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The Top Ten Myths About Homosexuality



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The Top Ten Myths About Homosexuality

BY PETER SPRIGG

The homosexual activist movement is now over forty years old. Conservatives sometimes refer to the array of goals this movement has pursued—hate crime laws, employment “non-discrimination” laws, same-sex “marriage,” etc.—as “the homosexual agenda.”

Occasionally, we are mocked for the use of this term, as though we are suggesting that this movement represents some sinister and shadowy conspiracy. However, the term “agenda” is a perfectly neutral one. We in the pro-family movement certainly have our own “agenda.” Its elements include: protecting the safety and dignity of human life from the moment of conception to the moment of natural death; encouraging the practice of sexuality only within the context of marriage between one man and one woman; and promoting the natural family, headed by a married, biological mother and father, as the ideal setting for raising children. We are proud of this “agenda,” and will continue to vigorously pursue it.

By the same token, homosexual activists have a clear agenda as well. It is an agenda that demands the universal acceptance of homosexual acts and relationships—morally, socially, legally, religiously, politically and financially. Indeed, it calls for not only acceptance, but affirmation and celebration of this behavior as normal, natural,

THE TOP TEN MYTHS ABOUT HOMOSEXUALITY

BY PETER SPRIGG

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and even as desirable for those who desire it. There is nothing shadowy or secretive about this agenda—in fact, it has become nearly impossible to avoid encountering it.

There is at least one key difference between the “pro-family agenda” and the “pro-homosexual agenda.” In the case of the pro-family agenda, there is a growing and impressive body of social science research and other evidence confirming that the theoretical foundations of pro-family policies are sound, and that pro-family practices benefit society. New technologies like advanced ultrasound imaging and fetal surgery have confirmed the essential humanity of the unborn. Sexual relations outside of marriage have been shown to lead to an array of negative physical and psychological consequences. And social science research has clearly shown that children who are raised by their own, married, biological mother and father have a significant advantage in a broad range of outcome measures.

The same cannot be said of the homosexual agenda. In large measure, the pursuit of this agenda has involved an effort to define the benefits homosexuals seek as a matter of “civil rights,” comparable to that which African Americans fought for in the 1960’s; and to define disapproval of homosexual conduct as a form of “bigotry,” comparable to a racist ideology of white supremacy.

However, these themes only make sense if, in fact, a homosexual “orientation” is a characteristic that

is comparable to race. But racial discrimination is not wrong merely because a group of people complained loudly and long that it is wrong. Racial discrimination is irrational and invidious because of what I call the five “I’s”—the fact that, as a personal characteristic, race is inborn, involuntary, immutable, innocuous and in the Constitution.

Homosexual activists would have us believe that the same is true of their homosexuality. They want us to believe that their homosexual “orientation” is something they are born with, cannot choose whether to accept or reject, and cannot change; and that it does no harm (to themselves or to society), while being protected by the principles of the Constitution.

However, these are empirical questions, subject to being verified or refuted based on the evidence. And the evidence produced by research has simply not been kind to this theoretical underpinning of the homosexual movement. It has become more and more clear that none of the “five-I” criteria apply to the choice to engage in homosexual conduct.¹

The homosexual movement is built, not on facts or research, but on mythology. Unfortunately, these myths have come to be widely accepted in society—particularly in schools, universities and the media. It is our hope that by understanding what these key myths are—and then reading a brief summary of the evidence against them—the reader will be empowered to challenge these myths when he or she encounters them.

1 Homosexual *attractions* may be involuntary (but they are not immutable); engaging in homosexual *relations*, however, is clearly voluntary.

Myth No. 1:

People are born gay.

Fact:

The research does not show that anyone is “born gay,” and suggests instead that homosexuality results from a complex mix of developmental factors.

The widespread, popular belief that science has proven a biological or genetic origin to homosexuality can be traced to the publicity which surrounded three studies published in the early 1990's. In August of 1991, researcher Simon LeVay published a study based on post-mortem examinations of the brains of cadavers. He concluded that differences in a particular brain structure suggested “that sexual orientation has a biological substrate.”² In December of 1991, researchers J. Michael Bailey and Richard C. Pillard published a study of identical and fraternal twins and adoptive brothers, and found that “the pattern of rates of homosexuality . . . was generally consistent with substantial genetic influence.”³ Finally, in 1993, researcher Dean Hamer claimed to have found a specific “chromosomal region” containing “a gene that contributes to homosexual orientation in males.”⁴



These studies suffered from serious methodological weaknesses, such as small sample sizes, non-random samples and even possible mis-classification of their subjects. Other scientists have been unable to replicate these dramatic findings. These problems led two psychiatrists to conclude,

“Critical review shows the evidence favoring a biologic theory to be lacking. . . . In fact, the current trend may be to underrate the explanatory power of extant psychosocial models.”⁵

Subsequently, more rigorous studies of identical twin pairs have essentially made it impossible to argue for the genetic determination of homosexuality. Since identical (“monozygotic,” in the scientific literature) twins have identical genes, if homosexuality were genetically fixed at birth, we should expect that whenever one twin is ho-

MYTH I - FOOTNOTES

- 2 Simon LeVay, “A Difference in Hypothalamic Structure Between Heterosexual and Homosexual Men,” *Science*, 253: 1034 (August 1991).
- 3 J. Michael Bailey and Richard C. Pillard, “A Genetic Study of Male Sexual Orientation,” *Archives of General Psychiatry*, 48: 1089 (December 1991).

- 4 Dean H. Hamer, *et al.*, “A Linkage Between DNA Markers on the X Chromosome and Male Sexual Orientation,” *Science* 261 (1993): 325.
- 5 William Byne and Bruce Parsons, “Human Sexual Orientation: The Biologic Theories Reappraised,” *Archives of General Psychiatry*, 50 (March 1993): 228, 236.

Myth No. 2:

Sexual orientation can never change.

Fact:

Thousands of men and women have testified to experiencing a change in their sexual orientation from homosexual to heterosexual. Research confirms that such change does occur—sometimes spontaneously, and sometimes as a result of therapeutic interventions.

