

HOMOSEXUAL SEX AS HARMFUL AS DRUG ABUSE, PROSTITUTION, OR SMOKING¹

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Summary.—In 2003, the U.S. Supreme Court said same-sex sexual activity could not be prohibited by law. Analyzing data from the 1996 National Household Survey of Drug Abuse ($N=12,381$) and comparing those who engaged in four recreational activities—homosexual sex, illegal drug use, participation in prostitution, and smoking—against those who abstained, participants (1) were more frequently disruptive (e.g., more frequently criminal, drove under the influence of drugs or alcohol, used illegal drugs, took sexual risks), (2) were less frequently productive (e.g., less frequently had children in marriage, more frequently missed work), and (3) generated excessive costs (e.g., more promiscuous, higher consumers of medical services). Major sexuality surveys have reported similar findings for homosexuals. Societal discrimination inadequately accounts for these differences since parallel comparisons of black and white subsamples produced a pattern unlike the differences found between homosexuals and nonhomosexuals.

The popular view of sex has changed radically over the past four decades. In the past, society generally stipulated that sexual activity was to be enjoyed only within marriage, with procreation as a major aspect. Today the general public tends to view sex as a form of recreation, along with TV, bowling, and other such activities, a game culminating in intense pleasure.

This extraordinary change in attitude is clearly exemplified in the success of the gay rights movement. Gay activist Dennis Altman (1982), in his perceptive book, *The Homosexualization of America*, described the bathhouses, where homosexuals go to find readily available sex partners, as “part of a much broader trend in Western societies, that of a growing acceptance of recreational sex” (p. 80).

Despite this increasing tolerance, homosexual sex is not without its risks. In the USA, AIDS has claimed over 500,000 lives, more than 300,000 of whom were homosexuals. Those who engage in homosexuality likewise have a higher incidence of other sexually transmitted diseases (STDs). In this respect, gay sex is like three other recreational activities to be considered here—drug abuse, involvement in prostitution, and smoking; participation incurs a heightened risk of illness or even death. These behaviors affect not only those involved, but also influence society negatively: (1) diseases are spread; (2) medical costs are increased; (3) workplace efficiency declines; and (4) children are sometimes drawn into these risky behaviors.

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For these very practical reasons, as well as for religious or moral attitudes, these behaviors have been outlawed or curtailed by government. In the absence of modern evidence, in 1785 Jeremy Bentham, finding no personal or social harms from homosexual activity (or smoking, both of which he considered "tastes") felt both should be legal (see Bentham's *Paederasty* in Crompton, 1978). Recently, however, the U.S. Supreme Court (*Lawrence vs. Texas*) ruled that the Constitution protects same-sex sexual activity. Discounting the argument that homosexual behavior has a detrimental effect on society as a whole, the Court instead labeled participation in homosexuality as being fundamental to an individual's homosexual 'identity'.

Is there an empirical basis for the Supreme Court's decision to reverse historical proscriptions of homosexual behavior? That is, is homosexual sex less socially harmful than illegal drug use, smoking, or involvement in prostitution, all of which have been deemed detrimental to society and thereby restricted or outlawed?

The 1996 National Household Survey of Drug Abuse (NHSDA), as modified and processed by the Centers for Disease Control, was examined for differences in social harms and benefits between those who reported recent participation in homosexual activity, prostitution, illegal drug use, or who ever regularly smoked, as compared to those who had not. The findings from this survey partially answer the question of whether homosexual sex is less socially harmful than the other three behaviors.

Participants in each of these four activities are discriminated against in various ways: homosexuals face widespread disdain, illegal drug users and prostitutes are prosecuted, smokers are forbidden to smoke in many public places, etc. Indeed, some have argued that the social harms associated with homosexuality are primarily the result of discrimination (Cochran & Mays, 2000). To index this possibility, another discriminated-against group—respondents who said they were black—was compared to respondents who said they were white on their contributions to and disruptions of society as indexed by the NHSDA.

METHOD

The characteristics of the NHSDA survey, encompassing 12,381 respondents ages 18 to 59 years, have been summarized by Anderson, Wilson, Barker, Doll, Jones, and Holtgrave (1999). Sample weights and any corrections or imputations provided by the NHSDA were utilized. Presented as a drug abuse survey, respondents were also given a battery of pencil-and-paper mental health scales. Further, they were asked in person and via a privately completed questionnaire a number of questions of social relevance, including whether they had (1) engaged in same-sex sexual activity involving anal, oral, or vaginal sex in the past 12 months (nonactive, 'homosexuals' were excluded); (2) used an illegal drug in the past 12 months; (3) had ever

been a regular smoker; (4) paid or received money or drugs for sex in the past 12 months (sellers and buyers could not be disaggregated); and (5) to state their race.

They were also asked if they (6) had ever been booked for a crime, (7) were on parole, (8) were on probation, (9) had driven under the influence of drugs or alcohol within the past 12 months, (10) had ever tried crack, (11) had ever tried heroin, (12) had ever used an illicit drug, (13) had ever tried marijuana, (14) had ever used a needle to inject an illegal drug, (15) were drunk three or more days in the past year, (16) used cigarettes in the past month, (17) had ever tried cocaine, (18) had at least two problems due to alcohol use, (19) had three or more problems due to alcohol use, (20) had at least two problems due to cigarette use, and (21) had any problems due to marijuana use.

Participants were also asked (22) to give their self-assessment of their health status, (23) to complete a series of four different scales indexing mental health (these paper-and-pencil mental health scales assessed depression, anxiety disorder, panic attack, and agoraphobia), (24) whether they had stayed overnight in a hospital within the last 12 months, (25) whether they had visited an emergency room for illness or injury in the past 12 months, (26) whether they had ever gotten alcohol or drug treatment, (27) whether they had visited a mental health professional in the last 12 months, (28) whether they had been treated overnight in a hospital for alcohol problems in the last 12 months, (29) whether they had received treatment/counseling for drug/alcohol use in the past 12 months, (30) whether they had engaged in sex with someone outside of an on-going sexual relationship in the last 12 months, (31) the number of people with whom they had had sex in the last 12 months, (32) whether they had had sex with someone who was HIV+ in the last 12 months, (33) if the last time they had sex it was with a nonregular partner, (34) whether they had an on-going sexual relationship in the last 12 months, (35) whether they were currently in an on-going sexual relationship, (36) whether they had served in the U.S. armed forces, (37) whether they were living with their own child under the age of 17 years of age, (38) their marital status and how many marriages they had had, (39) whether any family member was on welfare in the last 12 months, (40) whether they were on Medicare in the last 12 months, (41) whether they were on Medicaid in the last 12 months, (42) whether they got food stamps in the last 12 months, (43) their personal income, (44) their family income, (45) whether they were employed and whether it was full-time or part-time, and (46) if employed, whether they missed work in the last 30 days (due to illness or because they did not want to work).

For each of the above questions, those who reported that in the past 12 months they had engaged in homosexual activity were compared with those

who had not; those who reported having used an illegal drug were compared with those who had not; and those who reported participating in prostitution were compared with those who had not. Obviously, only those *currently* engaging in these three recreational behaviors, not those who had *ever* participated, were compared with those not so currently engaged. More people had participated in each of these recreations at some point than had within the last 12 months (this is the case, for instance, with homosexual activity [Cameron & Cameron, 2002]). To index long-term effects, those who had ever regularly smoked were compared to those who had never regularly smoked. To index the possible effects of discrimination, black participants were compared with white participants. All differences in distributions of respondents were measured with the Pearson χ^2 in the statistical package provided by the public use host.² The 1996 NHSDA had an approximately 30% noncompletion rate. The term 'homosexual' is used descriptively to designate those who engage in homosexual sex, just as the term 'smoker' designates those who smoke tobacco.

RESULTS

Prevalence of Participation in Four Recreations

Participation in prostitution in the past 12 months was reported by 138 respondents (93 men and 45 women), and participation in homosexuality by 176 (77 men and 99 women); 5 men and 5 women reported participating in both activities. Applying NHSDA weights, an estimated 1.2 million individuals or 0.8% of the U.S. noninstitutionalized population within these age limits (1.4% of men and 0.3% of women) participated as a client of a prostitute or as a prostitute in the previous 12 months. In all, 1.7 million or 1.2% (1.3% of men and 1.1% of women) participated in homosexual activity that involved contact with body fluids in the previous 12 months. Since homosexual activity is more common in same-sex institutions (Kinsey, Pomeroy, & Martin, 1949; Gebhard, Pomeroy, Martin, & Christenson, 1965) and approximately 2% of those aged 18 to 35 years are institutionalized, it is likely that the NHSDA underestimated participation in homosexuality. On the other hand, while there are individuals younger than 18 and older than 59 (about 23% of the adult population is over the age of 59) who engage in homosexuality, because participation in homosexuality declines markedly with age, including these 'missing' ages would tend to increase the absolute numbers involved, but would probably reduce their fraction of the total population of adults.

In the NHSDA, 67% of those who engaged in homosexuality were un-

²www.icpsr.umich.edu/samhda.

der age 35, 5% over the age of 49 (the oldest man who reported engaging in homosexuality was 54, the oldest woman 49). Illegal drug use was also primarily by the young—67% were under the age of 35, 2% over the age of 49 (the oldest users, both male and female, were 57). Participation in prostitution (43% were under the age of 35, 15% over the age of 49 [the oldest man was 50, the oldest woman 49]) and ever having been a regular smoker (49% under the age of 35, 12% over the age of 49) were more middle age. For the entire NHSDA sample, 43% were under 35 years and 16% over 49.

Because the numbers involved in homosexuality and prostitution were smaller, the differences between participants and nonparticipants had to be fairly large to reach statistical significance. Likewise, the standard errors of the point-estimates associated with these activities were fairly wide. The other comparisons—smoking, drug abuse, race—involved large numbers of respondents (e.g., 1,099 male, 931 female drug abusers vs 4,159 male, 6,785 female nonabusers; 1,169 black males, 2,145 black females vs 3,822 white males, 5,274 white females; and 2,242 male, 2,711 female ever-regular smokers vs 2,966 male, 4,949 female never-regular smokers), so the differences required to attain statistical significance were fairly small, and the standard errors associated with point-estimates relatively narrow. As is usual in such surveys, respondents did not answer every question, so the numbers involved in each statistical analysis vary somewhat.

Because the attempt is to look at the ‘big picture’, findings, in percentages, are summarized in Table 1 for each group, as well as for males and females who comprise the group. Differences in the distributions utilizing a conventional χ^2 significance of 0.1 for a 2-tailed test are indicated with one asterisk (*), differences which reached .05 are indicated with a dagger (†), those which reached .01 are indicated by a double dagger (‡), and those unmarked reached significance at .005.

While one might contend that a χ^2 analysis is inappropriate, since it ignores the complexity of the sampling design of the NHSDA, this is not completely true. We used a weighted χ^2 analysis, incorporating the final NHSDA weights as computed by the CDC researchers. These final weights were derived from the basic sampling weights, adjusting for “account dwelling unit-level and individual-level nonresponse and then further adjusted to ensure consistency with intercensal population projections from the United States Bureau of the Census.”³ The basic sampling weights, in turn, were calculated as the inverse of the probability of selection of sample respondents, according to the multilevel survey design. Consequently, the weighted χ^2 analyses do account to some extent for design complexity. The use of χ^2 also

³See www.icpsr.umich.edu/SDA/SAMHDA/nhsda96/codebook/cb2391i03.html#intro2.

enables comparison with prior surveys that typically utilized less sophisticated statistical tests. While powerful statistical tools applied to the answers from sexuality surveys can be intriguing, they ignore the uncertainties linked to the representativeness of those responses. Our use of χ^2 in part acknowledges that answers to questions about personal sexual activity are unlikely to be elucidated by complicated adjustments for clustering or oversampling of respondents (note, however, that when run through SUDAAN the results were generally the same). Random samples are of course easily obtained with balls in a jar, and randomization is readily applied in experimental design settings such as agricultural field trials. It even makes sense to apply more complex statistical adjustments to missing data from census enumerations for which the response rates are high, and the 'holes' in the database rather few.

But whether sophisticated statistical tests can be legitimately applied to the nonrandom samples of those who choose to respond to questions about sex is unknown. In large sex surveys, responses never approximate a random sample. No matter how well-conducted the sexuality survey, and no matter how persistent the interviewers, at least 30% of the anticipated sample do not cooperate (and a significant number answer items in a contradictory fashion, e.g., Laumann, *et al.*, 1994; Johnson, *et al.*, 1994), leaving large 'gaps' in the database. Most sexuality surveys have had nonparticipation rates considerably higher than 30%, e.g., the parts of the 1940s Kinsey survey done outside of prisons, and colleges appear to have had nonparticipation rates larger than 90%. And where the participation rates have been possibly adequate, the sampling methods have been nonrandom, e.g., Saghir and Robins (1973) applied statistical tests assuming random sampling to comparisons of responses of highly motivated gay volunteers from Chicago and San Francisco vs singles living in an apartment complex in St. Louis.

Taken together, the 'missing' respondents, i.e., from nonresponse, and the nonrandomly chosen respondents, if systematically hiding something or differing from randomly chosen ones in some important way, e.g., more apt to be criminal, or to lie, or to conceal their sexual history, etc., tend to weaken or invalidate sophisticated statistical analyses, since no amount of mathematical 'adjusting' of the usable answers can make up for the 'holes' without an adequate prior model as to how a more representative sample would have answered the same questions (see Gigerenzer, Swijtink, Porter, Daston, Betty, & Kruger, 1989). Indeed, the likely bias in the response pool may partially account for the persistent discrepancies in sex surveys, for instance, the fact that there are too few admitted perpetrators to account for the number of reported sexual 'victims', e.g., Bell, *et al.*, 1981.

Table 1 is designed to display enough findings from the extensive NHSDA questionnaire to provide an overview of how those choosing to

participate in the four recreations 'scored' on issues of interest to society. We did not attempt to assess all the possible differences between those involved in these activities, e.g., whether those involved in prostitution reported more sexual partners than those who ever smoked regularly, but rather tried to construct a global assessment as to whether those who engage in homosexuality had the same negative effect upon society as those pursuing the other three recreations. Inspection of Table 1 shows that those involved in each of the four behaviors generally differed from those not involved along each of the dimensions queried in the NHSDA.

