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To: Alameda Unified School Board

Re: Proposed School Curriculum Addressing Sexual Orientation and Gender Identity

From: Trayce L. Hansen Ph.D.  
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## IMPACT OF PROPOSED SCHOOL CURRICULUM ADDRESSING SEXUAL ORIENTATION AND GENDER IDENTITY

### PROFESSIONAL BACKGROUND

I'm a licensed psychologist in the State of California with a clinical and forensic practice. I also sit on the *Committee on Psychological Aspects of Child and Adolescent Health* for the American College of Pediatricians. Over the last decade, I've thoroughly surveyed the professional research literature related to sexual orientation and children. In my professional role as a psychologist, I've authored several articles intended to clarify complex research findings for the public, as well as testified in various courts of law regarding those same issues.

I was asked to review the proposed Alameda Unified School District curriculum addressing sexual orientation and gender identity and author a statement regarding its impact on children. The opinions I express are based on a thorough knowledge of the professional research literature as well as my experience as a licensed psychologist.

### ENVIRONMENT IS PRIMARY FACTOR IN DEVELOPMENT OF SEXUAL PREFERENCE AND GENDER IDENTITY

Decades of research confirm that sexual orientation and gender identity are not inborn but are primarily shaped by environmental influences during childhood and adolescence. The proposed school curriculum will affect the sexual preference and gender identity formation of some children exposed to it because it teaches that all sexual and gender variations are equally acceptable. Sexual preference and gender identity formation are fragile developmental processes that can be disrupted and altered by environmental influences such as the lessons in the proposed school curriculum.

### SEXUAL ORIENTATION IS NOT INBORN

Many people continue to believe that sexual orientation is inborn, although that is not true. Extensive, worldwide research reveals that homosexuality is predominately influenced by environmental factors. For instance, recent large-scale studies compared rates of homosexual behavior in sets of identical twins. If homosexual behavior were inborn, every time one identical twin was homosexual, the other identical twin would also be homosexual 100% of the time. But this is not what the research revealed. Rather,

every time one identical twin was homosexual the other twin was homosexual only 10% or 11% of the time. Homosexual behavior is clearly not genetic. In fact, an accumulation of extensive research utilizing millions of research subjects finds that environment, not genetics, is the main factor in the development of non-heterosexual behavior. (To review these research studies see references 1-4 listed below).

### SOCIETIES WHICH ENDORSE NON-HETEROSEXUAL BEHAVIOR ELICIT MORE OF THAT BEHAVIOR

For a well-known example of the environmental effect on sexual behavior, consider ancient Greece and Rome where male homosexuality and bisexuality were nearly ubiquitous. That was not so because men in those societies were born with a “gay gene,” but because human sexual behavior is malleable and culturally influenced.

Research reveals that the more an environment (including the school environment) affirms, endorses, or normalizes homosexual or bisexual behavior the more of those behaviors there will be in that environment. The proposed curriculum would teach children that it doesn't matter with whom one has a romantic or sexual relationship. Such a lesson will lead some children to engage in homosexual relationships, they might never have considered were it not for the school's social endorsement. In fact, we're already seeing a general increase in non-heterosexual behavior as a result of the media's affirmation.

### NON-HETEROSEXUAL BEHAVIOR LEADS TO INCREASED RISK OF PSYCHOLOGICAL AND PHYSICAL DISORDERS

Sadly, 'the research is also clear that individuals who adopt non-heterosexual lifestyles are more likely to suffer from a host of negative outcomes including psychiatric disorders, alcohol and drug abuse, suicide attempts, domestic violence and sexual assault, and increased risk for chronic diseases, AIDS, and shortened lifespan. Schools should not affirm and thereby encourage young people to adopt lifestyles more likely to lead to such devastation. (To review these specific studies see references 5-10 below).

### GENDER IDENTITY DISORDER IS A PSYCHIATRIC DISORDER THAT SHOULD NOT BE NORMALIZED TO CHILDREN

The proposed school curriculum also teaches that transgendered lifestyles are a healthy and acceptable alternative to the norm. That is not true. Many transgendered individuals suffer from a psychiatric disorder known as Gender Identity Disorder (GID) that is recognized by the American Psychiatric Association as a mental disorder in need of psychological treatment. The proposed curriculum encourages transgendered behavior by teaching, for instance, that males who dress, behave, and live as females are completely normal. A boy with a strong, persistent desire to be a girl requires early intervention and psychiatric treatment, not school lessons teaching the normalcy of a transgendered lifestyle. Children should not be encouraged by their schools to question, doubt, or otherwise reject their inborn gender. Such a message is extremely detrimental to the psychological and physical well being of children. (For a thorough understanding of Gender Identity Disorder, see reference number II below authored by world-renowned Gil) experts).

