

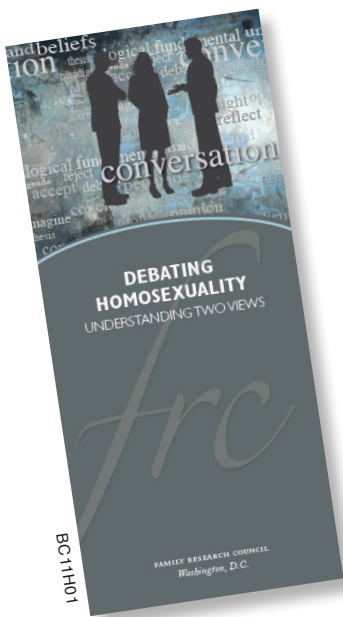
Debating Homosexuality

Understanding Two Views



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Introduction



In recent years, activists pushing for a “gay rights” political agenda, such as the legalization of same-sex marriage and the overturning of the law against open homosexuality in the military, have become increasingly

virulent in their attacks upon social conservatives who oppose that agenda. Examples of these attacks include a federal judge declaring that the passage of California’s Proposition 8 in 2008 could only have been motivated by hostility toward gay and lesbian individuals¹, and the 2010 announcement by the Southern Poverty Law Center that it classifies several pro-family organizations as “anti-gay hate groups.”²

Such attacks reveal a fundamental misunderstanding (if not deliberate misrepresentation) of the beliefs, arguments, and motives of social conservatives. This misunderstanding arises from the existence of two completely different paradigms, or fundamental ways of understanding the nature of homosexuality.

The “Gay Identity” Paradigm

Gay activist groups, and a growing portion of major social institutions such as academia and the news media, have come to adopt a view of homosexuality we might call the “gay identity” paradigm. The foundations of the “gay identity” paradigm are these beliefs:

Sexual orientation is an innate personal characteristic, like race.

People are born gay.

Gay people can never become heterosexual.

Being gay is essentially no different from being straight, except for the gender to which one is sexually attracted.

There is no harm in being gay.

Based on these beliefs (or, in many cases, unspoken presuppositions), gay activist groups declare, and some others have come to accept, that for someone to believe that heterosexuality is preferable to homosexuality is equivalent to believing that one race is superior to another, and therefore represents a form of bigotry and even “hate” toward gays and lesbians as individuals.

However, this conclusion about critics of homosexuality cannot be valid unless the presuppositions of the “gay identity” paradigm are *empirically true*, and it is not logical unless social conservatives are operating from *the same paradigm*.

In reality, the empirical case for the “gay identity” paradigm is extremely weak and is, in any case, subject to legitimate debate. Furthermore, what is beyond dispute is that social conservatives do *not* view homosexuality from the perspective of the “gay identity” paradigm. Therefore, it is not only unfair and misguided, but it is simply illogical to impugn the motives of social conservatives based on that paradigm.

What Is “Sexual Orientation?”

To deconstruct the “gay identity” paradigm, and understand the alternative view which drives social conservatives, it is necessary to examine the actual nature of “sexual orientation.” Too often, it is assumed that “sexual orientation” is a unitary phenomenon whose meaning is clear. This is not the case.

As all serious researchers in human sexuality understand, “sexual orientation” is an umbrella term for three quite different things. The first of these is one’s sexual *attractions*—is a person sexually attracted to people of the opposite sex, the same sex, or both? The second element of sexual orientation is sexual *conduct*—what sex acts does an individual choose to engage in, and with whom? The third element of sexual orientation is sexual *self-identification*—does an individual think of himself or herself, and/or publicly identify himself or herself to others, as “gay,” “lesbian,” “straight,” or “bisexual?”

The “gay identity” paradigm assumes that these aspects of “sexual orientation” will always be consistent with one another—that is, that a person with same-sex attractions will also engage exclusively in homosexual conduct and publicly self-identify as “gay.”

However, scientific research into human sexuality has clearly shown that *this is not always the case*.³ Some people experience same-sex attractions, but do not choose to engage in homosexual conduct (or choose to engage in heterosexual conduct instead). Some people experience same-sex attractions and engage in homosexual conduct, but do not self-identify as “gay.” It has been observed that in unique situations (such as prisons), people who neither experience same-sex attractions nor self-identify as gay may nevertheless choose to engage in homosexual conduct. Therefore, any meaningful discussion of the topic of homosexuality requires that the three elements of sexual orientation be addressed individually.

A “Homosexual Conduct” Paradigm

The “gay identity” paradigm is simplistic, since it is based on the assumption (which the research clearly shows to be false) that “sexual orientation” is a unitary characteristic. Under this view, people are either gay or not gay, so to criticize homosexuality is to denigrate some people for “who they are.”

Social conservatives approach the topic of homosexuality using a completely different paradigm—one that is more sophisticated, and more consistent with the research on human sexuality and sexual orientation, than the “gay identity” paradigm. This paradigm is based on the reality that same-sex attractions, homosexual conduct, and self-identification as “gay” are three separate (although related) matters which must be addressed separately.

