

# The Non-Factsheet

By Dale O’Leary, Dean Byrd, Ph.D., Richard Fitzgibbons, M.D.

Dale is the Author of *The Gender Agenda: Redefining Equality* and *One Man, One Woman*. Drs. Byrd and Fitzgibbons are members of the National Association for the Research and Therapy of Homosexuality  
Revised Aug. 2008.

The APA and the other 12 organizations<sup>1</sup> that comprise the Just the Facts Coalition 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 *factsheet* 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/lgbc/publications/justthefacts.pdf>.

The *factsheet* 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 *factsheet* fails to accomplish any of these objectives.

- 1) It is not a factsheet, but a political statement.
- 2) It puts youth at risk – particularly adolescent males experiencing SSA.
- 3) It violates separation of church and state.

## What are the facts?

- Persons with Same Sex Attraction (SSA) are more likely than those without to suffer from psychological disorders, including depression, suicidal ideation, substance abuse problems.<sup>2</sup> Recent well-designed studies with large samples

---

<sup>1</sup> Members of the coalition are the American Academy of Pediatrics, the American Counseling Association, the American Association of School Administrators, the American Federation of Teachers, the American Psychological Association, the American School Counselor Association, the American School Health Association, the Interfaith Alliance Foundation, the National Association of School Psychologists, the National Association of Secondary School Principals, the National Association of Social Workers, the National Education Association and the School Social Work Association of America.

<sup>2</sup> Richard Herrell et al. (1999) “Sexual Orientation and Suicidality,” *Archives of General Psychiatry*, 56 (10) p. 867-874; Susan Cochran, Vicky Mays (2007) “Physical Health Complaints among Lesbians, Gay Men, and Bisexual and Homosexually Experienced Heterosexual Individuals: Results from the California Quality of Life Survey,” *American Journal of Public Health*, April 26, <http://www.ajph.org>; Stephen Gilman et al. (2001) “Risk of Psychiatric Disorders among Individuals Reporting Same-Sex Sexual Partners in a National Comorbidity Survey,” *American Journal of Public Health*, June, 91 (6), p. 933-939; Keren Skegg, et al. (2003) “Sexual Orientation and Self-Harm in Men and Women,” *American Journal of Psychiatry*, 160 (3), p. 541-546; Theo Sandfort et al. (2006) “Sexual orientation and mental and physical health status,” *American Journal of Public Health*, June, 96 (6), p. 1119-25; Kimberly F. Balsam et al. (August, 2005) "Mental Health of Lesbian, Gay, Bisexual and Heterosexual Siblings: Effects of Gender, Sexual Orientation, and Family," *Journal of Abnormal Psychology*: "LGB's [Lesbian, Gay, Bisexuals] ...

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 that appeared to show no differences between persons with SSA and those without SSA, however, since 1999 a number of large well-designed studies have found significant differences.<sup>3</sup> It should also be noted that persons sympathetic to the gay agenda conducted the majority of these studies.

- 40% to 50% of persons with SSA have been victims of Childhood Sexual Abuse (CSA) or rape.<sup>4</sup>
- There is no replicated scientific evidence that SSA is biologically (genetically or hormonally) predetermined and unchangeable.<sup>5</sup> 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.<sup>6</sup>

---

use mental health services more and are at higher risk for suicidal ideation, suicide attempts, and self-injurious behavior than are heterosexual siblings."

<sup>2</sup> Richard Stall et al. (2003) "Association of Co-Occurring Psychosocial Health Problems and Increased Vulnerability to HIV/AIDS among Urban Men who Sex with Men," *American Journal Of Public Health*, 93 (6), p. 939-942; R.S. Hogg et al. (1997) "Modeling the impact of HIV disease on mortality in gay and bisexual men," *International Journal of Epidemiology*, 26 (3) p.657-661; J. Diggs, (2002) "Health Risks of Gay Sex" Corporate Research Council, (480) 444-0030; Maria Xiridou (2003) "The contribution of steady and casual partnerships to the incidence of HIV infection among homosexual men in Amsterdam," *AIDS* 17 (7), p. 1029-1038; Gabriel Rotello (1997) *Sexual Ecology: AIDS and the Destiny of Gay Men*, (NY: Dutton); Binh An Diep et al. (2008) "Emergence of Multidrug-Resistant, Community Associated, Methicillin Resistant Staphylococcus aureus Clone USA300 in men who have sex with men," *Annals of Internal Medicine*, 148 (4).

