

Proposals to outlaw sexual  
orientation discrimination in the  
provision of goods and services

# **Submission**

*to the*  
Consultation by the  
Department of Trade and Industry  
Women and Equality Unit  
Discrimination Law Review Team

*by*  
The Maranatha Community  
in association with the  
The Council for Health and Wholeness

June 2006

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# **I. Preface**

## **1.1. This Document**

This document has been prepared in response to a consultation paper by the Discrimination Law Review Team – Sexual Orientation Consultation, Women & Equality Unit, entitled ‘*Getting Equal: Proposals to outlaw sexual orientation discrimination in the provision of goods and services*’.

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## **1.2. The Maranatha Community**

The Maranatha Community is a Christian movement with many thousands of members throughout the country active in all the main churches. Its membership includes a substantial number of people involved in the health and caring professions and in a wide range of voluntary community service. Since its formation 25 years ago, it has been deeply involved in work amongst children and young people both in this country and abroad, people with drug and alcohol problems, the elderly, the disabled and the disadvantaged. It has taken the initiative in a broad range of projects directly contributing to the health of the nation and it also has extensive international experience. For many years it has responded with care and consideration to the expressed needs of those involved in homosexual relationships.

The Maranatha Community

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The Maranatha Community Trust is a registered charity number 327627.

The Leader and co-founder of the Community is Mr. Dennis Wrigley.

## **1.3. The Council for Health and Wholeness**

The Council is a multi-disciplinary body embracing doctors drawn from a broad spectrum of specialist disciplines, nurses and various medical auxiliaries, counsellors, chaplains and others. It has close links with the healing ministry of the Christian Church and is involved in a wide range of research projects and studies, including many aspects of human sexuality.

The Council for Health and Wholeness is based in the offices of the Maranatha Community. Its medical co-ordinators are Dr. Hans-Christian Raabe, Dr. Linda Stalley & Dr. Natasha Fraser.

## **2. Introductory notes**

These notes clarify our position on the general area covered by the proposed regulations insofar as they affect religious belief and practice.

### **2.1. Human Dignity**

We affirm our respect for the dignity and worth of every person, irrespective of their sexual preference or practice.

### **2.2. Hostility and Abuse**

We strongly oppose any behaviour which in any way embraces hostility, victimisation or abuse towards those who have adopted a homosexual lifestyle.

### **2.3. Worldwide concern**

It is universally accepted that hundreds of millions of believing Christians, Muslims and Jews together with many others are unable to condone or accept homosexual acts because to do so would inevitably conflict with their personal beliefs, teachings and scriptures.

### **2.4. Conscience and Law**

No amount of legislation can dictate religious attitudes and for this reason most governments are usually sensitive in introducing legislation which impinges on conscience and deeply held religious convictions. This is what has differentiated democratic societies from totalitarian regimes. This is the basis upon which our society is built, and should be jealously guarded. It need not conflict fundamentally with the rights of homosexuals to live the lifestyle that they choose, even though certain practices may be seen by many others as morally wrong, unacceptable or even offensive.

### **2.5. Misleading Terms**

The term 'homophobic' has been introduced to define and condemn irrational attitudes of bigotry and malice. Regrettably it has also been applied to anyone who takes an alternative attitude to that held by proponents of homosexual rights. Although vast numbers of people cannot on grounds of conscience accept homosexual practice into their belief system, this in no way makes them intolerant, bigoted or 'homophobic'. It is in fact offensive to stigmatise them in this way.

## **2.6. Imposition and punishment**

As Christians we fully accept the human rights of those who practise homosexuality, but on conscience grounds we cannot agree with their conduct. They recognise their rights but do not believe that their lifestyle should be promoted as normal or actively encouraged by public policy and funding. To seek to punish those who disagree with a prescribed view of homosexuality is in itself intolerant, and an assault upon religious liberty. It is also counterproductive.

## **2.7. Human Rights**

The legitimate rights of the minority of practising homosexuals must also be seen in the context of the rights of those whose Judaeo-Christian morality and values have formed the foundation of our culture and the history of our nation. Proposals which seek to limit the public teaching, practice and observance of a religion, must inevitably be viewed with great concern. Article 9 of the European Convention on Human Rights specifically states, "*Everyone has the right to freedom of thought, conscience and religion*" and also the right "*to manifest this religion in worship, teaching, practice and observance*".

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## **3. Comments**

**These notes constitute our initial reaction to the contents of the consultative document insofar as they affect the life, witness and service of many thousands of churches and Christian charities throughout Britain.**

### **3.1. Freedom**

Our liberty to hold, discuss and propagate our personal views about sexual orientation is fundamental to our freedom of speech and conscience. These proposals undoubtedly threaten this freedom.

### **3.2. Discrimination against Christian teaching**

The new proposed legislation will affect large numbers of individuals, voluntary organisations, charities, churches and businesses. They will be strictly limited in the way they advertise and provide so-called ‘goods and services’, including the use of their premises and facilities, the hiring of rooms for public events and education. Unless radically amended this legislation will in fact discriminate severely against much Christian teaching on sexuality and severe limitation and control will be exercised by the State.

### **3.3. Theological Confusion**

For most world religions belief, principles and practice are inseparable. It is impossible to divide the ‘basic doctrines of a faith’ from the consequential approach to life issues which follow irrevocably from those doctrines. It is, therefore, inappropriate and confusing to seek to limit exemptions from regulations on the basis of ‘religious observance or practices that arise from the basic doctrines of a faith’. Everyday religious teaching and the lifestyle adopted by believers are inextricably involved in matters affected by the proposed regulations.

### **3.4. Education**

As the marriage-based family is the basic building block of civilised society, it is vital that children are presented with this as the preferred and ideal relationship, without in any way, causing pain to those who are single or involved in any other relationship. The social cohesion which flows from the marriage-based family provides commitment and security and also a healthy and safe environment for children. The social consequences of its destruction are enormous and many of the major social problems in our country today are rooted in this. Children have the right to be prepared for marriage, and they also have the right to be informed about the dangers and consequences of multi-

partnering and promiscuity. Our educational system has always strongly accepted the value of passing information to children on the basis of established truth. Each generation learns from the experience of previous generations. This new legislation is likely to inhibit guidance to the young on relationships based on Christian ethics. In particular it could prevent the young from being properly informed about the physical, clinical and emotional consequences of some homosexual practices.

