

HOMOSEXUALITY IS NOT CAUSED BY GENES: THE FACTS



In his book "My Genes Made Me Do It" (2013) Dr. Neil E. Whitehead analyses the huge amount of scientific research that has proved that homosexuality is not a genetic trait but that it is due to environmental factors. The author works as a research scientist for the United Nations and for the government of New Zealand.



Here are excerpts from chapter 2 (click [here](#)) addressing the subject of the great variety of numbers of people with same-sex attractions according to age, culture and place of upbringing. This variety could not exist if homosexuality was a genetic trait. Then it would be constant everywhere, and it isn't.

CHAPTER TWO

Homosexual numbers show nurture prevails

In the eighties and early nineties, it was widely held that homosexuals were about one in ten of the population. The strongest supporters of the 'one-in-ten' figure were gay activists who used it in the campaign for gay rights. Hard on the heels of the 'one-in-ten' theory came the 'gay is inborn' theory. The two worked together to accomplish considerable changes in attitudes of legislatures, churches, and society in general. If it can be shown that a group of people making up such a large proportion of the population is being discriminated against for something it can do very little about (like skin colour), then people will tend to accept it needs special protections.

But the one-in-ten figure is a myth, though that is still not widely appreciated. All modern sexologists now agree that the early numbers (derived from the surveys of Kinsey in the 1940's) are far too high. The true percentage of homosexuality gives strong support to an environmentally-induced homosexuality and not genetically.

The Kinsey surveys

So how did the 'one-in-ten' myth begin? In 1948 and 1953, sex researcher Alfred Kinsey published two volumes called "Sexual Behavior in the Human Male" and "Sexual Behavior in the Human Female".

Among Kinsey's many claims was this one: 13% of men and 7% of women in his study were more or less homosexual for 'at least three years between the ages of 16 and 55.' Kinsey said the figures represented measurements of homosexual fantasy and same-sex contact to orgasm. The claim received huge media exposure.

Bruce Voeller, an associate professor at Rockefeller University and a non-practising homosexual, added the 13% and the 7% together and concluded that 'an average of 10% of the population could be designated as gay'.

"As a scientist I could see how handy it was to use the 10% figure" he said. Voeller, thereafter, became openly gay and was a founder of the modern gay activist movement. He used the figure to drive the campaign for recognition and acceptance:

"As I became a national Gay leader I insisted to other Gay leaders that we needed to bring the message home to the media, to judges and legislators, to ministers and rabbis, to psychiatrists. I campaigned with Gay groups across the country for the Kinsey-based finding that 'We are everywhere.' This slogan became a National Gay Taskforce leitmotiv. And the issues became key parts of (our) national, political, educational and legislative programs.

After years of our educating those who inform the public and make its laws, the concept that 10% of the population is gay has become a generally accepted 'fact'. The 10% figure is regularly utilized by scholars, by the press, and in government statistics. As with so many pieces of knowledge (and myth), repeated telling made it so."

The problem was that Kinsey's figures were about four times too high. What was wrong with Kinsey's work?

It did not use random sampling, which mostly post-dated him. Kinsey had an ideological agenda and was personally biased. Some of the best statistical investigators in the world – Cochran, Mosteller, Tukey – agreed that the procedures adopted by Kinsey and his team inflated the homosexual figures.

Modern surveys

By 2010, more than thirty surveys of homosexual occurrence were based on genuinely representative samples, mostly from Western countries. The results are nowhere near 10% as Kinsey claimed sixty years ago. Around 2.4% of the total adult population is homosexual, lesbian, or bisexual at age 25. The homosexual percentage is nowhere near one in ten of the population.

Implications for the nature/nurture debate

The percentage of homosexuality has important implications for the nature/nurture debate.

Homosexual occurrence is too high to be caused by genetic mutation. Most conditions caused by mutation each affect only about 0.025% of the population. At 2.4% the chances of a genetically driven homosexuality is not possible. Homosexuality fits much more naturally into that group of human behaviours which are predominantly psychological in nature.

Surveys of some high-density gay areas, such as parts of San Francisco, do come up with figures about equivalent to Kinsey's figure of 10%, so we might conclude that his research might be about right for some parts of some large metropolitan areas.

