



American College of Pediatricians®

The Best for Children

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www.ACPeds.org

Dear School Superintendent,

The American College of Pediatricians shares with you, your staff, parents, and other professional organizations the common goal of providing a healthful environment for your students. We are increasingly concerned, however, that in many cases efforts to help students who exhibit same-sex attractions and/or gender confusion are based on incomplete or inaccurate information. To correct this and assist you in establishing the optimal school environment, a Web resource, www.FactsAboutYouth.com (FAY), has been created to provide important factual information about healthful approaches to students experiencing sexual orientation and gender identity confusion.

Among the important questions addressed on the FAY site are:

- What are the science-based facts about the development of non-heterosexual attractions and gender confusion in youth?
- What is a school's proper role in dealing with students who are experiencing sexual orientation and gender confusion issues?
- How can schools better assist a student and his or her family in dealing with these issues?

Adolescence is a time of upheaval and impermanence. Adolescents experience confusion about many things, including sexual orientation and gender identity, and they are particularly vulnerable to environmental influences.

Rigorous studies demonstrate that most adolescents who initially experience same-sex attraction, or are sexually confused, no longer experience such attractions by age 25. In one study, as many as 26% of 12-year-olds reported being uncertain of their sexual orientation¹, yet only 2-3% of adults actually identify themselves as homosexual.^{2,3} Therefore, the majority of sexually-questioning youth ultimately adopt a heterosexual identity.

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.⁴ 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.

In dealing with adolescents experiencing same-sex attraction, it is essential to understand there is no scientific evidence that an individual is born "gay" or "transgender." Instead, the best available research points to multiple factors - primarily social and familial - that predispose children and adolescents to homosexual attraction and/or gender confusion. It is also critical to understand that these conditions can respond well to therapy.⁵

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 predeterminations." He also states [that] "...the prominent role[s] of individual free will choices [has] a profound effect on us."⁶

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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.

Among adolescents who claim a “gay” identity, the health risks include higher rates of sexually transmitted infections, alcoholism, substance abuse, anxiety, depression and suicide. Encouragingly, the longer students delay self-labeling as “gay,” the less likely they are to experience these health risks. In fact, for each year an adolescent delays, the risk of suicide alone decreases by 20%.⁷

In light of these facts, it is clear that when well-intentioned but misinformed school personnel encourage students to “come out as gay” and be “affirmed,”⁸ there is a serious risk of erroneously labeling students (who may merely be experiencing transient sexual confusion and/or engaging in sexual experimentation). Premature labeling may then lead some adolescents into harmful homosexual behaviors that they otherwise would not pursue.

Optimal health and respect for all students will only be achieved by first respecting the rights of students and parents to accurate information and to self-determination. It is the school’s legitimate role 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 a school’s role to “affirm” a student’s perceived personal sexual orientation.

It is critical to the health of your students that you and your staff rely on accurate information regarding sexual orientation and gender confusion issues. We urge you to review the enclosed information card, ***What You Should Know***, and distribute it and this letter to your staff and to all interested parents and students. For more information, please visit www.FactsAboutYouth.com or we invite you to inquire by email at info@FactsAboutYouth.com.

Sincerely,



Den Trumbull, MD, FCP
President
American College of Pediatricians

¹Remafedi G, Resnick M, Blum R, Harris L. Demography of sexual orientation in adolescents. *Pediatrics*. 1992;89:714-721.

²Billy J, Tanfer K, Grady W, Klepinger D. “The sexual behavior of men in the United States.” *Family Planning Perspectives*. 25(1993),52-61.

³Centers for Disease Control. *CDC Analysis Provides New Look at Disproportionate Impact of HIV and Syphilis among U.S. Gay and Bisexual Men*. Press Release. Wednesday, March 10, 2010.

⁴Zucker K, Bradley S. *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*, The Guilford Press, New York, NY 10012, 1995 (p. 283).

⁵National Association for Research and Therapy of Homosexuality. Report: *What Research Shows: NARTH’s Response to the APA Claims on Homosexuality*. For the summary see <http://narth.com/docs/journalsummary.html> (accessed 3/3/10).

⁶Collins, F. *The Language of God: A Scientist Presents Evidence for Belief*. New York. Free Press. 2007.p.260 and p.263.

⁷Remafedi G, Farrow JA, Deisher RW, (1991) Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 87:869-875.

⁸Just the Facts Coalition. *Just the Facts about Sexual Orientation and Youth*. American Psychological Association. 2008. Retrieved from <http://apa.org/pi/lgbt/resources/just-the-facts.aspx> (accessed 3/3/10).

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