### **3.5. Public Reading of the Bible**

It is possible that as a consequence of the proposed legislation efforts might be made to prevent the public reading of portions of the Bible which appear to condemn homosexual practice, particularly if the reading takes place in non-religious premises. The Bible has had a major influence upon the life of the nation and ‘censoring’ of parts of it would be seen by most people as intolerable. There is an immediate need for assurances to be given on this matter.

### **3.6. Services to the Community**

Tens of thousands of Christian churches and charities play a major role in community life, caring for the disadvantaged and vast numbers of those in need. They have a reputation of speaking out against injustice and unfairness. Under these proposals their work will suddenly be brought under the controlling influence of a new commission and they will now be made vulnerable to actual or threatened litigation covering countless aspects of their life and service. In the minds of many this heralds the introduction of the alien idea of “thought police”. It can only lead to the damaging and impoverishment of local communities which receive their services, often without any charge.

### **3.7. Malicious Complaints**

There is a very serious possibility that the proposed legislation could generate malicious and spurious complaints, perhaps deliberately organised, leading to invasive and perhaps unnecessary investigation and expensive litigation. There is an immediate need for assurances that adequate protection will be given to those who give their time, skills and energies for the good of the community to be protected from a series of ‘complaints’, many of which may be trivial. It must also be recognised that such complaints can inflict immense damage on the personal standing of those who work unstintingly for others.

### **3.8. Wrong distinction**

The proposed regulations make no clear distinction between sexual practice and sexual orientation. Neither do they present a precise distinction between the

condemnation of homosexual practice based on religious belief on the one hand and homophobic prejudice on the other. Unfortunately, the proposals also quite erroneously equate racial and religious discrimination with sexual orientation discrimination, whereas these are, in almost every respect, quite incomparable. Sexual orientation and practise raise questions of moral choice and conscience that other anti-discrimination provisions do not.

### **3.9. Complication**

The proposed legislation is extremely complicated and confusing. In trying to explain the prohibition of indirect discrimination it is stated that this is “where a provision, criterion, or practice has the effect of putting people of a particular sexual orientation at a disadvantage which cannot be justified as a proportionate means of achieving a legitimate aim”. To whom must this be justified? The courts? The police? The complainants? The officials of the new commission?

### **3.10. Coercion**

The impression of the proposals is that the state is moving towards a dangerous form of social engineering with coercion, threats and penalties against those who cannot agree with the various pressure groups which appear to have driven these legislative proposals. It is a matter of the utmost urgency that the Sexual Orientation Discrimination proposals be amended to protect churches and other religious institutions from unwarranted intrusion by the state. There is a real danger that the imposition of a bureaucratic system of regulation could itself generate totally unnecessary antagonism towards the homosexual community, quite apart from it being perceived as a completely unwarranted, complicated and expensive intrusion into the affairs of voluntary bodies, charities and churches which play such an important key role in community life.

### **3.11. Health**

The consultation document suggests, without giving any supporting evidence, that there will be ‘a health benefit’ from the implementation of the proposed legislation. This is curious insofar as some homosexual practices are themselves highly harmful to health. Any normalising, encouragement and facilitation of these practices, far from being a health benefit to the nation, would be an additional financial burden on the National Health Service. Already, for the sake of public health, practising homosexuals are disallowed from giving blood for blood transfusion services. Few would deny that for the public good this is an acceptable form of discrimination. The Health Education process, which is embraced by this consultation paper, must in no way be inhibited from providing both adults and the young with basic medical information about the dangers of some practices such as anal intercourse. It would be an extremely serious situation if, through this proposed legislation,

schools, charities, churches and educational establishments were to be disallowed from presenting vital factual information on the grounds of it being supposedly “homophobic”.

### **3.12. Bureaucratic Control**

Increasing numbers of people are concerned about growing government control over their lives. They view with alarm the creation of a “Commission for Equality and Human Rights” with extensive powers and the responsibilities to rigorously enforce regulations. They are uneasy about the establishment of another body with substantial ongoing Government funding, and statutory investigative powers.

### **3.13. Marriage and ‘Civil Partnership’**

When civil partnership legislation was introduced, it was made to resemble marriage as closely as possible in all but name. It was, however, clearly stated by the Government that civil partnership was not to be seen as equivalent to marriage and it is not recognised as such by most people.

Marriage is the foundation of our society and the serious social consequences of its deterioration are increasingly evident in contemporary society. There is no other institution that has stood the test of time that could take its place. The Government should take a strong interest in supporting and strengthening the marriage-based family. It is important that no new legislation should harm the promotion of this ideal. Few would see the sacred ceremony of marriage as being equivalent to the ceremony for establishing a civil partnership. To discriminate between the two is sensible and right and no pressure should be brought upon registry offices to blur this distinction.

### **3.14. Religious Discrimination**

The proposals, if implemented will undoubtedly have a profound impact upon most faith communities. Those who have drafted this consultative document should recognise that deep and unnecessary offence will be caused to many. The proposals are perceived by numerous believers to be an attempt to introduce a most extreme form of discrimination against, for example, Jews, Christians and Muslims on the grounds of their centuries-old beliefs and practices. In view of this the Government should, as a matter of urgency, appoint a representative advisory panel to assess the implications of the proposals. Such a panel should include strong representation of the mainstream Jewish, Christian and Muslim faiths.

### **3.15. Antagonism to Religion**

The unfortunate and probably unintended impression given by the consultation document is one of antagonism to religious belief. It is widely seen as an effort to put pressure on churches to change their centuries-held doctrines. It is also a clear challenge to publicly stated Muslim belief. It is not known whether those who have drafted these proposals are aware of the deep concern these suggestions have caused to large numbers of believing people. This is particularly sad in view of the fact that 72% of the population in the National Census declared their allegiance to the Christian faith.