Overlap Among Four Recreations

Comparisons 1 through 4 in Table 1 indicate substantial overlaps among those pursuing each of the four activities. Those engaging in homosexual activity were more apt to divert themselves with illegal drugs, more apt to have ever smoked daily, and more apt to have been involved in prostitution. Those who took illegal drugs were more apt to have participated in homosexual activity, more apt to have ever smoked daily, and more apt to have engaged in prostitution. Those who had regularly smoked were more apt to engage in homosexual activity, more apt to have used illegal drugs, and more apt to have engaged in prostitution over the past 12 months. And those who involved themselves with prostitution were more apt to participate in homosexual activity, smoking, and illegal drug use. Of note, however, most of those who pursued homosexuality were not involved in prostitution, most of those into prostitution were not involved in homosexuality, and most involved in illegal drug use were not involved in either homosexuality or prostitution, etc. The overlap between tobacco and illegal drug use was more substantial.

Racial differences.—Groups of black and white respondents did not differ in reporting whether they engaged in homosexual activity. But the black group more frequently reported involvement in prostitution and the use of illegal drugs, while the white group more frequently admitted to regular smoking.

Public Health and Social Order

Criminality.—Comparisons 5–7 in Table 1 index criminality. Those admitting homosexual activity, illegal drug use, regular smoking, or prostitution were also more apt to report having been involved with the criminal justice system.

Racial differences were evident as the black group was more apt to report being on parole or probation, but not more apt to report ever having been booked for a crime.

Dangerousness.—Comparison 8, driving under the influence of drugs or alcohol during the past 12 months, was an index of risk-taking and danger-

TABLE 1
1996 NATIONAL HOUSEHOLD SURVEY OF DRUG ABUSE RESULTS

	Homosexuality		Prostitution		Drug Abuse		Smoking		Race	
	Participant Nonparticipant	Participant Nonparticipant	Abuser Nonabuser	Smoker Nonsmoker	Black	White				
	<i>n</i> = 77 M, 99 F	<i>n</i> = 4,884 M, 7,261 F	<i>n</i> = 93 M, 45 F	<i>n</i> = 4,868 M, 7,315 F	<i>n</i> = 1,099 M, 931 F	<i>n</i> = 4,159 M, 6,785 F	<i>n</i> = 2,242 M, 2,711 F	<i>n</i> = 2,966 M, 4,949 F	<i>n</i> = 1,169 M, 2,145 F	<i>n</i> = 3,822 M, 5,274 F
Q1. Homosexual Behavior Last 12 Months										
All	4.0	0.8	2.8	0.9	1.5	0.7	1.3	1.1 ns	1.3	1.1 ns
Men	5.6	1.4	3.0	0.9	1.5	0.9†	1.4	1.1 ns	1.4	1.1 ns
Women	2.4	0.3	2.7	1.0	1.5	0.6	1.2	1.1 ns	1.2	1.1 ns
Q2. Used at Least One Illegal Drug Last 12 Months										
All	30.9	12.7	48.7	13.4	19.0	7.2	15.0	12.6†	15.0	12.6†
Men	40.5	16.9	43.8	17.4	23.7	10.1	18.9	16.9 ns	18.9	16.9 ns
Women	21.3	9.0†	67.5	9.7	13.9	4.9	11.8	8.6	11.8	8.6
Q3. Ever Smoked Daily										
All	64.9	47.5	66.8	48.1	70.1	43.7	30.6	49.3	30.6	49.3
Men	63.9	51.3 ns	64.0	51.6†	71.0	46.9	46.6	52.3†	46.6	52.3†
Women	65.9	44.0	72.7	44.9	68.7	41.1	33.9	46.6	33.9	46.6
Q4. Involved in Prostitution Last 12 Months										
All	4.0	1.0†	3.6	0.6	1.4	0.7	2.6	0.8	1.4	0.8
Men	5.6	1.6†	4.1	1.2	2.1	1.3†	3.4	1.4	2.1	1.3†
Women	2.4	0.4	2.7	0.1	0.7	0.2	1.7	0.2	0.7	0.2
Q5. Ever Booked for Crime										
All	22.8	10.9	35.4	11.6	31.3	8.1	16.6	5.8	12.0	11.1 ns
Men	31.9	18.5†	37.2	19.6	39.6	14.3	26.5	10.0	19.9	18.9 ns
Women	12.9	3.9	28.1	4.3	16.7	2.8	6.0	2.4	5.5	3.9†
Q6. On Parole										
All	0.20	0.33 ns	2.90	0.33	1.18	0.20	0.55	0.13	0.75	0.26
Men	0.00	0.53 ns	2.30	0.55*	1.60	0.50	0.78	0.26†	1.21	0.42†
Women	0.41	0.14 ns	5.20	0.12	0.46	0.12†	0.30	0.03	0.37	0.12*

Note.—ns denotes $p > .10$. * $p < .10$. † $p < .05$. ‡ $p < .01$. Unmarked denotes $p < .005$.

TABLE 1 (CONT'D)
1996 NATIONAL HOUSEHOLD SURVEY OF DRUG ABUSE RESULTS

	Homosexuality		Prostitution		Drug Abuse		Smoking		Race	
	Participant	Nonparticipant	Participant	Nonparticipant	Abuser	Nonabuser	Smoker	Nonsmoker	Black	White
	n = 77 M, 99 F	n = 4,884 M, 7,261 F	n = 93 M, 45 F	n = 4,868 M, 7,315 F	n = 1,099 M, 931 F	n = 4,159 M, 6,785 F	n = 2,242 M, 2,711 F	n = 2,966 M, 4,949 F	n = 1,169 M, 2,145 F	n = 3,822 M, 5,274 F
Q7. On Probation										
All	2.62	1.83 ns	8.20	1.80	6.50	1.20	2.90	0.85	2.64	1.80†
Men	3.81	3.10 ns	8.40	3.10†	8.10	2.10	4.60	1.50	4.20	3.10 ns
Women	1.40	0.65 ns	7.70	0.63	3.60	0.38	1.10	0.31	1.40	0.59†
Q8. Drove Under Influence of Drugs/Alcohol in Past 12 Months										
All	24.9	13.6	45.6	11.5	39.0	7.8	15.0	9.5	7.0	12.9
Men	32.0	19.3†	46.9	16.8	43.0	11.9	20.0	15.1	11.4	18.5
Women	17.4	8.1†	9.7	5.1	31.9	4.4	9.7	5.1	3.3	7.6
Q9. Ever Tried Crack										
All	8.6	2.9	29.8	2.7	15.7	1.2	5.5	0.8	5.6	2.7
Men	10.0	3.9†	23.5	3.7	16.4	1.5	6.7	1.2	7.0	3.6
Women	7.3	2.0	53.7	1.9	14.5	0.9	4.2	0.5	4.5	1.8
Q10. Ever Tried Heroin										
All	3.1	1.5 ns	10.7	1.4	6.8	0.8	3.0	0.3	1.9	1.6 ns
Men	3.4	2.3 ns	8.4	2.1	7.3	1.4	4.1	0.7	2.5	2.4 ns
Women	2.7	0.8†	18.0	0.8	6.0	0.4	1.9	0.1	1.4	0.8*
Q11. Ever Used Illicit Drugs										
All	76.7	45.5	86.5	44.9			60.0	31.8	40.4	46.8
Men	76.0	52.1†	86.6	51.4			63.3	40.0	49.0	53.1*
Women	77.5	39.6	86.1	39.0			56.4	25.3	33.4	41.0
Q12. Ever Tried Marijuana										
All	72.2	42.9	82.5	42.3	95.1	34.8	57.7	28.8	36.9	44.2
Men	70.1	49.4	85.1	48.6	96.8	39.4	61.4	36.3	45.8	50.3
Women	74.2	37.0	72.4	36.5	92.1	31.0	53.0	22.8	29.6	38.6

(continued on next page)

Note.—ns denotes $p > .10$. * $p < .10$. † $p < .05$. ‡ $p < .01$. Unmarked denotes $p < .005$.

TABLE 1 (CONT'D)
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	Homosexuality		Prostitution		Drug Abuse		Smoking		Race	
	Participant n = 77 M, 99 F	Nonparticipant n = 4,884 M, 7,261 F	Participant n = 93 M, 45 F	Nonparticipant n = 4,868 M, 7,315 F	Abuser n = 1,099 M, 931 F	Nonabuser n = 4,159 M, 6,785 F	Smoker n = 2,242 M, 2,711 F	Nonsmoker n = 2,966 M, 4,949 F	Black n = 1,169 M, 2,145 F	White n = 3,822 M, 5,274 F
Q13. Ever Used Needle to Inject Illegal Drugs										
All	0.9	1.6 ns	12.2	1.4	6.1	0.9	3.0	0.3	1.1	1.7*
Men	0.0	2.2 ns	10.3	2.0	7.1	1.3	4.0	0.4	1.1	2.5†
Women	2.3	1.0 ns	19.7	0.9	4.3	0.6	1.9	0.2	1.1	1.0 ns
Q14. Drunk/High at Least 3 Days in Past 12 Months										
All	37.4	22.8	58.8	22.3	43.2	13.7	29.0	16.7	18.1	17.7 ns
Men	45.2	31.5*	53.3	30.8	42.4	14.4	37.0	25.0	20.4	19.2 ns
Women	29.7	14.9	65.3	14.6	44.6	13.1	20.5	10.2	16.2	16.4 ns
Q15. Used Cigarettes Last Month										
All	55.5	33.9	42.5	33.6*	66.3	29.2	64.0	14.0	36.0	34.3 ns
Men	55.2	36.9†	35.7	35.6 ns	67.0	31.1	64.6	15.8	42.4	36.9†
Women	55.8	31.2	69.0	31.8	65.2	27.6	63.2	12.3	30.8	32.0 ns
Q16. Ever Tried Cocaine										
All	36.8	14.6	49.0	14.3	50.6	9.4	23.5	6.8	11.3	15.3
Men	35.8	18.2	43.6	17.1	54.8	10.9	27.3	9.2	15.2	19.0
Women	37.7	11.2	70.3	11.1	43.2	8.1	19.4	4.9	8.0	12.0
Q17. Any 2 Problems Due to Alcohol Use										
All	16.6	8.9	32.7	17.2	31.0	5.6	13.0	5.0	10.9	8.6
Men	20.7	13.2*	23.9	18.9 ns	34.9	8.5	17.3	8.2	16.7	12.6†
Women	12.5	5.0	57.3	15.7	24.3	3.1	8.3	2.4	6.3	4.8†
Q18. Any 3 Problems Due to Alcohol Use										
All	9.4	5.3†	26.0	5.5	20.9	3.0	8.4	2.4	6.7	5.2†
Men	11.2	8.1 ns	26.5	8.2	24.5	4.8	11.7	4.0	10.3	8.0†
Women	7.6	2.8†	24.1	3.0	14.7	1.6	4.9	1.1	3.8	2.7†

Note.—ns denotes $p > .10$. * $p < .10$. † $p < .05$. ‡ $p < .01$. Unmarked denotes $p < .005$.

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Q19. Any 2 Problems Due to Cigarette Use										
All	40.9	17.5	30.7	17.2	43.2	13.7	35.7	1.1	18.1	17.7 ns
Men	41.9	19.0	23.9	18.9 ns	42.4	14.4	36.5	1.2	20.4	19.2 ns
Women	40.0	16.1	57.3	15.7	44.6	13.1	34.9	1.0	16.3	16.4 ns
Q20. Any Problems Due to Use of Marijuana										
All	11.6	4.5	28.6	4.2	31.4	0.5	7.4	1.8	5.9	4.2
Men	11.4	6.5 ns	24.1	6.2	34.9	0.7	10.1	2.8	8.5	6.2†
Women	11.9	2.6	46.3	2.4	25.3	0.4	4.6	1.1	3.9	2.4‡
Q21. Self-reported Health (% good/% poor)										
All	74/6	70/8 ns	58/8	72/8	64/8	71/9	64/11	75/7	60/13	71/8
Men	76/7	71/8 ns	62/6	72/8*	65/7	72/8	63/11	79/5	63/11	72/8
Women	72/5	70/9 ns	42/17	71/8†	62/10	70/9	64/10	73/8	57/16	71/8
Q22. At Least 1 of 4 Mental Health Problems										
All	17.4	10.6†	18.9	10.5‡	17.2	9.4	14.3	7.0	10.0	10.8 ns
Men	16.3	7.7†	14.8	7.5†	12.4	6.5	10.5	4.5	5.9	7.9*
Women	18.6	13.3 ns	35.1	13.2	25.6	11.9	18.4	9.0	13.5	13.4 ns
Q23. Stayed Overnight in Hospital in Past 12 Months										
All	4.1	7.8*	11.9	8.2 ns	7.6	8.2 ns	8.9	7.5	9.3	7.8†
Men	5.6	4.9 ns	12.7	5.6‡	5.0	6.1 ns	7.5	4.2	5.5	6.0 ns
Women	2.6	10.5†	9.1	10.6 ns	12.3	10.1*	10.5	10.1 ns	12.4	9.4
Q24. Visit to Emergency Room for Illness/Injury in Past 12 Months										
All	16.7	17.3 ns	28.3	17.6‡	24.4	16.2	20.6	14.3	20.6	17.0
Men	8.7	17.3*	30.1	17.5‡	23.1	16.9	21.8	13.9	20.6	18.1 ns
Women	24.5	17.4*	21.2	17.8 ns	26.7	15.7	19.2	14.6	20.6	16.0

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Note.—ns denotes $p > .10$. * $p < .10$. † $p < .05$. ‡ $p < .01$. Unmarked denotes $p < .005$.

