

STL BOOKLET TRANSLATION
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Acceptance – Caring for Homosexuality

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Acceptance – Caring for Homosexuality

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How is homosexuality developed?

Put the puzzles together one by one

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I) BASIC SECTION

1. What is sexual orientation?

Sexual orientation means having an obvious and continuous attraction and desire for a certain sex or certain form in 'sex and love'. If someone continuously experiences same-sex attraction, he has a homosexual orientation. Likewise, if someone continuously experiences attraction for the opposite-sex, he has a heterosexual orientation. If someone experiences attraction for both sexes, he has a bisexual orientation.

Although sexual orientation usually refers to heterosexuality, homosexuality and bisexuality, in relations to sexual behaviour, some are sexually attracted to children, some like bestiality or sadomasochism. As a result, apart from heterosexuality, homosexuality and bisexuality, sexual orientation can also refer to paedophilia, bestiality, 'object sexuality', incest, promiscuity, sadomasochism etc. Academics in Hong Kong believe there are forty different types of sexual orientation.

Recently, Tongzhi organisations pointed out that bestiality, promiscuity, sadomasochism etc behaviours should only be categorised as paraphilias or sexual fetishes and not sexual orientation. The reason for this is that behaviours such as promiscuity or sadomasochism exist in both heterosexuality and homo/bisexuality. Actually there are two mistakes in this rationale: 1) Homosexual orientation can also exist in someone who is heterosexually oriented, which means he has attraction for same-sex and opposite-sex at the same time, and that is bisexuality. 2) To use this logic, in other words, homosexuality can also exist in promiscuity or sadomasochism. Actually, when tongzhi organisations use this as rationale, they have already hypothetically assumed that people were born homosexuals and that homosexuality is a natural sexual attraction, whilst sadomasochism, bestiality or promiscuity etc are nurtured and are a choice. This hypothesis not only lacks scientific proof, recent research even shows that a 'gay gene' does not exist.

2. When is sexual orientation formed?

Sexual orientation starts to be developed between ages 11 and 14. In between ages 14 and 20, sexual orientation is still fluctuating and can be affected by the environment.

Psychologists have even discovered that teenagers during their puberty (ages 14-17) who have temporary same-sex attraction or same-sex behaviour, which does not develop into homosexuality. Actually Ramafedi, Resnick, Blum & Harris (1992) have done research on sexual orientation with 35,000 students. It was discovered that the percentage of 18 y/o students who have homosexual or bisexual orientations is 50% smaller than 12y/o students who have these two sexual orientations. Statistics show that it is normal for teenagers to have confusions about sexual orientation when they are growing up.

Therefore, counsellors should not establish their homosexual status too soon.

3. What is homosexuality?

Sexual orientation means having an obvious and continuous attraction and desire for a certain sex or certain form in 'sex and love'. That means having desire for further pursuance for intimate sexual experience. For example, if a boy only wants to be closer and know another boy better, but there is no sexual or romantic attraction between the two, that should not be classified as homosexuality.

4. Is homosexuality a disease?

The American Mental Health Association took homosexuality off the list of mental illnesses in 1973. However, it is debatable on whether such change was grounded in research or whether it was due to pressure from homosexual movements or to politics. Nowadays, a lot of psychological authorities such as the American Psychiatric Association believe that people were born homosexuals and they cannot be changed, that it is very probable that even attempting to cure homosexuality is harmful and that a homosexual lifestyle has no connection with physical or psychological illnesses. On the other hand, there are disagreements from professional counsellors, psychologists, psychiatrists, doctors and academics. They have formed the National Association of Research & Therapy of Homosexuality (NARTH) (www.narth.com) and continue to research in this area.

Recently NARTH has reached a comprehensive conclusion and analysis on research in contemporary homosexuality. The conclusion is that homosexuality is not a naturally born condition, that it can be changed and that curing homosexuality appears to have no harm. A homosexual lifestyle indeed has a strong connection with physical and psychological illnesses. This is not based on moral or religious bias, but it is scientifically proven theory.

APA Research

The APA took homosexuality off *The Diagnostic and Statistical Manual of Mental Disorders (DSM)* in 1974. It was then concluded that homosexuality was an innate condition and that it could not be changed. Nevertheless, such a conclusion has still not been scientifically proven in the past 20 - 30 years. In fact, more and more psychologists have discovered that there are external factors that could affect one's sexual orientation, and an increasing number of homosexuals have witnessed the conversion of their own sexual orientations. In recent years, many academics have raised doubts and counter-arguments on APA's research in homosexuality, for example:

A. APA's decision was not science based. When the APA used a voting system to decide whether homosexuality was a disease, there was a lack of comprehensive research on the subject before voting, which was contrary to the spirit of science. The homosexual organisations in America then argued that homosexuality could not be changed and it

would not be necessary to have therapy. But recent research suggests that homosexuality can indeed be changed.

B. Voting took place under political pressure from the homosexual movement

Before 1973, homosexual organisations kept taking actions to destroy the order of the APA and disrupted many activities by shouting and booing. A lot of their activities were left unfinished. Academics pointed out that the voting was taking place under a cultural change and that the APA was threatened by the homosexual organisations, so that processes did not proceed at a normal pace.

C. Voting number was too small. All 25,000 members of APA were invited to vote in 1973, but only one third of them replied. Whilst 58% agreed to take homosexuality off the DSM, 42% voted no or abstained. The result was obviously not representational. Doctors who did not agree with the APA in America did not even care about the meeting. Four years later in 1977, a medical periodical randomly selected 10,000 APA members for questionnaires and 69% of respondents believed homosexuality was a pathological adaptation, whilst another 13% said they were not sure.

In addition, the reports and articles that supported psychological health of homosexuality were all published and provided by homosexual organisations. Amongst those, the majority used Evelyn Hooker's *The Adjustment of the Male Overt Homosexual* (1975) as reference. This report was often used to support the argument of homosexuality having the same psychology as heterosexuality and that homosexuality was not a mental defect. This report is even used as scientific evidence in psychology textbooks and by courts in legislative issues relating to homosexuality. Nowadays, many Americans accept the fact that homosexuality is normal and healthy, but they really do not know this view is largely based on one single research. Looking back and revisiting this report today, many mistakes can be found:

[pp4-5]

The research is not a random sampling but recruited homosexuals who were "well-adapted" and had not undertaken any mental or psychological counselling or therapy. Homosexual organizations actively provided "suitable volunteers" as samples, and even pushed this research since they wished the outcome to prove that they were the same as heterosexuals. In fact, the participants clearly knew about the aim of the research.

- obviously, the validation of the sampling methodology is questionable. Since it eliminated the ones who were undertaking counselling or therapy at the first stage, the rest who were eligible to participate were relatively healthier. The methodology itself made the research un-representational (not representing the usual homosexual).
- Hooker conducted the tests with the Rorschach Test, TAT and MAPS, which lack bedside [clinical?] experience and lead to the missing of important factors. Moreover, as the participants knew that the aim of the research was targeted on proving homosexuality was not a disease, they would provide result orientated answers for the

interviewee.

- There is recent research from western countries which shows that homosexuals usually have a relatively high potential for personal suffering, depression, suicidal intent, alcohol and drug abuse and also disease infection.

Firstly, even if homosexuality is not a disease, it doesn't mean that it is ethical. "Psychological disease" and "ethics" are different; for example, having affairs is not a disease but has normally been seen as unethical. Moreover, as Dr. Jeffery Satinover has said, "it requires a long time with a lot of well designed research to attain mutual scientific agreement. But for the issue of homosexuality, the scientific research has just started while the issue has been judged a long time ago." Though academic groups need to bear the pressure of being "political correct" in the future, hopefully they can conduct more research in homosexuality with balance, optimism and scientific attitude in order to bring a better understanding of homosexuality to society.

Discussion with details can be seen in Hung, Andrew Tsz-wan "The discussion of whether Homosexuality is a disease" www.truth-light.org.hk.

5. Reason for becoming a homosexual : Was one born a homosexual ?

Exodus International is an America-based, international organization providing service to homosexuals. They have recorded thousands of cases of conversion from homosexuality. Exodus questions that homosexuality is a natural cause or inherited, as there would not be a high similarity of personal backgrounds in both of their male and female cases. Like a mirror, during the growing up period, there is a bad relationship between father and son or mother and daughter, the feeling of being an outsider in childhood or during teens or examples of sexual abuse or incest.

There is no factor or reason to link up all homosexuals. In fact, some people join homosexual activities due to curiosity, and found themselves being comforted in these experiences. Everyone is unique; we need to respect their own identity. Since everyone has their weakness when confronted with bad information, people who have same gender love attraction also have their weaknesses. The following causes may or may not exist. This list is made from the experience of many homosexuals : People who are emotionally sensitive will give a huge response to negative or difficult life moments. Having an incomplete, unsatisfying or even no relationship with the same sex parent. This parent is not protecting him/her, or the parent is not a person encouraging their lives, especially not praising with or for him/her. Being handicapped or a bit shorter leads to a lack of self confidence with the same sex. Being teased or depreciated by peer group, playmates, classmates, family, friends or relatives. Those are more prone suffering who are underestimated by the parent with same sex. No interest in any activities related to gender, such as a boy who doesn't like sports or competitions or a girl who doesn't like cooking, fashion, needle work etc. Self pity or thinking the others has a better life. Those who experience sexual abuse and mostly by older men.

It is normal to develop same gender love attraction. While being with friends with the same gender, it is usual to feel happier. Arousing interest in sex is not for reproduction but only the expression of a desire to power. Developing homosexuals need to experience sexual life. Some people only start their first same sex experience when aged 30-40 years old (but if homosexuality is a naturally cause and inherited, why do they find out so late? Is it possible to realize sexual orientation after a couple decades ? or, just like all the other homosexuals, are there a lot of unpredictable factors ?) Repeated homosexual activities will lead to a perception, to think or to defend the idea that the homosexual life style is normal, natural or better.

6. Main Theories of formation of homosexuality.

There are numerous discussions about the cause of homosexuality, which can be mostly divided into two categories : Nature and Nurture.

Three main Nature theories:

- Brain Nuclei INAH-3
- Twin Studies
- Homosexual genetic research

Neuroanatomy Research of Simon LeVay (1991)

Simon LeVay (1991) dissected human corpses and found that INAH-3 in homosexual is smaller.

Arguments against Simon LeVay’s research:

- Only 35 corpses were dissected, which is a small number for a research.
- LeVay distinguish their sexual orientation according to their medical records. All records hadn’t stated they were homosexual and are assumed to be heterosexual. In fact, half of the corpses’ sexual orientations were unidentified.
- HIV virus or AIDS treatment can change the size and the shape of INAH-3, so his research outcome could also relate to homosexuality or AIDS disease treatment.
- Change in lifestyle or environment such as same sex experience will also affect the size of INAH-3. Researchers could not confirm whether homosexuality comes from smaller INAH-3, or whether homosexual acts lead to the change in size of INAH-3.

Twin Study of Homosexuality of Bailey and Pillard (1991, 1993)

Bailey and Pillard recruited homosexuals with a twin brother, and tried to find out how many of their twin brothers had the same sexual orientation. Here is the result:

	Result	Expected result
Male identical twins	52%	100%

Male fraternal twins	22%	50%
Brothers	9%	50%
Adopted brothers	11%	1-4%

Arguments against Simon Bailey and Pillard's Study:

- They recruited samples by posting advertisements in magazines supporting homosexuality, hoping to generate the research outcome they wanted. Homosexuals with homosexual twin brothers were more willing to participate than those who hadn't. Sample Bias exists.
- Bailey conducted more research in Australia later which overthrew this research result: the percentage of male identical twins having the same sexual orientation was 20% and male fraternal twins was 0%.

[pp6-7]

p.6-7

Homosexual Gene Research of Dean Hamer (1993)

They picked the cases who had homosexual brothers from an AIDS therapy scheme, and found out that for 33 out of the 40 pairs of homosexual brothers, certain areas of their chromosome X s were the same. Afterwards, all the media said that a Homo Gene had been found. But Hamer is more careful; he believes that the gene might be a marker for some people to become homosexual, but that this is far away from discovering a homo gene.

Arguments against Simon Dean Hamer's research

- George Ebers conduct the same research in the University of Western Ontario but could come up with the same result.
- Having this Genetic marker doesn't mean you are homosexual.
- It also doesn't mean you are not homosexual if you do not have this genetic mark.

Stanton & Yarhouse (2000) pointed out that even if Dean Hamer's research was reliable, it only represents certain genetic marker might lead to the development of certain kinds of personalities, characters or special symptoms, and that these personalities and symptoms might be the cause of the same gender attraction in homosexuals.

