

Just the Facts About
**Sexual
Orientation
& Youth**

*A Primer for Principals,
Educators & School Personnel*

A Publication Endorsed by:

American Academy of Pediatrics
American Counseling Association
American Association of School Administrators
American Federation of Teachers
American Psychological Association
American School Health Association
Interfaith Alliance Foundation
National Association of School Psychologists
National Association of Social Workers
National Education Association

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*Just the Facts About Sexual Orientation and Youth:
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was developed and is endorsed by the following organizations:

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National Education Association

Controversies in our society about homosexuality are increasingly involving schools. As principals, educators, and school personnel, you need good information that will help guide you through these controversies. This factsheet has been developed by a group of education, health, mental health, and religious organizations that all share a concern for the health and education of all students in schools, including lesbian, gay, and bisexual students. We know you also share this concern—that all students deserve an opportunity for learning and healthy development in a safe and supportive environment.

The reason for publishing this factsheet now is the recent upsurge in aggressive promotion of “reparative therapy” and “transformational ministry.” “Reparative therapy” refers to psychotherapy to eliminate individuals’ sexual desires for members of their own gender. “Transformational ministry” refers to the use of religion to eliminate those desires. Since mid-1998, a number of organizations have invested significant resources in the promotion of “reparative therapy” and “transformational ministry” in the press, in conferences targeting educators, and in television and newspaper ads. This factsheet provides information from physicians, counselors, social workers, psychologists, legal experts, and educators who are knowledgeable about the development of sexual orientation in youth and the issues raised by “reparative therapy” and “transformational ministry.” We hope that you and others who care about and work with youth will review the factual and scientific information provided herein and weigh it carefully in considering how to respond appropriately to controversies about homosexuality when they arise in your school.

Sexual Orientation Development

Sexual orientation is one component of a person's identity, which is made up of many other components, such as culture, ethnicity, gender, and personality traits. Sexual orientation is an enduring emotional, romantic, sexual, or affectional attraction that a person feels toward another person. Sexual orientation falls along a continuum. In other words, someone does not have to be exclusively homosexual or heterosexual, but can feel varying degrees of attraction for both genders. Sexual orientation develops across a person's lifetime—different people realize at different points in their lives that they are heterosexual, gay, lesbian, or bisexual.

Sexual behavior does not necessarily equate to sexual orientation. Many adolescents—as well as many adults—may identify themselves as homosexual or bisexual without having had any sexual experience. Other young people have had sexual experiences with a person of the same gender, but do not consider themselves to be gay, lesbian, or bisexual. This is particularly relevant during adolescence because it is a time for experimentation—a hallmark of this developmental period.

Gay, lesbian, and bisexual adolescents follow a developmental path that is both similar to and quite different from that followed by heterosexual adolescents. All teenagers face certain developmental challenges, such as developing social skills, thinking about career choices, and fitting into a peer group. Gay, lesbian, and bisexual youth must also cope with prejudiced, discriminatory, and violent behavior and messages in their families, schools, and communities. Such behavior and messages negatively affect the health, mental health and education of lesbian, gay, and bisexual young people. These students are more likely than heterosexual students to report missing school due to fear, being threatened by other students, and having their property damaged at school.¹ The promotion of “reparative therapy” and “transformational ministry” is likely to exacerbate the risk of harassment, harm, and fear.

For these reasons, the experience of gay, lesbian, and bisexual teenagers is often one of isolation, fear of stigmatization, and lack of peer or familial support. Gay, lesbian, and bisexual youth have few opportunities for observing positive modeling by adults due to the general cultural bias that makes gay, lesbian, and bisexual people largely invisible. It is this isolation and lack of

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1. Garofalo, R., Wolf, R.C., Kessel, S., Palfrey, J., & Du Rant, R.H. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 101(5), 895-902.

support that accounts in part for the higher rates of emotional distress,² suicide attempts,³ and risky sexual behavior and substance use⁴ that gay, lesbian, and bisexual students report compared to heterosexual students.