TABLE 1 (CONT'D)
1996 NATIONAL HOUSEHOLD SURVEY OF DRUG ABUSE RESULTS

	Homosexuality		Prostitution		Drug Abuse		Smoking		Race	
	Participant n=77 M, 99 F	Nonparticipant n=4,884 M, 7,261 F	Participant n=93 M, 45 F	Nonparticipant n=4,868 M, 7,315 F	Abuser n=1,099 M, 931 F	Nonabuser n=4,159 M, 6,785 F	Smoker n=2,242 M, 2,711 F	Non-smoker n=2,966 M, 4,949 F	Black n=1,169 M, 2,145 F	White n=3,822 M, 5,274 F
Q25. Ever Received Alcohol/Drug Treatment										
All	10.8	4.3	28.0	4.1	14.0	2.9	7.3	1.7	5.0	4.3
Men	15.2	6.2	24.1	5.9	15.5	4.3	9.4	2.9	6.5	6.1 ns
Women	6.4	2.6†	43.8	2.5	11.3	1.8	5.0	0.7	3.7	2.6†
Q26. Visited Mental Health Professional in Past 12 Months										
All	11.8	5.4	6.9	5.2 ns	9.0	4.9	7.1	4.0	4.3	5.1†
Men	9.8	4.5†	3.9	4.2 ns	6.9	4.1	5.9	3.2	3.5	4.3 ns
Women	13.7	6.2‡	18.1	6.1‡	12.8	5.7	8.3	4.7	5.0	6.7†
Q27. Treated Overnight in Hospital for Alcohol Problem in Past 12 Months										
All	13.8	8.0 ns	8.2	10.0 ns	9.0	7.6 ns	9.9	1.6‡	11.2	7.9 ns
Men	8.0	5.6 ns	11.2	6.5 ns	6.4	5.3 ns	7.3	1.3*	13.9	4.8†
Women	30.9	12.9 ns	1.3	17.7 ns	15.4	12.1 ns	15.1	2.7†	7.2	14.7 ns
Q28. Received Treatment/Counseling for Drugs/Alcohol in Past 12 Months										
All	4.9	1.2	16.1	1.1	6.1	0.9	2.0	0.6	2.2	1.4†
Men	6.0	1.9†	14.4	1.8	6.7	1.4	2.6	1.1	2.7	2.2 ns
Women	3.7	0.7	23.0	0.5	5.1	0.4	1.4	0.1	1.8	0.7
Q29. Had Sex Outside an On-going Sexual Relationship in Past 12 Months										
All	43.3	11.2	71.4	11.1	30.8	8.7	13.2	10.4	19.4	10.6
Men	54.4	14.6	74.0	14.3	32.4	11.6	15.8	15.0 ns	26.0	13.6
Women	32.2	8.1	61.4	8.2	28.2	6.2	10.5	6.7	13.2	7.8
Q30. Number of Sex Partners in Past 12 Months (% with 1/° with 2-5/° with 6+)										
All	56/35/9	89/10/1	32/58/10	90/10/0.7	65/30/6	92/7/0.5	87/12/1	90/9/1	88/12/0.5	93/7/0.5
Men	39/50/11	85/13/2	29/60/11	86/13/1	65/29/7	89/10/0.9	84/14/2	85/13/2 ns	74/21/5	86/12/2
Women	76/19/5	93/7/0.4	90/9/0.7	94/6/0.2	65/31/4	95/5/0.1	90/9/0.7	94/6/0.2	81/16/3	90/9/1

Note.—ns denotes $p > .10$. * $p < .10$. † $p < .05$. ‡ $p < .01$. Unmarked denotes $p < .005$.

TABLE 1 (CONT'D)
1996 NATIONAL HOUSEHOLD SURVEY OF DRUG ABUSE RESULTS

	Homosexuality		Prostitution		Drug Abuse		Smoking		Race	
	Participant Nonparticipant	Participant Nonparticipant	Participant Nonparticipant	Abuser Nonabuser	Smoker Nonsmoker	Black	White			
	<i>n</i> = 77 M, 99 F	<i>n</i> = 4,884 M, 7,261 F	<i>n</i> = 93 M, 45 F	<i>n</i> = 1,099 M, 931 F	<i>n</i> = 2,242 M, 2,711 F	<i>n</i> = 1,169 M, 2,145 F	<i>n</i> = 3,822 M, 5,274 F			
Q31. Had Sex with HIV+ Partner in Past 12 Months (% yes/% "don't know")										
All	2.2/14.3	2.5/36.9	0.3/4.3	0.2/3.7	0.2/5.4	0.1/8.7	0.3/4.0			
Men	3.4/19.7	0.4/6.0	3.0/40.5	0.9/11.4	0.3/7.0	0.2/10.3	0.5/5.6			
Women	1.0/8.8	0.1/3.1	0.7/22.5	0.3/9.2	0.1/3.8	0.1/7.1	0.2/2.6			
Q32. Last Sex Was with Non-regular Partner										
All	21.6	4.8	41.7	10.7	5.6	9.7	4.5			
Men	31.3	7.1	45.0	19.0	7.6	6.7	1.6			
Women	11.9	2.8	30.8	15.9	3.6	6.3	2.5			
Q33. Number of 5 High-risk Sexual Behaviors in Past 12 Months (%0/%1/%2+)										
All	0/78/22	95/1/4	0/47/53	94/3/4	92/3/5	90/3/7	94/2/4			
Men	0/71/29	93/2/5	0/45/55	92/4/5	90/4/6	85/5/10	92/3/5			
Women	0/85/15	97/1/3	0/52/46	96/2/3	95/2/3	93/2/6	96/2/2			
Q34. Number of 7 High-risk Sexual and Drug Behaviors in Past 12 Months (%0/%1/%3+)										
All	0/78/16	95/1/4	0/36/63	94/3/4	91/4/5	88/4/5	94/3/4			
Men	0/70/30	93/2/5	0/36/64	92/4/5	89/4/7	84/6/9	91/4/5			
Women	0/85/15	97/1/3	0/38/62	96/2/3	94/3/4	92/2/5	96/2/2			
Q35. Had On-going Sexual Relationship in Past 12 Months										
All	62.9	79.8	53.5	78.9	80.0	73.5	80.6†			
Men	60.9	71.2 ns	54.4	71.7*	76.1	69.5	73.6 ns			
Women	65.6	86.9†	50.3	87.1	85.3	77.4	89.2			
Q36. Currently in On-going Sexual Relationship										
All	68.1	90.5	64.7	90.4	89.7	85.1	90.8			
Men	54.6	88.5	65.8	88.3	87.8	85.0	88.5†			
Women	81.6	92.4	60.1	92.4	91.6	85.1	93.1			

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Note.—ns denotes $p > .10$. * $p < .10$. † $p < .05$. ‡ $p < .01$. Unmarked denotes $p < .005$.

TABLE 1 (CONT'D)
1996 NATIONAL HOUSEHOLD SURVEY OF DRUG ABUSE RESULTS

	Homosexuality		Prostitution		Drug Abuse		Smoking		Race	
	Participant	Nonparticipant	Participant	Nonparticipant	Abuser	Nonabuser	Smoker	Nonsmoker	Black	White
	<i>n</i> = 77 M, 99 F	<i>n</i> = 4,884 M, 7,261 F	<i>n</i> = 93 M, 45 F	<i>n</i> = 4,868 M, 7,315 F	<i>n</i> = 1,099 M, 931 F	<i>n</i> = 4,159 M, 6,785 F	<i>n</i> = 2,242 M, 2,711 F	<i>n</i> = 2,966 M, 4,949 F	<i>n</i> = 1,169 M, 2,145 F	<i>n</i> = 3,822 M, 5,274 F
Q37. Ever Served in Military										
All	11.3	10.9 ns	9.9	11.1 ns	8.4	11.4	16.5	5.9	10.8	11.4 ns
Men	16.8	21.0 ns	11.8	21.4†	11.8	23.1	29.7	11.9	22.1	21.8 ns
Women	6.0	1.8†	2.6	1.8 ns	1.7	2.3 ns	2.5	1.2	1.6	1.8 ns
Q38. Living with Own Child Under Age 17										
All	25.1	43.4	36.1	43.2 ns	31.7	44.8	40.9	45.0	44.1	42.9 ns
Men	3.7	37.8	34.0	37.7 ns	26.3	40.0	36.1	39.4†	34.1	38.0*
Women	46.6	48.5 ns	44.1	48.2 ns	41.2	48.7	46.0	49.4	52.3	47.5‡
Q39. Ratio (in %) of Children Living with Married vs Never Married Respondents										
All	59/41	96/4†	94/6	96/4 ns	86/14	97/3	95/6	98/3	88/12	97/3
Men	85/15	87/13 ns	63/38	89/11	67/33	88/12	85/16	88/12	54/46	92/8
Q40. Marital Status (% Never Married)										
All	66.2	26.8	45.8	26.9	41.4	24.3	22.8	30.5	54.5	22.8
Men	86.8	31.6	47.3	31.6	41.6	29.7	26.8	36.7	56.1	26.6
Women	45.6	22.5	40.0	22.7†	41.3	19.2	18.6	25.6	51.7	19.7
Q41. If Ever Married, % Only Married Once										
All	64.6	78.3*	57.5	77.9	77.7	78.6 ns	70.5	86.5	79.8	77.9 ns
Men	16.8	78.6	51.4	78.3	78.1	78.5 ns	71.2	86.8	77.1	78.0 ns
Women	76.0	78.0 ns	77.8	77.6 ns	77.0	78.7 ns	69.8	86.3	81.9	77.9 ns
Q42. Any Family Member on Welfare in Past 12 Months										
All	4.1	6.0 ns	11.6	5.8‡	9.0	4.9	6.9	5.0	15.7	3.9
Men	1.5	4.0 ns	8.1	3.8*	6.6	3.5	4.8	3.1	10.4	3.1
Women	6.8	7.8 ns	25.1	7.7	13.0	6.1	9.2	6.5	19.9	4.7

Note.—ns denotes $p > .10$. * $p < .10$. † $p < .05$. ‡ $p < .01$. Unmarked denotes $p < .005$.

TABLE 1 (CONT'D)
1996 NATIONAL HOUSEHOLD SURVEY OF DRUG ABUSE RESULTS

	Homosexuality		Prostitution		Drug Abuse		Smoking		Race	
	Participant	Nonparticipant	Participant	Nonparticipant	Abuser	Nonabuser	Smoker	Nonsmoker	Black	White
	<i>n</i> = 77 M, 99 F	<i>n</i> = 4,884 M, 7,261 F	<i>n</i> = 93 M, 45 F	<i>n</i> = 4,868 M, 7,315 F	<i>n</i> = 1,099 M, 931 F	<i>n</i> = 4,159 M, 6,785 F	<i>n</i> = 2,242 M, 2,711 F	<i>n</i> = 2,966 M, 4,949 F	<i>n</i> = 1,169 M, 2,145 F	<i>n</i> = 3,822 M, 5,274 F
Q43. On Medicare in Past 12 Months										
All	0.7	1.9 ns	1.9	1.1 ns	2.6	1.8†	2.4	1.4	3.5	1.7
Men	0.0	1.8 ns	0.8	1.0 ns	2.4	1.6 ns	2.4	1.1	3.0	1.6†
Women	1.3	2.0 ns	6.0	1.2†	3.0	1.9†	2.3	1.7*	3.8	1.7
Q44. On Medicaid in Past 12 Months										
All	2.9	6.5*	6.9	5.3 ns	8.5	6.0	7.7	5.1	14.9	5.1
Men	1.0	3.7 ns	3.1	2.7 ns	5.2	3.2	4.6	2.3	7.2	3.0
Women	4.8	9.2 ns	21.3	7.7‡	14.3	8.4	10.9	7.3	21.2	7.2
Q45. Received Food Stamps in Past 12 Months										
All	10.8	9.1 ns	19.4	8.2	13.8	8.5	10.8	7.7	22.7	7.2
Men	1.9	7.1 ns	16.9	6.2	10.9	6.3	9.1	5.0	13.2	6.2
Women	19.6	10.9‡	29.2	10.0‡	19.1	10.3	12.7	9.9	30.6	8.2
Q46. Personal Income (% <\$9K/% \$20-\$40K/% \$75+K)										
All	23/31/0.4	29/29/4‡	29/21/11	27/30/4	33/26/3	28/29/4	28/28/4	30/29/3	34/26/1	28/29/4
Men	18/37/10	17/33/7‡	21/22/13	13/35/7	27/28/4	14/35/7	16/32/6	18/34/7	27/29/1	15/35/7
Women	29/24/1	40/25/1 ns	59/16/5	39/25/1	44/23/1	40/23/1 ns	41/24/1	40/23/1‡	41/23/0.3	40/23/1‡
Q47. Family Income (% <\$9K/% \$20-40K/% \$75+K)										
All	10/36/10	7/28/16*	10/34/14	6/28/18 ns	12/27/14	6/29/16	8/28/15	6/28/17	34/26/1	28/29/4
Men	3/33/12	6/28/18 ns	5/35/17	5/27/19 ns	10/28/14	5/28/18	6/28/15	6/23/19	27/29/1	15/35/7
Women	16/38/8	8/29/15	30/32/5	7/29/17	14/25/13	7/29/15	10/28/15	7/29/15	41/23/0.3	40/23/1‡
Q48. Employment (% Working Full-Time/% Part-Time/% Unemployed)										
All	84/11/5	81/13/5	73/16/11	82/13/5‡	74/16/10	83/13/5	82/12/6	81/14/4	79/11/10	82/14/5
Men	85/10/5	86/8/6 ns	75/16/9	88/6/5	78/12/10	88/7/5	87/6/7	86/10/5	80/9/11	88/7/5
Women	84/12/5	77/18/5	61/18/21	77/19/4	68/23/9	78/18/4	75/19/6	78/18/4	78/13/9	76/20/4

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Note.—ns denotes *p* > .10. **p* < .10. †*p* < .05. ‡*p* < .01. Unmarked denotes *p* < .005.