Basically, no research has been able to prove that "Homosexuality is innate" till now.

In America, a homosexual-friendly organization (Parents, Family and Friends of Lesbian and Gays (PFLAG)) also agrees that there is no clear proof that homosexuality is nature born.

7. Do People Become Homosexuals Due to Nurturing Factors ?

There is no proof of the nature theory of homosexuality, but in some case studies prove that homosexual intention comes from emotional and sexual deflection when growing up, mainly due to heterosexual marriage and family relationship failure, which directly affects the next generation's sexual orientation development. Other reasons would be the experience of being sexually abused, which have certain effects on the formation of sexual orientation.

Concluding from the experience in bedside [clinical/] psychology consultation, the following factors might cause the formation of one's sexual orientation:

- childhood period
- family background
- personality and character
- peer pressure
- sexual abuse or same sex experience

Boys mostly see their fathers as role models while growing up; they learn how to be a man through their father, and feel safe due to their fathers' confirmation and protection, and then explore the world, feeling love, self confirmation and a sense of belonging. They also confirm their gender identity through their fathers.

Girls also need a good father, and build their trust in men through their father. A good mother can be their role model, showing them the advantages of being a mother with dignity, which makes them want to be a female. Moreover, they can learn the good part of a heterosexual marriage in the good loving relationship of their parents.

A. Childhood period – problems in relationships between children and parents

According to some psychologists' bedside [clinical?] experience, alienation in the relationship with the same sex parents in the childhood period can lead to a gender identity crisis, such as a boy who hasn't got a good relationship with his father when he was young, maybe the father doesn't provide enough care or always rejects them, and this will obstruct the formation of their gender identity. They secretly hope to have a close relationship with the same sex to compensate for the lack of care and love from their father.

Real cases for reference: Sesame Street, Mr Law Chai Kit and gender identity, "revealing the real me, break the shackles of homosexuality" p.58-61

Reference for lesbians: Lisa's Story, "Broken image – Therapy of homosexuality and the complete self", p12-29; Betty and Bonnie's stories, "Broken image – Therapy of homosexuality and the complete self", p.102-105

Reference for Gay: Matthew's Story, "Broken image – Therapy of homosexuality and the complete self", .40-64

On the other hand, if a mother over protects her son, controls everything for him, this will also cause him to fail to construct a complete male gender identity.

Reference: Phil's experience, "Revealing the real me, break the shackles of homosexuality" p.61-62

Parents who don't accept their children's gender, such as a mother who wants boys more than girls, but gives birth to a daughter instead of a son, so that her disappointment and dissatisfaction will cause the daughter to exclude or even deny her gender identity in depth.

References for gays: Ah Jak's Story, "Broken image – Therapy of homosexuality and the complete self", p.75-8

Lawrence's Story, "Broken image – Therapy of homosexuality and the complete self", p.80-1

References for lesbians:

How a father affects female homosexual activity, "Broken image – Therapy of homosexuality and the complete self", p110-1

B. Problems in the relationship between parents

Some male homosexuals have a good relationship with their fathers. However, if the mother is more successful and having a higher position, if she is too proud and unsatisfied with her husband and keeps judging, defying or even teasing him, the kid will feel sorry for his father. The mother keeps asking the kid not to copy his father, though he has a good relationship with his father, but he cannot accept the male identity of his father, and even becomes shameful of his own male identity, while rejecting the female.

In the same situation, if the father always insults the mother in front of the children, it will destroy their respect for the female. Some daughters, after seeing the mother undertaking the father's long term torture, will think their mother (the female) is too weak and that being a female is not safe. Such a daughter will refuse to copy her mother or being a female, which also includes not accepting her own female identity.

Reference : Patty's situation, "Revealing the real me, break the shackles of homosexuality" p.61-5

Growing up in a family with members of a single gender, such as where the father has died early, or when all the other members in a family (mothers, elder or younger sisters) are all female, will also affect the son's sexual orientation.

When the children are confused with or reject their own gender identity (as a male or as a female), it will lead to "Gender Identity Disorder". According to the DSM IV Survey, if gender identity disorder is found in the childhood period but is not taken care of or managed in time, and if no therapy is taken after growing up, 75% will develop a homosexual or bisexual orientation. Moreover, 5-12% will request transplant surgery, and 1-5% will have cross-dressing problems even they are heterosexual, which means they love wearing the clothes of another gender.

[pp. 8-11]

C. Temperament and peer pressure

Some boys are physically smaller or have a weak character, while girls may sometimes be more active and outgoing. This could be neutral, and does not necessarily mean they are homosexual. However, they may be: mocked by other classmates, for example, by being called names, such as "sissy" (女人型), "lacking in manhood" (無男子氣概), "faggot" (基佬), "bull dyke" (男人婆), "les"; bullied or rejected. This causes them a lot of harm, as a result of which they may grow up confused about their gender identity, lack relationships with or recognition from same-sex friends, and this may also give them the desire to have same-sex intimate relationships in the future.

Also see *Coming Out of Homosexuality* (性格與興趣, 《恢復真我—掙脫同性戀的枷鎖》) <http://www.amazon.com/Coming-Out-Homosexuality-Freedom-Women/dp/0830816534>

For male homosexuality, see Story of See-tan [sic]. *Broken Image, The: Restoring Personal Wholeness through Healing Prayer* (施坦的故事, 《破碎形象—同性戀的醫治與個人整全》) <http://www.amazon.com/Broken-Image-Restoring-Personal-Wholeness/dp/080105334X> pages 68-69)

D. Sexual assault and same-sex sexual experience

Same-sex sexual experience at an early age: if boys were exposed to lures from homosexual friends or family members, or they had engaged in sexual relationship with members of the same-sex (same-sex sexual assault), these will cause them great confusion about their gender identity. "Why does he find me attractive?"; "Why am I excited when he touches my genitals?"; "Is it my fault?" He may refer to these episodes in the future, or may be inclined to repeat such experiences, or even develop a homosexual orientation.

For male homosexuality, see *Eros Defiled*, John White (施坦的故事, 《破碎形象 – 同性戀的醫治與個人整全》 pages 115-117)

Sexually assaulted or having experienced poor relationship with opposite sex: some youngsters have experienced sexual assault, or have been badly hurt emotionally by someone of the opposite sex, which may lead them to feel displeasure or hatred against the opposite sex.

For female homosexuality, see Story of Lisa [sic.], *Broken Image, The: Restoring Personal Wholeness through Healing Prayer* (麗莎的故事, 《破碎形象 – 同性戀的醫治與個人整全》 pages 11-29)

Sexual Assault (Story of Barbara [sic.]), *Broken Image, The: Restoring Personal Wholeness through Healing Prayer* (性侵犯(芭拉的故事), 《恢復真我—掙脫同性戀的枷鎖》page70)

Story of Paoh Jan-ling [sic.], *Broken Image, The: Restoring Personal Wholeness through Healing Prayer* (鮑珍玲的故事, 《恢復真我—掙脫同性戀的枷鎖》 page 70)

Female homosexuals behaviours and hate and/or fear having relationships with males [sic.], *Broken Image, The: Restoring Personal Wholeness through Healing Prayer* (女同性戀行為與憎恨及/或懼怕男性的關係, 《破碎形象—同性戀的醫治與個人整全》 pages 115-7)

Story of Lina [sic.], *Broken Image, The: Restoring Personal Wholeness through Healing Prayer* (蓮娜的故事, 《破碎形象 – 同性戀的醫治與個人整全》pages 118-122 頁)

Basically, the cause of homosexuality is complex and usually is not caused by a single reason. Psychologists who have tried to combine studies on both homosexuality being congenital or contracted suggest that temperament as an inborn factor, together with various experiences later in life, may cause some to have a homosexual orientation.

Hence, we see that those with same-sex attraction may not have made such a choice on their own. In fact, many of them are filled with struggles, which is why they need to be treated with understanding and care.

II) LIFE SECTION

1. Am I a homosexual?

Some youngsters (especially young girls in girls' schools) question if they are homosexual. Many youths like to hang out with members of the same sex when growing up. These girls may admire those who are more mature (e.g. “see-je” - senior girls in the same school) or may get jealous when a good friend of the same sex has a closer relationship with others, or may even feel puzzled about their sexual orientation. This is rather normal. If you are puzzled in these situations, it is not necessary to affirm your

sexual orientation. It's best if you try to talk to someone more mature and someone you can trust, which may help you greatly. Questions regarding homosexuality are complicated, we advise you to seek professional help on matters relating to it.

Sexual orientation refers to a clear and continuous attraction and a feeling of desire towards a particular gender or particular type in "sex and love", meaning the desire to have further intimate sexual contact with the other person. If you only want to learn more about the other person, and be closer to him/her, but do not have a continuous attraction in sex and love, this is not a homosexual inclination.

Simply put, we need to differentiate "homosexual orientation", i.e. the experience of continuous attraction and desire towards the same-sex, and "homosexual behaviour". Being attracted to the same sex does not necessarily lead to same-sex sexual behaviour. Academics suggest that men incline to be promiscuous, but many men choose not to be promiscuous. Alternatively, those who have homosexual behaviour may not necessarily have homosexual inclinations, as some may only take part in such behaviour to find the experience refreshing and exciting.

In some circumstances, homosexual inclinations may be temporary, where a clear continuity is not present. Pseudo-homosexuality may occur in environments where there is an abundance of the same sex and a lack of the opposite sex, and where one desires to be emotionally-attached, for example: prisons, the military and single-sex education schools are common places for this phenomenon.

If you have both a clear and continuous homosexual orientation and homosexual behaviour, the possibility of your being a homosexual is higher. However, this identity is best to be confirmed by a professional.

2. How many homosexuals are there?

According to the latest research, about 2-4% of any population in any given place is homosexual (note 6). You may have heard that 10% of a population is homosexual. This figure comes from research carried out by Alfred Kinsey, in which many flaws were found. Academics pointed out that his study subjects were mostly prisoners, a large proportion of which were sex offenders. Generally, it is considered that 1 in 10 is too high. We should respect the basic rights of homosexuals regardless of the number of homosexuals, whether or not we accept homosexuality. However, homosexual behaviours remain highly controversial. We should remain respectful when we discuss this issue, and should not attack those who support homosexuals or oppose homosexuals with malice.

3. Can we determine if someone is homosexual solely on his appearance or mannerism?

Generally speaking, appearance and mannerisms alone do not suffice to determine if someone is homosexual. It doesn't make someone homosexual if, e.g. a girl who likes sports, or is more active; whereas a boy who doesn't like sports or has a calmer

temperament. We cannot find out someone's sexual orientation by looking at someone. However, sometimes, some people deliberately dress up to let others know that they are homosexual, for example, intentionally wearing a certain kind of clothes.

4. What are some of the mental characteristics that are common among homosexuals?

A. Fear and withdrawal

A child growing up lacking emotional care from either parent (usually from the father), will feel fragile and unprotected, unloved, abandoned, and further develops hatred against their mother or father. Slowly, an intense fear (fear of being abandoned) and a withdrawal character will slowly develop, s/he will soon sink into a world of fantasy and fear of living in the real world.

B. Isolation

As a boy grows up without a father figure, he may be dependent on his mother, and so will imitate how the mother speaks and behaves with others, etc.; he may be teased and made fun of; or feels distant from other boys around him because his height and figure do not match up with others. A girl who has a poor relationship with her mother, or is not satisfied with her mother's performance may grow to not accept her mother, thus behaving strongly and aligning herself with her father's behaviour. She may also find herself different from other girls. It can be said that one of the fundamental problems with homosexuality is that there is a lack of sense of belonging to their original gender, and the lack of assurance of their gender identity.

C. Self-pity and envy

Some homosexuals have experienced unpleasant interpersonal relationships growing up, and may see themselves playing the role of the lead actor/ess in a sad movie, thinking that "nobody understands me", "life is filled with unhappiness", and thus self-pity slowly develops in the sub-conscious mind, in which they bathe themselves as they grow. They start to enjoy the self-centred world they live in, and even to complain that others are not treating them well, rationalize all the complaints around them. The more they pity themselves, the less stable their mind is. On the other hand, boys will envy others of the same sex surrounding him, who are popular and appreciate what they have that he lacks, e.g. courage, perspectives, daring to try new things and not being afraid of being attacked, and strongly desire to possess them. During puberty, when sexual desire start to develop, the desire to possess turns into love and this is how homosexual desire slowly appears.

5. What are the effects of homosexual behaviour?

Even though homosexual orientation is not a choice one can make, this does not mean that one should lead a homosexual life or have homosexual behaviour. This is to say

everyone must be accountable for his or her actions. Let us see what some of the effects on homosexual behaviour are.

