

## Facts about the Sexual Development of Youth

- Science has shown that an individual's development of same-sex attraction (SSA) is **influenced by many factors**. This sexual *preference* is not an unchangeable inborn trait, like race, but is influenced by many factors in a child's life including parenting, peer influences, sexual experiences, in addition to the child's biologically influenced temperament.<sup>i</sup>
- Sexual orientation is **not fixed at birth** but rather can be environmentally shaped and unfolds slowly across childhood, adolescence and even into adulthood for some individuals.<sup>ii</sup>
- As many as 25% of middle school youth may **temporarily** be uncertain about their sexual orientation, but the vast majority (85%)<sup>iii</sup> will identify as heterosexual by adulthood.<sup>iv</sup> Any promotion of LGBT lifestyles through school clubs or programs may interfere with this natural process.
- A large, longitudinal, study revealed that 75% of adolescents between the ages 17 to 21 who experienced homosexual or bisexual attractions ultimately identified as exclusively heterosexual. This research notably revealed that heterosexual attractions during adolescence are **25 times more stable** than same-sex attractions.<sup>v</sup>
- The **teenage brain** is "Under Construction." Science now recognizes that the human brain is not fully mature until 23-25 years of age. New research has demonstrated that nearly every aspect of the adolescent brain is undergoing dramatic changes – many that are greatly affected by experiences and environment.<sup>vi</sup> Children and adolescents are certainly not sufficiently mature to make life changing decisions..
- Sexual preference is a **private personal matter** between a child and his or her parents. The school should not be involved in questioning or validating students about such matters.
- Sexual activity is a **choice**. Sexual risk avoidance should be the lesson taught in the schools, not the teaching of tolerance for all forms of sexual activity. Both heterosexual and homosexual sexual activities carry health risks for adolescents.
- All therapy is about change; therapy aimed at changing sexual preference is no different. **No therapy has a 100% success rate**. Success rates for change of sexual preference are comparable to therapeutic success rates for other similar challenges.
- Change of sexual attractions and behaviors happens spontaneously and frequently throughout adolescence. If this change can occur adventitiously, then assisted change is certainly possible. It is unreasonable to refuse therapy to any highly motivated adolescent seeking assistance. Psychotherapy is appropriate to offer any troubled adolescent and it is absolutely **unethical** to withhold it.

## AAP Policy Errors

- In its June 2013 policy statement entitled, *Office-based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, the AAP attributes the higher rates of health risks associated with non-heterosexual lifestyles (mental illness, substance abuse, high transmission of STI, self-destructive behaviors, and poor self-image) entirely to social stigmatization (“homophobia” and “heterosexism”). There is **no evidence for this position**; the same elevated risks exist in countries accepting of these lifestyles. In many, if not most cases, these are sexually confused youth who have had a troubled child rearing or who have endured hurtful sexual experiences. They don’t need validation or affirmation for their unwanted desires, they need therapy.
- The AAP policy dangerously recommends that all pediatricians “acknowledge and affirm” the sexual orientations of all LGBTQ youth as being normal and appropriate. Pediatricians **should not affirm** all non-heterosexual attractions in adolescence as normal. Sexual attractions during adolescence are very fluid and non-heterosexual feeling often temporary if not validated by persons of authority. A large 2007 study by Savin-Williams and Ream examining sexual orientation among adolescents found changes in attractions to be so frequent among teens 16 and 17 years old that the researchers questioned whether the concept of sexual orientation had any meaning for same-sex attracted adolescents. Seventy-five percent of adolescents who had some initial same-sex attraction between the ages of 17-21 ultimately declared exclusive heterosexuality
- The AAP policy claims that therapy aimed at sexual orientation change never works and is universally harmful. In reality, success rates and rates of negative effects are on par with those of therapy aimed at other similar behavioral challenges. All psychotherapy is about change, and all psychotherapy carries a degree of risk. No therapy – medical or psychological – has a 100% success rate. If an adolescent is troubled by their non-heterosexual attractions and wishes to seek therapy for this, they should be assisted. Not only is **psychotherapy appropriate** to offer any troubled adolescent but it is **unethical** to withhold it.
- Pediatricians should be **sensitive** to a teen’s sexuality and available to parents and patients for guidance.
- Pediatricians should encourage young people to develop **healthy, nonsexual relationships** with members of both sexes, and remind patients of the emotional and biochemical bonds that form with sexual activity.
- Pediatricians should not urge officials or legislators to develop or promote sexual orientation affirming programs as this is a **private** matter and such programs may promote harmful sexual practices among children and adolescents.
- Schools should promote an environment of **respectful self-expression for all students**. Discrimination or bullying is never appropriate. No group should be singled out for special protection.

