Five Research Studies of Interest

1 - Does Childhood Sexual Abuse Influence Later Sexual Orientation?

A new study in the *Archives of Sexual Behavior* utilizes a non-clinical sample of 942 adults to compare rates of childhood molestation between heterosexuals and non-heterosexuals.

The authors found that 46% of homosexuals and 22% of lesbian women reported homosexual molestation in childhood. This compared to childhood homosexual molestation rates of only 7% of heterosexual men and 1% of heterosexual women.

The authors review substantial previous research which also found a link between homosexuality and a history of childhood sexual abuse. Their own research is apparently the first survey, the authors say, "that has reported substantial homosexual molestation of girls." The female victims had a mean age of 13 at the time of the same-sex abuse, while the comparable group of abused boys had a mean age of 11.

The sample was especially useful for research purposes because it did not focus on dissatisfied homosexuals in therapy; in fact, 97% of the men were participating in a gay pride celebration at the time they participated in the survey interview.

So did the molestation cause—or at least contribute to—the respondents' own homosexuality some years later in adulthood? The question is particularly intriguing because 68% of the male study subjects and 38% of the females did not identify as homosexual until after the molestation.

—Tomeo, M., Templer, D., Anderson, S., Kotler, D., "Comparative Data of Childhood and Adolescence Molestation in Heterosexual and Homosexual Persons." *Archives of Sexual Behavior* Vol. 30(3), pp. 535-541, 2001.

2 - Half of Gay Men May Not Reach Age 65, Says Journal of Epidemiology

Using a population drawn from a major urban area of Canada, researchers assessed the life expectancy of 20-year-old gay and bisexual men as a result of the AIDS crisis.

If men who have sex with men represent only 3% of the population, then statistics indicate they have only a 32% likelihood of living to the age of 65. If these men represent 9% of the population, they still have only a 59% chance of living until age 65. For all men, the likelihood is 78%.

The researchers 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."

—Hogg, R.S.; Strathdee, K.J.; Craib, K.J.; O'Shaughnessy, M.V.; "Modelling the impact of HIV disease on mortality in gay and bisexual men," *International Journal of Epidemiology*, Vol 26, No. 3, pp. 657-61, 1997.

3 - The Childhood GID Diagnosis

Is the effeminate young boy just a healthy, gender-nonconforming child whose differences should be appreciated and supported? Or would he benefit from therapeutic help to develop and support his masculine identity? Psychiatrist Justin Richardson and psychologist and researcher Kenneth Zucker debated that issue several years ago in a lively exchange in the *Harvard Review of Psychiatry*.

Justin Richardson made the news in 1999 when he delivered speeches at two private girls' schools in New York to reassure parents about reports of lesbian experimentation among the students—an activity had become a source of concern for some parents. He advised the mothers to speak to their daughters of age nine and older to tell them they may have friends who are lesbians and they may, themselves, experiment with lesbianism—which Dr. Richardson reassured the mothers was normal, healthy, and not a reason for concern.

In "Setting Limits on Gender Health," Dr. Richardson (who is a self-identified gay man) notes that the Gender Identity Disorder of Childhood diagnosis is the only remaining DSM entry that makes an assumption about "notions of gender-appropriate behavior." But where do

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clinicians draw the line between "gender-atypical" behavior and pathology? He notes that society has, for many years, gradually broadened its understanding of the range of acceptable gender behaviors. So how is a healthy, "everyday sissy or tomboy" to be distinguished from a child with a psychiatric problem?

"A majority of homosexual adults recall having gender-atypical interests in childhood," Dr. Richardson notes. "Most [pre-lesbian] girls preferred male playmates; most [prehomosexual] boys avoided rough sports...The issue is laden with meaning for homosexuals who understand such a diagnosis to represent psychiatry's last stamp of pathology on their development." (p. 50)

Dr. Richardson suggests that psychiatry should distinguish the healthy gender-atypical child—who, he admits, is frequently prehomosexual—from the gender-disturbed child who qualifies for the GID diagnosis because he or she is distressed and confused about being a boy or girl. The prehomosexual child, Dr. Richardson claims, is developing normally within the context of his inborn temperamental differences and should not be labelled as having a disorder needing treatment.

According to the DSM, the girl with GID must show a "marked aversion" to feminine clothing, a "strong and persistent" preference for masculine roles in play, an "intense" interest in typically masculine games and play; and must be unhappy with her biological sex. A boy with GID would be diagnosed by the same symptoms. For example, he might state the wish to be a girl and to cut off his penis. He must also evidence poor peer relationships and/or distress about his condition. But short of those extreme symptoms, Richardson says, a gender nonconforming child should not be considered to have a psychiatric disorder.

Is Boyhood Femininity Evidence of Psychic Trauma?

Some clinicians are wrongly diagnosing children as having GID, Richardson says. For example, he says, Dr. Richard Friedman (author of *Male Homosexuality: A Contemporary Psychoanalytic Perspective*) claims that a "consolidated, persistent sense of masculine inadequacy should...be seen as a manifestation of gender identity disorder."