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## **4. Response to Consultation questions**

### **4.1. Do you agree that the new Sexual Orientation regulations should apply to goods, facilities and services?**

Hostile and abusive discrimination on any grounds is totally unacceptable. However, many people for valid and legitimate reasons object reasonably and without malice not to the sexual orientation of certain people but to their actions, behaviour and conduct. It would be totally unacceptable if these regulations were used to strangle the freedom to criticise particular practices and to prevent discrimination based on that practice. Existing hate crime legislation and guidelines already goes too far in impinging upon this basic freedom, and should be considered more than adequate to deal with issues of discrimination. The broadness and poor definition of the current proposals further threaten this freedom. Therefore, the definitions of ‘goods, facilities and services’ that are proposed to be under sexual orientation discrimination regulations should be far more precise.

### **4.2. Should the concept of goods, facilities and services have the same scope as in other equality legislation, in particular Part 2 of the Equality Act 2006?**

As we have laid out in chapter 3 of this response, we find that the broad definition of ‘goods, facilities and services’ offered in the consultation document poses too great a threat to freedom. Although regulation to prevent ‘hostility and abuse’ and ‘straightforward discrimination’ is laudable, the proposals require careful amendment to ensure that the rights of some are not considered superior to the equally legitimate rights of others. There is also the need for far more precise definitions of terms.

### **4.3. Do you agree that we should provide an exemption from the prohibition on sexual orientation discrimination so that services to meet a specific and justified need can be provided separately to different groups on the basis of their sexual orientation? What specific activities would such an exception need to apply to?**

We agree that services designed to meet a specific and justified need should be exempted from these regulations. These exemptions should not be limited solely to services designed for the homosexual community, but should include other services which are designed to meet a need for heterosexual couples for example. However, we find that the ramifications of having to justify such a need could form an unnecessary and burdensome bureaucratic stranglehold on voluntary community services, raising questions of who decides what is justified. Will the responsibility lie with the already overstretched police? Will there be an independent body to which appeals against investigation and

prosecution can be lodged? How will the police prioritise accusations? Will they be obliged to investigate every claim and counter-claim? What are the limits to the powers and budget of the proposed new commission? We are extremely concerned that these proposals are wide open to spurious and malicious abuse.

**4.4. Do you agree that premises should be covered by the sexual orientation regulations?**

We do not agree that all premises should be covered by these regulations. Where premises are clearly a public space, we accept the argument that use of such premises should be in no way limited for any reason. Likewise, we agree that it is unacceptable for a homosexual couple to face discrimination from an estate agent. However, where the premises are being privately let, landlords should in no way be forced to let their property to people that they do not want to. As they stand, these regulations form an unacceptable intrusion by the state into private lives.

**4.5. Do you agree that an exemption should be provided for selling or letting of private dwellings as described in this consultation paper?**

We agree that an exception should be provided in the instance of private letting. However, we find the limitations of the exception an unacceptable threat to freedom. A landlord should be allowed full discretion on who shares his or her house, irrespective of whether parts of the premises are shared, or of how large the house is, and should not be prevented from advertising.

**4.6. Do you agree that private members clubs should be included in the sexual orientation regulations?**

We do not agree that private members clubs should be included in the regulations. This would constitute an unacceptable intrusion by the state into private life.

**4.7. What is your view on our proposal that both private members clubs and associations should be permitted to include having a particular sexual orientation as a membership criterion, but only where this criterion is explicitly connected to the purpose for which the club has been established?**

We agree that some clubs and associations may provide services for people of a particular sexual preference, and should therefore be able to continue to

discriminate along those lines. However, establishing whether this is explicitly connected to the purpose of the club or association again raises questions on who decides and judges the extent of that connection? As the regulations stand it would be extremely difficult for clubs and associations, other than those that offered services to the homosexual community, to discriminate along sexual orientation lines. We contend that clubs and associations with specific aims should be free to exclude those who are antagonistic to those aims, as in the obvious case of a political club or association.

**4.8. Do you agree that the new sexual orientation regulations should apply to public functions as well as to goods, facilities and services? Do you think that any specific additional exceptions might be needed from a prohibition on sexual orientation discrimination in the exercise of public functions?**

It is not clear what is meant by “public functions”. Are these functions arranged by public bodies, or functions arranged in public by private bodies? In either case great care has got to be taken to prevent unwarranted interference in legitimate events open to the public.

**4.9. Do you agree that schools should be covered by the sexual orientation regulations?**

We abhor the bullying of pupils or staff on any basis, including sexual orientation. However, for schools these proposals go much further than seeking to stop bullying on sexual orientation grounds. The broadness of these proposals would, if applied to schools, form a serious risk of undue censorship. Already in many schools, the risks associated with promiscuous sexual activity are not adequately addressed. The clinical and physical risks of some homosexual sexual activities are well documented. In the interests of evidence-based teaching, the current sexual health crisis in this country, and the expressed aim of the teaching profession to provide an ‘informed choice’ to pupils, these proposals should in no way limit the teaching of the scientific truth regarding some forms of homosexual activity and the dangers of promiscuity. The consultation paper refers to the need to deal “appropriately” with matters of sexual orientation, but does not define what it means by ‘appropriate’. Similarly the paper refers to situations where sexual orientation is a relevant issue, but does not define what is meant by relevant.

**4.10. Are there any circumstances in which you consider that schools, or a part of the schools sector, should be exempted from the regulations?**

All religious schools should be exempted from these regulations.

**4.11. Are there any areas of activity for schools for which you consider special provision needs to be made?**

We believe that the schools themselves should decide whether they should be exempt from these regulations. Recognising the importance of PSHE, it is equally important that Parents and Governors have a greater say in the life and curriculum content of schools, and that there should be less imposition of rules from external and often remote sources.

**4.12. Do you consider that an exemption should be provided from the regulations for some of the activities of religious organisations?**

Religious organisations should be totally exempted from all the proposed regulations, because they would unduly inhibit and restrict their teaching and activities.

**4.13. Do you agree that these exemptions should be restricted to activities that are primarily doctrinal? If there are any other activities that you consider should be covered by an exemption, what are these and why do you consider that the need to be exempted?**

This question presupposes that there can be a separation between practice and doctrine. In any case, the question does not define what is meant by “primarily doctrinal”.