Because of their legitimate fear of being harassed or hurt, gay, lesbian, or bisexual youth are less likely to ask for help. Thus, it is important that their environments be as open and accepting as possible, so these young people will feel comfortable sharing their thoughts and concerns. To be able to provide an accepting environment, school personnel need to understand the nature of sexual orientation development and be supportive of healthy development for all youth.

“Coming out” refers to the process of acknowledging one’s gay, lesbian, or bisexual attractions and identity to oneself and disclosing them to others. This process is different for every teenager; however, most adolescents disclose their sexual orientation to others in the following order: other gay, lesbian, and bisexual peers, close heterosexual peers, close family members, and finally, parents.⁵

Many people may wonder why gay, lesbian, and bisexual teenagers and adults feel the need to “come out,” i.e., disclose their sexual orientation to others. This is actually the expression of a normal tendency to want to share personal information about oneself with important others, and should be treated as such by those around the gay, lesbian, or bisexual adolescent. It is healthy for teenagers to share with friends and families their latest crush or how they spent their weekend. This process, however, is often quite difficult for the gay, lesbian, or bisexual adolescent, because there is a strong (and well-founded) fear of being rejected by others. ■

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2. Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.S., Jones, J., Tabor, J., Beuhring, T., Sieving, R.E., Shew, M., Ireland, M., Bearing, L.H., & Udry, J.R., (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, 278(10), 823-832.
 3. Garofalo, et al. 1998; Remafedi, G., Frenth, S., Story, M., Resnick, M.D., & Blum, R. (1998). The relationship between suicide risk and sexual orientation: Results of a population-based study. *American Journal of Public Health*, 88 (1), 57-60.
 4. Garofalo et al. 1998; Resnick et al. 1997.
 5. Ryan, C., & Futterman, D. (1997). Lesbian and gay youth: Care and counseling. *Adolescent Medicine: State of the Art Reviews*, 8(2). [Also published in 1998 by Columbia University Press.]

Reparative Therapy

The term “reparative therapy” refers to psychotherapy aimed at eliminating homosexual desires and is used by people who do not think homosexuality is one variation within human sexual orientation, but rather still believe homosexuality is a mental disorder. The most important fact about “reparative therapy,” also sometimes known as “conversion” therapy, is that it is based on an understanding of homosexuality that has been rejected by all the major health and mental health professions. The American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing more than 477,000 health and mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus there is no need for a “cure.”

The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association and defining the standard of the field, does not include homosexuality as a mental disorder. All other major health professional organizations have supported the American Psychiatric Association in its declassification of homosexuality as a mental disorder in 1973. Thus, the idea that homosexuality is a mental disorder or that the emergence of same-gender sexual desires among some adolescents is in any way abnormal or mentally unhealthy has no support among health and mental health professional organizations.

Despite the unanimity of the health and mental health professions on the normality of homosexuality, the idea of “reparative therapy” has recently been adopted by conservative organizations and aggressively promoted in the media. Because of this aggressive promotion of “reparative therapy,” a number of the health and mental health professional organizations have recently issued public statements about “reparative therapy” as well.

The American Academy of Pediatrics in its policy statement on Homosexuality and Adolescence states: *Confusion about sexual orientation is not unusual during adolescence. Counseling may be helpful for young people who are uncertain about their sexual orientation or for those who are uncertain about how to express their sexuality and might profit from an attempt at clarification through a counseling or psychotherapeutic initiative. Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.*⁶

The American Counseling Association has adopted a resolution that states that it: *opposes portrayals of lesbian, gay, and bisexual youth and adults as mental-*

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6. Policy Statement: Homosexuality and Adolescence, American Academy of Pediatrics, 1993.

ly ill due to their sexual orientation; and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based on ignorance or unfounded beliefs about same-gender sexual orientation.⁷ Further, at its 1999 World Conference, ACA adopted a position opposing the promotion of “reparative therapy” as a “cure” for individuals who are homosexual.⁸

The American Psychiatric Association in its position statement on Psychiatric Treatment and Sexual Orientation states: *The potential risks of “reparative therapy” are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone “reparative therapy” relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.*⁹

