An Open Secret:
Child Sexual Abuse As One Possible Cause of Homosexuality
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Abstract

There is considerable evidence suggesting that homosexuality is a response to the trauma of child sexual abuse. The failure to consider this possible causal relationship has lead to a widespread assumption that homosexuality is an inborn and immutable characteristic. Failure to consider this possible origin has also led critics of homosexuality to assume that homosexuality as a preference is a conscious choice.
Sexual Orientation & Social Dysfunction

For most of the 20th century, the cause of homosexual sexual orientation was a mystery to the psychiatric profession. Many different theories were proposed and then abandoned as it became apparent that the proposed cause failed to explain many of those with homosexual orientation. That child sexual abuse (CSA) was never seriously considered is unsurprising; child sexual abuse was one of the great evils largely downplayed by civilized Western societies until near the end of the 20th century, and it influenced the development of Freudian psychology. Freud in the 1890s became convinced that many of his neurotic patients were suffering the consequences of childhood sexual abuse (CSA), but abandoned this theory because it would indicate that such CSA was very widespread.

In the last decades of the 20th century, the notion that homosexuality was a deviation that needed an explanation went completely away. It became generally accepted to see homosexuality as simply a variation in human behavior, not intrinsically different from being left-handed. It was assumed to be a natural variation in the fluid nature of human sexuality.

By contrast, critics of homosexuality persist in seeing homosexual

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2 Kathleen Coulborn Faller, CHILD SEXUAL ABUSE: INTERVENTION AND TREATMENT ISSUES (1993), 1. (“For 50 years, professionals were comfortable with the belief that sexual abuse, particularly incest, was quite rare, and when it did occur, it quite likely was the consequence of the child’s seductive behavior and was not particularly harmful.”)

3 John Gross, review of Postcards from the End of the World: Child Abuse in Freud’s Vienna, N.Y. TIMES, Aug. 2, 1988. (“A few years earlier, Mr. Wolff believes, Freud might have responded very differently. But by 1899 he had discarded his “seduction theory” in favor of the Oedipus complex - shifting the onus of guilt from adult practice to infant fantasy - and the revelations of child abuse were “potentially threatening” to his new position.”); Faller, op cit., 1 (“When Freud proposed that the etiology of the hysteria he was treating in middle class Viennese women was to be found in childhood experiences of sexual abuse, his theory was roundly rejected as preposterous by his colleagues. Ultimately he retracted this theory because he simply could not believe that so many and such worthy men could have committed incest.”)

4 Facts About Homosexuality and Mental Health,
orientation, and not simply the sexual behavior, as a choice, usually couched in moral terms.

Yet associated with homosexual orientation are symptoms that suggest that it is symptomatic of some deeper problem. A search for papers with the terms “homosexuality” and “substance abuse” published since 2011 found more than 10,000 matches. Quite commonly, these papers show that gay men and lesbians have disproportionately high rates of substance abuse.

Similarly, “homosexuality” and “suicide” return more than 15,000 scholarly articles since 2011; “homosexuality” and “depression” return more than 15,000 scholarly articles since 2011. “Homosexuality” and “obesity” returns more than 3700 scholarly articles since 2011.


5https://scholar.google.com/scholar?q=homosexuality+%22suicide%22&btnG=&hl=en&as_sdt=0%2C13&as_vlo=2011, last accessed June 4, 2015. One example: Robin M. Mathy, Susan D. Cochran, Jorn Olsen, Vickie M. Mays, The Association Between Relationship Markers Of Sexual Orientation And Suicide: Denmark, 1990–2001, 46 SOC. PSY. AND PSY. EPID. 111-117 (2011) (“Risk for suicide mortality was associated with this proxy indicator of sexual orientation, but only significantly among men. The estimated age-adjusted suicide mortality risk for RDP men was nearly eight times greater than for men with positive histories of heterosexual marriage and nearly twice as high for men who had never married.”)

6https://scholar.google.com/scholar?q=homosexuality+%22depression%22&btnG=&hl=en&as_sdt=0%2C13&as_vlo=2011, last accessed June 4, 2015. An example: Jen Wang, Michael Häusermann, Mitchell G. Weiss, Mental Health Literacy And The Experience Of Depression In A Community Sample Of Gay Men, 155 J. AFF. DISORDERS 200-7 (2014) (“Gay men are at higher risk of suffering from a variety of psychiatric disorders, yet the mental health literacy of this population has remained largely unknown.”)

