

Moral Issues

The Church & Persons Inflicted with Homosexual Tendencies

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OUTLINE

1. What is Homosexuality?
 2. What is the Cause of Homosexuality?
 - a) Nature
 - b) Nurture
 - c) Evaluation
 - d) Reparative Therapy
 3. What is Church's Teaching on Homosexuality?
 - a) Bible
 - b) Tradition
 - c) Natural Law
 - d) Catechism of the Catholic Church
 4. The Response of the Homosexual Person to his State
 5. The Response of other Christians to the Homosexual Person.
 6. The Female Homosexual
 7. Some Current Issues:
 - A) Gay Rights Movement
 - (I) Language
 - a) "Gay"
 - b) "Homophobe"
 - II) "Outing"
 - (III) AIDS & Other Health Risks
 - (IV) Homosexual (Teen) Suicide
 - B) The Law
 - I) Homosexual Rights
 - II) Hate, Violence and Discrimination
 - (III) Marriage
 - (IV) Child Adoption
 - (V) Pedophilia/Ephebophilia
 8. Conclusion
-

1. What is Homosexuality?

Several decades ago homosexuality was rarely mentioned in polite society. It was viewed as too perverse or sinful to be discussed. The stigma against homosexuality still made it, in the famous words of Oscar Wilde at his trial, "the love that dares not speak its name." Then things began to change. The subject was first popularly broached in the 1940s, through the seemingly scientific research of Alfred Kinsey, who announced that homosexuality was much more prevalent than commonly believed. In the 1950s it became a subject (especially lesbianism) for adult pulp novels. With the sexual revolution and the minority rights movements of the 1960-70s homosexual rights groups began to organize publicly calling for a change in people's attitudes and in the law. In the 1980s the AIDS epidemic elicited an immediate and compassionate response from many quarters of society to the plight of the active homosexual. Now, homosexuality and the gay lifestyle have entered into mainstream culture via court fiats, media exposure, and growing public acceptance. Needless to say the Christian response to homosexuality has become an extremely important and yet sensitive and politicized issue.

Who is a homosexual person? Definitions vary widely. Homosexuality is a term used to describe the psychosexual attraction of a person to others of the same sex. The first half of the word comes from the Greek word "homos" meaning the same. The word "homosexual" can refer to men or women, although female homosexuals are often referred to as lesbians (from the island of Lesbos, on which the Greek poetess Sappho lived with her disciples).

The term "homosexual" may describe a tendency or behaviour covering a wide spectrum from the most temporary and minor inclinations of teenagers and young adults to permanent, exclusive, and deeply rooted patterns of homosexual preference in mature adults. It is this latter type that is most commonly meant by the term. The Catechism of the Catholic Church refers to homosexuality as relations between men or between women who experience an exclusive or predominant sexual attraction toward persons of the same sex. This is what we will mean by the term in this talk.

Homosexual orientation may be said to include not only one's overt physical attraction for members of one's own sex but also the fantasy life that has preceded it for years. It is commonly accepted that this inclination is not consciously willed by the person and is sometimes not even recognized by them.

A caution must be made here at the very beginning. Although sexuality is inherent in all aspects of life, and has a sublime role in God's plans, human motivation and activity should not be explained entirely on the basis of sexuality. Therefore the label "homosexual" is an inadequate description of human persons. While we are profoundly influenced by our sexual identity and propensities we are nonetheless more than them.

Homosexual behaviour, of course, is not something new. Arlo Karlen's historical and biographical overview (*Sexuality and Homosexuality, 1971*) gives sufficient evidence to conclude that homosexuality has existed in all places and times and has even appears to have flourished in some periods (such as the classical Greece and Renaissance Italy). He does note, however, that exclusively homosexual behaviour was generally viewed negatively and could be punished severely in some societies. If homosexual acts were accepted, it was only in special situations or at certain times in life. For example, Eastern Mediterranean and Sumerian peoples worshipped deities whose religious rites included both heterosexual and homosexual intercourse. In classic Greek society, where the status of women was very low, a separate male culture existed that included older males mentoring adolescent boys, with some acceptable homosexual activity. Yet, again, in Greece the exclusive homosexual was generally considered laughable and despicable.

The APA's Declassification of Homosexuality as a Disorder

In 1973 American Psychiatric Association's decided to remove homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* as a pathology. This has done much to promote the idea of the normalcy of homosexuality. However, its removal was not done in an impartial, scientific manner. It was very much a political decision made under pressure.

During the early 1970s, gay activists had made a number of disruptive demonstrations at professional meetings, placing considerable pressure on psychiatrists to revise their designation of homosexuality as a disorder treatable by psychiatry. In 1973, the board of the American Psychiatric Association voted to change the classification of homosexuality in its *DSMD* Manual. Members of the APA who specialized in treating homosexuals protested the board's decision, but immediately before a general referendum on the issue, a letter went out in the name of the board, urging APA members not to reverse the board's decision. It was not known until after the vote that this letter was in fact written and paid for by the National Gay Task Force. Only about one-third of APA members voted in the referendum but the final tally upheld the board's decision to reclassify homosexuality. The 1973 decision was based not on any advance in scientific or medical knowledge. It occurred instead as a result of successful gay lobbying and a considerable body of psychological data on homosexuality was dismissed as no longer relevant.

In 1977, four years after the politically motivated change in definition, a survey of 2,500 psychiatrists on "current thinking on homosexuality" revealed that 69% still believed that "homosexuality was usually a pathological adaptation as opposed to a normal variation," with only 18% opposing that view (13% were undecided). Thus, it seemed that the APA took a position contrary to the majority view of the field it purports to represent (see H. Lief, "Sexual Survey #4: Current Thinking On Homosexuality," *Medical Aspects of Human Sexuality*, Vol. 11).

However, with time professionals do adapt their viewpoints. In a 1995 American study it was reported that 47.3% of psychiatric training directors polled viewed homosexuality as normal or somewhat normal, 51.2% view homosexuality as neutral, and 1.5% view it as somewhat pathological or pathological (Mark Townsend, "Gay and Lesbian Issues in U.S. Psychiatry Training as Reported by Residency Training Directors," *Academic Psychiatry* 1995).

There is much controversy, as in so many areas of this subject, as to the percentage of any given population that is truly homosexual. It was Alfred Kinsey's famous 1948 report, *Sexual Behavior in the Human Male*, that first claimed about ten percent of the American male population was homosexual (over a period of at least three years --- four percent for those exclusively homosexual over many years) and that as many as 37% of the male population had had at least one homosexual experience in their lifetime. The one-in-ten ratio has become commonly accepted even though no study since 1960 has data supporting this number. Kinsey's study was criticized in his own day and later investigation found it profoundly flawed. Kinsey used volunteers rather than randomly chosen participants. One of Kinsey's colleagues admitted in a 1972 book that coaching was common in collecting the data (Wardell Promeroy, *Dr. Kinsey And the Institute for Sex Research*, 1972). Kinsey also used a grossly non-typical study population. His volunteers included male and female prostitutes and pimps. Most disturbing was his heavy use of criminals: 1,400 of his 5,300 final subjects (twenty-six percent). Many of them were convicted sex offenders. This is a group that by definition is not representative of normal sexual practices. (For a critique of Kinsey's research methods and personal character, see *Kinsey, Sex, and Fraud*, by Dr. Judith Reisman and Edward Eichel, 1990).

Recent and more scientifically accurate studies done since 1987 in England, France, Norway, and the United States, each show the incidence of exclusive homosexuality falls consistently between one and two percent of the male population and about half that of the female population.

Recent Surveys

A **British** survey on the incidence of homosexuality was carried out in 1997 by the UK Office for National Statistics found that of the 8000 men included in the random sampling only one percent of the men said that they were exclusively homosexual. Another one per cent indicated that they were bisexual. A 1991 nationwide survey of 19,000 adults found that 1.4 per cent of men aged 16 to 59 had homosexual contact in the previous five years, Herald Sun, January 22, 1994. See also Forman, D., British Medical Journal, 1989, Vol. 298, pp. 1137- 1142, where a study of 480 white males aged between 15 to 49 disclosed that only 1.7 per cent had had homosexual intercourse. A 1992 **French** government study of over 20,000 adults found that 1.4 per cent of men and 0.4 per cent of women had had homosexual intercourse in the five years preceding the survey. A nationwide 1987 **Norwegian** poll found 1.8 per cent had had homosexual experience within the previous three years. An **American** study by the National Opinion Research Centre, University of Chicago, Feb. 1989 found that less than 1.2 per cent of the surveyed males and females reported homosexual activity. The Alan Guttmacher Institute published in *Family Planning Perspectives* (March/April 1993) found less than 2% of males had experienced a homosexual relationship in the past ten years and only 1% had exclusively homosexual relationships. Four separate national surveys conducted in the United States in 1970, 1988, 1989 and 1990 by the National Opinion Research Center (total 7,408 subjects) came up with an aggregated incidence of 1.8% who had male-to-male sex during the previous year, with 3.3% percent reporting that they experienced male-to-male sexual contact "occasionally" or "fairly often" as adults, and 5-7% in a lifetime have had a homosexual encounter. Less than 0.5% of the population "go both ways" (bisexual) in a given year. Source: Robert Fay et al., "Prevalence and Patterns of Same-Gender Contact Among Men," *Science* 243 (January 20, 1989): 338-48; S.M. Rogers and C.F. Turner, "Male-Male Sexual Contact in the U.S.A.: Findings from Five Sample Surveys, 1970-1990," *Journal of Sex Research*, November 28, 1991: 491-519.

Tom Stoddard, a leader in the gay rights movement, admitted to *Newsweek* in February 1993, "We used that figure (10 percent) when most gay people were entirely hidden to try to create an impression of our numerousness."

2. What is the Cause of Homosexuality?

Given the politicized climate in which the current debate over homosexuality is carried out, it is difficult to impartially assess the various theories forwarded to explain its cause. There are many different scientific accounts of how persons might come to feel sexual attraction for members of their own sex. These theories seem to fall into two basic categories. One view holds that homosexuality is an inherited predisposition. The other maintains that it is the result of environmental influences. It is the perennial nature-nurture debate in the human sciences. Both views, however, tend to be deterministic in outlook and generally discount free will.

There is considerable debate between the proponents of each viewpoint and no one has produced evidence that the experts from the opposite camp cannot dispute.

(I) Nature

Most gay activist groups, the media, and some researchers hold the view that homosexuality is inborn. It is seen as genetically or physiologically based, like skin colour or left-handedness. This theory has been tested in different ways: twin studies, brain dissections, chromosomal and hormone research. I cannot discuss all these areas or, obviously, all the studies. I therefore only mention and critique a few.

In 1991 Michael Bailey and Richard Pillard published a study of homosexuality in twins. Bailey and Pillard surveyed homosexual men about their brothers, and they found some statistics that were rather unexpected. Of the homosexuals who had identical twin brothers, 52 percent reported their other twin was also homosexual. 22 percent of those who had fraternal twins said that their twin was homosexual. Yet nine percent of non-twin homosexuals claimed a brother who was homosexual and eleven percent claimed an adopted sibling was also homosexual.

Bailey and Pillard attributed the differences in these percentages to the difference in the amount of genetic material shared. Since identical twins have the same genetic code, they are far more likely to share sexual orientation than fraternal twins. In the same way, it is obvious that fraternal twins have more in common genetically than do their adopted siblings (Bailey and Pillard, "A Genetic Study of male Sexual Orientation," *Archives of General Psychiatry*, 1991).

There are some problems with the study. Bailey and Pillard were not neutral researchers. Bailey was a gay rights activist and Pillard was openly homosexual. Pillard is reported to have said "a genetic component in sexual orientation says, 'This is not a fault.'" Both he and Bailey stated they hoped their work would "disprove homophobic claims" (David Gelman, "Born or Bred?" *Newsweek*, February 24, 1992, p. 46). Only nine percent of non-twin brothers of homosexuals were reported as homosexuals. Fraternal twins share no more genetic information than non-twin brothers, yet the study claimed homosexuals are more than twice as likely to share their sexual orientation with a fraternal twin than with a non-twin brother. Why? Also, if genetic information is determinative, why aren't the identical twin brothers of homosexuals always homosexual? Bailey acknowledges that "there must be something in the environment to yield the discordant twins" but that answer could just as easily be used the other way. Maybe it is "something in the environment" that yields the homosexual twin. A genetic predisposition is clearly not determinative since even identical twins, possessing the same genetic material, do not always have the same orientation. Moreso, "in order for such a study to be at all meaningful," states biologist Anne Fausto-Stirling of Brown University, "you'd have to look at twins raised apart. It's such badly interpreted genetics."

There are other problems with this study, and another done by Bailey and Pillard in 1993. The recruitment of subjects was done through advertisements in homosexual publications, not necessarily the source of a representative or unbiased sample. Each set of twins was raised in the same household. This does not eliminate environmental factors as a crucial agent in gender-identity formation. Also, the fact that the sexual orientation of the non-respondent twin was often assessed by report of the sibling rather than by self-reported. Finally there was a lack of a control group. A 1992 British study by King and McDonald published in the *British Journal of Psychiatry* found only 10% (25% if bisexuality is included) of identical twins were both homosexual as compared to 52% of the Bailey and Pillard study. Where the Bailey and Pillard study found 22% for fraternal twins, the British study revealed 8% (12% with bisexuality) of homosexuality in fraternal twins.

If research is extended to family trees, and not just immediate siblings, there presently appears little statistically significant evidence of homosexuality being passed on in family lines.

Dr. Simon LeVay, a neuroscientist at the Salk Institute, did a famous study on cadaver brains. LeVay told *Newsweek* that after the AIDS related death of his homosexual lover he was determined to find a genetic cause for homosexuality or he would abandon science altogether. He also said he hoped to educate society about homosexuality, affecting legal and religious attitudes towards it. Obviously he was not a neutral researcher. Yet, his work should still be judged on its own scientific merit and not automatically disqualified. In 1991 he studied the brains of 41 deceased males, 19 of whom were known to be homosexuals. He found that the anterior hypothalamus, the area of the brain that governs sexual activity, had a consistently smaller nuclei in homosexuals than in heterosexuals. This, he suggested, indicated that there was a distinct physiological component to sexual orientation (LeVay, "A difference in hypothalamic structure between heterosexual and homosexual men," *Science*, 1991).

Several problems exist with his study. The overlap between the homosexual specimens and the non-homosexual specimens was considerable. Further LeVay assumed that this brain region was a sexual centre, a view now little held. Criticisms have been made of his method of tissue preparation (Byne and Parsons, 1993). There is also criticism of LeVay's methodology in classifying his dead subjects, for cadavers cannot be interrogated about their prior sexual activity. LeVay had no way of knowing that those classified as heterosexuals in his control group were in

fact heterosexuals. Six of his 16 supposed heterosexuals had died of AIDS too. Dr. LeVay also admitted he could not determine whether the changes in the brain structures were the cause of homosexuality or caused by homosexual activity and the AIDS condition of his subjects. It can change. For example, in 1992 Lewis Baxter of UCLA reported having evidence that behavioral therapy can produce changes in brain circuitry, reinforcing the idea that behavior can and does affect brain structure. LeVay specifically left out a group of homosexual patients because they had too much brain pathology. AIDS is known to change brain anatomy, as it can also cause alterations in the DNA.

That the size of the brain can change as a result of outside factors has already been demonstrated. One study conducted by the National Institutes of Health found that when people who became blind learned to read Braille, the area of the brain controlling the reading finger actually grew larger. In the same way, in songbirds the brain area associated with mating varies in size according to the season. In other words, the size of specific regions of the brain is apparently not fixed, but dynamic.

In 1993, geneticist and homosexual Dean Hamer, of the *National Cancer Institute* released a study that claimed to have found a genetic component to some instances of male homosexuality. He studied 40 pairs of non-identical brothers who were homosexual, and claimed that 33 of the pairs had inherited the same genetic markers on the X (Xq28) chromosome. This would indicate that heredity was at least partially responsible for their homosexuality. Since men have an X and Y chromosome, and they inherit their X chromosome from their mothers, Hamer theorized that the mother may be the carrier of the gene determining homosexuality in their sons (Hamer, *et al.*, "A linkage Between DNA Markers on the X Chromosome and Male Sexual Orientation," *Science*, 1993).

