

germanvictims.com - Rev. Pike: "...You can go to Portland at any night, especially on the weekends, and you see little boys standing around. And the hard-core sodomites calling themselves "chicken hawks" say they are going after the "chickens." ...what the media hides from the public is that a large percentage of pedophiles are homosexuals who pry on children - [this part is purposely hidden from the public...!"]

By admin

Our children have a natural instinct against perverted behavior. They, rightfully so, make grimaces, put it down, get into fights, talk against it and run away. But now they are punished for their natural reaction in the schools and are forced to look at this perversion as something normal and an alternative life style. When a homosexual "chicken hawk" approaches them, they are supposed to be docile and nice to the man until the man traps him or even kidnaps him. Some children are so messed up over homosexuality force fed to them that they are pre-occupied with day in and day out as they cannot fully process this perversity. Those who glorify homosexuality [in the movies and TV shows and books] are in the process of totally destroying the fabric of our society, and they will continue to drive things to the top, so that we will have nothing more of value to hold on to. We will be empty blobs they can continue to inject with their degraded values. Like greed, there is no end to perversion.

IT MUST BE STOPPED!

[HOMOSEXUALITY UNDER HITLER](#)

Exposing the brutal facts and great danger for what it is.

Oct. 16, 2013 - I was listening to Rev. Ted Pike, and when he spoke about how the homosexuals solicit young boys in Portland, I was motivated to post this. I used to live in S.F. and heard a lot about the homosexual district, and I am remembering again that I had read articles about the brutality of homosexuality. Now they are called gay (happy) to hide the truth that many of them are extremely miserable and violent and sick.

<http://www.biblebelievers.com/Cameron2.html>

1 of 3) MEDICAL CONSEQUENCES OF WHAT HOMOSEXUALS DO

By Paul Cameron, Ph.D.

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Throughout history, all civilizations had all major religions have condemned homosexuality.¹ In the American colonies, homosexual acts were a capital offense. Thomas Jefferson said that homosexuality "should be punished, if a man, by castration, if a woman, by cutting through the cartilage of her nose a hole of one-half inch in diameter as least."² Until 1961 homosexual acts were illegal throughout America.

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

What Homosexuals Do

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

Homosexual Activities (in %)

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

ORAL SEX

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

RECTAL SEX

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

Rectal sex is dangerous. During rectal intercourse the rectum becomes a mixing bowl for 1) saliva and its germs and/or an artificial lubricant, 2) the recipient's own feces, 3) whatever germs, infections or substances the penis has on it, and 4) the seminal fluid of the inserter. Since sperm readily penetrate the rectal wall (which is only one cell thick) causing immunologic damage, and tearing or bruising of the anal wall is very common during anal/penile sex, these substances gain almost direct access to the blood stream. Unlike heterosexual intercourse (in which sperm cannot penetrate the multilayered vagina and no feces are present),⁷ rectal intercourse is probably the most sexually efficient way to spread hepatitis B, HIV syphilis and a host of other blood-borne diseases.

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

FECAL SEX

About 80% of gays (see Table) admit to licking and/or inserting their tongues into the anus of partners and thus ingesting medically significant amounts of feces. Those who eat or wallow in it are probably at even greater risk. In the diary study,⁵ 70% of the gays had engaged in this activity--half regularly over 6 months. Result? --the "annual

incidence of hepatitis A in...homosexual men was 22 percent, whereas no heterosexual men acquired hepatitis A." In 1992,²⁶ it was noted that the proportion of London gays engaging in oral/anal sex had not declined since 1984.

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

URINE SEX

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

OTHER GAY SEX PRACTICES

SADOMASOCHISM

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

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

Medical Consequences of Homosexual Sex

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

fellated 108 men and swallowed semen from 48;

exchanged saliva with 96;

experienced 68 penile penetrations of the anus; and

ingested fecal material from 19.

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

Effects on the Lifespan

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

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

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

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

age distribution of samples of homosexuals in the scientific literature from 1989 to 1992 suggests a similarly shortened life-span.

The Gay Legacy

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

The Biological Swapmeet

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

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

The Pattern of Infection

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

Genuine Compassion

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

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

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2 of 3) SAME SEX MARRIAGE:

Til Death Do Us Part?

By Dr. Paul Cameron

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

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

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

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

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

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

The Facts About Homosexual Marriage

Fact #1: Homosexual marriages are short lived.