A. On psychology

(Satinover, J., 1996, p. 51; Schmidt, T.E., 1995, p. 100-116)

- High number suffer loneliness and depression
About 40% of male homosexuals have had severe depression disorder (male in general is 3%) [note 7]. In female homosexuals, research has indicated that 37% have had history of depression, however the research did not provide figures on women in general for comparison. [note 8]
- Higher numbers of people are drug abusers and alcoholics
Combining figures from two pieces of research, in 405 male homosexuals interviewed, 47% of the targeted survey group had a history of alcoholism (male in general is 24%) and 51% have a history of abusing drugs (7%). [note 9]
In another research, it was shown that among female homosexuals, 35% had a history of alcoholism (5%). [note 10]
At present, research across the board concludes that about 30% of homosexuals (including both male and female) have issues with alcoholism, while the rate with heterosexuals in general is about 10%. [note 11]
- More have seriously considered or attempted commit suicide
Research shows that 35% of male homosexuals have seriously considered or attempted to commit suicide (11%), while 31% female homosexuals have seriously considered or attempted to commit suicide (24%). [note 12]
- Higher numbers of homosexuals have paedophilic orientation.

Studies in general indicate that about two percent of adult males are homosexual [note 13], however 35% of these are paedophile. Child victims fall into the hands of homosexual paedophiles more than those of heterosexual (about 150:20) [note 14]. It is estimated that 10% of male homosexuals are paedophile. [note 15]

Additionally, the following studies have all detailed other emotional disorders and mental diseases: Bell and Weinberg (*Homosexualities*); Saghir and Robin (*Male and Female Homosexuality*); Rosenberger et al. (*Psychopathology*); Williams et al. (*Multidisciplinary Baseline Assessment*); Ryan and Bradford (*National Lesbian Health Care Survey*). Anxiety, nervousness, loneliness, paranoia, delusions and even eating disorders are particularly common among homosexuals.

Some pro-homosexual groups also recognize that the suicide rate is higher among homosexuals. However, they see that the phenomenon is caused by stigmatism and

discrimination. Even if it is true that homosexuals face more stress because of stigmatism and discrimination, it may not be the explanation for the higher suicide rate. According to cross-cultural research, the suicide rate among homosexuals in countries like the Netherlands and New Zealand, which are more openly accepting of homosexuality, and other conservative countries on the issue are similar higher by comparison. As a matter of fact, researchers also discovered that the reasons for homosexuals committing suicide were mainly contributed by break-ups with their same-sex partner, but not external stress or pressure. Sexual addiction also plays a large role as well.

B. On Physical Health

(Satinover, J., 1996, p. 51; Schmidt, T.E., 1995, p. 116-126)

As male homosexuals mostly carry out sexual activities by means of masturbation, oral and anal sex, and most STDs are transmitted by sexual contact, oral and anal sex, which is a particular high risk sexual behaviour, therefore male homosexuals who are exposed to STDs are abundant. The structure of a vagina is very different from that of an anus. A vagina is covered with layers of elastic scale-like epithelial cells which can be used to prevent tears from the friction caused during sex, reducing the chance of infection, and a rectum is only covered by a thin layer of epithelial cells, used to absorb liquid and producing very little amount of mucus for defecation, not inserting penises. As such, cuts can easily form on the surface of the rectum during anal sex. In addition, the rectum is filled with different kinds of bacteria, greatly increasing the chance of an infection.

- Various forms of STDs and HIV are more transmittable from sexual contact (especially anal sex)
- Leading to the dysfunction of the sphincter muscle, causing incontinence, diarrhoea rectal ulcer.
- According to Dr. Satinover's analysis, life expectancy is 25-30 years shorter, and 20 years according to CDC's analysis

[pp12-15]

In fact, many Western studies show that homosexual behaviour causes harm to physical health. To find out more, please see Dailey, T.J. (2001) "The Negative Health Effects of Homosexuality", <http://www.frc.org/get.cfm?i=IS01B1>

GLBT groups often claim that homosexuality does not affect the HIV transmission rate, and infections are caused only by engaging in unprotected sex. According to figures from the Hong Kong Department of Health, between 1984 and 2010, the number of infections among heterosexuals (2,018 people accumulative) is higher than that of homosexuals (1,179 people).

But this is not correct. As there only 2-4% of the population is homosexual, by dividing the number of infections by the population, it becomes apparent that the infection rate among homosexuals is 16.5 times higher than that of the general population. In the

figures published by the HK DOH in the first quarter of 2010, 41 males have been exposed to HIV through homosexual or bisexual sexual contacts, higher than the 20 males who were exposed to HIV through heterosexual sexual contact. This is because promiscuity is more prevalent among homosexuals, meaning that a homosexual lifestyle creates concerns on personal health and social hygiene.

Details can be found on The Negative Effects of Homosexuality
<http://www.frc.org/get.cfm?i=IS01B1>

Please note that this article solely reflects on the situation, instead of discriminating against homosexuals.

C. Marriage

- The chance of establishing and maintaining successful marriage drops.

6. Are homosexual lifestyle and pathology interrelated?

Herrell et al. (1999)'s meta-analysis: homosexuality and suicidal tendencies are closely related. Homosexual and bisexual teenagers are more prevalent to mental problems: e.g. severe depression, anxiety, behaviour disorders, drug dependency, multiple disorders, etc.

Gilman et al. (2001): a study was carried out across the U.S. in which 125 homosexuals and 4,785 heterosexuals were randomly selected to compare the lifetime risk or odd ratios (LOR). The result shows that both male and female homosexuals have a higher risk factor in all topics.

Female homosexuals vs. female heterosexuals: Post-traumatic stress disorder (2.7 times), anxiety (1.8 x), severe depression (1.9 x), suicidal tendency (2 x), emotional disorder (2 x), drug abuse or dependency (2 x).

Male homosexuals vs. male heterosexuals: suicidal tendency (2.2 x), drug abuse (2.8 x) and drug dependency (2.4 x).

A study carried out in Massachusetts by Conron, Mimiaga, & Landers (2008): between 2001 and 2006, 38,910 people were contacted, 97.1% heterosexual, 1.9% homosexual, 1% bisexual. Various risks were higher among homosexuals than heterosexuals: health with "average" or "poor" grading (1.45 times); anxiety (1.4 x); current smokers (2.74 x); asthma (1.5 x), drug abuse (2.98%), history of having been sexual assaulted (2.91 x).

An integrated study by King et al. (2008), based on 13,706 academic pieces of work between 1996 and April 2005, eliminating 286 pieces of work of the highest quality, with 11,971 homosexuals and 214,344 heterosexuals, compared various risk factors. The risk factors towards homosexuals were higher than that of heterosexuals. Female homosexuals vs. female heterosexuals: depression (entire life time) (2 times), suicidal tendency (1.82 x), alcohol dependency (within 12 months) (4 x), drug dependency (within 12 months) (3.5 x).

Male homosexuals vs. male heterosexuals: depression (entire life time) (2.58 times), suicidal tendency (4.28 x), self-harm (lifetime) (2.3 x), anxiety (1.88 x), drug dependency (within 12 months) (2.41 x).

7. Do all homosexuals engage in same-sex sexual behaviour?

We first need to be able to differentiate homosexual orientation (i.e. those experiencing same-sex attraction) and homosexual behaviour (engaged in homosexual love or same-sex sexual behaviour). Those who experience same-sex attraction may not necessarily adopt a homosexual lifestyle, or engage in homosexual behaviour. As some academics are of the view that all men are inclined to promiscuity, not all men choose to be promiscuous. Alternatively, those who have had homosexual behaviour may not necessarily have homosexual inclinations, as some may only take part in such behaviour to find the experience refreshing and exciting.

8. Discrimination in society

The Netherlands legalized same-sex marriage in 2001, becoming the first place ever to accept same-sex marriage. Social attitudes towards homosexuals are more liberal. However, studies carried out there show similarity (Sandfort, de Graff, Bijl, & Schnabel, 1999; Sandfort, de Graaf, & Bijl, 2003).

More interestingly, a new research in the Netherlands surveying 7,000 homosexuals shows that teens have a higher tendency to commit suicide than their seniors (de Graff et al., 2006). It seems that when social discrimination decreases, the suicide tendency rate does not, and the main reasons causing this are relationship break-ups, relationship issues, self-hate, depression and drug addiction.

The GLBT movement considers that discrimination from society is the main cause of committing suicide, however they do not have too much evidence (Hendin, 1995). Research shows those who have attempted to commit suicide and those who have not have experienced similar levels of discrimination (Remafedi et al., 1991, Paul et al 2002). The risk of committing suicide among homosexuals remains the same whether or not society becomes more liberal.

Australia has similar cases: Jorm, Korten, Rodgers, Jacomb, & Christensen (2002): Randomly selected samples indicate that homosexuals have a higher rate of various forms of mental disorders than heterosexuals: anxiety, depression and suicide tendency, etc.

A. Risk of AIDS

In the US, only 10% of AIDS patients are heterosexual. The infection rate among homosexuals is 430 times higher than that of heterosexuals. (Odets, 1994a)

Twenty-five percent of male homosexuals are HIV positive (CDC, 2005), while heterosexuals only 0.2% are (UNAIDS/WHO, 2005). Research in a STD clinic in New York City: HIV positive female homosexuals account for 17% while female heterosexuals account for 11% (Beiver, Chiasson, Heffernan, & Castro, 1995).

One-third of male bisexuals have engaged in unprotected anal sex in the last six months (McKirnan, Stokes, & Doll, 1995); in the last 18 months: two-thirds (Signorile, 1995), and only 12% did not do it (Myers, Godin, Calzavara, Lambert, & Locker, 1993). Forty percent of male homosexuals have never worn a condom during anal sex.

AIDS education has basically failed (Odets, 1994b) and does not reduce risk of transmission though anal sex (Myers, Godin, Calzavara, Lambert, & Locker, 1992). Even when contracted with AIDS, male homosexuals continue risky behaviours, 111 AIDS patients (93% admitted to be homosexual) had a total of 929 sex partners, of which only 6% were of those were told of their risk! (Marks, Richardson, Ruiz, & Maldonado, 1992). Some homosexuals even try to rationalize same-sex unprotected sexual behaviours. The inclination to engage in such high-risk behaviours appears to be caused not only by the lack of education, it also suggests a pathological lack of self-care. Does it entail any deeper psychological factors?

B. Venereal diseases

Venereal diseases among male homosexuals account for 75% while the figure for heterosexuals is 16.9% Laumann et al. (1994).

Another study with 4,000 male homosexuals found 78% had had STDs. Handsfield (1981)

The chance of female homosexuals contracting bacterial vaginosis is 2.45 times higher than their heterosexual counterparts. Evans, Scally, Wallard, & Wilson (2007). The number is even higher for those having contracted herpes, gonorrhoea and syphilis (Ernst & Houts 1984).

C. Promiscuity

Goode & Troiden (1980) studied the number of sex partners homosexuals have: less than 100 (35%), 100-499 (42%), over 500 (23%), one person had had over 10,000. Compared with figures from the National Opinion Research Center (NORC), heterosexuals have an average of 7.2 sex partners since 18, and an average of 1.2 in a year (Smith 1991).

Comparing the number of sex partners AIDS patients have among homosexuals and heterosexuals (mean number): the former is 1,160 while the latter is 41 (Guinan, 1984). Bailey (1999) said that "these studies, having combined the relationship between homosexuality and psychological pathology, are the best published data." (page 883). He said "homosexuality represents a deviation from normal development, and it is also related to deviations leading to other mental disorders. Most mental illnesses seen in homosexuals are the result of the homosexual lifestyle... e.g. the related risk factors related to male homosexuals... this includes anal sex and promiscuity." (pg. 884)

9. Do homosexuals have to support the homosexual movement?

What would you do if you discovered that you were different than the majority of same-sex people around you? Suppose you were attracted to a person of the same-sex? If you were undergoing this very experience, how would you deal with your life?

Having to live a life being attracted to members of the same-sex about whom you fantasize constantly, while not turning to homosexual activity, is indeed quite hard. However, some may adopt rather unique responses in order to deal with their homosexual orientation, sometimes despite having an extreme orientation.

John McKellar, of Ontario, Canada, participates moderately in homosexuality. He started to become concerned that homosexuality is imposing itself on society, and thinks that is going in the wrong direction. Wonderland in Canada, a theme park similar to Hong Kong's Disneyland, has come up with an annual gay day a few years after commencing business. This seems to be rather innocent. This is a day where homosexuals can come together, and hold hands freely, as embraced by the theme of the park, which was to demonstrate intimacy and love. The first event was a success.