7https://scholar.google.com/scholar?q=homosexuality+%22obesity%22&btnG=&hl=en&as_sdt=0%2C13, last accessed June 4, 2015. One example: K. Nikki Barefoot Jacob C. Warren, and K. Bryant Smalley,
At one time, these anomalies were considered signs of that homosexuality was a deeply pathological “problem.” Today, they are generally regarded as symptoms of internalized homophobia caused by growing up in a homophobic society.¹⁰

This paper proposes a different explanation for these high rates of self-destructive and anomalous behavior: that homosexual orientation and these other socially dysfunctional behaviors are symptoms of one underlying cause: childhood sexual abuse (CSA). I do not argue that all homosexuality can be attributed to childhood sexual abuse. But that if it is a cause, it might well explain the widespread problems of mental illness, suicide, substance abuse, and obesity that plague the LGBT community. It might provide an explanation for why at least some persons have a homosexual orientation.

Child Sexual Abuse & Adult Homosexual Orientation

Studies asking questions about sexual orientation and childhood sexual abuse survivorship have been conducted since at least the 1970s. These early studies, while suggestive, were not sufficiently methodical in gathering survey participants to be very meaningful. One early survey of substance use among homosexuals in San Francisco asked, "As a child, were you ever sexually assaulted or abused?"¹¹ A startling 28% of the men and 48% of the women answered, "Yes."¹²

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¹¹ EMT Associates, Inc., *San Francisco Lesbian, Gay, and Bisexual Alcohol and Other Drug Use Anonymous Survey Appendix A*, (San Francisco, San Francisco Dept. of Public Health: 1991), 6. There have been objections raised that this survey is atypical because the surveys were conducted partially among bar patrons, thus giving an artificially high level of substance abusers. In fact, survey forms were distributed through a wide range of homosexual bookstores, service organizations, political organizations,
When compared to survey results for the general population, these are astonishing numbers for men, and somewhat surprising for women. One of the volunteered marginal comments on the survey included the painful acknowledgement: “I am beginning to deal with the possibility I may have been sexually abused as a child. I know I use alcohol to medicate that pain and my drinking has increased with ’seeping’ memories and work stress.”

In the last few years, much larger and more carefully performed surveys of more carefully selected populations have yielded similar results, showing that lesbians and gay men report much higher rates of sexual abuse than matched populations of heterosexuals. Not only do lesbians report childhood sexual abuse (CSA) more commonly than heterosexual women, but the abuse was more severe: forced sexual activity as compared to sexual touching; vaginal or anal CSA; larger number of perpetrators; greater frequency of CSA; longer duration of CSA; painful CSA; and CSA involving physical injury. “[L]esbians more often reported abuse by grandfather, stepfather or mother’s boyfriend, and uncle.”

and the Metropolitan Community Church. Five gay and lesbian bars were on the list as well, but the majority of the surveys returned were distributed through Bay Times, a homosexual weekly newspaper.


14 Sharon C. Wilsnack, Arlinda F. Kristjanson, Tonda L. Hughes, and Perry W. Benson, Characteristics Of Childhood Sexual Abuse In Lesbians And Heterosexual Women, 36 CHILD ABUSE NEG. 260-5 (Mar. 2012) (“Childhood sexual abuse (CSA) is a strong predictor of adverse physical and mental health outcomes. Recent research has found that CSA is reported more frequently by lesbians than by heterosexual women.”) This paper used data from a 5 year longitudinal study called the “Chicago Life Experiences of Women” study. The sample group included 1,126 respondents, 1,044 of whom described themselves as “only heterosexual.”
Other studies have more directly acknowledged a possible causal relationship. I quote from these studies to clarify that these are their conclusions, not my interpretation. “Epidemiological studies find a positive association between physical and sexual abuse, neglect, witnessing violence in childhood and same-sex sexuality in adulthood…”

Even compared to non-sexual abuse, the connection to CSA was very strong. “All three dimensions of sexual orientation were more strongly associated with sexual abuse than with non-sexual maltreatment. The association of sexual abuse with all three dimensions of same-sex sexual orientation was stronger among men than women” This study concluded “We estimated 9% of same-sex attraction, 21% of any lifetime same-sex sexual partnering, and 23% of homosexual or bisexual identity was due to childhood sexual abuse, assuming the conventional effect estimates are correct.”

