

APA RESOLUTION on Sexual Health Education in Youth

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Sexual health, personal self-esteem, and the ability to participate in responsible, caring, and stable relationships, as well as to develop positive interpersonal social attitudes, can be promoted through education (Goldfarb & Lieberman, 2021; Bouris et al., 2016; The Trevor Project, 2023). Developmentally appropriate and comprehensive, positive, and inclusive sexual health education (e.g. including but not limited to sexual health, bodily autonomy, personal boundaries, and consent for touch from early childhood onward) is crucial for the mental, physical, and emotional well-being of youth; more attention is needed to address sexual, and gender minoritized youth that are often overlooked (e.g., Goldfarb & Lieberman, 2021). Intentional focus on equity in sexual health education (e.g. sexual health education includes cultural responsiveness, contextual relevance, and the inclusion of diverse lived experiences across intersecting identities) helps eliminate racial gaps and contributes to lowered risks of negative outcomes (Lindberg & Kantor, 2022).

WHEREAS the World Health Organization considers sexual health a fundamental human right (World Health Organization 2019; 2024); sexual health is not merely the absence of disease or dysfunction, but also includes the possibility of pleasurable, safe, and affirming sexual experiences across the lifespan. When developmentally appropriate, individuals have the right to determine if, when, and how often they reproduce and/or engage in sexual activity (Bhana et al., 2024), as well as receive education about this in a developmentally appropriate manner;

WHEREAS the quality or existence of sexual health education varies widely by state and country which leads to disparities in the dissemination of medically accurate and inclusive, sexual health information (Breuner et al., 2016; Henry J Kaiser Family Foundation, 2018), although there are evidence-based sexual education guidelines (Future of Sex Education Initiative, 2020);

WHEREAS parents/caregivers and families play an essential role in having positive and open conversations about sexual health education (e.g., Ashcraft, A. M., & Murray, 2017), although it may not be safe for children and adolescents to have these conversations in all families due to differing familial attitudes and cultural beliefs. Thus, alternative supportive and educational resources (e.g., schools, healthcare providers, and community programs) play a critical role for youth who are unable to rely on family-based discussions;

WHEREAS access to universal comprehensive and inclusive sex education is insufficient, and youth are inundated with information about sex and relationships from many sources (e.g., peers, providers, and families), much of which is inaccurate and not inclusive (e.g., Breuner et al., 2016). Additionally, information about sexual health is readily available online, often consumed by adolescents, and can be low quality, unreliable, and difficult to understand (von Rosen et al., 2017; Buhi et al., 2010) and is at times directly harmful;

WHEREAS comprehensive sexual health education can improve knowledge and reduce high-risk behaviors among youth, it often lacks relevance for gender and sexual minority youth leading to poor health outcomes for these individuals (Rabbitte, 2020), and program outcomes can differ among racial/ ethnic groups, exacerbating disparities (Meritt et al., 2024);

WHEREAS healthy relationship development is critical for adolescents' social-emotional well-being. Furthermore, healthy romantic relationships in adolescence have positive implications for adulthood (e.g., Araya et al., 2021; Collins et al., 2009; Roach, 2018);

WHEREAS sexual development, sexuality, and engaging in sexual behavior is normative and developmentally appropriate for many youth, and positive, affirming, comprehensive sexual education promotes numerous positive outcomes such as sexual well-being, health, and positive intimacy (e.g., Breuner et al., 2016; Goldfarb & Lieberman, 2021; Harden, 2014);

WHEREAS sexual well-being for adolescents, which includes domains such as sexual self-esteem and self-efficacy, sexual satisfaction and pleasure, and freedom from sex-related pain and mental health difficulties (e.g., Goldfarb & Lieberman, 2021; Harden, 2014), is promoted by positive, affirming, and inclusive approaches to sexual health education;

WHEREAS technology use (e.g., cell phones, social media, phone apps, messaging servers) significantly impacts and elevates sexual risk-taking behaviors among youth (Herbenick et al., 2023; Wright et al., 2023); To promote healthy relationships and sexuality, education should include information about the safety and risks of technology, social media, online AI chatbots, deepfakes, sexually explicit material, dating apps, and sexting (Patchin & Hinduja, 2020; APA, 2019);

WHEREAS many trends of youth sexual behaviors differ by demographic factors and variations by race, gender, or access to sexual education, reflecting inequities in resources, policies, and lived experiences (Centers for Disease Control and Prevention, 2023). For example, the age of onset of sexual activity has decreased over time, with age of onset varying across identities including a child's race, gender, and access to sexual education (Lindberg et al., 2019; Lindberg & Kantor, 2022);

WHEREAS all persons progress through developmental milestones relating to sexuality, identity development, and relationships, including children and adolescents of all identities and backgrounds, and deserve access to evidence-based information about sexual health and development that acknowledges the impact of institutions and policies on sexual well-being (e.g., Breuner et al. 2016);

POTENTIAL CONSEQUENCES OF INSUFFICIENT SEXUAL HEALTH EDUCATION

WHEREAS increasing rates of life-threatening or health-compromising sexually transmitted infections (STIs) in part reflect a lack of medically accurate, inclusive, sexual health education (Abma & Martinez, 2023; Centers for Disease Control and Prevention, 2023). These disparities reflect inequities in access to prevention, testing, culturally responsive care, and broader social and structural conditions.

