

Promoting Healthy Development of Sexuality and Gender Identity

The approach to discussing sexual health, sexuality, and gender identity varies by family, individual, and cultural preferences. Pediatric health care professionals can address this important component of healthy development by (1) incorporating sexuality education, sexual orientation, and gender identity development into health supervision visits from early childhood through adolescence; (2) providing personalized information, confidential screening of risk status, health promotion, and counseling for children and adolescents, as allowed by jurisdiction; and (3) furnishing parents with developmentally appropriate, accurate resources on gender identity, sex education, and healthy sexuality to guide their growing child and adolescent.¹

The American Academy of Pediatrics (AAP) promotes inclusive health care that optimizes physical, emotional, mental, and social well-being. Pediatric health care professionals are uniquely qualified to offer education, resources, and support to patients and families in their care on gender identity and sexual diversity.²

Understanding the Numbers

A national survey of adolescents and young adults aged 12 to 19 years showed that parents (38%) are the greatest influence regarding sexual decision-making and values, more than peers (22%), media (9%), siblings (6%), religious leaders (6%), teachers and educators (4%), or other (10%). Almost 87% of adolescents agreed that it would be easier to postpone sexual activity and prevent pregnancy if they were able to have more open, honest conversations about these topics with their parents.³

The 2019 [Youth Risk Behavior Survey](#) (YRBS), conducted by the Centers for Disease Control and Prevention (CDC) biennially and given to 13,872 youth in grades 9 through

12, showed that, from 2009 to 2019, (1) fewer high school students were currently engaging in sexual activity (from 34.2% in 2009 to 27.4% in 2019), and (2) the percentage of Black, White, and Hispanic students who ever had sex or were sexually active also decreased (from 48.6% to 38.4% in 2019). Condom use decreased from 2009 through 2019, although hormonal birth control increased. Fewer students were tested for sexually transmitted infections (STIs), including HIV, than in prior years.⁴

For the first time, the YRBS examined priority health behaviors for people who identify as lesbian, gay, or bisexual (LGB); are not sure of their sexual identity; or have had sexual contact with a same-sex partner, from 2015 through 2019, by sexual identity and by sex of sexual contacts. During this period, the number of LGB youth ever having

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ⁱ Unless stated otherwise, all information in this Implementation Tip Sheet is based on the "Promoting Health Sexual Development and Sexuality" chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th ed. Gender-neutral pronouns are used.

had sex decreased (from 50.8% to 44.9%), although they were more likely to have had sex than their peers who identified either as heterosexual or as unsure of their sexual identity (40.9% to 38.4% and 31.6% to 25%, respectively).⁴

Creating a Welcoming Practice

Pediatric health care professionals serve children, adolescents, and families by providing anticipatory guidance about many aspects of healthy growth and development, including gender identity and sexuality.² With sensitivity to differences in cultures, social norms, and sexual literacy, pediatric health care professionals can provide safe and comfortable discussions around normal growth and development and sexuality. The textbox, “Definitions of Terms Related to Sex and Gender,” provides terminology useful to this discussion.⁵ The following sections delineate the different developmental stages; the typical timeline for reaching these stages regarding healthy sexuality, gender identity, and sexual orientation; and the role of the pediatric health care professional.

Definitions of Terms Related to Sex and Gender^{ii,5}

*Note: Terminology on these topics is constantly in flux; pediatric health care professionals may need to ask patients what certain terms mean to them. These definitions are not all-inclusive of the terminology used in medical or gender-diverse communities. The **bolded words** are defined.*

Gender diverse: A term that is used to describe people with gender behaviors, appearances, or identities that vary and differ from those culturally assigned at birth; gender-diverse individuals may refer to themselves with many different terms, such as **transgender**, nonbinary, genderqueer, gender fluid, gender creative, gender independent, or noncisgender. Gender diverse is used to acknowledge and include the vast diversity of gender identities that exists. It replaces the former term, “gender nonconforming,” which has a negative and exclusionary connotation.

Gender expression: The external way a person expresses their gender, such as with clothing, hair, mannerisms, activities, or social roles.

Gender identity: A person’s deep internal sense of being female, male, a combination of both, somewhere in between, or neither, resulting from a multifaceted interaction of biological traits, environmental factors, self-understanding, and cultural expectations.