<sup>3</sup> Douglas Haldeman (1994) "The practice and ethics of sexual orientation conversion therapies," *Journal of Consulting and Clinical Psychology*, 62, p. 221-227.

<sup>4</sup> Lynda Doll et al. (1992) "Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men," *Child Abuse & Neglect*, 16, p. 855-864. (Over 40% of adult homosexual and bisexual men in this study reported a history of sexual abuse.); R. Johnson, D. Shrier (1985) "Sexual victimization of boys: Experience at an adolescent medicine clinic," *Journal of Adolescent Health Care*, 6, p. 372-376; J. Siegel, et al. (1987) "The prevalence of childhood sexual assault: The Los Angeles epidemiological catchment area project," *American Journal of Epidemiology*, 126 (6), p. 1141; Judith Bradford et al. (1994) "National Lesbian Health Care Survey: Implications for Mental Health Care," *Journal of Consulting and Clinical Psychology*, 62 (2), p. 228-242: "41% of the sample reported that they had been raped or sexually attacked at least one in their lives." Of those age 17 to 24 50% reported rape or sexual abuse; Gregory Dickson, Dean Byrd (2006) "An empirical study of the mother-son dyad in relation to the development of male homosexuality," *Journal of the Association of Mormon Counselors and Psychotherapists*, 30: The study found that 49% of homosexual men versus 2% of heterosexual men had a history of sexual abuse.

<sup>5</sup> John de Cecco, David Parker, ed. (1995) *Sex, Cells, and Same-Sex Desire: The Biology of Sexual Preference*, (NY: Harrington Park Press).

<sup>6</sup> J. Michael Bailey et al. (2000) "Genetic and Environmental Influences on Sexual Orientation and its Correlates in an Australian Twins Sample," *Journal of Personality and Social Psychology*, March 78 (3), p. 524-536.

- A significant percentage of adults with SSA had symptoms of Gender Identity Disorder in childhood.<sup>7</sup> In most cases, this was not addressed and caused significant suffering.
- Young men who have sex with men (MSM) are at extremely high risk for contracting a sexually transmitted infection.<sup>8</sup> According to the CDC, the number of MSM 13-24 newly diagnosed with HIV is increasing each year, and almost doubled since 2000. The number infected increased by 11% in 2001 and by 18% in 2006.<sup>9</sup>
- If a male has sex with other males, the younger he is when he begins this activity the greater the risk of becoming HIV positive or contracting another sexually transmitted infection (STI).<sup>10</sup>
- A significant percentage of persons experiencing SSA in adolescence will find the problem resolved by the time they reach 30.<sup>11</sup>
- Change as a result of therapy or other interventions had been documented in numerous studies done before and after the 1973 APA decision.<sup>12</sup>

---

<sup>7</sup> Kenneth Zucker, Susan Bradley (1995) *Gender Identity Disorder and Psychosexual Problems in Childhood and Adolescence* (Guilford: NY); George A Rekers, *Gender Identity Disorder*, [www.leaderu.com/jhs/rekers.html](http://www.leaderu.com/jhs/rekers.html); George Rekers, (1995) *Handbook of Child and Adolescent Sexual Problems* (NY: Lexington); Susan Bradley, Kenneth Zucker (1998) "Drs. Bradley and Zucker reply," *Journal of the American Academy of Child and Adolescent Psychiatry*, 37 (3), p. 244-245; R. Friedman, L. Stern (1980) "Juvenile aggressivity and sissiness in homosexual and heterosexual males," *Journal of the American Academy of Psychoanalysis*, 8 (3), p. 427-440.