TABLE 1 (CONT'D)
1996 NATIONAL HOUSEHOLD SURVEY OF DRUG ABUSE RESULTS

	Homosexuality		Prostitution		Drug Abuse		Smoking		Race	
	Participant	Nonparticipant	Participant	Nonparticipant	Abuser	Nonabuser	Smoker	Nonsmoker	Black	White
	<i>n</i> = 77 M, 99 F	<i>n</i> = 4,884 M, 7,261 F	<i>n</i> = 93 M, 45 F	<i>n</i> = 4,868 M, 7,315 F	<i>n</i> = 1,099 M, 931 F	<i>n</i> = 4,159 M, 6,785 F	<i>n</i> = 2,242 M, 2,711 F	<i>n</i> = 2,966 M, 4,949 F	<i>n</i> = 1,169 M, 2,145 F	<i>n</i> = 3,822 M, 5,274 F
Q49. Not Absent From Work During Past 30 Days										
All	66.3	80.9	79.2	80.8 ns	68.3	82.0	87.2	88.1 ns	74.8	81.1
Men	68.2	83.4	80.5	83.4 ns	70.5	85.1	87.8	90.2*	78.5	83.4‡
Women	64.5	78.0	76.2	67.8 ns	63.8	78.7	86.4	85.9 ns	71.4	78.3

Note.—ns denotes $p > .10$. * $p < .10$. † $p < .05$. ‡ $p < .01$. Unmarked denotes $p < .005$.

ousness. Those admitting to homosexual activity, illegal drug use, participation in prostitution, or who had ever regularly smoked were more apt to report driving under the influence.

Racial differences were clear as the white group more frequently reported driving under the influence.

Use of illegal and legal substances.—In Table 1, Comparisons 9–13 and 16 index illegal substance abuse, while Comparisons 14 and 15 index legal substance use. Although some comparisons for the eight different substances did not attain statistical significance, as a rule, those who engaged in one of the four recreations also pursued each kind of substance more frequently.

Racial differences were evident as the white group more frequently reported ever having used an illegal drug (including marijuana), but the black group more frequently reported use of crack cocaine.

Problems with substance use.—Even though alcohol, cigarettes, and marijuana are used recreationally, those admitting to any of the four recreations more frequently reported problems with their use (Comparisons 17–20).

Regarding racial differences, the black respondents more frequently than the white ones reported problems due to alcohol or marijuana use (even though blacks less frequently reported using marijuana).

Health.—Health was indexed with a global self-assessment (Comparison 21), paper and pencil tests of ‘mental health’ (Comparison 22), and visits to various health professionals and treatment facilities (Comparisons 22–28). On self-assessed health, the percentage reporting “excellent or good” health vs those reporting “poorer” health did not differentiate between those who did and did not participate in homosexuality. Those who engaged in the other three recreations reported lower self-assessed health than those who abstained. Consistent with their self-assessments, staying overnight in the hospital (Comparison 23) or visiting an emergency room (Comparison 24) did not differentiate between those who did or did not pursue homosexual activity but often differentiated between those pursuing and not pursuing the other three behaviors. For questions indexing ‘mental health’, including tests indicating at least one of four mental health problems (No. 22), visiting a mental health professional (No. 26), or receiving counseling for alcohol/drug treatment (No. 28), those pursuing either homosexuality or the other recreations, with some exceptions for those involved in prostitution, generally registered as less healthy.

On racial differences, the black respondents reported lower physical health and registered more frequent overnight and emergency room visits. However, they appeared to have somewhat better mental health as measured by visiting a mental health professional.

Health costs.—Generally, those engaged in the four recreations were

treated for physical or mental problems more frequently than were those who abstained.

Regarding racial differences, the black group made more visits to emergency rooms, but white respondents made somewhat more visits to mental health professionals.

Sexual activities.—Comparisons 29, 30, 32, 35, and 36 index the sexual 'loyalty' or 'promiscuity' of those pursuing the four recreations. While those admitting to illegal drug use, homosexuality, or prostitution registered higher numbers of partners and lower sexual loyalty, it is clear that those pursuing homosexuality and prostitution registered the least sexual loyalty and the highest rate of promiscuity. Smokers only tended toward less loyalty and greater promiscuity. Comparisons 31, 33, and 34 index sexual risk taking. Those engaged in illegal drug use, homosexuality, or prostitution were more apt to report having had sex with someone they knew to be HIV+ and more apt to report not knowing the HIV status of a sexual partner. Although they differed statistically from nonsmokers, it is difficult to say whether ever-smokers were more apt to have sex with a person who was HIV+. Those admitting to homosexual behavior or prostitution were considerably more apt to register as having engaged in one or more of what the Centers for Disease Control has defined as five higher-risk sexual activities or seven higher-risk sexual and drug activities. Illegal drug users also scored as higher risk-takers than nonusers. Smokers appear to have been only somewhat greater risk-takers than were nonsmokers.

With respect to racial differences, the black respondents registered less sexual loyalty and more promiscuity. But, as in the comparison between smokers and nonsmokers, it is difficult to say whether this group was more apt to engage in sex with the HIV+ since the white group tended to more frequently report knowing a partner was HIV+, while the black group was more apt to report not knowing the HIV status of a partner. Black respondents were generally more apt than the white ones to report engaging in one or more of the high risk sexual and drug activities.

Contribution to Society

Military service.—As indexed by Item 37, illegal drug users were less apt and smokers more apt to have served in the military.

No racial differences were recorded.

Production of children in marriage.—The beneficial effects upon children of marriage and the detrimental effects of divorce or single parenting appear in almost every study of the issue. Since being reared within marriage is so highly predictive of well-socialized children, Items 38 and 39 provide a sense of the contribution those who admitted to each recreation made toward replenishing society with well-socialized members. Those engaging in homo-

sexuality were less apt to produce children (largely driven by the men, not the women). Similarly, males who pursued homosexuality were less apt to be rearing children within marriage. Those admitting to illegal drug use were less apt and those who had ever regularly smoked were somewhat less apt to be living with at least one child. Similarly, illegal drug users and women who participated in prostitution were less apt and ever-regular smokers somewhat less apt to be raising a child within marriage.

On racial differences, the black respondents were as apt to be raising children, but the white group was more apt to be raising them within marriage.

Income.—Items 46 and 47 index income, one measure of the value of an individual's contribution to society. Those inclined to homosexuality, illicit drug use, prostitution, or regular smoking reported lower income, but the differences were modest.

With regard to racial differences, the black group reported lower income than the white one.

Employment.—Item 48 indexed employment. Those who pursued homosexuality were somewhat more likely to be employed (women accounted for the difference). Those who used illicit drugs or participated in prostitution were less apt to be employed and more apt to be unemployed.

Regarding racial differences, the black group was less apt to be employed and more apt to be unemployed.

Not being absent from work.—Item 49 combines absences from work, whether due to illness, injury, or 'just not feeling like it'; that is, the employed person reported missing one or more days of work in the last 30 days. Those who engaged in homosexuality or illicit drug use more frequently missed work in the past 30 days.

Differences by race showed the black respondents more frequently missed work.

Costs to Society

Being married.—Being married generally reduces what an individual costs society, while getting divorced generally increases those costs. Items 40 and 41 index marital status and having been married only once (whether the respondent had ever had a divorce was not asked). Those pursuing each of the four recreations were less apt to have ever been married. For those ever married, those who engaged in homosexuality, participated in prostitution, or who had ever smoked were more apt to have been multiply married (and presumably divorced).

On racial differences, black respondents were less apt to have ever been married, but if married, were no more apt to have been married multiple times.

Recipient of welfare.—Items 42–45 index various kinds of social assistance. Those admitting to illegal drug use, prostitution, or who had ever regularly smoked, more frequently got social assistance.

Regarding racial differences, the black group more frequently received social assistance.

Was Homosexual Sex Less a Risk to Society Than Other Proscribed Recreations?

Those who engaged in homosexuality were similar to those who used illegal drugs, participated in prostitution, or regularly smoked in disturbances of *public health and social order*. That is, similar patterns in the differences were evident in criminality, dangerousness, use of illegal substances, problems with substance use, mental health, and health costs. Those who pursued homosexuality reported physical health similar to that of nonparticipants, while those who engaged in the other three recreations reported lower physical health than nonparticipants. Those who engaged in homosexual activity and involvement in prostitution reported less sexual loyalty, more promiscuity, and greater smoking/drug risk-taking. Smokers appeared not to differ or to differ nonstatistically significantly from nonsmokers in sexual loyalty, promiscuity, and smoking/drug risk-taking.

Those who engaged in homosexuality were similar in their *contributions to society* to those who used illegal drugs, participated in prostitution, or regularly smoked. Smokers were more apt and illegal drug users less apt to have served in the military. Men who admitted to homosexual behavior and women who participated in prostitution less frequently produced children within marriage, and this was also true of those who practiced illegal drug use (it was somewhat true of those who enjoyed smoking). The personal and family incomes of those who participated in each of the four recreations were somewhat lower than those who abstained. Missing days on the job was more frequent by those who admitted to homosexuality or illicit drug use. Receiving social assistance was more frequently reported by those who engaged in illicit drug use, smoking, or who participated in prostitution.

Were homosexual practitioners ‘better’ for society or did they do less harm to society than those who used illicit drugs, smoked, or participated in prostitution? The answer seems to be ‘no’. While some disruptions in pattern emerged between those who engaged in each of the four recreations, these were exceptions to the rule.

Does ‘Discrimination’ Account for Reduced Utility and Higher Cost of Homosexual Behavior?

If the differences that emerged between the white and black groups were due, in part, to ‘discrimination’, does ‘discrimination’ also explain the differences between homosexuals and nonhomosexuals? The findings are far

from parallel for the black group (relative to the white group) and homosexuals (relative to nonhomosexuals). The black respondents were more involved in criminality (as were homosexuals) but less apt to drive under the influence (unlike homosexuals). They were less apt to use illegal drugs (unlike homosexuals) but more frequently reported problems due to substance abuse (as did homosexuals). The black respondents reported poorer physical health (unlike homosexuals) but scored as well (or better) in terms of mental health (unlike homosexuals). The black respondents registered more health costs (as did homosexuals) and less sexual loyalty and more promiscuity (as did homosexuals). This group was no more apt to report engaging in sex with the HIV+ (unlike homosexuals) but more apt to report drug/sexual risk taking (as were homosexuals). The black group was as likely to have served in the military (as were homosexuals), to produce children (unlike homosexuals), but black females were more apt to produce them outside marriage (like male homosexuals). Black respondents were less apt to be employed and more apt to be unemployed (unlike homosexuals) but more apt to miss work (like homosexuals). The black group also more frequently reported receiving social assistance (unlike homosexuals) and reported lower income (somewhat like homosexuals).

Clearly, the almost random pattern of matches and mismatches between the comparative findings for the homosexual and black participants offers little support for the notion that 'discrimination' is responsible for the lower social utility of homosexuals, or, for that matter, lowers the social utility of illicit drug users, prostitution participants, or smokers.

DISCUSSION

It is unlikely that a perfect comparative index of the harm to society from each recreation could be constructed. The NHSDA survey does not perfectly perform such a task. While the NHSDA asked about having had sex with someone with HIV+, it did not ask whether the respondent was HIV+ or had other STDs. Since HIV infections annually cost approximately 1% of the U.S. Gross Domestic Product, and those who engage in homosexual behavior account or the shooting of illegal drugs account for around 60% and 20%, respectively, of HIV infections, not adding in these costs seriously underestimates the effects of these activities in society. In addition, the burden of other STDs is substantial, accounting for perhaps 10% of medical resources if long-term effects such as cancer from HPV are included.

Additionally, the NHSDA did not enquire about child molestation or recruitment of youth to drug use. While not every child who is homosexually molested is devastated, many are. And, the costs to society from such molestations are substantial both initially and in the long term, as the victim may come to adopt homosexual practice himself or suffer mentally and so-

cially. Similarly, every young person who is induced to try illegal drugs will not become a habitué, but many will. As with being sexually molested, the effects and social costs are often long term and large.

There are some indications that the NHSDA estimates may have been inaccurate on certain measures. With regard to criminality, it is known that, at any given time, black persons are disproportionately apt to be incarcerated. The essential lack of a racial difference in claims of having been booked for crimes may be due to the NHSDA targeting only noninstitutionalized persons, a reticence among those who were more frequently booked to admit it, or some other factor.

The NHSDA did not indicate a difference between homosexuals and nonhomosexuals on illegal drug shooting (Item 13). Yet males who have sex with males make up about 60% of those with AIDS or those infected with HIV (Centers for Disease Control, 2002), and about a seventh of males who have sex with males with AIDS also injected drugs. Thus males who engaged in homosexual activity in the past 12 months should have been much more apt to have ever used a needle to inject. The NHSDA may not have found this association given the small number of males who have sex with males ($n = 77$) in its sample.

The NHSDA did not find a difference between homosexuals and nonhomosexuals on self-assessed health. Yet HIV has disproportionately infected males who engage in homosexuality, infection with HIV often leads to debilitating illness across a wide range of organs, and perhaps a sixth of males who engage in homosexuality are infected (Centers for Disease Control, 2001). It is surprising that a difference in self-reported health status did not emerge. Perhaps too few HIV-infected respondents were among the small number of male homosexuals in the sample. This may also partially explain why extra health care costs and extra welfare costs between male homosexuals compared with nonhomosexuals did not turn up.

The NHSDA did not find a difference between homosexuals and nonhomosexuals in receiving welfare. Yet, as of February 2004, about 105,000 adults were on Title 16 or Title 2 disability for HIV infection or illness (according to various U.S. Government websites visited and interviews with federal bureaucrats in March, 2004). Since about 60% or 63,000 of these would be males who have sex with males, perhaps the small sample of males who have sex with males in the NHSDA did not 'catch' any of these individuals in the sample. The NHSDA did not specifically ask about disability payments, and these are not the same as 'welfare'. Then again, perhaps these are not the 'sexually active' males who have sex with males.

Consistent with many U.S. government reports (e.g., Schoenborn, Adams, Barnes, & Vickerie, 2004), black respondents reported poorer health than white respondents and registered more frequent overnight and emer-

gency room visits. However, there appeared either to be no difference in the mental health status of the white and black respondents or the latter registered somewhat better.