One study even calculated what part of adult homosexuality could be attributed to CSA:

Our results suggest that from half to all of the increased prevalence of childhood sexual abuse experienced by sexual orientation minorities compared with heterosexuals may be due to the effects of sexual abuse on sexual orientation, possibly through previously proposed pathways…

Many studies see the disproportionate CSA for LGBT and acknowledge its presence: “In this meta-analysis, we found a particularly robust pattern of effects such that,

15 Id., at 5.

16 Andrea L. Roberts, M. Maria Glymour, and Karestan C. Koenen, Does Maltreatment in Childhood Affect Sexual Orientation in Adulthood? 42 ARCH SEX BEHAV 161 (Feb. 2013). This paper used a sample of 34,653 participants.

17 Id., at 7.

18 Id. at 8.

19 Id. at 9.
compared with sexual nonminority individuals, sexual minority individuals were 3.8 times more likely to experience childhood sexual abuse…”20 Yet the same study, rather than recognize that there might be a common cause to the problems of sexual minorities and their sexual orientation, simply assumes: “The higher rates of abuse experienced by sexual minority youths may be one of the driving mechanisms underlying higher rates of mental health problems, substance use, risky sexual behavior, and HIV reported by sexual minority adults.”21 The possibility that these other problems were caused by the CSA, not that the child’s future sexual orientation caused the CSA, apparently did not even occur to the authors.

A study examining CSA sexual orientation and obesity in women also reported:

Among adult women an association between childhood sexual abuse (CSA) and obesity has been observed. Research with lesbian women has consistently identified high rates of obesity as well as frequent reports of CSA, but associations between sexual abuse and obesity have not been fully explored…

Although heterosexuals had a higher rate of being overweight (32.4% vs. 26.7%), lesbians had a significantly higher rate of obesity (40.2% and 30.4%, \( p = 0.003 \)). Lesbians also reported higher rates of SA compared with heterosexual women: lifetime SA (58.8% vs. 39.7%, \( p < 0.0001 \)), intrafamilial CSA (29.6% vs. 16.2%, \( p < 0.0001 \)), extramfamilial CSA (30.7% vs. 14.3%, \( p < 0.0001 \)), and ASA [adult sexual abuse](40.1% and 27.3%, \( p = 0.0001 \)).22


20 Mark S. Friedman, Michael P. Marshal, Thomas E. Guadamuz, Chongyi Wei, Carolyn F. Wong, Elizabeth M. Saewyc, and Ron Stall, A Meta-Analysis of Disparities in Childhood Sexual Abuse, Parental Physical Abuse, and Peer Victimization Among Sexual Minority and Sexual Nonminority Individuals, 101 AM. J. PUB. HEALTH 1481-1494 (Aug. 2011). This study appears to use the same dataset as Roberts, Glymour, and Koenen, n=34,653.

21 Id.

22 Helen A. Smith, Nina Markovic, Michelle E. Danielson, Alicia Matthews, Ada Youk Evelyn O. Talbott, Cynthia Larkby and Tonda Hughes, Sexual Abuse, Sexual Orientation, and Obesity in Women, 19 J WOMENS HEALTH 1525–1532 (Aug. 2010). This study used data from the Epidemiologic Study of Health Risks in Women (ESTHER Project) in Pittsburgh. Heterosexuals (n=392); lesbians (n=475).
of studies of CSA among homosexual and heterosexual men, and concludes that “14.9% of MSM [men who have sex with men] reported CSA by a man compared to 1.7% of heterosexual men…”23

If CSA is a cause of adult homosexuality, it may well explain the enormous disparity in mental health outcomes for LGBT other than the consequences of a homophobic society.

A Child Sexual Abuse & Social Dysfunction

In much the same way that homosexuals have disproportionate levels of substance abuse, suicide, and mental disorders, CSA survivors also have disproportionate rates of social dysfunctions. A number of published works on the effects of CSA describe various forms of sexual confusion. Not surprisingly, a child's sexuality frequently becomes severely distorted by the experience of molestation, with several different sources agreeing that "Children so traumatized may cope by becoming promiscuous or developing an aversion to sex. Each type of reaction represents a failure to develop normal sexual relationships."24

Haugaard and Reppucci summarized several different studies that had found "heightened sexual activity by victims, both as children and later as adults," and molested children acting "in sexually provocative ways toward older males."25 This promiscuity


"frequently represents a lack of inhibition against and sometimes a compulsion toward sexual behavior of all sorts, including sexual abuse."  