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

In a study⁽¹⁾ of 2,000 U.S. and European gays in the 1960s, researchers found that "living by oneself is probably the chief residential pattern for male homosexuals. It provides the freedom to pursue whatever style of homosexual life one chooses, whether it be furtive encounters in parks or immersion in the homosexual subculture. In addition, homosexual relationships are fragile enough to make this residential pattern common whether deliberate or not."

A 1970 study in San Francisco(2) found that approximately 61% of gays and 37% of lesbians were living alone.

In 1977, the Spada Report(3) noted that only 8% of the gays in its sample claimed to have a monogamous relationship with a live-in lover.

The same year(4) over 5,000 gays and lesbians were asked: "Do you consider or have you considered yourself 'married' to another [homosexual]?" Only 40% of lesbians and 25% of gays said "yes." The authors noted that with "gay male couples, it is hard to even suggest that there are norms of behavior. [One] might expect to find a clear pattern of 'categories' emerging from the answers to the questions about lovers, boy friends, and relationships. In fact, no such pattern emerged."

In the early 1980s, a large non-random sample(5) of almost 8,000 heterosexual and homosexual couples responded to advertisements in alternative newspapers. The average number of years together was 9.8 for the married, 1.7, for cohabiting heterosexuals, 3.5 for the gay couples, and 2.2 for the lesbian couples.

Variety Over Monogamy

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

In 1987, only 23% of gays in London(6) reported sexual exclusivity "in the month before interview."

In 1990, only 12% of gays in Toronto, Canada(7) said that they were in monogamous relationships.

In 1991, in the midst of the AIDS crisis, Australian gays(8) were monitored to see whether they had changed their sexual habits. There was essentially no change in 5 years: 23% reported a monogamous relationship, 35% a non-monogamous relationship, and 29% only "casual sex." The authors reported that "there were almost as many men moving into monogamy as out of it, and out of casual-only partnerships as into them."

In 1993, a study(9) of 428 gays in San Francisco found that only 14% reported just a single sexual partner in the previous year. The vast majority had multiple sex partners. In 1994, the largest national gay magazine^o reported that only 17% of its sample of 2,500 gays claimed to live together in a monogamous relationship.

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

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

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

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

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

The Danish Experience

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

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

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

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

In 1983, near the beginning of the AIDS epidemic, gays in San Francisco(13) who claimed to be in "monogamous relationships" were compared to those who were not. Without exception, those in monogamous relationships more frequently reported that they had engaged in biologically unhealthful activity during the past year. As examples, 4.5% of the monogamous v. 2.2% of the unpartnered had engaged in drinking urine, and 33.3% v. 19.6% claimed to practice oral-anal sex.

In a sample of London gays(6) in 1987, those infected with HIV were more apt to have regular partners than those not so infected. In 1989, Italian researchers(14) investigated 127 gays attending an AIDS clinic. Twelve percent of those without steady partners v. 28% of those with steady partners were HIV+. The investigators remarked that "to our surprise, male prostitutes did not seem to be at increased risk, whereas homosexuals

who reported a steady partner (i.e., the same man for the previous six months) carried the highest relative risk."

During 1991-92, 677 gays in England(15) were asked about "unprotected anal sex." Those who had 'regular' partners reported sex lives which were "about three times as likely to involve unprotected anal sex than partnerships described as 'casual/one-night stands.'" Sex with a regular partner "was far more important than awareness of HIV status in facilitating high-risk behaviour."

A 1993 British sexual diary study(16) of 385 gays reported that men in "monogamous" relationships practiced more anal intercourse and more anal-oral sex than those without a steady partner. It concluded that "gay men in a Closed relationship... exhibit... the highest risk of HIV transmission."

In 1992, a sample(17) of 2,593 gays from Tucson, AZ and Portland, OR reinforced the consistent finding that "gay men in primary relationships are significantly more likely than single men to have engaged in unprotected anal intercourse." Similarly, a 1993 sample(18) of gays from Barcelona, Spain practiced riskier sex with their regular partners than with casual pick ups.

Even a 1994 study(19) of over 600 lesbians demonstrated that "the connection between monogamy and unprotected sex,... was very consistent across interviews. Protected sex was generally equated with casual encounters; unprotected sex was generally equated with trusting relationships. Not using latex barriers was seen as a step in the process of relational commitment. Choosing to have unprotected sex indicated deepening trust and intimacy as the relationship grew."

Why is homosexual marriage a health hazard?

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

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

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

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

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

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

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

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

In 1987,(24) 48% of 43 lesbian, and 39% of 39 gay Georgia couples reported domestic violence.