COMPARISON WITH FINDINGS FROM OTHER SEX SURVEYS

Homosexuality has been an on-going interest of sex researchers. Most comprehensive sex surveys have indexed the possible differences between those who engaged in homosexuality and those who did not along a number of dimensions, although the particular dimensions have varied with the investigator(s). Prostitution has received considerably less empirical attention and seems to have focused on prostitutes from samples of convenience rather than their clients (Dalla, 2000). It appears that little about the combined set of clients and prostitutes vs nonclients and nonprostitutes has been published. Spira, Bajos, and the ACSF Group (1994) also combined buyers and sellers of sex in their random phone interview of 20,000 French respondents (e.g., "paid or been paid to have sex one or more times" [p. 112]), but only reported findings for male respondents ages 18 to 69 years. Over the past five years 3.3% and over the past 12 months 0.6% of French men answered 'yes' (vs the NHSDA's 1.4%), and the oldest man involved with prostitution was at least 65 (vs the NHSDA's maximum age of 50). Dalla's interview study of 43 prostitutes (2000), as well as most of the similar published studies (e.g., Schambler & Schambler, 1997), suggest that prostitutes are not dissimilar in drug use and general social disruption to the combined set of prostitutes and their clients found in the NHSDA survey. The volume of research on both smokers and illegal drug users is voluminous.

The following findings from the major comprehensive sex surveys primarily concern the 1996 NHSDA data on homosexuality.

The Original Kinsey Survey

The original Kinsey survey, partially published in monographs in 1948, 1953, 1965, and 1966, was based upon "about 17,500" interviews collected between 1938 and 1956 and 'finally' published in 1979 (Gebhard & Johnson, 1979, p. 37). Respondents were haphazardly collected, including those who volunteered after lectures, students in college classes or dorms, hitchhikers, prisoners, and those in gay bars when Kinsey and his investigators visited. Topics were examined such as masturbation, sex with animals, and where, with whom, and how various sex acts were performed, but the survey was fairly narrowly focused on sex *per se*. Whether respondents had engaged in criminality, prostitution, or reported sex with the underage were among topics with implications for social policy, but comparisons on these issues were seldom published, e.g., while 2% of nonhomosexual men and 1% of nonhomosexual women were reported to have ever used marijuana,

and around 1% of each group said that they had ever used other illegal drugs, the corresponding drug use of homosexuals was not reported.

Criminality.—Homosexual activity was strongly associated with having been imprisoned. A large part of this association was undoubtedly related to the many respondents in Kinsey's survey who were prisoners. However, in the 1965 *Sex Offenders* volume (Gebhard, *et al.*, 1965), 14.9% of 477 controls (hospital patients who agreed to be interviewed) vs 39.1% of 888 prisoners had "more than incidental homosexual" interaction, and 3.4% of the controls vs 13.3% of those in prison were reported to have had "extensive (21+ partners)" homosexual experiences (p. 625). In addition, 2.1% of the controls vs 5.5% of prisoners reported homosexual activity with 76 or more partners *outside institutions* (1965, p. 647). Indeed, only 7.1% of prisoners said that they had engaged in homosexual sex exclusively while in prison (p. 625).

In his deposition of January 24, 1983 in *Matthews vs Marsh* (U.S. District Court, Maine No. 82-0216-P, p. 12), Wardell B. Pomeroy—Kinsey's chief co-investigator—said "We also found that in prisons that the people that were having homosexual contact in prison were by and large those who had already had it before they went to prison." Beyond this direct comparison, in the final report on their database Kinsey investigators classified the "primary occupation" of 0.04% of 5,631 nonhomosexual males and 0.05% of 5,599 nonhomosexual females in their samples as "criminal" (Gebhard & Johnson, 1979, p. 51). By contrast, they classified the primary occupation of 2.4% of 1,040 *nondelinquent* male homosexuals (these homosexuals had never been "convicted of a felony or misdemeanor other than a traffic violation" [p. 45]) and 4.6% of 304 *nondelinquent* female homosexuals as criminal (1979, p. 485). Thus, homosexuality was fairly strongly associated with criminality in the Kinsey survey.

Sex with minors.—Kinsey also documented sex with minor partners—to this day regarded as a serious sex crime. His investigators indexed this behavior in two ways, neither of which was enormously useful for purposes of comparison with other surveys. First, 26.5% of 646 male homosexuals and 1.8% of 222 female homosexuals reported having had homosexual sex with someone age 15 years or under, while they, themselves, were age 18 or older. Similarly, 14.1% of 646 male homosexuals and none of 222 lesbians reported having had homosexual sex with someone age 13 years or less, while they, themselves, were age 18 or older (Gebhard & Johnson, 1979, p. 512).

Heterosexual respondents were not asked the same question. Further, in answering "yes," homosexual respondents could have been referring to oral/penile or anal/penile intercourse, and even to mutual masturbation, although, according to Kinsey's criteria, the conduct had to result in orgasm. Heterosexuals were asked only about coitus. However, a rough comparison

is possible: 3.3% of 2,393 heterosexual males and 0.1% of 1,840 heterosexual females reported "coitus," i.e., intercourse, with someone age 15 or less. In addition, 0.4% of the 2,393 heterosexual men and .05% of the 1,840 heterosexual women reported coitus with a partner age 13 or under since the respondents were themselves 18 or older (Gebhard & Johnson, 1979, p. 289).

In addition, 7.2% of 4,339 females reported some sort of physical heterosexual contact with an older male before puberty. This contact ranged from "genital touching" to "coitus" (1979, p. 193 compared with p. 197). From an analysis of these data (p. 195), it appears that around 85% of these males were age 18 or older, which would in turn suggest that perhaps 6% of the female respondents had been sexually molested by adult heterosexual males—substantially less than the 14.1% of underage sex contacts reported by adult homosexual males.

Using subjects in a hospital as a control group, Kinsey researchers in a follow-up study interviewed homosexual offenders, many of whom had never been imprisoned for their offenses (Gebhard, *et al.*, 1965, p. 40). They reported that "[m]ore of the homosexual offenders were, while preadolescent, the recipients of approaches by adult males than were the members of any other sex-offender group; roughly a third had such an experience. Note that only 8% of the control group was similarly approached. The approaches turned into overt physical contact for between 20 and 28% of the three homosexual-offender groups—higher percentages than those for the other groups. . . . The record of the homosexual offenders' childhood contacts with adult males immediately suggests that their experiences may have predisposed them to subsequent homosexual activity . . . physical contact with an adult male would be a graphic demonstration to the child that some adult males can find sexual gratification with boys, and this contact could be of importance when the child himself becomes an adult . . ." (pp. 275-276). Thus, despite the fact that the questions were not precisely parallel, a comparison of the findings suggests a greater incidence among homosexuals of sexual involvement with minors.

Prostitution.—Of 1,544 male homosexuals 46.2% and 23.8% of 269 female homosexuals reported having been paid for homosexual sex (1979, p. 597). When asked if they had ever been paid for either heterosexual or homosexual sex, 1.3% of 5,637 male nonhomosexuals and 0.5% of 5,609 female nonhomosexuals said that they had, with 78.7% of the males and 7.1% of the females so reporting saying that it was homosexual sex for which they were paid (1979, p. 427). Additionally, 48.4% of 5,636 male nonhomosexuals and .02% of 5,609 female nonhomosexuals reported paying for sex (1979, p. 369).

Number of sex partners.—Indexed a number of ways, for any given unit

of time male homosexuals reported on average larger numbers of partners than did male nonhomosexuals. The reports comparing female homosexuals and nonhomosexuals are somewhat ambiguous.

Military service.—While no direct comparison was made, about 30% of homosexual men and 54% of homosexual women who served in the military indicated that they had trouble with their homosexuality while serving (1979, p. 589).

Marital history.—Of 11,246 nonhomosexuals 41.5% had been or were married, and 12.5% of those who had been married were married more than once. Examined by sex, 39.7% of 5,637 male nonhomosexuals were or had been married, while 10.6% of those who had been married were married more than once; likewise, 43.4% of 5,609 nonhomosexual women were or had been married, with 14.2% of those who had been married having been married more than once (1979, p. 337). Of 2,743 homosexuals 32.5% had been or were married: 32.8% of 2,066 male homosexuals and 45.3% of 475 female homosexuals. Of those who had been married, 30.0% of male homosexuals and 34.0% of female homosexuals had been married more than once (p. 491). Male homosexuals were less apt to marry, but both male and female homosexuals were more apt to be multiply married if they had ever gotten married.

Employment.—Of 11,230 nonhomosexuals .09% were considered “chronically unemployed” (1979, p. 51)—.16% of 5,631 male nonhomosexuals and .02% of 5,599 female nonhomosexuals. By comparison, 0.87% of homosexuals—0.92% of 2,065 male homosexuals and 0.63% of 474 female homosexuals were considered “chronically unemployed” (1979, p. 485).

Saghir and Robins Sexuality Survey

In 1973, psychiatrists Marcel T. Saghir and Eli Robins published *Male and female homosexuality: a comprehensive investigation*. Their study, utilizing a 3- to 5-hr. personal interview, compared 89 male and 57 female homosexual volunteers from homosexual rights organizations in Chicago and San Francisco with 35 single/divorced male and 43 single/divorced female nonhomosexuals from a 500-unit apartment complex in St. Louis. By utilizing single or divorced nonhomosexuals as controls, Saghir and Robins reduced the likelihood of differences between the two groups in terms of mental health or social stability—since, as the investigators noted, marriage is associated with positive mental health. Their choice of samples also prevented comparisons according to marital status. Further, by making clear their plan of comparison to potential respondents, the investigators invited highly motivated homosexuals to enroll in their study. In addition, 19 homosexuals—11.5% of the planned homosexual sample of 165 vs none of the 78 nonhomosexuals—were eliminated from consideration because they had been

hospitalized for psychiatric reasons. All told, their sample of homosexuals may have been even less representative than the sample of homosexuals in the original Kinsey investigation.

Mental health.—Even after pruning the sample of homosexuals who had been hospitalized, 26% of the homosexual men vs 6% of the nonhomosexual men had received mental therapy at some point in their life. Over their lifetimes, the investigators reported that 34% of the homosexual and 40% of the nonhomosexual men were “psychiatric disorder free.” At the time of interview, 29% of the homosexual and 28% of the nonhomosexual men were reported to have an active psychiatric disorder. Of the homosexual men 7% vs none of the nonhomosexual men had attempted suicide.

For women, 37% of homosexual and 26% of nonhomosexual women were involved in therapy at some point in their life. Twenty-six percent of homosexual women vs 47% of nonhomosexual women had been “psychiatric disorder free” over the course of their lives. At the time of interview, 62% of homosexual and 74% of nonhomosexual women were free of psychiatric disorder(s). In all, 12% of homosexual and 5% of nonhomosexual women had attempted suicide. Homosexuals, compared to nonhomosexuals, tested as more mentally disturbed, and, given the fraction of homosexuals who had been hospitalized for psychiatric reasons and who were excluded from the comparisons, were probably even more frequently mentally disturbed than the reported comparisons indicated.

Substance abuse.—Over the past 12 months, 22% of the homosexual and 15% of the nonhomosexual men were judged to be “excessive drinkers” or “alcohol dependent.” Thirty-nine percent of the homosexual and 20% of the nonhomosexual men reported ever having used illegal substances or drugs; 12% of the homosexual and 6% of the nonhomosexual men reported combination drug use. Also, 25% of the homosexual and 5% of the nonhomosexual women were excessive or problem drinkers during the past 12 months, and 51% of homosexual vs 9% of nonhomosexual women had used illegal drugs. Multiple drug use was reported only by homosexual women. Homosexuals, as compared to nonhomosexuals, were more frequently involved in substance abuse.

Employment.—Homosexual men “showed greater job instability,” with 61% of homosexual and 36% of the nonhomosexual men having held four or more jobs. Similarly, 34% of the homosexual but only 19% of the nonhomosexual men were fired on one or more occasions. However, homosexual men earned slightly more than their nonhomosexual counterparts. Homosexual women also “showed a greater job instability,” with 17% of homosexual but only 5% of nonhomosexual women who worked having held four or more jobs. Thirty-two percent of homosexual vs 10% of nonhomosexual women had ever been fired from a job. These results are consistent with the

notion that homosexuals, as compared to nonhomosexuals, were somewhat less successful in employment.

Military service.—Eighty-three percent of homosexual vs 63% of nonhomosexual men were “called into the service.” Also, 71% of homosexual vs 94% of nonhomosexual men reported “no problems in the service.” As such, 75% of homosexual and 94% of nonhomosexual men were honorably discharged, 6% of homosexual vs none of nonhomosexual men were dishonorably discharged. Also, 7% of the homosexual vs none of the nonhomosexual women had served. Two (50%) of the homosexual women who served were given less than an honorable discharge. It appears that somewhat more homosexuals had served, but that their service was more frequently marred.

Criminality.—In the sample, 24% of homosexual and 20% of nonhomosexual men had been arrested for reasons other than homosexual activity. Of those who had been arrested, 56% of nonhomosexual vs 4% of homosexual men were arrested for fighting or disturbing the peace; 18% of homosexual vs 11% of nonhomosexual men were arrested for petty larceny, forgery or burglary; and 37% of homosexual vs 33% of nonhomosexual men were arrested for “being drunk or violating drinking code for minors” (p. 169). Then, 14% of the homosexual women and 7% of the nonhomosexual women had been arrested for nonhomosexually related offenses (offenses by homosexual women disproportionately involved violence).

Sex with minors.—Here, 15% of homosexual men, as opposed to none of the nonhomosexual men, had been arrested for “contributing to the delinquency of a minor.” However, investigators stipulated that “at no time was a homosexual male arrested because he was with a minor who was under the age of 16.” No lesbians or nonhomosexual women were arrested for “contributing to the delinquency of a minor.”

Number of sex partners.—Indexed in a number of ways, over time, both male and female homosexuals reported a larger number of partners on average than did their nonhomosexual counterparts.

Prostitution.—On this variable 17% of the nonhomosexual men said they had paid for sex, none reported ever having been paid, but 26% of homosexual men said that they had paid, and 18% had been paid for sex. All told, 40% of the homosexual men “paid or received money for sex” of which four (5%) acted as prostitutes (in the sense that it was their major source of income) (pp. 80-81). One (2%) of the homosexual women was a prostitute (p. 241); apparently none of the other women paid or were paid for sex. Thus, prostitution was associated with homosexuality.

The Kinsey Institute Survey in San Francisco

The Kinsey Institute conducted a sex survey during 1969-70 in San Francisco (Bell & Weinberg, 1978; Bell, Weinberg, & Hammersmith, 1981).