PROPOSED CURRICULUM IS UNNECESSARY BECAUSE ANTI-HARASSMENT CAN BE TAUGHT IN WAYS WHICH PRECLUDE THE POTENTIAL FOR HARM

The proposed curriculum will cause sexual confusion and may disrupt the sexual preference and gender identity development of some children. And it's also completely unnecessary. Anti-harassment, teasing, and bullying curriculums can be taught without specifically identifying every circumstance in which such behaviors are unacceptable. Children should be taught that ridiculing and harassing others for any reason is cruel and unkind and will be swiftly and appropriately punished. Schools can teach a simple message of zero tolerance toward such behaviors without harming children whose sexual preferences and gender identities are still developing.

DUE TO THE FOREGOING, I STRONGLY RECOMMEND THE BOARD REJECT THE PROPOSED CURRICULUM

The Alameda Unified School District's proposed curriculum addressing sexual orientation and gender identity will influence impressionable children and perhaps alter their still developing sexual and gender identities. As such, it will increase confusion and the likelihood children will engage in and adopt homosexual, bisexual, or transgendered lifestyles. The sexual and gender identity development of children is fragile and vulnerable to disruption. Therefore, schools should not adopt any policy that could upset the delicate balance of routine child development.

Sexual preference and gender identity are predominately influenced by environmental factors and develop throughout childhood and adolescence. Teaching children that all sexual and gender-related behaviors are equally desirable will increase the number of children who depart from the norm and engage in those behaviors. And it also will lead some children into lifestyles that increase the likelihood they will suffer from psychiatric disorders, physical illnesses and shortened lives. Moreover, if the goal is simply to teach non-harassing, non-bullying behavior, the proposed curriculum is not even necessary. Such tolerance can be taught with basic lessons in empathy and kindness, supported by rules and punishments for those who disregard them.

I strongly urge the Alameda Unified School District Board reject the proposed curriculum addressing sexual orientation and gender identity, as it is not in the best interest of its students.

Respectfully,

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Attachment  
Facsimile (5)

## References:

1. Frisch, M., & Hviid, A. (2006). Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes. *Archives of Sexual Behavior*, 35, 533-547.
2. Langstrom, N., Rahman, Q., Carlstrom, E., & Lichtenstein, P. (2008). Genetic and environmental effects on same-sex sexual behavior; A population study of twins in Sweden. *Archives of Sexual Behavior*, DOI 10.1007/s10508-008-9386-1.
3. Lauman, E.O., Gagnon, J.H., Michael, S. (1994) *The social organization of sexuality: Sexual Practices in the United States*. Chicago: University of Chicago Press.
4. Santilla, P., Sandnabba, N.K., Harlaar, N., Varjonen, M., Alanko, K., von der Pahlen, B. (2008). Potential for homosexual response is prevalent and genetic. *Biological Psychology*, 77, 102-105.
5. Udry, J.R & Chantala, K. (2005). Risk Factors differ according to same-sex and opposite-sex interest. *Journal of Biosocial Science*, 37,481-497.
6. Silenzio, V.M.B., Pena, J.B., Duberstein, P.R. Cerel, J., & Knox, K.L. (2007). Sexual orientation and risk factors for suicidal ideation and suicide attempts among adolescents and young adults. *American Journal of Public Health*, 97 (11), 2017-2019.
7. Balsam, KF , Rothblum, E D, & Beauchaine, T P (2005) Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*, 73 (3), 477-487.
8. Nurses' Health Study II available at [www.gaydata.org](http://www.gaydata.org).
9. Hogg, R.S., Strathdee, S.A., Craib, K.J.P., OShaughnessy, M.V., Montaner, J.S.G., & Schechter, MT (1997) Modeling the impact of HIV disease on mortality in gay and bisexual men. *International Journal of Epidemiology*, 26 (3), 657-661.
10. Valanis, B.G., Bowen, D.J., Bassford, T., Whitlock, E., Charney, P., & Carter, R.A. (2000). Sexual orientation and health. *Archives of Family Medicine*, 9, 843-853
11. Zucker, K., & Bradley, S. (1995) *Gender identity disorder and psychosexual problems in children and adolescents*. New York: The Guilford Press.