This study too has problems. Seven out of 40 pairs did not share identical chromosomal markers. This is difficult to explain if genetics are responsible for sexual orientation. Also, the study failed to analyze a control group and neglecting to search for the markers in the heterosexual brothers of the subjects. One of Dr. Dean Hamer's fellow research assistants charged him with withholding some findings that invalidated his study. The *National Cancer Institute* is supposedly investigating Dr. Hamer but to date they have not released the results of this investigation. Dr. Hamer left the institute.

George Rice and George Ebers, of the University of Western Ontario and Stanford University, did attempt to reproduce Hamer's study results. Their larger study was also published in *Science* magazine (April, 1999). They failed to replicate Hamer's results (Rice, *et al.*, "Male Homosexuality: Absence of linkage to Microsatellite Markers at Xq28," *Science*, 1999). Lack of replication does not mean a study is invalid; it only means the study's conclusions have not been confirmed by further research.

Prenatal reduction of androgen levels in male rodents produced "homosexual" mating behaviour. This and other experiments led to the prenatal hormone theory of human sexual orientation. There are a couple of problems with this hypothesis. It is uncertain if such animal research is applicable to human beings. Likewise the studies equate sexual behaviour with sexual orientation. A male monkey engaging in a sexual act with another male monkey under certain conditions does not necessarily prove the monkey has a "homosexual orientation." And in studying humans psychologists do not just look at sexual actions but also investigate the person's fantasies in order to determine the preferred sexual partner.

"Upon critical analysis of hormonal theories of homosexuality and transsexualism," concluded Richard Friedman and Jennifer Downey from their own investigation, "there are no robust data to support the role of hormones in the development of these behaviors or identities among humans" ("Neurobiology and Sexual Orientation: Current Relationships," *Journal of Neuropsychiatry*, Spring 1993).

The Animal Kingdom

Some advocates as to the “naturalness” of homosexuality point to apparent examples of such behaviour in nature (i.e. the animal kingdom). The animal kingdom is very large and diverse and examples can be drawn of almost any type of behavior. Yet it would be hard to prove that fixed, exclusively homosexual behavior has ever been observed among higher animals. If there were genuinely homosexual lions or chimpanzees you can be sure that we would have seen it publicized in journals and on television. Nevertheless, animal behavior is a poor guide for acceptable human behavior. Some animals are prone to killing their young (e.g. male polar bears), rolling in excrement or eating it, and engaging in cannibalism. Thousands of species abandon their young as soon as they are hatched or born. From these observations we do not generally conclude to the “naturalness” (i.e. normative value) of infanticide, cannibalism or child abandonment for human beings.

The most consistent predictor of adult male homosexuality is striking gender non-conformity or inappropriateness in early childhood. In other words, boys who are strikingly effeminate as young children appear much more likely to become homosexual than their peers. This could indicate prenatal origins, if not hormonal maybe psychological. Yet, some effeminate children do not grow up homosexual and many homosexuals do not report gender-inappropriate behaviour as children.

A 1994 article in *Science* stated: “Time and time again, scientists have claimed that particular genes or chromosomal regions are associated with behavioral traits, only to withdraw their findings when they were not replicated....All were announced with great fanfare; all were greeted unscceptically in the popular press; all are now in disrepute” (C. Mann, "Genes and Behavior," *Science*, 1994). *Scientific America* cited Evan Balaban, a neurobiologist at the Neurosciences Institute in San Diego, in a 1995 article as noting “that the search for the biological underpinnings of complex human traits has a disappointing history. In recent years researchers and the media have proclaimed the 'discovery' of genes linked to alcoholism and mental illness as well as to homosexuality. None of the claims, Balaban points out, have been confirmed” (John Horgan, "Gay Genes, revisited," *Scientific America*, November, 1995).

Even if a hormonal or genetic link could be established for homosexuality, while it would definitely help us to understand the cause of the person’s attractions, it would not necessarily make homosexuality natural or normal. Such thinking is based on a failure to distinguish between inborn and normal. They are not necessarily the same. Any number of physical defects or handicaps, for example, may be inborn, but we'd hardly call them normal for that reason alone. Even inborn tendencies toward certain behaviors do not make those behaviors acceptable. It has been current in research for the last couple decades to look for genetic or biological roots for any number of human behaviours. For example, in 1991 the City of Hope Medical Center found a certain gene present in 77% of their alcoholic patients. Obesity and violent behavior are now believed by some to be genetically influenced. Yet, are we to say alcoholism and obesity are therefore normal or natural ways of life, to be encouraged, simply because they may be inherited? The same holds true of homosexuality.

(II) Nurture

Those who argue for environmental causes point out that sexual desires are subject to a high degree of cognitive conditioning in humans (there is no biological reason why we find certain scents, forms of dress, or forms of underwear sexually stimulating), it claim it would be most unusual if homosexual desires were not subject to a similar degree of cognitive conditioning. That many claim such desires are unchosen does not in itself mean that they are inborn. Some desires are acquired or strengthened by habituation and conditioning by environment instead of by conscious choice.

Psychoanalysts traditionally tended to trace homosexual orientation to early childhood experiences. Almost all research in this area is on males. They note that homosexual persons

frequently come from families in which they have a poor relationship with their parent of the same sex (e.g. son with his father) and an unhealthy bond to the opposite sex parent. For example, a homosexual male may remember his father as distant, unavailable, and even rejecting. His mother may be overly warm, smothering and controlling. The boy develops an ambivalent feeling of fear toward his father and yet longs for closeness. A smothering relationship with the mother may make other females seem threatening [Lesbians report even greater than expected frequencies of rejection and negative relationships with their mothers]. This fear of female sexuality and desire for closeness to another male is then sexualized around puberty.

While evidence for this basic theory is substantial it is not conclusive. Clinical evidence may be contaminated by the bias of the therapist. Yet, the bulk of empirical research on the families of homosexuals documents patterns that would fit the psychoanalytic theory. At most one could only claim that such family dynamics are a preparatory factor (predisposing one) but not decisive, since not all persons with such family backgrounds are homosexual.

Dutch psychologist Gerard Van Den Aardweg, who specializes in the treatment of homosexuality and marriage problems, argues that a stronger association can be found with peer relationships. How peers view and respond to the person can affect a teenager's self-view as to his masculinity or her femininity. For example in girls teasing by peers, feelings of inferiority in relation to siblings, physical clumsiness, a perception that one is not attractive in the eyes of boys during puberty, or having been viewed by family members as boyish can lead to an inferiority complex and self-pity. This can in turn be externalized and sexualized into the desire for acceptance in an idealized male relationship (*The Battle For Normality: A Guide For (Self-) Therapy For Homosexuality*, 1997).

Studies from John Hopkins School of Medicine and Albert Einstein School of Medicine point to significant environmental factors in many a homosexual's background. Specifically, a child's perception of family dynamics, a traumatized condition, rape, abuse or other traumatic events may cause sexual identity conflict. Dr. Elizabeth Moberly (Cambridge) notes several factors frequently present in homosexual development: Abuse, either physical or sexual (85-90% of all lesbians have been victims of sexual abuse); traumatic family upheaval at critical periods in the child's life; rebellion --- a need to defy authority (parents, society).

While there is undoubtedly much to appreciate about the psychoanalytical approach it is important to realize that we are not merely products of our environment. Though we may have unique struggles or successes in part because of the way we have been raised, environment may be no more determinative than physiology.

(III) Evaluation

There is a general consensus today that no one theory of homosexuality can explain such a diverse phenomena. There is certainly no single genetic, hormonal or psychological cause of homosexual orientation. There appears to be a variety of factors which can provide a "push" in the direction of homosexuality for some persons, but there is no evidence that this push renders human choice irrelevant. The complex factors that result in the orientation probably differs from person to person. There are substantial reasons, then, for approaching the scientific topic of homosexuality with caution and respect, recognizing the overwhelming complexity of the issue.

To quote two pro-homosexual sources:

Brain researcher Dr. Simon LeVay: "At this point, the most widely held opinion [on causation of homosexuality] is that *multiple factors* play a role."

The American Psychological Association: "Various theories have proposed differing sources for sexual orientation...However, many scientists share the view that sexual orientation is shaped for

most people at an early age through complex interactions of *biological, psychological and social factors*." From their booklet, "Answers to Your Questions About Sexual Orientation and Homosexuality"

(IV) Reparative Therapy

Comment needs to be made about controversial research and therapies aimed at the possibility of changing one's homosexual orientation to a heterosexual one. A number of studies have been conducted over the years and claim a certain success rate. The methods used in the therapies have ranged from psychoanalysis to directional behavioural sex therapy. Reported success rates have never been outstanding or suggestive of an easy, or always complete, path to changing ones homosexual orientation. Reported "success" rates generally range from 1/3 to 1/2 of participants. Masters and Johnson (*Homosexuality in Perspective*, 1979) claimed a 50-60% success rate in highly motivated clients using sex and behavioural therapy methods. This report was later questioned, however, on the grounds of whether or not those studied were *de facto* truly homosexual. Such therapies are vilified by gay activist groups, who even seek to have them banned. There are Protestant organizations like Exodus International and New Directions that specialize in reparative therapy.

A study conducted by Dr. Robert Spitzer was published in 2003 in the periodical *Archives of Sexual Behavior*. The study attracted attention especially because its author, a prominent psychiatrist, played a pivotal role in 1973 in removing homosexuality from the American psychiatric manual of mental disorders. Testing the hypothesis that a predominantly homosexual orientation will, in some individuals, respond to therapy were some 247 individuals of both genders. Two hundred (143 males, 57 females) reported changes from homosexual to heterosexual orientation lasting 5 years or more. In order to be accepted into the 16-month study, the responders had to meet two criteria. First, they had to have had a predominantly homosexual attraction for many years, including the year before starting therapy (at least 60 on a scale of sexual attraction, with 0 as exclusively heterosexual and 100 exclusively homosexual). Second, after therapy they had to have experienced a change of no less than 10 points, lasting at least 5 years, toward the heterosexual end of the scale of sexual attraction.

Examples of "complete" change in orientation were not common. The majority of participants did report change from a predominantly or exclusively homosexual orientation before therapy to a predominantly or exclusively heterosexual orientation in the past year as a result of reparative therapy.

There may be some problems with this study. One might doubt that all were true homosexuals in the first place, as the scale of sexual attraction used would permit bisexuals and other individuals of ambivalent sexual orientation. Before the therapy began 21% of the males and 18% of the females were already married. Also, the degree of change sought is not striking and could possibly be accounted for by temporary changes in behaviour or by denial of one's continued attractions. In fact, most respondents indicated that they still occasionally struggled with unwanted attractions. Fully 97% of participants had a Christian background and 93% of all participants stating that religion was either "extremely" or "very" important in their lives. While religious beliefs can be a strong motivating factor in desiring (and believing in the possibility of) change it can also influence the way one understands and reports one's personal history. As for completely reorienting from homosexual to heterosexual, in fact, only 11% of the men and 37% of the women reported complete change. But, it must be remembered, Dr. Spitzer was only trying to discover if some predominantly homosexual persons do respond to therapy --- not all. In this regard his results are noteworthy.

3. What is Church's Teaching on Homosexuality?

The antagonism is heard so often that many Church people half believe it and think the Church condemns and excludes people with homosexual desires. Young people especially begin to think

their Church is cruel. First off, no one is condemned or excluded from the Church for being homosexual. Second, the Church is not singling out any one type of sexual sin. The Church says adultery and any other form of sexual activity outside of the marriage of a man and a woman is destructive to the good, and wrong. The Church also teaches that completed sexual acts that are by nature non-procreative in type, whether indulged in by homosexuals or heterosexuals, are a frustration of God's purposes and disordered. And that's the Church's job, to be a lighthouse guiding us away from dangerous waters. The Church's sole mission is to guide people in God's path, a path that ultimately brings salvation.

Every human being is made in the image of God. This cannot be erased or forfeited. In fact this should define our humanity as much as our sexuality. We are also called to receive a gift of divine sonship, to become a child of God by grace. However, to receive this gift, we must reject sin. The Catholic Church teaches that such homosexual acts are always violations of divine and natural law.

Homosexual desires, however, are not in themselves sinful, although they are objectively disordered (i.e. not ordered to their proper end). People are subject to a wide variety of disordered desires over which they have little direct influence, but these do not become sinful until a person acts upon them, either by *acting out* the desire or by *encouraging* the desire by deliberately engaging in fantasies related to it. People tempted by homosexual desires, like people tempted by improper heterosexual desires --such as fornication and adultery -- are not sinning until they act upon these desires.

This point needs to be re-emphasized. Many seem to think that the Church is singling out homosexuals for special criticism and holding them up to a different standard than others. This is not true. The Church's teachings on this issue have only been given more emphasis and greater clarification in response to the current prevalence of contrary moral claims and to the political and social changes being brought about in contemporary society. Until then Church statements in this area were quite rare.

When the Church says that the homosexual condition is unnatural and intrinsically disordered but not sinful in itself, she is only making the same point as she does of any disordered propensity that may be in the human soul. Those, for example, who are irritable or hot-tempered by nature are not sinful by virtue of these temperamental traits. Sin is a result of the voluntary choices we make in response to what our passions may be driving us to do. For many, there is no moral culpability in feeling irritable or hot-tempered; rather, it is in choosing and acting irritably or out of our hot-headedness that most sins occur. So while individuals may have little or no responsibility for having a homosexual orientation, they can and must exercise moral restraint in respect to their actions. In this regard, however, the challenge is even more burdensome for the homosexual person since one's sexual orientation effects so much of how one sees oneself and responds to the world. Also, such self-denial inhibits our ability to seek the kind of intimacy all human beings crave for but most others can satisfy through marriage and family.

The Church draws its teaching on sexuality from the same sources that it draws all Her teachings: From Scripture and Tradition as interpreted by the magisterium under the guidance of the Holy Spirit. Being ultimately in conformity with God's designs these teachings are also discovered by reason reflecting rightly on the meaning of our human sexual nature.

(I) Bible

Homosexual behavior is rejected in the Bible. In Leviticus 18:22, 20:13, Romans 1:18-32, 1 Corinthians 6:9-10 and 1 Timothy 1:8-10 it is condemned *directly*, while Genesis 19, Judges 19, 2 Peter 2:6-10, and Jude 7 do so *indirectly*. In Genesis 19, two angels in disguise visit the city of Sodom and are offered hospitality and shelter by Lot. During the night, the men of Sodom demand that Lot hand over his guests. Lot refuses, and the angels blind the men of Sodom. Lot

and his household escape, and the town is destroyed by fire *"because the outcry against its people has become great before the Lord"* (Gen. 19:13).

Throughout history, Jewish and Christian scholars have recognized that one of the chief sins involved in God's destruction of Sodom was its people's homosexual behavior. Jude 7 records that Sodom and Gomorrah *"acted immorally and indulged in unnatural lust."* Ezekiel says that Sodom committed *"abominable things"* (Ezek. 16:50; see Lev. 18:22, 20:13). Some have argued that Sodom's offense against the visitors was actually lack of hospitality. Ezekiel does allude to a lack of hospitality in saying that Sodom *"did not aid the poor and needy"* (Ezek. 16:49). That the men of Sodom were interested in the guests for sexual purposes, however, is shown by Lot offering his two virgin daughters in place of his guests, but the men of Sodom rejected the offer (Gen. 19:8–9). So homosexual acts and a lack of hospitality both contributed to the destruction of Sodom.

An explicit and rather severe condemnation of homosexuality is found in the book of Leviticus: *"You shall not lie with a male as with a woman; it is an abomination. . . . If a man lies with a male as with a woman, both of them have committed an abomination; they shall be put to death, their blood is upon them"* (Lev. 18:22, 20:13). The levitical laws were severe by today's standards in punishing a number of offenses. Adultery (20:10) and cursing one's parents (Lev. 20:9) were also capital offenses.