The 979 homosexual volunteers were recruited from various gay venues. The comparison group of 477 nonhomosexuals was obtained via a random-like procedure utilizing cluster sampling in the Bay area. Interviewing was done face-to-face in the same manner as the original Kinsey investigation. While the homosexual sample was volunteer, and thus little different from the initial Kinsey database, the 477 nonhomosexuals were quasi-randomly obtained, albeit from only one urban area. The basic questions covered were similar to the original Kinsey investigation. Still, as in the original Kinsey investigation, many potential comparisons could not be made—in this case, because nonhomosexuals often were not asked the same questions as homosexuals.

Criminality.—On this, 37.8% of 683 homosexual men, 25.6% of 336 nonhomosexual men, 14.1% of 290 homosexual women, and 5.8% of 139 nonhomosexual women reported having been booked at least once for a crime. Similarly, 23.6% of homosexual men, 14.0% of nonhomosexual men, 10.7% of homosexual women, and 2.9% of nonhomosexual women reported having been convicted of a crime. While the reporting was less than clear since the arrests could have been for homosexual as well as other offenses, the investigators assured that “the majority [of men] were charged with some offense that did not have to do with their homosexuality” (p. 191) and “relatively few had ever been convicted of an offense involving homosexuality.” The same applied to homosexual women. It thus appears that San Francisco homosexuals were more frequently involved in criminality than their nonhomosexual counterparts.

Sex with minors.—In all, 671 homosexual men and 288 homosexual women respondents were asked about the proportions of their homosexual partners who “were 16 or younger when you were 21 or older” (p. 311). Of the men, 77% said “none,” 23% said “half or less,” and none said “more than half.” Of the women, 94% said “none,” 3.8% said “half or less,” and none said “more than half.” Thus, 23% of the men and 4% of the women admitted to having had some sex as adults with minors.

Only one male homosexual reported raping a child of the same sex, while no male heterosexuals reported raping a child (1981, p. 198). On the other hand, 3.4% of 192 lesbians and 1.9% of 54 heterosexual women reported, as a first sexual encounter, being raped by a male before puberty. By comparison, 0.9% of 443 homosexual men reported, as a first sexual encounter, having been raped by a male before puberty, and 1.2% of 83 heterosexual men reported the same. Among women, 3.4% of 237 lesbians and 0.9% of 112 heterosexual women said they had been raped in their first heterosexual encounter *after* puberty. Among men, 0.4% of 540 homosexual men said they had been raped in their first homosexual encounter following puberty (1981, pp. 163-164).

Respondents were asked if "a person of the same sex" had "ever attempted to use or threatened to use physical force to get you into sexual activity against your will" (1981, p. 165). The authors included these findings in the category of rapes rather than attempted rapes. Among men, 25.8% of 686 homosexuals and 8.9% of 337 heterosexuals answered "yes" to this question. Of those 177 homosexual men, 11.9% said they were age 13 or under at the time; and 27.7% said they were age 15 or under. Of those 30 heterosexual men who answered "yes," 30% were age 13 or under at the time, and 67% were age 15 or under. Of those men who were homosexually raped, 68.4% of homosexual men, as opposed to 33.3% of heterosexual men, were age 17 or older. Among women, 11.6% of 293 lesbians and 2.9% of 140 heterosexuals answered "yes" to this question. Of the 34 lesbians, 91.2% were 17 or older at the time; and of the 4 heterosexual women, 1 (25%) was age 17 or older.

Prostitution.—In this variable 27.0% of 685 homosexual men and 2.8% of 289 homosexual women reported that "half or less" of their sexual partners had paid them for sex. Nonhomosexual respondents were not asked this or a comparable question.

Number of sex partners.—There was no direct comparison. Indexed in a number of ways, by inference, homosexuals of both sexes appeared to report a larger number of partners on average than did nonhomosexuals.

Marital history.—24.5% of 979 homosexuals vs 71.1% of 477 nonhomosexuals had ever been married [20.0% of male homosexuals vs 70.6% of male nonhomosexuals; 37.5% of female homosexuals vs 72.1% of female nonhomosexuals]. Of those ever married, 19.2% of 240 homosexuals had been multiply married vs 17.1% of 339 nonhomosexuals [13.4% of male homosexuals vs 26.4% of male nonhomosexuals; 26.4% of female homosexuals vs 15.0% of female nonhomosexuals]. While homosexuals were less apt to get married and slightly more apt to be multiply married if they did marry, in the Kinsey Institute's San Francisco study, male homosexuals were slightly less apt to be married several times if they married.

Progeny.—Inquiries were only made about children within the first marriage. Indexed this way, 45.8% of the marriages of 240 homosexuals produced no children compared with 32.0% of the marriages of 338 nonhomosexuals. Not only were nonhomosexuals more apt to have children, they were also more apt to have more than one child when they had children—46.4% of the marriages with children involving 110 homosexuals produced more than one child vs 65.7% of the marriages with children involving 230 nonhomosexuals. Homosexuals were substantially less fecund as indexed by children produced within the first marriage, and considerably less fecund as a class considering that so few homosexuals married and had children.

Mental health.—Male homosexuals reported more psychosomatic symp-

toms, scored lower on self-acceptance, and were more apt to report loneliness, tension, depression, paranoia, suicidal feelings, and suicide attempts than were nonhomosexual men. Similarly, homosexual women less frequently reported happiness, more frequently reported lower levels of self-acceptance, and more frequently reported suicidal feelings than did nonhomosexual women. By the measures employed, homosexuals never scored significantly higher on any mental health-linked variable and frequently scored lower than did their nonhomosexual counterparts.

Family Research Institute Survey

The Family Research Institute sex survey was carried out in 1983-84 in six U.S. metropolitan areas: Dallas, Louisville, Omaha, Denver, Los Angeles, and Washington, DC. A total of 5,182 respondents ages 18 to 94 years, obtained via systematic random cluster samples, filled out an extensive self-administered questionnaire in private about their sexual/social history, which was then sealed in envelopes by respondents. Findings below compare respondents who said that they were currently "heterosexual" with those who said that they were currently "bisexual or homosexual." The study was primarily reported in professional journals (e.g., Cameron, Proctor, Coburn, & Forde, 1985; Cameron, Proctor, Coburn, Forde, Larson, & Cameron, 1986; Cameron, Cameron, & Proctor, 1988, 1989; Cameron & Cameron, 1995, 1996a, 1996b). Additional detail is included by Cameron and Cameron (2003).

Number of sex partners.—There were 1,317 men who currently self-identified as heterosexual, 89.9% reported no homosexual partners, 8.0% reported 1 or 2 partners, 0.8% reported 6 or more homosexual partners, and 0.2% reported over 100; of 118 currently homosexual men, 2.5% reported no homosexual partners, 10.2% reported 1 or 2 partners, 70.3% reported 6 or more, and 23.7% reported over 100. Of 2,034 currently self-identified heterosexual women, 95.1% reported no homosexual partners, 4.0% reported 1 or 2 partners, and 0.1% claimed 6 or more; of 80 currently homosexual women, 8.3% reported no homosexual partners, 32.5% 1 or 2, and 31.3% claimed 6 or more.

Lifetime heterosexual partners of: 1,523 currently heterosexual men, 1.2% reported no heterosexual partners, 22.1% reported 1 or 2 heterosexual partners, 57.0% claimed 6 or more, and 1.8% said over 100; among 126 currently homosexual men, 27.8% reported no heterosexual partners, 24.6% reported 1 or 2 partners, 27.0% claimed 6 or more, and 3.2% over 100. Of 2,523 currently heterosexual women, 1.8% reported no heterosexual partners, 41.1% reported 1 or 2 partners, 32.8% said 6 or more, and 0.6% over 100 partners; of 78 currently homosexual women, 5.1% reported no heterosexual partners, 19.2% 1 or 2, 47.4% claimed 6 or more, and 6.4% over 100.

If we combine both heterosexual and homosexual partners, in the preceding 12 mo., 118 currently homosexual men reported a median of 4 and a mean of 26 partners, 70 currently homosexual women reported a median of 1.5 and a mean of 6 partners; 1,075 currently heterosexual men reported a median of 1 and a mean of 4 partners; and 1,459 currently heterosexual women reported a median of 1 and a mean of 4 sexual partners. Over their lifetimes, 137 currently homosexual men reported a median of 21 and a mean of 255 partners; 86 currently homosexual women reported a median of 9 and a mean of 78 partners; 1,632 currently heterosexual men reported a median of 6.5 and a mean of 34 partners; and 2,624 currently heterosexual women a median of 3 and a mean of 13 sexual partners. Thus, on average, those currently homosexual, both men and women, reported a larger number of sexual partners than did their currently nonhomosexual counterparts both over the past year and in their lifetimes.

Mental health.—Of heterosexual men 60.2% vs 63.2% of homosexual men said that their lives were “just great,” 10.0% of heterosexual vs 11.1% of homosexual men said that their lives were “just miserable.” Similarly, 61.2% of heterosexual women vs 62.7% of homosexual women said that their lives were great; 9.6% of heterosexual vs 10.8% of homosexual women said that life was miserable. Thus, on this index of mental health there was no difference between heterosexuals and homosexuals. On the other hand, 70.9% of 1,630 heterosexual men vs 48.9% of 137 homosexual men and 65.4% of 2,665 heterosexual women vs 38.3% of 81 homosexual women said that they had never contemplated suicide. Also, 11.3% of heterosexual men said that they had contemplated suicide once, and 17.8% twice or more. By comparison, 13.1% of homosexual men said that they had contemplated suicide once, and 38.0% twice or more. Similarly, 13.7% of heterosexual women said that they had contemplated suicide once, and 20.8% twice or more. This compared with 19.8% of homosexual women who said that they had contemplated suicide once, and 42.0% who said twice or more.

In concert with these reports, 95.0% of 1,604 heterosexual men vs 82.5% of 137 homosexual men reported never having *attempted* suicide, while 90.0% of 2,648 heterosexual women vs 80.0% of 80 homosexual women said they had never attempted suicide. Similarly, 3.7% of heterosexual men said that they had attempted suicide once, and 1.3% that they had attempted suicide twice or more. This compared with 13.1% of homosexual men who said that they had attempted suicide once, and 4.4% who claimed that they had attempted suicide twice or more. Along this vein, 7.3% of heterosexual women reported one and 2.7% two or more suicide attempts. 12.5% of homosexual women reported one, and 7.5% reported two or more suicide attempts. On this index of mental health, homosexuals of both sexes appeared more mentally disturbed.

Criminality.—On this classification 22.9% of 1,714 heterosexual men vs 17.0% of 147 homosexual men reported that they had “ever been arrested for a nontraffic, nonsexual crime.” The corresponding figures for women were 5.2% of 2,745 heterosexuals and 14.1% of 85 lesbians. 10.9% of 1,711 heterosexual men and 8.2% of 147 homosexual men reported that they had been “convicted of a nontraffic, nonsexual crime,” while 2.4% of 2,745 heterosexual women and 4.7% of 85 homosexual women made the same report.

For 1.2% of 1,714 heterosexual men and 6.8% of 147 homosexual men reports indicated they had “ever been arrested for a sexual crime.” The corresponding figures for women were 0.4% of 2,751 heterosexual women and 3.5% of 85 lesbians. Ever having been convicted of a sexual crime was reported by 0.5% of 1,719 heterosexual and 2.0% of 147 homosexual men; and by 0.2% of 2,748 heterosexual and 2.4% of 85 homosexual women.

When asked “how many times have you broken the law for a nontraffic, nonsexual crime, and not been caught,” 60.5% of 1,458 heterosexual and 65.0% of 120 homosexual men said “never.” Of heterosexual men 9.7% said “once or twice” and 29.8% said “three or more times.” For homosexual men, the corresponding figures were 10.0% and 25.0%. Compare 82.7% of 2,467 heterosexual and 58.8% of 68 homosexual women who said “never,” 5.9% of heterosexual and 14.7% of homosexual women who said “once or twice”; and 11.4% of heterosexual and 26.5% of homosexual women who said “three or more times.”

To the question, “how many times have you broken the law for a sexual crime and not been caught,” 92.4% of 1,520 heterosexual and 62.4% of 117 homosexual men said “never”; the figures for women were 99.1% of 2,479 heterosexual and 87.1% of 70 homosexual women. Compare 3.0% of heterosexual vs 5.1% of homosexual men and 0.4% of heterosexual vs 5.7% of homosexual women who said “once or twice,” and 4.6% of heterosexual men, 32.5% of homosexual men, 0.5% of heterosexual women, and 7.1% of homosexual women who said “3 or more times.”

To the question of how “many years have you cheated on your income tax,” 84.1% of 1,534 heterosexual and 76.0% of 125 homosexual men said “never”; the figures for women were 91.7% of 2,547 heterosexual women and 90.0% of 80 homosexual women. There were 7.6% of heterosexual men, 11.2% of homosexual men, 5.0% of heterosexual women, and 3.8% of homosexual women who said “once or twice,” and 8.3% of heterosexual men, 12.8% of homosexual men, 3.3% of heterosexual women, and 6.3% of homosexual women who said “3 or more times.” When asked “when is the last time you shoplifted,” 47.0% of 1,708 heterosexual men, 44.9% of 147 homosexual men, 64.7% of 2,744 heterosexual women, and 31.0% of 84 homosexual women said they “never had.” Overall, although the compar-

ative evidence between male homosexuals and heterosexuals with regard to nonsexual criminality was an exception, the rest of the findings were in line with the suggestion that homosexual men showed more criminal acts than heterosexual men and that homosexual women reported considerably more criminal behavior than heterosexual women.

Sex with minors.—Considering first those who, as children, had been the object of adult homosexual advances, 19.5% of 298 homosexual males and 8.1% of 210 lesbians reported that their first physical homosexual contact with an “adult homosexual” occurred before they were age 14. Another 32.3% of homosexual males and 13.8% of lesbians said their first homosexual sex with an adult homosexual occurred before age 16.

Among heterosexuals, 3.3% of 1,758 heterosexual men and 5.5% of 2,768 heterosexual women reported that their first physical contact with “an adult homosexual” occurred before they were age 14, while 11.9% of heterosexual men and 14.9% of heterosexual women reported that their first heterosexual contact with an adult occurred before age 16.