The American Psychological Association in its Resolution on Appropriate Therapeutic Responses to Sexual Orientation, which is also endorsed by the National Association of School Psychologists, states: *That the American Psychological Association opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation and supports the dissemination of accurate information about sexual orientation, and mental health, and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about sexual orientation.*¹⁰

The National Association of Social Workers in its Policy Statement on Lesbian, Gay and Bisexual Issues: *endorses policies in both the public and private sectors that ensure nondiscrimination; that are sensitive to the health and mental health needs of lesbian, gay, and bisexual people; and that promote an understanding of lesbian, gay, and bisexual cultures. Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes.*¹¹ *Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful.*¹² *NASW believes social workers have the responsibility to clients to explain the prevailing knowledge concerning sexual orientation and the lack of data reporting positive outcomes with reparative therapy. NASW discourages social workers from providing treatments designed to change sexual orientation or from referring practitioners or programs that claim to do so.*¹³

As these statements make clear, health and mental health professional organizations do not support efforts to change young people's sexual orientation through “reparative therapy” and have raised serious concerns about its potential to do harm. Many of the professional associations listed in the Resources section at the end of this factsheet are able to provide helpful information and local contacts to assist school administrators, health and mental health professionals, educators, teachers, and parents in dealing with school controversies in their communities. ■

7. Resolution adopted by American Counseling Association Governing Council, March 1998.

8. Action by American Counseling Association Governing Council, April 1999.

9. Position Statement: Psychiatric Treatment and Sexual Orientation, American Psychiatric Association, 1998.

10. Resolution on Appropriate Therapeutic Responses to Sexual Orientation, American Psychological Association, 1997.

11. Haldeman, D.C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Counseling and Clinical Psychology*, 62(2), 221-227.

12. Davison, G.C. (1991). Constructionism and morality in therapy for homosexuality. In J.C. Gonsiorek & J.D. Weinrich, *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage Publications; Gonsiorek, J.C., & Weinrich, J.D. (1991). *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage Publications; Haldeman, D.C. (1994).

13. “Policy Statement: Lesbian, Gay, and Bisexual Issues. Approved by Delegate Assembly, August 1996. *Social Work Speaks*, 4th ed., NASW, 1997

Transformational Ministries

“Transformational ministry” is a term used to describe the use of religion to eliminate homosexual desires. While “reparative therapy” relies on secular approaches, “transformational ministry” takes the approach that “freedom from homosexuality is possible through repentance and faith in Jesus Christ as Savior and Lord.”¹⁴ While there is some diversity within the movement, most “transformational ministries” adhere to a belief that “upholds heterosexuality as God’s creative intent for humanity, and subsequently views homosexual expression as outside God’s will.”¹⁵ The “transformational ministry” movement, which began in the early 1970s, has gained more visibility in the media recently through the efforts of Christian publishers and conservative political organizations.

The most important fact about “transformational ministry” is that its view of homosexuality is not representative of the views of all people of faith. Many deeply religious people and a number of religious congregations and denominations are supportive and accepting of lesbian, gay, and bisexual people and their right to be protected from the discriminatory acts of others. For example, the following organizations have endorsed passage of the Employment Non-Discrimination Act, which would prohibit employment discrimination based on sexual orientation:

American Ethical Union, American Friends Service Committee, American Jewish Committee, American Jewish Congress, Church of the Brethren, Church Women United, Dignity/USA, Episcopal Church, Evangelical Lutheran Church in America, Hadassah, WZOA, The Interfaith Alliance, Jewish Women International, National Council of Churches of Christ, USA, National Council of Jewish Women, North Georgia United Methodists, Presbyterian Church (USA), Religious Action Center of Reform Judaism, Unitarian Universalist Association, United Church of Christ, United Methodist Church, Women of Reform Judaism, Young Women’s Christian Association

Although “transformational ministry” promotes the message that religious faith and acceptance of gay, lesbian, and bisexual sexuality are incompatible, that message is countered by the large number of outspoken clergy and people of faith who promote love and acceptance. ■