When talking about “sexual orientation,” one important clarification must be made. While most people assume that “sexual orientation” is one trait and clearly defined, this is not the case. “Sexual orientation” is actually an umbrella term for three quite different phenomena—a person’s sexual attractions or desires; a person’s sexual behavior; and a person’s self-identification, either publicly or internally (as “gay,” lesbian, “straight,” etc.). While we tend to assume that a person with homosexual attractions will also engage in homosexual relationships and self-identify as “gay” or “lesbian,” survey research on human sexuality clearly shows that this is not the case. An individual’s sexual attractions, sexual behavior and sexual self-identification are not always consistent with each other, let alone static over time.⁸

This understanding sheds new light on the question of whether “homosexuality is a choice.”



Homosexual *attractions* are clearly not a “choice” in the vast majority of cases. However, it would actually be insulting to people with same-sex attractions to suggest that they are compelled to act on those attractions. Homosexual *conduct* (if it is consensual) clearly *is* a choice—as is self-identifying as “gay” or “lesbian.” One’s self-identification can be changed at will, as can one’s sexual behavior (although perhaps with difficulty—just as other behavioral habits such as overeating can be changed).

Although much attention has been focused on counseling techniques or therapies for unwanted same-sex attractions and on the work of “ex-gay” ministries, there is startling evidence that considerable numbers of people experience significant change in some aspects of sexual orientation, particularly their behavior, quite spontaneously, without therapeutic intervention. For example, two studies have found that a large percentage (46% in one survey,⁹ and more than half in another¹⁰) of all men who have ever engaged in ho-

MYTH 2 - FOOTNOTES

- 8 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. 290-301.
- 9 Calculated from Tables 2 and 3 in Robert E. Fay, Charles F. Turner, Albert D. Klassen, John H.

Gagnon, “Prevalence and Patterns of Same-Gender Sexual Contact among Men, *Science*, New Series, Vol. 243, Issue 4889 (20 January 1989): 341-42.

- 10 John H. Gagnon and William Simon, *Sexual conduct: The social sources of human sexuality* (Chicago: Aldine, 1993), pp. 131-32; cited in Laumann et al., p. 289, footnote 8.

mosexual conduct did so *only* before age 15 and never since.

One's internal sexual desires or attractions are undoubtedly the most difficult aspect of "sexual



orientation" to change, but the evidence demonstrates that many people have experienced change in that way as well. Some people in therapy have experienced significant reductions in their same-sex attractions, even when that was not the goal of therapy, as a result of the resolution of other per-

sonal issues in their lives.¹¹ One "meta-analysis" combining data from thirty studies on reorientation therapy, conducted between 1954 and 1994, showed that 33% of subjects had made some shift toward heterosexuality.¹² Similarly, a survey of over 800 individuals who had participated in a variety of efforts to change from a homosexual orientation found that 34.3% had shifted "to an exclusively or almost exclusively heterosexual orientation."¹³ The most methodologically rigorous (prospective and longitudinal) study yet conducted, on subjects who had sought change through religious ministries, which was published in a 414-page book, showed that 38% achieved success, defined as either "substantial conversion to heterosexual attraction" (15%) or "chastity" with homosexual attraction "either missing or present only incidentally."¹⁴

One of the strongest pieces of evidence for the possibility of change came from an unlikely source—Dr. Robert Spitzer, a psychiatrist who was instrumental in the pivotal 1973 decision of the American Psychiatric Association to remove homosexuality from its official list of mental disorders. Spitzer studied two hundred people who had reported some measure of change from a ho-

11 At least four sources reporting such cases, published between 1969 and 1992, are cited 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 (National Association for Research and Therapy of Homosexuality, 2009), pp. 23, 30.

12 Stanton L. Jones and Mark A Yarhouse, *Homosexuality: The use of scientific research in the church's moral debate* (Downer's Grove, Ill.: InterVarsity Press, 2000); cited in: James E. Phelan, Neil Whitehead, Philip M. Sutton, "What Research Shows: NARTH's Response to the APA Claims on Ho-

mosexuality," *Journal of Human Sexuality* Vol. 1 (National Association for Research and Therapy of Homosexuality, 2009), p. 32.

13 J. Nicolosi, A. D. Byrd, and R. W. Potts, "Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients," *Psychological Reports* 86, pp. 689-702. Cited in: Phelan et al., p. 12.

14 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), p. 369.



This is not to say that change is easy, that it is typically accomplished through prayer or will-power alone, or that the success of reorientation therapy can be guaranteed. However, personal testimonies, survey data and clinical research all make clear that change from a predominantly homosexual to a predominantly heterosexual orientation is possible.

mosexual to a heterosexual orientation as a result of what is sometimes called “reparative therapy”¹⁵ for unwanted same-sex attractions. He concluded,

The changes following reparative therapy were not limited to sexual behavior and sexual orientation self-identity. The changes encompassed sexual attraction, arousal, fantasy, yearning, and being bothered by homosexual feelings. The changes encompassed the core aspects of sexual orientation.¹⁶

15 Strictly speaking, “reparative therapy” describes a specific therapeutic technique which is not used by all therapists who treat unwanted same-sex attractions. “Change therapy” or “reorientation therapy” would be more inclusive terms. See Phelan et al., p. 6, footnote 1.

16 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.

Myth No. 3:

Efforts to change someone's sexual orientation from homosexual to heterosexual are harmful and unethical.

Fact :

There is no scientific evidence that change efforts create greater harm than the homosexual lifestyle itself. The real ethical violation is when clients are denied the opportunity to set their own goals for therapy.

Homosexual activists regularly present anecdotal evidence of the harms suffered by clients of re-orientation therapists¹⁷—even while simultaneously denying the validity of anecdotal evidence in support of the benefits and effectiveness of such change therapies.¹⁸ Opponents of change therapies have largely succeeded in codifying their views in policy statements of the American Psychological Association, which has expressed concern about “the ethics, efficacy, benefits, and potential for harm of therapies that seek to reduce or eliminate same-gender sexual orientation.”¹⁹



However, the best scientific studies analyzing the outcome of such change therapies simply do not validate the claims of substantial harm. In one survey of over 800 clients of change therapies, participants were given a list of seventy potential negative consequences of therapy. Only 7.1% said they were worse in as many as three of the seventy categories.²⁰ The authors of the most methodologically rigorous study ever conducted on persons seeking to change from a homosexual orientation looked for evidence of harm using standardized measures of “psychological dis-

MYTH 3 - FOOTNOTES

17 For example, see *Finally Free: Personal Stories: How Love and Self-Acceptance Saved Us from “Ex-Gay” Ministries* (Washington, DC: Human Rights Campaign Foundation, July 2000); online at: <http://www.hrc.org/documents/finallyfree.pdf>

18 For example, see Bob Davies with Lela Gilbert, *Portraits of Freedom: 14 People Who Came Out of Homosexuality* (Downers Grove, Ill.: InterVarsity Press, 2001).