For social conservatives, particularly when it comes to public policy debates related to homosexuality, homosexual *conduct* is by far the most important of the three elements of sexual orientation. Hence, we might refer to the social conservative approach to the issue of homosexuality as a “homosexual conduct” paradigm, in contrast to the “gay identity” paradigm.

Understanding these two divergent paradigms is crucial to accurately understanding the position of social conservatives on the issue of homosexuality. Social conservatives do *not* believe or argue that “gay people are inferior,” as gay activists charge. What we believe

and argue is that *homosexual conduct is harmful*—first and foremost to the people who engage in it, but also by extension to society at large.

Gay activists, and others who have accepted the “gay identity” paradigm, argue that the public policy debates revolve around whether “gay people are treated equally” to straight people. Social conservatives perceive the issues at stake completely differently. They believe, without question, that gay people, as individuals, should and do enjoy all the same rights under the Constitution and its Bill of Rights as any other American. However, social conservatives perceive the key issue in public policy debates as being whether *homosexual conduct* and *homosexual relationships* should be discouraged; treated as entirely private (that is, neither discouraged nor affirmed); or actively *protected, affirmed, and celebrated*. The latter is what gay activists demand.

Origins of Same-Sex Attractions

While social conservatives view homosexual *conduct* as the most important aspect of sexual orientation for public policy debates, the question of the origin and nature of same-sex sexual *attractions* is an important scientific issue that lays the foundation for an understanding of homosexuality.

The “gay identity” paradigm is based on a belief or assumption that same-sex attractions develop because of a biological (and likely a genetic) characteristic that is present from birth and cannot be changed during the life course.

While this belief is widespread, the empirical case for it is actually quite weak. In the early 1990s, there was great hope in some circles that a “gay gene” would be found that would prove homosexuality to be fixed and determined genetically. This enterprise has proved to be a notable failure.⁴

This is not to say that there is no genetic *influence* on the development of same-sex attractions—but there is a significant difference between a trait being genetically *influenced* and genetically *determined*. In fact, the latest research involving identical twins (who have an identical genetic makeup) has shown such low concordance rates (the percentage of cases in which both twins are homosexual when at least one of them is) that the idea of homosexuality as a fixed, genetically *determined* trait must be considered to have been disproved.⁵

Changing Sexual Orientation

Some researchers have suggested non-genetic biological theories for the origin of same-sex attractions, such as hormonal influences or intra-uterine experiences. However, none of these can be said to have been definitively, scientifically proven. *They remain the subject of legitimate scholarly debate.*

So if people are not “born gay,” where could same-sex attractions come from? Most researchers prior to the 1970’s believed, as many still do today, that such attractions are primarily a developmental result of childhood experiences. This is *not* to say that there is any one pattern of childhood experience that always results in homosexuality, nor that there is any one such pattern that is common to the personal histories of all those who do develop same-sex attractions. Nevertheless, there are some patterns that appear frequently in the life histories of those with same-sex attractions. These include poor bonding with the same-sex parent or peers,⁶ or child sexual abuse.⁷

These varied findings help illuminate how misguided is the question which is sometimes posed about the origins of homosexuality: “Are people born gay, or do they choose to be gay?” Contrary to stereotype, *social conservatives do not assert that people “choose to be gay”* (if “being gay” is defined merely as “experiencing same-sex attractions”). If same-sex attractions result from developmental forces in childhood, then they are *neither* “inborn” *nor* “chosen.”

The American Psychological Association has taken strongly pro-homosexual policy stances – yet even they acknowledge that multiple factors probably influence the development of same-sex attractions. They declared in 2008:

There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. . . . Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.⁸

However, while people do not “choose” to experience same-sex attractions, they do choose whether or not to engage in homosexual conduct (and also choose whether or not to publicly self-identify as gay, lesbian, or bisexual). The position of social conservatives is that all people—including people who experience same-sex attractions—should choose to *abstain from engaging in homosexual conduct*, because of the harms associated with that conduct.

Related to the question of the origins of same-sex attractions is the question of whether such attractions can change over time, or be changed as a result of therapeutic intervention. The “gay identity” paradigm assumes that people are born gay, and that a gay person cannot become straight any more than a black person can become white.