However, McKellar, who was still engaging in homosexual activities in 2007, formed a Homosexuals Opposed to Pride Extremism (H.O.P.E.), and repressed the second gay day, and has not attended another event ever since. McKellar feels that mainstream society does not need to be overwhelmed by homosexuality. He also advocates that homosexuals and heterosexuals need not to be granted social equality. McKellar, a homosexual himself, chooses not to recognize the homosexual activism in society.

Ex-gay/Former female homosexual Charlene Cothran wrote: "In the 29 years that have passed me, I was a supporter in homosexual issues progressively, creatively and strategically. I have organized and taken part in countless protests and all kinds of lobbying for equal rights for homosexuals. As a publisher for black homosexuals for 13 years, I have had the opportunity to openly speak to thousands of people, influencing people to come out and stand up for themselves. This has been particularly difficult among the African-American community.

But now, I have to come out again. My recent experience has filled me with power, and I have to totally surround myself under the teaching of Christ. As a faithful believer of God's word, I have completely accepted, and have come to know that, homosexual relationships are not God's wish for us."

You can find out more about on Charlene Cothran's website and read her stories:
www.venuxmagazine.org/Coming&20Home.html

Venus Magazine, published by Crothan, gives voices to black gay men and women. Venus Magazine has twice been awarded distinguished literature prizes, and circulation has risen to 38,000 copies.

When one has experience of homosexuality, it doesn't mean that one has to support or remain in it. Find out other testimonies from ex-gays and read about the stories how people who had had over 20 years of homosexual experience left such lifestyle, you will understand more.

10. Are homosexual behaviours immoral?

In the past, it has been the case that homosexuality is immoral. However, in recent years, under the influence of liberalism, academics have come to feel that homosexuality has nothing to do with morality. Let's find out more about the arguments from both sides:

A. Opposition

In the West, many great philosophers, including Plato, Immanuel Kant, and mainstream Protestants and Catholics have considered homosexuality a crime and immoral. They see that homosexuality is an inverse behaviour, against nature and basic humanity.

Traditional Chinese Confucian teaching focusses on marriage as the harmony of yin and yang, therefore does not accept homosexuality. Buddhism considers that any sexual misconduct outside a marital relationship is sinful, i.e. any sexual behaviour outside the marriage of a man and a woman is immoral (Sheng-yen, Essentials of Buddhist Discipline, 釋聖嚴 戒律學綱要 <http://www.jcedu.org/fxzd/zgl/jlxgy0.htm>)

Recently, academics have argued against the perspectives of these philosophers, Protestants and Catholics. They question the definition of being "against nature". Why are homosexuals "against nature"? Some are right-handed, some are left-handed, wouldn't left-handers be against nature?

B. Supporters

Under the theory of liberalism which currently apply, there's no concern of morality so long as the principles of "consensuality" and "causing no harm to others" are observed. They are of the view that morality does not apply when sexual behaviour takes place consensually, as it demonstrates a great act of love.

However, such perspectives are also being criticized. Critics question whether it is not immoral when the principles of "consensuality" and "causing no harms on others" are observed? By the same rationale, does morality apply to incest, promiscuity and bestiality when it takes places among consensual adults?

Basically, the arguments rest on:

- What is “natural humanity”?
- Do consensuality and “not causing harm to others” equal morality?

What is your view?

One cannot discuss handedness the same way one does genitalia. The hand can perform many tasks and functions. The function of the genitalia is significantly less. Presumably, every doctor or biologist would agree the most appropriate way to carry out sex for a penis be inserted into a vagina, not an anus. When one looks into the anatomy of the male and female genitalia, one concludes that male-to-female mating is the most natural way of mating.

Glossary

假同性戀	pseudo-homosexuality	
同性戀傾向	homosexual orientation	
同性戀行為	homosexual behaviour	
同性間的性行為	same-sex sexual behaviour	
嚴重的抑鬱失調症 (not Major Depression Disorder)		severe depression disorder
性侵犯	sexual assault	
性傾向	sexual orientation	
性別身份/身份認同	gender identity	
明顯地持續	clear and continuous	

[p 16]

However, homosexuals are also part of society. Thus, although we may not agree with their behaviours, we should still respect their basic human rights as a human (for example: freedom of speech, provision of education, medical and social welfare etc.), and oppose the irrational treatment of homosexuals. But much research has shown that homosexuals’ behaviour and life style causes much trouble in health and ethical aspects, so we should not support and encourage students to be homosexual and should protect adolescents who are psychologically immature.

11. Can I be a gay Christian?

The most important scripture about homosexuality is Romans: 1:24-27.

Wherefore God also gave them up to uncleanness through the lusts of their own hearts, to dishonour their own bodies between themselves. Who changed the truth of God into a lie, and worshipped and served the creature more than the Creator, who is blessed forever. Amen. For this cause God gave them up unto vile affections: for even their women did change the natural use into that which is against nature. And likewise also the men, leaving the natural use of the woman, burned in their lust one toward another; men with

men working that which is unseemly, and receiving in themselves that recompense of their error which was meet.

□ Romans: 1:20 states that the law of creating the world by God is obvious, men and women are the only inevitable match (Genesis: 2:18-24).

□ Only homosexuals usually are controlled by lust, and act so that God dislikes it. Old and New Testaments both regard homosexual behaviours as abominations (Leviticus: 18:22; 20:13), this essence violates the law of God, nature and humanity.

Homosexual exegesis (exegesis which supports homosexuals):

Paul here attacks paedophilia, which was popular at that time, and the anal rape of children, but not homosexual behaviour between adults. Paedophilia is a shameful behaviour, as it is an unbalance of power, which is not agreed even by homosexuals nowadays.

Contradiction:

Paul had already stated that the reason to oppose homosexuals is the violation of the origin of creation of humans by God, not the unbalance of power. On the other hand, many early state documents from Greece and Rome stated that society also opposed the homosexual behaviour between adults at that time.

Homosexual exegesis:

Paul here censured those who were born heterosexual but behaved as homosexuals, which violates their natural instincts (sexual orientation).

Contradiction:

If this statement is approved, do other sexual behaviours which are opposed by the Bible, become reasonable sexual orientations? Paul points out that those people are “burned in their lust one toward another”. It means that both people are attracted by each other, and adopt homosexual behaviour that is prompted by lust and has the agreement of both. Paul also rejected this. In fact, Paul censured those violate the purpose of “sex” by God (v.20), not their own sexual orientation.

[p. 17]

12. Is homosexuality a sin?

For most homosexuals, sexual orientation or attraction by the same sex is discovered in nature. It is not the choice of the individual. As the result, homosexual orientation is not a sin. The situation is the same with a heterosexual; it will not classify as sin. The sin is our choice, how to respond to orientation is the individual’s choice, and we need to be responsible for our own choice. No matter whether of heterosexual or homosexual

orientation, we have sinned against the glory of God. For all have sinned, and come short of the glory of God (Romans:3:23), to declare his righteousness for the remission of sins that are past, through the forbearance of God (Romans:3:24-26). We are all facing the urgings of lust. Once people are controlled by lust, their heart has already sinned (Matthew:5:27-28). It is the same with homosexuals. If we cannot control our mind and have a relationship with the same sex, especially if we have sex with the same sex, it is unrighteous in the view of God. (Col1:6-9) God will not grant mercy to fornicators (Col1:6-9). For this is the will of God: we should abstain from fornication. (Thessalonians 1:4:3-8)

Although Bible defines homosexual behaviour as a sin, the wording of the Bible also tells us that God loves all of us, including all homosexuals. God commended his love toward us, in that, while we were yet sinners, Christ died for us. (Romans:5:8) We need to follow Christ to love everyone. Love your enemies, bless them that curse you, and pray for them, which despitefully use you, and persecute you. (Matthew:5:43-44).

We need to listen, to care for homosexuals with love, lead them back to Christ with love.

Homosexuals can pray, asking for God's help, to escape from the urgings of lust, seeking after the holy life. Some homosexuals can even change their sexual orientation by prayer and others' help. Nowadays, many people can share their experiences with you.

[p. 18]

III TRANSFORMATION SECTION

1. Can Sexual Orientation be Changed?

Recently, numerous research has indicated that the human being is not born with an assigned sexual orientation, which means that it is unchangeable . That is, sexual orientation is actually able to change. The National Association for Research and Therapy of Homosexuality spent 2 years of research effort focussed on 860 homosexuals, and found that most of them were able to change their sexual orientation.

Some aggressive organizations supporting homosexuality insist that being a homosexual is totally unchangeable. They believe that homosexuality is inborn, physically healthy and natural. If they agreed that homosexuality was changeable, it would conflict with their own good and rationale of existence.

More, in 1994, Douglas Haldeman criticized research on changing sexual orientation as "full of bias against heterosexuals" and "homophobia". His criticisms are listed below:

- i. Based on rumours, some people who claim-to-be changed are not changed genuinely.
- ii. The earlier research methods were not scientific and thus were unreliable.

- iii. Even though sexual orientation is changeable, it is changeable among bisexuals only.
- iv. Some people who claim-to-be changed are still exposed to homosexual networks, and thus the change is not genuine at all.

But Haldeman's criticisms are problematic:

- i. Since his evidence is rumour-based, the reliability is rather low; Even if it is true that those rumours that some people who claim-to-be changed are not changed genuinely, it is undeniable that the rest of them are actually changed.
- ii. In fact, research methods in 1950s to 1970s were not scientific enough. However, we cannot totally negate the evidence that proves genuine change among some people. Also, some scientific and reliable research has been conducted in recent years, which has proved that sexual orientation can be changed.
- iii. The "sexual orientation is changeable among bisexuals only" statement is lacking an evidential base. It is merely based on Haldeman's self belief that "homosexuality is unable to change".
- iv. First, much reliable research (but not all) shows that sexual orientation among homosexuals may affect their whole life. In fact, to a certain extent, some changed people may still be attracted to other homosexuals after the transition; some may even go back to the homosexual life. However, we should not negate the effectiveness of the counselling in changing sexual orientation. For instance, some alcoholics and regular gamblers may still be exposed to alcohol and gambling after being counselled, but we cannot negate the effectiveness of the counselling session. Many people have a dichotomy of changing one's sexual orientation--- success or failure. Nevertheless, changing one's sexual orientation is a process that can be done gradually, from a high exposure to the homosexual lifestyle, to a gradually lowered exposure. Some may even eradicate homosexuality completely, and develop interests in the opposite sex. Although the level of change is variable among different people, people do change.

In November 1999, organizations like the American Psychiatric Association and the American Psychological Association launched a pamphlet. The pamphlet accused that the work of changing one's sexual orientation causes guilt and nervous issues and that the possibility of change hardly exists, if at all.

After the pamphlet was launched, some members (PhD. Psychiatry) of the American Psychiatric Association wrote a letter against the conclusion of the Association. They alleged that:

- i. The committee holds that invalidating the treatment of altering sexual orientation isn't only a wrong conclusion, it's also misleading, since there are some psychoanalysis reports which support the altering treatment.
- ii. The committee holds that the claim of labelling the treatment as "harmful" is totally wrong. If a person doesn't get appropriate help and counselling and lives as a homosexual, that is "harmful".
- iii. The committee stresses that opposing the treatment of altering sexual orientation is a deprivation of the freedom of psychiatrists, which is actually protected under American Constitutional Law.

The letter also quoted the research done by Houston Macintosh in 1994, which is a relatively conscientious and large-scale research. It reviewed 285 psychoanalysts who had analyzed 1,215 homosexuals. Its report reveals that 23% of homosexuals alter their sexual orientation successfully, and 84% of the homosexuals got an obvious change.

Beside, some psychiatry and psychology related American associations criticised that American Psychological Association (APA) is being affected too much by the concept of "political correctness". For example, Robert Perloff – the Chairperson of the APA in 1985 criticised the unbalanced political position:

- i. At this moment, some information remains unknown
- ii. If the client really wants to change, we should respect his/her decision.
- iii. The position the APA has taken will hinder studies of related topics.

Afterward, the Chairperson and Chief Executive of the APA made clear their stand: Freedom and freewill should be respected. If a person is satisfied with his/her own sexual orientation, a therapist shouldn't attempt to alter it. However, for those who want to change, this should be an acceptable choice; a therapist should be allowed to offer help.

Warren Throckmorton in 1998 published an article in *The Journal of Mental Health Counselling*; it synthesized 83 studies about sexual orientation altering treatment and made a conclusion: Efforts in helping those who wish to change their sexual arousal patterns are effective. These therapies can proceed in accordance with moral values; we should offer help to those who wish to change.

Besides, the most conspicuous work was done by Robert Spitzer (2001). He is a post-Chairperson of the APA. He used to think that sexual orientation was unchangeable. However, he studied 200 people who had attended sexual orientation altering treatment. He discovered that these people had an obvious change in sexual orientation after the treatment. Apparent reduction of same sex attraction resulted, and they developed a "good heterosexual functioning". A lowering in the degree of depression is even reported.