19 P. H. DeLeon, “Proceedings of the American Psychological Association . . .” for 1997, *American Psychologist* 53, pp. 882-939; cited 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 (National Association for Research and Therapy of Homosexuality, 2009), p. 5.

20 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.

ness,”²¹ “spiritual well-being,”²² and “faith maturity.”²³ They concluded, “We found no empirical evidence in this study to support the claim that the attempt to change sexual orientation is harmful.”²⁴ Even Robert Spitzer, a 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.”²⁵

In fact, even some who have *failed* in efforts to change their sexual orientation have nevertheless experienced *benefits* in other areas of their lives as a result of their participation in reorientation therapy. Spitzer also acknowledged this point, declaring:

Even participants who only made a limited change nevertheless regarded the therapy as extremely beneficial. Participants reported benefit from nonsexual changes, such as decreased depression, a greater sense of masculinity in males, and femininity in females, and developing intimate nonsexual relations with members of the same sex.²⁶

It is important to note that responsible reorientation therapists, such as those affiliated with the National Association for Research and Therapy of Homosexuality (NARTH),²⁷ offer their ser-

vices only to those who experience *unwanted* same-sex attractions and desire to change. No one supports forcing any adult into reorientation therapy against his or her will—and such coercion would be ineffective, since a client’s motivation to change is crucial to the success of therapy. It is actually the opponents of reparative therapy who are violating a long-standing ethical principle in the field of psychology—namely, the autonomy of the client to determine his or her own goals for therapy. Even the American Psychological Association, which is highly critical of reorientation therapy, has been forced to affirm, “Mental health professional organizations call on their members to respect a person’s (client’s) right to self-determination”²⁸

Of course, any form of counseling or psychological therapy—like any surgery or pharmaceutical drug—may have unintended negative side effects for some clients or patients. The question is not whether *some* harm is *possible*. The real question is whether the potential benefits *outweigh* the potential for harm. Given the potential benefit of mitigating the significant harms associated with the homosexual lifestyle itself (see Myths 5 and 6), it seems clear that therapy to overcome a homosexual orientation easily meets that standard.

21 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), 333-344.

22 Ibid., 344-349.

23 Ibid., 349-353.

24 Ibid., 359.

25 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): 414.

26 Ibid., 413.

27 Online at: <http://www.narth.com/>

28 *Answers to your questions: For a better understanding of sexual orientation and homosexuality* (Washington, DC: American Psychological Association, 2008), p. 3. Online at: www.apa.org/topics/orientation.pdf

Myth No. 4:

Ten percent of the population is gay.

Fact:

Less than three percent of American adults identify themselves as homosexual or bisexual.

The myth that ten percent of the population is homosexual arose from the work of the notorious early sex researcher Alfred Kinsey.²⁹ His surveys of the sexual behaviors of Americans in the 1940's have been thoroughly discredited, because he “failed to meet even the most elementary requirements for drawing a truly representative sample of the population at large.”³⁰ And Kinsey did not claim that ten percent of the population was exclusively homosexual throughout their lifetimes—even among Kinsey’s subjects, only *four* percent met that standard. Instead, he claimed that “10 percent *of the males are more or less* exclusively homosexual *for at least three years . . .*” (emphasis added).³¹ Indeed, the famous “Kinsey Scale” classified sexual orientation on a continuum



(from zero, for exclusively heterosexual, to six, for exclusively homosexual), based on the assumption that few people are exclusively homosexual or exclusively heterosexual.³²

More modern survey data has modified even that claim. In fact, an overwhelming majority of the population are exclusively heterosexual. However, of the small number of people who have ever experienced homosexuality on any of the three measures of sexual orientation (attractions, behavior, and self-identification), the number who have been *exclusively* homosexual on *all three* measures

MYTH 4 - FOOTNOTES

29 For two book-length critiques of Kinsey’s research and his ethics—or lack thereof—see Judith A. Reisman and Edward W. Eichel, *Kinsey, Sex and Fraud: The Indoctrination of a People* (Lafayette, La.: Huntington House, 1990); and Judith A. Reisman, *Kinsey: Crimes & Consequences: The Red Queen and the Grand Scheme* (Arlington, Va.: Institute for Media Education, 1998).

30 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. 35. See also Robert T. Michael, John H. Gagnon, Ed-

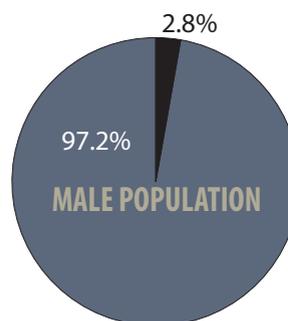
ward O. Laumann, and Gina Kolata, *Sex in America: A Definitive Survey* (Boston: Little, Brown and Co., 1994), pp. 17-19.

31 Alfred C. Kinsey, Wardell B. Pomeroy, and Clyde E. Martin, *Sexual behavior in the human male* (Philadelphia: Saunders, 1948), pp. 650-51; cited in: Laumann, et al., *The Social Organization of Sexuality*, p. 288.

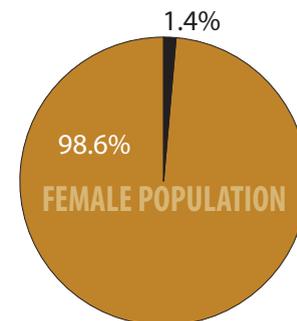
32 See the website of the Kinsey Institute for Research in Sex, Gender, and Reproduction, online at: <http://www.kinseyinstitute.org/research/ak-hhscale.html>



and Social Life Survey (NHLS). The NHLS found that 2.8% of the male, and 1.4% of the female, population identify themselves as gay, lesbian, or bisexual. See Laumann et al., *The Social Organization of Sex: Sexual Practices in the United States* (1994).³⁴



The NHLS found that 2.8% of the male population identify themselves as gay or bisexual.