► *The view of “transformational ministry” adherents is not representative of the views of all people of faith.*

► *Many deeply religious people and a number of religious congregations and denominations are supportive and accepting of lesbian, gay and bisexual people and their right to be protected from the discriminatory acts of others.*

14. From the website of Exodus International, a “transformational ministry”

15. Exodus International

Relevant Legal Principles

As targets of pressure to include information about “reparative therapy” and “transformational ministry” in their schools, public school officials should be aware of general legal principles concerning the rights of their lesbian, gay, and bisexual students. This awareness is important both because of the risk that these “treatments” may cause harm to young people and because of the potential legal liability for school officials. A number of federal, state and local laws protect gay and lesbian students from discrimination and similar harms. Other laws, such as “personal injury” laws, apply generally to all people who suffer significant physical or emotional injuries. But two important principles from the U.S. Constitution should be mentioned here because they apply to every public school in the country. These two principles are (1) the separation of church and state and (2) the entitlement of all persons to equal protection under the law.

- ▶ *Because of the religious nature of “transformational ministry,” endorsement or promotion of such ministry by officials or employees of a public school district in a school-related context could raise constitutional problems*
- ▶ *A school district must protect students from anti-gay harassment just as it protects students from other kinds of harassment.*
- ▶ *School officials should be deeply concerned about the validity and bias of materials or presentations that promote a change to a person’s sexual orientation as a “cure” or suggest that being gay, lesbian or bisexual is unhealthy.*

Like all students, those who are or are perceived to be lesbian, gay, or bisexual are protected by the Establishment Clause of the First Amendment, which, among other things, requires the separation of church and state. For example, public schools may not promote religion, endorse particular religious beliefs or seek to impose such beliefs on students. Also, a guidance counselor in a public school context may not attempt to persuade a gay, lesbian or bisexual student of the religious belief of some that homosexuality is a sin, or otherwise seek to impose a negative religious view of being gay, lesbian or bisexual on the student. Because of the religious nature of “transformational ministry,” endorsement or promotion of such ministry by officials or employees of a public school district in a school-related context could raise constitutional problems.

Lesbian, gay, and bisexual students, like all other students, are also protected by the 14th Amendment’s requirement of equal treatment under the law. The Supreme Court has made clear that public officials may not impose discriminatory burdens or unequal treatment on gays and lesbians because of the public’s animosity towards them.¹⁶ In the public school setting, this means, among other things, that a school district must protect students from anti-gay harassment

16. *Romer v. Evans*, 116 S. Ct. 1620 (1996)

17. *Nabozny v. Podlesny*, 92 F. 3d 446 (7th Cir. 1996)

just as it protects students from other kinds of harassment. In 1996, in the Nabozny case, a Wisconsin student received a settlement of nearly one million dollars after a jury finding that his school had failed to stop repeated anti-gay harassment directed at him but had responded appropriately to other types of in-school harassment directed at others.¹⁷

The legal mandate of equality for gay and non-gay students alike is not limited to circumstances of harassment; it applies to all decisions a public school official might make that would treat lesbian, gay, and bisexual students differently. School officials should follow the law by ensuring that the factor of real or perceived sexual orientation does not result in a decision that treats these students as less than equal to other students, or that otherwise discriminates against gay, lesbian, and bisexual students on the basis of sexual orientation. For example, students around the country are increasingly forming “Gay-Straight Alliances” in schools. The legal mandate of equality is reflected (along with federal statutory protections) in school officials’ decisions to treat “Gay-Straight Alliances” on an equal footing with other student groups.

Finally, it is important to note that public schools may determine, as part of their instructional activity, not to disseminate information to students when that information is not well-founded, or is inadequately researched, scientifically unsound or biased in some way. As clearly illustrated by the foregoing discussion of concerns and policies of health and mental health professionals, school officials should be deeply concerned about the validity and bias of materials or presentations that promote a change to a person’s sexual orientation as a “cure” or suggest that being gay, lesbian, or bisexual is unhealthy. School officials routinely make such judgments in determining which educational and instructional materials to use in their schools.