This assumption, however, flies in the face of a large body of both empirical and anecdotal evidence. There are many psychiatrists, psychologist, counselors, and therapists who have reported success in treating clients for unwanted same-sex attractions. Much of this research and clinical experience has been reported in the peer-reviewed scholarly literature for decades.⁹ In addition, there are many people who have given personal testimony to changes in any or all of the measures of their sexual orientation.¹⁰

Sexual orientation change efforts (SOCE) or “reorientation therapy” are often attacked on a number of grounds. Some argue that they are based on the flawed belief that homosexuality is a mental illness, a belief they claim was discredited by the American Psychiatric Association’s 1973 decision to remove homosexuality from its official list of mental disorders.¹¹ Strictly speaking, however, such therapies are based only on the undeniable reality that *some people experience same-sex attractions as something unwanted*. Social conservatives assert that such people should have a right to seek therapy to help them change, in accordance with the basic ethical principle in counseling of the client’s autonomy in determining the goal of therapy.¹²

Others claim that such therapies are ineffective. Yet, as noted above, over nearly a century there have been many reports, based on personal testimonies, clinical experience, and peer-reviewed research, showing that some people can and do change from “gay” to “straight” on one, two, or even all three of the measures of sexual orientation.¹³ *Social conservatives do not claim that such change is easy or automatic*, or that there is any particular method that is successful 100% of the time. Changing one’s sexual orientation is undoubtedly difficult, and not all who attempt it succeed. The same limitations are true in addressing other psychological issues. The question of how difficult or likely sexual orientation change may be is a *subject for legitimate debate*—but it is not plausible to make the argument (which is central to the “gay identity” paradigm) that change is *impossible*.

Finally, some claim that such therapies are actually harmful. However, this is a claim that must be supported by empirical evidence. The evidence in favor of the claim is almost entirely anecdotal, whereas there is research evidence that flatly contradicts such a charge.¹⁴ The hypothetical possibility of harm for some individuals is a *subject for legitimate debate*—but it has certainly not been proven beyond a reasonable doubt, to an extent which would justify interfering with the professional freedom of therapists and the autonomy of clients to seek the outcomes they desire.

Language

Social conservatives often use an entirely different vocabulary in discussing homosexuality from the one used by the media or by people operating from the “gay identity” paradigm. It is the difference in paradigms which explains this difference in language.

For example, up to this point, I have been using the words “gay” and “lesbian” the way they are generally used by the media, as a generic reference to people who experience same-sex attractions and/or engage in homosexual conduct and/or self-identify in that way. However, social conservatives will often avoid using the words “gay” or “lesbian” altogether. This is because the very words themselves tend to support the “gay identity” paradigm. To call someone “gay” or “lesbian” tends to imply that some people’s intrinsic, inborn, immutable identity is “gay” or “lesbian”—something which social conservatives believe *is empirically false*.

A second reason social conservatives avoid use of these words is because such words tend to obscure the real nature of the characteristics which we are discussing—which are a person’s *sexual* attractions and their *sexual* behavior. This is why social conservatives prefer to use the word “homosexual.” The word “homosexual” is not, and is not intended as, a disparaging term. Whereas the words “gay” and “lesbian” are biased, in that they lend support to the dubious “gay identity” paradigm, the word “homosexual” is a *neutral* term which accurately describes the issue at hand—“sexual” attractions and/or behavior, directed toward people of the same (“homo-”) sex.

Since, as already noted, social conservatives consider sexual *conduct* to be the most significant aspect of debates over homosexuality and sexual orientation, when we use the word “homosexual” as a noun it is usually intended merely to mean “a person who engages in sexual relations with a person of the same sex,” and

when we refer to “homosexuality,” we use the word as a synonym for “sexual relations with a person or persons of the same sex.” Whether or not a person self-identifies as “gay” or not is immaterial—it is the behavior which matters most. On the other hand, a person who experiences same-sex attractions *but does not act upon them* will usually *not* be labeled a “homosexual” by social conservatives.

Some social conservatives even argue that the word “homosexual” should never even be used as a noun at all, but only as an adjective.¹⁵ In this view, there are no “homosexuals,” there are only “people who experience homosexual attractions” or “people who engage in homosexual conduct.” In practice, however, it is simply very difficult to write or speak on the topic and consistently use the six-word phrase “people who engage in homosexual conduct” every time, so the single word “homosexual” becomes a proxy for it.

I should also note that in the context of the political debates over issues related to homosexuality, social conservatives do not consider “homosexuals” as such (that is, people who engage in private homosexual conduct) to be their adversaries. We recognize that some homosexuals are content to keep their sex lives private, rather than demanding official government affirmation of their sexual relationships. This is why we will sometimes use the term “homosexual activists” (or “pro-homosexual activists,” since not all are “homosexual” themselves) to describe those people whose agenda—the *forced* public *affirmation* and *celebration* of homosexual conduct and relationships—we oppose in the public square.

Physical Harms Associated with Homosexual Conduct

The position of social conservatives regarding homosexuality is based on the conviction that homosexual conduct is objectively harmful. The most obvious evidence of this is the negative physical health consequences which can result directly from homosexual acts, and the most dramatic of those negative consequences is the highly elevated risk of HIV infection and AIDS among men who have sex with men (MSM). Of all the Americans who have died of AIDS since the epidemic began nearly three decades ago, more than a quarter million of them have been men whose only known risk factor was that they had sex with other men.¹⁶ Researchers recently calculated that homosexual men are approximately *fifty times more likely* to be HIV-positive

than heterosexual men.¹⁷ And the reason is no mystery—the practice of anal intercourse is more likely to transmit the virus,¹⁸ and the tendency of homosexual men to have multiple sex partners¹⁹ is more effective at spreading it.