**4.14. Do you agree that an exception should be provided for charities that provide services specifically to people because of/according to their sexual orientation?**

As they stand, the proposed regulations discriminate in favour of charities that provide service specifically for homosexuals, and discriminate against churches and charities that wish to provide services specifically for heterosexuals.

**4.15. Do you agree that the sexual orientation regulations should include direct and indirect discrimination as well as victimisation? Are there any particular considerations or situations that should be taken into account in how such provisions are drafted?**

We are concerned that the consultation document provides no examples of ‘indirect’ discrimination, but allows an “individual (to) bring the claim of indirect discrimination” against another even if the indirect discrimination is “unintentional”. Legislation cannot be based upon the subjective feelings and

prejudices of individuals. The proposals appear to be wide open to spurious and malicious complaints.

**4.16. Do you agree that discriminatory practice should be included in the scope of the sexual orientation regulations?**

If the proposals were to remain as broad sweeping as they currently are, we cannot agree that discriminatory practice should be included in their scope. Many organisations, for valid and legitimate reasons, discriminate for and against people on grounds of sexual orientation, as the consultation document accepts. Discriminatory practice should not be immediately assumed as wrong.

**4.17. Do you agree that discriminatory advertising should be included in the scope of the sexual orientation regulations?**

The consultation document freely admits that it is often impossible to find an individual who has been the victim of a discriminatory advertisement. Until this can be done, advertising should not be included in the scope of the proposed regulations. In any case, enforcement action should not be left to the new commission thus bypassing the courts.

**4.18. Do you agree that instructions to discriminate should be covered by the sexual orientation regulations?**

We agree that to the extent there is a need to regulate on sexual orientation discrimination, this is a reasonable and necessary inclusion.

**4.19. Do you agree that validity of contracts should be covered by the sexual orientation regulations?**

While wishing to ensure that homosexuals are not treated unfairly, we find it difficult to understand how complex contracts relate to these regulations, and whether there has ever been an instance such as that described in the consultation document.

**4.20. Do you agree that the enforcement provisions for the sexual orientation regulations should match those for the other equality enactments?**

Although we agree that respect for the dignity and worth of each person is of paramount importance, we find that these proposals privilege the rights of a particular group over those of another, and do not offer a fair balance.

Crucially, many people object to some forms of homosexual activity, not on the basis of orientation but on the basis of that behaviour. These regulations provide no protection for those who for religious, scientific and clinical reasons cannot accept homosexual activity.

**4.21. Do you have any comments on the Government's plans for how the sexual orientation regulations will be enforced and supported by the CEHR?**

We are extremely concerned that the proposed CEHR will have unprecedented powers to control society, raising the spectre of a 'thought police' that is totally alien to this nation. We would like to question how the proposed commission will impinge upon existing hate crime legislation.

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## **5. Conclusion**

**We wish to affirm that we are strongly opposed to all unfair discrimination on grounds of sexuality. By definition the Christian Church is an instrument of reconciliation and for generations Christians have been deeply involved in reconciliation work, speaking out against injustice.**

- 5.1** We believe it is fundamentally wrong for churches, Christian charities and Christian services, all fulfilling vital roles in community life, to be coerced into doing things which are fundamentally against their religious and moral convictions, under pain of punishment and possible loss of financial support.
- 5.2** It is totally wrong for those with deeply held convictions to be subjected to threats if they do not change their views, beliefs and attitudes.
- 5.3** Although the proposals aim at outlawing certain discrimination they introduce extreme discrimination against churches and Christian organisations, solely on the grounds of their beliefs and practices.
- 5.4** The proposals fail to acknowledge that vast numbers of people, not just Christians, Muslims and Jews, do not feel able to accept homosexual practice into their belief system and, sadly, the consultation document does not appear to acknowledge and accept this.
- 5.5** The position appears to have been reached where the public is being obliged to accept just one prescribed view of homosexuality and that those who dare to disagree from this view will be severely punished. Without any doubt this is a serious assault upon Christian belief and practice and raises fundamental issues of religious liberty.
- 5.6** The possibility of Christian guest houses being prosecuted, Christian nursing homes being obliged to close down, the use of Christian conference centres restricted and interference with a broad range of Church activities, is for most church members quite intolerable. The regulations will undoubtedly impede religious observance and practice.
- 5.7** Repressive legislation such as that proposed is inevitably divisive.
- 5.8** There is no indication in the consultation document of any steps to protect churches and Christian institutions from malicious and irresponsible complaints which would lead to intrusive investigations and costly litigation. Significantly, it is suggested that the new commission will be given resources to help individuals bringing proceedings before a court in some instances.

**Final note:**

It is not known how widely copies of the consultation paper have been circulated amongst the churches mosques and synagogues whose activities will be directly affected by the proposed new punitive regulations. It is important that the many thousands of people who will be directly affected by this proposed legislation are fully informed of the limitations it will place upon their freedom. Doubtless, meetings will be arranged with Churches, Mosques and Synagogues to forewarn them of what is likely to be imposed upon them and to give them ample opportunity to present their views before any regulations are introduced. The need for the widest possible consultation process is self-evident.

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## **6. Appendix A**

### **Religion and the Consultative document**

**There is serious concern that religious bodies and associated charities will be subjected to an intolerable level of interference in their affairs. The state is entering into fields which are none of its concern.**

- 6.1** The authors of this Consultation document freely admit that “there may be circumstances where the new regulations could impact on aspects of religious activity or practice in the light of the doctrines of some faiths concerning sexual orientation and the beliefs of their followers”. They also admit that “the regulations may impede religious observance or practices that arise from the basic doctrines of a faith”. Most people would affirm that no state regulations should impede religious observance or practices that arise from the basic doctrines of a faith. **The state has no authority to re-write articles of faith.**
- 6.2** The authors admit that any exceptions from the proposed regulations for religious organisations will need to be clearly defined, but they have made no effort to provide such definition. They say their starting point “is that these should be limited to activities closely linked to religious observance or practices that arise from the basic doctrines of faith”. **What are these religious observances and practices which they intend to ban? Who is going to decide whether or not these practices arise from basic doctrines of a faith? Who is to decide what are the ‘basic doctrines of a faith’?**
- 6.3** In seeking to impose seemingly intolerable restrictions on Christian churches and charities the authors of this consultation fail to acknowledge the crucial role played by thousands of them at community level, tackling the problems of disadvantaged groups.
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## **7. Appendix B**