WHEREAS youth infection with HIV/AIDS remains a concern, and many youth are unaware of their health status, there is a higher likelihood of underdiagnosis of HIV/AIDS among youth, condom use has declined among teenagers, and Black youth are disproportionately represented among new infections (Centers for Disease Control and Prevention, 2023, 2024);

WHEREAS sexual violence, such as rape, sexual abuse, trafficking, non-consensual sharing of explicit images, and other forms of non-consensual sexual encounters, are traumatic events that have become increasingly prevalent among youth (Clayton et al., 2023; Leemis et al., 2022; National Sexual Violence Resource Center, 2019), with even higher prevalence among LGBTQ+ youth (Williams & Gutierrez, 2022);

WHEREAS teen pregnancy has generally been decreasing since 2007, the United States continues to have more teenage pregnancies compared to other developed countries, with over 143,000 American teenage pregnancies annually, and with youth of color most often represented in these numbers (Abma & Martinez, 2023; Osterman et al, 2025.);

CONCERNS AND ISSUES FOR MINORITIZED YOUTH

WHEREAS rates of sexual activity, teen pregnancy, STI testing, and contraceptive use vary by demographic and family characteristics (Abma & Martinez, 2023; Makrides et al., 2025; Osterman et al., 2025), highlighting that disparities faced by youth of color, such as lower rates of receipt and lower quality of sexual health services, may be attributed to systematic barriers shaped by structural racism, including provider discrimination, lack of culturally responsive sexual health education programs, and limited systemic reform (e.g., Makrides et al., 2025; Merritt et al., 2024; Parekh et al., 2023);

WHEREAS pregnant youth are at risk of becoming unhoused due to leaving home, being kicked out of their home, or running away (Fernandes-Alcantara, 2019);

WHEREAS sex education continues to pathologize and silence the lived experiences LGBTQ+ youth through a heteronormative and cisnormative lens (Clonan-Roy et al., 2023; Marchia et al., 2019), despite substantial research illustrating the harm caused by heteronormative sexual education (e.g., shame, depression; de Heer et al., 2021);

WHEREAS transgender and nonbinary youth must navigate identity development and sexual development and health alongside safety, limited affirming spaces, and harmful politics, and the limited availability of queer-inclusive sexual education can be unhelpful and marginalizing (e.g., Goldfarb & Lieberman, 2021; Warwick et al., 2022);

WHEREAS youth whose sexual orientation, gender identity, or whose values, beliefs, and practices differ from those deemed acceptable by societal norms are subject to persistent, subtle, or overt harassment and violence that may lead to suicide (Bouris et al., 2016; The Trevor Project);

WHEREAS LGBTQ+ youth experience higher rates of sexual and dating violence (Williams & Gutierrez, 2022), which has been linked to restrictive sexual education policies (e.g., Murchison et al., 2019);

WHEREAS youth with physical, mental health or developmental disabilities may be more vulnerable to sexual coercion compared to youth without disabilities (Christofferson, 2022; Elklit et al., 2023; & Mailhot Amborski et al., 2022); they are also less likely to receive sexual health education (Colarossi et al., 2023);

WHEREAS the American Psychological Association (APA) has necessary and important role in educating the public and influencing policy to the benefit and protection of youth and society in general;

THEREFORE, BE IT RESOLVED that the APA supports access to comprehensive sex education as a critical aspect of healthy youth development in the context of educational settings, pediatric healthcare programs, community-based youth programs, and social service agencies for youth and families. Such information should be evidence-based, as well as positive, age and developmentally appropriate, and culturally suitable as a means to allow youth to make informed decisions on engaging in sexual behavior or abstinence; it should promote the rights of all individuals, foster shared responsibility among all youth for healthy and safe sexual behaviors, and acknowledge and normalize the existence of sexual diversity.

THEREFORE BE IT FURTHER RESOLVED that the APA supports programs that include comprehensive, developmentally appropriate, and medically accurate sexual health education for all youth and parents; education should be tailored to diverse racial, gender, ability, and cultural contexts, as well as specifically addressing the needs and experiences of LGBTQ+ communities. This education should promote acceptance and inclusion and provide a safe and supportive learning environment where youth, regardless of gender or sexuality, are encouraged to develop healthy and positive attitudes toward sexuality.

THEREFORE BE IT FURTHER RESOLVED that the APA underscores the value of the provision of accurate information by professionals in addition to educating caregivers and families to engage in non-judgmental conversations with their children when it is safe. Caregivers should have easy access to evidence-based information to support ongoing, safe, and healthy discussions about sexual health and behavior at home. It is important to involve and notify parents in these discussions.

THEREFORE BE IT FURTHER RESOLVED that the APA supports the development and adoption of policies, including research and evaluation, of such comprehensive sexual health curricula and programs, for the promotion of healthy sexual attitudes and behaviors and the prevention and mitigation of endangering and health-interfering behaviors. It is to be noted that this resolution does not endorse any particular curricula, procedure, or site for instruction, but seeks to promote a choice of means for implementing this resolution.

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