The New Testament rejects homosexual behavior as well. In Romans 1, Paul attributes the homosexual desires of some to a refusal to acknowledge and worship God. He says, *"For this reason God gave them up to dishonorable passions [or "shameful lusts"]. Their women exchanged natural relations for unnatural, and the men likewise gave up natural relations with women and were consumed with passion for one another, men committing shameless acts with men and receiving in their own persons the due penalty for their error. And since they did not see fit to acknowledge God, God gave them up to a base mind and to improper conduct. . . . Though they know God's decree that those who do such things deserve to die, they not only do them but approve those who practice them"* (Rom. 1:26–28, 32).

Some have argued that Romans 1 does not describe true homosexuals, but heterosexuals who indulge in homosexual behavior that is not natural to them. But there is nothing in this passage that suggests a distinction between "true" homosexuals and "false" ones. Paul describes the homosexual behavior itself as unnatural, regardless of who commits it. In fact, he chooses unusual words for men and women, Greek words (*arsenes* and *theleias*) that most emphasize the biology of being a male and a female. The behavior described in this passage is unnatural for males and females; sexual orientation isn't the issue at all. He is saying that homosexual acts are biologically unnatural, not just unnatural to heterosexuals but unnatural to anyone.

Furthermore, Romans 1 describes men *"inflamed with lust"* for one another. This would hardly seem to indicate men who were "straight" by nature but experimenting with gay sex. You really have to do some mental gymnastics to make Romans 1 anything other than what a plain reading leads us to understand by it.

Two sobering phrases are repeated three times within the 15 verses of Romans: "God gave them up (or over) to," and "they exchanged." Thus homosexual practices represent *idolatry* (they worship the creature rather than the Creator), *irrationality* (their darkened minds become futile in their thinking), and *immorality* (their hearts become impure and their bodies degraded). The consequence of all this is "they not only continue to do these very things but also approve of those who practice them" (1:32)

Elsewhere Paul warns: *"Do you not know that the wicked will not inherit the kingdom of God? Do not be deceived: Neither the sexually immoral nor idolaters nor adulterers nor male prostitutes*

nor homosexual offenders nor thieves nor the greedy nor drunkards nor slanderers nor swindlers will inherit the kingdom of God" (1 Cor. 6:9–10).

So while all Scripture rejects homosexual actions it still needs to be emphasized that the homosexual person is not in himself or herself rejected. Christ came out of love for all people. He taught that the ultimate judgment of any person is in the hands of God. Christ, in fact, calls us to love our neighbour as ourselves. And to avoid any sense of moral superiority we should remind ourselves that we may have a log in our own eyes that needs to be removed larger than the speck in the eyes of another. (Matt. 7:1-5, Luke 6:36-37)

The scriptural rejection of such behavior is not an arbitrary prohibition. It, like other moral imperatives, is rooted in natural law—the design that God has built into human nature.

(II) Tradition

While the references to homosexuality are not many and are rather circumspect in the early Church nonetheless they do exist and are universally negative. In probably the oldest surviving Christian non-scriptural document, the *Didache* (c. A.D. 70), we read listed among censured behaviours, “you shall not commit pederasty” (2:2). St. Clement of Alexandria taught that “the fate of the Sodomites was judgment to those who had done wrong, instruction to those who hear. The Sodomites having, through much luxury, fallen into uncleanness, practicing adultery shamelessly, and burning with insane love for boys” (*Instructor* 8, A.D. 193). In a letter written around A.D. 253, St. Cyprian of Carthage laments “men are emasculated, and all the pride and vigor of their sex is effeminated in the disgrace of their enervated body; and he is more pleasing there who has most completely broken down the man into the woman. He grows into praise by virtue of his crime; and the more he is degraded, the more skillful he is considered to be” (*Letter* 1:8). In the early 4th century Eusebius of Caesarea noted in his *Proof of the Gospels* (4:10) that God forbids “the union of women with women and men with men.” In determining penances for various sins, St. Basil the Great states that “he who is guilty of unseemliness with males will be under discipline for the same time as adulterers” (*Letters* 217:62).

The preserved homilies of St. John Chrysostom have a number of references to homosexual behaviour. In his *Homilies on Titus* he says of the pagans that they “were addicted to the love of boys, and one of their wise men made a law that pederasty . . . should not be allowed to slaves, as if it was an honorable thing; and they had houses for this purpose, in which it was openly practiced. And if all that was done among them was related, it would be seen that they openly outraged nature, and there was none to restrain them. . . . As for their passion for boys, whom they called their *paedica*, it is not fit to be named” (5). In his *Homilies to the Romans* he says that all the affections referred to in Rom. 1:26-27 “were vile, but chiefly the mad lust after males; for the soul is more the sufferer in sins, and more dishonored than the body in diseases” (4). St. John continues in the same homily: “[The men] have done an insult to nature itself. And a yet more disgraceful thing than these is it, when even the women seek after these intercourses, who ought to have more shame than men.” Finally, St. Augustine writes, in his famous *Confessions* (A.D. 400), “[T]hose shameful acts against nature, such as were committed in Sodom, ought everywhere and always to be detested and punished. If all nations were to do such things, they would be held guilty of the same crime by the law of God, which has not made men so that they should use one another in this way” (3:8:15).

The great medieval theologian, St. Thomas Aquinas, treated homosexual acts in connection with sins against temperance, specifically lust, and listed sodomy along with masturbation and bestiality as “unnatural vices” (ST II-II, q 154). In 1975 the Vatican issued a *Declaration on Certain Questions Concerning Sexual Ethics* that continued to judge homosexual acts as disordered and gravely sinful. Yet it also affirmed that no person should be unjustly discriminated against because of his or her sexual orientation. They have the same basic rights and dignity as any other human being.

Revising Church History

Until relatively recently none questioned the almost 2,000 year-old negative judgement of the Church toward the practice of homosexuality. Then, in 1980 gay-activist John Boswell, history professor at Yale University, wrote *Christianity, Social Tolerance and Homosexuality: Gay People in Western Europe from the Beginning of the Christian Era to the Fourteenth Century*, and challenged the traditional understanding of both Scripture and history. He argued that there were few sanctions against homosexuality in the early Church. Intolerance of homosexuals became characteristic of Christianity only during the High Middle Ages when the Church tried to assert greater control over the personal lives of the faithful. The author became an overnight sensation with this bestseller. He was much demanded as a lecturer, commanding four-figure fees, and promoted to the rank of full professor of history at Yale. Boswell died in 1994, aged 47, from "complications of AIDS" but his book has lived on as a major source for the Christian pro-gay movement. His final book, *Same-Sex Unions in Premodern Europe* (1994), concerned Christian rituals that he claimed constituted homosexual marriages.

In *Christianity, Social Tolerance and Homosexuality* Boswell searched for data confirming his thesis. There are significant gaps in our knowledge of the early Church and numerous sects and heresies did flourish (some quite bizarre in their moral practices). This makes for a rich field for speculation and fantasy. Nonetheless, Dave Wright, who wrote the article on homosexuality in the highly respected *Encyclopedia of Early Christianity*, could conclude that "for all the interest and stimulus Boswell's book provides in the end of the day not one piece of evidence that the teaching mind of the early Church countenanced homosexual activity." Robert Wilken, scholar of early Christianity at the University of Virginia, described the book as "advocacy scholarship." He writes that "the notion that there is a class of people defined by sexual preference is a very recent idea that has no basis in Western Tradition. To use it as an interpretive category is confusing and promotes misunderstanding. Where there were laws or social attitudes against homosexuals they had not to do with homosexuals as a class but with homosexual acts." Boswell even admitted "the ancients did not think there was a class of people with sexual 'preferences' for the same sex." Richard Hayes, then fellow Yale scholar, demonstrated Boswell's biblical arguments to be classic examples of "eisegesis"—reading one's own agenda into the text" (*Journal of Religious Ethics*, Vol. 14, No. 1, Spring 1986). Hayes agreed with Boswell that homosexual behavior was not a major issue for early Christian writers but disagreed with his inference that they were therefore tolerant of homosexual behavior. Rather, they regarded it as so self-evidently evil as hardly to require discussion. Hayes points out that every pertinent Christian text from the pre-Constantinian period, and all the major Christian writers of the fourth and fifth centuries were unremittingly negative in their judgment on homosexual practices. He points out from Boswell's own discussion that he is unable to cite a single early Christian text approving homosexual activity. Even a secular scholar like David Greenberg, professor of sociology at New York University, in his book, *The Construction of Homosexuality* (1988), characterizes Boswell's biblical conclusions as "terribly misleading" and "historically unsound."

In his 1994 book *Same-Sex Unions in Premodern Europe*, Boswell made the claim that the "brother/sister-making" rituals found in the Eastern Church were indeed cryptic affirmations of homosexual or lesbian relationships. For this purpose he largely uses Greek and Slavonic liturgical documents from the 10th to the 16th centuries. Robin Darling Young, an associate professor of theology at the Catholic University of America, wrote of his research that "even the most cursory examination of Boswell's documentation exposes the way he struggled to force a group of documents to conform to his conclusions" (Young, "Gay Marriage: Reimagining Church History," *First Things* 47, November 1994). As an expert in early Christian history, she wrote: "Despite its facade of scholarship, the book is studded with unwarranted *a priori* assumptions,

with arguments from silence, and with dubious, or in some cases outrageously false, translations of critical terms. And Boswell's insouciance about historical accuracy would be unacceptable in an undergraduate paper." "It is understandable that groups that see themselves as oppressed should want to recover their authentic history," acknowledges Young, "but to create a false history, as Boswell has done in this book (despite its elaborate scholarly apparatus), is to undermine the very cause the work hopes to advance."

The rituals often described in the book were Christian adoption ceremonies (*adelphopoiesis*) used by the early Church to solemnify friendships, which comes highly recommended in the Christian tradition ("Henceforth I call you not servants . . . but I have called you friends." [John15:15]). Young herself was invited by a Syrian Orthodox archbishop to have a friendship blessed in a modern ceremony when visiting Jerusalem in 1985. Boswell claims these ceremonies were a way of sacramentally instituting a "permanent romantic commitment" between homosexual lovers. "It is highly implausible," Young says, "that homosexual unions either in antiquity or in the Middle Ages would have been blessed by a religion that promoted ascetic devotion to the kingdom of God rather than that condition which contemporary Americans understand as the healthy expression of erotic drives. In that sense the book is, as Boswell himself admits, counterintuitive in its very premise. Furthermore, early Byzantine law codes contain extremely harsh punishments for homosexual intercourse."

The documents Boswell uses to attest to this practice go under the title that in English means "the making of brothers (or sisters)." Young notes that the language employed in these texts does not suggest any kind of sexual connection between the two parties united in this particular bond. "How, then, does Boswell confirm their status as rites for 'gay marriage'? By building a case for the existence of a hidden context, which is in turn made the interpretative key for determining the documents' meaning." To achieve this end he interprets terms (the majority of them Greek) not according to the norms of classical philology but according to contemporary meanings, such as the gay use of the term "brother" for a romantic partner.

Boswell then seeks to show that Roman law permitted homosexual unions (and then later argue that early Christianity uncritically absorbed late-Roman sexual mores and customs) by forcing references to male friendship to connote homosexual coupling in the modern sense. For example, he translates a passage from Xenophon which in Greek reads "man and boy converse/consort, being bound together" (*aner kai pais suzugentes homilousin*) as "man and boy live together, like married people." Young notes there is no mention of marriage in the actual passage. When discussing Roman and Christian attitudes to heterosexual marriage he compares them to property arrangements for the sake of procreation and other pragmatic purposes while same-sex unions he presents as entered into solely for the sake of love. He then makes us privy to some of these romantic unions in Christian history: Jesus and John, the martyrs Perpetua and Felicitas, Sergius and Bacchus, etc. The book was a sensation in its day but has largely fallen into disrepute among scholars.

(III) Natural Law

People have a basic, ethical intuition that certain behaviors are unnatural (i.e. not according to the natural purpose toward which something is intrinsically ordered) and therefore wrong. We perceive intuitively that the natural sex partner of a human is another human, not an animal.

The same reasoning applies to the case of homosexual behavior. The natural sex partner for a man is a woman, and the natural sex partner for a woman is a man. Thus, people have a corresponding intuition concerning homosexuality as they do to bestiality—that it is wrong because it is unnatural.

Natural law reasoning is the basis for almost all standard moral intuitions. For example, it is the dignity and value that each human being naturally possesses that make the needless destruction

of human life or infliction of physical and emotional pain immoral. This gives rise to a host of specific moral principles, such as the unacceptability of murder, kidnapping, mutilation, physical and emotional abuse, and so forth. The natural law is the moral law written into the heart of man and discerned by rationally reflecting on his own nature and the types of actions that fulfil it. It is in this metaphysical sense that the theory uses the terms “natural” and “unnatural.”

By reflecting on our sexual desire and what fulfils their natural inclinations we can discover the meaning of human sexuality and what facilitates or frustrates its purposes. This can give us a moral standard by which to evaluate certain acts.

In the natural law approach in drawing the two sexes together sexual desire serves two purposes, one called the procreative the other called the unitive. Why not a third, one might ask, like pleasure? The answer is that pleasure is a result of our activities rather than their intrinsic purpose. It may be the subjective reason we choose a particular action but it is not the intrinsic purpose for which a natural inclination exists. For example, food can be pleasurable, and we often seek food we enjoy, but eating exists for more than this mere pleasure. Therefore pleasure cannot be used as a criterion for judging between good and bad inclinations; rather the ultimate purposes of the inclinations must be used to judge between good and bad pleasures.

Now the procreative purpose of physical union is to bring forth children into a secure family in which they can be taught and properly cared for. Only a man and a woman together can procreate a child. The sexual powers are ordered to the conjugal act, which in turn is ordered by its very nature to the generation of new human life. Any action that therefore impedes or distorts the conjugal nature of the sexual act is wrong. It violates the integrity of the act itself and its intrinsic dignity as the instrumental cause of human life. A society that artificially severs the institution of marriage from the procreation and education of children does so at its own peril.

The unitive purpose of the conjugal act is to deepen the bonds of affection between a man and woman. To understand the unitive purpose we must recognize that the sexes are not only different but complementary. There could have been just one self-sufficient sex but there is not. Instead there are two sexes, each of which senses itself incomplete and longs for the other. They are alike and yet different from each other physically, emotionally, intellectually and psychologically. This is both a source of confusion, conflict, excitement and deep satisfaction.

There are forms of sexual expression that do not bridge the differences between the sexes nor are they complementary. Solitary sex sinks a person more deeply into the self; homosexual acts sink him into a looking-glass idol of the self; and promiscuity merely uses the other for the purposes of the self. By contrast, marriage holds forth the potential prospect of altogether forgetting the self in care and sacrifice for the other. We come to ourselves by losing ourselves. This extraordinary intimacy is among the profoundest of natural goods. Divine law goes even further than natural law in describing it as a foretaste of our supernatural good --- that still deeper union which we are invited with the One who is wholly other, who is God.

In terms of the procreative end for which sexual desires exist, solitary sex and homosexual actions are both gravely disordered from that end while promiscuity violates the good of the potential child to a secure, stable and loving environment.

Notice how this reflection on the purposes of sexual desire or inclination has enabled us to distinguish between its natural and unnatural forms.

(IV) Catechism of the Catholic Church

Below are relevant passages from the universal Catechism:

2357 Homosexuality refers to relations between men or between women who experience an exclusive or predominant sexual attraction toward persons of the same sex. It has taken a great variety of forms through the centuries and in different cultures. Its psychological genesis remains

largely unexplained. Basing itself on Sacred Scripture, which presents homosexual acts as acts of grave depravity, tradition has always declared that "homosexual acts are intrinsically disordered." They are contrary to the natural law. They close the sexual act to the gift of life. They do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved.