But such a sense of inadequacy is, Richardson says, dependent on society's changing definitions of masculine gender roles—and this would thus unfairly categorize many prehomosexual boys who are developing quite normally in the context of their own gender-atypical temperaments. Furthermore, not all boyhood femininity, Richardson says—even *extreme* femininity—is an expression of psychological trauma or internal conflict. Extreme effeminacy might in fact by quite natural to that particular boy.

Psychologist Kenneth Zucker (author of *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*) then replied to Justin Richardson in a subsequent issue of the same journal.

How the phenomenology and symptoms of GID could be understood *without* reference to social context is hard to imagine, Zucker says. Furthermore, Zucker notes, it has proven to be true across cultures that children tend to "gender-segregate" themselves with children of the same sex during a crucial developmental period of childhood during which the foundations of gender identity are securely established. The fact that GID children do the opposite (effeminate boys, for example, choose girl playmates) is, Zucker says, strongly suggestive evidence that the GID child is deviating from normative development.

However, Zucker agreed with Richardson that the diagnostic standards of "distress and impairment" used by psychiatry to define GID (and other psychiatric disorders) are actually more often *assumed* by psychiatry than actually bolstered by specific empirical evidence of such distress and disability in the case of each particular diagnosis.

Is the GID Boy's Distress Due *Solely* to Ostracism by His Peers?

Zucker then considered Richardson's claim that the distress experienced by gender-atypical boys may be due not to trauma-induced factors, but due to peer teasing and social ostracism. If society were different, would these children then experience *no* distress?

This problem and the general issue of diagnostic criteria are difficult to resolve, Zucker notes, because there is little agreement on how "distress and impairment" can be scientifically measured. So if psychiatry cannot define its own basic diagnostic terms, how is the argument over the GID diagnosis to be meaningfully debated?

Attempting to sort out this thorny question, Zucker ultimately concludes that intervention is, indeed, justified to help the effeminate boy feel more comfortable about being a male and to improve his same-sex peer relationships. And the earlier this is done, the better—because research shows that distress and impairment increase, rather than diminish, as the child develops.

Furthermore, argument about what exactly constitutes "distress and impairment" should not stop clinicians from providing early therapeutic intervention, Zucker says. Failure to institute early (and potentially most effective) treatment "would be a grave disservice to our child patients and their families."

In response, Richardson challenges Zucker, saying that Zucker appears to believe that "there is something intrinsically wrong with gender-atypical behavior." He believes Zucker's view results from an "insufficiently deep understanding of the inner lives of gender-disordered and gender-nonconforming children." There is nothing wrong or

problematic with effeminacy per se, Richardson says, and it is society's disapproval that causes the boy's problems.

The healthy gender-nonconforming boy, Richardson says,

> "begins life as a sensitive child who is temperamentally avoidant of rough-and-tumble play. His preference for gentle play has been attributed to the prenatal organizing effects of sex steroids (although there is more direct evidence of steroid influencing play preferences in girls than in boys)...the nonconforming boy may also share many traits with Kagan's inhibited child. His first reaction to novelty may therefore be to pause or withdraw from it. This inhibition contributes to the boy's avoidance of freewheeling rough play, as do his acute sensory sensitivities...fearful of loud noises and repelled by bad odors, he takes unusual pleasure in beautiful colors and soothing textures.
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> "These temperamental inclinations guide him toward quiet and artistic activities. His temperament may also equip him...with a superior faciity in empathetic attunement and, accordingly, imitation and play-acting." (pp. 46-47).

Social and Psychological Influences on Sexual Orientation

But in addition to these temperamental factors, Richardson then freely acknowledges that there are psychological and social influences that further contribute to this sensitive boy's future sexual orientation.

Richardson then points to the same influences (the personalities of peers the boy encounters, and the emotional "fit," or lack thereof, that the boy experiences with his parents) that have long been identified as foundational to homosexual development by sexual-reorientation therapists. How this boy becomes a "sissy" is not, he admits, just a matter of prenatal influences upon temperament—there are also the interests of the boy's parents, and how they mesh or contrast with his own; the depth and quality (or lack thereof) of the parent-child emotional bond; how the boy and his parents react to his developing male body; and the ongoing influence of his playmates are all factors that Richardson identifies as influential in confirming or weakening the boy's developing sense of masculine gender identification. But significantly, he does not consider any of these influences pathological, because he does not view a homosexual outcome as pathological. In essence, homosexuality "just *is*."

Are Homosexuals More Highly Evolved?

Richardson then says that a person's level of intelligence affects his ability to, and interest in, making gender discriminations. The higher the level of the boy's intellectual development, Richardson says, the less he will view gender as having any human significance. While his young playmates are caught up in "concrete, rigid and conventional" ideas of gender difference, the prehomosexual boy will have, Richardson believes, a more highly evolved understanding of gender. Is feeling unmasculine and being detached from one's same-sex parent and boyhood peers *problematic*? Not so to Richardson, because he considers *gender itself* to be a matter of insignificance.

But if gender is really a matter of insignificance to prehomosexual boys, one might ask, why do these gender nonconforming boys not grow up to be bisexual—or asexual—rather than homosexual? And why would the search for the idealized masculine partner be so central to gay culture?