Sex: An assignment made at birth, usually male or female, typically on the basis of external genital anatomy but sometimes on the basis of internal gonads, chromosomes, or hormone levels.

Sexual orientation: A person’s sexual identity in relation to the gender(s) to which they are attracted; sexual orientation and **gender identity** develop separately.

Transgender: A subset of **gender-diverse** youth whose **gender identity** does not match their assigned **sex** and generally remains persistent, consistent, and insistent over time. The term **transgender** also encompasses many other labels individuals may use to refer to themselves.

A family’s acceptance of their child, regardless of the child’s **sexual orientation** or **gender identity**, is important for the child’s mental health and adjustment. While the **sex** of most newborns and infants is determined prenatally or at birth, **gender identity** is based on an internal realization that may develop gradually. No evidence exists that either professionals or parents can change a child’s internal sense of gender identity. There is evidence that attempting to change someone’s sense of gender or self is harmful, and it is illegal in some states (eg, conversion therapy and/or reparative therapy).⁶

ⁱⁱ The reference cited provides more detail and additional definitions.

Partnering With Families

As part of recommended [Bright Futures Guidelines, 4th Edition](#) health supervision visits, pediatric health care professionals are in a unique position to provide information on developmentally appropriate sexual education; routinely assess gender development in children and adolescents and provide education around gender development and identity for patients and families; and develop strong, non-judgmental partnerships with patients and their families.^{5,7}

Communication Best Practices^{2,5}

All children, youth, and families want to feel heard. In addition to using communication best practices from [A Pediatrician's Guide to an LGBTQ+ Friendly Practice](#), consider these other ways for practices to provide a safe and welcoming environment for gender and sexuality questions, concerns, and education.

- Recognize that all staff are integral to creating a welcoming practice; provide initial and ongoing [training](#) on diversity and sensitivity issues and opportunities for staff to discuss their questions and concerns.
- Make flyers available or display posters related to LGBTQ+ health issues showing inclusivity and awareness (eg, information for children and their families [including languages other than English], pronoun pins or stickers on staff nametags, and developmentally appropriate books available in waiting and examination rooms that talk about gender and sexuality).
- Review [office forms](#), labels, patient portals, and electronic health recordsⁱⁱⁱ for patient choice, inclusivity, preferred names, pronouns, and confidentiality pertaining to gender identity and sexuality.
- Provide access to gender-neutral restrooms.
- Understand parents' and families' possible concerns over various aspects of gender identity and sexuality (eg, because of personal beliefs, social pressure,



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and stigma)⁷ and that legitimate fears may exist for their child's welfare, safety, and acceptance, which pediatric health care professionals need to appreciate and address.

It is important to encourage patients and families to communicate their concerns and questions. Evidence suggests it is most beneficial when family members and youth are supported and encouraged to validate their own and each other's thoughts and feelings despite divergent views.^{5,7,8}

Children and Youth With Special Health Care Needs, Including Disabilities^{1,9}

It is important that pediatric health care professionals acknowledge and discuss the healthy sexual feelings that children and adolescents have, including those with special health care needs and disabilities. They and their families may require additional counseling around sexual development issues to ensure a healthy understanding of their sexual development, with education about typical puberty and sexuality pertinent to adolescents with disabilities, especially those that directly affect sexual functioning. A lack of understanding about how disabilities affect sexual expression may lead to stigmatization or misperceptions of people with disabilities as nonsexual beings, which can result in insufficient sexual health care. (See the AAP clinical report, [Promoting Healthy Sexuality for Children and Adolescents With Disabilities](#), for detailed information about healthy sexual development in individuals with disabilities.)

ⁱⁱⁱ The US Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology require all electronic health record systems certified under the Meaningful Use Incentive Program (*note: now called the Merit-Based Incentive Payment System*) to have the capacity to confidentially collect information on gender identity.

Legal and Ethical Issues⁵

Some parents, families, or patients may take issue with health care professionals who address sexual orientation or gender identity. In some cases, a family may deny access to care that raises concerns about the child's/adolescent's welfare and safety; in those cases, additional legal or ethical support may be useful to consider (eg, becoming familiar with relevant local consent laws and maintaining primary responsibility for the welfare of the child/adolescent). It is important that health care professionals be familiar with local laws regarding consent and confidentiality. (See the [Guttmacher Institute](#) to review state laws and policies regarding consent to reproductive health services. See [SchoolHouse Connection](#) to review state laws regarding general adolescent medical consent for routine medical care.)