2358 The number of men and women who have deep-seated homosexual tendencies is not negligible. This inclination, which is objectively disordered, constitutes for most of them a trial. They must be accepted with respect, compassion, and sensitivity. Every sign of unjust discrimination in their regard should be avoided. These persons are called to fulfill God's will in their lives and, if they are Christians, to unite to the sacrifice of the Lord's Cross the difficulties they may encounter from their condition.

2359 Homosexual persons are called to chastity. By the virtues of self-mastery that teach them inner freedom, at times by the support of disinterested friendship, by prayer and sacramental grace, they can and should gradually and resolutely approach Christian perfection.

2396 Among the sins gravely contrary to chastity are masturbation, fornication, pornography, and homosexual practices.

4. The Response of the Christian Homosexual to his State.

The Christian who struggles with homosexuality often struggles alone. There is a fear of being exposed to people's gaze and receiving pity, contempt or open hostility. He may daily internally fluctuate himself between feelings of self-condemnation and self-pity. No one can live with a constant sense of shame, guilt or self-loathing. It can lead to depression or suicidal thoughts. It can also lead to compulsive acting out or denial in order to escape the negative feelings and messages. A defensive attitude of contempt and hostility can develop toward "straight" society and its values. If he becomes an active homosexual then much distress can also be caused by his own way of life. He can live with unacknowledged guilt and shame caused by experiences. In males especially the sexual acting out can become compulsive and promiscuous with the liaisons often being shallow and unseemly.

The perception we have of ourselves is very important. Identity is like a pair of glasses. It is through our understanding of ourselves that we interpret and view God, people, and our world. This is why St. Paul, in writing to the Church in Corinth for the second time, explained, *"From now on, therefore, we regard no one from a human point of view; even though we once knew Christ from a human point of view, we know him no longer in that way"* (2 Cor. 5:16).

What was it about his readers that Paul thought would change their way of looking at themselves and each other? It was living in the light of faith in Christ Jesus.

Often once a person has made a decision that he is not merely homosexually oriented, but is "gay," then orientation tends to be the dominant aspect of his identity and everything else --- society, faith, institutions, and even God ---will be viewed and judged through that particular lens. Homosexual orientation is not a choice for most people, but acceptance of the political and ideological views associated with the "gay" movement is.

If a Christian, whether homosexual or not, does not unite his primary identity first and foremost with that of being created in the image of God and of being redeemed in Christ, then any notion he may have of his intrinsic dignity will be shallow and any hope of ruling or restraining his behavior will likely not succeed. It is to the identity of Christ, His whole self, present in the Eucharist and remembered in the creed, to which he owes his first allegiance. All others,

relationships, desires, thoughts, and hopes should be ordered around that one great truth and exist only in relation to Him.

The Church says to all who will listen, and not just homosexuals: Be chaste, be heroic, live the life of sexual self-control. But She also recognizes that the voices of temptation are very strong. Many people run with their impulses, taking a path that leads to disappointment and even death. They call that freedom, but end up slaves to their desires. True freedom and happiness is found in following Christ in obedience and trust.

Everyone in this life is on a spiritual journey. Each must walk it in Christian obedience and truth as it applies to his/her own particular situation. *Courage*, the support organization founded by Fr. John Harvey for Catholic homosexuals seeking to live their lives in faithfulness to Christ, created five goals for its members that are read at the start of each meeting:

1. Live chaste lives in accordance with the Catholic Church's teaching on homosexuality. **(Chastity)**
2. Dedicate ones life to Christ through service to others, spiritual reading, prayer, meditation, individual spiritual direction, frequent attendance at Mass, and the frequent reception of the sacraments of Reconciliation and Holy Eucharist. **(Prayer and Dedication)**
3. Foster a spirit of fellowship in which all may share thoughts and experiences, and so ensure that no one will have to face the problems of homosexuality alone. **(Fellowship)**
4. Be mindful of the truth that chaste friendships are not only possible but necessary in a chaste Christian life and in doing so provide encouragement to one another in forming and sustaining them. **(Support)**
5. Live lives that may serve as good examples to others. **(Good Example)**

The unmarried, or celibate, lifestyle to which a permanent and exclusive homosexual orientation calls one need not be lonely or isolating. There are many single people --- by choice or simply by circumstance --- who live full, active and happy lives. They can fulfil their needs for intimacy through a deep relationship with Christ, through friendships, and by extending their love more broadly. They often have very rich human relationships in which the absence of a sexual dimension allows other dimensions of the human person and relations to emerge. Each, in his own particular way, must face the challenge of celibacy. He must live his celibacy chastely, as all people, married and single, are called to live the virtue of chastity.

What is chastity? Drawing from Thomas Aquinas and Aristotle, we may define chastity as *the habitual moderation of the sexual appetite in accord with right reason*. Notice it is not just the regulation of behavior, which would be self-control, but of the very desires that lead to sexual behavior. Note too, the norm is "right" reason, i.e., reason in conformity with God's Eternal Law, not merely worldly reason, which sees any sex which is consensual and avoids unwanted pregnancy or disease as "reasonable."

Now what behavior does Christian chastity call for? Jesus said: *"It is from within, from men's hearts that evil intentions emerge: fornication, theft, murder, adultery, avarice, malice... All these evil things come from within and make a man unclean"* (Mk 7:21-23; also see Mt 15:19,20). Therefore any voluntary indulged sexually stimulating thoughts or actions outside of a normal

marital union are sinful. To our oversexed world this may seem outrageous but Christ's moral teachings have always been a stumbling block to the world. The world has no use for crosses.

The virtue of chastity is a fruit of the Holy Spirit yet it is not something one arrives at without considerable prayer and effort. The fruits of a tree appear last, and so they require a good deal of cultivation through God's grace. So to begin to live this in our world requires a strong spiritual life. Fifteen minutes of meditation daily (rosary or meditation on the gospels) plus frequent Mass and reception of the sacraments would seem essential to anyone hoping to arrive at this virtue.

The sexual appetite listens not only to reason, but to the senses and the imagination as well. Thus, one must first be careful what he/she looks at or watches. Viewing sexually explicit movies or even focusing on provocatively dressed persons is poison for one seeking chastity. The worst of these is using pornographic materials, since pornography depicts sex as merely recreational and people as mere objects of enjoyment. Both are terrible lies. One should note that an uninvited impure thought is not sinful, but once a person wills its continuation, sin enters in, and as Jesus pointed out, one can sin seriously in the heart.

A warning: It doesn't work to deal with such a powerful appetite "despotically," denying it exists or simply saying "no" to its appeal. It can repress the appetite into the unconscious where it will await a chance to explode. At a moment of weakness the appetite will do just that, with an outburst of sexual activity. This is seen in the person who contains himself/herself for several weeks but then goes on a spree, and repeats this cycle over and over. The intellect must deal diplomatically with the appetite, setting forth the values which will be gained by living chastity, to make up for the value of the sexual pleasure which is sacrificed.

What are some of these values (goods) of which one should remind himself/herself so as to alleviate any interior resentment and find peace in the chaste decision? First and foremost is our personal love relationship with Jesus Christ. To freely and knowingly violate chastity is to destroy that relationship with the Lord, a relationship which is our source of life and our way to salvation. It's a great price to pay for a few moments of pleasure.

Another value retained by opting for chastity is that of upholding the sacredness of sex. By living chastity one avoids trivializing sex as merely recreational or the other person as merely an object of desire.

A further value is the living up to our own human dignity as persons created in the image and likeness of God. As such, we are empowered to live by faith and reason, rather than being controlled by our urges and impulses (as are animals). As the Catechism says: "Being in the image of God the human individual possesses the dignity of a person, who is not just something, but someone. He is capable of self-knowledge, of self-possession, and of freely giving himself and entering into communion with other persons. And he is called by grace to a covenant with his Creator, to offer him a response of faith and love that no other creature can give in his stead" (CCC 357).

Chastity is possible. As Paul comfortingly reminds us, "*No temptation has overtaken you that is not common to man. God is faithful, and he will not let you be tempted beyond your strength, but with the temptation will also provide the way of escape, that you may be able to endure it*" (1 Cor. 10:13).

5. The Response of other Christians to the Homosexual Person.

Catholics must learn what the Church teaches about homosexuality. Homosexuality is an objectively disordered sexual orientation but the tendency is not sinful in and of itself. The moral

judgement of a person does not lie in who they are but in what they do. The vast majority of homosexuals cannot be said to have chosen the desires they have, and many find living with them, in the words of the Catechism of the Catholic Church, a "trial" (CCC 2358).

For some Christians there is a need to overcome any shock and disapproval that homosexual people actually exist. This is an attitude that goes beyond simply and properly disapproving of homosexual acts; it comes close to condemning homosexual people as human beings. Such a disposition lacks charity and can do much to destroy a homosexual person's sense of self-worth, hope and motivation, and alienate him or her from the Church.

In fact, all need to be more encouraging to homosexual people about their dignity as human beings, created in the image of God, and their vocation to chastity, which they share by virtue of that dignity. This essential dignity is insulted when faithful Catholics condemn homosexual people out of hand or when dissenting Catholics patronizingly try to make believe that homosexual activity --- like other genital activity outside of marriage --- is not sinful and damaging to their ultimate relationship with God.

Mistreatment of a person for his or her homosexual orientation takes many forms ranging from social rejection to jokes, insults, and even physical attacks. These are all immoral. There is no excuse for demeaning a person. In fact, it's all the more reason to look for ways to be positive and welcoming. As a Catholic one should hold in conscience a deep conviction about the immorality of certain acts. That belief, however, must never spill over into a devaluing of the person. Any person who experiences homosexual attractions needs to perceive that he is still respected as a human being and that any criticism is out of real concern and love. One can and should argue in favor of the wisdom of the Church's moral teachings but when something unfair or disparaging is said of homosexual persons, then one must become their defender.

Offering fellowship, with the possibility of friendship, to someone chastely struggling with the homosexual condition makes them feel accepted as a person and gives them a safe and healthy social outlet. One should always be prudent, however, as to how one approaches such a friendship and the degree to which others are involved through it.

Finally, while called to recognize the intrinsic dignity of the homosexual person the Christian must not condone or encourage actions or attitudes that are contrary to Christian virtue or faith. We must stand up for the truth even if it makes us unpopular. To criticize the sinful behaviour of an individual or to argue against the "gay rights" movement is not necessarily "homophobic" or hateful. There is no contradiction in loving the person but hating their sin. There is also no contradiction between affirming the human worth of the homosexual person and denying the validity of the gay movement and its ideology.

6. The Female Homosexual

Fr. John Harvey, the founder of *Courage*, has been ministering to homosexuals for decades. At the time he wrote *The Truth About Homosexuality: The Cry of the Faithful* (1996) he said that little research had been done on homosexuality in women as compared to men. In his book Fr. Harvey noted the following differences: "(1) Women tend to form lasting friendships with other women more easily than men do with other men; (2) they tend to be less promiscuous; (3) they are more inclined to formalize their coupling in some kind of religious ceremony; (4) they express less guilt than men while probably denying such feelings; (5) they seem more hostile to the Roman Catholic Church than men, though again expressing their anger in a private manner."

Studies do indicate that female homosexuals have fewer sexual relationships than male homosexuals, their relationships last longer, and that they are more romantically involved. There

appears little "cruising" or anonymous sex. Lesbians also tend to have more heterosexual contact than homosexual men. A 1996 survey found that approximately 2/3 of homosexually active women had engaged in sex with men during the preceding 5 years (Price, Easton, Telljohann and Wallace, "Perceptions of cervical cancer and pap smear screening behavior by Women's Sexual Orientation," *Journal of Community Health*). They tend to have their first homosexual experience later in life (51% at age 20 compared to 60% of males at age 13). Female homosexuals also have less of a structured subculture. Most also reported themselves "happy and satisfied" with their lesbian role (Goode, *Homosexuality*, 2001).

In one survey only 23% of lesbians reported positive relationships with their mothers as compared with 85% of heterosexual women. Seventy percent of lesbians were "tomboys" as children. A study by a homosexual "gay gene" scientist, Dr. Dean Hamer, claimed that sisters of lesbians had about a 6% chance of being a lesbian, but that daughters of lesbians had a 33% chance of being a lesbian. This increase in percentages among daughters of homosexual mothers, said Hamer, "could only mean one thing. being a lesbian...was culturally transmitted, not inherited." (*The Washington Blade*, January 30, 1998).

Another survey found that more than 67% of lesbians reported being forced into sexual experiences with males after the age of 12. This was more than twice the rate of heterosexual women (Gundlach and Riess, "Birth order and sex of siblings in a sample of lesbians and non lesbians," *Psychological Reports* (1967), Vol. 20). Another study drew the link between sexual abuse and later lesbianism, but also said that most lesbians learned to masturbate by being masturbated by a female. It appears that these women as growing girls had retreated from distressing male sexual contact at the same time as they experienced female sexual contact (Van Wyk and Geist, "Psychosocial development of heterosexual, bisexual, and homosexual behavior," *Archives of Sexual Behavior*, 1984).

A well-known clinical feature of lesbianism is that it often seems to manifest itself during marriage or after marriage break-up with no clinically observable hint of prior existence --- not even lesbian fantasies. A 1970 Kinsey Institute survey of females shows that about 45% of lesbians had been married and about 45% were currently married. At that time only about 10% were single (Klassen, Williams, Levitt, *Sex and Morality in the U.S.*, 1989).

An anti-male attitude is not uncommon among lesbians. Gay activist Geri Cox spoke of her own attitude: "The older I get...the angrier I get. Especially with men. I've gotten to the point where I hate men" (Martha Barron Barrett, *Invisible Lives*, 1989). Such loathing of the opposite sex, along with a history of parental conflict and abuse, can make the lesbian mindset one of anger.

Female homosexuality, while in some ways different from male homosexual behavior, still appears prone to self-destructive behavior and, for the most part, is an unhealthy lifestyle for women.

The Dark Side of Lesbianism

Female homosexuals may be less promiscuous than their male counterparts but that does not mean they have stable relationships or healthy lifestyles.

One study indicated that only 20% of lesbians had relationships that involved cohabitation for more than 3 years. (Saghir and Robins, "Male and Female Homosexuality: A Comprehensive Investigation," 1973). Most lesbian relationships lasted less than 3 years with affairs of 5 years or more being exceptional. (D. J. West, *Homosexuality Reexamined*, 1977). In a Q&A article on lesbian sex in *XY Magazine* one question asks about lesbian relationships. The answer: "There's a marked tendency toward serial monogamy. The average relationship lasts between a few months and a couple of years, then it's on the next one... Or in the words of the joke: What does a lesbian take on her second date? A moving van" (Helen Sandler, "The bluffers guide to Lesbian Sex," *XY Magazine*, July 1999).

Studies indicate that some lesbians and bisexual women have high rates of risky behaviors, such as drug use and exchanging sex for drugs or money. Bisexual women reported higher rates of HIV infection than either exclusively homosexual or exclusively heterosexual women. These HIV-infected bisexual women also had high rates of intravenous drug use (Eng and Butler [eds.], *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, 1997). STD rates for active bisexual women are often twice that of those who engage in exclusively lesbian activity (Doll & Ostrow, "Homosexual and bisexual behavior," in *Sexually Transmitted Diseases*, 1999). In a study of 1,086 lesbian and bisexual women it was found 21% of lesbians reported having high-risk sexual contact, including sex with homosexual men, and 49% of bisexual women interviewed reported having high-risk sexual contact. In addition, 9% of lesbian/bisexual women reported a history of intravenous drug abuse ("Lesbian, Gay and Bisexual Have Unique HIV-Prevention Needs," SEICUS Shop Talk Bulletin, August 1, 1997). Most lesbians have prior, periodic or current heterosexual contact.