However, HIV/AIDS is not the only sexually transmitted disease for which homosexual men are at risk. The CDC warns, “Men who have sex with men (MSM) are at elevated risk for certain sexually transmitted diseases (STDs), including Hepatitis A, Hepatitis B, HIV/AIDS, syphilis, gonorrhea, and chlamydia.”²⁰

Although not as dramatic, problems with sexually transmitted disease are also found among lesbians. In 2007, a medical journal reported, “Women who identified as lesbians have a 2.5-fold increased likelihood of BV [bacterial vaginosis] compared with heterosexual women.”²¹ The Gay and Lesbian Medical Association also reports, “Lesbians have higher risks for many of the gynecologic cancers.”²²

While those who suffer these illnesses are obviously the primary victims, such health problems impose a cost upon society as well. Billions of dollars have been spent in treating such illnesses, as well as in searching for cures and operating prevention programs, and in many cases the money must come from taxpayers and all who pay insurance premiums. Such expenditures are necessary to meet the immediate need—but they could also have been avoided had people abstained from the behavior which leads to such illnesses. This is a large part of what social conservatives mean when we argue that “homosexual behavior is harmful to society.”

Mental Health Problems Associated with Same-Sex Attractions and Homosexual Conduct

In addition to suffering higher rates of physical illness, evidence shows that homosexuals experience higher levels of mental illness as well. This fact is also *not in dispute*. For example, the Southern Poverty Law Center, in its article “10 Anti-Gay Myths Debunked,” says one such “myth” is, “Homosexuals are more prone to be mentally ill and to abuse drugs and alcohol.” Yet in their own explanation of “the facts,” they declare, “It is true that LGBT people suffer higher rates of anxiety, depression, and depression-related illnesses and behaviors like alcohol and drug abuse than the general population.”²³

The real debate is not over whether these problems exist, but over their cause. Whereas many of the physical health problems experienced by homosexuals are a direct result of their sexual conduct, it is much more difficult to identify direct causation in the case of mental illnesses. Social conservatives understand that correlation is not causation, and it is not clear whether homosexual conduct might lead to mental illness, mental illness might lead to same-sex attractions and/or homosexual conduct, or whether some independent factor or factors are also at work. Even if one accepts the declaration by the American Psychiatric Association in 1973 that homosexuality is not *in itself* a mental illness, there is no question that there is a *correlation* between homosexuality and higher rates of mental illness. The nature of and reasons for that correlation are likely highly complex, and are in any case *legitimate subjects for research and debate*.

Those who believe in the “gay identity” paradigm, however, offer a single, simplistic answer for the high rates of mental illness among homosexuals—they claim that societal discrimination is the cause. While this claim has theoretical appeal, it cannot merely be accepted as an article of faith—*it must be empirically verified*. For example, if mental health problems among homosexuals were caused by discrimination, one would expect that they would be much more severe in places with higher levels of “discrimination,” and much less severe in places where homosexuals are widely accepted. *Yet this is not what the research shows*. For example, even in the Netherlands—perhaps the most “gay-friendly” country in the world—a study showed “a higher prevalence of substance use disorders in homosexual women and a higher prevalence of mood and anxiety disorders in homosexual men.”²⁴ Another recent study found that even in areas with a more “supportive social environment,” teenagers who self-identified as “gay” were *five times more likely to attempt suicide* than heterosexual teens.²⁵

Specific Issues: Child Sexual Abuse

One specific claim by social conservatives that is sometimes decried as “hateful” is the charge that, in proportion to their numbers, homosexual men are more likely to engage in child sexual abuse than are heterosexual men.

It is important to understand what social conservatives who make this claim are *not* saying. We are *not* saying that all homosexuals are child molesters (or even all

homosexual men, since child sexual abuse, whether of boys or girls, is committed mostly by males); we are *not* saying that *most* homosexual men are child molesters; and we are *not* saying that *most* child sexual abuse is committed by homosexuals.

We believe the evidence shows, however, that *relative to the size of their population*, homosexual men are more likely to engage in child sexual abuse than are heterosexual men. It is neither reasonable nor responsible to simply dismiss this assertion—it is necessary to examine the evidence for and against it.²⁶

The first key fact to understand is this—the *percentage of all cases of child sexual abuse which involve a male offender and a male victim is far higher than the percentage of adult males who are “homosexual” by any of the three measures of sexual orientation* (attractions, behavior, or self-identification). To put it differently, the prevalence of what is, by definition, “homosexual” (that is, same-sex) child sexual abuse is much higher (in percentage terms, not in absolute terms) than the prevalence of adult homosexuality *per se*. This fact *is not in dispute* among researchers on either child sexual abuse or homosexuality.²⁷

However, homosexual activists, and many researchers in the field, avoid the apparent implications of this by insisting that most men who molest boys are *not* “homosexual” (or “gay”) in terms of their relationship to other adults.

