious marker

of a troubled marriage, but media attention and tax dollars to aid 'battered women' have both grown tremendously in recent years. What is not reported is the empirical evidence suggesting that homosexual couples have higher rates of domestic violence than do heterosexual couples, especially among lesbians.

In 1996, (21) Susan Holt, coordinator of the domestic violence unit of the Los Angeles Gay Lesbian Center, said that "domestic violence is the third largest health problem facing the gay and lesbian community today and trails only behind AIDS and substance abuse... in terms of sheer numbers and lethality."

The average rate of domestic violence in traditional marriage, established by a nationwide federal government survey (22) of 6,779 married couples in 1988, is apparently less than 5% per year. During their most recent year of marriage, 2.0% of husbands and 3.2% of wives said that they were hit, shoved or had things thrown at them. Unmarried, cohabiting heterosexuals report (23) higher rates of violence, a rate of about 20% to 25% per year.

When the same standard is applied to gay and lesbian relationships, the following evidence emerges:

- In 1987, (24) 48% of 43 lesbian, and 39% of 39 gay Georgia couples reported domestic violence.
- In 1988, (25) 70 lesbian and gay students participated in a study of conflict resolution in gay and lesbian relationships. Adjusted upward for reporting by only one partner in the couple (i.e., "only one side of the story"), an estimated 29% of gay and 56% of lesbian couples experienced violence in the past year.
- In 1989, (26) 284 lesbians were interviewed who were involved "in a committed, cohabiting lesbian relationship" during the last 6 months. Adjusted for reporting by just one partner, an estimated 43% of the relationships were violent in the past year.
- In 1990, (27) nearly half of 90 lesbian couples in Los Angeles reported domestic violence yearly. 21% of these women said that they were mothers. Interestingly, of those mothers who had children living with them, 11 lived in "violent" and 11 in "nonviolent" relationships. Thus, unlike traditional marriage where parents will often forego fighting to shield the children from hostility, there was no evidence from this investigation that the presence of youngsters reduced the rate of domestic violence.

Overall, the evidence is fairly compelling that homosexual domestic violence exceeds heterosexual domestic violence. The limited scientific literature suggests that physical domestic violence occurs every year among less than 5% of traditionally married couples, 20% to 25% of cohabiting heterosexuals, and approximately half of lesbian couples. The evidence is less certain for gays, but their rate appears to fall somewhere between that for unmarried, cohabiting heterosexuals and lesbians.

Fact #4: Homosexual domestic violence is a logger problem than gay bashing.

Gay activists and the media are quick to assert that discriminatory attitudes by 'straight' society lead

directly to violence against homosexuals (i.e., 'gay bashing'). In fact, evidence suggests that homosexual domestic violence substantially exceeds, in frequency and lethality, any and all forms of 'gay bashing.' That is, the violence that homosexuals do to one another is much more significant than the violence that others do to homosexuals.

In 1995, a homosexual domestic violence consortium conducted a study (28) in six cities Chicago, Columbus, Minneapolis, New York, San Diego, and San Francisco where reports of anti-homosexual harassment or same sex domestic violence were tabulated.

The harassment incidents ranged from name calling (e.g., 'faggot,' 'queer') to actual physical harm or property damage. Homosexual domestic violence, on the other hand, referred only to incidents in which actual physical harm occurred or was seriously threatened (i.e., met the legal standard for domestic violence).

The results? Nationwide, (29) as well as in these cities, around half of anti-homosexual harassment reports in 1995 involved only slurs or insults, thus not rising to the level of actual or threatened physical violence.

In San Francisco, there were 347 calls about same-sex domestic violence and 324 calls about anti-homosexual harassment. In three of the five other cities there were also more calls reporting same-sex domestic violence than anti-homosexual harassment. The same ratio was reported for the study as a whole.

Given that half of the harassment reports did not rise to the level of violence, while domestic violence meant exactly that, if the data gathered by this consortium of homosexuals corresponds to the underlying reality, the physical threat to homosexuals from same-sex domestic violence is more than twice as great as the physical threat they experience from 'the outside.'

Rather than being a 'shelter against the storms of life,' as traditional marriage is sometimes characterized, being homosexually partnered actually increases the physical dangers associated with homosexuality.

Fact #5: Homosexuals make poor parents.

Fewer than 20 empirical studies have been done on homosexual parents. These studies have been small, biased, and generally fail to address many of the traditional concerns regarding homosexual parenting. However, the limited evidence they have generated supports what common sense would expect.