The Everstines similarly observed:

We have observed that some persons (men as well as women) who are promiscuous or who appear to be unable to “attach” by establishing trusting love relationships may have been victimized as children. These people may easily involve themselves in sexual encounters with strangers, but have tremendous difficulty in forming and maintaining healthy partnerships. They may enter therapy with the complaint that they feel adrift and alienated from life. Many appear socially adept but in fact lead solitary lives, devoid of close ties or commitments.

More recent studies have concluded that “CSA has been linked to depression across all age groups, generalized anxiety disorder, panic disorder, phobias, and especially posttraumatic stress disorder (PTSD). CSA has also been linked to substance problems and dependence.”


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e The studies above may well cause some to ask, “Why don’t I know any gay people who were victims of CSA?” But, openly gay or bisexual individuals acknowledge CSA. Actress Anne Heche, formerly Ellen De Generes’ lover, gave an interview to Barbara Walters in which she described quite graphically “being sexually abused by her father, Donald Heche, a seemingly devout Christian who she found out was gay as he lay dying of AIDS in 1983.”

26 Kathleen Coulborn Faller, CHILD SEXUAL ABUSE: AN INTERDISCIPLINARY MANUAL FOR DIAGNOSIS, CASE MANAGEMENT, AND TREATMENT, 209.


29 Exclusive: Anne Heche Interview, ABC News, Sept. 4, 2001,
Ellen De Generes, one of the most prominent lesbian entertainers of our time, described CSA by her stepfather: “[Who] insisted on feeling her breast while DeGeneres' mother was fighting breast cancer. She said the incident later escalated into ‘other things’ and her stepfather, now deceased, tried to break into her bedroom…‘I had to kick a window out and escape and sleep in a hospital all night long,’ DeGeneres told Allure.”

Lesbian actress Rosie O’Donnell’s 2007 memoir Detox describes “fuzzy recollections of a man climbing in through her window as a child to molest her — until her mother cut down the tree.”

Not as well known is Jeanne Assam, who stopped a massacre at New Life Church in Colorado Springs in 2007, and left the church when its teachings about homosexuality and her sexual orientation created conflict.

Assam had a history of CSA:

When she was four, she was sexually abused for the first time. When she was 14, an elder at her church molested her. When he told her not to tell, she didn’t. This was a man of God, and she was just a child. Who would people believe? The abuse continued for years.

Why this unwillingness to confront the role of CSA in forming homosexual orientation? Some of the problem is that homosexuality has become an identity in and of


itself. To suggest that one’s identity is the result of trauma is to call into question the validity of one’s identity. No one wants to feel damaged. Identity empowers those who have felt and still continue to feel, powerless. The parallel to molested children expressing a precocious knowledge or interest in sex is obvious — but can we trust the claim, "I've always been gay"? In spite of Masters, Johnson, & Kolodny being very supportive of homosexuality, they discount this claim:

Some homosexuals say that they were aware of being gay as early as age five or six, while others don't make the discovery until sometime in adulthood. However, it is not very likely that the young child has a real sense of homosexual orientation. The sense of being "different" during childhood that some homosexuals recall as adults is not always an accurate barometer of later sexual orientation, since many "straight" adults also feel "different" as children. Furthermore, adult recollections of childhood feelings and behaviors may possibly be influenced by social expectations of what homosexuals "should" have felt (Ross, 1980).

A number of older works on CSA acknowledge this causal connection. One book asserted that a female victim may "adopt an asexual or homosexual lifestyle, as a method of coping with the original incestuous conflict, designed to protect her from the source of trauma in possible future conflicts." Another work, while refusing to see a possible connection between CSA and later problems, acknowledged a connection to homosexuality:

It looks as though sexual abuse of boys acts for some as a kind of recruitment process into adult homosexuality: it is the conflicts surrounding the homosexual role rather than the childhood abuse per se which diminishes self-esteem and self-concept.

See Richard R. Troiden, *GAY AND LESBIAN IDENTITY: A SOCIOLOGICAL ANALYSIS* among many works on the subject.


Christopher Bagley and Kathleen King, *CHILD SEXUAL ABUSE: THE SEARCH FOR HEALING*, 122 (1990). Bagley is Professor of Social Work at the University of Calgary. Kathleen King is a social worker (MSW) in Nova Scotia.
Haugaard and Reppucci summarize several studies that showed a strong correlation between child sexual abuse and adult homosexuality. While seeing a possible theory to explain why girls might develop a homosexual orientation in order to avoid repeating sex with another male, they admit that they cannot see an explanation for why males so abused would seek out other males for adult sexual partners. Yet other experts, in describing characteristic adult problems of childhood sexual abuse victims, pointed to a research study that showed a fundamental difference between male and female victims that might well explain the apparent problem with this theoretical model: “[M]ale victims tend to be more aggressive or externalizing of their distress, while females tend to be more internalizing and self-destructive.”