In different countries, modern survey comes up with different percentages of people identifying as homosexual. If SSA is genetically dictated, it should be the same regardless of country, culture or social condition. How diverse or scattered would data be if they were from a trait we know is mostly genetically fixed?

We can see that the data from a known genetic trait, such as height, are very much more consistent between countries than the data on homosexuality. SSA doesn't look very 'genetic' at all. The data differences between countries therefore seems to argue against genetic fixity.

Drop in SSA with age also shows genetic contribution is not fixed.

Homosexuality is not fixed, in fact it is far less stable than heterosexuality. Although the Kinsey surveys of 1948 and 1953 greatly exaggerated homosexual and bisexual numbers, they showed one interesting trend, also borne out by subsequent studies: a steady decline in homosexual fantasy and activity with increasing age compared with heterosexual percentages. In other words, homosexual orientation and behaviour is not a static condition. This has significant implications for arguments that homosexuality is genetically determined. Whatever is genetically determined is, by definition, unable to change within a generation.

The amount of people who identify as homosexual declines with age. Later studies from the large and excellent Chicago Laumann study, also show a strong decrease in homosexual behaviour, this time about four-fold (from age 35 to age 55), with a corresponding drop in those who identify themselves as homosexual or bisexual.

We could sum up OSA/SSA differences like this: SSA tends to be much more intense and pre-occupying, but overall, peaks and declines more steeply with age as well. OSA is a relatively sedate affair in comparison and much more readily tends to plateau and express itself to relatively old age.

Wherever the changed homosexual behaviour goes, be it toward the heterosexual end of the Kinsey Scale or into inactivity, the change is considerable, and at odds with a genetically dictated condition stable throughout the life-span.

Urbanisation strongly influences SSA development

The large Laumann Chicago study asked where people had been brought up during ages 14 to 16 and whether they had any male homosexual partners during the last year. The percentages depended on the degree of urbanization; 1.2% of the males surveyed who had been raised in rural areas reported having homosexual partners during the last year; 2.5% who had been raised in medium-sized towns reported having homosexual partners, and 4.4% who had been raised in large cities reported being active homosexuals/bisexuals.

For women, the percentages were 0.7%, 1.3% and 1.6%, respectively. In other words, where you were brought up is quite an important factor in whether you end up having homosexual partners. For the sake of argument let us imagine that the incidence of male homosexuality in rural areas (1.2%) is all due to genetic influence. If that were the case, geneticists would also expect 1.2% of the male population brought up in 'big cities' to have a genetically based homosexuality, meaning that the homosexuality of the balance (3.2%) [4.4 minus 1.2] would be exclusively due to social factors. This means that the environmental factor (3.2%) is far more important than the alleged genetic factor (1.2%). For women the environmental factor (0.9% [1.6% minus 0.7%]), is slightly more important than the supposed genetic influence (0.7%).

In several other chapters we argue that it is entirely plausible that 90% of homosexuality is accounted for by environmental factors. This very approximate comparison from the Chicago study supports that.

Conclusion

Modern surveys show the homosexual percentage in Western adult populations is much lower than one in ten. About 1% of adult males are exclusively homosexual and about 0.6% of adult women are exclusively lesbian. The figure for bisexuality and exclusive homosexuality combined, rises to about 2.9% for males and 1.8% for females, an average of 2.4% of the total adult population. Much of the bisexual component could comprise homosexuals and lesbians who are or have been married, but, even then, the figure falls far short of Kinsey's 10%.

The figure in the West however is rising because increasing permissiveness encourages greater sexual experimentation. But this may be superficial social and sexual activity, passing with time, rather than expression of a structured-in orientation.

Both Kinsey's figures and modern surveys when interpreted show the genetic contribution to SSA is very small and the environmental contribution is much greater.

People move away from homosexual behaviour with age compared with those heterosexual (meaning the condition cannot be life-long genetically determined). The data scatter is too high for homosexuality and bisexuality to sit easily in the genetic category, and the location of upbringing strongly influences SSA development, genetic factors being minor.