The largest study, (30) and the only one based on a random sample, estimated that less than half of a percent of Americans have had a homosexual parent. Those who did were more likely to:

1. report having had sex with a parent,
2. experience homosexuality as their first sexual encounter,
3. be sexually molested,
4. become homosexual or bisexual, and

5. report dissatisfaction with their childhood.

The various studies, (31) added together, suggest that the children of homosexuals are at least 3 times more apt to become homosexual than children raised by the traditionally married.

Further, there is reasonable evidence, both in the empirical literature and in dozens of court cases dealing with the issue, (32) that children of homosexuals are more apt to be sexually exposed to the homosexual lifestyle and/or molested.

Finally, substantial evidence (31) suggests that children of homosexuals are more apt to doubt their own sexuality, be embarrassed by their homosexual parent(s), and be teased and taunted by their peers.

What Can We Conclude?

Homosexual marriage is a bad idea, While traditional marriage delivers benefits to its participants as well as to society, gay marriage harms everyone it touches especially homosexuals themselves. Not only does it place homosexuals at increased risk for HIV and other sexually transmitted diseases, but it also subjects them to an increased threat of domestic violence and early death.

Homosexual marriage is nothing like traditional marriage. Homosexual unions are not built around lifetime commitments, nor are they good environments to raise children.

Those who support legalizing homosexual marriage include the same compassionate people who championed the right of singles to become parents. We know the results of that campaign: a third of the nation's children do not have a father. We also know that children without fathers much more often do poorly in school, get in trouble with the law, and become dysfunctional parents themselves.

It would be foolish to tamper with something as vital to personal and social health as traditional marriage in order to placate the same troubled souls that pushed for our current cultural mess.

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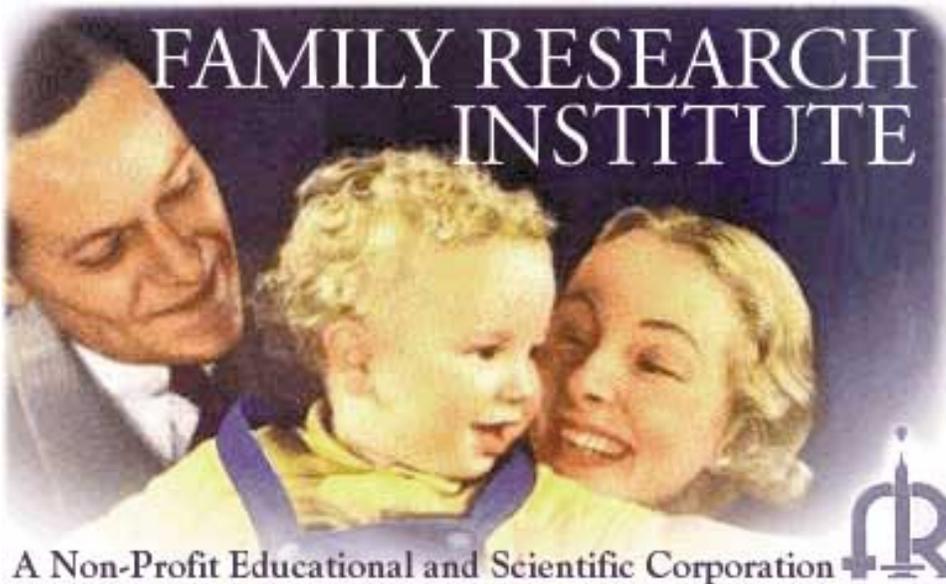
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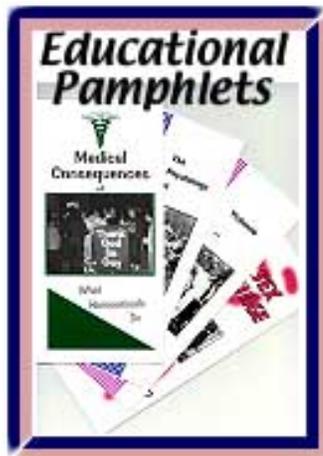
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The Plague, SARS, and Gay Rights

A plague is coming! Every epidemiologist worth his salt is worried.

And quarantine, discarded as 'unkind' and 'an affront to civil liberties' is making a comeback.

SARS, from the perspective of many epidemiologists, is the "first shot across our bow" from the conditions that almost guarantee a world-wide plague.