The Problem of Shaming

Richardson fears that the effeminate boy who dresses up as a girl and dances about in feminine costumes, and who shies away from male activities in gym class, will be made to feel shame for these activities by parents and therapists should they try to change him.

Indeed, most reorientation therapists would agree that shaming is not the way to support the gender-fragile child—and that warm parental support and recognition and allowance for his sensitive nature should, in fact, form the groundwork for any psychotherapy. But Richardson suggests that parents should not only *not discourage* effeminacy, rather, they would do better to communicate that they "admire" their son's gender nonconformity.

Here the reorientation therapist would disagree. The sexual-reorientation therapist believes that healthy development requires that a person's interior sense of *gender identity* and his *biology* must correspond. Mind, body and spirit must work together in harmony. The effeminate boy might be artistic, creative and relational, but in order to grow into his potential, he must feel that he belongs to the world of men. Thus the reorientation therapist would work toward helping the boy connect with his father, disconnect from his unusually close bond with his mother, develop healthy peer relationships, and acquire enough competence in traditionally masculine activities to evade the peer ostracism that will all-too-easily cause the boy to conclude that he does not belong within the world of men, and thus must romanticize them from afar.

<u>References</u>

1. Richardson, Justin, "Setting Limits on Gender Health," ***Harvard Rev. of Psychiatry*** **1996; 4:49-53.**

2. Zucker, Kenneth, "Commentary on Richardson's (1996) "Setting Limits on Gender Health," ***Harvard Rev. Psychiatry*** **1999; 7:37-42.**

3. Richardson, Justin, "Response: Finding the Disorder in Gender Identity Disorder," ***Harvard Rev. Psychiatry*** **1999; 7:43-50.**

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4 - Sexual and Relational Practices of Older Gay Men

This large study used a telephone survey of 2,585 homosexually active Australian men in order to investigate their sexual and relational practices.

About half of the older men age 40 and up (50.3%) said they were engaging in casual sex only.

Approximately half of the men 50 and up said they lived alone, although 62% of this group had, at one time, been married.

Only 14.7% of the men age 40-49 were currently involved in a monagamous relationship. Just 21.6% of the age 50-and-older group reported being in a monagamous relationship.

The modal range of lifetime sexual partners for men over 50 was between 101-500 partners. Only 2.7% reported just one lifetime sexual partner.

—Van de Ven, Paul; Rodden, Pamela; Crawford, June; and Kippax, Susan, "A Comparative Demographic and Sexual Profile of Older Homosexually Active Men." ***J. of Sex Research*** **Vol. 34, No. 4, pp. 349-360, 1997.**

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5 - Latest Rind Study Again Concludes, "Little or No Harm in Pedophilia"

Once again, researcher Bruce Rind is back with a journal article boldly making the case that boys who have consensual sex with older men don't seem to be harmed by the experience.

Rind was the lead author of the American Psychological Association-published article which was first identified by NARTH in its 1999 Fact Sheet, "The Problem of Pedophilia," and then brought to public attention by radio host Dr. Laura Schlessinger. Dr. Laura's outrage against the conclusions of the Rind article led to a reprimand of the A.P.A. by Congress. Later, the A.P.A. backpedaled on its public apology.

In this latest Rind study, self-esteem and positive sexual identity was found to be the same in males ages 12-17 who had engaged in sex with older men as among a control group. The youngest boys in the group, Rind says, "were just as willing and reacted at least as positively as older adolescents." Reactions of the boys (now college men) who had engaged in man-boy sexual relationships were "primarily positive."

Rind does not use the words "molestation" or "sexual abuse" because of their negative and moralistic connotations, employing instead the values-neutral term "ADSR" (age-discrepant sexual relations.) He reports on a small sample, but his study adds further fuel to the growing contention that homosexual, "consensual" pedophilia may not in fact be psychologically harmful.

Some critics have pointed to the possible social and legal repercussions of such pedophile-affirming research. Studies such as Rind's could be used as "hard evidence" to lower age-of-consent laws and argue for reduced sentences for child molesters. If there's no measurable psychological harm in man-boy sex—at least in cases where the act was "consensual"—then on what grounds could pedophile acts be illegal?

Other critics, including NARTH, have charged that the Rind study was unable to find measurable "harm" because Rind was looking for the wrong indicators. Might molested boys have more difficulty with boundary issues—particularly, understanding and respecting generational differences? Would they be more likely to engage in bizarre, promiscuous and unsafe sexual practices—and more likely to repeat the sexual abuse on another boy? Would they be less likely to sustain stable marriages and family lives?

None of these factors were measured by the Rind study Nor did the APA acknowledge that there may be another factor-intrinsic harm to the integrity of personhood—that psychological studies of victims of pedophophlia are powerless to detect. But left to stand by itself, such a study can easily convey the misimpression that there is no difference between molested and non-molested males, and thus that pedophilia should be viewed as harmless.

—Rind, Bruce, "Gay and Bisexual Adolescent Boys' Sexual Experiences with Men: An Empirical Examination of Psychological Correlates in a Nonclinical Sample." ***Archives of Sexual Behavior,*** **vol. 30 no. 4, pp. 345-368, 2001.** ■