Another factor may be that victims of CSA are suffering from Stockholm Syndrome, which is “[T]he positive bond some kidnap victims develop with their captor.” Stockholm Syndrome is named after an incident in 1973, where hostages held by bank robbers in Stockholm, Sweden, did not want to be rescued by the police. The possible cause is that it is part “of the victim’s defence mechanism to allow them to sympathize with their captor, leading to an acceptance of the situation, limiting defiance/aggression toward the captor and thus maintaining survival in an otherwise potentially high-risk scenario.”

History is full of examples of victims identifying with their oppressors. Some concentration camp inmates “tried to imitate the dress of the Nazis by picking up scraps

37 Jeffrey J. Haugaard and N. Dickon Reppucci, THE SEXUAL ABUSE OF CHILDREN 67 (1989). At the time this book was published, Haugaard was a doctoral candidate in clinical child psychology at the University of Virginia, and Reppucci was professor of psychology at the University of Virginia.
38 Bagley & King, 119; also see Everstine & Everstine, 387.
of SS uniforms and adding them to their prison garb... The identification with their torturers went so far as copying their leisure-time activities...”

Studies of CSA survivors also find Stockholm Syndrome present “An emotional bond, which has enabled the sexual abuse of children, has served to protect the offender long after the abuse has ceased.”

**What About Homosexuals With No Memory of CSA?**

As I observed earlier, CSA might be one cause of adult homosexuality, but not the only cause. However, studies of how well victims of CSA remember the abuse give reason to think that that many have repressed those memories.

A survey of 129 women:

> [W]ith previously documented histories of sexual victimization in childhood were interviewed and asked detailed questions about their abuse histories to answer the question ‘Do people actually forget traumatic events such as child sexual abuse, and if so, how common is such forgetting?’ A large proportion of the women (38%) did not recall the abuse that had been reported 17 years earlier. Women who were younger at the time of the abuse and those who were molested by someone they knew were more likely to have no recall of the abuse.

A study of CSA survivors where the abuse had been videotaped also found significant recall problems.

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42 Linda Meyer Wiklliams, *Recall of Childhood Trauma: A Prospective Study of Women’s Memories of Child Sexual Abuse*, 62 J. COUNS. & CLIN. PSY. 1167

Because there is reason to believe that homosexuals have not only more CSA, but more severe CSA, it would not be surprising if traumatic memories have been disproportionately repressed.

**The Legal Implications**

At the core of the last few decades increasing judicial intervention on behalf of homosexuals is the assumption that any classification based on sexual orientation is discrimination against a particular class with no objective basis.\(^\text{44}\)

Underlying much of the political pressure for granting protection of same-sex marriage is the analogy to the miscegenation laws struck down in *Loving v. Virginia* (1967).\(^\text{45}\) If homosexuality is indeed like race, an immutable and inborn characteristic, the analogy is persuasive. If homosexuality is a consequence of CSA, then it is at least not inborn, and its immutability is at least open to question. Some court decisions have pointed to the psychological problems of homosexuals as evidence of discrimination.\(^\text{46}\)

If these symptoms are actually symptoms of CSA, then such decisions have the sequence of causality inverted. Treating homosexuals as a class deserving equal treatment under the law simply will not correct these problems, and might actually mask the underlying causes of the social dysfunctions present in the LGBT community.

\(^{44}\) Romer v. Evans, 517 U.S. 620, 632 (1996) (“First, the amendment has the peculiar property of imposing a broad and undifferentiated disability on a single named group, an exceptional and, as we shall explain, invalid form of legislation.”)

\(^{45}\) Loving v. Virginia, 388 U.S. 1 (1967).

\(^{46}\) Conaway v. Deane, 932 A.2d 571 (Md.App. 2007) (“Our culture often stigmatizes homosexual behavior, identity and relationships. These anti-homosexual attitudes are associated with psychological distress for homosexual persons and may have a negative impact on mental health, including a greater incidence of depression and suicide, lower self-acceptance and a greater likelihood of hiding sexual orientation...” quoting the Surgeon General).