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Child Molestation Among the Clergy

How often are religious leaders involved in child molestation? Roman Catholic priests have captured a great deal of attention since the late 1980s. Press reports and opinion pieces in the 1990s made it appear that child molestation was exceptionally frequent among priests. Speculation about 'the cause' ranged from the celibacy rule imposed on most priests, to the fact that, since most of those who were molested were boys, the priesthood had become densely populated with homosexuals. What are 'the facts' regarding child molestation by religious leaders? Are priests more apt than Protestant clergy to molest boys? [Click here for the full article from the latest FRI Report...](#)



Homosexual Rape and Murder of Children

The homosexual historical footprint is large when it comes to the rape and murder of children. The most notorious child killer might be Gilles de Rais (Bluebeard), remembered for raping, torturing, and killing perhaps 800 boys in 15th century France. Gilles often raped the boy as he hung from a hook by the neck. Before he died, Gilles took him down, comforted him, repeated the act and either killed him himself or had him slain. In his confession, Gilles testified that "when the children were dead he kissed them and those who had the most handsome limbs and heads he held up to admire them, and had their bodies cut open and took delight at the sight of their inner organs; and very often when the said children were dying he sat on their stomachs and took pleasure in seeing them die and laughed..." (www.crimelibrary.com).

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Are Boys Safer in Boy Scouts Than in Big Brothers?

The Boy Scouts and Big Brothers both have long track records in serving our kids. But occasionally, in each, boys are homosexually molested by their leaders. To guard against this, both the Boy Scouts and Big Brothers run background checks on their leaders/mentors to exclude men with known sexual abuse histories. Notably different, however, is the way that each organization handles homosexuality. In the Boy Scouts, volunteers must subscribe in writing to a policy that explicitly prohibits homosexual leaders. By contrast, for the past two decades, the Big Brothers -- taking the lead of the National Association of Social Workers and the American Psychological Association -- has followed an explicit non-discrimination policy for those who practice homosexuality. [Click here for the full article from the latest FRI Report...](#)

Gay Foster Parents More Apt to Molest

No matter how professionals in our society extol the virtues of 'science,' if empirical evidence goes against their beliefs, they often ignore it or avoid it. The employment of homosexuals as foster parents is a perfect case in point.

When a 16 year-old foster son was molested and raped by two gay foster parents in Vermont, Tom Moore, Deputy of the State's Social and Rehabilitation Services, told me on June 25, 2002 that neither he nor the Commissioner knew of any evidence about the molestation rates of children by homosexual foster parents. He was apparently echoing his boss, Commissioner William Young, who the papers quoted as saying "I don't know of any screening instrument for [sexual molestation]. Certainly, sexual preference doesn't have anything to do with it, or religious beliefs or socioeconomic status. It's so frustrating because there isn't a predictor."

Editor's Note: Since FRI's Chairman, Dr. Paul Cameron, was personally involved in these matters, this report is written as a first person account

(Rutland Herald 6/21/02) [Click here for the full article from the latest FRI Report...](#)

No Dr. Dobson, Homosexuality Is a Choice

At a high level of abstraction, homosexuality and heterosexuality might seem similar. So similar, in fact, that psychiatry and the media would have us believe that the only difference is in one's choice of sex partners. Otherwise, homosexuals are 'just like you and me.' They work, dine, go to movies; they bleed, have ambitions, feelings, etc. But despite this message, in the 'real world,' there are enormous differences between what homosexuals and heterosexuals do....Dr. James Dobson, president of Focus on the Family. In a March 7th interview on Larry King Live, Dobson declared that he thought it was "a big mistake for people, uninformed people, to say that homosexuality is chosen. It usually isn't." Later in the program, he repeated that "It isn't chosen, but it's not genetic, either." [Click here for the full article from the latest FRI Report...](#)

Children of Homosexual Parents Report Childhood Difficulties

Summary: Referenced as both supporting and weakening the case for parenting by homosexuals, 57 life-story narratives of children with homosexual parents published by Rafkin in 1990 and Saffron in 1996 were subjected to content analysis. Children mentioned one or more problems/concerns in 48 (92%) of 52 families. Of the 213 scored problems, 201 (94%) were attributed to the homosexual parent(s). Older daughters in at least 8 (27%) of 30 families and older sons in at least 2 (20%) of 10 families described themselves as homosexual or bisexual. These findings are inconsistent with propositions that children of homosexuals do not differ appreciably from those who live with married parents or that children of homosexuals are not more apt to engage in homosexuality. [Click here for the full article from this special report...](#)

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