In fact, an experienced psychiatrist has contacted more than 10 homosexuals in the past three years who say they have experienced different degrees of change in their sexual

orientation. Now some of them have even married, and they are actively helping those homosexuals who want to change. Certainly, to alter one's sexual orientation is not simple, and not everyone who wants to change can succeed. According to psychotherapist Joseph Nicolosi, who has counselled more than 500 homosexuals, the success rate of the treatment to alter sexual orientation is actually the same as "any other kind of psychotherapy", 1/3 of them are successful, 1/3 are improved and 1/3 are unsuccessful. And the key factor that makes the treatment successful is how strong the person makes up his/her mind, and if he/she is patient enough. Besides, most of the successful cases reported that the main reason that made them change was religion. A client who is forced by his/her family will not have any changes, the motivation to change must originate from the client's own thoughts and wish. Some professional psychotherapists who treat homosexuals claim, in general, that to alter one's sexual orientation needs 3 to 5 years of counselling on a regular basis.

[p.20-21]

2. Why change sexual orientation?

Dr. Robert Spitzer (2001) points out that the reasons for the homosexual changing their sexual orientation are various. They include:

- 81% of them feel that they cannot get emotional satisfaction;
- 79% of them express that homosexuality contradicts his/her values or religion;
- 67% of male interviewees and 35% of female interviewees want to get married and maintain a marriage (heterosexual).

It can be illustrated that one's sexual orientation can be changed. So the nurture background can affect one's sexual orientation.

3. Can one's sexual orientation be changed?

(Please refer to the information of Phelan, Whitehead, & Sutton, 2009).

The fluidity of sexual orientation

Whitehead & Whitehead (2007)'s latest review showed that sexual orientation is fluid. Half of the gay men were bi-sexual and heterosexual. And about half of the gay men changed to be bi-sexual and heterosexual (p.3).

70% of lesbians have their first sex with men (Paczensky, 1984, cited in Warczok, 1988). 43% of gay men have sex with women more than once (Dannecker & Reiche, 1974, cited in Warczok, 1988).

Half of lesbians are heterosexual before middle age (Tanner 1978, cited in Whitehead & Whitehead, 2007).

One male heterosexual changed his sexual orientation after rape by two men (Goyer & Eddleman, 1984, p.578).

The treatment for changing sexual orientation was invented 125 years ago. Nicolosi et al. (2000b) interviewed 689 gay men and 193 lesbians who got the treatment. Among them, 34.3% changed to heterosexual (almost and nearly almost); 67% were (almost and nearly almost) homosexual. After the treatment, only 12.8% remained homosexual. Those who changed their sexual orientation experienced improvement in physical status and inter personal relationships. Even among the 35.1% who could not change their sexual orientation, most of their emotional status improved.

Byrd et al. (2008) conducted follow up research for the above study. It showed that the interviewees wanted to get treatment on need and support for insufficiency in emotions, insufficiency in family and social relations, and the impact of sexual harassment.

Spitzer(2003) conducted a study on 200 homosexuals (143 male and 57 female) who received treatment for change of sexual orientation. He used the Sexual Attraction Scale (SAS) and Sexual Orientation Self-identity Scale for measurement. The study concluded that the interviewees moved from a high degree of homosexuality to a high degree of heterosexual. : Before the treatment, no one admitted that they were absolutely heterosexual. 46% of male and 42% of female disclosed that they were absolute homosexual. After the treatment, 17% of males and 54% of females responded that they were the absolute heterosexuals.

Spitzer said, 'Even those who did not experience the change disclosed that the treatment was good for them. The change of sexual orientation is a complicated and continual process...The research provided evidence to support that the gay men and lesbians can change the core of their sexual orientation'. (P.415).

Many homosexual activists attacked Spitzer. But it is said that their standard is too high and not realistic. Using the same set of standards to evaluate the information and research about homosexuality, that information and research also fails to prove anything about homosexuality). (Schumm, 2008). So it seems that the activists are using double standards to measure heterosexual and homosexuals

Hershberger is a famous gay friendly expert on statistics. He used Guttman's analysis to check the data of Spitzer and came to the following conclusions: In Spitzer's research, we can find an order and rule in the change of homosexual behaviour, self recognition of homosexuality, perceived change. It is a strong evidence to prove that reparative therapy can help an individual to change from homosexual to heterosexual. So those who object to reparative therapy have to provide strong evidence to counter argue their point of view. But it seems that they cannot do so at this stage. (Hershberger, 2006, p.440).

Shidio & Schroeder, 2002 would like to have proved that reparative therapy is harmful at the initial stage. But the result of their research found that the success rate of changing one's sexual orientation is 4%. There is a 31% success rate in changing one's sexual orientation in summing up the results of the above three research.

Karten(2006) studied 117 gay men by using the modified Kinsey Scale to measure their sexual orientation. In this scale, one is totally heterosexual and seven is totally homosexual. Before the treatment, the average scale of that group of gay men was 4.81. After reparative therapy, the average scale decreased to 2.57. The study also found that the therapy increased their quality of psychology. 100% of the interviewees reported a rise of self-esteem while 99.1% improved their social skills. Moreover, 92.3% of the interviewees decreased their depressed emotions and 72.6% disclosed that their self-attack behaviours had decreased. Also, 58.9% decreased their attempts at suicide while 35.9% reduced the use of drugs and alcohol.

Cummings (2007) was the ex-chairman of the APA and has been the Head of Department of the Mental Health of Kaiser-Permanence Health Organization. He helped 2000 homosexuals between 1960-1980. His staff also helped 16,000 homosexuals. The clients did not ask to change their own sexual orientation actively but some put forward the idea by themselves. The results showed that 67% of the clients were satisfied with the results. Among them, 10,000 clients established stable, happy and healthy heterosexual relationships. 2400 clients changed their sexual orientation. The remaining 1/3 clients could not change their sexual orientation due to various problems: multi-sexual partner, unhappiness, and addiction.

Jones & Yarhouse (2007)'s Prospective and Longitudinal Study used scientific methodology to study the impact of religion on change of sexual orientation. A total of 98 clients received the treatment for less than three years and evaluated their status after a year and 1.5 years. A total of 77 clients were able to finish the whole process of the research. The result of the study was as follows: 15% of the clients had clear change; 23% were not controlled by their sexual orientations and keep their honour. 29% of the clients improved but were in the progress of change; 15% of the clients did not have any changes; 4% of the clients felt confused; 8% of the clients stopped the treatment and recognized their homosexual identity. Jones and Yarhouse said, 'It is proved that through the intervention of the United States of Exodus Association, one's sexual orientation can be changed. And it is not reasonable to say that the treatment by Exodus International is harmful.'(p.387). The above research was conducted after 2000. Jones and Yarhouse concluded that various means to treat homosexuality such as psychoanalysis, behaviour therapy, RET, group therapy, hypnosis, medicine and religion etc can change one's sexual orientation. The average success rate is 1/3 or above.

Moreover, various cases showed that sexual orientation could be changed without any intervention (Wolpe, 1969; Fluker, 1976; Shechter, 1992; Michael, Gagnon, Laumann & Kolata, 1994).

Individual testimonials and stories are fruitful as well. Goldberg, 2008; Strong, 1994; Davies & Tentzel (1993) conclude various research by meta-analysis. Clippinger (1974) also concluded that 40% interviewee had significant change (after the treatment). E.C. James (1978) summarized that the clients have different degrees of change after treatment, which are: 35% with progress, 37% without progress. Jones & Yarhouse (2000) also indicated that 33% of the clients changed slightly (after the treatment).

4. Why do some homosexuals stress that sexual orientation is in-born?

- i. One's gender identity is established gradually at the age of 1.5 years to 3 years. One's gender identity affects one's sexual orientation. Homosexuals may not aware that the parental relationship at that stage may affect their sexual orientation.
- ii. On the one hand, homosexuals accept their sexual orientation with a struggle. The acceptance of one's sexual orientation releases their pain in the struggle.
- iii. Nature means that the responsibility of being a homosexual is not on him/her. Being in-born means nature and cannot be changed.

5. If someone claims themselves to be homosexual, would that be possible if they were really heterosexually?

Many people in reality are not homosexual. They perform homosexual behaviours since they chose it and it was temporary. The following factors may lead to false homosexuals:

[p. 22 – 23]

- i. Living in an environment filled with same sex, lacking the opposite sex, e.g. the prison, the military, boys schools or girls schools.
- ii. Wanting to be loved and engaged in a relationship; that is particularly obvious among girls.
- iii. Some girls may feel themselves as having less attractive appearances, and so try to attract same sex schoolmates by a different appearance as a tom boy.
- iv. Some girls may get mixed up in their sexual orientation because they were good.
- v. Some youngsters may try to be homosexual because of rebellion or curiosity, and are affected by the trend of society becoming more and more open-minded to homosexuality.

Although they are not truly homosexual, they will become homosexuals if they continuously act like homosexuals and get it as a habit.

6. Does Homosexual Therapy harm?

(Detailed in references of Phelan, Whitehead, & Sutton, 2009)

A. Critiques of Homosexual Therapy

Harmful Cases (Duberman, 1991, 2001; Ford, 2001; Moor, 2001)

Beckstead (2001): Changes in sexual orientation can fail, which creates pain. However, this is up to a client's personal choice but not researches.

Drescher (2001): The therapy reinforces the stigmatization of homosexuality and reflects the absolute authority under the ideology of conventional religion.

Shidlo & Schroeder (2002) wishes to prove that homosexual therapy is harmful. This study is often cited, although the authors themselves confessed that their samples were not representative. Therefore, "The data in the passage could not tell us the failure, success, hurt, help, or anything violating morality in the conversion therapy." (p.250) They predicted that such therapy would increase the rate of suicide, however, the long term tendency in committing suicide was lessened by half after the therapy. (Whitehead, 2008)

Haldeman (1994) guessed that homosexual therapy would intensify homophobia. However, from the perspective of society, the society keeps giving greater and greater acceptance to homosexuals under the homosexual therapy in the past decades. The author himself also agrees that: "this is not to suggest all therapies are harmful, and the profession of psychiatric health should not be told to cease all the therapies." (p.128) For those homosexuals who are in therapy, research suggests that the processes basically benefit them.

Nicolosi et al. (2000b) investigated 882 homosexuals who had been in homosexual therapy and gave them a list of 70 negative outcomes. Only 7.1% chose 3 items or more. The research done by Jones & Yarhouse (2007) got the same result.

B. Legalization of Homosexual Therapy

Client's choice should not be neglected and the homosexual therapy should not be banned. That should be more in line with the APA's moral restrictions.

Is there any scientific evidence proving that gay-affirmative therapy is beneficial?

The ego-dystonic sexual orientation is still a sexual confusion in DSM-IV.

Certainly, there is no absolute success in therapy, be it therapies on the downcast of self image, alcohol abuse or disturbances in eating and drink. Failures or relapses are common. If this is used as a reason to cease homosexual therapy, all psychological therapies should be banned!

To conclude, there is no scientific evidence proving that conversion therapy tends to create harmful effects. It is normal to have some exceptions. Research showing that psychological therapies usually create certain harm on clients may explain the harmful effects created. Lambert & Ogles (2004)

The result of therapy differs from person to person. For examples, a kind of drugs can heal 1% of cancer patients, but 99% of the patients would have short term symptom of vomiting. Then should we ban the drug from being sold? Putting this into the context of

psychological analysis, exposing the inside problems of a depressed client may, in the short term, make them more depressed. Those who wish to get rid of the habits of drinking and drug abuse may also need to get through a harsh period.

We believe with evidence that to stop providing services to homosexuals requiring therapy may cause greater harm, or even litigation. That is because many of the homosexuals looking for change are afraid of doing harm (e.g. AIDS) to their life by continuing their homosexual living habits. When they feel their lives are threatened, it is immoral if the therapists refuse to help.

Especially for those homosexuals with religious beliefs, it is a denial of their religious freedom if their requests for homosexual therapy are rejected. They have the right to get away from the control of homosexuality based on the identities given by their religions.

Even if some homosexual therapies are hurtful, it cannot be deduced directly that all homosexual therapies should be banned since there are many types of therapies for tackling homosexuality. Harmful effects created by certain forms of homosexual therapies should not represent all other therapies, in which a more detailed investigation should be made.

