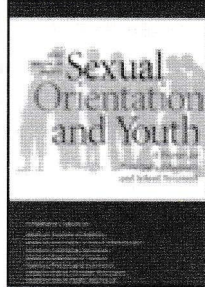


A Response to the APA's "Fact Sheet"

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The APA and the other twelve organizations [1] that comprise the Just the Facts Coalition have recently published a new edition of "Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel." The Coalition has mailed copies of the fact sheet to all 16,000 public school superintendents in the United States.



It is important that parents understand the threat this document poses and are able to respond to the so-call "facts." The full text of the Just the Facts booklet is available at <http://www.apa.org/pi/lgbcp/publications/justthefacts.pdf>.

The fact sheet claims to present accurate scientific information, which will help schools protect at-risk students, and prevent violations of the separation of church and state. The fact sheet fails to accomplish any of these objectives.

- It is not a fact sheet, but a political statement.
- It puts youth at risk – particularly adolescent males experiencing Same Sex Attraction.
- It violates separation of church and state.

What Are The Real Facts?

(1) Persons with Same Sex Attraction (SSA) are more likely than those without SSA to suffer from psychological disorders, including depression, suicidal ideation, substance abuse problems. [2] Recent well-designed studies with large samples consistently find dramatically higher rates of a number of problems among persons with SSA. These studies do not include problems of sexual addiction or paraphilias. Were these included, the rate of psychological disorders among persons with SSA would be even higher.

Before 1999 there were small studies which appeared to show no differences between persons with SSA and those without it. However, since 1999 a number of large well-designed studies have found significant differences. [3] It should also be noted that persons sympathetic to the gay agenda conducted the majority of these studies.

(2) Several well-designed studies have found that a significant

percentage of persons with SSA have been victims of Childhood Sexual Abuse (CSA) or rape. [4]

(3) There is no replicated scientific evidence that SSA is genetically or hormonally predetermined and unchangeable. [5] If it were, identical twins would virtually always have the same pattern of sexual attraction and they do not. In a study of a large sample of male identical twins when one twin had SSA in only 11% of the cases so did the other. [6]

(4) A significant percentage of persons with SSA as adults had symptoms of Gender Identity Disorder in childhood. [7] In most cases, this was not treated and caused significant emotional and mental distress.

(5) Men who have sex with men are at extremely high risk for contracting a sexually transmitted infection. [8]

(6) If a male has sex with other males, the younger he is when he begins, the greater the risk of becoming HIV positive or contracting another sexually transmitted infection (STI). [9]

(7) A significant percentage of persons experiencing SSA in adolescence will no longer have homosexual attractions by the time they reach 30. [10]

(8) The resolution of same sex attractions as a result of therapy or other interventions had been documented in numerous studies done before and after the 1973 APA decision. [11]

Gay activists have been forced to explain why persons with SSA are at "elevated" risk for addictions, anxiety, depression and suicidality. They blame the problem on the stress of living in a rejecting, heterosexist culture. [12] If this were true then one would expect to see lower levels of such problems in cultures which are more accepting of homosexuality such as the Netherlands, but this is not the case. [13]

The fact sheet misrepresents therapy for SSA and the work of the various religious ministries that address this problem. Such therapy is directed toward understanding the origins of SSA for this particular person, resolving early childhood and adolescent emotional wounds, establishing the capacity for non-sexual same-sex friendships, overcoming compulsive behaviors and recognizing emotional vulnerabilities. While many factors contribute to the development of SSA, there is no single cause for SSA and there-

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The National Association for Research & Therapy of Homosexuality (NARTH) is committed to freedom of choice in therapy for individuals with unwanted same-sex attractions.

fore each person who seeks help will follow their own unique path to freedom.

The Influence Of Political Activists

The fact sheet relies for its “facts” not on an analysis of well-designed studies, but on the statements of professional organizations. The public may assume that these statements are themselves the result of careful debate within these organizations and analysis of well-designed studies, but this is not the case.

These statements were generated by political pressure from activists within these professional groups. In his book *Homosexuality and American Psychiatry: The Politics of Diagnosis*, Ronald Bayer, who supports the gay agenda, documents how gay activists pressured the American Psychiatric Association to remove homosexuality from its *Diagnostic and Statistical Manual*. According to Bayer, the decision, from which 39% of the voting members dissented, was not the result of science, but of politics:

“A furious egalitarianism that challenged every instance of authority had compelled psychiatric experts to negotiate the pathological status of homosexuality with homosexuals themselves. The result was not a conclusion based on an approximation of scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times.” [14]

According to Bayer, “The status of homosexuality is a political question, representing a historically rooted, socially determined choice regarding the ends of human sexuality. It requires a political analysis.” [15]

The takeover of the statement-making process in professional organizations by activists is causing great concern among those who believe that professional organizations should restrict themselves to science and to their fields of expertise. Rogers Wright and Nicholas Cummings (a past president of the American Psychological Association) have brought together a collection of essays, *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm*, which highlight their concern about this trend. [16]

Opinions Presented As Data

The fact sheet references several authors in support of its “facts.” However, if one reads the articles referenced and written by these authors, one finds that they are not presenting conclusions based on an analysis of large well-designed studies, but are political, ethical, and even religious opinions about the data.

Douglas Haldeman, author of numerous articles on SSA, argues in the article referenced in the fact sheet that reorientation therapies are unethical because they are “predicated on a devaluation of homosexual identity and behavior.” It is true that a number of religions hold that homosexual behavior is always objectively wrong. Haldeman is free to disagree with these religions, but his

opinion is not science *per se*.

An article by G. C. Davison is referenced in the fact sheet to support the following statement: “No data demonstrate that reparative/conversion therapies are effective, and in fact they may be harmful.” Davison chose to ignore the massive body of pre-1973 reports of successful therapy. In fact, a recently published longitudinal study by Jones and Yarhouse of clients of religious ministries found no unusual reports of harm.

The title of Davison’s article “Constructionism And Morality in Therapy for Homosexuality” suggests that Davison’s concern is philosophical and theological. He writes:

... even if one were to demonstrate that a particular sexual preference could be modified by a negative learning experience, there remains the question of how relevant these data are to the ethical question of whether one should engage in such behavior-change regimens. The simple truth is that data on efficacy are quite irrelevant. Even if we could effect certain changes, there is still the more important question of whether we should. I believe we should not.

Change of orientation therapy programs should be eliminated. Their availability only confirms professional and societal biases against homosexuality, despite seemingly progressive rhetoric about its normality.... Viewing therapists as contemporary society’s secular priests rather than as value-neutral technicians will sensitize professionals and laypeople alike to large-scale social, political, and moral influences in human behavior. [17]

Haldeman, Davison, and the members of the Coalition are, of course, free to have whatever social, political, moral, ethical, and religious views they choose. However, to present these as supported by science and therefore the only acceptable view, is willfully to deceive. This is one more attempt to use the schools to present a political agenda as scientific fact.

Denies Students Appropriate Help

According to an article referenced in the fact sheet:

GLB youth who self-identify during high school report disproportionate risk for a variety of health risk and problem behaviors, including suicide, victimization, sexual risk behaviors, and multiple substance abuse. In addition, these youth are more likely to report engaging in multiple risk behaviors and initiating risk behaviors at an earlier age than their peers. [18]

As is often the case, those who advocate the homosexual agenda in schools assume that because it has identified a problem, it has a right to prescribe the solution. There is no evidence that pro-homosexual programs prevent these problems. The Coalition members claim to be motivated by a desire to protect students with SSA, but their idea of protection is to encourage students

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