

# Empowering Parents of Gender Discordant and Same-Sex Attracted Children

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**ABSTRACT: A pre-school boy insists on dressing like a girl. A 5 year old girl refuses to wear dresses and insists that one day she will grow a penis. A teen boy has just announced to his family that he is “gay”. How should physicians advise parents to respond?**

The American College of Pediatricians (the College) is committed to helping children reach their optimal physical and emotional potential. For this reason, the College has reviewed the available science on the nature of same-sex attraction (SSA). This summary is intended to empower parents and their children to make healthy lifestyle choices regarding sexual behavior.

Researchers agree that sexual orientation develops from a combination of environmental and biological influences. The debate is over whether or not change of sexual orientation is enduring or even possible. Homosexuality affirming researchers believe that inborn biological factors trump any environmental contribution. Therefore, they consider sexual orientation to be innate and immutable. These researchers and therapists view SSA as a normal variant of human sexual development. Any effort to alter or eliminate SSA is equated with trying to change a person’s ethnicity. Homosexuality affirming therapists therefore oppose re-orientation therapy in all cases, arguing that those who are ambivalent about their same-sex attractions actually suffer from “internalized homophobia” and require counseling that will allow them to accept their innate homosexuality.

Other researchers, however, maintain that science tells a very different story – one of minimal biological influence, and a high degree of sexual fluidity. They argue that an objective review of the data strongly suggests that unwanted SSA is both preventable and changeable for many who desire those outcomes. While some of these therapists consider all SSA to be a psychosexual developmental disorder, others reject this notion. The construct that unites

them is their insistence on a patient’s right to informed consent and self-determination.<sup>(1, 2)</sup>

During the last 40 years the majority of SSA studies have been conducted, reviewed and/or published by homosexuality affirming researchers, many of whom are also openly homosexual.<sup>(1)</sup> Virtually all of the studies were touted by the media as proving that SSA is inborn. In reality, however, every one of them, from gene analysis, to brain structure, fingerprint styles, handedness, finger lengths, eye blinking, ear characteristics, verbal skills and prenatal hormones, have failed to be replicated, were criticized for research limitations, and/or were outright debunked.<sup>(3-7)</sup> This includes the widely publicized brain research of Dr. Simon LeVay,<sup>(8)</sup> and the gay gene research of Dr. Dean Hamer<sup>(9-12)</sup>

There is, however, a somewhat greater incidence of SSA among identical versus fraternal twins, which suggests the presence of inherited predisposing traits at least for some. Data from multiple identical twin studies, however, proves that this inherited influence is minimal.<sup>(13-17)</sup>

Every trait is influenced by genes, but only some are determined by them. “Genetically determined” is destiny, “genetically influenced” is not.<sup>(1,17)</sup> Identical twins have exactly the same DNA and share genetically determined traits 100% of the time. Eye color is a genetically determined trait, so identical twins always have the same eye color. SSA, however, is shared only 10-30% of the time proving instead that there is no gay gene and that at least 70% of the variation in sexual orientation is not inherited.<sup>(13)</sup>

Francis Collins, MD, director of the Human Genome Project, has concluded that “there is an

inescapable component of heritability to many human behavioral traits. For virtually none of them is heredity ever close to predictive.” Regarding SSA, he states “sexual orientation is genetically influenced but not hardwired by DNA ... whatever genes are involved represent predispositions, not predeterminations.”<sup>(23)</sup> Environment and free will decisions interact with these predispositions and play an important role in the development of SSA.

A recent meta-analysis of 21 homosexual parenting studies revealed the significant influence of parents’ sexual orientation on that of their children. Each individual study concluded that there are no differences between children of homosexual and heterosexual parents. Due to serious methodological flaws, however, the reliability of the studies was challenged. Homosexuality affirming researchers Judith Stacey and Timothy Biblarz therefore performed a meta-analysis designed to minimize the effect of those flaws. To their surprise, significant differences were now revealed: Children raised by homosexual parents were more likely to initiate sexual activity at earlier ages, be more promiscuous and declare themselves homosexual than children raised by heterosexual parents.”<sup>(24)</sup>

Stacey and Biblarz also found that sons of lesbians were less aggressive, and daughters more aggressive than those in heterosexual homes. Children with same-sex parents were less likely to conform to traditional gender roles. The researchers hailed this as a positive outcome. This is not necessarily the case, however, since the feminization of boys and masculinization of girls is also found in gender identity disorder of childhood(GID).<sup>(24, 25, 26)</sup>

Children with GID may explicitly state a desire to be the opposite sex, cross-dress, insist on toileting as the opposite sex and engage almost exclusively in non-stereotypic play even prior to the age of 4. These children are referred to as gender disordered or gender discordant<sup>(25)</sup> The emotional suffering of these children is indisputable and many homosexuality affirmative researchers agree that GID is treatable. Up to 75% of untreated gender discordant boys and one to two thirds of untreated discordant girls will develop SSA. On the other hand, SSA may be prevented when

GID is treated successfully <sup>(2, 26, 27)</sup>

Many teens who develop SSA, however, never met the criteria for GID – should they claim a homosexual identity? No. Sexual attractions are especially fluid during adolescence. A1992 survey, for example, reported that 25% of 7th graders were uncertain of their sexual orientation<sup>(28)</sup> In 2002 Bearman and Breukner found that 9.7% of teens had experienced a romantic attraction to someone of the same-sex.<sup>(29)</sup> Yet, the percentage of adults who identify as homosexual is consistently 3% or less. <sup>(1)</sup> Having same-sex attractions, fantasies and/or experiences as an adolescent does not mean that a teen is or will be homosexual.