### **Teaching about the homosexual lifestyle**

**There are grave risks that the proposed legislation will inhibit legitimate teaching by charities and churches, especially to the young, about the serious physical and emotional dangers of some homosexual practice.**

- 7.1** Some of the media and much of the gay movement portray the LGB lifestyle as happy, healthy and fulfilled. However, the LGB lifestyle is associated with very high rates of sexual promiscuity, and a large number of very serious physical and emotional health consequences. It shows an unacceptable lack of compassion for individual people, and an unacceptably cavalier attitude to public health, to attempt to portray as normal or desirable, to encourage, or to seek to promote or facilitate in any way, LGB lifestyles.
- 7.2** Many, but not all, homosexual relationships are of comparatively short duration and even those homosexuals who are in a “committed” relationship have a significant number of outside sexual partners, far more than heterosexual individuals. Where unhealthy sexual practices take place, promiscuity dramatically multiplies the health risk.
- In a recent survey in the UK, homosexual men reported on average 27 sexual partners over the past five years. This contrasts with “only” four sexual partners on average among those men who reported having no homosexual sex. Not surprisingly, homosexual men and women are at least four times more likely to be diagnosed with a sexually transmitted disease over the past five years than heterosexual men and women.<sup>1</sup>
  - Another study of homosexual men shows that more than 75% of homosexual men admitted to having sex with more than 100 different males in their lifetime: approximately 15% claimed to have had 100-249 sexual partners, 17% claimed 250-499, 15% claimed 500-999 and 28% claimed more than 1,000 lifetime sexual partners.<sup>2</sup>
  - Promiscuity among lesbian women is less extreme, but is still higher than among heterosexual women. Many “lesbian” women also have sex with men. Lesbian women were more than 4 times as likely to have had more than 50 lifetime male partners than heterosexual women.<sup>3</sup>
  - High rates of promiscuity are observed even within “committed” gay relationships. In a Dutch study, the average range of duration of a male homosexual relationship was from 9 months to just over 2 years. On average, these relationships lasted only 17 months. Even though the homosexual men claimed to be in a stable relationship, they had an

additional 5-10 sexual partners outside the relationship, 7 on average. Those who were not in a “committed” relationship had, on average, 22 sexual partners per year, with a range of 17-28 outside partners.<sup>4</sup>

- In an online survey among nearly 8,000 homosexuals, 71% of same-sex relationships lasted less than eight years. Only 9% of all same-sex relationships lasted longer than 16 years.<sup>5</sup>

**7.3** Among homosexuals, highly risky sexual practices such as anal sex are very common. It is vital that children and young people are made aware of the dangers.

- The majority of homosexual men engage in anal intercourse, whereas 12% or less of the heterosexual population do so.<sup>6</sup>
- A large number of diseases are associated with anal intercourse.<sup>7</sup>
- There is a substantial increase in the risk of contracting HIV when engaging in anal sex.<sup>8</sup>
- The term “barebacking” refers to intentional unsafe anal sex. In a study of HIV-positive gay men, the majority of participants (84%) reported engaging in barebacking in the past three months. 43% of the men reported recent bareback sex with a partner who was most likely not to be infected with HIV, therefore putting another man at risk of contracting HIV.<sup>9</sup>
- While many homosexuals are aware of HIV risk, a large number are unaware of the increased risk of contracting non-HIV STDs, many of which have serious complications and may not be curable.<sup>10</sup>

**7.4** It is legitimate to inform the public, and especially the vulnerable homosexual population, that those engaging in a homosexual lifestyle have a disproportionately high number of sexually transmitted diseases.

- The rates of acquisition of various sexually transmitted diseases for homosexual men is far higher than for heterosexual men.<sup>11</sup>
- Over 80% of all new HIV diagnoses in the UK are among homosexual or bisexual men.<sup>12</sup>
- The recently observed dramatic increases in syphilis in many large cities such as London, Manchester and Brighton are in the majority observed in homosexual men, many of whom are also HIV positive.<sup>13</sup>
- The UK, Canadian and US blood transfusion services recognise the disproportionately high risk of infections from male homosexuals, banning men who ever had sex with a man from donating blood. In the US, this ban has been in place since 1977.<sup>14</sup>

7.5 It is legitimate to inform the public that a homosexual lifestyle reduces life expectancy.

- In a Vancouver study published in 1997, life expectancy at age 20 years for gay and bisexual men was found to be 8 to 20 years less than for all men aged 20. The reduction made life expectancy for gay and bisexual men similar to that of men in Canada in 1871. The main reason for this reduction was AIDS.<sup>15</sup>
  - A repeat of this study a few years later showed only a modest improvement in life expectancy due to improved HIV treatment.<sup>16</sup> The “gay lifestyle” therefore is a greater risk to health than smoking cigarettes.<sup>17</sup>
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## **8. Appendix C**

### **The nature of homosexuality**

**There is a danger that following the proposed legislation the truth about the nature of homosexual activity could be hidden from the public, especially the young.**

**8.1** There is a widespread belief that LGB orientation is ‘inborn’. There is little or no evidence that this is true.

- There is considerable evidence that LGB behaviour – like any other behaviour – develops through the interaction of many factors, particularly childhood and familial instances, trauma and social environment.
- A ‘gay gene’ has never been found. It has been suggested that if this gene had existed it would have been eliminated by natural selection.
- One way of establishing whether a condition is genetically determined is to examine the behaviour of identical twins – who have the same genetic material – and comparing them with non-identical twins. If homosexuality were entirely “genetic”, one would expect nearly 100% of identical twins of a homosexual sibling to have homosexual orientation also. However, in a large population study, concordance – both identical twins being homosexual – was found in only 32% of identical twin pairs.<sup>18</sup>
- In another large, Australian, twin study, carried out by a researcher sympathetic to the “gay” movement, concordance was observed in only 20% of male and 24% of female identical twins.<sup>19</sup> Being homosexual could only to a very small degree be influenced by one’s genes.

