Pastoral Care for School Students who Experience Same-Sex Attraction

Research shows that sexual orientation is neither well defined nor ultimately defining for adolescents seeking self-identity. Rather, the data on instability of sexual orientation among youth and young adults suggest that most of the time unquestioning affirmation of an adolescent’s claimed same-sex attraction will do more long-term harm than good. This article explores this complexity and proposes more appropriate ways to provide excellent pastoral care in schools.

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In its modern rebirth toward the end of the twentieth century, bioethics was defined as “the systematic study of the moral dimensions – including moral vision, decisions, conduct and policies – of the life sciences and health care.”¹ Over time, it became clear that the moral dimensions of health care cannot be limited to purely clinical or empirical medicine any more than a complete picture of the human person can be restricted only to physiological functions. Over the last 150 years, we have come to value a more holistic concept of human health that must include psychological, social, spiritual, relational and other dimensions of well-being.

Sexuality is one of those dimensions. Because the total well-being of the developing adolescent invariably requires resolution of his or her sexual orientation, bioethics today can rightly embrace a discussion on pastoral care for students who experience same-sex attraction. This article will examine briefly some data on same-sex orientation among adolescents, review some assumptions in the research, and note some essential components of appropriate pastoral care in the educational setting.

The first hurdle, however, is to determine the precise meaning of ‘same-sex orientation.’ Some studies rely solely on self-reports of orientation, but most acknowledge that ‘orientation’ may or may not coincide with the individual’s claimed sexual identity, erotic fantasies, sexual behaviours or romantic relationships.² That is to say, some young people self-identify as ‘gay’ or ‘lesbian’ (or ‘unsure’) on the basis of their romantic attractions rather than their actual sexual behaviours, while others count themselves ‘gay’ or ‘lesbian’ on the basis of sexual fantasies rather than either romantic attraction or behaviours. The data show that same-sex sexual experience, and even same-sex attraction, do not necessarily define same-sex orientation.³

Interpreting study results multiplies this confusion. Where one study attempts to distinguish carefully between these various ‘components or markers of sexual orientation’,⁴ another intentionally includes all of the variables under one heading.⁵ A lack of commonality across studies makes comparison of results very difficult, and this must be remembered in the discussion that follows.

Interpreting the Data

Healthy development of school students who experience same-sex orientation is quite properly the subject of considerable attention today, particularly in research focused on student safety.⁶ A review of the research reveals the dimensions of its complexity.

The first issue is the imprecision already noted around the definition of ‘same-sex orientation,’ but a second issue is the widely varying quality of the research itself. Some projects rely on participants to volunteer information, which creates the risk of self-selection bias. More rigorous research tends to produce more reliable data because it samples across the whole population. Much of the research commissioned or conducted by special interest groups tends to fall into the former category, while peer-reviewed and published academic research tends to be more rigorous, more robust and better controlled for confounders.
A third difficulty is the clear evidence of instability during adolescence in some or all of the ‘markers of sexual orientation,’ as well as considerable fluidity in self-reported sexual identity in the transition from adolescence into adulthood. Some surveys claim that 10% of school students are same-sex attracted, but other, more robust research reveals that fewer than 2.5% of adults self-report as gay, lesbian or bisexual. This discrepancy merits closer examination.

Significantly, stability of sexual identity seems to be related not only to age and presumably emerging personal maturity, but also to the sexual identity itself: not only do over 97% of adults self-report as heterosexual, but 97% of these maintain their heterosexual identity over time. In contrast, reliable research suggests that one-third of gay males, and over two-thirds of lesbians and bisexual adults, change their identity label over time. Such changes occur more commonly in early adulthood than in later adult life. As one researcher states, “instability of same-sex romantic attraction and behaviour (plus sexual identity in previous investigations) presents a dilemma for sex researchers who portray non-heterosexuality as a stable trait of individuals.” The data show consistently that heterosexuality is a much more stable sexual identity, which may in part be why it is generally considered normative.

Non-heterosexual instability among adolescents also plays directly into the question of what appropriate pastoral care might look like. It is legitimate to challenge the proposition that school authorities should simply affirm a secondary school student in his or her self-reported sexual orientation. Given the data, such un-nuanced affirmation risks inflicting more harm than good on many students by reinforcing what will ultimately be for most of them a fallacy. Appropriate pastoral care cannot be so undiscerning.