One study claims lesbians are 19 times more likely than heterosexual women to have syphilis, twice as likely to suffer from genital warts and 4 times as likely to have scabies (Cameron, Proctor, and Coburn, "Sexual Orientation and Sexually Transmitted Disease," *Nebraska Medical Journal*, August 1985). Another 1998 investigation found that 30% of the female homosexuals had evidence of genital Human Papilloma Virus (HPV) infection, including 19% of those who were exclusively lesbians (Marrazzo, Koutsky, Stine, Kuypers, Grubert, Galloway, Kiviat, & Handsfield, "Genital HPV Infection in Women who have Sex with Women," *Journal Of Infectious Diseases*, 1998). Research into lesbians and STD's found that the prevalence of herpes simplex type-2 was 13% (Marrazzo, Stine, Handsfield, Koutsky, "Epidemiology of STD and cervical neoplasia among lesbian and bisexual women," Abstracts of the National Lesbian and Gay Health Association conference, Seattle, July, 1996). Bacterial vaginosis occurs in 33% of lesbians but only 13% of heterosexual women, research found, and "cervical cytology abnormalities were uncommon but only found in the lesbians." These abnormalities may be precursors to cervical cancers (Skinner et al, "A case-controlled study of sexual health needs of lesbians," *Genitourin Medical*, August 1996).

Dr. Suzanne Haynes of the National Cancer institute estimated that lesbians have a 1 in 3 lifetime risk of developing breast cancer, that is 3 to 4 times higher than the average female population (Jancin, "Lesbians may be at higher risk for breast cancer," OB/GYN News, Feb. 15, 1994). One study found that "63% of the lesbians had never been pregnant...(and) not having children increases a woman's breast cancer risk by between 2 to 6 times." (Jim Ritter, "Breast cancer risk higher in lesbians," *Chicago Sun-Times*, October 16, 1998).

Violence is common in lesbian relationships. A 1985 study of 1109 lesbians reported that slightly more than half of the respondents indicated that they had been abused by a female partner (Gwat-Yong Lie & Gentlewarrior, "Intimate violence in lesbian relationships: Discussion of survey findings and practice implications," *Journal of Social Service Research*, 1991). In 1990, V.E. Coleman surveyed 90 lesbian couples and found that 46% experienced repeated acts of violence in their relationships. A Canadian study of 113 lesbians reported that 41% said they had been abused in one or more relationships (Ristock, "And Justice for All?...The Social Context of Legal Responses to Abuse in Lesbian relationships," 1994, *Canadian Journal of Women and the Law*).

Fifteen percent of lesbians reported in a survey that they engaging in torture for sexual fun (sado-masochism), including "piercing, cutting or whipping to the point of bleeding" with their lovers (Lemp et al, "HIV seroprevalence and risk behavior among lesbians," *American Journal of Public Health*, 1995).

A national study of 1,924 female homosexuals conducted in 1984 found that 83% regularly used alcohol (25% more than once a week and 6% every day), 47% smoked marijuana, and 30% regularly smoked tobacco. (Ryan and Bradford, "The National Lesbian Health Care Survey: An Overview," *Psychological Perspectives on Lesbian and Gay Male Experiences*, 1993). A gay newspaper reported that "only 2% of heterosexual women had been in treatment for alcohol or

12-step programs, compared with 17% of lesbians - a large difference....One of the questions in the survey is 'Have you ever wondered if you had a drinking problem?', to which 47% of lesbians answered yes compared with only 14% of the heterosexual women" (Esther Rothblum, "Dyke Psyche - Do Lesbians Drink More Alcohol Than Heterosexual Women?", *Baltimore Gay Paper*, September 16, 1999).

The National Lesbian Health Care Survey reported that over 50% of the nearly 2,000 lesbians surveyed had considered suicide and 18% had attempted it (Bradford, Ryan, and Rothblum, "National Lesbian Health Care Survey: Implications for mental health care," *Journal of Consulting and Clinical Psychology*, 1994).

7. Some Current Issues:

Gay Rights Movement

1. Language

One of the first things every ideological or political movement seeks to do is change the language used to talk about its issues. They realize that the popular culture's vocabulary generally reflects views not held by their particular ideology and may in fact carry negative connotations toward it. Old meanings are therefore replaced with new ones and words are appropriated or made up to denote ideas or things that were not previously believed in.

With regard to homosexual movement Mark Steyn observed: "Language has been an important weapon in the 'gay' movement's very swift advance. In the old days, there was 'sodomy': an act. In the late 19th century, the word 'homosexuality' was coined: a condition. A generation ago, the accepted term became 'gay': an identity. Each formulation raises the stakes: One can object to and even criminalize an act; one is obligated to be sympathetic toward a condition; but once it's a fully fledged 24/7 identity, like being Hispanic or Inuit, anything less than wholehearted acceptance gets you marked down as a bigot."

a) "Gay"

The word "homosexual" has been used for many years to denote persistent same sex attraction. It is a neutral term (unlike the pejoratives "faggot" or "queer"). However, back in the 1960s there was a push among some members of the homosexual community to replace the neutral term with a positive one. The word chosen was "gay," which had been used in France to describe homosexuals. There *gai* or *gaie* had connotations slightly different than its English counterpart --- having a suggestion of carelessness. But in English it simply meant, till then, happy and carefree. It was thus appropriated to denote homosexuality as both convivial and fulfilling.

The widespread adoption of "gay" as a synonym for "homosexual" was relatively slow. In 1969 the *Village Voice*, then the most influential newspaper among homosexuals, refused to use it. The Gay Liberation Front demanded it be adopted. In mainstream papers it was not until 1987 that the *New York Times* finally capitulated.

The word *gay* connotes something more than the word *homosexual*. It is meant to signify a different way of perceiving and interacting with the world. It poses homosexuals as members of a distinctive (and often superior) culture. This is seen in the plethora of "gay studies" programs that have appeared in the last couple decades at universities across North America.

Fr. Harvey, of *Courage*, discourages faithful Catholics with a homosexual orientation from labeling themselves as "gay" and "lesbian" for several reasons:

- 1) The secular world usually uses these terms to refer to someone who is either actively homosexual or intends to be. When a person decides to "come out" and say "I am gay" or "I am lesbian", the person usually means "this is who I am - I was born this way and I

intend to live this way. I have a right to find a same-sex partner with whom to have a romantic sexual relationship." To "come out" as being "gay" or "lesbian" doesn't usually mean "I have homosexual attractions and I have a deep commitment to living a chaste life".

2) By labeling someone, we discourage those who may wish to try and move beyond homosexual attractions. Some people, especially young people, are able to further their psychosexual development with spiritual and psychological aid. If we labeled them "gay" and "lesbian", they might think there's no possibility of moving beyond these attractions.

3) There is more to a person than his or her sexual attractions. Even if one experienced same-sex attractions for most of one's life, he or she is first and foremost a child of God created in His image. To refer to that person as "gay" or "lesbian" is a reductionist way of speaking about someone.

b) "Homophobia"

Homophobia is defined in *The Kinsey Institute New Report on Sex* as the "fear, dislike, or hatred of homosexuals." The Greek word phobia denotes an "irrational fear." The word homo literally means "same," but the word is frequently used as a shortened form of homosexual. Thus, homophobia is meant to denote an irrational fear or hatred of homosexuals. There is no doubt that society has traditionally attached a stigma to the condition of homosexuality. The stigma manifested itself in a fear or loathing of homosexuality encouraged by stereotyping homosexuals as all effeminate and attracted to children or adolescents. It was an unfortunate response to a deeply troubled minority.

The gay rights movement (and, by-and-large, the media) places this label on anyone who opposes homosexual activity or the gay rights movement's goals and objectives; specifically, anyone opposing the full acceptance of the homosexual lifestyle as healthy and normal. To say that anyone who opposes the homosexual lifestyle or disagrees with the gay rights political agenda is a homophobe is simply not true. Such labeling attempts to stop rational discussion of an issue by diverting the focus to the character of one of participants. In doing so, they dismiss another person's arguments based on some real or supposed attribute of the person. In this case, the supposed attribute is a fear of homosexuals. But a disagreement is not the same as a fear. One can disagree with something without fearing it, and the attempt to shut down rational discussion by crying "homophobe!" falls flat. It is an attempt to shift attention from the arguments against one's position by focusing attention on the one who made the arguments, while trying to claim the moral high ground against him.

II. "Outing"

The act of "outing" can be defined as publicly professing for oneself or causing another to publicly admit his or her homosexual orientation (i.e. "come out of the closet")

The act of "coming out" is not the simple moment of honesty, self-acceptance and openness which the "gay community" advertises it to be. It can be a trap that puts both persons in the conversation and their relationship at risk, because:

1) The person coming out is declaring his or her embracing of a lifestyle which is sometimes compulsive, for males often lethal, and always very difficult.

2) The people on the receiving end of this news are usually being asked to choose between their friend/family member and their own values.

All the writers coach the person coming out to hear only two possible responses: Total rejection or total endorsement. The mindset is passionately black and white, highly charged, and very difficult to respond to.

"Coming out" therefore serves a double purpose for the person who decides to take that step: (1) psychological and social identification with the homosexual life by going public, an act of self-labeling, which effectively blocks other possibilities for growth (2) the delivery of a challenge to those who might question that life. The person delivering the challenge adopts a victim posture, when actually he or she is very much on the offensive. "Coming out" is at the both an act of vulnerability and an act of aggressiveness.

In 1990 an article in *Outweek* entitled, "The Secret Gay Life of Malcolm Forbes," marked the beginning of the phenomenon of exposing against their will the fact that certain supposed heterosexual people were secretly practicing homosexuals. While some homosexuals consider such "outings" an outrageous invasion of their privacy, others approve of the practice, arguing that secrecy about sexual orientation hurts all gays and lesbians and helps to maintain a stigmatizing oppressive system.

III. AIDS and Other Health Risks

What later came to be known as AIDS (Acquired Immune Deficiency Syndrome) was first detected in the U.S. back in late 1970s. At first it was called GRID (Gay Related Immune Deficiency) because homosexual men were then the only known patients. In 1981 the first reported AIDS case (by that name) was recorded by the *Centers for Disease Control*. The case was known as patient "Zero", a possible homosexual Air Canada steward from Montreal, who died in 1984. In the Western world in general homosexuals have been the principal recipients and transmitters of the AIDS virus. In the late 1980s 70 percent of all AIDS cases in the West occurred in homosexual men. In some states and in Europe the percentages were even higher (Heyward and Curran, "The Epidemiology of AIDS in the U.S.," *Scientific American*, October 1988). As of 2003 approximately 42 million people worldwide were living with HIV, the virus that causes AIDS. Two thirds of these are in Africa. Approximately 48 percent of adults living with HIV/AIDS worldwide are women. Total deaths have been about 25 million. Half a million people have died of AIDS in the United States.

In the United States, Canada and Europe the larger portion of AIDS cases reported each year are still among homosexuals. The *U.S. Department of Health and Human Services* reported in a 2000 survey that an estimated 53 percent of reported adolescent and adult AIDS cases were from men having sex with men.

According to B. Frank Polk, director of the John Hopkins University's component of the *Multicenter AIDS Cohort Study*, "In gay men, 95% or more of the infections occur from receptive anal intercourse." The *American Journal of Public Health* reported that in one study of 240 men who became infected with AIDS, all but 4 had engaged in anal sex as a receptor.

Homosexual males are at least 30 times more likely to contract HIV. Anal intercourse, receptive and insertive, second only to oral copulation as the most practiced homosexual behavior, has been identified as especially conducive to HIV infection (Coates, *et al.*, "Risk Factors for HIV Infection in Males Sexual Contacts of Men with AIDS or an AIDS-related Condition," *The American Journal of Epidemiology*, 1988).

Condoms are often presented as a practical solution to HIV infection. Yet, in 1988 the National Institutes of Health (NIH) canceled a condom study among homosexual youth and stated: "In a place like L.A., in the gay community, one would really be talking about delaying the infection rather than preventing it." (Allan Parachini, "AIDS-Condom Study Grant Cut Off by U.S.," *Los Angeles Times*, August 10, 1988).

Condoms and AIDS

The HIV virus is roughly the size of herpes virus. Herpes and other viruses were believed unable to penetrate latex. This is why scientist conjectured that condoms would help protect high-risk people from AIDS. Yet a report from the *National Institutes of Health* ("Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention," July 20, 2001) concluded that scientific evidence does not support condom use as a means to prevent genital herpes (HSV), human papillomavirus, chlamydia, syphilis, chancroid, and trichomonas. However, the report did say that consistent condom use decreased the risk of HIV transmission by about 85 percent. This means that a person using condoms while having sex with an HIV-infected person has a 15 percent chance of contracting the disease over a year's time. After five years an uninfected person has an even (50-50) chance of contracting HIV.

The greatest danger of HIV infection lies in the propensity of condoms to burst, tear and slip off. When this happens during sex with an infected partner massive exposure to the HIV virus occurs. The frequency of condom breakage depends upon many factors, including the type of lubricant used, the quality of condom, and the type of sexual act being performed. The authors of *Contraceptive Technology* (Robert Hatcher, *et. al.* [17th Revised Edition], 1998) tallied the results of fifteen recent studies involving a total of 25,184 condoms used during solely heterosexual intercourse. They found that 5.36% of all of the condoms broke and 3.67% of them partially or completely slipped off, for a total of 9.13%. In simple terms, this means that one out of eleven condoms are not going to do their intended job during heterosexual intercourse.

Texas researcher Susan Weller, writing in the journal *Social Science Medicine*, evaluated available research on *in vivo* condom effectiveness. She reported that condoms were 87 percent effective in preventing pregnancy and only 69 percent effective in reducing the risk of HIV infection ("A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV," *Social Science and Medicine*, 36:12, 1993). Weller said, "it is a disservice to encourage the belief that condoms *will prevent* sexual transmission of HIV."

Researchers (Halpern, Shiboski, *et al.* from the University of California) using the *California Partners Study* estimated that the risk of HIV-transmission to women through receptive anal sex with HIV-infected men was 10 times higher than for vaginal contact. According to the *Centres for Disease Control*, men who engage in anal sex are 860% more likely to contract a sexually transmitted disease (STD) and increasing up to 500% their risk of contracting HIV/AIDS ("Resurgent Bacterial Sexually Transmitted Disease Among Men Who Have Sex With Men, Sept. 10, 1999).

While death from AIDS is a tragedy, it is not something to idealize. It appears that those who have died of AIDS are memorialized within the gay community and by the media as like martyrs. Rather than calling for changes in the behaviors that led to these untimely and unnecessary

deaths, gay activists frequently blame the general public for not finding a cure, not funding education, and for causing homosexuals' low self-esteem.

Ironically AIDS does receive a great deal of attention and disproportionate funding from the government. In the U.S., for instance, arthritis and heart disease afflict 40 and 50 million individuals at an estimated total annual per capita cost ranging from \$3,000-\$6,000. Less than 1 million Americans have HIV/AIDS, with an estimated total annual per capita cost of about \$200,000. During fiscal year 2000, the United States spent \$10.8 billion on HIV/AIDS patient care. That is \$1,359 per month per HIV/AIDS patient. This is costing all Americans a great deal on money and medical resources.

While about half a million Americans have died of AIDS many of the infections and deaths could have been prevented by the employment of standard public health practices, which were in place for more than half a century leading up to the inception of the AIDS epidemic. These practices include testing, contact tracing, reporting, and closing of infections sites. Such standard practices were all abandoned under intense and unrelenting political pressure from gay activists and the AIDS lobby.

HIV infection rates more than doubled from 1997 to 2000 as safe-sex practices were abandoned. In Los Angeles and five other major cities, one in ten young homosexual or bisexual men is infected with HIV ("L.A. Studies Show Increase in Risky Sex by Gay men," *Los Angeles Times*, Feb. 17, 2001). Among black American homosexuals the HIV infection rate is one out of three. ("Young Gay Black Men Suffer High HIV Rates," *Associated Press*, Feb. 6, 2001.) Homosexual men in San Francisco who reported having unprotected anal sex increased from 30% in 1994 to 39% in 1997. Those who said they had unprotected sex with multiple partners grew from 24% to 33% during the same period. (K. Sack, "For Gay Men, HIV Peril and Rising Drug Use," *New York Times*. Jan. 29, 1999)

Rotello: "Who wants to encourage their kids to engage in a life that exposes them to a 50 percent chance of HIV infection? Who even wants to be neutral about such a possibility? If the rationale behind social tolerance of homosexuality is that it allows gay kids an equal shot at the pursuit of happiness, that rationale is hopelessly undermined by an endless epidemic that negates happiness."