[Home](#)

This chapter is based on the following scientific references:

1.
Kinsey AC, Pomeroy WB, Martin CE. 1948. Sexual Behavior in the Human Male. Philadelphia, W.B.Saunders
2.
Kinsey AC, Pomeroy WB, Martin CE, Gebhard PH. 1953. Sexual Behavior In The Human Female. Philadelphia: W.B. Saunders
3.
Voeller B. 1990. Some uses and abuses of the Kinsey scale; In: Homosexuality/ Heterosexuality. ed. McWhirter DP, Sanders SA, Reinisch JO,. New York: Oxford University Press. 32-38 pp
4.
Muir JG, Court JH. 1990. Kinsey, Sex And Fraud. Lafayette, Louisiana: Lochinvar-Huntington House
5.
Robinson P. 1976. The Modernization of Sex. New York: Harper and Row
6.
Brown P. 1992. Dangers of monogamy. New Scientist 135 (21 November):38-9 (Abstr.)
7.
Laumann EO, Gagnon JH, Michael RT, Michaels S. 1994. The Social Organization of Sexuality. Chicago: University of Chicago Press
8.
Cameron P, Landess T, Cameron K. 2005. Homosexual sex as harmful as drug abuse, prostitution or smoking. Psychological Reports 95:915-61

9.
Johnson AM, Wadsworth J, Wellings K, Field J. 1994. Sexual Attitudes and Lifestyles. Oxford: Blackwell.
10.
The Regents of the University of California. California Health Interview Survey 2005. 2007. Accessed September 2008.
11.
Harry J. 1990. A probability sample of gay males. *Journal of Homosexuality* 19(1):89-104
12.
Klassen AD, Williams CJ, Levitt EE. 1989. Sex and Morality in the U.S. Connecticut: Wesleyan University Press
13.
Ross MW. 1988. Homosexuality and mental health: a cross-cultural review. *Journal of Homosexuality* 15(1):131-52
14.
Michael RT, Laumann EO, Gagnon JH, Smith TW. 1988. Number of sex partners and potential risk of sexual exposure to human immuno deficiency virus. *Morbidity and Mortality Weekly Report* 37: 565-568
15.
Diamond M. 1993. Homosexuality and bisexuality in different populations. *Archives of Sexual Behavior* 22:291-310
16.
Dixon BW, Streiff EJ, Brunwasser AH, Haley CE, Freeman A, Green HG. 1991. Pilot study of a household survey to determine HIV seroprevalence. *Morbidity and Mortality Weekly Report* 40:1-5
17.
Rogers SM, Turner CF. 1991. Male-male sexual contact in the USA: Findings from five sample surveys, 1970-1990. *Journal of Sex Research* 28(4):491-519
18.
Spira A, Bajos N, Bejin A, Beltzer N, Bozon M, Ducot B, Durandea A, Ferrand A, Giami A, Gilloire A, Giraud M, Leridon H, Messiah A, Ludwig D, Moatti JP, Mounnier L, Olomucki H, Poplavsky J, Riandey B, Spencer B, Sztalryd JM, Touzard H. 1992. Les Comportements Sexuels

En France. Paris: La Documentation Fran'aïse

19.

Trocki KF. 1992. Patterns of sexuality and risky sexuality in the general population of a California county. *Journal of Sex Research* 29(1):85-94

20.

Wellings K, Field J, Johnson A, Wadsworth J. 1994. *Sexual behavior in Britain: the National Survey of Sexual Attitudes and Lifestyles*. New York: Penguin

21.

Harris Poll. 1988. *Survey for Project Hope*. New York: Louis Harris and associates

22.

Research Triangle Institute. 1990. *National Household Seroprevalence Survey Feasibility Study Final Report*. RTI Report No. RTI/4190-01/01F. Research Triangle Park, North Carolina: Research Triangle Institute

23.

Sittitrai W, Brown T, Virulrak S. 1992. Patterns of bisexuality in Thailand. In *Bisexuality and HIV/AIDS*, ed. Tielman R, Carballo M, Hendricks A,. Buffalo: Prometheus Books. 97-117 pp

24.

Paul C, Dickson N, Davis PB, Yee RL, Chetwynd J, McMillan N. 1995. Heterosexual behaviour and HIV risk in New Zealand: data from a national survey. *Australian Journal of Public Health* 19:13-8

25.