In 1988,(25) 70 lesbian and gay students participated in a study of conflict resolution in gay and lesbian relationships. Adjusted upward for reporting by only one partner in the couple (i.e., "only one side of the story"), an estimated 29% of gay and 56% of lesbian couples experienced violence in the past year.

In 1989,(26) 284 lesbians were interviewed who were involved "in a committed, cohabiting lesbian relationship" during the last 6 months. Adjusted for reporting by just one partner, an estimated 43% of the relationships were violent in the past year. In 1990,(27) nearly half of 90 lesbian couples in Los Angeles reported domestic violence yearly. 21% of these women said that they were mothers. Interestingly, of those mothers who had children living with them, 11 lived in "violent" and 11 in "nonviolent" relationships. Thus, unlike traditional marriage where parents will often forego fighting to shield the children from hostility, there was no evidence from this investigation that the presence of youngsters reduced the rate of domestic violence.

Overall, the evidence is fairly compelling that homosexual domestic violence exceeds heterosexual domestic violence. The limited scientific literature suggests that physical domestic violence occurs every year among less than 5% of traditionally married couples, 20% to 25% of cohabiting heterosexuals, and approximately half of lesbian

couples. The evidence is less certain for gays, but their rate appears to fall somewhere between that for unmarried, cohabiting heterosexuals and lesbians.

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

Gay activists and the media are quick to assert that discriminatory attitudes by 'straight' society lead directly to violence against homosexuals (i.e., 'gay bashing'). In fact, evidence suggests that homosexual domestic violence substantially exceeds, in frequency and lethality, any and all forms of 'gay bashing.' That is, the violence that homosexuals do to one another is much more significant than the violence that others do to homosexuals.

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

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

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

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

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

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

Fact #5: Homosexuals make poor parents.

Fewer than 20 empirical studies have been done on homosexual parents. These studies have been small, biased, and generally fail to address many of the traditional concerns

regarding homosexual parenting. However, the limited evidence they have generated supports what common sense would expect.

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

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

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

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

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

What Can We Conclude?

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

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

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

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

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3 of 3) What Causes Homosexual Desire and Can It Be Changed?

By Paul Cameron, Ph. D.

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

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

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

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

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

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

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

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

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

Table 1

Reasons For Preferring:

homosexuality (1940s and 1970)

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

heterosexuality (1983)

I was around heterosexuals a lot - 39%
society teaches heterosexuality and I responded - 34%
born that way - 22%
my parents, marriage was so good I wanted to have what they had - 21%
I tried it and liked it - 12%
childhood heterosexual experiences with peers it was the "in thing" in my crowd - 9%
I was seduced by a heterosexual adult - 5%
While these results aren't conclusive, they tell something about the very recent tendency to believe that homosexual behavior is inherited or biologic. From the 1930s (when Kinsey started collecting data) to the early 1970s, before a "politically correct" answer emerged, only about 10% of homosexuals claimed they were "born that way."
Heterosexuals apparently continue to believe that their behavior is primarily a result of social conditioning.

3) Older homosexuals often approach the young

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

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

4) Early homosexual experiences influence adult patterns of behavior

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

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

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

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

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

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

6) Many change their sexual preferences

In a large random sample (5) 88% of women currently claiming lesbian attraction and 73% of men claiming to currently enjoy homosexual sex, said that they had been sexually aroused by the opposite sex, 85% of these "lesbians" and 54% of these "homosexuals" reported sexual relations with someone of the opposite sex in adulthood, 67% of lesbians and 54% of homosexuals reported current sexual attraction to the opposite sex, and 82% of lesbians and 66% of homosexuals reported having been in love with a member of the opposite sex.

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

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

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

7) There are many ex-homosexuals

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

homosexual. It is clear that a substantial number of people are reconsidering their sexual preferences at any given time.

What causes homosexual desire?

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

1. Homosexual experience:

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

2. Family abnormality, including the following:

a dominant, possessive, or rejecting mother an absent, distant, or rejecting father a parent with homosexual proclivities, particularly one who molests a child of the same sex

a sibling with homosexual tendencies, particularly one who molests a brother or sister the lack of a religious home environment divorce, which often leads to sexual problems for both the children and the adults parents who model unconventional sex roles condoning homosexuality as a legitimate lifestyle– welcoming homosexuals (e.g., co-workers, friends) into the family circle 3. Unusual sexual experience, particularly in early childhood:

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

4. Cultural influences:

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

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

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

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

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