Stall: "Even using cross-sectional designs, the efficacy of health education interventions in reducing sexual risk for HIV infection has not been consistently demonstrated... More education, over a long time period, cannot be assumed to be effective in inducing behavior changes among chronically high-risk men."

In studying a sample of homosexual men living outside of the large coastal gay communities, Calabrese, Harris, and Easley found that neither attendance at a safe sex lecture, reading a safe sex brochure, receiving advice from a physician about AIDS, testing for HIV antibodies, nor counseling at an alternative test site was associated with participation in safe sex.

The *U.S. Centers for Disease Control* (CDC) reported that male homosexuals contract the following diseases more frequently than heterosexuals by the following multiples: Syphilis (14 times), Gonorrhea (3 times), Genital warts (3 times), Hepatitis B (8 times), Scabies (5 times), penile infection (30 times), anal infection (100 times), AIDS (1,000 times). (see "The HIV/AIDS Surveillance Report," *U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Infectious Diseases, Division of HIV/AIDS*, January, 1992). Twenty-five percent of homosexuals have rectal Gonorrhea, and more than 50% of homosexual males have Human Papilloma Virus.

Bell: "62% of 575 homosexual men in a study published in 1978 had contracted a sexually transmitted disease from homosexual contacts."

Unhealthy Sexual Practices

If one agrees with the assertion that being promiscuous is not healthy, from either an emotional or physical standpoint, then homosexuality as typically practiced by many males must be termed extremely unhealthy.

In *Homosexualities: A Study of Diversity Among Men and Women* (1978), an official publication of *The Institute for Sex Research*, co-founded by Kinsey, Bell and Weinberg, reported that only 2% of male homosexuals could be classified as monogamous or semi-monogamous ("generously defined" as having had 10 or fewer partners). Additional findings showed that 60 percent of male homosexuals had more than 250 lifetime sexual partners, 43 percent of white male homosexuals had sex with 500 or more partners, and 28 percent of male homosexuals had more than 1,000 lifetime sexual partners. Another startling fact is that 79 percent admitted that more than half of their sexual partners were strangers.

In one older study it was reported that 29% of homosexual men had engaged in orgies, and 60% of those had done so more than 5 times (Saghir and Robins, *Male and Female Homosexuality: A Comprehensive Investigation*, (Baltimore: Williams Wilkins, 1973), pp. 56-57.

Just a few years after the publication of this report, Dr. William Foege, the director of the *Centers for Disease Control*, stated: "The average AIDS victim has had 60 different sexual partners in the past twelve months." In contrast with this, "the average heterosexual male has -- throughout his life -- from five to nine sex partners."

One of the most esteemed surveys to date of sexual practices in America is *The Social Organization of Sexuality: Sexual Practices in the United States* (condensed into the book, *Sex in America: A Definitive Survey*, 1994) by R.T. Michael et al. The authors found that the average occurrence of homosexuality was about 2.8%. They also found that homosexuals on the average have 50 sexual partners over their lifetime, compared to an average of 4 for heterosexuals. And less than 2% of homosexuals are monogamous (defined as being 100% faithful to one's spouse or partner), compared to 83% for heterosexuals. In a separate study of 5,000 homosexual men, a significant majority (somewhere between 69 to 83%) of the men reported having had 50 or more sexual partners (R.A. Kaslow et al., "The Multicenter AIDS Cohort Study: Rationale, Organization, and Selected Characteristics of Participants," *American Journal of Epidemiology*, Vol. 126, No. 2, Aug. 1987). *The Male Couple*, a study of homosexual male couples written by a homosexual couple, reported that out of 156 homosexual couples studied, only seven maintained fidelity (D. McWhirter and A. Mattison, *The Male Couple: How Relationships Develop*, 1984). The authors even said, "The expectation for outside sexual activity was the rule for male couples and the exception for heterosexuals." The extremely promiscuous nature of the gay lifestyle makes it an inherent health risk.

A survey of 239 gay and bisexual males between the ages of 13 to 21 found that despite accurately understanding the odds of HIV infection, 63% participated in behavior that put them at "extreme high risk" (Gary Ramafedi, "Predictors of Unprotected Intercourse Among Gay and Bisexual Youth: Knowledge, Beliefs and Behavior," *Pediatrics*, August 1994).

A 1986 medical report stated that at least 75% of homosexual men have a history of at least one STD (C. Quinn, "Clinical Approach to Intestinal Infections in Homosexual Men," *The Medical Clinics of North America*, 1986). According to a 1990 report by *The American Medical Association* homosexual youth are 23 times more apt to contract a STD than their heterosexual counterparts ("American Adolescents: How Healthy Are They?").

The larger number of sexual partners for homosexuals is one of several important factors making the homosexual lifestyle generally unhealthy. The particular sexual practices also pose extreme problems. As reported in *Sex in America* (1994), over 65% of homosexual men surveyed had participated in anal sex in the past 12 months, whereas less than 10% of heterosexual women had been exposed to this most unhealthy practice. Likewise, the Multicenter AIDS Cohort Study

found that over 80% of homosexual men had engaged in receptive anal intercourse in the past two years. This practice is inherently unhealthy, for the rectum simply was not designed as a sexual organ, but as the sewage pipe of the body. It lacks the membrane elasticity and other protective features needed if it were to serve as a sexual organ. As a result, anal sex typically causes damage to the body that promotes a disproportionate level of acute rectal trauma, rectal incontinence, and anal cancer among homosexual males. Damage to the soft tissues of the rectal lining also permit entry of microbes, regardless of condom usage. Infections such as hepatitis B, shigellosis, and *Giardia lamblia* infection are much more common in homosexual male. These conditions together are often termed "Gay Bowel Syndrome."

Both Gay Bowel Syndrome and Hepatitis A can be acquired by the ingestion of human waste. The annual rate of Hepatitis A in homosexual men was 22% whereas no heterosexual men acquired the virus (Corey and Holmes, "Sexual transmission of Hepatitis A in homosexual men," *New England Journal of Medicine*, 1980). Another study in the same journal found that homosexual men's consumption of feces has also been implicated in the transmission of typhoid fever (Dritz and Braff, "Sexually transmitted typhoid fever," *The New England Journal of Medicine*, 1977).

The largest survey of lifetime experiences of "gay" men ever conducted was done by two homosexual researchers back in 1979. In it they reported that 99% of gay men engaged in oral penis sex, 91% had anal intercourse, 83% engaged in "rimming," 22% enjoyed "fisting," 23% admitted to "golden showers." Overall 76% admitted to public or group sex with 41% saying they had sex in public restrooms, 60% reported sex in gay bathhouses. There were even positive testimonials (with no apparent shame) from those having sex with animals. Between 22% to 37% of homosexual men indulge in painful or violent sex and 4% would eat the feces of the sexual partner for gratification. Twenty three percent had sex with boys. Forty percent of homosexual men reported a past history of gonorrhea and 69% of gay men report a history of pubic lice or "crabs." Scabies is reported by 22% of homosexual men. Also 40% of male homosexuals and 39% of female homosexuals had either seriously contemplated or attempted suicide (Jay and Young, *The Gay Report*, 1979).

A paper entitled "The Homosexual Lifespan," by P. Cameron, W.L. Playfair and S. Wellum, was presented in 1993 to the Eastern Psychological Association (a regional affiliate of the American Psychological Association) examining death statistics derived from obituary notices for gays and non-gays, using gay newspapers and some non-gay newspapers. In this crude but noteworthy study, they concluded that even when AIDS was not a factor, gay men had a significantly shorter lifespan than married heterosexual men - shorter by about three decades. The median age of death for homosexual males was 42 and for lesbians was 49. Those with AIDS had their lifespans reduced by an additional 7 percent.

A relevant study was done in Canada and published as "Modeling the Impact of HIV Disease on Mortality in Gay and Bisexual Men" by R.S. Hogg, S.A. Strathdee, K.J. Craib, M.V. O'Shaughnessy, J.S. Montaner and M.T. Schechter of the British Columbia Centre for Excellence in HIV/AIDS, *International Journal of Epidemiology*, Vol 26, pp. 657-661, 1997. In its extract it concluded that "in a major Canadian centre, life expectancy at age 20 years for gay and bisexual men is 8 to 20 years less than for all men. If the same pattern of mortality were to continue, we estimate that nearly half of gay and bisexual men currently aged 20 years will not reach their 65th birthday. Under even the most liberal assumptions, gay and bisexual men in this urban centre are now experiencing a life expectancy similar to that experienced by all men in Canada in the year 1871."

Even before the AIDS epidemic, *The Spada Report: The Newest Survey of Gay Male Sexuality*, in 1978, reported the median age for 1,022 male homosexuals who responded to his mail poll was 30, with only 2.5% over age 65. J. Spada was openly homosexual, as was lesbian M. Mendola who, in 1979, also polled 405 homosexuals by mail. The median age of those polled was 34, and only 10% were 50 or over. (*The Mendola Report: A New Look at Gay Couples*).

Thirty-two percent of homosexual men and women abuse alcohol as compared with 7% (10% of men and 5% of women) in the general population. (Fifield, Latham, and Phillips, "Alcoholism in the Gay Community: The Price of Alienation, Isolation, and Oppression," A Project of the *Gay Community Service Center*, 1977). They also correlate with higher alcohol use, frequency of intoxication, marijuana use, cocaine use, and other drug problems. There is a higher incidence for males than females (McKirnan, Peterson, "Psychosocial and Cultural Factors in a Alcohol and Drug Abuse: An analysis of a Homosexual Community," *Addictive Behaviors*, 1989).

Studies uniformly reveal that the gay lifestyle, whether male or female, can take anywhere from 10 to 30 years off of someone's lifespan. As one website notes, "with all the attention on smoking, which the National Cancer Institute says takes anywhere from 7 to 10 years off someone's life, why not the same human outcry on homosexuality? Here's a behavior that's killing people 2 to 3 times the rate of smoking, yet nobody seems to care. In fact, we are encouraging and affirming individuals into the 'gay' lifestyle (Citizens for Parental Rights).

IV. Homosexual (Teen) Suicides

The belief that homosexual teenagers are at high risk for suicide is largely inspired by an appendix in 1989 report by a special federal task force on youth and suicide. The attached study claimed three things: (1) that gay and lesbian youths account for one third of all teenage suicides (2) that suicide is the leading cause of death among gay teenagers, and (3) gay teens who commit suicide do so because of "internalized homophobia" and violence directed at them. This report has been cited over and over in both gay and mainstream publications.

San Francisco gay activist Paul Gibson, who produced the pertinent study ("Gay Male and Lesbian Youth Suicide), had such questionable research that when it was submitted to Dr. Louis Sullivan, the former Secretary of *Health and Human Services*, Dr. Sullivan officially distanced himself and his department from it. Part of the report cites an author claiming that as many as 3,000 gay youths kill themselves each year. But that's over a thousand more than the total number of teen suicides in the first place. Gibson exaggerated his numbers when he said that one third of all teen suicides are committed by gay youth. He got this figure by looking at gay surveys taken at drop-in centers for troubled teens, many of which were homosexually oriented, which revealed that homosexual teens had two to four times the suicidal tendencies of heterosexual teens. Gibson multiplied this higher figure by the disputed Kinsey figure of a 10% homosexual population to produce his figure that 30% of all youth suicides are gay.

David Shaffer, a Columbia University psychiatrist and leading authority on teen suicides, pored over this study. He noted that Gibson's paper "was never subjected to the rigorous peer review that is required for publication in a scientific journal, and contained no new research findings." Schaffer further said that "I struggled for a long time over Gibson's mathematics, but in the end, it seemed more hocus-pocus than math" (Shaffer, "Political Science," *The New Yorker*, May 3, 1993). When he examined the case histories of the gay teens who committed suicides in Gibson's report, Schaffer found the same issues that other youths wrestle with before suicide: "The stories were the same: a court appearance scheduled for the day of the death; prolonged depression; drug and alcohol problems; etc."

Gibson did not use a heterosexual control group in his study. Conclusions and statistics are bound to be skewed without a control group. The report's conclusions are in fact contradicted by other, more credible reports. Researchers at the University of California-San Diego interviewed the survivors of 283 suicides for a 1986 study. 133 of those who died were under 30, and only 7 percent were homosexual and they were all over 21. In another study at Columbia University of 107 teenage boy suicides, only three were known to be homosexual, and two of those died in a suicide pact. When the Gallup organization interviewed almost 700 teenagers who knew a teen who had committed suicide, not one mentioned sexuality as part of the problem. Those who had come close to killing themselves mainly cited boy-girl problems or low self-esteem.

In the December, 2001 issue of *Journal of Consulting and Clinical Psychology* Cornell University psychologist Ritch Savin-Williams looked at previous studies of homosexual teen suicide and found them flawed and exaggerated. They were usually drawn from group homes or runaway shelters where the most troubled teens gather. Researchers also took at face value the claims that these teens made about their attempts at suicide. Savin-Williams own surveys sought a more representative group of teens. He focused on 349 students, ages 17 to 25. When these students told him they had tried to kill themselves, he asked them what method they had used. Savin-Williams discovered that over half of these reported suicide attempts turned out to be "thinking about it" rather than attempting it. A survey of 266 college men and women found that teens who think they are homosexuals were not much more likely to have attempted suicide than heterosexual students. Homosexual students were more likely to have reported "attempts," but these turned out to be "thinking" about suicide rather than actually doing it. Savin-Williams believes that pro-gay adults have done a disservice to homosexual teens by creating a "suffering, suicidal, tragic" script for them that often leads these troubled teens to report attempted suicides when these events did not occur. Also, gay themselves do a disservice to homosexual teens when they "paint them with one rather narrow negative brush stroke." Skewed statistics unfairly "pathologize gay youth, and that's not fair to them."

Pro-homosexual organizations, such as *Parents, Families and Friends of Lesbians and Gays* (PFLAG), are using Gibson's and other studies, and ones on violence against homosexual teens, to pressure for changes in the school system according to their own recommendations. "Safe school" policies can become an opportunity to establish clubs and develop curriculum that will indoctrinate student populations toward pro-homosexual attitudes and advocacy. Once sexual orientation is established as an issue of safety rather than of sexual behavior, activists can demand the entire fabric of public instruction be modified to promote, validate, and even celebrate risky sexual practices and immoral lifestyles. It is true that schools must be safe for every child, without differentiation. But schools already have policies prohibiting harassment of any kind. Many children suffer similar types of harassment purportedly directed exclusively at homosexual students, including children who are overweight, undersized, timid, odd looking, or who belong to ethnic minorities. Anti-harassment policies should cover all students, in all circumstances, equally, and not provide special protection for specific groups.

That any teenager experiences so much pain that he takes his life is a tragedy, regardless of the reason. But it's not fair to lay the responsibility for homosexual suicides, the few that there are, on those who think homosexual activity is both wrong and harmful behavior.

We have addressed teenage suicide. What of adult homosexuals? Do they have a higher suicide rate? The *Archives of General Psychiatry* published two studies on the relationship between suicide and homosexuality and commentaries on them ("Sexual Orientation and Suicidality," Oct. 1999, Vol. 56). A co-twin study found that men with same-sex partners (1.8% of the study group) were 6.5 times as likely as their co-twins to have attempted suicide. The higher rate was not explained by mental health or substance abuse disorders (Herrell, Goldberg, True, Ramakrishnan, Lyons, Eisen and Tsuang, "A Co-twin Control Study in Adult Men"). The second article reported on a New Zealand birth cohort study, which followed 1007 individuals since birth. The study found that, at age 21, the 20 classified as gay, lesbian or bisexual and the 8 who had had some same-sex experience after age 16 (2.8% of the study group) were significantly more likely to have had mental health problems than the 979 classed as heterosexual (Fergusson, Horwood, and Beautrais, "Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?").

