

Risks with Early Sexual Experimentation / Debut

Encouraging children to label their sexual orientation often leads to sexual experimentation. There is an abundance of compelling research that confirms the harmful consequences of early sexual debut. Teens who engage in early sexual behavior.¹

- Are less likely to use contraception²
- Are more likely to experience STI³
- Have more concurrent or lifetime partners⁴
- Are more likely to experience pregnancy.⁵
- Have lower educational attainment (and not necessarily linked to pregnancy).⁶

¹ Ascend Policy Priorities: Why Seel Delay Should be the Gool in Sex Education And Why Teen Pregnancy Prevention Isn't Enough. (2016). Retrieved from <https://wescend.org/wp-content/uploads/2017/10/sexualdelaypriorities.pdf>

² CDC (2016) 2015 Youth Risk Behavior Survey, Atlanta: Crosby, R. Guter, A. Ricks, I. Jones, M. Salazar, L. (2015). Devel opmental investigation of age at sexual debut and subsequent sexual risk behaviours: a study of high risk young black males. *Sexual Health*, 12, 390-3 Sandfort, Orr, M. Hirsch, Santell, 1.2008). Long-Term Health Correlates of Timing of Sexual Debut: Results from a National US Study *American Journal of Public Health*, t. 155-161, Magnusson, B. Masho, S. Lapang, K. (2012). Early Age at first intercourse and subsequent Gaps in Contraceptive Use. *Journal of Women's Health* 21. 73-79

³ Bradley, B.Green, A. (2013). De health and education agencies in the US share responsibility for academic achievement and health *Journal of Adolescent Health*, 52, 523-532:Scott M, Wildsmith, E. Well, K. Ryan, S. Schelar, E.Steward-Streng. N. (2011). Risky Adolescent sexual behaviors and reproductive health in young adulthood. *Perspectives on see voland Reproductive Health*, 43, 110-116, Sandfort, T., Orr, M. Hirsch, 1, Santelli, I. (2008). Long-Term Health Correlates of Timing of Sexual Debut: Results from a National US Study *American Journal of Public Health*, 98, 155-161; Lee, S., Lee, H. 1. Kim, T., Lee, S., & Park, E. C. (2015). Sexually Transmitted Infections and First Sexual Intercourse Age in Adolescents: The Nationwide Retrospective Cross-sectional Study. *Journal of Sexual Medicine*, 12.231-2323

⁴ Kastborn, A. Sydsjo, G. Blach, M.Prebe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica* 106: 91-100; Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health *Journal of Adolescent Health* 52, 523-532; Magnusson, B., Nield, 1, Lapane, K. (2015). Age at first intercourse and subsequent sexual partnering among adult women in the US, a cross sectional study. *BMC Public Health*, 15, 98, Heywood, W., Patrick, KA, Pitt, M. (2015). Asso clations between early first sexual intercourse and later sexual and reproductive outcomes: a systematic review of populo tion-based data *Archives of Sexual Behavior*, 44, 531-569.

⁵ Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health *Journal of Adolescent Health* 52, 523-532

⁶ Kagesten, A. Blum, R. (2015). Characteristics of youth who report early sexual experiences in Sweden. *Archives of Sexual Behavior*, 44,679-64 Raine, T., Jenkins, R., Aarons, S.L. et al.

- Experience increased sexual abuse and victimization.⁷
- Have decreased general physical and psychological health, including depression.⁸
- Have decreased relationship quality, stability and are more likely to divorce.⁹

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⁷ Kastborn, A. Sydsjo, G. Blach, M.Prebe, G., Svedin, C. (2015, May 4). Sexual debut before the

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American Journal of Preventative Medicine, 29, 165-170

⁹ Paik, A. (2011). Adolescent Sexuality and the risk of Marital Dissolution Journal of Marriage and

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- Have more frequent engagement in other risk behaviors, such as smoking, drinking, and drugs.¹⁰
- Are more likely to participate in anti-social or delinquent behavior.
- Are less likely to exercise self-efficacy and self-regulation¹¹
- Have less attachment to parents, school and faith.¹²
- Have less financial net worth and more likely to live in poverty.¹³
- Establish early sexual behaviors that set a pattern for later ones.¹⁴