The NHLS found that 1.4% of the female population identify themselves as gay, lesbian, or bisexual.

throughout their lives is vanishingly small—only 0.6% of men and 0.2% of women.³³

Even if we go by the measure of self-identification alone, the percentage of the population who identify as homosexual or bisexual is quite small. Convincing evidence of these has come from an unlikely source—a consortium of 31 of the leading homosexual rights groups in America. In a friend-of-the-court brief they filed in the Supreme Court’s *Lawrence v. Texas* sodomy case in 2003, they admitted the following:

The most widely accepted study of sexual practices in the United States is the National Health

So it’s fair to say that the “ten percent” myth has been discredited even by pro-homosexual groups themselves—yet a recent³⁵ Google search for the words “ten percent gay” still turned up 2,970,000 hits.

33 Laumann, et al., *The Social Organization of Sexuality*, p. 312.

34 *Lawrence v. Texas*, Docket No. 02-102 (U.S. Supreme Court), brief of amici curiae Human Rights Campaign et al., 16 January 2003, p. 16 (footnote 42).

35 April 1, 2010.

Myth No. 5:

Homosexuals do not experience a higher level of psychological disorders than heterosexuals.

Fact :

Homosexuals experience considerably higher levels of mental illness and substance abuse than heterosexuals. A detailed review of the research has shown that “no other group of comparable size in society experiences such intense and widespread pathology.”³⁶

One of the first triumphs of the modern homosexual movement was the removal of homosexuality from the American Psychiatric Association’s official list of mental disorders in 1973. That decision was far more political than scientific in nature,³⁷ and an actual survey of psychiatrists several years later showed that a large majority still believed homosexuality to be pathological.³⁸ Nevertheless, regardless of whether one considers homosexuality *itself* to be a mental disorder, there can be no question that it is *associated* with higher levels of a whole range of mental disorders.



Ron Stall, one of the nation’s leading AIDS researchers, has been warning for years “that additive psychosocial health problems—otherwise known collectively as a ‘syndemic’—exist among urban MSM”³⁹ [men who have sex with men]. For example, in 2003, his research team reported in the *American Journal of Public Health* that homosexual conduct in this population is associated with higher rates of multiple drug use, depression, domestic violence and a history of having been sexually abused as a child.⁴⁰

Findings released in 2005 from an on-going, population-based study of young people in New Zealand showed that homosexuality is

“ . . . associated with increasing rates of depression, anxiety, illicit drug dependence, suicidal thoughts and attempts. Gay males, the study shows, have mental health problems five times

MYTH 5 - FOOTNOTES

36 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, p. 93 (National Association for Research and Therapy of Homosexuality, 2009).

37 See the very balanced account offered in Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton, N.J.: Princeton University Press, 1981).

38 Ibid., p. 167, citing “Sexual Survey #4: Current Thinking on Homosexuality,” *Medical Aspects of Human Sexuality* 11 (November 1977), pp. 110-11.

39 Ron Stall, Thomas C. Mills, John Williamson, Trevor Hart, Greg Greenwood, Jay Paul, Lance Pollack, Diane Binson, Dennis Osmond, Joseph A. Catania, “Association of Co-Occurring Psychosocial Health Problems and Increased Vulnerability to HIV/AIDS Among Urban Men Who Have Sex With Men,” *American Journal of Public Health*, Vol. 93, No. 6 (June 2003), p. 941.

40 Ibid., 940-42.

higher than young heterosexual males. Lesbians have mental health problems nearly twice those of exclusively heterosexual females.”⁴¹

A 2008 “meta-analysis” reviewed over 13,000 papers on this subject and compiled the data from the 28 most rigorous studies. Their conclusion was: “LGB [lesbian, gay, bisexual] people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self harm than heterosexual people.”⁴²

Even the pro-homosexual Gay & Lesbian Medical Association (GLMA) acknowledges:

- “Gay men use substances at a higher rate than the general population . . .”
- “Depression and anxiety appear to affect gay men at a higher rate . . .”
- “. . . [G]ay men have higher rates of alcohol dependence and abuse . . .”
- “. . . [G]ay men use tobacco at much higher rates than straight men . . .”
- “Problems with body image are more common among gay men . . . and gay men are

much more likely to experience an eating disorder . . .”⁴³

The GLMA also confirms that:

- “. . . [L]esbians may use tobacco and smoking products more often than heterosexual women use them.”
- “Alcohol use and abuse may be higher among lesbians.”
- “. . . [L]esbians may use illicit drugs more often than heterosexual women.”⁴⁴

Homosexual activists generally attempt to explain these problems as results of “homophobic discrimination.” However, there is a serious problem with that theory—there is no empirical evidence that such psychological problems are greater in areas where disapproval of homosexuality is more intense. On the contrary, even a study in the Netherlands—perhaps the most “gay-friendly” country in the world—showed “a higher prevalence of substance use disorders in homosexual women and a higher prevalence of mood and anxiety disorders in homosexual men.”⁴⁵

41 “Study: Young Gay Men At Higher Risk Of Suicide,” *365Gay.com*, August 2, 2005; online at: <http://www.365gay.com/newscon05/08/080205suicide.htm> (page not available February 13, 2010; on file with author).

42 Michael King, Joanna Semlyen, Sharon See Tai, Helen Killaspy, David Osborn, Dmitri Popelyuk and Irwin Nazareth, “A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people,” *BMC Psychiatry* 2008, 8:70 (August 18, 2008); online at: <http://www.biomed-central.com/content/pdf/1471-244X-8-70.pdf>

43 Victor M. B. Silenzio, “Top 10 Things Gay Men 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%20Gay%20Men.pdf

44 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

45 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.

Myth No. 6:

Homosexual conduct is not harmful to one's physical health.

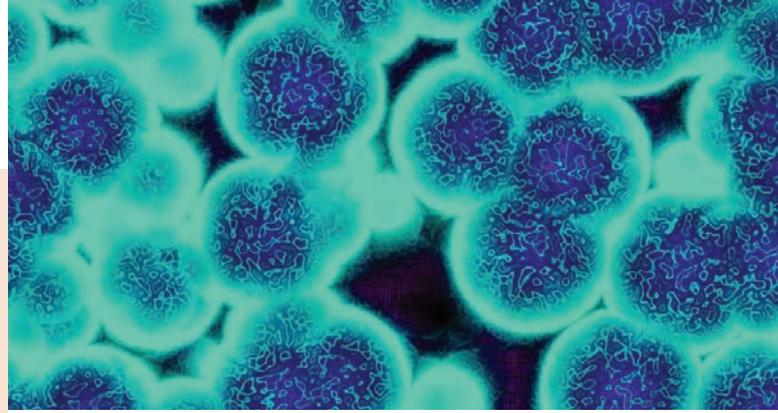
Fact:

Both because of high-risk behavior patterns, such as sexual promiscuity, and because of the harm to the body from specific sexual acts, homosexuals are at greater risk than heterosexuals for sexually transmitted diseases and other forms of illness and injury.