This claim, however, cannot merely be asserted—it *must be supported by empirical evidence*. The evidence usually cited as disproving the link between homosexuality and child sexual abuse is quite weak,²⁸ while several lines of evidence tend to support the conclusion that a link exists. For example, a study published in the *Archives of Sexual Behavior* found that “eighty-six percent of [male] offenders against males described themselves as homosexual or bisexual.”²⁹

In addition, those who challenge the thesis that there is a link between homosexuality and child sexual abuse often resort to narrow definitions of both concepts. For example, they may refuse to identify a molester as homosexual unless he has always been *exclusively* homosexual on all three measures of sexual orientation—attractions, behavior, and self-identification.

Some also attempt to replace the broader term “child sexual abuse” with the specific word “pedophilia,” and then define “pedophilia” narrowly to include only sex-

ual contact with very young, prepubescent children. This narrowing of categories makes it easier to deny that “homosexuals are more likely to be pedophiles,” because there is indeed evidence that men who molest underage males tend to prefer adolescents rather than young, prepubescent children.³⁰ FRC’s view is that any sexual contact between adults and minors is a subject for concern, and any which violates state statutory rape laws should be considered “child sexual abuse.”

The final piece of evidence for a link between homosexuality and child sexual abuse comes from the homosexual community itself. In 2002, lesbian writer Paula Martinac put it this way:

. . . [S]ome gay men still maintain that an adult who has same-sex relations with someone under the legal age of consent is on some level doing the kid a favor . . . [A]dult-youth sex is viewed as an important aspect of gay culture This romanticized vision of adult-youth sexual relations has been a staple of gay literature and has made appearances, too, in gay-themed films. . . . The lesbian and gay community will never be successful in fighting the pedophile stereotype until we all stop condoning sex with young people.³¹

The reasons for the disproportionately high rates of male-on-male child sexual abuse, and the exact relationship between homosexuality and child sexual abuse, are worthy of further research and *subject to legitimate debate*. People have every right to disagree with or challenge the conclusions that we draw from the available evidence—but what we now see happening is an attempt to cut off this important debate altogether.

Specific Issues: Religion and Homosexuality

The reader should note that up to this point, no mention has been made of religion whatsoever. The central argument made by social conservatives in public policy debates over homosexuality, that homosexual conduct is harmful to those who engage in it and to society at large, does not rest on any particular religious teaching at all.

Of course, it is also true that many people of deep religious conviction—including those who hold to the traditional teachings of the three major monotheistic religions, Judaism, Christianity, and Islam—believe that engaging in homosexual conduct is contrary to

the will of God (i.e., is a “sin”). Some supporters of the pro-homosexual political agenda make assumptions that the *only* reason for anyone to oppose that agenda is religious belief; that to bring religious belief to bear on public policy issues violates the “separation of church and state;” and that therefore opposition to their agenda is not only wrong on the merits, but is somehow illegitimate, and should be stifled, discounted, or ignored.

Such assumptions represent a misunderstanding of homosexuality, religion, and our political system alike. This paper has already demonstrated that religion is not the only basis for opposing the forced affirmation of homosexual relationships. However, it is equally misguided to argue that the “separation of church and state” forbids bringing religious values to bear on public policy issues. Indeed, American history shows the absurdity of such a claim, for great social and political movements such as the abolition of slavery and the civil rights movement rested in large part on explicitly religious values.

However, some supporters of the homosexual political agenda are now going even beyond the argument they once used, that “you are free to believe what you want, just not to impose it on the law.” Instead, they are beginning to attack religious teachings about homosexuality themselves, arguing that such teachings “harm gays and lesbians.”³²

However, the attacks upon conservative religious teachings reflect the same confusion between the two paradigms of homosexuality that I have already described. Some people assume that religious teachings against homosexuality amount to a bigoted view that “gay people are inferior.” Such a conclusion only makes sense, however, when viewed through the lens of the “gay identity” paradigm. *Religions that teach against homosexuality do not view it through that paradigm.* Just as described above in the secular context, people from conservative religions do not view homosexuality as an “identity,” but as a behavior.

The Bible and Christianity (which shape the religious beliefs of a majority of Americans) do *not* teach that “gay people are inferior.” They teach that homosexual conduct is contrary to the will of God, and thus morally wrong or “sinful.” For Christians, to call someone a “sinner” is not to demean or denigrate that person in comparison to others, because *all human beings are sinners*. Christianity teaches that *all* of us need to repent

of our sins, and that *all* of us are forgiven our sins only by the grace of God, and not because of any merit on our own part.

Above it was noted that social conservatives do not identify anyone as “gay.” We identify them as human beings, and grieve over a culture that describes the inherent identity of a person on the basis of their sexuality alone. But in the biblical context, this has even more meaning, for to be human is to be *created in the image of God*. This is not a *lesser* thing, but a far *higher and better* thing, than to be ostensibly “born gay.”