These general legal principles, supplemented by consultation with the school’s legal counsel, should be helpful in the important and sometimes difficult decisions that educators must make in order to serve all students—including those who are gay, lesbian or bisexual. ■

Resources

This factsheet provides some basic information that will help you prepare for controversies that your school may experience in the future. You may, however, want to go beyond the information given in this factsheet. Many schools have begun to work to improve counseling, health, mental health and psychological services, curriculum, and climate so that the educational and health needs of lesbian, gay, bisexual, transgender, and questioning youths are better served. The following resources will be helpful if you or your staff undertake such efforts.

Federal Agencies

Department of Education

Office of Civil Rights
Mary E. Switzer Building
330 C Street, SW
Washington, DC 20202
Phone: (202) 205-5413;
1-800-421-3491
Fax: (202) 205-9862
TDD: (202) 205-5166
www.ed.gov/offices/OCR
This office has the mission to ensure equal access to education and to promote educational excellence throughout the nation through vigorous enforcement of civil rights. They have an extensive list of publications at their website and offer other technical assistance through the contact information listed above.

Safe and Drug Free Schools Program
Office of Elementary and Secondary Education
400 Maryland Avenue, SW
Washington, DC 20202
Phone: (202) 401-0113
Fax: (202) 205-0310
www.ed.gov/offices/OESE
This office is charged with assisting the Department of Education to reach the seventh national education goal - that by the year 2000 all schools will be free of drugs and violence and the unauthorized presence of firearms and

alcohol and will offer a disciplined environment that is conducive to learning. It has several publications available through the contact information cited above, including the website.

Department of Health and Human Services

Health Resources and Services Administration
Bureau of Primary Health Care
Division of Programs for Special Populations
4350 East-West Highway
Bethesda, MD 20814
Phone: (301) 594-4100
www.bphc.hrsa.dhhs.gov/
In 1994, the HRSA Division of Programs for Special Populations convened a conference on the primary health care and prevention needs of lesbian, gay, and bisexual youth. Out of that conference evolved a health and mental health provider guide that is also accessible for educators and parents. (Ryan, C. and Futterman, D., Lesbian and Gay Youth: Care and Counseling, Columbia University Press 1998)

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health

4770 Buford Highway NE
Atlanta, GA 30341-3717
Office: (770) 488-3251
Fax: (770) 488-3110
www.cdc.gov/nccdphp/dash/
The CDC Division of Adolescent and School Health (DASH) has identified gay, lesbian, bisexual, transgender, and questioning adolescents as a priority population for HIV infection. One of DASH's Youth in High Risk Situations Work Groups is focused on gay, lesbian, bisexual, transgender, and questioning youth.

Non-Governmental Organizations

Mental Health Organizations

American Counseling Association (ACA)
5999 Stevenson Avenue
Alexandria, VA 22304-3300
Office: (703) 823-9800
Fax: (703) 823-0252
www.counseling.org

American Psychiatric Association (APA)
1400 K Street, NW
Washington, DC 20005
Office: (202) 682-6097
Fax: (202) 682-6352
www.psych.org

American Psychological Association (APA)
Lesbian, Gay, & Bisexual
Concerns Office
750 1st Street, NE
Washington, DC 20002-4242
Office: (202) 336-6041
Fax: (202) 336-6040
www.apa.org/pi/lgbic/

Association of Gay and Lesbian Psychiatrists (AGLP)
4514 Chester Avenue
Philadelphia, PA 19143-3707
Office: (215) 222-2800
Fax: (215) 222-3881
www.aglp.org

National Association of School Psychologists (NASP)
4340 East West Highway
Suite 402
Bethesda, MD 20814
Office: (301) 657-0270
Fax: (301) 657-0275
www.naspsweb.org

National Association of Social Workers (NASW)
National Committee on
Lesbian, Gay, & Bisexual Issues
750 First Street, NE, Suite 700
Washington, DC 20002-4241
Office: (202) 408-8600
Fax: (202) 336-8310
www.socialworkers.org

Health Organizations

American Academy of Pediatrics (AAP)
Division of Child and
Adolescent Health
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
Office: (847) 228-5005
Fax: (847) 228-5097
www.aap.org

American Medical Association (AMA)
Child and Adolescent
Health Program
515 North State Street, 8th Fl.