The most obvious and dramatic example of the negative consequences of homosexual conduct among men is the AIDS epidemic. In 2009, a gay newspaper reported, "Gay and bisexual men account for half of new HIV infections in the U.S. and have AIDS at a rate more than 50 times greater than other groups, according to Centers for Disease Control & Prevention data . . ."⁴⁶

Through 2007, 274,184 American men had died of AIDS whose only risk factor was sex with other men. When men who had sex with men *and* engaged in injection drug use are added to that total, we find that more than two thirds of the total male AIDS deaths in America (68%) have been among homosexual men.⁴⁷

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."⁴⁸

As early as 1976—even before the onset of the AIDS epidemic—doctors had identified a "clinical pattern of anorectal and colon diseases encountered with unusual frequency in . . . [male] homosexual patients," resulting from the practice of anal intercourse, which they dubbed "the gay bowel syndrome." An analysis of 260 medical records reported in the *Annals of Clinical and Laboratory Science* found:

The clinical diagnoses in decreasing order of frequency include condyloma acuminata, hemorrhoids, nonspecific proctitis, anal fistula, perirectal abscess, anal fissure, amebiasis, benign polyps, viral hepatitis, gonorrhea, syphilis, anorectal trauma and foreign bodies, shigellosis, rectal ulcers and lymphogranuloma venereum. . . . In evaluating proctologic problems in the gay male, all of the known sexually transmitted diseases should be considered. . . . Concurrent

MYTH 6 - FOOTNOTES

46 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.

47 Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2007*. Vol. 19. Atlanta: U.S. Department of Health and Human Services,

Centers for Disease Control and Prevention; 2009; p. 19. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>

48 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).

infections with 2 or more pathogens should be anticipated.⁴⁹

Although not as dramatic, similar problems 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.”⁵⁰

As with mental health problems (see Myth No.5), the Gay and Lesbian Medical Association has neatly summarized the elevated risks to physical health experienced by homosexuals:

- “That men who have sex with men are at an increased risk of HIV infection is well known However, the last few years have seen the return of many unsafe sex practices.”
- “Men who have sex with men are at an increased risk of sexually transmitted infection with the viruses that cause the serious condition of the liver known as hepatitis. These infections can be potentially fatal, and can lead to very serious long-term issues such as cirrhosis and liver cancer.”
- “Sexually transmitted diseases (STDs) occur in sexually active gay men at a high rate. This includes STD infections for which effective treatment is available (syphilis, gonorrhea,

chlamydia, pubic lice, and others), and for which no cure is available (HIV, Hepatitis A, B, or C virus, Human Papilloma Virus, etc.)”

- “Of all the sexually transmitted infections gay men are at risk for, human papilloma virus — which cause anal and genital warts — is often thought to be little more than an unsightly inconvenience. However, these infections may play a role in the increased rates of anal cancers in gay men. . . . [R]ecurrences of the warts are very common, and the rate at which the infection can be spread between partners is very high.”⁵¹

Lesbians also face significant risks, according to the GLMA:

- “Lesbians have the richest concentration of risk factors for breast cancer than [sic] any subset of women in the world.”
- “Smoking and obesity are the most prevalent risk factors for heart disease among lesbians . . .”
- “Lesbians have higher risks for many of the gynecologic cancers.”
- “Research confirms that lesbians have higher body mass than heterosexual women. Obesity is associated with higher rates of heart disease, cancers, and premature death.”⁵²

49 H. L. Kazal, N. Sohn, J. I. Carrasco, J. G. Robilotti, and W. E. Delaney, “The gay bowel syndrome: clinico-pathologic correlation in 260 cases,” *Annals of Clinical and Laboratory Science* 1976, Vol 6, Issue 2, 184-192; abstract online at: <http://www.annclin-labsci.org/cgi/content/abstract/6/2/184>

50 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>

51 Victor M. B. Silenzio, “Top 10 Things Gay Men 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%20Gay%20Men.pdf

52 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

Myth No. 7:

Children raised by homosexuals are no different from children raised by heterosexuals, nor do they suffer harm.

Fact:

An overwhelming body of social science research shows that children do best when raised by their own biological mother and father who are committed to one another in a lifelong marriage. Research specifically on children of homosexuals has major methodological problems, but does show specific differences.

Few findings in the social sciences have been more definitively demonstrated than the fact that children do best when raised by their own married mother and father. The non-partisan research group Child Trends summarized the evidence this way:

Research clearly demonstrates that family structure matters for children, and the family structure that helps the most is a family headed by two biological parents who are in a low-conflict marriage.⁵³

Homosexual activists say that having both a mother and a father does not matter—it is hav-



ing two loving parents that counts. But social science research simply does not support this claim. Dr. Kyle Pruett of Yale Medical School, for example, has demonstrated in his book *Fatherneed* that fathers contribute to parenting in ways that mothers do not.⁵⁴ On the other hand, Dr. Brenda Hunter has documented the unique contributions that mothers make in her book, *The Power of Mother Love*.⁵⁵

The truth is that most research on “homosexual parents” thus far has been marred by serious methodological problems.⁵⁶ However, even pro-

MYTH 7 - FOOTNOTES

53 Kristin Anderson Moore, et al., 2002. “Marriage from a Child’s Perspective: How Does Family Structure Affect Children and What Can We Do About It?,” *Child Trends Research Brief* (Washington, D.C.: Child Trends) (June): 1 (available at <http://www.childtrends.org/PDF/MarriageRB602.pdf>).

54 Kyle D. Pruett, *Fatherneed: Why Father Care is as Essential as Mother Care for Your Child* (New York: The Free Press, 2000).

55 Brenda Hunter, *The Power of Mother Love: Transforming Both Mother and Child* (Colorado Springs: Waterbrook Press, 1997).

56 Robert Lerner and Althea K. Nagai, *No Basis: What the Studies Don’t Tell Us About Same Sex Parenting* (Washington: Ethics and Public Policy Center, 2001).

homosexual sociologists Judith Stacey and Timothy Biblarz report that the actual data from key studies show the “no differences” claim to be false.