**8.2** There is a widespread belief that LGB orientation is unchangeable, yet there is much experiential evidence that this is not true. Whereas there is no fundamental change in born factors such as skin colour or race, this is not the case in terms of sexuality. Evidence shows that sexual orientation frequently changes over time, and there is a significant fall in same sex attractions in young people as they move from adolescence to young adulthood.<sup>20</sup> There is no doubt that LGB orientation can and does change. For some it appears to be permanent, for others it is a passing phase and legislation needs to recognise that the labelling of people as homosexual can be very dangerous. Some would argue that there are no homosexuals but rather people with homosexual tendencies or people who chose to engage in homosexual practices.

- Many studies have shown that homosexuality can arise from damaged relationships or a wounded self-image. Accordingly, it can be healed.<sup>21,22</sup> Recently published research by a professor who championed “gay”

activism, Professor RL Spitzer, also shows that change is possible. He has acknowledged that during his studies he became convinced that some LGB people could be healed.<sup>23</sup>

- Professor Spitzer also mentions that a large number of those he examined and who had changed their sexual orientation were helped by specialist agencies such as Exodus.<sup>24</sup>
  - In a review of 14 outcome studies over a period of nearly three decades investigating whether homosexual orientation of behaviour can be changed through psychotherapy a 50% success rate (309 clients out of 622) was found. Success was defined as “considerable” or “complete” change from homosexual behaviour or orientation.<sup>25</sup>
  - Even authors sympathetic to the “gay” movement recognise that homosexuals are not “just born that way”:  
*“The rational link between the position that homosexuality is biologically determined and a sympathetic view of homosexuality is much more tenuous than many commonly assume. This is because all behaviour is biologically determined, in one fundamental sense. Thus if homosexuality (or heterosexuality) is excused on the ground that it is biologically determined, all behaviour must be excused, including behaviour that should not be excused, such as dishonesty, theft, homophobia or even genocide.”*<sup>26</sup>
  - A “gay gene” has never been found. Indeed, if there had been a “gay gene”, it would put the person carrying it at a significant biological disadvantage, as homosexuality is associated with low fertility. If a homosexual has sex only with same-sex persons he will have no offspring. On average, homosexuals have less than ¼ of the number of children of heterosexuals.<sup>27</sup> Therefore even if this gene had existed, it would be eliminated by natural selection.
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## **9. Appendix D: Extent of homosexual activity**

**There is great danger that the legislation will endorse the widespread but erroneous view on the extent of homosexual activity in the country.**

In the consultation document it states that “it is estimated” that approximately 6% of Great Britain’s population are lesbians, gay men and bi-sexual people, but it does not give any information about the origins or reliability of this estimate, merely saying “some research” has been carried out. In the past gay rights campaigners have put this figure at between 8% and 15% without any supporting evidence.

Studies carried out in the United Kingdom and the United States suggest a consistent figure of less than 1.5% of the adult population to be actively homosexual. This contrasts dramatically with exaggerated and unsubstantiated claims by various bodies concerned with health education in this country. These claims sometimes embrace children who have not reached sexual maturity and who are quite improperly labelled as ‘homosexual’. This labelling can cause immense and permanent damage to children and adolescents which can disturb and mislead them.

The following is some of the evidence:

- One of the most detailed UK studies showed only 0.4% males and just 0.1% of females to be exclusively homosexual in practice.<sup>28</sup>
- Research carried out on behalf of the Department of Health in the Omnibus Survey in 1997 revealed that only 1% of men practise exclusively homosexual sex.<sup>29</sup>
- A survey in the United Kingdom sponsored by the Wellcome Trust reported 1.4% of males having had a homosexual partner in the previous year. The report stated its findings “were consistent with those from other recent studies in Europe and the United States”. A British survey in 1990-1991 (among 19,000 men) found that 1.1% had had homosexual partners in the previous year.<sup>30</sup>
- An official survey of sexual behaviour showed that 98.5% of adults were exclusively heterosexual. Less than 1% had been exclusively homosexual since the age of 18 years.<sup>31</sup>

The following is further evidence largely from abroad.

- Surveys from many countries show clearly that homosexual orientation or behaviour is found in only about 1-3% of the population. In probably the largest survey of sexual behaviour in Britain, interviews were carried out among over 11,000 men and women aged 16-44. Only 2.6% of the population had homosexual sex once or more in the past five years. Since this survey was carried out among the age bracket of the population which is most sexually active, the prevalence of homosexual behaviour among the entire UK population will be even lower than the 2.6% found in this survey. This figure has increased from 1990, when only 0.8% of women and 1.5% of men reported homosexual sex over the past five years.<sup>32</sup>
  - In a US study, 2.1% of men and 1.5% of women reported having one or more same-sex partners over the past five years.<sup>33</sup> Another US survey found 2.2% of males between the age of 17 and 39 had a same-sex partner.<sup>34</sup> In a recent Dutch study by “gay researchers” 2.8% of men and 1.4% women had had same-sex partners.<sup>35</sup> In a New Zealand study, 2.8% of young adults were classified as homosexual or bisexual.<sup>36</sup> In a Swiss study among adolescents, 1.4% of girls and 1.7% of boys described themselves as predominantly homosexual or bisexual. 1.5% of girls and 2.5% of boys reported same sex behaviour.<sup>37</sup>
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# **10. Appendix E: Warning Signals**

**Even before the proposed legislation has been introduced there are signs of people in the United Kingdom being persecuted for expressing their views about homosexuality and civil partnerships. Bishops and church leaders have been warned about expressing basic Christian teaching and the following two instances constitute warning signals of a dangerous drift to operating ‘thought police’, which will inevitably be accelerated if the current proposals are enacted without substantial amendment.**

## **1. The case of Sir Iqbal Sacranie**

In January Sir Iqbal, the Secretary General of the Muslim Council of Britain, appearing on BBC Radio 4’s PM programme, expressed his views about harmful homosexual practices and the controversial issue of Civil Partnerships. Apparently, Peter Ripon, the programme’s Editor, was approached by a police officer who said he was investigating a ‘homophobic incident’. Sir Iqbal said “What I said was only to reiterate the well-known Islamic position that the practice of homosexuality is not acceptable”. He also pointed out that the rejection of homosexual practice is shared in other scriptures such as those of Christianity and Judaism. In addition to this Sir Iqbal pointed out the clinical dangers in terms of disease related to homosexual practice.