Kontula O, Haavio-Mannila E. 1995. *Sexual Pleasures. Enhancement Of Sex Life In Finland, 1971-1992*. Aldershot, UK: Dartmouth

26.

Sundet JM, Kvaalem IL, Magnus P, Bakketeig LS. 1988. Prevalence of risk-prone sexual behavior in the general population of Norway. In *The Global Impact of AIDS*, New York: Alan R. Liss. 53-60pp

27.

Forman D, Chilvers C. 1989. Sexual behaviour of young and middle aged men in England and Wales. *British Medical Journal* 298:1137-42

28.

ACSF investigators. 1992. AIDS and sexual behaviour in France. *Nature* 360:407-9

29.

Billy JOG, Tanfer K, Grady WR, Klepinger DH. 1993. The sexual behaviour of men in the United States. *Family Planning Perspectives* 25(2):52-60

30.

Sell RL, Wells JA, Wypij D. 1995. The prevalence of homosexual behavior and attraction in the United States, the United Kingdom and France. Results of national population-based samples. *Archives of Sexual Behavior* 24:235-48

31.

Jones JH. 1997. Dr. Yes. *The New Yorker* August 25 and September 1:98-113

32.

Epstein J. 1998. The secret life of Alfred Kinsey. *Commentary* January:35-9

33.

Butler AC. 2000. Trends in Same-gender sexual partnering, 1988-1998. *Journal of Sex Research* 37:333-43

34.

Nicolosi J. 1991. *Reparative Therapy of Male Homosexuality*. Northvale, New Jersey: Jason Aronson, Inc.

35.

Anon. 1992. Opinion. *National Catholic Reporter* December 18: Pages not cited

36.

Morgan C, Grimston J. 2000. Aids deaths 10 times higher among priests. *The Times* 5 March: unpagged

37.

Heckler-Feltz C. 2000. Survey of AIDS infection among priests shocks U.S. Catholics. *Ecumenical News International* 9 February: unpagged

38.

Kuyper L, Vanwesenbeeck I. 2009. High levels of same-sex experiences in the Netherlands: prevalences of same-sex experiences in historical and international perspective. *Journal of Homosexuality* 56(8):993-1010

39.

Smith AMA, Rissel CE, Richters J, Grulich AE, de Visser RO. 2003. Sexual identity, sexual attraction and sexual experience among a representative sample of adults. *Australian and New Zealand Journal of Public Health* 27:138-45

40.

Cochran SD, Mays VM. 2000. Relation between psychiatric syndromes and behaviorally defined sexual orientation in a sample of the US population. *American Journal of Epidemiology* 151:516-23

41.

Mosher WD, Chandra AD, Jones J. 2005. Sexual behavior and selected health measure: Men and women 15-44 years of age, United States, 2002. *Advance Data From Vital and Health Statistics*; No 362 Hyattsville, Maryland: National Center for Health Statistics

42.

Pedersen W, Kristiansen HW. 2008. Homosexual Experience, Desire and Identity Among Young Adults. *Journal of Homosexuality* 54(1/2):68-102

43.

Santtila P, Sandnabba NK, Harlaar N, Varjonen M, Alanko K, von der Pahlen B. 2008. Potential for homosexual response is prevalent and genetic. *Biological Psychology* 77(1):102-5

44.

Frisch M, Hviid A. 2006. Childhood family correlates of heterosexual and homosexual marriages: a national cohort study of two million Danes. *Archives of Sexual Behavior* 35(5):533-47

45.

McCabe SE, Bostwick WB, Hughes TL, West BT, Boyd CJ. 2010. The relationship between discrimination and substance use disorders among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*: 100(10):1946-1952

46.

Jeffries WL. 2009. Sociodemographic, Sexual, and HIV and Other Sexually Transmitted Disease Risk Profiles of Non Homosexual-Identified Men Who Have Sex With Men. *American Journal of Public Health* 99:1042-5

47.

Fay RE, Turner CF, Klassen AD, Gagnon JH. 1989 Prevalence and patterns of same-gender sexual contact among men. *Science* 243, 338-348

[Complete Series](#)

[Home](#)