Same-Sex Attraction and Youth

Homosexuality is not a genetically-determined, unchangeable trait.

Dr. Francis Collins, Director of the Genome Project, has stated that while homosexuality may be genetically influenced, it is "… not hardwired by DNA, and (that) whatever genes are involved represent predispositions, not predetermination[s]." He also states that "…the prominent role of individual free will choices have a profound effect on us."[1]

Homosexual attraction is determined by a combination of familial, environmental, social and biological influences. Inheritance of predisposing personality traits may play a role for some. Consequently, homosexual attraction is changeable.

Contrary to the "born that way" myth, the scientific evidence links homosexuality to social and parental influences… combined in varying degrees with biological predisposition in some people. Sexual orientation is not fixed at birth but rather is environmentally shaped and unfolds slowly across childhood, adolescence and even into adulthood for some individuals. [2,3,4,5,6,7]

Most students (over 85%*) with sexual preference uncertainty will ultimately adopt a heterosexual orientation if not otherwise encouraged. Most questioning students are experiencing temporary sexual confusion or are involved in experimentation.

Rigorous studies demonstrate that most adolescents who initially experience same-sex attraction, or are sexually confused, no longer experience such attractions by age 25.[8] In one study, as many as 26% of 12-year-olds reported being uncertain of their sexual orientation[9], yet only 2-3% of adults actually identify themselves as homosexual.[10,11] Therefore, the majority of sexually-questioning youth ultimately adopt a heterosexual identity.

The homosexual lifestyle, especially for males, carries grave physical and psychological health risks.

Research also makes clear that individuals who ultimately adopt a non-heterosexual lifestyle are more likely to suffer from a host of negative outcomes including psychiatric disorders, domestic violence and sexual assault, and increased risk for chronic diseases, AIDS and shortened life spans.[12,13,14,15,16,17] Schools should not affirm and thereby encourage young people to adopt lifestyles more likely to lead to such devastation.

Declaring and validating a student's same-sex attraction during the adolescent years is premature and may be personally harmful.

When schools label some teenagers as “gay”, or encourage them to label themselves this way by being “affirmed,” there is a serious risk of erroneously labeling students who were only experimenting or experiencing temporary sexual confusion. Such premature labeling will lead some adolescents into homosexual behaviors that increase the risk for serious health consequences.

Among adolescents who claim a “gay” identity, the health risks include higher rates of sexually transmitted infections, alcoholism, substance abuse, anxiety, depression and suicide.[18] Delaying such labeling significantly reduces these medical and psychiatric health risks. For example, researchers find that adolescents who defer “coming out as gay” decrease the risk of suicide at a rate of 20 percent for each year that they delay self-labeling as homosexual or bisexual.[19]

Even children with Gender Identity Disorder (when a child desires to be the opposite sex) will typically lose this desire by puberty, if the behavior is not reinforced.[20] Researchers, Zucker and Bradley, also maintain that when parents or others allow or encourage a child to behave and be treated as the opposite sex, the confusion is reinforced and the child is conditioned for a life of unnecessary pain and suffering. Even when motivated by noble intentions, schools can ironically play a detrimental role if they reinforce this disorder.

For many youth, homosexual attraction develops due to negative or traumatic experiences, such as sexual abuse. These students need therapy for the trauma, not affirmation of a “gay identity.”

Trauma (as an objective, measurable external event) lends itself to quantitative research and has been studied relative to homosexuality. One example of this is the disproportionate extent of sexual abuse in the childhoods of adult homosexuals. [21,22,23,24] Another example is the increased association of homosexuality and gender identity disorder with parental separation at critical developmental stages. [25,26]

There are also two forms of psychological trauma commonly associated with homosexuality. The first is the trauma caused by the child’s subjective experience of the same-sex parent’s lack of availability, rejection, or even harsh verbal, physical, or sexual attack. This may lead to an intense longing for love from the same-sex parent that is eventually sexualized by the child. Similarly, psychological trauma may also be caused by the child’s subjective experience of the opposite-sex parent’s lack of availability, rejection, or even harsh verbal, physical, or sexual attack. This may lead to an intense fear of and aversion toward opposite-sex relationships. In both situations, by objective standards, the parent may or may not be described in these terms. [27,28,29,30,31]

While these traumas are unusually common in the childhoods of same-sex attracted persons, they are not universal, and in many cases, other, less typical traumas may be present. This reflects the inherent complexity of the interaction

between one's biologically influenced temperament, various environmental factors and the free-will choices individuals make. [32]

Sexual reorientation therapy has proven effective for those with unwanted homosexual attractions.

The National Association for Research and Therapy of Homosexuality (NARTH) recently released a landmark survey and analysis of 125 years of scientific studies and clinical experience dealing with homosexuality. This report, *What Research Shows*, draws three major conclusions: (1) individuals with unwanted same sex attraction often can be successfully treated; (2) there is no undue risk to patients from embarking on such therapy and (3), as a group, homosexuals experience significantly higher levels of mental and physical health problems compared to heterosexuals.[33]

There is no evidence that pro-homosexual programs, such as on-campus student clubs, ease the health risks or emotional disorders suffered by homosexuals.

Regardless of an individual's sexual *orientation*, sexual *activity* is a conscious choice.

It is in the best interest of all students to refrain from any sexual activity until adulthood; most optimally until they enter a life-long committed relationship such as marriage.

Researchers now know that repeated early sexual encounters, whether homosexual or heterosexual, alter the brain's development making individuals more susceptible to engaging in high-risk behaviors and social withdrawal. Major life decisions requiring wise and mature judgment are best reserved for adulthood, at a time when they will be based more on informed judgment than feelings.

The school's responsibility is to provide a safe environment for respectful self-expression for all students. It is not the school's role to diagnose and attempt to treat any student's medical condition, and certainly not the school's role to "affirm" a student's perceived personal sexual orientation.

References

* The "over 85%" is a conservative estimate calculated from reference #9 where 26% report being "unsure" of sexual orientation, yet by adulthood only 2-3% identify as homosexual. Therefore, (23/26) 88% of youth regain a heterosexual orientation by adulthood.

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