Chicago, IL 60610
Office: (312) 464-5315
Fax: (312) 464-5842
www.ama-assn.org

National Association of School Nurses, Inc.
P.O. Box 1300
Scarborough, ME 04070-1300
Phone: (207) 883-2117
Fax: (207) 883-2683
www.NASN.org

Education Organizations

American Association of School Administrators (AASA)
1801 North Moore Street
Arlington, VA 22209
Phone: (703) 528-0700
Fax: (703) 841-1543
www.aasa.org

American Federation of Teachers (AFT)
Human Rights & Community
Relations Department
555 New Jersey Avenue, NW
Washington, DC 20001-2079
Office: (202) 879-4434
Fax: (202) 393-8648
www.aft.org

American School Health Association (ASHA)
7263 State Route 43
P.O. Box 708
Kent, OH 44240
Office: (330) 678-1601
Fax: (330) 678-4526
www.ashaweb.org

Gay, Lesbian and Straight Education Network (GLSEN)
121 West 27th St., Suite 804
New York, NY 10001
Office: (212) 727-0135
Fax: (212) 727-0254
www.glsen.org

National Education Association (NEA)
Human & Civil Rights
1201 16th Street, NW
Washington, DC 20036-3290

Office: (202) 822-7700
Fax: (202) 822-7578
www.nea.org

National School Boards Association (NSBA)
1680 Duke Street
Alexandria, VA 22314
Office: (703) 838-6756
Fax: (703) 548-5616
www.nsba.org/schoolhealth

Faith Organizations

The Interfaith Alliance Foundation
1012 14th St. NW, Suite 700
Washington, DC 20005
Office: (202) 639-6370
Fax: (202) 639-6375
www.tialliance.org

New Ways Ministry (Catholic)
4012 29th Street
Mt. Ranier, MD 20712
Office: (301) 277-5674
Fax: (301) 864-6948

Other National Organizations Serving Gay, Lesbian and Bisexual Youth

Lambda Legal Defense and Education Fund (LLDEF)
120 Wall Street, Suite 1500
New York, NY 10005
Office: (212) 809-8585
Fax: (212) 809-0055
www.lambdalegal.org

National Youth Advocacy Coalition (NYAC)
1638 R Street NW, Suite 300
Washington, DC 20009
Office: (202) 319-7596
Fax: (202) 319-7365
www.nyacyouth.org

Parents, Families, and Friends of Lesbians and Gays (PFLAG)
1101 14th St. NW, Suite 1030
Washington, DC 20005
Office: (202) 638-4200
Fax: (202) 638-0243
www.pflag.org

What is the “Just the Facts Coalition” and how did this document come about?

In November of 1998, a conservative political organization sponsored a conference near Columbus, Ohio with the goal of encouraging the promotion of “reparative therapy” programs in public schools. Staff from the Gay, Lesbian and Straight Education Network (GLSEN) attended this event and were disturbed at what they learned. In December of 1998, Kate Frankfurt, GLSEN's Director of Advocacy, shared the content of this initiative and the November conference with a number of national education, health and mental health organizations at a meeting in Washington, D.C. These organizations, recognizing the disturbing implications of this initiative and the potential threat it posed to the health and well-being of lesbian, gay, and bisexual students, began meeting regularly to develop a resource to aid school officials in sorting through the information and misinformation on sexual orientation development and on “reparative therapy.”

This publication is the result of the work of the groups who participated in those meetings during the spring and summer of 1999. Among the groups who have participated in this work and have officially endorsed this publication are:

American Academy of Pediatrics
American Counseling Association
American Association of School Administrators
American Federation of Teachers
American Psychological Association
American School Health Association
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