Surveying the research (primarily regarding lesbians) in an *American Sociological Review* article in 2001, they found that:

- Children of lesbians are less likely to conform to traditional gender norms.
- Children of lesbians are more likely to engage in homosexual behavior.
- Daughters of lesbians are “more sexually adventurous and less chaste.”
- Lesbian “co-parent relationships” are more likely to break up than heterosexual marriages.⁵⁷



A 1996 study by an Australian sociologist compared children raised by heterosexual married couples, heterosexual cohabiting couples and homosexual cohabiting couples. It found that the children of heterosexual married couples did the best, and children of homosexual couples did the worst, in nine of the thirteen academic and social categories measured.⁵⁸

The clear superiority (in outcomes for children) of households with a married, biological mother and father; the limited but revealing research on children raised by homosexual parents; and the inherent mental and physical health risks (see Myths 5 and 6) and dysfunctional behaviors (see Myths 8 and 10) associated with homosexual relationships—all of these combine to suggest that we should be exceedingly cautious about deliberately placing children in the care of homosexuals, whether through foster care, adoption, or the use of artificial reproductive technologies.

57 Judith Stacey and Timothy J. Biblarz, “(How) Does the Sexual Orientation of Parents Matter,” *American Sociological Review* 66 (2001), pp. 159-83.

58 Sotirios Sarantakos, “Children in three contexts: Family, education and social development,” *Children Australia* 21, No. 3 (1996): 23-31.

Myth No. 8:

Homosexuals are no more likely to molest children than heterosexuals.

Fact:

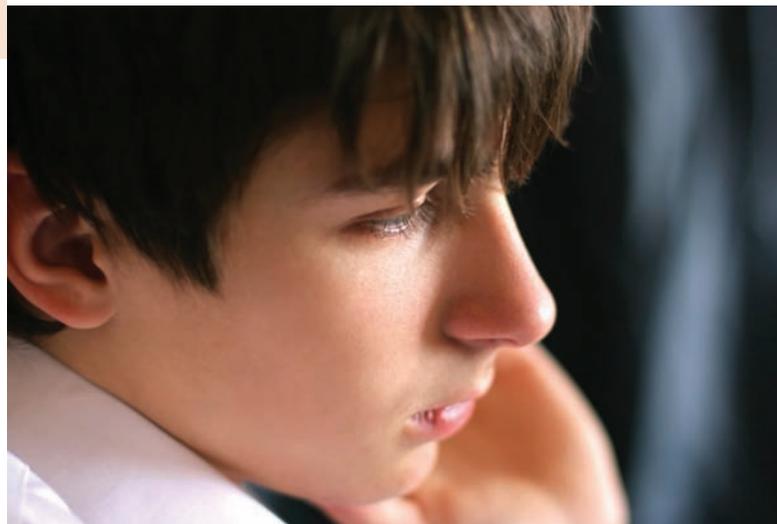
The percentage of child sexual abuse cases in which men molest boys is many times higher than the percentage of adult males who are homosexual, and most men who molest boys self-identify as homosexual or bisexual.

If this myth were true, it would support the notion that homosexuals should be allowed to work with children as schoolteachers, Boy Scout leaders and Big Brothers or Big Sisters. However, it is not true. The research clearly shows that same-sex child sexual abuse (mostly men molesting boys) occurs at rates far higher, proportionally, than adult homosexual behavior, and it strongly suggests that many of those abusers are homosexual in their adult orientation as well.

As this is perhaps the most explosive claim about homosexuals, a couple of clarifications are in order. This does *not* mean that all homosexuals are child molesters—no one has ever claimed that. It does *not* even mean that most homosexuals are child molesters—there is no evidence to support that. But there *is* evidence that the relative *rate* of child sexual abuse among homosexuals is far higher than it is among heterosexuals.

This conclusion rests on three key facts:

Pedophiles are invariably males: A report by the American Professional Society on the Abuse of Children states: “In both clinical and non-clinical samples, the vast majority of offenders are male.”⁵⁹ The book *Sexual Offending Against Children* reports that only 12 of 3,000 incarcerated pedophiles in England were women.⁶⁰



Significant numbers of victims are males: A study of 457 male sex offenders against children in *Journal of Sex & Marital Therapy* found that “approximately one-third of these sexual offenders directed their sexual activity against

MYTH 8 - FOOTNOTES

59 John Briere, et al., eds., *The APSAC Handbook on Child Maltreatment* (Thousand Oaks, California: Sage Publications, 1996), pp. 52, 53.

60 Dawn Fisher, “Adult Sex Offenders: Who are They? Why and How Do They Do It?” in Tony Morrison, et al., eds., *Sexual Offending Against Children* (London: Routledge, 1994), p. 11.

males.”⁶¹ A study in the *Journal of Sex Research* found that although heterosexuals outnumber homosexuals by a ratio of at least 20 to 1, homosexual pedophiles commit about one-third of the total number of child sex offenses.⁶²

Many pedophiles consider themselves to be homosexual: Many people who write about the issue of pedophilia argue that most men who molest boys are merely attracted to children, not to adult males, but they do not cite any specific data to support that assertion. In fact, a study of 229 convicted child molesters in *Archives of Sexual Behavior* found that “eighty-six percent of offenders against males described themselves as homosexual or bisexual.”⁶³

Since almost thirty percent of child sexual abuse is committed by homosexual or bisexual men (one-third male-on-male abuse times 86% identifying as homosexual or bisexual), but less than 3% of American men identify themselves as homosexual or bisexual,⁶⁴ we can infer that homosexual or



bisexual men are approximately ten times more likely to molest children than heterosexual men.

In addition to the actual data on elevated rates of homosexual child abuse, there is clearly a subculture among homosexual men that openly celebrates the idea of sexual relationships between adult men and underage boys, whether pre-pubescent or adolescent. Such relationships are referred to in some research literature using neutral-sounding euphemisms such as “age-discrepant sexual relations (ADSRs)”⁶⁵ or “intergenerational

61 Kurt Freund, et al., “Pedophilia and Heterosexuality vs. Homosexuality,” *Journal of Sex & Marital Therapy* 10 (1984): 197.

62 Kurt Freund, Robin Watson, and Douglas Rienzo, “Heterosexuality, Homosexuality, and Erotic Age Preference,” *The Journal of Sex Research* 26, No. 1 (February, 1989): 107.

63 W. D. Erickson, “Behavior Patterns of Child Molesters,” *Archives of Sexual Behavior* 17 (1988): 83.

64 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. 293—“Altogether, 2.8 percent of the men and 1.4 percent of the women reported some level of homosexual (or bisexual) identity.”