Conclusion

In recent years, and even more so in recent months, public discussions about the issue of homosexuality have taken an ominous turn—ominous, that is, for the future of democracy, academic freedom, freedom of speech, and freedom of religion. Perhaps frustrated with the pace of social change in a democratic society, those demanding public affirmation of homosexual conduct and relationships have begun to abandon the methods of honest and respectful debate, and demand that no debate on the issue of homosexuality be permitted.

Ironically, those who accuse social conservatives of “repeated, groundless name-calling”³³ are themselves using that very tactic. When an individual or group—whether a politician, a non-profit organization, a local church, or an entire religion—has never said that they “hate” anyone; has consistently said that they *love* their neighbor; and has consistently pursued policies which they sincerely believe will preserve the life and health and improve the well-being of those involved; it can be nothing but name-calling to stigmatize them and seek to cut them out of the public conversation with the label of “hate.”

If anything should be clear from the information shared above, it is that there are *legitimate grounds for debate* on the origin, nature, and consequences of homosexuality. Let all people of goodwill—regardless of their politics, religion, or sexual orientation—agree that the debate should continue, with a respect for honest research and for the freedom of thought, speech, and religion.

- 1 *Perry et al. v. Schwarzenegger et al.*, 704 F. Supp. 2d 921 (2010). Judge Vaughn Walker wrote, “The evidence shows conclusively that Proposition 8 enacts, without reason, a private moral view that same-sex couples are inferior to opposite-sex couples,” and then cited the 1996 Supreme Court case of *Romer v. Evans* (517 U.S. 620): “[L]aws of the kind now before us raise the inevitable inference that the disadvantage imposed is born of animosity toward the class of persons affected.”
- 2 Evelyn Schlatter, “18 Anti-Gay Groups and Their Propaganda,” *Intelligence Report* (Southern Poverty Law Center), Winter 2010, Issue 140; online at: <http://splcenter.org/get-informed/intelligence-report/browse-all-issues/2010/winter/the-hard-liners>.
- 3 See Edward O. Laumann, John H. Gagnon, Robert T. Michael, and Stuart Michaels, *The Social Organization of Sexuality: Sexual Practices in the United States* (Chicago: University of Chicago Press, 1994), pp. 283-320.
- 4 Even the American Psychological Association—which is highly supportive of many aspects of the homosexual agenda—was forced to admit, “Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors.” See: American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC: Author. Online at: www.apa.org/topics/sorientation.pdf.
- 5 A recent (2008) study in Sweden revealed concordance rates of 12.1% for women and only 9.9% for men. See: Niklas Langstrom, Qazi Rahman, Eva Carlstrom, Paul Lichtenstein, “Genetic and Environmental Effects on Same-sex Sexual Behavior: A Population Study of Twins in Sweden,” *Archives of Sexual Behavior* (2010) 39:75-80). A 2002 study in the U.S. showed concordance rates of only 5.3% for female twins and 6.7% for males, and the authors declared that this finding “does not suggest genetic influence independent of social context. . . . [O]ur results support the hypothesis that less gendered socialization in early childhood and preadolescence shapes subsequent same-sex romantic preferences.” See: Peter S. Bearman and Hannah Brückner, “Opposite-Sex Twins and Adolescent Same-Sex Attraction,” *American Journal of Sociology* Vol. 107, No. 5, (March 2002), 1179-1205.
- 6 For a summary of this research, see: Peter Sprigg and Timothy Dailey, co-editors, *Getting It Straight: What the Research Shows about Homosexuality* (Washington: Family Research Council, 2004), pp. 19-28; the relevant chapter can be found online at: <http://downloads.frc.org/EF/EF08L41.pdf>.
- 7 For example, one recent study found, “Individuals with documented histories of childhood sexual abuse were significantly more likely than controls to report ever having had same-sex partners.” Helen W. Wilson and Cathy Spatz Widom, “Does Physical Abuse, Sexual Abuse, or Neglect in Childhood Increase the Likelihood of Same-sex Sexual Relationships and Cohabitation? A Prospective 30-year Follow-up,” *Archives of Sexual Behavior* Vol. 39, No. 1 (February 2010), 63-74.
- 8 American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC: Author. Online at: www.apa.org/topics/sorientation.pdf.
- 9 A comprehensive summary of this research can be found in: James E. Phelan, Neil Whitehead, Philip M. Sutton, “What Research Shows: NARTH’s response to the APA Claims on Homosexuality,” *Journal of Human Sexuality* Vol. 1 (2009), 9-39.
- 10 For example, see Bob Davies with Lela Gilbert, *Portraits of Freedom: 14 People Who Came Out of Homosexuality* (Downers Grove, Ill.: InterVarsity Press, 2001). Dr Robert Spitzer, a psychiatrist who was instrumental in the 1973 decision by the American Psychiatric Association to remove homosexuality from its list of official mental disorders, has confirmed the validity of such testimonies. See: Robert L. Spitzer, M.D., “Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation,” *Archives of Sexual Behavior* 32, no. 5 (October 2003): 413.
- 11 For a detailed and objective history of this decision—including its highly politicized nature—see Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton, N.J.: Princeton University Press, 1981).
- 12 The “Ethics Director” of the American Psychological Association has written, “Respecting a client’s right to self-determination both manifests a core value of our profession and plays a helpful and important role in providing services that will benefit clients.” Stephen Behnke, “Informed consent and APA’s new Ethics Code: enhancing client autonomy, improving client care,” *Monitor on Psychology*, Vol 35, No. 6 (June 2004), 80; online at: <http://www.apa.org/monitor/jun04/ethics.aspx>.
- 13 See Phelan, et al. (op. cit.).
- 14 In one survey of over 800 clients of change therapies, only 7.1% said they were worse in as many as three of the seventy categories of potential negative consequences. Joseph Nicolosi, A. Dean Byrd, Richard W. Potts, “Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients,” *Psychological Reports* 86, pp. 1071-88; cited in Phelan, et al., p. 42.