In general, youth who identify as transgender or gender diverse experience disproportionately higher rates of violence victimization, substance use, and suicide risk than their cisgender peers.¹⁰ Quality research on the experiences of these historically marginalized youth is lacking.⁵ Racism, transphobia, and sexism may result in the marginalization that many women who identify as transgender experience (eg, rejection by family,¹¹ dropping out of school at younger ages,¹² increased levels of violence,¹³ and risk of poverty) as compared with the general population.¹⁴

Protecting Children

Sexual Exploitation

Sexual exploitation is a serious threat to the health and well-being of children and adolescents, especially those with special health care needs; decreasing the risk of sexual exploitation and increasing the protection of children and adolescents are always critical.¹⁵

According to the CDC, about 1 in 4 girls and 1 in 13 boys experience sexual abuse at some point in childhood.¹⁶ Children and adolescents with disabilities (all types) are at 3 times the risk of sexual abuse compared with their non-affected peers; those with intellectual disabilities are at 4.6 times the risk of sexual abuse, compared with their non-affected peers.¹⁷⁻¹⁹ Individuals who self-identify as LGB have an equal or higher prevalence of experiencing sexual abuse, as compared to self-identified heterosexual individuals.²⁰

Pediatric health care professionals need to know the mandatory child abuse reporting laws in their states or jurisdictions and how to report to the responsible agency that investigates cases of alleged child sexual abuse. (See [The Evaluation of Children in the Primary Care Setting When Sexual Abuse Is Suspected](#) clinical report for detailed guidance.)

Because of the potential relationship between child sexual abuse and sexual behavior, it is important to be able to distinguish healthy and developmentally appropriate behaviors from concerning and distressing sexual behaviors that result in emotional distress or physical pain. A pediatric health care professional can provide guidance about typical activities, offer developmentally appropriate parameters for identifying problem behaviors, and encourage family discussions regarding sexual behavior issues.²¹

Social and Other Media

Exposure to media should be age-appropriate to reduce the likelihood of undesired exposure to sexual references and language. Likewise, exposure to elements of sexuality from their peers, families of their peers, and the media (eg, social media channels, news stories, advertisements, television programs, movies, video games, and pornography) can influence children and adolescents in ways that are not healthy, safe, or consistent with their family's values.

It is important to review internet safety with children and parents as children's online time and experiences increase. Reinforce the importance of internet safety both within the family home and other digital environments, including friends' homes and devices and school devices. Encourage families to have conversations with their children about what a child should do if they are exposed to inappropriate content or experience cyberbullying or predatory behavior. (See the [Promoting the Healthy and Safe Use of Social Media](#) chapter in *Bright Futures* and the AAP [Media and Children](#) web pages for more information.)

Anticipatory Guidance^{1,5,6,22,23}

The AAP clinical report, [Sexuality Education for Children and Adolescents](#), advises pediatric health care professionals to integrate discussions of healthy relationships and boundaries as part of health supervision visits, consistent with the child's/family's values, beliefs, attitudes, and circumstances. The table below synthesizes information from several sources about healthy gender-identity and sexuality development, according to stage, followed by the role of pediatric clinicians, to help focus anticipatory guidance.