65 See Bruce Rind, “Gay and bisexual adolescent boys’ sexual experiences with men: An empirical examination of psychological correlates in a nonclinical sample,” *Archives of Sexual Behavior* Vol. 30, Issue 4, August 1, 2001; also Jessica L. Stanley, Kim Bartholomew, Doug Oram, “Gay and Bisexual Men’s Age-Discrepant Childhood Sexual Experiences,” *The Journal of Sex Research*, Vol. 41, Number 4, November, 2004: pp. 381-389; online at: http://findarticles.com/p/articles/mi_m2372/is_4_41/ai_n9488757/



adult-youth sexual relations has been a staple of gay literature and has made appearances, too, in gay-themed films. . . .

Last summer, I attended a reading in which a gay poet read a long piece about being aroused by a flirtatious young boy in his charge. In response, the man went into the boy's bedroom and [sexually abused the boy as he] slept. . . . Disturbingly, most of the gay audience gave the poet an appreciative round of applause. . . .

. . . The lesbian and gay community will never be successful in fighting the pedophile stereotype until we all stop condoning sex with young people.⁶⁷

intimacy.”⁶⁶ Lesbian writer Paula Martinac summarized this phenomenon:

. . . [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 by helping to bring him or her “out.” . . . [A]dult-youth sex is viewed as an important aspect of gay culture, with a history dating back to “Greek love” of ancient times. This romanticized vision of

66 Gerald P. Jones, “The Study of Intergenerational Intimacy in North America: Beyond Politics and Pedophilia,” *Journal of Homosexuality*, Vol. 20, Issue 1 & 2 (February 1990), pp. 275 – 295. This entire journal of the *Journal of Homosexuality*—at least nineteen articles—was devoted to this topic.

67 Paula Martinac, “Do We Condone Pedophilia,” PlanetOut.com, February 27, 2002.

Myth No. 9:

Homosexuals are seriously disadvantaged by discrimination.

Fact:

Research shows that homosexuals actually have significantly *higher* levels of educational attainment than the general public, while the findings on homosexual incomes are, at worst, mixed.

One obvious measure of social disadvantage in America is reduced educational attainment. For example, this is an area in which there are obvious racial differences. According to 2008 data from the Census Bureau, 21.1% of non-Hispanic whites over the age of 25 have at least a bachelor's degree, while the same is true of only 13.6% of blacks and 9.4% of Hispanics.⁶⁸

However, studies have uniformly shown that homosexuals have *higher* levels of education than heterosexuals, which hardly suggests that they are disadvantaged. The groundbreaking National Health and Social Life Survey found "that twice as many college-educated men identify themselves as homosexual as men with high-school educations. . . . For women the trend is even more striking. Women with college educations

are eight times more likely to identify themselves as lesbians"⁶⁹ One study of homosexual men, using data from the Urban Men's Health Study, reported that "65.7 percent of the respondents fall within the relatively narrow range of having a B.A. or an M.A."⁷⁰

The data on the incomes of homosexuals tends to be more mixed. Some data, drawn primarily from marketing surveys, suggest that homosexuals have considerably higher incomes than heterosexu-



als. For example, a 2009 survey of over 20,000 readers of "gay" magazines and newspapers found that they had an average household income of about \$80,000;⁷¹ whereas the Census Bureau re-

MYTH 9 - FOOTNOTES

68 Calculated from tables in "Educational Attainment of the Population 18 Years and Over, by Age, Sex, Race, and Hispanic Origin: 2008," U.S. Census Bureau; online at: <http://www.census.gov/population/www/socdemo/education/cps2008.html>

69 Robert T. Michael, John H. Gagnon, Edward O. Laumann, and Gina Kolata, *Sex in America: A Definitive Survey* (Boston: Little, Brown and Co., 1994), p. 182.

70 Donald C. Barrett, Lance M. Pollack, and Mary L. Tilden "Teenage Sexual Orientation, Adult Openness, and Status Attainment in Gay Males," *Sociological Perspectives*, 45 (2002): 170.

71 Community Marketing, Inc., "Gay & Lesbian Consumer Index," November 25, 2009; online at: http://www.communitymarketinginc.com/mkt_int_gld.php

ports that the average household income for all Americans in 2008 was only \$50,303.⁷²

Other researchers have argued that such surveys may not be reaching a truly representative sample of American homosexuals. Lesbian economist M. V. Lee Badgett has virtually made a career of debunking what she calls “the myth of gay and lesbian affluence.”⁷³ But even Badgett finds the data are, at worst, mixed. A 2009 publication on “poverty in the lesbian, gay, and bisexual community” which she co-authored, found that according to one national study, both homosexual men and women were more likely to live in poverty than heterosexuals, but in one California study, both were *less* likely to do so. And census data which applies only to couples shows that same-sex female couples are more likely to be in poverty than opposite-sex married couples, but same-sex *male* couples are *less* likely to live in poverty than are opposite-sex married couples.⁷⁴

A 2008 study using data on couples available from the 2000 census reported:

Lesbian women earned substantially more than

both married and cohabiting women. . . . While gay men suffered a small wage penalty relative to their married counterparts (4.5%), they actually enjoyed a large wage advantage relative to their cohabiting counterparts (28.2%).⁷⁵

Homosexual activists like to attribute the small disadvantage in income for some subpopulations of homosexuals to societal “discrimination,” and use that as an argument for employment “non-discrimination” laws. However, other explanations, such as different career choices, are also possible.

If “discrimination” presented serious limits to the economic opportunities available to homosexuals, one would expect “non-discrimination” laws to improve their economic standing. However, research has not shown such laws to have that effect. A journal article on the issue declared,

In contrast to studies of antidiscrimination laws for women and ethnic minorities, we have produced no evidence that employment protections for sexual orientation directly increase average earnings for members of same-sex households.⁷⁶

72 Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-236, *Income, Poverty, and Health Insurance Coverage in the United States: 2008* (Washington, DC: U.S. Government Printing Office, 2009), p. 5; online at: <http://www.census.gov/prod/2009pubs/p60-236.pdf>

73 For example, see M. V. Lee Badgett, *Income Inflation: The Myth of Affluence Among Gay, Lesbian, and Bisexual Americans*, Joint publication of NGLTF Policy Institute and Institute for Gay and Lesbian Strategic Studies, 1998; online at: <http://www.thetaskforce.org/downloads/reports/reports/IncomeInflationMyth.pdf>

74 Randy Albelda, M. V. Lee Badgett, Alyssa Schneebaum, and Gary Gates, *Poverty in the Lesbian, Gay,*

and Bisexual Community, the Williams Institute, UCLA School of Law, March 2009, p. i; online at: <http://www.law.ucla.edu/williamsinstitute/pdf/LG-BPovertyReport.pdf>

75 Heather Antecol, Anneke Jong, and Michael D. Steinberger, “Sexual Orientation Wage Gap: The Role of Occupational Sorting and Human Capital,” *Industrial & Labor Relations Review* Vol. 61, Issue 4, p. 523; online at: <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1346&context=ilrreview>

76 Marieka M. Klawitter and Victor Flatt, “The Effects of State and Local Antidiscrimination Policies on Earnings for Gays and Lesbians,” *Journal of Policy Analysis and Management*, 17 (4): 676 (1998).