[pp. 24-27]

Section IV: Care

1. How to identify if a teenager is homosexual?

First, we have to differentiate “homosexuals” (those consistently attracted to the same sex sexually and emotionally) and “homosexual acts”. If the former are attracted by the same sex, they do not necessarily practice homosexual acts; for example, scholars believe that men tend to be promiscuous, but many men do not choose to be promiscuous. On the other hand, men who practise homosexual acts may not necessarily be possessed by “homosexuality”. They might be driven by curiosity or excitement.

Under certain circumstances, the homosexuality of certain individuals is only temporary and is not consistent. For instance, if one who longs for emotional attachment stays in a place without the opposite sex, one may encounter “masked homosexuality”. Prison, the army, single-sex schools are good examples.

2. What are the signs of teenagers struggling with gender issues?

Quoting *An Ounce of Prevention*, page 22 – 23

None of the following signs is absolute. Nevertheless, if a teenager shares some of the signs, obviously he or she could be struggling with gender identity.

- i A sensitive kid who is forced to feel differently because of being mocked by his/her peers or family members.
- ii A boy who only plays with girls but not boys in his early puberty.
- iii A boy who appears effeminate or behaves roughly; or a girl who appears of a lesbian type, ie manly (which is not to be confused with a sporty type).
- iv One who establishes an exceptionally intimate friendship with a relative or neighbour, which is secretive and compulsory
- v One who is rejected by the same sex parent.
- vi One suffering an absence of fatherhood or who lacks communications with the father.
- vii One with a dominant mother.
- viii One who is the youngest son.
- ix A young girl who establishes an intimate friendship with a more senior female.
- x One who feels irritated about being mocked.
- xi One who is isolated because of physical disability or appearance.
- xii One with a self evaluation: “I must be homosexual” or “I suspect I am bisexual”.
- xiii One who is self-centered.
- xiv A boy who avoids disputes and physical contact.

3. How should teachers/social workers help students struggling with sexual identity?

Driven by the rapid change of hormones in puberty, adolescents may feel confused about their gender and sexual identity. Some even suspect that they are homosexual. Some may greatly admire same sex senior students or feel jealous about close friendships among common friends. Some may have emotional problems because of being mocked. Teachers and social workers may consider the following approaches to help them:

- i To encourage pupils to express their concerns.
- ii To listen their inner voice (both on surface and in-depth).
- iii To express care and acceptance with empathy and establish trust.
- iv To understand their experience and feelings.

- v To analyze, evaluate and identify the type of their problem (i.e. family relationship, friendship and emotional).
- vi To figure out a possible solution (e.g. joining some social activities with the theme of self-understanding or interpersonal relationships).
- vii To discourage them from confirming their sexual orientation in a rush.
- viii To accompany them and offer support.
- ix If necessary, to refer them to professional social workers.
- x If their problem involves school bullying, to refer them to the counselling teachers responsible in the short-term, and discuss the possible ways to establish a culture of mutual respect regardless of sexual orientation, race, religion and family background.

4. How do you deal with your friends or fellows in church who are homosexual?

If you share the struggle of your sexual identity, you may consider the following suggestions:

- i Don't overreact. If you overreact, the other one may feel he or she is being rejected. You should treat them like ordinary people and express personal acceptance and establish trust.
- ii Listen before making any judgment or labelling. Let him know that one with homosexual orientation does not necessarily have to do homosexual acts or become a homosexual. Understand how the other one perceives religion and how the Bible talks about homosexuality.
- iii Acceptance is not equivalent to agreement. Separate the "actor" and the "act". Acceptance is of the person but not the action.
- iv Understand how the church thinks about homosexuality. Clarify the stance of the church and Bible and debunk the falsehood of gay theology. Introduce some references, books and recordings in order to let him understand more about the subject and his situation.
- v Most adolescents like hanging out with the same sex. It is normal for certain individuals who feel confused about their sexual identity during their adolescence.
- vi Remind adolescents not to fix their sexual identity too early as sexual orientation may change over time.

vii Encourage the other one to understand himself and accompany him in figuring out whether he really has a homosexual orientation. Has he a misunderstanding of homosexuality? Under what circumstances did he encounter the temptation of homosexuality and pornography? How can he avoid such kinds of temptation? What kind of background did he have growing up? How was his relationship with parents and peers in childhood? Did he have any unpleasant experiences? What does he look for? (Such a process of discovery is not easy. You may recommend the other one to seek professional advice from professional social workers or counsellors.)

viii You may discuss with him the possible consequences of the gay lifestyle (both short-term and long-term). If he doesn't want to be a homosexual, he can seek help from professionals and become who he wants to be. Many people have made such decisions and changed successfully.

ix Encourage him to find a support group. Being solely dependent on counselling is inadequate. He should invite his friends who are mature and trustworthy to be his support group. It may prevent him from temptation and help him to understand himself. The group should actively concern itself in his moods and personal news.

x In most cases, people who are struggling with their sexual identity may be unconfident and weak at interpersonal skills. You should encourage him to join more healthy activities and broaden his life circle. To establish more non-sexual same sex friendship will be very helpful.

xi If needed, you may contact the applicable church.

5. How should parents deal with their children's homosexual orientations and acts?

A. Deal with your own emotions and reactions

Parents need to find a quiet place to calm down and identify their complicated emotions. Don't deny or suppress these feelings and let them be released. Don't fear the sorrow in the depth of your mind. Suppressing your emotions only makes it worse. Don't despair as homosexuality is more about nature than nurture. Recent research shows that homosexuality can be altered (Appendix I). Parents should control their anger and not draw any conclusions without second thought or blame others. If parents feel panic, they should search for more resources (Appendix II) and learn more about homosexuality. The right knowledge is the key to solve the problem.

B. Deal with the family relationship

According to clinical case studies, the relationship between homosexuals and their parents is unpleasant or even bad. Parents' marital problems are an important environmental factor for homosexuality. When parents discover the sexual orientation of their son, they might make the bad relationship even worse. Even if both parents are separated, their hatred of each other might not be reduced. Nevertheless, whether both

parents unite is a critical factor to help their children. For example, there was a pair of parents who proactively improved their marital relationship after knowing the homosexual orientation of their son. The father even spent more time with his son and understood his struggle. The son later forgave and accepted the effeminate and weak personality of his dad.

In light of your children's homosexuality, parents should learn each other's feelings and outline the action steps to help. Parents may seek help from professional counselling.

C. Helping Children

The formation of sexual orientation takes a long time. Once one is attracted by the same sex sexually and emotionally, the attraction will become a natural reaction. Natural reaction doesn't mean that it is something in-born. Family factors and personal experiences may influence the development of sexual orientation. How to deal with same sex attraction is personal choice. Although sexual orientation can be altered, parents should learn that blaming and forcing won't help their children to change; instead, they may take one step further to homosexuality.

Parents should first figure out whether their children have any struggles about their homosexuality. They may find an appropriate time and have a talk with their children. We talked to some homosexuals and most of them have experienced difficulties in family or interpersonal relationships, sexual identity and self-image. Listening to the children's voices should be the first step. Parents should emphasize that although they do not endorse homosexual acts themselves, their love and acceptance of their children are eternal as if God disapproves sin, he loves every sinner.

The next step is to understand children's homosexual experiences and their situation, including their relationship status, sexual experiences, safe sex practices, fear of getting sexually transmitted disease or AIDS and their willingness to change their sexual orientation, etc. The process of understanding should not be rushed. The conversation can be separated into several occasions. During conversation, parents should control their negative reaction for a genuine sharing.

If parents discover that their children have sex with strangers or acquaintances, they should discuss the possibility of getting sexually transmitted diseases, of being promiscuous, and outline some possible measures to prevent such kind of behaviour.

Struggle about homosexuality is a complicated psychological issue. Children not only need the care and consideration of their parents, but also need professional counselling. No matter whether children are willing to alter their sexual orientation, parents should encourage them to seek professional counselling. If the children are unwilling to seek help, parents should respect their choice and maintain care for them. Do not force them to "change".

Patience, empathy and consistency are essential to help children with homosexual orientations. If the children stay stubborn, I hope all parents may draw a lesson from Luke, Chapter 15. On the one hand, parents should respect the decision. On the other hand, do wait for the change in your son and be willing to forgive. Parents should bear in mind that, even if children are willing to change their sexual orientation, it will take a long time and much effort.

6. How should clergyman care for homosexuals in church?

1. Christ-Centered Caring.

When Jesus was alive, he didn't reject anyone including tax collectors and prostitutes, and he even had meals with them. This was because everyone needs care and counselling. We should imitate the mentality of Christ and care for the physical, psychological, spiritual and interpersonal needs of homosexuals.

2. Accurate Assessment and Empathy

Don't judge that a person's homosexuality is sinful too early. One should evaluate their real needs and give them a chance to change.

3. Restoration and Reconciliation

Homosexuals are annoyed because of their spiritual incompleteness. They need psychological refreshment. They need to restore their relationship with themselves, others and God.

4. Edification and Enrichment

When relationships are healed, one needs to keep a healthy lifestyle.

5. Spiritual Formulation and Direction

Not only help homosexuals to deal with their current problems and stop homosexual behaviour, but also provide spiritual guidance and let them to have some inner change and cultivate a positive lifestyle.

A church is a community with a particular faith. The stance of church is not just against homosexual acts, but to promote the concept of healthy families and marriage. A church should tolerate homosexuals to a certain extent but the stance of the church must not be compromised or influenced.

[pp. 28-35]

7. How do you listen patiently to the inner voices of homosexuals?

The following are the inner voices of some homosexuals. Some of the content is excerpted from Frank Worthen's *Ministering to the Sexually Broken*:

- i. Don't suppose that in the church there are no homosexuals who are struggling. We are afraid to confess because we are afraid of being blamed, judged, rejected, barred from worship, or excommunicated.
- ii. Although we are afraid that others will know our secret, we wish that others will accept us after knowing our secret.
- iii. Please respect us, and don't make homosexuality the butt of jokes.
- iv. We need other people to show care to us more willingly.
- v. When we confess, we hope that you won't feel shocked, embarrassed or scared.
- vi. We need your support, encouragement, and honest sharing. More importantly, we hope to develop with you a friendship that is healthy and is based on mutual trust.
- vii. Don't fear that we will fall in love with you. Rather, you should help us maintain a boundary for developing healthy same-sex friendship.
- viii. Appropriate touching is effective. You should show us the same warmth that you show other people.
- ix. Do not belittle our sharing. Remember to continue showing care to us.
- x. Do not expect sudden growth or change from us, because the change of orientation takes a long time.
- xi. Do not always urge us to find a date or get married. These are not necessarily the ultimate goals of the change of sexual orientation. There are only a small number of people who undergo change and become attracted to the opposite sex (approximately 15% of homosexuals who seek help can achieve this). That one's attraction towards people of the same sex has lessened and that one has maintained celibacy are already proof of successful change.
- xii. Do not expect that our attraction to the same sex will be completely gone. Please pray for our victory over temptation.
- xiii. We need more familial love and warmth. We welcome the married couples in the church to help us. For example, you can invite us over for meals so that we can regain our confidence in heterosexual marriage.

xiv. Encourage us to study and meditate on the Bible so as to help us plant our roots in Christ.

xv. Allow us to worship, and ascertain our values in the body of Christ.

xvi. Don't only be concerned about the change of our sexual orientation, but also show concern about the growth and rehabilitation of our whole person, so that we can rebuild our relationship with God.

xvii. We need life mentors and same-sex mutual aid groups; regular confessions and monitoring can sustain our change.

xviii. Teach believers to understand homosexuality and how to care for us.

xix. Please don't believe that homosexuality is innate, normal and unchangeable: If you believe that homosexuality is innate → naturally you'll question if God is playing with homosexuals.

xx. If you believe that homosexuality is normal, you won't think that you need to care about us.

xxi. If you believe that homosexuality is unchangeable, you won't help us change or you won't believe that we can successfully change.

V) Help and Resources

1. Referred Counselling Agencies.

You can seek counselling services from the following professional agencies:

* New Creation Association	(8103 8010)
* Teen AIDS	(2870 1222)
* Baptist Oi Kwan Social Service	(3413 1556)
* Breakthrough	(2377 8511)
* Chinese YMCA	(2783 3360)
* Elijah Mission (Prayer Ministry)	(2658 5858)

2. Online Resources of Our Society.

There are numerous articles about homosexuality and sex culture for reference on the website of The Society for Truth and Light <http://www.truth-light.org.hk>. We particularly recommend the following three articles:

- What is Homosexuality?
- Am I a Female Homosexual?
- Am I a Male Homosexual?

Also, *Searching for Love* is the story of the change of a Chinese homosexual. *New Things of the Soul* relates the change of sexual orientation of a former homosexual movement activist. People who wish to understand more deeply about this topic can refer to these materials.