<sup>8</sup> Stall, op. cit.; R. Hogg, et al. (1997) "Modeling the impact of HIV disease on mortality in gay and bisexual men," *International Journal of Epidemiology*, 26 (3), p.657-661; J. Diggs (2002) "Health Risks of Gay Sex" Corporate Research Council, (480) 444-0030; Maria Xiridou (2003) "The contribution of steady and casual partnerships to the incidence of HIV infection among homosexual men in Amsterdam," *AIDS* 17 (7), p. 1029-1038; Gabriel Rotello (1997) *Sexual Ecology: AIDS and the Destiny of Gay Men* (NY: Dutton); Binh An Diep et al. (2008) "Emergence of Multidrug-Resistant, Community Associated, Methicillin Resistant Staphylococcus aureus Clone USA300 in men who have sex with men," *Annals of Internal Medicine*, 148 (4).

<sup>9</sup> Centers for Disease Control (2008) "Trends in HIV/AIDS Diagnoses among men who have sex with men – 33 States, 2001-2006," *MMWR Weekly*, June 27, 57(25), p. 681-686.

<sup>10</sup> George Lemp et al. (1994) "Seroprevalence of HIV and Risk Behaviors among young homosexual and bisexual men," *JAMA*, 272 (5), p. 449-454; Percentage of sample HIV positive by age at initiation of anal sex with men: age 20-22 -- 3.8%; age 15-19 --11.6%; age 3-14 --15.2%.

<sup>11</sup> Edward Lauman et al. (1994) *The Social Organization of Sexuality: Sexual Practices in the United States*, (Chicago: University of Chicago); K. K. Kinnish, et al. (2005) "Sexual Differences in the Flexibility of Sexual Orientation: A Multidimensional Retrospective Assessment," *Archives of Sexual Behavior*, 34 (2), p. 173-83; Nigel Dickson, et al. (2003) "Same-sex attraction in a birth cohort: prevalence and persistence in early adulthood," *Social Science & Medicine*, 56, p. 1607-1615; Lisa Diamond, (2000) "Sexual identity, attraction and behavior among young sexual minority women over a two year period," *Developmental Psychology*, 36 (2) p. 241-250; Lisa Diamond, (2008) "Female sexuality from adolescence to adulthood: Results from a 10-year longitudinal study," *Developmental Psychology*, 44(1) p. 5-14; Warren Throckmorton, "Hiding Truth From School Kids: It's Elementary Revisited," June 16, 2004 <http://www.drthrockmorton.com/article.asp?id=78>.

<sup>12</sup> Robert Spitzer, (2006) "Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation," in J. Frescher, K. Zucker,

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.<sup>13</sup> If this were true then one would expect to see lower levels of such problems in more accepting cultures such as the Netherlands, but this is not the case.<sup>14</sup> According to Jones and Yarhouse:

This is a plausible hypothesis, but it is also a hypothesis for which conclusive proof is yet forthcoming and for which the best support is merely indirect. Proponents of Exodus [a religious ministry for persons with SSA] approaches of understanding the homosexual condition would clam that the elevated distress may be intrinsic to the homosexual condition because that is not how God intended persons to live and many of those who give personal testimony in support of Exodus report living in various forms of despair themselves in the gay community before finding freedom through Exodus.”<sup>15</sup>

The *factsheet* claims that “If school environments become more positive for lesbian, gay, and bisexual students, it is likely that their differences in health, mental health, and substance abuse will decrease.” Nothing could be more positive than the Harvey Milk school in Manhattan which was set up to provide a safe environment for students with atypical sexual orientations and gender identities, yet in November of 2003, five male students were arrested. They had for some time being intimidating other students, working as prostitutes, blackmailing Johns, stealing from trendy stores, and involved with ecstasy and cocaine.<sup>16</sup>

The *factsheet* misrepresents the work of therapists who treat SSA as problematic 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 wounds, establishing the capacity for non-sexual same-sex friendships, overcoming compulsive behavior, and recognizing emotional vulnerabilities. While many factors contribute to the development of SSA, there is no single cause for SSA and therefore each person who seeks help will follow their own unique path to freedom.