Myth No. 10:

Homosexual relationships are just the same as heterosexual ones, except for the gender of the partners.

Fact:

Homosexuals are less likely to enter into a committed relationship, less likely to be sexually faithful to a partner, even if they have one, and are less likely to remain committed for a lifetime, than are heterosexuals. They also experience higher rates of domestic violence than heterosexual married couples.

Homosexual men and women are far less likely to be in any kind of committed relationship than heterosexuals are. A 2006 study by researchers at UCLA concluded:

We found that lesbians, and particularly gay men, are less likely to be in a relationship compared to heterosexual women and men. Perhaps the most outstanding finding is also the most simple—that over half of gay men (51%) were not in a relationship. Compared to only 21% of heterosexual females and 15% of heterosexual males, this figure is quite striking.⁷⁷

Secondly, even homosexuals (especially men) who are in a partnered relationship are much less likely to be sexually faithful to that partner.



- A Dutch study of partnered homosexuals, which was published in the journal *AIDS*, found that men with a “steady partner” had an average of eight sexual partners per year.⁷⁸
- A Canadian study of homosexual men who had been in committed relationships lasting longer than one year found that only 25 percent of those interviewed reported being monogamous. According to study author Barry Adam, “Gay culture allows men to explore different . . . forms of relationships besides the monogamy coveted by heterosexuals.”⁷⁹

A 2005 study in the journal *Sex Roles* found that “40.3% of homosexual men in civil unions and 49.3% of homosexual men not in civil unions had ‘discussed and decided it is ok under some circumstances’ to have sex outside of the relation-

MYTH 10 - FOOTNOTES

77 Charles Strohm, et al., “Couple Relationships among Lesbians, Gay Men, and Heterosexuals in California: A Social Demographic Perspective,” Paper presented at the annual meeting of the American Sociological Association, Montreal Convention Center, Montreal, Quebec, Canada, (Aug 10, 2006): 18. Accessed at: http://www.allacademic.com/meta/p104912_index.html

78 Maria Xiridou, et al, “The Contribution of Steady and Casual Partnerships to the Incidence of HIV Infection among Homosexual Men in Amsterdam,” *AIDS* 17 (2003): 1031.

79 Ryan Lee, “Gay Couples Likely to Try Non-monogamy, Study Shows,” *Washington Blade* (August 22, 2003): 18.

ship. By comparison, only 3.5% of heterosexual married men and their wives agreed that sex outside of the relationship was acceptable.”⁸⁰

Finally, research shows that homosexual relationships tend to be of shorter duration and much less likely to last a lifetime than heterosexual ones (especially heterosexual marriages). A 2005 journal article cites one large-scale longitudinal study comparing the dissolution rates of heterosexual married couples, heterosexual cohabiting couples, homosexual couples, and lesbian couples:

On the basis of the responses to the follow-up survey, the percentage of dissolved couples was 4% (heterosexual married couples), 14% (heterosexual cohabiting couples), 13% (homosexual couples) and 18% (lesbian couples).⁸¹

In other words, the dissolution rate of homosexual couples during the period of this study was *more than three times* that of heterosexual married couples, and the dissolution rate of lesbian couples was *more than four-fold* that of heterosexual married couples.⁸²

Since men are generally more likely to engage in acts of violence than women, it is not surprising that there would be differences in rates of domestic violence based on the gender of partners in a

relationship. One might expect, for instance, that women with a female partner would be less likely to be abused than women with a male partner. However, one early study (1986) showed that women with female partners were nearly as likely to be abused (25%) as those with male partners (27%).⁸³

Meanwhile, a 2002 study showed that the five-year prevalence of battering among urban homosexual men (22%) was nearly double the rate among heterosexual women living with men (11.6%)—despite the fact that one might expect men’s greater size and strength to be a deterrent against a would-be batterer. A 2006 study—one of the few with a direct homosexual/heterosexual comparison for both men and women—found that of persons entering substance abuse programs, 4.4% of homosexuals had been abused by a partner in the last month, as opposed to 2.9% of the heterosexuals. The lifetime prevalence rates for domestic violence were 55% for the homosexuals and 36% for heterosexuals.⁸⁴

The myth that homosexual relationships in general are qualitatively the same as heterosexual relationship—a myth that is crucial to the current push for legalization of same-sex “marriage”—is simply not borne out by the evidence.

80 Sondra E. Solomon, Esther D. Rothblum, and Kimberly F. Balsam, “Money, Housework, Sex, and Conflict: Same-Sex Couples in Civil Unions, Those Not in Civil Unions, and Heterosexual Married Siblings,” *Sex Roles* 52 (May 2005): 569.

81 Lawrence Kurdek, “Are Gay and Lesbian Cohabiting Couples *Really* Different from Heterosexual Married Couples?” *Journal of Marriage and Family* 66 (November 2004): 893.

82 *Ibid.*, 896.

83 P. A. Brand and A. H. Kidd, “Frequency of physical aggression in heterosexual and female homosexual

dyads,” *Psychological Reports* 59, pp. 1307-1313; cited 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, p. 85 (National Association for Research and Therapy of Homosexuality, 2009).

84 Bryan N. Cochran and Ana Mari Cauce, “Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment,” *Journal of Substance Abuse Treatment* Vol. 30, Issue 2 (March 2006), pp. 135-146.



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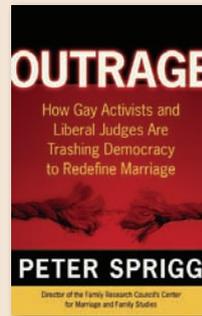
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