Those who do label themselves “gay” or bisexual tend to become sexually active at younger ages and are more sexually promiscuous than their peers. The serious physical and emotional illnesses associated with homosexual behavior are well documented. Increased rates of drug and alcohol abuse, anxiety, depression, suicide, eating disorders and intimate partner violence are more prevalent among homosexual men and women than among their heterosexual counterparts. <sup>(30, 31)</sup>

For these reasons, adolescents should be discouraged from claiming a “gay” identity or labeling others as “gay” prematurely. Instead, all teens should be encouraged to practice sexual abstinence.

What does science reveal about the possibility of change after a teen or adult adopts a homosexual identity? A review of the literature regarding reorientation indicates that the possibility for change exists at all ages <sup>(32)</sup> Seeking treatment prior to initiating homosexual activity, age under 35, the presence of past or coexisting heterosexual attractions, a high motivation to change, and working with a therapist who believes that change is possible, are all associated with a greater likelihood of success.<sup>(26)</sup>

Dr. Nicholas Cummings, a former President of the American Psychological Association, firmly believes that those with SSA can claim a gay identity and lead happy, healthy lives. He is just as vehement, however, in defending the right to reorientation therapy if one is distressed by their

same-sex attractions. Over a twenty year period at Kaiser-Permanente in San Francisco, California, Dr. Cummings' practice treated and maintained extensive notes on 18,000 patients who were dissatisfied with their SSA. Two thirds of the patients were helped by therapy. Twenty percent of this group successfully reoriented. The remaining 80% went on to decrease high-risk homosexual behaviors and live "sexually responsible and happy gay lives."<sup>(33)</sup>

Dr. Warren Throckmorton has similarly stated that those who adopt a "gay identity" can lead happy, healthy lives. Yet, he too, vigorously defends the right of patients to seek reorientation therapy if they desire to pursue such change after giving appropriate informed consent. In 1998, Dr. Throckmorton conducted an extensive review of reorientation reports published in the *Journal of Mental Health*. He documented that multiple forms of standard, ethical therapeutic interventions had successfully effected change of sexual orientation<sup>(32)</sup>

In 1973, Dr. Robert Spitzer was instrumental in declassifying homosexuality as a mental disorder and today remains a "gay rights" supporter. For decades he firmly believed that change of orientation was impossible. In 2003, after studying a group of 200 "ex-gay" men and women, he reversed his stance. All participants gave evidence of achieving degrees of long-term change in their sexual orientation up to and including complete heterosexuality without suffering any negative consequences from therapy.<sup>(34)</sup> Similar findings were reported in 2007 by Drs. Jones and Yarhouse. These researchers studied a cohort of "ex-gays" who successfully participated in religiously mediated therapy to change their sexual orientation.<sup>(35)</sup>

The American Psychiatric Association's on-line website also supports the notion of sexual fluidity:

"Some people believe that sexual orientation is innate and fixed; however, sexual orientation develops across a person's lifetime. Individuals may become aware at different points in their lives that they are heterosexual, gay, lesbian, or bisexual."<sup>(36)</sup>

In summary, SSA is determined by a complex interaction between familial and peer influences,

unique events, social and biological factors. An attachment deficit, cross-gender behavior, rejection by same-sex peers, sexual abuse, involvement in pornography and sexual experimentation are associated with SSA for many, but do not unilaterally or universally cause it. In other words, not every person who has these experiences will develop SSA, and not every person with SSA will have a history of these experiences. This is likely where biological influences and unrecognized environmental or societal factors play a role.<sup>(1, 2, 13-16)</sup> What the current political climate ignores is that the last forty years of data proves only a small biological contribution and a significant degree of sexual fluidity.

Parents have the right to make informed health care decisions for their children based on accurate and unbiased information, as do psychosocially mature adolescents themselves. While sexual attractions may not be consciously chosen, one can choose what to do with these attractions once recognized. No one is "born gay." Biological and environmental influences may be fostered or foiled. Therefore, SSA is indeed preventable and changeable to varying degrees for many who desire these outcomes.

Finally, it is important to stress that while change is a choice - not everyone who attempts change succeeds. Regardless of what one believes about homosexual behavior, it is essential to stand in solidarity against all forms of unjust discrimination and violence.

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Parents and adolescents may further explore this subject together at <http://www.freetobeme.com> and <http://www.pathinfo.org>.

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A comprehensive bibliography regarding the question of biological determinism is available from the homosexuality-affirmative Council for Responsible Genetics at:

<http://www.gene-watch.org/programs/determinism/SObibliography.html>

A comprehensive bibliography regarding the etiology and treatment of SSA may be found at the Catholic Medical Association website:

<http://www.cathmed.org/publications/homosexualityarticle.htm>

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