## **2. The case of Lynette Burrows**

Lynette Burrows is a very highly respected author and speaker on family matters. During December she took part in a BBC Radio Five broadcast discussion on the controversial Civil Partnerships legislation. She pointed to the potential dangers of allowing children to be adopted by single sex couples. The following day she was contacted by the police who informed her to say that a ‘homophobic incident’ had been reported against her. It was reported that a spokesman for the police said it was policy for Community Safety Units to investigate homophobic, racist and domestic incidents because these were “priority crimes”. The police said “It is all about reassuring the community”. Understandably, this has been widely regarded as a gross intrusion into liberty of speech. With some justification Ms. Burrows said “I was astounded”, declaring her belief that this is a free country where we are allowed to express opinions on matters of public interest.

These two cases highlight a worrying trend towards a repressive form of censorship and the criminalizing of statements of belief. They have raised a genuine fear amongst responsible law-abiding citizens who perceive that a grave injustice is being

perpetrated. If complaints, including those which may be malicious and orchestrated, prompt this kind of police intrusion, free expression of legitimate views will inevitably be inhibited or stifled. Simultaneously, confidence in the police will be eroded and their actions will be seen as time-wasting and costly intrusions into public rights of freedom of speech.

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# 11. References

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- <sup>2</sup> Bell A.P, & Weinberg M.S. *Homosexualities*. New York 1978.
- <sup>3</sup> Fethers K et al. 2000, 'Sexually transmitted infections and risk behaviours in women who have sex with women' *Sexually Transmitted Infections* 2000; 76: 345-9.
- <sup>4</sup> Xiridou M, et al. 2003, 'The contribution of steady and casual partnerships to the incidence of HIV infection among homosexual men in Amsterdam' *AIDS* 2003; 17: 1029-38.
- <sup>5</sup> 2003-2004 Gay & Lesbian Consumer Online Census; www.glcensus.org.
- <sup>6</sup> A study showed that the majority of homosexual men (63%) had engaged in anal sex over the past year, and 40% had engaged over the past four weeks, often without using a condom and even if they knew that they were HIV positive. (Mercer CH et al. 2004 'Increasing prevalence of male homosexual partnerships and practices in Britain 1990-2000' *AIDS*. 2004; 18: 1453-8.) This contrasts with a study showing that about 12% or less of the heterosexual population had engaged in anal sex over the past year. (Anne M Johnson, et al. 2001, 'Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours' *Lancet* 2001; 358: 1835–42.)
- <sup>7</sup> A large number of diseases are associated with anal intercourse, many of which are rare or even unknown in the heterosexual population: anal cancer, Chlamydia trachomatis, Cryptosporidium, Giardia lamblia, Herpes simplex virus, HIV, Human papilloma virus, Isospora belli, Microsporidia, Gonorrhoea, Syphilis, Hepatitis B and C and others.
- <sup>8</sup> Young homosexual men aged 15-22 who had ever had anal sex had a fivefold higher risk of contracting HIV than those who never engaged in anal sex. (Valleroy L, et al. HIV prevalence and associated risks in young men who have sex with men. *JAMA*. 2000; 284: 198-204.)
- <sup>9</sup> Halkitis PN. 2003 'Intentional unsafe sex (barebacking) among HIV-positive gay men who seek sexual partners on the Internet'. *AIDS Care*. 2003; 15: 367-78.
- <sup>10</sup> K-Y lubricant and the National Lesbian and Gay Health Association survey. While "always" condom use reduces the risk of contracting HIV by about 85%, even when used 00% of the time condoms fail to give adequate levels of protection against many non-HIV STDs such as syphilis, gonorrhoea, chlamydia, herpes, genital warts and others. The only true "safe sex", apart from abstinence, is mutual monogamy with an uninfected partner. (Sex, Condoms, and STDs: What We Now Know. Medical Institute for Sexual Health. 2002.)
- <sup>11</sup> A recent study found that homosexual men were on average 46 times as likely to be diagnosed with HIV and more than 56 times as likely to be diagnosed with syphilis than heterosexual men. Gay men were nearly three times as likely to have a first attack of genital herpes, twice as likely to have first diagnosis of genital warts and 1.5 times as likely to have new diagnosis of Chlamydia. All of those STDs have increased substantially over the past five years. (Macdonald N. et al. 2004, 'Recent trends in diagnoses of HIV and other sexually transmitted infections in England and Wales among men who have sex with men'. *Sex Transm Infect*. 2004; 80: 492-7.)
- <sup>12</sup> Brown AE, et al. 2004, 'Recent trends in HIV and other STIs in the United Kingdom: data to the end of 2002' *Sex Transm Infect*. 2004; 80: 159-66.
- <sup>13</sup> Fenton K., Hughes G. 2003, 'Sexual Behaviour in Britain'. *Clin Med* 2003; 3: 199–202.
- <sup>14</sup> In the US, those male blood donors, who reported having sex with other men once or more over the past 5 years, were at least 5-7 times as likely than those who had no homosexual sex, to have an abnormal screening test, such as a positive HIV, hepatitis, syphilis or other test. (Sanchez AM, et al. 2005 'The impact of male-to-male sexual experience on risk profiles of blood donors'. *Transfusion*. 2005; 45: 404-13.)
- <sup>15</sup> In a Vancouver study, published in 1997, life expectancy at age 20 years for gay and bisexual men was found to be 8 to 20 years less than for all men aged 20. The reduction in life expectancy would be similar to the life expectancy of men in Canada in 1871. The main reason for this reduction was AIDS. The average life expectancy was calculated for homosexual or bisexual men. A homosexual or bisexual men, aged 20, can expect to live, on average, only until the age range of 34 to 46 years. (Hogg RS et al. 1997, 'Modelling the impact of HIV disease on mortality in gay and bisexual men' *International Journal of Epidemiology* 1997; 26: 657-61.)
- <sup>16</sup> A 20-year-old homosexual or bisexual man can expect to live, on average, only until age 41. This contrasts to an average life expectancy for all 20 year old men (including homosexual and bisexual) reaching 56 years of age. A homosexual/bisexual 20 year old man loses on average nearly 10 years of his life due to AIDS, despite having access to specialist HIV treatment. Overall, he loses a minimum of 15 years' life expectancy compared to

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the average male. (Wood E, et al. 2000, 'Modern antiretroviral therapy improves life expectancy of gay and bisexual males in Vancouver's West End' *Can J Public Health*. 2000; 91: 125-8.)