## The Political Agenda

The *factsheet* relies for its “facts” not on an analysis of well-designed studies, but on the statements of professional organization. The public may assume that these

---

eds., *Ex-Gay research: Analyzing the Spitzer Study and Its Relation to Science, Religion, Politics, and Culture*, (NY: Harrington House) p. 35-66; Stanton Jones, Mark Yarhouse, (2007) *Ex-Gays' A Longitudinal Study of Religiously Mediated Change in Sexual Orientation*, (Intervarsity Press: Downers Grove IL); Irving Bieber et al. (1962) *Homosexuality: A Psychoanalytical Study*, (NY: Vintage Books); Elaine Seigle (1988) *Female Homosexuality Choice without Volition* (Hillsdale, NJ: Analytic Press) .

<sup>13</sup> Cochran, op. cit.

<sup>14</sup> Sandfort, op. cit.

<sup>15</sup> Stanton Jones, Mark Yarhouse, (2007) *Ex-Gays: A longitudinal Study of Religiously Mediated Change in Sexual Orientation*, (Downers Grove, IL: IVP Academic) p. 361.

<sup>16</sup> Ashley Cross (2003), “Gay teens’ rich milk shakedown,” *New York Post*, Nov. 9.

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 organizations. 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 members voting dissented, was not the result of science, but 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.<sup>17</sup>

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.”<sup>18</sup>

Each of the subsequent statements relies on the 1973 APA statement and therefore must be looked up as the offspring of a political agenda rather than scientific conclusion.

The take-over 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.<sup>19</sup>

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

Douglas Haldeman, author of numerous articles on the subject, argues in the article referenced in the *factsheet* that reparative (conversion) 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.

An article by G. C. Davison is referenced in the *factsheet* 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. A recently published longitudinal study by Jones and Yarhouse of clients of religious ministries found no unusual reports of harm.

---

<sup>17</sup> Ronald Bayer (1981) *Homosexuality and American Psychiatry: The Politics of Diagnosis* (NY: Basic Book) p. 3-4

<sup>18</sup> Ibid, p. 5.

<sup>19</sup> Rogers Wright, Nicholas Cummings, eds., (2005) *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm*, (NY: Routledge).

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 changes 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."<sup>20</sup>

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

## **Denies Students Appropriate Help**

According to an article referenced in the *factsheet*:

Conclusion 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.<sup>21</sup>

As is often the case, the left assumes that because it has identified a problem, it has a right to prescribe the solution. There is no evidence that pro-gay 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 with SSA to self-identify as gay, lesbian, or bisexual and to "come out." This will lead to a number of negative consequences:

---

<sup>20</sup> G. C. Davison, (1982) "Politics, ethics and therapy for homosexuality," in Gonsiorek, J. *Homosexuality and Psychotherapy* (NY Haworth Press) p. 89-96.

<sup>21</sup> Robert Garofalo et al. (1998) "The association between health risk behaviors and sexual orientation among a school-based sample of adolescents," *Pediatrics*, 101 (5) p. 895-898.

- 1) The SSA may be a temporary condition, immaturity, or simple confusion about sexuality that if not acted on would resolve itself in time.<sup>22</sup> Acting on SSA before age 21 can have serious psychological, social and health consequences
- 2) 40 to 50% of adolescents with SSA may have been victims of Childhood Sexual Abuse. Focusing on ‘coming out’ rather than addressing the abuse is not in the best interest of the student and may leave the student vulnerable to additional abuse, substance abuse, involvement in high risk sexual activity (including hustling for adolescent males), depression, and suicidal ideation.
- 3) Students who self-label as LGBT early are more likely to engage in sexual activity at an early age. Because these children are psychologically needy and wounded, such relationships may cause serious emotional and psychological pain, which they do not have the emotional resources to cope with.
- 4) Boys who begin to engage in sexual activity with males at an early age are more likely to become HIV positive or contract a sexually transmitted disease. Intensive condom education has failed to prevent infections.<sup>23</sup>
- 5) Adolescents who self-identify as LGBT are more likely to use drugs and alcohol.<sup>24</sup> The Gay community is in the midst of an epidemic of Crystal Meth, which has in turn lead to a dramatic increase in unsafe sex and an increase in STIs including HIV. If for no other reason, schools should do everything possible to discourage young men with SSA from self-identifying or coming-out until they are in their 20’s.
- 6) A high percentage of adolescents with SSA had symptoms of Gender Identity Disorder in early childhood, which was not properly addressed. Some may have been teased and told they were “gay” and accepted this label. These students do not need to have this labeling confirmed by authority figures.
- 7) The pro-gay school officials keep the parents in the dark about the students’ SSA, until it is too late for the parents to take action, thus causing alienation between parents and children.
- 8) The pro-gay policy directly attacks the religious beliefs of parents and students, causing alienation and strife.