Additional information is available at [www.FactsAboutYouth.com](http://www.FactsAboutYouth.com) and in the following statements from the College.

- On Promotion of Homosexuality in the Schools (<http://www.acped.org/the-college-speaks/position-statements/parenting-issues/on-the-promotion-of-homosexuality-in-the-schools>)
- College Cautions Educators about Sexual Orientation in Youth ( <http://www.acped.org/college-cautions-educators-about-sexual-orientation-in-youth> )

## References

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- <sup>i</sup> Whitehead, Neil. *My Genes Made Me Do It!* accessed 5/6/13 from <http://www.mygenes.co.nz/download.htm>;  
Collins F. *The Language of God: A Scientist Presents Evidence for Belief*. New York. Free Press. 2007.p.260 and p.263; Langstrom, N, Rahman Q, Carlstrom, E, Lichtenstein, P. (2008). Genetic and environmental effects on same-sexual behavior: A population study of twins in Sweden. *Archives of Sexual Behavior*, DOI 10.1007/s10508-008-9386-1; Santilla P, Sandnabba NK, Harlaar N, Varjonen M, Alanko K, von der Pahlen B. (2008). Potential for homosexual response is prevalent and genetic. *Biological Psychology*, 77, 102-105; Bailey, J.M., Dunne, M.P., & Martin, N.G. (2000). Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample. *Journal of Personality and Social Psychology*, 78 (3), 524-536; Bearman, P.S., & Bruckner, H. (2002). Opposite-sex twins and adolescent same-sex attraction. *American Journal of Sociology*, 107 (5), 1179-1205; Frisch, M. & Hviid, A. (2006). Childhood family correlates of heterosexual and homosexual marriages: A national cohort study to two million Danes. *Archives of Sexual Behavior*, 35, 533-547.
- <sup>ii</sup> American Psychiatric Association 2008 On-line Fact Sheet Regarding FAQs about sexual orientation available at: <http://www.psychiatry.org/mental-health/people/lgbt-sexual-orientation> (accessed May 17, 2013).
- <sup>iii</sup> The “over 85%” is a conservative estimate calculated from reference #9 where 26% report being “unsure” of sexual orientation, yet by adulthood only 2-3% identify as homosexual. Therefore, (23/26) 88% of youth regain a heterosexual orientation by adulthood. In a US study, the prevalence of homosexuality was estimated to be 2.1% of men and 1.5% of women. (Gilman SE. *Am J Public Health*. 2001; 91: 933-9.) Another US study estimated the prevalence of the adult lesbian population to be 1.87% (Aaron DJ et al. *J Epidemiology Community Health*. 2003; 57: 207-9.) In a recent British survey, 2.8% of men were classified as homosexuals (Mercer CH et al. *AIDS*. 2004; 18: 1453-8). In a recent Dutch study 2.8% of men and 1.4% women had had same-sex partners. (Sandfort TG et al. *Arch Gen Psychiatry*. 2001; 58: 85-91.) In a New Zealand study, 2.8% of young adults were classified as homosexual or bisexual. (Fergusson DM et al. *Arch Gen Psychiatry*. 1999; 56: 876-80). These data are usually based on assessment of sexual behavior through the investigators. In general population surveys, when people are asked as what their sexual orientation is, one finds even lower figures: In Canada, which is very open to homosexuality, having recently legalized same-sex marriage in several provinces, only 1.3% of men and 0.7% of women considered themselves to be homosexual.
- <sup>iv</sup> Remafedi G, Resnick M, Blum R, Harris L. Demography of sexual orientation in adolescents. *Pediatrics*. 1992.89:714-721.
- <sup>v</sup> Savin-Williams, R. C., & Ream, G. L. (2007). Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of Sexual Behavior*, 36, 385-394.
- <sup>vi</sup> Straunch, B. *The Primal Teen-What the New Discoveries About the Teenage Brain Tell Us About Our Kids*. Doubleday, 2003.