¹⁰ Kastborn, A. Sydsja, G., M.Priebe, G., Svedin, C. (2015). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. *Acta Paediatrica*, 106, 91-100; Raine, T., Lenkins, R., Aarons, S.L. (1999). Sociodemographic correlates of virginity in seventh grade black and Latino students. *Journal of Adolescent Health* 24,304-312; Capaldi, D. M. Crosby, L. Stoomer, M. (1996). Predicting the timing of first sexual intercourse for at-risk adolescent males. *Child Development*, 67, 344-358; Santell, L. Kaser, J., Mirch, L. (2004). Initiation of sexual intercourse among middle school adolescents: The influence of psychosocial factors. *Journal of Adolescent Health*, 35, 200-218; Tubman, L.G., Windi, M., Windle, R.C. (1996). The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. *Child Development*, 67, 327-343; Thamo-tharan, S., Grabowski, K., Stefano, F., Field, S. (2015). An examination of sexual risk behaviors in adolescent substance users. *International Journal of Sexual Health*, 27, 106-124; Madhour, A., Farhat, T., Halpern, C., Godeau, E., Gabhainn, S. (2010). Early Adolescent Sexual Initiation as a Problem Behavior: A Comparative Study of Five Nations. *Journal of Adolescent Health*, 47, 389-398

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¹³ Finger, R., Thelen, T., Vessey, I.T., Mohn, I. K., Mann, I. R. (2004). Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolescent and Family Health*, 2, 164-170

¹⁴ Scott, M., Wildsmith, E., Well, K., Ryan, S., Schelar, S., Steward, S., Streng, N. (2011). Risky adolescent sexual behaviors and reproductive health in young adulthood. *Perspectives on Sexual and Reproductive Health*, 43, 110-118; Manlove, L., Ryan, S., and Francetta, K. (2007). Contraceptive use patterns across teens' sexual relationships: the role of relationships, partners, and sexual stories. *Demography*, 44, 603-621; Manning, W. D., Longmore, M., & Giordano, P.C. (2005). Adolescents' involvement in non-romantic sexual activity. *Social Science Research*, 34, 384-407.

LGBTQIA+ Health Risks:

- Self-labeled homosexual and bisexual teens in the US were found to be twice as likely as heterosexual teens to have been victims of sexual or physical dating violence, to be regular cigarette smokers, to have tried marijuana before age 13, to ever have used cocaine, hallucinogenic drugs, ecstasy, taken prescription drugs without a doctor's prescription, or to have felt sad or hopeless.¹⁵
- The understanding of sexual orientation as an innate, biologically fixed property of human beings –the idea that people are “born that way” –is not supported by scientific evidence.¹⁶
- Longitudinal studies of adolescents suggest that sexual orientation may be quite fluid over the life course for some people, with one study estimating that as many as 80% of male adolescents who report same-sex attractions no longer do so as adults.¹⁷
- “[R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or [orientation] identities over time” (v. 1, p. 636)¹⁸
- Studies show that over time, individuals are more likely to shift to heterosexuality than homosexuality.¹⁹
- There is NO scientific evidence that people are “born” homosexual and therefore cannot change.²⁰
- The primary factor in homosexuality is environmental.²¹

¹⁵ Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12. (2015). U.S. Centers for Disease Control and Prevention.

¹⁶ Mayer, Dr Lawrence S. and McHugh, Dr. Paul R. (2017) “Sexuality and Gender: Findings from the biological, psychological and social sciences” The New Atlantis

¹⁷ *ibid*

¹⁸ Theories and etiologies of sexual orientation. In Tolman, D. & Diamond, L., Co-Editors-in-Chief (2014). APA Handbook of Sexuality and Psychology, Washington D.C.: American Psychological Association. V. 1.

¹⁹ Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior* 41, 103-110; Rosario, M. & Schrimshaw, E. (2014). Theories and etiologies of sexual orientation. In Tolman, D. & Diamond, L., Co-Editors-in-Chief (2014). APA Handbook of Sexuality and Psychology, Washington D.C.: American Psychological Association. V. 1, pp. 555-596.