3. Other Recommended Websites for Information about Homosexuality.

- * New Creation Association <http://www.newcreationhk.org>
- * Hong Kong Sex Culture Society <http://www.sexculture.org.hk>
- * Rainbow 7 <http://www.rainbow-7.org.tw>
- * Exodus Global Alliance <http://www.exodusglobalalliance.org>
- * U.S. Christian Mental Health Services <http://www.christianmentalhealth.com>

4. The Enquiry Hotline for Homosexuality of The Society for Truth and Light.

Hotline: 2390 2323

If any of your family members or friends has questions/uncertainties about sexual orientation or homosexuality, and if you don't know how to manage and face it, you can call the hotline. There will be experienced people to answer your questions. Conversation details will be kept in strict confidence.

Friday 2-9pm answering calls (no telephone booking service)
Public Holiday closed

The hotline only offers general information about homosexuality/sexual orientation. It is not a counselling hotline. If necessary, there will be referral.

Appendix 1: "How is homosexuality developed?"

Extracted from "The Complex Interaction of Genes and Environment: A Model for Homosexuality," a document written by Dr. Jeffrey Satinover and collected by the National Association for Research & Therapy of Homosexuality in 1995.

It may be difficult to grasp how genes, environment, and other influences interrelate to one another, how a certain factor may "influence" an outcome but not cause it, and how faith enters in. The scenario below is condensed and hypothetical, but is drawn from the lives of actual people, illustrating how many different factors influence behaviour. Note that the following is just one of the many developmental pathways that can lead to homosexuality, but a common one. In reality, every person's "road" to sexual expression is individual, however many common lengths it may share with those of others.

A. Our scenario starts with birth. The boy (for example) who one day may go on to struggle with homosexuality is born with certain features that are somewhat more

common among homosexuals than in the population at large. Some of these traits might be inherited (genetic), while others might have been caused by the "intrauterine environment" (hormones). What this means is that a youngster without these traits will be somewhat less likely to become homosexual later than someone with them.

For example a "sensitive" disposition, a strong creative drive, a keen aesthetic sense. Some of these, such as greater sensitivity, could be related to--or even the same as--physiological traits that also cause trouble, such as a greater-than-average anxiety response to any given stimulus. No one knows with certainty just what these heritable characteristics are; at present we only have hints. Were we free to study homosexuality properly (uninfluenced by political agendas) we would certainly soon clarify these factors--just as we are doing in less contentious areas. In any case, there is absolutely no evidence whatsoever that the behaviour "homosexuality" is itself directly inherited.

B. From a very early age these potentially heritable characteristics mark the boy as "different." He finds himself somewhat shy and uncomfortable with the typical "rough and tumble" of his peers. Perhaps he is more interested in art or in reading--simply because he's smart. But when he later thinks about his early life, he will find it difficult to separate out what in these early behavioural differences came from an inherited temperament and what from the next factor.

C. For whatever reason, he recalls a painful "mismatch" between what he needed and longed for and what his father offered him. Perhaps most people would agree that his father was distinctly distant and ineffective; maybe it was just that his own needs were unique enough that his father, a decent man, could never quite find the right way to relate to him. Or perhaps his father really disliked and rejected his son's sensitivity. In any event, the absence of a happy, warm, and intimate closeness with his father led to the boy's pulling away in disappointment, "defensively detaching" in order to protect himself. But sadly, this pulling away from his father, and from the "masculine" role, model he needed, also left him even less able to relate to his male peers. We may contrast this to the boy whose loving father dies, for instance, but who is less vulnerable to later homosexuality. This is because the commonplace dynamic in the pre-homosexual boy is not merely the absence of a father--literally or psychologically--but the psychological defence of the boy against his repeatedly disappointing father. In fact, a youngster who does not form this defence (perhaps because of early enough therapy, or because there is another important male figure in his life, or due to temperament) is much less likely to become homosexual.

Complementary dynamics involving the boy's mother are also likely to have played an important role. Because people tend to marry partners with "interlocking neuroses," the boy probably found himself in a problematic relationship with both parents.

For all these reasons, when as an adult he looks back on his childhood, the now homosexual man recalls, "From the beginning I was always different. I never got along well with the boys my age and felt more comfortable around girls." This accurate memory makes his later homosexuality feel convincingly to him as though it was "pre-programmed" from the start.

D. Although he has "defensively detached" from his father, the young boy still carries silently within him a terrible longing for the warmth, love, and encircling arms of the father he never did nor could have. Early on, he develops intense, non-sexual attachments to older boys he admires--but at a distance, repeating with them the same experience of longing and unavailability. When puberty sets in, sexual urges--which can attach themselves to any object, especially in males--rise to the surface and combine with his already intense need for masculine intimacy and warmth. He begins to develop homosexual crushes. Later he recalls, "My first sexual longings were directed not at girls but at boys. I was never interested in girls." Psychotherapeutic intervention at this point and earlier can be successful in preventing the development of later homosexuality. Such intervention is aimed in part at helping the boy change his developing effeminate patterns (which derive from a "refusal" to identify with the rejected father), but more critically, it is aimed at teaching his father--if only he will learn--how to become appropriately involved with and related to his son.

E. As he matures (especially in our culture where early, extramarital sexual experiences are sanctioned and even encouraged), the youngster, now a teen, begins to experiment with homosexual activity. Or alternatively his needs for same-sex closeness may already have been taken advantage of by an older boy or man, who preyed upon him sexually when he was still a child. (Recall the studies that demonstrate the high incidence of sexual abuse in the childhood histories of homosexual men). Or oppositely he may avoid such activities out of fear and shame in spite of his attraction to them. In any event, his now-sexualized longings cannot merely be denied, however much he may struggle against them. It would be cruel for us at this point to imply that these longings are a simple matter of "choice."

Indeed, he remembers having spent agonizing months and years trying to deny their existence altogether or pushing them away, to no avail. One can easily imagine how justifiably angry he will later be when someone casually and thoughtlessly accuses him of "choosing" to be homosexual. When he seeks help, he hears one of two messages, and both terrify him: either, "Homosexuals are bad people and you are a bad person for choosing to be homosexual. There is no place for you here and God is going to see to it that you suffer for being so bad;" or "Homosexuality is inborn and unchangeable. You were born that way. Forget about your fairytale picture of getting married and having children and living in little house with a white picket fence. God made you who you are and he/she destined you for the gay life. Learn to enjoy it."

F. At some point, he gives in to his deep longings for love and begins to have voluntary homosexual experiences. He finds--possibly to his horror--that these old, deep, painful longings are at least temporarily, and for the first time ever, assuaged. Although he may also therefore feel intense conflict, he cannot help but admit that the relief is immense. This temporary feeling of comfort is so profound--going well beyond the simple sexual pleasure that anyone feels in a less fraught situation--that the experience is powerfully reinforced. However much he may struggle, he finds himself powerfully driven to repeat the experience. And the more he does, the more it is reinforced and the more likely it is he will repeat it yet again, though often with a sense of diminishing returns.

He also discovers that, as for anyone, sexual orgasm is a powerful reliever of distress of all sorts. By engaging in homosexual activities he has already crossed one of the most critical and strongly enforced boundaries of sexual taboo. It is now easy for him to cross other taboo boundaries as well, especially the significantly less severe taboo pertaining to promiscuity. Soon homosexual activity becomes the central organizing factor in his life as he slowly acquires the habit of turning to it regularly--not just because of his original need for fatherly warmth and love, but to relieve anxiety of any sort.

G. In time, his life becomes even more distressing than for most. Some of this is in fact, as activists claim, because all-too-often he experiences from others a cold lack of sympathy or even open hostility. The only people who seem really to accept him are other gays, and so he forms an even stronger bond with them as a "community." But it is not true, as activists claim, that these are the only or even the major stresses. Much distress is caused simply by his way of life--for example, the medical consequences, AIDS being just one of many (if also the worst). He also lives with the guilt and shame that he inevitably feels over his compulsive, promiscuous behaviour; and too over the knowledge that he cannot relate effectively to the opposite sex and is less likely to have a family (a psychological loss for which political campaigns for homosexual marriage, adoption, and inheritance rights can never adequately compensate). However much activists try to normalize for him these patterns of behaviour and the losses they cause, and however expedient it may be for political purposes to hide them from the public at large, unless he shuts down huge areas of his emotional life he simply cannot honestly look at himself in this situation and feel content.

And no one--not even a genuine, dyed-in-the-wool, sexually insecure "homophobe"--is nearly so hard on him as he is on himself. Furthermore, the self-condemning messages that he struggles with on a daily basis are in fact only reinforced by the bitter self-derogating wit of the very gay culture he has embraced. The activists around him keep saying that it is all caused by the "internalized homophobia" of the surrounding culture, but he knows that it is not." The stresses of "being gay" lead to more, not less, homosexual behaviour. This principle, perhaps surprising to the layman (at least to the layman who has not himself gotten caught up in some such pattern, of whatever type) is typical of the compulsive or addictive cycle of self-destructive behaviour: wracking guilt, shame, and self- condemnation only causes it to increase. It is not surprising that people therefore turn to denial to rid themselves of these feelings, and he does too. He tells himself, "It is not a problem, therefore there is no reason for me to feel so bad about it."

H. After wrestling with such guilt and shame for so many years, the boy, now an adult, comes to believe, quite understandably--and because of his denial needs to believe--"I can't change anyway because the condition is unchangeable." If even for a moment he considers otherwise, immediately arises the painful query, "then why haven't I...?" and with it returns all the shame and guilt. Thus, by the time the boy becomes a man, he has pieced together this point of view- "I was always different, always an outsider. I developed crushes on boys from as long as I can remember and the first time I fell in love it was with a boy not a girl. I had no real interest in members of the opposite sex. Oh I tried all right--desperately. But my sexual experiences with girls were nothing special.

But the first time I had homosexual sex it just 'felt right.' So it makes perfect sense to me that homosexuality is genetic. I've tried to change--God knows how long I struggled--and I just can't. That's because it's not changeable. Finally, I stopped struggling and just accepted myself the way I am."

I. Social attitudes toward homosexuality will play a role in making it more or less likely that the man will adopt an "inborn and unchangeable" perspective, and at what point in his development. It is obvious that a widely shared and propagated worldview that normalizes homosexuality will increase the likelihood of his adopting such beliefs, and at an earlier age. But it is perhaps less obvious--it follows from what we have discussed above--that ridicule, rejection, and harshly punitive condemnation of him as a person will be just as likely (if not more likely) to drive him into the same position.

J. If he maintains his desire for a traditional family life, the man may continue to struggle against his "second nature." Depending on whom he meets, he may remain trapped between straight condemnation and gay activism, both in secular institutions and in religious ones. The most important message he needs to hear is that "healing is possible."

K. If he enters the path to healing, he will find that the road is long and difficult--but extraordinarily fulfilling. The course to full restoration of heterosexuality typically lasts longer than the average American marriage--which should be understood as an index of how broken all relationships are today.

From the secular therapies he will come to understand what the true nature of his longings are, that they are not really about sex, and that he is not defined by his sexual appetites. In such a setting he will very possibly learn how to turn aright to other men to gain from them a genuine, non-sexualized masculine comradeship and intimacy; and how to relate aright to woman, as friend, lover, life's companion, and, God willing, mother of his children. Of course the old wounds will not simply disappear, and later in times of great distress the old paths of escape will beckon. But the claim that this means he is therefore "really" a homosexual and unchanged is a lie. For as he lives a new life of ever-growing honesty, and cultivates genuine intimacy with the woman of his heart, the new patterns will grow ever stronger and the old ones engraved in the synapses of his brain ever weaker.

In time, knowing that they really have little to do with sex, he will even come to respect and put to good use what faint stirrings remain of the old urges. They will be for him a kind of storm-warning, a signal that something is out of order in his house, that some old pattern of longing and rejection and defence is being activated. And he will find that no sooner does he set his house in order that indeed the old urges once again abate. In his relations to others--as friend, husband, professional--he will now have a special gift. What was once a curse will have become a blessing, to himself and to others.

Appendix 2: The Controversy Regarding the Sexual Orientation Discrimination Ordinance and Same Sex Marriage in Hong Kong

1983 The Michael Fulton incident directly led to The Law Reform Commission's publication of "Report on Laws Governing Homosexual Conduct," which started the discussion at issue.

Jul 1990 The Legislative Council, by a margin of 31-13, passed the "decriminalisation of buggery," also known as the "decriminalisation of homosexuality."

1994 Former member of the Legislative Council Anna Wu Hung-yuk proposed the Equal Opportunities Bill.

1996-97 The government legislated against sex discrimination, disability discrimination and family status discrimination, and established the Equal Opportunities Commission to implement the respective Ordinances.