In addition, 2.3% of 1,706 heterosexual men and 0.54% of 2,376 heterosexual women reported that the age of their youngest heterosexual partner was 13 years or less. In contrast, 9.4% of 203 homosexual men and 8.8% of 137 lesbians reported that the “age of their youngest homosexual partner was 13 or younger.” While 11.7% of the heterosexual men and 1.3% of the heterosexual women reported their youngest heterosexual partner was 15 years or under while they themselves were 18 years or older, 16.7% of the homosexual men and 8.8% of the homosexual women said that the age of their youngest homosexual partner was 15 or younger while they themselves were 18 or older.

Driving habits.—There were 42.9% of 1,607 currently heterosexual male drivers vs 36.3% of 135 currently homosexual male drivers reported that they had *not* gotten a “traffic ticket” in the past 5 years. Also, 23.5% of heterosexual men reported one and 3.6% said two or more, which compared with 25.9% of homosexual men who reported one and 37.8% who said two tickets or more. Similarly, 63.0% of 2,422 heterosexual women drivers vs 52.1% of 73 homosexual women drivers reported not having gotten a ticket in the past 5 years. Also, 23.1% of heterosexual women reported one, and 14.0% reported two or more; in comparison, 26.0% of homosexual women reported one and 21.9% reported two or more.

While they were the drivers, 59.1% of 1,586 heterosexual men vs 51.9% of 129 homosexual men reported not having been in an accident in the past 5 years while 26.5% of heterosexual men reported one, and 14.4% said two or more accidents vs 24.8% of the homosexual men who reported one and 23.3% who reported two or more accidents. Similarly, 67.5% of 2,373 heterosexual women vs 52.1% of 73 homosexual women said that

they had not gotten in an accident in the past 5 years. In all, 23.1% of heterosexual women drivers reported one and 9.4% reported two or more accidents; by contrast 31.5% of homosexual women drivers reported one and 16.4% reported two or more accidents.

Self-reported "careless driving" was "never" reported by 23.9% of 1,639 heterosexual men and 27.7% of 141 homosexual men, and 56.9% of heterosexual and 53.2% of homosexual men said that they "almost never" drove carelessly, while 19.2% of heterosexual men and 19.1% of homosexual men said that they drove carelessly more frequently than "almost never." For women, of 2,475 heterosexuals, 31.2% said they "never," 57.2% that they "almost never," and 11.6% said that they drove carelessly more frequently than "almost never." Of 76 homosexuals, 18.4% said that they "never," 71.1% that they "almost never," and 10.5% said that they drove carelessly more frequently than "almost never." The self-estimations of driving carelessness are somewhat difficult to interpret, but as indexed by self-reported traffic tickets and automobile accidents, both homosexual men and women tended to drive more dangerously than their nonhomosexual counterparts.

Prostitution.—Ever having paid for sex with a heterosexual prostitute was reported by 25.5% of 1,764 currently heterosexual men, 11.5% of 148 currently homosexual men, 0.4% of 2,837 currently heterosexual women, and 4.5% of 88 currently homosexual women. Ever having paid for sex with a homosexual prostitute was reported by 0.6% of 1,764 currently heterosexual men, 16.2% of 148 homosexual men, 1 (0.04%) of 2,837 heterosexual women, and 1 (1.1%) of 88 homosexual women. Ever performing as a heterosexual prostitute was reported by 2.6% of 1,764 heterosexual men, 2.7% of 148 currently homosexual men, 1.9% of 2,837 currently heterosexual women, and 12.5% of 88 currently homosexual women. Ever performing as a homosexual prostitute was reported by 0.5% of 1,764 currently heterosexual men, 16.9% of 148 currently homosexual men, 0.1% of 2,837 currently heterosexual women, and 4.5% of 88 currently homosexual women. Involvement in prostitution was greater for female homosexuals than female heterosexuals, but appeared similar for male homosexuals and heterosexuals.

Military service.—Military service was only asked about in Dallas, TX; 38.8% of 294 heterosexual men, 25.9% of 58 homosexual men, and 2.0% of 383 heterosexual women reported that they had served.

Drug or alcohol abuse.—Of 1,708 currently heterosexual men 37.4%, 48.6% of 146 currently homosexual men, 36.1% of 2,734 currently heterosexual women, and 48.3% of 85 currently homosexual women said that they "smoked regularly." There were 36.5% of 1,695 heterosexual men, 50.7% of 146 homosexual men, 20.9% of 2,730 heterosexual women, and 49.4% of 83 homosexual women who reported that they got "high on alcohol, co-

caine, or another drug or substance regularly." Homosexuals thus exhibited higher rates of substance abuse than did heterosexuals.

Progeny.—While 4.7% of all respondents ($n=4,604$) who reported on childbearing were homosexual, only 1.6% of all 7,041 children reported by respondents were claimed by the 60 homosexual parents (that is, 27.8% of homosexuals were reportedly parents). The group of homosexual parents thus averaged 1.9 children per parent and the homosexual cohort overall averaged 0.5 children per homosexual. By contrast, heterosexual parents averaged 2.4 children per parent, and the heterosexual cohort overall averaged 1.6 children per heterosexual. Homosexuals were less fecund, and if they had children were apt to have fewer children than heterosexuals.

Marital status.—In all 34.5% of 235 homosexuals had ever been married, and 66.7% of the 81 ever-married had been divorced at least once. Of 4,590 heterosexuals 76.7% had ever been married, and 25.7% of the 3,520 ever-married had been divorced. Homosexuals less frequently got married, but if they did get married were more apt to get divorced.

The University of Chicago Survey

In 1992, University of Chicago researchers performed a nationwide probability survey of 3,432 respondents ages 18 to 59 years, with selected questions being answered on a private questionnaire which was sealed in an envelope (Laumann, Gagnon, Michael, & Michaels, 1994). With few exceptions, the investigators declined to present comparative results for homosexuals and heterosexuals.

Number of sex partners.—Indexed by numbers of sexual partners since age 18, homosexuals of both sexes had more partners. Men with any same-sex sexual partners averaged 42.8 partners and those without any same-sex sexual partners averaged 16.5, while women with any same-sex sexual partners since age 18 averaged 19.7 and those women with no same-sex sexual partners averaged 4.9 (p. 315).

Mental health.—The only index of mental health was self-appraised happiness. Reports of 62.5% of nonhomosexual men vs 47.1% of homosexual men said that they were "very happy" and 10.5% of nonhomosexual vs 17.2% of homosexual men said that they were "unhappy" these days. Similarly, 59.2% of nonhomosexual women vs 45.6% of homosexual women said that they were "very happy" and 12.5% of nonhomosexual vs 22.8% of homosexual women said that they were "unhappy" (p. 358). Homosexuals thus reported themselves to be less happy, possibly suggesting that homosexuals may have had poorer mental health than heterosexuals.

Sex with minors.—Respondents were asked whether anyone had "touched them sexually" before they were ages 12 or 13. Although the reporting is somewhat unclear on the subject, apparently 32% of 34 homosexual males

and 42% of 19 homosexual females reported having been sexually molested as children.

These percentages were higher than the proportions of all men (11%) and all women (15%) who reported having been sexually molested. Looking at reports by all men and all women in the sample—and considering only “touching” by individuals whom respondents thought to be 18 or over, 21.2% of 266 touchings were by members of the same sex, i.e., homosexual. In addition, 66.7% of 69 touchings of boys and 5.1% of 197 touchings of girls were homosexual.

The 1990 British Study

In 1990, British investigators (Johnson, Wadsworth, Wellings, & Field, 1994) conducted face-to-face interviews with 18,876 respondents ages 16 to 59 years. Sensitive sexual questions were answered on a questionnaire sealed in an envelope.

Number of sex partners.—Indexed by number of partners (although the information given is somewhat ambiguous for females), for any given unit of time on the average, homosexuals of both sexes reported a larger number of partners than did nonhomosexuals.

Substance abuse.—Smoking tobacco and alcohol use were associated with larger numbers of sexual partners; however, no direct comparison of drinking and tobacco use between nonhomosexuals and homosexuals was reported.

Prostitution.—Homosexual men and men with higher numbers of sexual partners were more apt to have paid for sex with a woman, but no explicit comparison of homosexuals and nonhomosexuals was reported.

The 1992 French Study

In 1992, a team of French researchers interviewed by telephone a random sample of 20,055 respondents ages 18 to 69 years under the auspices of the federal government (Spira, *et al.*, 1994).

Number of sex partners.—Indexed in several ways, for any given unit of time, male homosexuals reported a larger number of partners on the average than did male nonhomosexuals. However, female nonhomosexuals were more apt to report multiple partners in the last year (5.4%) than were female homosexuals (0.2%).

Sex with minors.—About 10% of homosexuals reported they had been raped at some point in life, as opposed to “one in 500” for nonhomosexuals (p. 187). About one-third of these rapes occurred when the respondents were 15 or younger. However, researchers did not report specific differences between the molestation history of homosexuals and nonhomosexuals.

Prostitution.—Those with higher numbers of sexual partners in their lifetime were more apt to have engaged a prostitute. However, no explicit breakdown of homosexuals vs nonhomosexuals was reported.

The Christchurch Study

All the children born in mid-1977 in Christchurch, New Zealand were enrolled in a study of what kinds of family events and experiences are associated with the emergence of various forms of personal and social pathology, e.g., suicidality, psychiatric disorders, criminality, homosexuality, substance abuse (Fergusson, Horwood, & Beautrais, 1999). The same 1,007 children at birth, at 4 mo., every year until age 16, and again at ages 18 and 21 years were examined or interviewed. Their parents were also interviewed from time to time. At age 21 the children were asked with whom they had had sex and their sexual orientation (homosexual, bisexual, heterosexual). A combination of self- and parent-report as well as observation and testing by the investigators and other professionals over an extended period of time formed the basis for the reported outcomes.

At age 21 2% of the Christchurch young adults said they "were" homosexual or bisexual, and an additional 8 reported sex with a member of their sex since the age of 16 (four of those who said they "were" homosexual said that they had not experienced homosexual sex). The 11 men and 17 women considered homosexual (2.8% of the sample) were combined for analytic purposes. This resulted in a 2.8% rate of homosexuality.

The foregoing facts are available from articles that Professor David Fergusson and his colleagues have published about the Christchurch study. Upon inquiry, in 1999, Dr. Fergusson shared some additional information. The 2.8% categorized as 'homosexual' were, on average, about five times more apt to score as having depression, generalized anxiety disorder, conduct disorder, nicotine dependence, other substance abuse or dependence, to have engaged in commission of violent crimes as well as commission of property crimes, and to have multiple disorders. Among the 'homosexual' subsample, the strongest correlates of homosexuality were suicidal ideation, reported suicide attempts, and multiple disorders. There appeared to be no sex differences between the young men and the young women who made up the 'homosexual' subsample in terms of their mental health, suicide ideation, *et cetera*. Even if only the 20 young adults who classified themselves as homosexual or bisexual were considered, Fergusson reported that the results were essentially the same.

Mental health.—The child and his parents were interviewed, and their scores from various interviews were combined to create an index of psychiatric disturbance from age 14 through age 21 years. At ages 15, 16, 18, and 21 the respondents were asked if they had experienced suicidal thoughts or made a suicide attempt since the last interview (by age 16, 3% of them said that they had attempted suicide, at age 18, 3.5% said that they had attempted suicide between ages 16 and 18). By age 21, 29% of the cohort reported

that they had had suicidal ideation, and 7.8% reported that they had made at least one suicide attempt.

For the approximately 7 years of each respondent's life over which suicide attempts were queried, about 1% of heterosexuals and about 5% of homosexuals in any given year made the claim of having attempted suicide. Even though, as of the year of publication, none of the adolescents had actually committed suicide, 32% of the homosexual and 7% of the heterosexual 21-yr.-olds said that they had attempted suicide at least once. Dr. Fergusson wrote that less than 10% of suicide attempts reported in the Christchurch study required any sort of medical attention, that is, most were suicidal 'gestures' rather than serious attempts.

Criminality.—Criminality was associated with homosexuality; 36% of homosexuals vs 26% of heterosexuals admitted to some sort of violent criminal offense between the ages of 14 and 21 years. For property crimes, 50% of homosexuals vs 33% of heterosexuals admitted to at least one offense. Overall, because the two forms of criminality were correlated .44 in the Christchurch study, 57% of homosexual vs 41% of heterosexual 21-yr.-olds admitted to at least one criminal offense.

Substance abuse.—The correlation matrix that Fergusson, *et al.* reported dealt with what was associated with "being" a homosexual at age 21. Each of the indices of mental and social dysfunction was positively correlated with suicidality and with each other. Scoring as psychiatrically disturbed was associated with more frequently claiming to have attempted suicide, and each pathology appeared disproportionately more in those considered to be homosexual. The same was true of conduct disorder (being oppositional, rebellious). Similarly, more frequently reporting suicide attempts was associated with substance use and abuse (smoking, drug use) and criminality.

The National Longitudinal Study of Adolescent Health [ADD Health]

In 1994-95, a large number of adolescents enrolled in Grades 7 through 12 were randomly drawn from the USA and interviewed in their homes. A sample of 9,218 boys and 9,581 girls was examined regarding their sexual activities (Udry & Chantala, 2002). About two-thirds of both boys and girls reported at least one sexual partner by age 16.

The 2.3% ($n=223$) of girls who reported same-sex sexual partners (as standardized at age 16), when compared with the rest of the girls, were almost twice as apt to smoke, almost twice as apt to have used illegal drugs or to have engaged in anal sex, twice as apt to report suicidal thoughts, twice as apt to be depressed, twice as apt to score as delinquent, and 11 times more apt to have engaged in prostitution.

The 1.6% ($n=144$) of boys who reported same-sex sexual partners (as standardized at age 16), when compared with the rest of the boys, were 8

times more apt to think they would be killed by age 21, 3 times more apt to think they would get HIV, twice as apt to smoke or use illegal drugs, 5 times more apt to have engaged in anal sex, 2 times as apt to report suicidal thoughts, 2 times as apt to be depressed, 2 times as apt to score as delinquent, and 8 times more apt to have engaged in prostitution.