²⁰ APA, “Answers to your questions: For a better understanding of sexual orientation and homosexuality,” 2008.

²¹ Empowering Parents of Gender Discordant and Same-Sex Attracted Children. (2008). American College of Pediatricians.

- Most children who experience same-sex attraction grow out of it.²²
- Temporary confusion during adolescence is common.²³
- Premature labeling of adolescents as homosexual can be harmful. Youth are encouraged to act out sexually to find out if they are homosexual. This can lead to a premature self-labeling that can put youth at a high risk for a number of negative mental and physical health consequences.
- Homosexual adolescents have an increased risk for many health problems such as “major depression, anxiety disorders, conduct disorders, substance dependence and especially suicidal ideation and suicide attempts.”²⁴
- Suicide risk is higher for adolescents who identify as homosexual. A US study found that for every year an adolescent postpones identifying as homosexual, the suicide risk drops by 20 percent.²⁵
- Homosexuals and lesbians have much higher rates of many diseases, a number of which are life threatening. These include higher rates of drug and alcohol abuse, higher occurrence of oral and anal cancer, prostate, testicular and colon cancer, HIV-AIDS, hepatitis, syphilis, depression eating disorders, body image problems, and suicide, among others.²⁶
- The American Psychological Association states that homosexuals suffer higher suicide rates even where the lifestyle is widely accepted.²⁷

²² Remafedi, G., Resnick, M., Blum, R., Harris, L. (1992). Demography of sexual orientation in adolescents. *Pediatrics*, 89,714-721.

²³ 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, 385-349.

²⁴ American College of Pediatricians "Homosexual Parenting: Is It Time for Change?" March 2013.

²⁵ American College of Pediatricians "Homosexual Parenting: Is It Time for Change?" March 2013.

²⁶ The Gay and Lesbian Medical Association, "Top 10 Things Gay Men Should Discuss with their Healthcare Provider."

²⁷ The American Psychological Association, "Sexual Orientation and Homosexuality: Answers to Your Questions for better Understanding."

Research on Sexual Orientation²⁸

317 Mayer, Dr Lawrence S. and McHugh, Dr. Paul R. (2017) “Sexuality and Gender: Findings from the biological, psychological and social sciences” [The New Atlantis](#)

318 Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12. (2015). U.S. Centers for Disease Control and Prevention.

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²⁸Pp 306-315 in Resource Guide to UN Consensus Language and Talking Points on Family Issues by Family Watch International:

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- 328 American College of Pediatricians "Homosexual Parenting: Is It Time for Change?" March 2013.
- 329 Remafedi, G., Farrow, J. A., Deisher, R. W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 87, 869-875.
- 330 American Psychological Association, "Guidelines or Psychological Practice with Lesbian, Gay, and Bisexual Clients," Found at: <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>
- 331 The National Association on Research and Therapy for Homosexuality, *Journal of Human Sexuality*, "What Research Shows." Found at <http://www.scribd.com/doc/115507777/Journal-of-Human-Sexuality-Vol-1>.
- 332 Hansen, N. B., Lambert, M. J., & Forman (2002). "The psychotherapy dose-response effect and its implications for treatment delivery services." *Clinical Psychology: Science and Practice*, 9, 329-343. doi: 10.1093/clipsy.9.3.329
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- 334 American Psychological Association, "Report of the APA task force on appropriate therapeutic response to sexual orientation," 2009, page 42. Found at: <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>
- 335 U.S. Centers for Disease Control, "STDs in Men Who Have Sex with Men"
- 336 Centers for Disease Control, "Populations at Higher Risk For HIV: Routes of Transmission."
- 337 Report of the U.S. Centers for Disease Control, "STDs in Men Who Have Sex with Men"

338 The Gay and Lesbian Medical Association, "Top 10 Things Gay Men Should Discuss with their Healthcare Provider."

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340 The American Psychological Association, "Sexual Orientation and Homosexuality: Answers to Your Questions for better Understanding."

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