Authors of the most rigorous study ever conducted on persons seeking reorientation looked for evidence of harm using standardized measures of “psychological dis-

tress,” “spiritual well-being,” and “faith maturity.” They concluded, “We found no empirical evidence in this study to support the claim that the attempt to change sexual orientation is harmful.” Stanton L. Jones and Mark A. Yarhouse, *Ex-gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation* (Downers Grove, Ill.: IVP Academic, 2007), 359. Robert Spitzer (op. cit.), the pro-“gay” psychiatrist who found that change therapies can be effective, also declared, “For the participants in our study, there was no evidence of harm.”

- 15 I first heard this from Gary Glenn of the American Family Association of Michigan.
- 16 Centers for Disease Control and Prevention. *HIV Surveillance Report, 2009*; vol. 21 (February 2011), Table 12a, p. 42; online at: <http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/2009SurveillanceReport.pdf> (Accessed August 22, 2011). The actual number (through 2008) was 263,652.
- 17 Dyana Bagby, “Gay, bi men 50 times more likely to have HIV: CDC reports hard data at National HIV Prevention Conference,” *Washington Blade*, August 28, 2009.
- 18 A federal report says, “HIV/AIDS can be sexually transmitted by anal, penile-vaginal, and oral intercourse. The highest rate of transmission is through anal exposure.” National Institute of Allergy and Infectious Diseases, *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention* (National Institutes of Health, Department of Health and Human Services, July 20, 2001), p. 13. Online at: <http://www.niaid.nih.gov/about/organization/dmid/documents/condomreport.pdf> (accessed May 12, 2011).
- 19 For example, the 1994 National Health and Social Life Survey found that when men who have had any homosexual activity in the past year are compared with men who have had only heterosexual activity in the past year, the men who had sex with men reported five times as many sexual partners over the past five years (an average of 20.7 vs. 4.9). Edward O. Laumann, John H. Gagnon, Robert T. Michael, and Stuart Michaels, *The Social Organization of Sexuality: Sexual Practices in the United States* (Chicago: University of Chicago Press, 1994), p. 315, Table 8.4.

A survey of 2,583 “homosexually active men” in Australia found that among those age 50 or older, “the modal range for number of male sexual partners ever was 101-500 (21.6%),” and over 10% reported having had more than a thousand homosexual partners. Over 70% of respondents aged 25 and older were *not* monogamous or celibate at the time of the survey, and “almost half (48.9%) of the older men had sex with a casual partner one to five times per month.” Paul Van de Ven, Pamela Rodden, June Crawford, Susan Kippax, “A Comparative Demographic and Sexual Profile of Older Homosexually Active Men,” *Journal of Sex Research* Vol. 34, No. 4 (1997): 354.

The United Kingdom’s National Surveys of Sexual Atti-

tudes and Lifestyles in 2000 found, “46% of MSM [men who have sex with men] reported five or more partners in the past 5 years, and 59.8% reported unprotected anal intercourse in the past year.” The average number of male sexual partners for MSM in the previous five years was 24.1, and “nearly one in ten reported at least 50 male partners in this time.” Catherine H. Mercer, Kevin A. Fenton, Andrew J. Copas, Kaye Wellings, Bob Erens, Sally McManus, Kiran Nanchahal, Wendy Macdowall and Anne M. Johnson, “Increasing prevalence of male homosexual partnerships and practices in Britain 1990-2000: evidence from national probability surveys,” *AIDS* Vol. 18, No. 10 (2004), pp. 1453, 1455.