But none of this changes the fact that school students who (even temporarily) feel themselves to be same-sex oriented are often subjected to physical and psychological bullying precisely on the grounds of their perceived sexual orientation or gender identity. Bullying always causes harm, especially when it occurs in periods of personal vulnerability – and the adolescent’s search for sexual identity is a time of great uncertainty and self-doubt. The incidence of bullying of lesbian, gay, bisexual, transgender and intersex (LGBTI) students on these grounds is estimated to range from 55% to 90% (depending on the source); verbal abuse is most common (53-61%) followed by cyber bullying (23%), physical attack (18-20%) and even death threats (6%). Compounding these are the harms that some same-sex oriented adolescents inflict upon themselves: nearly one-quarter of LGBTI students try to take their own lives at some point, and more than half engage in deliberate self-harm. Clearly an appropriate pastoral care strategy must pay careful attention to the particular needs of this vulnerable cohort.

**Pastoral Care**

Complex questions require complex answers, and bullying on the grounds of sexual orientation is certainly complex. Numerous studies have contributed to a description of what ‘adequate pastoral care’ might look like. Most agree that an adequate response must involve a ‘whole-of-school approach,’ which refers to a structured process of forming the whole teaching and non-teaching staff of the school on the presence and particular needs of LGBTI students in the school community. It is led by the principal and assisted by specialised counsellors, and eventually extends to the student body. An audit of existing school policies, practices and curriculum, making amendments where necessary to minimise the risk of stigmatising students who experience same-sex attraction, is also indispensable. All agree that an effective response will also need to engage parents, external agencies, and Church leadership.

The remaining discussion is limited to some practical issues for counsellors in Catholic schools. It describes pastoral care which is integral, developmental, affirming, professional, concrete, clear and accommodating.
The foundation of a response which truly reflects the Catholic identity and mission of a school is the Church’s integral vision of the human person. In that context, any pastoral conversation about sexuality and sexual orientation cannot be restricted to either the student’s present sense of their sexual orientation or to merely physical aspects of their sexuality. The Catholic tradition holds a view of the person that is both more holistic and more hope-filled than the static and fragmented view of some contemporary approaches. In that tradition, the person is both body and soul, a subject whose best interests can only be served by keeping their physical-spiritual-relational-social-developmental nature in full view. An adequate pastoral care relationship will be built upon and never lose sight of this more complete, more integral sense of the student’s human dignity.

The Catholic tradition also recognises that the school will not be the only factor shaping the life of the young person, whose growth will continue for many years under the influence of other social and cultural factors. Pastoral care in the school setting will affirm those aspects of the LGBTI student’s experience that favour openness to ongoing personal growth and stability, while gently challenging those which threaten to limit this possibility prematurely. In light of the evidence about instability of adolescent sexual identity, particularly non-heterosexual instability, pastoral carers will not take the easy option of simply affirming the student’s self-perceived sexual orientation or same-sex activity which may be divulged. They will strive instead to establish a safe and trusting relationship with the student capable of sustaining a sensitive, mature and hope-filled exploration of future possibilities for growth, remembering that

[t]he overall goal in caring for youth who are or think they might be gay, lesbian or bisexual is the same as for all youth: to promote normal adolescent development, social and emotional well-being, and physical health.

Recognising that LGBTI students often experience an overwhelming sense of fear – of isolation, of discovery, and of rejection or abuse – the carer will take pains to assure the student of their safety in the pastoral relationship. They will help the student think through their feelings carefully (reminding them that “strong same-sex feelings and even sexual experiences can occur at this age and do not define sexual orientation” and identify risky behaviours (including sexual behaviours, use of alcohol, tobacco or other drugs), offering advice or referral for treatment. The carer will also discuss issues around fear of disclosure to parents, peers or significant others. A student’s ‘coming out’ has the potential to cause immense discord in his or her family. The wider school community could have an important supportive role to play for student and family alike.

The LGBTI student’s sense of safety in the school community must not be confined to one-on-one pastoral relationships but should extend to the wider cultural and physical environment. Few commentators seem to advocate setting aside specific ‘safe places’ in the school for LGBTI students to gather – perhaps for fear of further stigmatisation – but at times it is necessary to make special arrangements for individuals or small groups of students. For example, an intersex student may be receiving professional treatment that includes trialling a short (or even a very long) period of life in the other gender. This may necessitate identifying or creating suitable toilet and change-room facilities for that student, and perhaps special arrangements for other aspects of the curriculum such as physical education. A whole-of-school approach will also require that school staff, as well as that student’s peer group, are properly prepared for these changes: school leaders will remain in close contact with the student’s parent(s), and will structure opportunities to communicate information to the school community with sufficient time for reflection, questions and conversation.
Careful communication and compassion are probably the most important elements in developing appropriate pastoral care for students who feel that they are same-sex oriented. Many commentators emphasise the need to pay close attention to the language we use to discuss sexual orientation.27

Consider for example the senior school student who asks whether he can invite a same-sex partner to the senior ball. As described, this simple scenario contains two assumptions: first, that it is the student who invites his partner to the ball; and second, that the other party is indeed the student’s ‘partner’ – a word which when used in conjunction with ‘same-sex’ could imply active sexual behaviour. Schools can avoid any confusion by insisting that (1) it is the school, and not the individual student, that issues invitations to the senior ball; and (2) those who are invited are not ‘partners’ but ‘guests’, a word which avoids any unfortunate implications. (This approach also allows the school to establish an appropriate standard of dress and behaviour before, during and after the event.)