These studies will receive different interpretations based on opposing viewpoints. At one end some groups will say these results confirm homosexuality as a mental disorder and the gay lifestyle as self-destructive. Others will take the opposite view saying that they prove anti-homosexual prejudice in our society is driving many to despair. What is certain is that, for what ever reason and contrary to the claims made by gay activists, homosexually active persons as a group are not as psychological healthy as the general population.

THE LAW

I. Homosexual Rights

Canadian, American and International law in theory seek to recognize and safeguard the equal rights of every individual as a human being. In respect to this understanding of equality, state laws should guarantee and protect human rights – the right to life, to freedom of speech, to an education, to free assembly, to religion, etc. These rights are not given to us by the state but intrinsic to our human nature. The state merely recognizes and facilitates these rights. This is the purpose of state law.

While every human being as a human being is to be treated as equal before the law that does not mean every human action is to be treated equally. Some actions are honourable (e.g. acts of fidelity, honesty, diligence) and others are reprehensible (e.g. acts of infidelity, deceit, slothfulness). The law must distinguish between the two. For reasons of competence and prudence the law may not always punish that which is reprehensible but neither should it reward it.

The law also distinguishes between *rights* and *privileges*. One has a right to freedom of movement but a driver's license is a privilege. Children, for example, do not have the privilege of driving, not because they are unequal or of lesser dignity before the law, but because they lack the maturity necessary for safe driving.

Gay rights activists have likened their cause to that of the blacks civil rights movement of the 1950-70s. This is incorrect. Blacks were being discriminated against based on their skin colour. Homosexual actions are being discriminated against based on the nature of the action itself. As persons homosexuals are equal in nature and the law protects them as such. But just laws cannot condone reprehensible actions nor grant them the privilege of doing sexually whatever they desire. This is because certain kinds of actions by citizens are detrimental to the common good. Activists are seeking by way of the law unrestricted sexual freedom with all the rights and benefits attached to their lifestyle as are to heterosexuals and as were formerly privileged to marriage. But treating marriage differently than homosexual partnerships is not a violation of a homosexual's human rights. It is based on the distinctive nature and purpose of marriage in the perpetuation and stability of society.

II. Hate, Violence and Discrimination

Gay advocates often try to eliminate all criticism or negative social effects of their activity by playing the role of victim of hatred and discrimination. This appeals to our sentiments of compassion and justice and to the instinct to protect the weak instead of convincing by way of argument and rational proof. Such a mindset can make matter-of-fact conversation on the issue almost impossible. While real hatred and unnecessary forms of discrimination can and do exist against homosexual persons, all disagreements or types of restrictions are not *ipso facto* forms of it.

Columnist Janet Parshall observes that "adding sexual orientation to the list of federally protected civil rights is problematic because for the first time, an individual's sexual behavior will become a federally protected right. If individual sexual behavior is a federally protected civil right, the logical conclusion is that those who object to certain behaviors based on moral, religious, or personal beliefs could be prevented from freely exercising their faith and beliefs."

A bill appeared before the U.S. Congress in 1988 that mandated the collection of data on crimes based on race, religion, ethnicity and homosexuality. It quickly revealed the problem inherent in

“hate” laws. What was defined as “hate” or a crime inspired by hate became vague, subjective, and misleading. For example, a *Washington Post* story listed 232 “attacks” against homosexuals in the D.C. area alone. Closer examination of the figures indicated that 144 of these “attacks” were verbal. And verbal “attacks” could include anything, including a rude remark made in response to a gay prostitute’s proposition. Further the bill shifted the focus of crime from the most important and clear aspect to something less important and more unclear --- from *behaviour* to motivation. This de-emphasizes the nature of the actual crime and emphasizes instead the intent.

In the U.S. during the year 2000, only two out of 15,517 murders were listed as motivated by hatred toward homosexuals. The federal government’s statistics confirm that anti-homosexual crime is rare. The total number of crimes in the U.S. in 2000 was 11.6 million. Roughly eight thousandths (0.008) of that number were officially classified as hate crimes of any type.

Ironically the greatest threat of violence to a homosexual may come from another homosexual. The book *Men Who Beat the Men Who Love Them* (1991), by David Island and Patrick Letellier, reported that “the incidence of domestic violence among gay men is nearly double that in the heterosexual population.” A study in the *Journal of Interpersonal Violence* found that 90 percent of the lesbians surveyed were the victims of “verbal aggression” from their intimate partners during the year prior to the study, with 31 percent reporting one or more incidents of physical abuse.

A 1997 report by the National Coalition of Anti-Violence Programs indicates that of 3,327 domestic violence cases self-reported among homosexuals in 12 U.S. cities. This statistic dwarfed the FBI’s number of anti-gay violent crimes for the same year. About half the domestic violence involved lesbian, bisexual and “transgender” women. “The fact is, gay men and lesbians are more likely to be injured by an intimate partner than a stranger,” said Susan Holt, program coordinator for domestic violence services at the Los Angeles Gay and Lesbian Center. Holt said that studies suggest that between 25% to 33% of all homosexual male and female relationships involve abuse (Rhonda Smith, “Lesbians affected by domestic violence, reports says,” *The Washington Blade*, 16 October 1998).

This issue is not commonly reported in the press but homosexual groups are well aware of it. “Homosexual Domestic violence is the third largest health problem facing the gay and lesbian community today,” said Holt. “It trails only behind AIDS and substance abuse . . . in terms of sheer lethality.”

In a rare media account, the *Washington Post* noted, “Many of the crimes which concern anti-violence activists are in fact gay-on-gay crimes . . . into this category fall many ‘pickup murders,’ so called because they are committed by troubled men who pick up strangers in bars, go home with them for sex, and then rob and kill them.”

A 1970 study in San Francisco found that 9% of male heterosexuals and 24% of homosexuals, 2% of female heterosexuals and 11% of lesbians reported having been homosexually raped (Bell, *et. al.*, *Sexual Preference: Statical Appendix Bloomington*, 1981). Approximately one out of ten homicides in San Francisco is the result of sadomasochistic sex among homosexuals (“Coroner Battles Sado-masochistic Injuries,” *Associated Press*, March 12, 1981).

How about the case of discrimination? The Congregation of Doctrine and Faith’s “Letter to Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons” noted that laws that propose to include “homosexual orientation” among the considerations on the basis of which it is illegal to discriminate can easily slip into regarding homosexuality as a positive source of rights. For example, in preferential hiring. But there is no “right” to homosexuality that could form the basis of judicial claims. Establishing homosexuality as a factor on which basis it is illegal to discriminate can easily lead to the legislative protection and promotion of homosexuality. A homosexual’s right not to be discriminated against would be defended precisely via the affirmation of the homosexual condition instead of in terms of violation of a basic human right.

Are gays an 'oppressed' minority fighting for liberation? That some have suffered physical or psychological abuse from others because of their inclination is tragically true. But one may address the abuse without trying to normalize the behaviour.

To judge whether homosexuals are an oppressed minority one must have an objective criteria. There are signposts of real oppression. Let's evaluate the way homosexuals are socially treated to discover if they fulfil the criteria:

1. Are they subject to direct legal discrimination? No and Yes. No, in that as human beings they have the same basic human rights as all others (under the same conditions). Yes, in that homosexual acts may receive no legal support (e.g. same-sex unions not being legally recognized) and can in fact be censured (e.g. prohibiting gay magazines). While the law may not discriminate against persons as persons it can and must discriminate between acceptable and unacceptable behaviour (e.g. between acquisition of property by legitimate purchase and acquisition by thievery). This includes sexual behaviour (e.g. exhibitionism, pedophilia, incest, rape, fornication, adultery and homosexual acts).
2. Are homosexuals denied the right to vote? No.
3. Are they denied the opportunity for an education? No. In fact homosexuals are often highly educated. A nationwide marketing survey reported in the *Wall Street Journal* showed that 60% of homosexual Americans were college graduates (as opposed to 5% of black Americans; 18% was the national average).
4. Are they economically impoverished because of their difference? No, there is no evidence of economic disadvantage. In fact the *same Wall Street Journal* report found 49% worked in management positions and had an average household income of \$55,430 (as opposed to 5% of black Americans holding management positions and with an average household income of only \$12,166; the national average was 16% of Americans in management positions and an income of \$32,286).
5. Are they subject to human rights violations without recourse? No, if assaulted they can lay charges like anyone else.

Justified Discrimination

One may reason that if homosexuality is an objectively and intrinsically disordered condition, then a known homosexual should be disqualified from holding certain positions (e.g. Boy Scout leader, teacher, priest) where vulnerable persons could be put at risk or trusted organizations seriously compromised. While this may seem harsh it is actually commonsensical. One does not knowingly hire an alcoholic to be a bartender, a rake to be a chaperone, or a compulsive spender to administer finances. Discrimination based on such prudential judgements is not necessarily unjust. While any number of homosexuals could actually prove trustworthy in such positions, no one has the gift of foreknowledge and so when in doubt prudence dictates one should err on the side of caution. To give a more obvious example, not all persons with pedophilic tendencies are actually molesting children. But would one risk hiring an adult with pedophilic inclinations --- under the rationale that you have no evidence he has or ever will act out on them --- to work in a daycare, nursery or elementary school? No. The reason being that pedophilia is an intrinsically disordered condition and a person suffering from this condition, even if presently chaste, simply poses too great of a risk to be hired.

The basis of such discrimination is not skin color or religious belief or ethnicity. It is based on a sexual disorder and the potential conduct that flows from it. The failure to properly discriminate in this regard has cost the Catholic Church dearly. The recent "pedophile priest" scandal has been a cause of public shame, lost credibility, economic hardship, weakened faith, and damaged lives.

What went largely unaddressed in the media debate over this issue was the reality that over 95% of the reported cases in the United States involved priests who had engaged in homosexual acts with adolescent boys (clinically this is called ephebophilia not pedophilia). Many bishops and their advisors had allowed known homosexuals to be ordained or to work in parish ministry believing the risks were no different or greater for them than for their heterosexual confreres. In any number of cases this was true. But the Church is now suffering the consequences of the cases where it was not true (and where there was a dereliction of duty on the part of some hierarchy to properly respond to the problem once known).

Leslie Carbone, a former director of family tax policy at the Family Research Council, wrote a column in *National Review* entitled "Hypocrites on Homosexuality" (June 19, 2002). In it she says that "after years of haranguing the Boy Scouts of America for refusing to place young boys in danger of sexual abuse, the liberal intelligentsia is now condemning the Catholic Church leadership for doing exactly that." The Boy Scouts of America are under intense political and legal pressure to lift their ban on homosexual scoutmasters. Yet even with the ban in place, reports Dr. Charles Socarides in his book *Homosexuality, A Freedom Too Far*, the BSA has still had to dismiss some 1,800 scoutmasters for sexual molestation over the period 1971-1991.

In 1992 the Vatican issued a document entitled, "Concerning Legislative Proposals and the Non-Discrimination of Homosexual Persons." In it the Congregation of the Doctrine of the Faith states that "there are areas in which it is not unjust discrimination to take sexual orientation into account, for example, in the placement of children for adoption or foster care, in employment of teachers or athletic coaches, and in military recruitment." It further notes that "an individual's sexual orientation is generally not known to others unless he publicly identifies himself as having this orientation or unless some overt behavior manifests it. As a rule, the majority of homosexually oriented persons who seek to lead chaste lives do not publicize their sexual orientation. Hence the problem of discrimination in terms of employment, housing, etc., does not usually arise." However, "homosexual persons who assert their homosexuality tend to be precisely those who judge homosexual behavior or lifestyle to be 'either completely harmless, if not an entirely good thing,' and hence worthy of public approval. It is from this quarter that one is more likely to find those who...use the tactic of protesting that 'any and all criticism of or reservations about homosexual people... are simply diverse forms of unjust discrimination.'"

II. Same-Sex "Marriage"

Is it unjust discrimination to deny homosexuals the right to marry? No. Marriage by its nature is the conjugal union of a man and a woman, instituted for the propagation of life and for the education of children. The state recognizes the nature and value of marriage and so grants benefits and protection to it. If society deviates from the standard of marriage as a child-based institution, it is opening itself up to recognizing any type of sexual partnership as a kind of marriage. If homosexual partnerships are treated as marriage then what is to prevent bigamists, polygamists, or other polymorphic sexual relationships (e.g. incestuous) from being treated the same?

Homosexuals are afforded exactly the same right as heterosexuals in regards to marriage --- they can marry one person of the opposite sex. Homosexuals enjoy full citizenship rights. They have the civil right to vote, own or transfer property, name life insurance beneficiaries, grant medical power of attorney, etc.

Common sense tells us that calling same-sex unions "marriages" is unreasonable and disingenuous, for one is intentionally appropriating a term that has always and only connoted heterosexual unions.

To claim same-sex unions are marriages is unreasonable from a biological point of view. Men and women together are normally able to conceive and rear children without the intervention of

third parties. Homosexual couples never are. And openness to the procreation of children is an integral part of marriage. The possibility of using recently invented, but morally questionable, methods of artificial reproduction do not alter the intrinsic procreative deficiency of same-sex unions in this regard.

From a societal standpoint recognising same-sex unions as marriages is not wise. The institution of marriage exists to secure the union of a man and woman. And this is not just for the man and woman's own sake but also for the sake of any children born from their union. Children need a stable environment in which to grow up. Uniting a man and woman in a permanent bond encourages spouses to mutually assist each other and care for their children. But marriage and raising a family are hard work. Because of this reality marriage needs to be socially encouraged. If marriage's privileged status and benefits are not protected then many men and women will be prone to enter types of unions that are less demanding and thus less stable (i.e. serial sexual relationships and cohabitation). This has detrimental effects on children and on society. We are already witnessing the huge personal and social cost of such a movement. In giving the same recognition and benefits to same-sex unions we would be severely undermining what remains of the marriage's status, normative value and stability.

The legal recognition of same-sex unions is also unreasonable from an anthropological viewpoint. By definition such couples lack the natural sexual complementarity that exists between a man and woman. Psychologists, anthropologist, and even neurologists are becoming increasingly aware that men and women are innately different in more ways than previously thought. Yet the differences of one sex complement the other --- not just physically, but intellectually, emotionally and psychologically. This complementarity can be very beneficial to the couple but is also generally held to be a significant factor in the proper development of children's personalities. And the wellbeing of children is important both for their own sake and for the sake of the society as a whole, for children represent its future.

Society owes its continued survival to the family, founded on marriage. Therefore, in maintaining the universal and traditional definition of marriage one is not unjustly discriminating against homosexual unions. One is simply denying the social and legal status of "marriage" to forms of cohabitation that are, by their very nature, not marital. Common sense and justice requires that such a distinction to be made.

Homosexual Unions and Monogamy

In 1994 *The Advocate* reported that although 71% of homosexual men claimed that they prefer long-term "monogamous" relationships, only 33% lived with a partner, 11% had a "primary male partner," and only 8% were dating one particular person, while 87% involved in multiple dating. (Janet Lever, "The 1994 Advocate Survey of Sexuality and Relationships: The Men," *The Advocate*, August, 1994.

A 1981 study found, in fact, that only 2% of homosexuals could be classified as monogamous or even "semi-monogamous" (generously defined as having ten or fewer lifetime sexual partners) (Bell, Weinberg, Hammersmith, *Sexual Preference*, 1981).

Even in the few that exist "gay" male monogamous relationships are rarely faithful. "Monogamy" is generally reinterpreted by homosexuals to imply some primary emotional commitment, while casual sex continues on the side (Connell, Crawford, Dowsett, Kippax, Sinnott, Rodden, Berg, Baxter, Waston, "Danger and context: unsafe anal sexual practice among homosexual and bisexual men in the AIDS crisis," *Australian and New Zealand Journal of Sociology*, 1990).