2003 Canadian Census

For the *Canadian Community Health Survey, 2003* (released 6/15/04, with additional data supplied to us in August), 130,000 individuals ages 12+ years were interviewed. Of those ages 18+, 1.4% said their “sexual orientation” was “homosexual or bisexual.” Apparently bearing upon mental health (since Canada has universal medical coverage), 22% of homosexuals vs 13% of heterosexuals reported that they had an “unmet health care need” and 36% vs 27% reported that their lives were “stressful.”

SUMMARY OF FINDINGS FROM COMPREHENSIVE SEXUALITY SURVEYS INCLUDING THE 1996 NHSDA STUDY

Every survey has limitations, and as noted above, sexuality surveys have more than their fair share. Besides the ‘holes’ left in the anticipated database by nonrespondents, questions of memory and candor by those who respond remain unsettled. Personal sexual feelings and behavior are extremely sensitive—with respondents often having privacy and legal concerns about what might be done to them. Despite assurances by interviewers, respondents do not know whether an admission to a sexual offense or ‘unusual’ sexual taste might not come back to haunt them. After all, it is not unknown for social science researchers to lie to their ‘subjects’, and books and movies have been produced documenting this fact. Respondents also have social ‘face’ to preserve—even to strangers they anticipate never interacting with again (countering this, there is evidence that those who engage in homosexuality are more apt to volunteer for sex surveys). Researchers dealing with sexual matters only know what they are told, with almost no opportunity to check on and thus validate what respondents report. Yet social policy has to be made, and no other set of information seems a reasonable substitute for the reports of respondents in these surveys.

In spite of their many limitations, other sex surveys and the 1996 NHSDA study display fair overall agreement. Although each survey did not inquire about precisely the same subject areas, or use the same question or questions if it did, almost without exception, every difference between homosexuals and nonhomosexuals was not only replicated by the various studies, but if it bore upon either social good or personal health, the results favored nonhomosexuals.

Prostitution

The original Kinsey study and the Saghir and Robins study reported

more frequent involvement with prostitution by both male and female homosexuals; the Family Research Institute study indicated more frequent involvement by female homosexuals. The British investigators reported more frequent involvement with prostitution by male homosexuals, and the French investigators reported that those males with more sexual partners were more apt to be involved in prostitution, suggesting that male homosexuals were probably more frequently involved in prostitution. The 2002 ADD Health study reported that homosexual boys and homosexual girls were more apt to engage in prostitution. The 1996 NHSDA survey indicated a linkage between homosexuality and prostitution, although in its database female homosexuals may have accounted for more of the relationship.

Criminality

Homosexual males and females scored higher in criminality than their nonhomosexual counterparts in the original Kinsey investigation. Similarly, both homosexual males and females scored higher than their nonhomosexual counterparts in the Saghir and Robins study, the Kinsey Institute study in San Francisco, and the Family Research Institute, Christchurch, and ADD Health studies. The 1996 NHSDA survey replicated the finding that homosexuals more frequently had a criminal history, but the results suggest that more of this relationship might have come from female homosexuals (as in the Family Research Institute study). In 167 custody appeals cases from the USA and Great Britain, Cameron and Harris (2003) found that in 12 (19%) of 62 disputes involving a lesbian mother, in 2 (10%) of 21 cases involving a gay father, in 2.5 (2%) of 104 cases involving a nonhomosexual mother, and in 2.5 (2%) of 136 cases involving a nonhomosexual father, the parent or associates had been involved in criminal behavior.

Sex with Underage Persons

The original Kinsey survey reported that 27% of gays and 2% of lesbians said that they had homosexual sex with a child under the age of 16 when they themselves were age 18 or older. In Saghir and Robins, 15% of the gays but no lesbians or heterosexuals reported having been arrested for "contributing to the delinquency of a minor." In the second Kinsey Institute survey (San Francisco), 23% of gays and 4% of lesbians reported homosexual sex with a child younger than 16 when they themselves were 21 or older. In the Family Research Institute survey, 17% of gays and 9% of lesbians reported homosexual sex with a child under the age of 16 while they were 18 or older. This compared to 12% of heterosexual men and 1% of heterosexual women who reported heterosexual sex with a child under the age of 16 while they were 18 or older.

Sampling only self-identified homosexuals, Jay and Young (1979) retrieved questionnaires from 4,329 men and 962 women across the United

States, ages 14 to 82 years. They asked "How often do you have sex with men or boys [for the lesbians "women or girls"] of the following ages?" Answers included: "always, very frequently, somewhat frequently, somewhat infrequently, very infrequently, once, never." Of their male respondents 26 (0.6%) and 10 of the female respondents (1%) were 14 to 17 yr. old, so some of the answers might reflect sex between teens and other teens or between teens and children. For men, 4% said they engaged in sex with boys under the age of 9, 7% said they engaged in sex with boys ages 9 to 12, and 23% said they engaged in sex with boys ages 13 to 15. Even if the 0.6% of respondents ages 14 to 17 is assumed to have answered 'yes' to sex with boys and then subtracted from the total, 22% of gays 18 years or older said they had sex with boys age 15 or younger. For women, 1% said they had sex with girls under the age of 9, 2% said they had engaged in sex with girls ages 9 to 12, and 6% said they had engaged in sex with girls ages 13 to 15. Again, if the 1% of lesbians who were ages 14 to 17 is subtracted from the total, 5% of lesbians 18 years or older reported having sex with girls age 15 or younger.

No male respondents and 0.5% of female respondents reported *only* having sex with children. For gays in the Jay and Young report, none said "always" to boys ages 13 to 15, 9 to 12, or boys under age 9, although 1% said they engaged in sex with boys ages 13 to 15 "very frequently." In addition, 2% said they "always" had sex with those 16 to 19, 5% said they "always" had sex with 20 to 24-yr.-olds, and 4% said that they "always" had sex with 25 to 29-yr.-olds. For lesbians, none said they engaged in sex "always" with girls under 9 (although 1% said they did "somewhat frequently"), none said that they "always" had sex with girls ages 9 to 12 (1% said "somewhat frequently," and another 1% said "once"). However, 0.5% said they "always" had sex with girls ages 13 to 15, 1% said "very frequently," 0.5% "somewhat frequently," 2% said "very infrequently," and 2% said "once."

Another relevant item from Jay and Young was "Whether or not you have sex with any of the following age groups, indicate how you feel about the idea of having sex with each of them" (p. 206). Possible answers included "very positive, somewhat positive, neutral, somewhat negative, very negative, and not sure." For gays, 3% said they felt "very positive" and 2% said they felt "somewhat positive," 2% felt "neutral," and 7% were "not sure" about having sex with boys under 9 years of age, 4% said they felt "very positive," 1% "somewhat positive," 3% "neutral," and 7% "not sure" about having sex with boys ages 9 to 12. And 11% said they were "very positive," 8% "somewhat positive," 8% "neutral," and 5% "not sure" about having sex with boys ages 13 to 15. For lesbians, 3% said they felt "very positive" about having sex with girls under age 9, 0.5% were

“somewhat positive,” and 2% were “not sure.” Regarding girls 9–12, 1% felt “very positive,” 1% felt “somewhat positive,” 0.5% felt “neutral,” and 4% were “unsure.” For girls ages 13 to 15, 2% were “very positive,” 4% “somewhat positive,” 6% “neutral,” and 4% were “not sure.”

Number of Sex Partners

Saghir and Robins, the Kinsey Institute study in San Francisco, the Family Research Institute study, the Chicago study, and the British investigation showed more sex partners were reported by both male and female homosexuals than by nonhomosexuals. The original Kinsey study and the French investigators found more sexual partners were reported by male homosexuals, but the French study reported a tendency toward fewer sexual partners claimed by female homosexuals in the past year. The 1996 NHSDA survey indicated that both male and female homosexuals reported more sexual partners in the previous 12 months than their nonhomosexual counterparts.

Mental Health

Saghir and Robins, the Kinsey Institute study in San Francisco, the Family Research Institute study, as well as the University of Chicago, Christchurch, 2003 Canadian Community Health Survey, and ADD Health investigators stated that both male and female homosexuals exhibited poorer mental health compared to their nonhomosexual counterparts. The 1996 NHSDA survey indicated that homosexuals more frequently tested as mentally disturbed, although male homosexuals may have accounted for more of the relationship. Problems associated with the use of various substances, both legal and illegal, were more frequently associated with homosexuals of both sexes in the 1996 NHSDA survey, although female homosexuals appeared to account for more of that relationship. In addition, treatment for alcohol or drug problems was more frequently reported by both male and female homosexuals than their nonhomosexual counterparts.

A 2000 nationwide random survey from Holland echoed the findings from the NHSDA survey, with 82 male homosexuals and 43 female homosexuals testing more frequently for mood or anxiety disturbances over their lifetimes compared to 5,873 nonhomosexual peers (Sandfort, Graaf, Bijl, & Schnabel, 2001). Similar findings have been reported for a large sample of middle-aged male twins, and those who engaged in homosexuality were more suicidal (Herrell, Goldberg, True, Ramakrishnan, Lyons, Eisen, & Tsuang, 1999). Likewise, of 3,503 randomly selected men ages 17 through 39 in the USA, the subset of 2.2% who had engaged in homosexuality scored higher on suicidality and also tested more frequently for one or more affective disorders, e.g., 21.5% of men who had sex with men vs 8.8% of men who only had sex with women had any lifetime experience of an affective disorder (Cochran & Mays, 2000).

Substance Abuse

Saghir and Robins and Christchurch studies reported more alcohol abuse, and Saghir and Robins, Christchurch, and ADD Health surveys more illicit drug abuse by homosexuals of both sexes. The Family Research Institute study reported more frequent attainment of a 'high' from substance abuse by female homosexuals and a tendency toward greater substance abuse by male homosexuals. In the British study, smoking tobacco and alcohol use were associated with more sexual partners, and in the ADD Health study, tobacco use was more likely to be reported by homosexuals. It is, therefore, likely that homosexuality was associated with more frequent use of tobacco and alcohol. The 1996 NHSDA survey reported more frequent illegal drug use by homosexuals than their nonhomosexual peers. The Dutch study (Sandfort, *et al.*, 2001) reported more frequent substance abuse by female homosexuals.

Employment

The original Kinsey study reported certain findings regarding "chronic unemployment" which suggests that it may be slightly higher among homosexuals. Saghir and Robins reported evidence that suggested poorer work habits by both male and female homosexuals. The 1996 NHSDA survey indicated female homosexuals were more apt to be in the paid workforce (female nonhomosexuals were more apt to be homemakers); however, if employed, homosexuals of both sexes were more apt to miss work in the previous 30 days than their nonhomosexual counterparts.

Military Service

Saghir and Robins reported more frequent enrollment in the military by both male and female homosexuals, but homosexuals of both sexes reported disproportionately higher rates of less than honorable discharge. The original Kinsey survey reported rates of 'problems with homosexuality' comparable to those reported by Saghir and Robins, and the Family Research Institute study reported that male homosexuals were less apt to serve and more apt to leave the service with a less than honorable discharge. The 1996 NHSDA survey showed no differences in frequency of serving between homosexuals and nonhomosexuals; however, there was evidence in its database that female homosexuals were more apt to serve. Homosexuals appear to have served in the armed forces at about the same rate as nonhomosexuals, but it also appears that they had difficulties in the services more frequently than did nonhomosexuals.

Driving Habits

The Family Research Institute investigators reported that male and female homosexuals reported more traffic tickets and accidents over the past 5

years than did their nonhomosexual counterparts. The 1996 NHSDA survey claimed that homosexuals were more apt to drive within two hours of consuming alcohol or illegal drugs than were their nonhomosexual counterparts; however, female homosexuals may have accounted for more of the relationship.

Marital History

The original Kinsey survey, the Kinsey Institute survey in San Francisco, the Family Research Institute study, and the 1996 NHSDA survey yielded evidence that homosexuals were less apt to marry. The original Kinsey survey, the Kinsey Institute survey in San Francisco, the Family Research Institute study, and the 1996 NHSDA survey showed that if they got married, homosexuals were more apt to get divorced. However, the Kinsey Institute survey in San Francisco reported that male homosexuals were slightly less apt to get divorced if they got married, while the 1996 NHSDA survey reported that female homosexuals were not statistically significantly more apt to get divorced if they got married. Overall, it appears that those who engage in homosexuality, especially men, are more apt to get divorced if they get married.

Progeny

The Kinsey Institute survey in San Francisco showed that homosexuals were less apt to have children in their first marriage if they got married and less apt to have more than one child if they had children than were their nonhomosexual counterparts. The Family Research Institute survey reported that homosexuals were less apt to have children and had fewer children if they were parents. The 1996 NHSDA researchers reported that homosexuals were less apt to be living with progeny under 17 years of age, but that male, not female, homosexuals accounted for this relationship. It appears that homosexuals are less apt to have children and to have fewer children if they are parents.

CONCLUSIONS

Those who engage in homosexual activity have received a fair amount of research attention from investigators of differing perspectives. The results reported by these diverse investigators have been remarkably similar, although reported in different countries, at different times, utilizing different measures, different questions, different interviewing techniques, different definitions of 'homosexual', and using different sampling methods. With the exceptions of female homosexuals in the 1996 NHSDA survey being more frequently employed in the workforce than female nonhomosexuals, and having been more frequently in the armed services, on no other dimension did those involved in homosexuality do 'better' than nonhomosexuals in any rea-

sonable statistical sense. On the other hand, there were numerous instances involving many different dimensions of social and personal concern, along which nonhomosexuals did 'better' than homosexuals. This failure to excel was true for variables of social concern as well as those concerning personal well-being.

Contrary to the thinking of Bentham in 1785 and the U.S. Supreme Court in 2003, traditionalist assertions about the personal and social harms associated with homosexual activity received support from the sex surveys reported both before and after the 1996 NHSDA survey. This survey generated evidence generally supporting these previous findings. This uniformity is truly remarkable. While such uniformity is not uncommon in the natural sciences, we are unaware of any area of social science that has reached such high empirical consensus, and that has received so much empirical attention by so many different investigators of such divergent opinions, conducting studies in so many varied venues at so many different times.

Those championing homosexual rights based upon the argument that there are no real differences between those who indulge and those who do not were denied empirical support from the results of previous sex surveys, the 1996 NHSDA survey, and sex surveys reported since that time.

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