1995-96 A government survey showed that 85% of citizens opposed legislation against sexual orientation discrimination. Instead of legislation, the government proceeded with education.

1996 LegCo member Lau Chin-shek proposed an amendment to the Equal Opportunities Bill. The amendment included family responsibility, sexuality, and age discriminations.

1997 The private bill proposed by LegCo member Lau Chin-Shek lost by a margin of two votes.

Dec 2000 The Panel on Home Affairs of LegCo resumed the discussion about the legislation against sexual orientation discrimination.

May 2004 The Subcommittee to study discrimination on the ground of sexual orientation of the LegCo Panel on Home Affairs submitted a report that recommended the Government to resume the legislation.

Feb 2005 The Home Affairs Bureau appointed a three-person panel (Fanny Cheung Mui-ching, Priscilla Leung Mei-fun, Christopher Chan Yiu-Chong) to survey the public's acceptance of different sexual orientations.

May 2005 Because of strong opposition from the public, the Home Affairs Bureau slightly modified its direction and postponed the survey to the end of the year.

Aug 2005 Mr Justice Michael Hartmann of the High Court handed down a judgment in gay men's favour, pointing out that the age of consent of buggery in Hong Kong violated the Basic Law and the Bill of Rights Ordinance. After that, the Department of Justice filed an appeal. The case was concluded in September, 2006. The Court of Appeal ruled that the existing Ordinance, which stipulated that the age of consent of buggery was 21,

constituted discrimination against male homosexuals; the age of consent should be lowered to 16.

Oct 2005 The Home Affairs Bureau completed the survey.

Jun 2006 The Home Affairs Bureau released the survey results and submitted a report to the Panel on Home Affairs of LegCo. The government indicated that, because different sectors of the society had expressed contradictory views on the legislation, they had decided to temporarily shelve the legislative proposal.

Feb 2006 The SAR government held discussions about the implementation in Hong Kong of the United Kingdom's Civil Partnership Act. These discussions took place because, according to the relevant legislation of the United Kingdom, people who possess British National (Overseas) Passports (BNO) can register a civil partnership at the British Consulate in a country upon the approval of the government of that country. In April, the HKSAR government raised an objection. Therefore, people who possess BNOs cannot register a civil partnership in the British Consulate in Hong Kong.

Dec 2006 Homosexuals requested that same-sex partners be included as one of the protectable categories in the amendment to the Domestic Violence Bill.

Jun 2007 In Jan 2007, the Broadcasting Authority issued a strong advice to RTHK regarding the episode "Hong Kong Connection – Gay Lovers," saying that the episode was partial to homosexuals and was not appropriate to be played during family viewing hours. RTHK did not appeal. Rather, one of the homosexual interviewees of the episode filed a claim in the High Court, applying for a judicial review to overturn the Broadcasting Authority's decision. On 8 May 2008, Mr Justice Michael Hartmann ruled that "Gay Lovers" did not violate the principle of "impartial report" in the Generic Code of Practice, handing down a judgment in favour of homosexuals.

Jun 2007 The Government submitted the Domestic Violence (Amendment) Bill 2007 to LegCo, making amendments that strengthened the protection of victims of domestic violence. The Government had always maintained that same-sex cohabitants should not be included under the protection of the Ordinance. However, during the LegCo debate on the second reading of the Bill, the Government, without going through any consultation procedure, suddenly made a promise to LegCo members that same-sex cohabitants would be included under the protection of the Domestic Violence Ordinance during 2008-09. In December 2008, the Government issued a document to consult LegCo members. Because the Bill aroused a lot of controversy among the then new LegCo members, LegCo members asked the Government to convene a public hearing and said that they would decide on the issue after listening to public opinion. On 10 January 2009, the government held a public hearing, which was attended by 63 groups. Two-thirds of the groups expressed their worry that the passing of the Bill would open the path for same-sex marriage, and demanded the name of the Bill be changed or the expansion of the Bill's protection to people like the cohabiting elderly. LegCo decided to decide on the issue after holding another public hearing on 23 January.

Nov 2009 A transsexual person applied for marriage registration with her boyfriend. Because the law of Hong Kong only allows marriage between a man and a woman, and the transsexual person's birth certificate indicates her as a male, the Marriage Registry rejected their application. They were dissatisfied and therefore applied for a judicial review. The High Court accepted their application. The case has been scheduled for hearing at the present.

Appendix 3

Reflection on Legislation on Sexual Orientation (Preference) Discrimination and Same-sex Partnership

(HUNG Tsz-wan Andrew, Former Project Officer, The Society for Truth and Light [Research])

In recent years, many organizations that support homosexuality have once again demanded legislation on sexual orientation discrimination and same-sex partnership. They think that an individual, regardless of his/her sexual orientation, should be granted equal rights in the realms of occupation, residence, and living, including the right to form a family, and, like different-sex couples, to enjoy spousal benefits offered by a company, for instance, residential and medical benefits.

I think that everyone should enjoy fundamental rights, and I am against unreasonable treatment of homosexuals. However, are there reasons to legislate on sexual-orientation discrimination and same-sex partnership? I think that the following questions should be considered:

Questions about legislation on sexual orientation (preference) discrimination:

Actually, the phrase "sexual orientation" is inaccurate, because people who have homosexual psychological orientation do not necessarily become homosexuals, therefore the ordinance should be called "Sexual Preference Ordinance."

1. *Will the legislation force one set of values upon all people, indirectly encouraging homosexuality?*

Behind the legislation on sexual orientation discrimination, there is the idea of anti-discrimination, and also the normalization of homosexuality. This normalization runs counter to traditional family values and major religious beliefs. Besides, many studies have shown that homosexual behaviours have negative impacts on physical and mental health. Should society introduce a legislation that imposes the gay-affirmative agenda on all people? Let's hypothesize that drug abusers are a disenfranchised population, and they encounter many ill-mannered treatments in the society. But should we help them by legislating on drug abuse discrimination? Wouldn't we be encouraging drug abuse if we were to.

2. *Will legislation achieve equal rights for all people?*

A discrimination ordinance is to punish those people who “discriminate against people.” In the United States, a Catholic diocese was fined US \$ 15,000 for refusing to lend a property to a gay organization for meeting. There was another woman in the United States who was fined US\$1,500 because she did not rent a room to a lesbian; she was even forced to attend a homosexual professor’s “consciousness-raising course.” Regardless of why that woman didn’t want to rent the house to the lesbian, the legislation clearly is used to suppress the rights and freedom of conscience of those people who do not agree with homosexuality, resulting in reverse discrimination. In Hong Kong on 10 April, 2005, because Elm Book refused to display booklets that relate lesbians’ stories prepared by some gay organizations, some gay organizations went to the bookstore to protest. On that day, there was even a LegCo member who urged the government to legislate on sexual-orientation discrimination. Once such legislation is in place, if a bookstore refuses to display homosexual publications because they oppose homosexuality, they will get penalized for violating the anti-discrimination law. This shows that the legislation causes oppression to people who disagree with homosexuality. Besides, once the legislation is in place, the staff guide of business enterprises and the code of conduct of professional associations will also stipulate that homosexuals should not be “discriminated against” and violators will be disciplined. In 2002 in British Columbia, Canada, a teacher named Chris Kempling wrote an article in a local newspaper criticizing some educational materials in the Gay and Lesbian Educators of BC (GALE BC), saying that the materials were misleading, and would offend many parents and undermine moral standards. Because of this, the British Columbia College of Teachers, which was set up by the government, thought that Kempling had violated the teacher’s code of conduct. He was therefore suspended for one month without pay. [28] Eventually, he lost his teaching license and can no longer teach. In November 2001 in America, Eastman Kodak Co. fired a technician named Szabo because of his reply to the sender of a “National Coming Out Day” email (a promotion of the LGBT movement). His reply reads: “Please do not send this type of information to me anymore, as I find it disgusting and offensive.” [29] In January 2004 in America, Hewlett Packard (HP) fired a staff member because he posted anti-gay passages from the Bible at his workplace. The reason was that he generated an intolerant work environment.

28. Marriage and Homosexuality, Chapter 3. <http://www.familyfacts.ca>; see also the website of Evangelical Fellowship of Canada, <http://www.evangelicalfellowship.ca/support/letters.asap>.

29 “Homosexuals’ Right to Work, Testing the Workplace and Management.” Economic Daily News (Taiwan), 9 Nov 2002.

30 “Court OKs HP Firing for Anti-Gay Messages,” Associated Press, 7 Jan 2004

[pp. 36-37]

3. With regard to actual law enforcement practice, how can we identify someone's sexual orientation?

During the post-9/11 recession in the US, it was reported that some people claimed themselves to be homosexual just because they were afraid of getting laid off. If by any chance someone got fired, he could report his case as discrimination to the Human Relations Commission, sue the company for breach of Sexual Orientation Discrimination Ordinance and get compensation. The duties of this Commission are similar to those of the Equal Opportunities Commission in Hong Kong. They first resolve complaints through mediation. If agreements cannot be reached, legal action will go to court. Defendants will have to pay a huge bill for their legal aid costs. Even if they win their cases, they can't get their legal aid fees back. Hence, many companies which do not want to take the risk choose to make some compromise in the mediation process. In the Hong Kong film *Dummy Mommy, Without A Baby*, Miriam Yeung falsely claims herself to be pregnant because she is afraid of getting fired. Foreign movies like *The Closet* also point out the irony of the Sexual Orientation Discrimination Ordinance. Pregnancy can be verified by doctors, but how can we verify sexual orientation? Can we simply rely on self-proclamation? Legal loopholes in the Sexual Orientation Discrimination Ordinance can be easily exploited and abused.

Questions relating to registered same-sex partnerships

1. The Domino Effect

In Hong Kong, the definition today for "sexual orientation" is limited to homosexuality, heterosexuality and bisexuality, but some people with paedophilia, zoophilia and incest behaviour also stress that they are not hurting others, they are just having different sexual orientations. If two men / women can receive the benefits of a married couple, then other combinations like father-son, mother-daughter, adult-kid, or even one-man-one-dog, several-men-several-women should receive the same benefits that a married couple have. In fact, this domino effect is not just juicy stories resorting to sensationalism. In various foreign countries, people are already advocating paedophilia and zoophilia as sexual identities that should be legally protected. Homosexual groups in Hong Kong are also requesting our government to broaden the definition of sexual orientation to include transvestism and transsexualism, as these people also need to be legally protected.

2. Should the Society Advocate Same-Sex Marriage?

Our legislation gives benefits to married couples, because generally speaking, the monogamous heterosexual system is more stable and long-lasting. The government advocates marriage and family building because marriage serves as the firmest

foundation for raising children and stabilizing society. If homosexual behaviour provokes such a great deal of moral and health controversy, should the society advocate same-sex marriage?

3. Striking against an Existing System

Even though homosexual groups always emphasize they are only looking for a registered partnership, the spirit within this has no difference from marriage. If the Ordinance is enacted, the traditional values of marriage and the social system will be under attack. Think about it, if two men / women, father-daughter, man-animal can get married, what is the meaning of our marriage system?

Actually, homosexuals still have many choices. They can vow before their friends and relatives in a private party, advocate their mighty love and persuade individual companies and employers to give them benefits just like normal couples. These are not prohibited by law. What I am opposing is just the strong inception of one set of values through legislation and punishment.

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Appendix 4: Afterthoughts on a “Sexual Orientation Discrimination Ordinance”

The proposed Sexual Orientation Discrimination Ordinance stirred heated debate in Hong Kong. We may share much different views on this issue, yet please take a look at the five key messages below:

- i) Recommendations endorsed by the U.N. Commission on Human Rights to member states are not compulsory. Based on the reality of local situations, individual governments can decide whether to enact an Ordinance. This means that the HKSAR government can exercise the right of self-determination.
- ii) As of today, there is no scientific evidence that proves that homosexuality is innate.
- iii) Sexual orientation can be changed. Our society should provide assistance to homosexuals who wish to change their sexual orientation. It is both unfair and inhumane to force them to take a homosexual label.
- iv) People and organizations that support the enactment of an ordinance prohibiting discrimination based on sexual orientation will not be satisfied only with this accomplishment. Their ultimate goal is the legalization of same-sex marriage.
- v) Homosexual groups cannot be recognized as a protected class that needs civil protection. According to the government’s definition, homosexual groups do not match the following conditions:

- 1) Political powerlessness.
 - 2) Economic Deprivation.
 - 3) Immutable Characteristics, say, race, which is innate, harmless and always non-changeable. In fact, our society should not enact a law to safeguard any kind of behaviour, including sexual behaviour.
- vi) Though the enactment of an Ordinance can safeguard the rights of a small group of people, it will pose serious consequences to our economic and social stability.