- 20 Centers for Disease Control and Prevention, “Viral Hepatitis And Men Who Have Sex With Men,” online at: <http://www.cdc.gov/hepatitis/Populations/msm.htm> (accessed February 5, 2010).
- 21 Amy L. Evans, Andrew J. Scally, Sarah J. Wellard, Janet D. Wilson, “Prevalence of bacterial vaginosis in lesbians and heterosexual women in a community setting,” *Sexually Transmitted Infections* 2007; 83:470-475; abstract online at: <http://sti.bmj.com/content/83/6/470.abstract>.
- 22 Katherine A. O’Hanlan, “Top 10 Things Lesbians Should Discuss with their Healthcare Provider” (San Francisco: Gay & Lesbian Medical Association); accessed April 1, 2010; online at: http://www.glma.org/data/n_0001/resources/live/Top%20Ten%20Lesbians.pdf.
- 23 Evelyn Schlatter and Robert Steinback, “10 Anti-Gay Myths Debunked,” *Intelligence Report* No. 140 (Southern Poverty Law Center, Winter 2010); online at: <http://www.splcenter.org/get-informed/intelligence-report/browse-all-issues/2010/winter/10-myths>.
- 24 Theo G. M. Sandfort, Ron de Graaf, Rob V. Bijl, Paul Schnabel, “Same-Sex Sexual Behavior and Psychiatric Disorders: Findings From the Netherlands Mental Health Survey and Incidence Study (NEMESIS),” *Archives of General Psychiatry* 58 (January 2001), pp. 88-89.
- 25 Mark L. Hatzenbuehler, “The Social Environment and Suicide Attempts in Lesbian, Gay, and Bisexual Youth,” *Pediatrics* Vol. 127, No. 5 (May 2011), pp. 896-903.
- 26 For more details, see: Peter Sprigg and Timothy Dailey, co-editors, “Chapter 6: Is There a Link Between Homosexuality and Child Sexual Abuse?” *Getting It Straight: What the Research Shows About Homosexuality* (Washington, DC: Family Research Council, 2004), pp. 121-142. Online at: <http://downloads.frc.org/EF/EF08L46.pdf>.
- 27 For example, an article in the *Journal of Sex & Marital Therapy* reported that “investigations have indicated that the ratio of [male] sex offenders against female children vs. offenders against male children is approximately 2:1, while the ratio of gynephiles [heterosexual men] to androphiles [homosexual men] among the general population is approximately 20:1” Kurt Freund and Robin J. Watson, “The Proportions of Homosexual Pedophiles Among Sex Offenders Against Children: An Explorato-

ry Study,” *Journal of Sex & Marital Therapy* Vol. 18, No. 1 (Spring 1992), p. 34.

- 28 For example, those who deny a link between homosexuality and child sexual abuse often cite a study in the journal *Pediatrics* in which only 2 out of 269 child victims were identified as having been molested by someone identified as a known homosexual. However, this study merely *inferred* the sexual orientation of the molesters from information on medical charts obtained from those who brought the children in for medical care—a methodology of questionable value. The molesters themselves were not interviewed. Even in this study, 22 percent of the victims were molested by a person of the same sex. Carole Jenny, Thomas A. Roesler, Kimberly L. Poyer, “Are Children at Risk for Sexual Abuse by Homosexuals?” *Pediatrics* Vol. 94, No. 1 (July 1994), pp. 41-44.
- 29 W. D. Erickson, “Behavior Patterns of Child Molesters,” *Archives of Sexual Behavior* 17 (1988): 83.
- 30 For example, a review of the research by a Canadian psychiatric journal found, “In heterosexual pedophilia the majority of victims fall between the ages of 6 and 12 years. In homosexual pedophilia, the number of victims increases into puberty and the post puberty period resulting in a statistical overlap with adult homosexuality.” John M. W. Bradford, D. Bloomberg, D. Bourget, “The Heterogeneity/Homogeneity of Pedophilia,” *Psychiatric Journal of the University of Ottawa* Vol. 13, No. 4 (December 1988), p. 217.
- 31 Paula Martinac, “Do We Condone Pedophilia,” Planet-Out.com, February 27, 2002.
- 32 In *Perry v. Schwarzenegger* (op. cit.) one of Judge Walker’s “findings of fact” was, “Religious beliefs that gay and lesbian relationships are sinful or inferior to heterosexual relationships harm gays and lesbians.”
- 33 Schlatter, op. cit.

About the Author

PETER SPRIGG is Senior Fellow for Policy Studies at Family Research Council in Washington, D. C. He is the author of *Outrage: How Gay Activists and Liberal Judges are Trashing Democracy to Redefine Marriage* and co-author of *Getting It Straight: What the Research Shows about Homosexuality*.

DEBATING HOMOSEXUALITY: UNDERSTANDING TWO VIEWS

BY PETER SPRIGG

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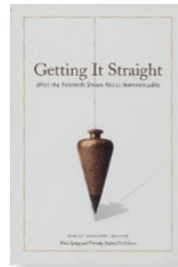
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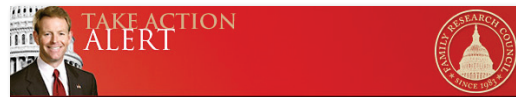
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