---

<sup>22</sup> Lauman, op. cit.

<sup>23</sup> Lawrence Altman, (2008) “H.I.V. Study Finds Rate 40% Higher Than Estimated,” *New York Times*, August 3, According to Dr. Philip Alcabes, an epidemiologist at Hunter College, “it looks like prevention campaigns make even less difference than anyone thought.”

<sup>24</sup> Milton Wainberg et al. (2006) *Crystal Meth and Men who Have Sex with Men: What mental health care professionals need to know*, (NY: Haworth Medical Press); Perry Halkitis, Leo Wilton, Jack Drescher, ed. (2005) *Barebacking: Psychosocial and Public Health Approaches*, (NY: Haworth Medical Press); Sean Esteban McCabe et al (2005) “Assessment of Difference in Dimensions of Sexual Orientation: Implications for Substance Use Research in a College-Age Population,” *Journal of Studies on Alcohol*, 66, p. 602-629.

9) Students with SSA have a right to know that reparative therapy and religious ministries that can address their problem are available. The purpose of the *factsheet* is specifically to deny them this information. According to the *factsheet*, “The promotion of ‘reparative therapy’ and ‘transformational ministry’ is likely to exacerbate the risk of harassment, harm, and fear.” There is no footnote for this statement because this is an unsubstantiated myth promoted by activists. There is every reason to believe that adolescents to whom the theories of causation, prevention, and treatment of SSA, which motivate reparative therapy and religious ministries are explained are more likely to be compassionate and less likely to harass to persons with SSA.

10) The gay activists consistently engage in name-calling and insults referring to those who oppose their agenda as “bigots,” “homophobic,” “heterosexist,” “discriminatory,” prejudiced, and perpetrators of violence, bullying, harassment, intimidation and “hate speech.” They lump people of faith who truly care about persons with SSA with criminals. This creates a victim mentality among persons with SSA and leads them to fear persons of faith and cuts them off from spiritual support. In fact, there has been a major change in the attitude of religious communities toward those who struggle with this problem. While not changing their belief that homosexual behavior is always contrary to God’s plan for sexual intimacy, many of churches support ministries for persons with SSA through Exodus or Courage. Hearing the testimony of those who have struggled with SSA and those who consider themselves Ex-Gay has changed attitudes within the churches.

Students with SSA need to have their real problems properly addressed, their religious beliefs respected, and their health safeguarded. The programs recommended in the *factsheet* will put them at risk. Other students need to have access to information about both sides of this debate from both sides, not biased non-factual information from those with a clear agenda. This information properly presented, plus exposure to Ex-gays, has been shown to lead to a more compassionate attitude to persons with SSA and a reduction in negative behaviors.

## **Freedom of Religion**

The fact sheet insists that “public schools may not promote religion, endorse particular religious beliefs or seek to impose such beliefs on students” This is true, but the *factsheet* itself promotes particular religious beliefs, going so far as to list religious organizations which agree with its views. The title of its press release states: “Education, Health, and Religious Organizations unite to keep Students Safe.” Not only does the coalition insert “religion” into the public schools, it takes sides in a contentious battle that is tearing the religious community apart. This is totally unacceptable.

The pro-LGB religions are credited with promoting “love and acceptance.” Religious organizations that believe sex intimacy should be restricted to in marriage between a man and a woman are by implication unloving and unaccepting. Freedom of religion requires public schools to refrain from promoting a strictly religious doctrine but it also means that they cannot publicly demean religious beliefs of the students or their students’ parents.

The *factsheet* states: “public officials may not impose discriminatory burdens or unequal treatment on gays and lesbians.” We would add “nor on Christians, Orthodox Jews, Muslims, or Mormons.”

Persons with SSA may decide to identify with a particular religion rather than with the gay or lesbian subculture. They have a right to religious freedom and to seek a solution for their problems that reflects their religious beliefs.