<sup>17</sup> This contrasts to an average shortening of life expectancy of about 10 years due to cigarette smoking. (Doll R, et al. 2004 'Mortality in relation to smoking: 50 years observations on male British doctors' *BMJ*. 2004; 328: 1519-28.)

<sup>18</sup> Kendler KS et al. 2000, 'Sexual orientation in a US national sample of twin and non-twin sibling pairs' *Am J Psychiatry*. 2000; 157: 1843-6.

<sup>19</sup> Bailey JM et al. 2000, 'Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample'. *J Pers Soc Psychol*. 2000; 78: 524-36.

<sup>20</sup> A large study, of nearly 35,000 Minnesota high school students aged 12-18, found that only 1% said they were either bisexual or predominantly homosexual. On average (among all age groups), more than 10% were unsure of their sexual orientation. 88% described themselves as mostly or totally heterosexual; 0.7% as bisexual; and 0.4% as mostly or totally homosexual. Uncertainty declined with age, from 26% of 12-year-olds to 5% of 18-year-olds. (Remafedi G. et al. 1992, 'Demography of Sexual Orientation in Adolescents' *Pediatrics* 1992; 89: 714-21.) In a study in New Zealand, same-sex attractions were assessed during early adulthood. Between ages 21 and 26, there were significant changes in the prevalence of homosexual attraction. (Dickson N, et al. 2003 'Same-sex attraction in a birth cohort: prevalence and persistence in early adulthood.' *Soc Sci Med*. 2003 Apr; 56(8): 1607-15.)

<sup>21</sup> Where male homosexual behaviour is recognised as an attempt to "repair" a deficit in male identity, it becomes clear that change is possible. A homosexual man stated: "*I was born a man. It is my identity. I have always liked the idea of being a man, but I've always felt insecure about it. I was not born insecure. Insecurity was given to me by people and situations, the same way that confidence is given. All my life, I've received messages that told me I was not good enough as a man. My father taught me that men worked hard, then continually criticised and belittled me... I felt intimidated trying to mix with guys who were accomplishing things that I could not. They saw me as second best, I stood back and got left out of the club of men. I felt not only insecure, but disenfranchised from all of maleness. I was supposed to be a guy, but didn't feel it because of what was happening to me. And then society said this craving I had for masculinity was because I was "born that way"!* During my 2½ years of therapy, **I have seen that my homosexual tendencies were not a cry to have another man, but [to have] a manly self.** I wasn't born this way. It was a wound inflicted upon me. It was a sin of pride that made me believe that brokenness is shameful. I have forgiven the men that failed me, as I have forgiven myself for the years of running away. And I have been blessed by freedom and empowerment." (Joseph Nicolosi. *Reparative Therapy of Male Homosexuality*. Jason Aronson, 1997. p. 116ff.)

<sup>22</sup> The example above, from psychotherapy, shows the significance of wounds in the development of same-sex attractions. While the attempt to "repair" the male identity deficit through homosexual behaviour may "work" to some extent, it does not solve the real problem, which lies far deeper. See "Healing, Wholeness and Homosexuality", Maranatha, 1997, for further examples of the link between woundedness and healing of homosexual orientation.

<sup>23</sup> In 2003, a study was published by Professor Spitzer, a prominent psychiatrist. He is viewed as a historic champion of gay activism, through playing a key role in removing homosexuality from the psychiatric manual of mental disorders (DSM) in 1973. In his study, he examined whether a predominantly homosexual orientation will, in some individuals, respond to therapy. He examined 200 respondents of both genders who reported changes from homosexual to heterosexual orientation lasting 5 years or more. Professor Spitzer writes: "Although initially skeptical, in the course of the study, the author became convinced of the possibility of change in some gay men and lesbians." Although examples of "complete" change in orientation were not common, the majority of participants did report change from a predominantly or exclusively homosexual orientation before therapy to a predominantly or exclusively heterosexual orientation in the past year as a result of reparative therapy. Professor Spitzer states that these results would seem to contradict the position statements of the major mental health organizations in the United States, which claim there is no scientific basis for believing psychotherapy effective in addressing same-sex attraction. (Spitzer RL. 2003 'Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation'. *Arch Sex Behav*. 2003; 32: 403-17.)

<sup>24</sup> [www.exodusinternational.org](http://www.exodusinternational.org).

<sup>25</sup> Satinover, J. 1996, *Homosexuality and the Politics of Truth*, p186.

<sup>26</sup> Bailey J.M. 2003, 'Biological perspectives on sexual orientation' In: Garnets LD and Kimmel DC (eds) *Psychological perspectives on lesbian, gay, and bisexual experiences*. Columbia University Press, New York. 2nd Edition.

<sup>27</sup> Bell A.P and Weinberg M.S., 1978, *Homosexualities*. New York, Simon and Schuster.

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- <sup>28</sup> Welling K, Field J et al, 1994, *Sexual Behaviour in Britain; The National Survey of Sexual Attitudes and Lifestyles*. Penguin see pages 183, 253.
- <sup>29</sup> Office for National Statistics quoted Hansard 27.11.97
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- <sup>31</sup> US Government General Social Survey by Prof. Tom Smith, University of Chicago 1989
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- <sup>33</sup> Gilman S.E., 2001, *Am J Public Health*. 2001; 91: 933-9.)
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- <sup>36</sup> Fergusson D.M. et al. 1999, *Arch Gen Psychiatry*. 1999; 56: 876-80.
- <sup>37</sup> Narring F. et al. 2003 'Prevalence and dimensions of sexual orientation in Swiss adolescents: a cross-sectional survey of 16 to 20-year-old students.' *Acta Paediatr*. 92: 233-9