In fact the reality is most homosexual unions simply do not last. A recent study of Dutch homosexual men found that the average homosexual relationship lasts only 1-½ years. In the United States the Institute for the Scientific Investigation of Sexuality said "studies indicate that 'monogamy' for homosexuals lasts from between 9 to 60 months ("The Psychology of

Homosexuality," 1984). By comparison, more than two-thirds of heterosexual marriages in America (which has the world's highest divorce rate) last longer than ten years.

Dr. Maria Xiridou, of the Amsterdam Municipal Health Service, conducted the survey, which was published in the May, 2003 edition of the *AIDS Journal*. Not only did her research indicate the failed longevity of homosexual relationships, it showed that rampant promiscuity that exists in homosexual unions. Dr. Xiridou's research found that "men in homosexual relationships, on average, have eight partners a year outside those relationships."

Studies in the United States also confirmed that the gay community has difficulty with monogamy. In 1984, authors David P. McWhirter and Andrew M. Mattison (themselves a homosexual couple at the time) surveyed 156 gay males who were involved in homosexual relationships that had lasted between one and thirty-seven years. Only 7 partners had actually maintained sexual fidelity and none of these had been together five years. Every single couple that had been together more than five years had incorporated a provision for outside sexual activity. "Fidelity is not defined in terms of sexual behavior, but rather by their emotional commitment to each other," the authors wrote. Two homosexual market researchers even admit that the gay male "cheating ratio" approaches 100 % (Kirk and Madsen, in their 1989 book *After the Ball*).

An upscale homosexual men's magazine, *Genre*, surveyed 1037 readers in October of 1996. Here are some of the results: "One of the single largest groups in the gay community still experiencing an increase of HIV are supposedly monogamous couples." 52% have had sex in a public park. 45% have participated in three-way sex. 42% have had sex with more than 100 different partners and 16% claim between 40 to 100 partners. (Peter LaBarbera, "Survey finds 40% of gay men have had more than 40 sex partners" (*The Lambda Report*, January-February 1998).

Dr. Martin Dannecker, a German sexologist and homosexual, studied 900 homosexuals in 1991 living in "steady relationships." Fully 83% of males had numerous sexual encounters outside their partnerships over the one-year period. Dr. Dannecker observed "clear differences in the manner of sexual gratification" between single and non-single gay men that were the reverse of what he expected. Of the homosexual men in steady relationships, he wrote, "the average number of homosexual contacts per person was 115 in the past year." In contrast, single gay men had only 45 sexual contacts" (Carmen Wittmeier, "Now they know the other half," *Alberta Report*, 1999).

Respected homosexual authors, Marshall Kirk and Hunter Madsen, said of male homosexual behaviour: "Gay men aren't very good at having and holding lovers...(because) gay men tire of their partners (sexually) more rapidly than straight men." According to them the average homosexual male first "seeks (sexual) novelty in partners, rather than practices, and becomes massively promiscuous; (but) eventually, all bodies become boring, and only new practices will thrill." The cheating ratio of 'married' [committed] gay males, given enough time, approaches 100%" (Kirk and Madsen, *After the Ball*, 1989).

Homosexual males have anything but loving, monogamous long-term relationships. In fact the more society affirms their behavior, the worst it gets.

Gay advocacy groups contend that their relationships are the equivalent of marriage between a man and woman. More and more they demand that society dignify, approve and support their partnerships by giving them legal and financial status as "marriages." They further argue that homosexuals should be allowed to become foster parents or adopt children. Yet, as we have seen, substantial scientific evidence exists that indicates the normalization of homosexual partnerships would do harm to society in general and to homosexuals in particular. A large body of evidence suggests that homosexual marriage is a defective counterfeit of traditional marriage. That it also poses a clear and present danger to the health of the community. Traditional marriage has been shown to improve the health of its participants, has the lowest rate of domestic violence, prolongs life, and is the best context in which to raise children. The homosexual lifestyle, even in its "domestic" form, undermines its participants' health, has the

highest rate of domestic violence, shortens life, and is a poor environment in which to raise children.

III. Child Adoption

It is routinely asserted in courts, journals and the media that it makes "no difference" whether a child has a mother and a father, two fathers, or two mothers. Reference is often made to social-scientific studies that are claimed to have "demonstrated" this. An objective analysis, however, demonstrates that there is no basis for this assertion.

Robert Lerner and Althea Nagai, professionals in the field of quantitative analysis, evaluated 49 empirical studies on same-sex (or homosexual) parenting. The evaluation looks at how each study carries out six key research tasks: (1) formulating a hypothesis and research design; (2) controlling for unrelated effects; (3) measuring concepts (bias, reliability and validity); (4) sampling; (5) statistical testing; and (6) addressing the problem of false negatives (statistical power).

Some major problems uncovered in the studies include the following:

- Unclear hypotheses and research designs
- Missing or inadequate comparison groups
- Self-constructed, unreliable and invalid measurements
- Non-random samples, including participants who recruit other participants
- Samples too small to yield meaningful results
- Missing or inadequate statistical analysis

Lerner and Nagai found at least one fatal research flaw in all forty-nine studies. As a result, they conclude that no generalizations can reliably be made based on any of these studies. For these reasons the studies are no basis for good science or good public policy.

"Referenced as both supporting and weakening the case for parenting by homosexuals, 57 life-story narratives of children with homosexual parents published by Rafkin in 1990 and Saffron in 1996 were subjected to content analysis. Children mentioned one or more problems/concerns in 48 (92%) of 52 families. Of the 213 scored problems, 201 (94%) were attributed to the homosexual parent(s). Older daughters in at least 8 (27%) of 30 families and older sons in at least 2 (20%) of 10 families described themselves as homosexual or bisexual. These findings are inconsistent with propositions that children of homosexuals do not differ appreciably from those who live with married parents or that children of homosexuals are not more apt to engage in homosexuality" (Paul Cameron, *Children Of Homosexual Parents Report Difficult Childhoods*, 2001).

The adoption of children by homosexual partners, from an anthropological point of view, has the unavoidable consequence of the absence of either the male or the female parental role. It deprives children the first-hand experience of two of the most important relationships required for social development: husband/wife and mother/father. The complementarity of male and female parents in an intact family is of fundamental importance. For each parent serves as a role model for the child, who is thus educated in the significance of both of these fundamental dimensions of

human nature --- male and female --- and also in the manner in which each should relate to the other through love.

In a homosexual relationship, however, either the male or the female role model is missing. This is already a deficiency. Yet there is another problem: For same-sex partners, it is not simply that one of these dimensions is missing: The importance of complementarity is in practice denied. A widower can admit that it would be better for the children if the deceased spouse, the female parent, were present. Two men cannot admit, however, without contradicting the premise of their lifestyle that it would be better if a member of the opposite sex replaced one of them. Arguing in favour of such adoptions by contrasting "loving" same-sex partners with "unloving" heterosexual parents, as some are inclined to do, is unfair. It opposes a positive image of one with a negative image of the other. It also fails to address the real question: Are a male and a female parent normally more beneficial to a child?

When one considers as well the negative health and social consequences of homosexual behavior, adoption of children by homosexuals cannot be considered in the best interest of the child. Allowing homosexual partners to adopt seems to ignore the statistics on the high mortality rate from HIV/AIDS, high rate of alcohol and drug abuse, as well as the instability and frequently violent nature of homosexual relationships. Adoption law should, first and foremost, protect the best interest of children and should not be changed. Social science research indicates that children do best in traditional family settings.

The *Los Angeles Times* conducted a survey in 1985 of 2,628 adults across the U.S. Of those, 27% of the women and 16% of the men had been sexually molested. Adults of the same sex had molested Seven percent of the girls and 93% of the men. This means that 40% of child molestations were by homosexuals. (*Los Angeles Times*, August 25-6, 1985).

Child Abuse

Psychologists used to classify homosexuality as a pathology. One of several factors pointing to the pathological nature of this condition is the fact that it appears to be linked to childhood abuse that can damage normal sexual development. Jeffrey Satinover, M.D., in *Homosexuality and the Politics of Truth* (1996) notes that homosexuals as a group have been victims of a disproportionately high level of sexual abuse in childhood. And as adults, homosexuals often experience severe distress and emotional trauma. It seems likely that at least some of the distress associated with homosexuality is linked to childhood trauma. Here is a quote from a recent study illustrating the high level of childhood abuse among homosexuals:

1,001 adult homosexual and bisexual men attending sexually transmitted disease clinics were interviewed regarding potentially abusive sexual contacts during childhood and adolescence. Thirty-seven percent of participants reported they had been encouraged or forced to have sexual contact before age 19 with an older or more powerful partner; 94 percent occurred with men. Median age of the participant at first contact was 10; median age difference between partners was 11 years. Fifty-one percent involved use of force; 33 percent involved anal sex. (L.S. Doll et al., "Self-Reported Childhood and Adolescent Sexual Abuse Among Adult Homosexual/Bisexual Men," *Child Abuse and Neglect*, Vol. 16, No. 6 (1992), pp. 855-864)

It is well known that those who are abused as children are more likely to suffer from problems regarding the treatment of children when they mature. Many times the perpetrator was a victim as child. This may account for the troubling statistics about child abuse perpetrated by homosexual men. Though most homosexual men are not child abusers, published data from multiple studies show a much higher rate of child abuse among homosexual men than among heterosexual men. (see "Homosexuality and Child Sexual Abuse" by Timothy J. Dailey, Ph.D).

A study which supposedly appeared in *Adolescence* [which I have not been able to confirm] claimed "29% of the adult children of homosexual parents had been specifically subjected to sexual molestation by that homosexual parent, compared to only 0.6% of adult children of heterosexual parents. ... Having a homosexual parent(s) appears to increase the risk of incest with a parent by a factor of about 50." A 1988 study of homosexual adolescents revealed that 22% of those sampled reported sexual abuse. They note that many of the male adolescents were abused and/or raped in the home, usually by an uncle or older brother, but sometimes by the father. Most blame themselves or are blamed by others because of their preference for male sexual partners (Martin and Hetrick, "The stigmatization of the Gay and Lesbian adolescent," *Journal of Homosexuality*, 1988).

IV) Pedophilia/Ephebophilia

One must always remember that being homosexual does not automatically make one a child molester. Yet it is a fact, one not readily admitted by the gay community or broached by the media or politicians, that male homosexuals are disproportionately represented among molesters of young boys or male teen-agers. In the male gay community there is a seeming fascination with "Man-Boy love" as evidenced in magazines and literature. Lesbians are far less likely to sexually molest a child.

While obviously not all homosexuals are sexually interested in children or adolescents, nonetheless there is a disturbingly high incident of sexual abuse of these groups by homosexual men. Homosexuals account for 30-40% of all molestation's of minors in any given year in the United States. This would mean that members of a group that represent only 1% - 3% of the general population are responsible for over 1/3 of sexual crimes against minors (Freund and Watson, "The Proportions of Heterosexual and Homosexual Pedophiles among Sex Offenders against Children," *The Journal of Sex and Marital Therapy*, 1992).

Even back in 1948 a sex survey claimed that 28% of homosexual men and 1% of lesbians admitted to sexual relations with children under 16 while they themselves were adults (Gebhard and Johnson, " *The Kinsey Data: Marginal Tabulations of the 1938-1963 Interviews Conducted by the Institute for Sex Research*," 1979). While one may be justified in doubting the early Kinsey reports, confirmation of it is shown in a later 1970 Kinsey Institute interview of 565 white gays in San Francisco. Twenty five percent of them admitted to having had sex with boys aged 16 or younger while they themselves were at least 21 (Bell and Weinberg, *Homosexualities: A Study of Diversity Among Men and Women*, 1978).

Several studies reveal that while maybe 2% of the male adults are homosexual approximately 35% of pedophiles are homosexual. The first study done out of Toronto reviewed two sizeable studies and calculated that 34% and 32% of the offenders against children were homosexual. In the cases personally handled by the doctors, homosexuals accounted for 36% of their 457 pedophiles. In the other study, a review of scientific and professional literature in 1985, the study concluded that homosexual acts were involved in 25% to 40% of the cases of child molestation (Freund, *et al.* "Pedophilia and heterosexuality vs. homosexuality," *Journal of Sex and Marital Therapy*, Fall, 1984; also Cameron, "Homosexual molestation of children: Sexual interaction of teacher and pupil," *Psychological Reports*, 1985).

The *Los Angeles Times* surveyed 2,628 adults across the U.S. in 1985. Twenty seven percent of the women and 16% of the men claimed to have been sexually molested. Since 7% of the molestations of girls and 93% of the molestations of boys were by adults of the same sex, about 4 in 10 molestations in this survey were homosexual. (*Los Angeles Times*, August 25 & 26, 1985).

A report on male child molesters found that heterosexual men who molested girls outside their family averaged 19.8 victims each; those who were homosexual and molested boys averaged 150.2 victims each (Eugene Abel, *et al*, "Self-reported sex crimes on no incarcerated paraphiliacs," *Journal of Interpersonal Violence* 1987). The report found that homosexuals "sexually molest young boys with an incidence that is occurring from five times greater than the molestation of girls...."

In 1972 the "Gay Rights Platform" was released. Activists in Chicago, representing the fledgling homosexual movement, demanded the "repeal of all state laws prohibiting private sexual acts involving consenting persons," and the "repeal of all laws governing the age of sexual consent." In 1990 the largest Dutch gay organization (the COC) achieved a significant victory: lowering of the age of consent for homosexual sex in Holland to 12 (unless the parents object, in which case it goes up to 15). Homosexual groups in England recently lobbied and were successful in changing the legal age of consent from 18 to 16. Similarly the International Gay and Lesbian Association and the International Gay and Lesbian Human Rights Commission have been involved in the successful lowering of the age of consent in Costa Rica to 15, Colombia and Paraguay to 14, and in Argentina to 12. In the early '90s, homosexual activists fought and won the repeal of Canada's age of consent law for homosexual sex, lowering it from 16 to 14 years of age.

The North American Man Boy Love Association (NAMBLA) lobbies in the United States for the elimination of age-of-consent laws. Public criticism of NAMBLA's platform from within the gay movement is virtually non-existent. NAMBLA's web page at one time cited a German study of 8,000 reported victims of sex offenses (Baurmann, *Sexuality, Violence, and Psychological After-Effects: A Longitudinal Study of Cases of Sexual Assault Which Were Reported to the Police*, 1988), which NAMBLA used to conclude: "None of the boys experienced force or coercion, and no negative outcomes were observed for any of the boys" ("What Can Science Tell Us about Man/Boy Love?" www.nambla.org/benefit.htm). They have since taken it off-line.

Conclusion

In the past there was a great deal of ignorance about homosexuality and a stigma attached to those suffering from the condition. This was tragic if not unavoidable in a society that wished to protect and promote a particular vision of sexual morality and family life. But the hold of this vision, along with the whole set of traditional beliefs and institutions with which it was aligned, became increasingly tenuous in the prosperous and sophisticated West as the 20th century progressed. A new philosophy based on secularism, relativism, personal autonomy, consumerism, and sexual libertinism arose in its stead. Along with a myriad of other social changes this revolution brought with it an increased acceptance and even promotion of homosexuality. It was the logical outcome of the mainstreaming of previously marginalized or ostracized groups while the remnants of Christian culture were being dismantled. The inner meaning and nature of man was also cut from its metaphysical moorings and floated into the waters of utilitarianism and subjectivism. This was most immediately evident in the realm of sexuality. It first normalized divorce, contraception, promiscuity, cohabitation, salaciousness and pornography. Now we are witnessing the final stages of the normalization of homosexuality. Behind it, waiting their turn, are the polymorphic sexual practices of remaining groups. Superficially this new situation may appear like freedom for the homosexual, as for the others. But if it is built on lies and illusions about what is truly good, the nature of human sexuality and the homosexual's own condition, then ultimately it will disappoint and do injury. When this occurs then maybe the power of the Church's message of love, forgiveness, transformation and hope in Christ can once again compel.

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The Catholic Legate

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