Many students feel that they are or may be same-sex oriented at some time during their school years. The data suggest that for the vast majority this is a passing phase in the normal development of their sexual identity, since 97.7% of people identify as heterosexual in adult life. But there is no way of knowing which individuals will constitute the 2.3% of school students who will later identify as same-sex oriented adults. Schools must therefore provide safe environments for all students regardless of their real or felt sexual orientation, encouraging and not jeopardising their growth toward wholeness. Schools must not blindly affirm a student’s felt same-sex orientation but should provide excellent pastoral care designed to both support and challenge the student to ongoing growth. Only in this way is the student’s total human dignity properly respected, and the school’s pastoral responsibility properly fulfilled.

4 Savin-Williams et al, 385.
5 See, for example, Lynne Hillier et al, Writing Themselves In 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people (Melbourne: La Trobe University, 2010), viii; online at Gay and Lesbian Health Victoria, http://www.glhv.org.au/report/writing-themselves-3-wt3-report
8 Safe Schools Coalition Australia, Safe schools do better: Supporting sexual diversity and gender diversity in schools, 2013, online at http://www.safeschoolscoalition.org.au/uploads/1dd74255c1091bb724ea0c7aa03292a4.pdf; see also Jones, 10.
9 US Department of Health and Human Services, Sexual Orientation and Health among U.S. Adults: National Health Interview Survey, 2013. National Health Statistics Report 77 (15 July 2014), at 3, online at http://www.cdc.gov/nchs/data/nhsr/nhsr077.pdf; Smith et al. found that only 2.5% of adult men and 2.2% of adult women in Australia self-identify as gay, lesbian or bisexual.
10 Ibid, 3.
11 Savin-Williams et al, 387.
12 Ibid.
13 Ott et al, 12; Mock et al, 646.
14 Savin-Williams et al, 393. This fluidity casts serious doubt on the strategy of the ‘Safe Schools Coalition’ that bypasses education authorities and appeals directly to secondary school students to promote what it claims to be a ‘safe schools’ agenda – see Safe Schools Coalition Australia, Safe schools do better. The data on non-heterosexual instability among adolescents suggest that this strategy is seriously misguided.
15 Mock et al, 645 attributes the stability of heterosexuality to its normative status, but the data also support the alternative hypothesis: that heterosexuality is normative because it is the most stable sexual orientation for adults.
16 This claim underpins the proposals of Jones and the Safe Schools Coalition.
17 There seems to be no agreed objective basis for including all of these in a single amorphous category, yet the LGBTI designation is a commonplace in the literature. ‘Intersex’ refers to a range of recognised objective medical conditions which may require a variety of treatments up to and including surgery; ‘gay’, ‘lesbian’ and ‘bisexual’ are subjective self-reports which may be based on a range of shifting criteria as discussed in the text; ‘transgender’ can refer to an intersex person who has undergone a form of ‘gender reassignment,’ or one who deals with gender dysphoria of a more or less psychological nature by adopting the dress, behaviour and other characteristics associated with another gender. Despite this confusion, the ‘LGBTI’ designation will be retained here for the sake of convenience; it should be interpreted as referring to students who, at particular moment in their adolescent development, believe themselves to be same-sex oriented.
18 A range of data on the incidence and effects of sexuality-based bullying are presented in Guasp, and Jones.
19 Guasp, 4.
21 Norden, Recommendations 6.2, 6.4, 6.5 and 6.6.
24 Frankowski et al, 1828.
25 Frankowski et al, 1830.
26 For a fuller discussion of clinical issues, see Frankowski et al, passim, on which these considerations are based. On pastoral support for parents and families of students who ‘come out’, see Bishops Committee on Marriage and Family, United States Conference of Catholic Bishops (USCCB), Always Our Children: A Pastoral Message to Parents of Homosexual Children and Suggestions for Pastoral Ministers, Origins 28, no. 7 (2 July 1998): 97, 99-102, online at USCCB, http://www.usccb.org/issues-and-action/human-life-and-dignity/homosexuality/always-our-children.cfm
27 See Norden, Recommendation 6.21; Jones, 35 & 38; Guasp, 13-14, 27.

All online references accessed 3 September 2014