Promoting Healthy Development of Sexuality and Gender Identity



Stage	Relationship & Sexuality Developmental Stages	Gender Identity & Sexual Orientation Developmental Stages
<p>Infancy—Birth Through 11 Months</p>	<ul style="list-style-type: none"> • Biological and physical foundations of healthy intimacy (eg, good parent-child reciprocity, response to cues, establishment of routines, and using correct names for body parts) • Infants’ sense that they are valued, loved, and important for who they are 	<ul style="list-style-type: none"> • Discuss the difference between assigned gender at birth and gender identity development.
<p>Early Childhood (1 to 4 years)</p>	<ul style="list-style-type: none"> • Typical sexual exploration (eg, showing interest in their own and others’ “private” areas, playing doctor, and touching parents’ body parts) • Exposure to social norms and learning boundaries • Awareness of differences in genitals and in perceived gender roles • Common sexuality behaviors related to bathing and showering, toileting, modesty, privacy, masturbation, and sexual play (eg, uninhibited verbal references to sexual organs and elimination) • Learning differences between male and female genitalia (eg, correct names and specific functions of each body part) 	<ul style="list-style-type: none"> • Around age 2: Consciousness of physical differences between males and females develops. • Before age 3: Many children will label themselves as either a boy or a girl. • By age 4: Many children will express a stable sense of their gender identity. • Fantasy play with gender expression is common (eg, exploring clothing or roles of other gender). • Evidence of gender diversity can be seen as early as 2 years of age and may be identified at any age.
<p>Middle Childhood (5 to 10 years)</p>	<ul style="list-style-type: none"> • Concepts of family, friendship, and other human relationships • Showing empathy and respect for another’s feelings • Kissing, hugging, and touching understood within norms of child and family’s culture • Understanding of rights and responsibilities for their own bodies (eg, privacy and hygiene) and importance of communicating fears and concerns with trusted adults (ie, no other child or adult can tell them to keep secrets from either parent, especially when touching their body inappropriately) • Using correct names and specific functions of each body part and understanding their bodies will change as they grow older 	<ul style="list-style-type: none"> • In this age range, the child learns to recognize culturally accepted gender roles seen in the media and world. • The child develops a sense of self. • Discuss and explore gender identity in a developmentally appropriate way with all children beginning at ages 4 to 5 years. • For children of all gender identities, puberty is a time of many physical, emotional, and social changes and can be distressing. Assess understanding and feelings about emerging pubertal development with all children beginning at age 8 years.
<p>Youth/ adolescence and young adulthood (11 to 21 years)</p>	<ul style="list-style-type: none"> • Experiences with healthy relationships (including romantic) and exploration of sexual roles • Development and awareness of a sexual identity/orientation • Learning that decisions associated with sexual development can have important implications for their health, education, and current and future relationships (eg, family planning, communication/consent, addressing STIs, and internet safety) 	<ul style="list-style-type: none"> • Further exploration of gender identity, sexuality, and sexual behaviors occurs for many adolescents. • Some adolescents may be aware early of attraction to the same sex, while others may not until later in adolescence or adulthood. This may be fluid for some individuals, especially during adolescence.^{24,25}



Role of the Pediatric Health Care Professional

At each of these stages, the pediatric health care professional plays an important role in educating children, adolescents, and families on healthy sexuality and in addressing questions and concerns.

Infancy—Birth Through 11 Months

- At the prenatal visit and subsequent health supervision visits after the birth, discuss the difference between assigned gender at birth and gender identity development.
- Address any parental concerns about their infant's typical sexual behavior (eg, genital touching as the infant becomes aware of their own genitalia) during [the 6- and 9-month visits](#).
- Encourage proper naming of genitalia during diapering and bathing to help facilitate future discussion between parents and children about body development and sexuality. Such future discussions may include differences of sexual development/intersexuality, when appropriate.

Early Childhood (1 to 4 years)

- Provide guidance about typical sexual exploration.
- Recognize child's current gender identity; if appropriate; provide parents with best strategies and gender-affirming resources to support their child.
- Discuss the importance of providing children with all types of toys, clothes, and colors to provide children the opportunity not to be limited by societal expectations regarding gender expression and identity.

Middle Childhood (5 to 10 years)

- Begin performing a [sexual maturity rating](#) of breasts, genitalia, and pubic hair, beginning at age 7, because of increasingly early-onset and widely varying pubertal development in the United States. Include menstrual history, if appropriate.
- Address upcoming stages of sexual development as part of anticipatory guidance, as children and parents may be reluctant to ask questions about typical physical development (eg, anatomy, masturbation, menstruation, erections, and nocturnal emissions).
- Affirm the spectrum of gender identities, and provide a gender-affirming environment in the clinical setting.
- Affirm the child's gender identity, and refer to a specialist who can further explore gender issues, if appropriate.
- If indicated, provide reassurance that some children are unsure of their gender identity at any given time; the pediatric professional is a safe person to help children and families explore gender identity.
- Discuss with parents about safe touches and giving the child permission to tell them about any uncomfortable or threatening experiences (ie, they will be believed and not be in trouble for telling). (See the HealthyChildren.org article, [Sexual Abuse](#), for more information.)
- Recognize that for children of all gender identities, puberty is a time of many physical, emotional, and social changes and can be distressing.
- Beginning at ages 4 to 5 years, discuss and explore gender identity with all children.
- Beginning at age 8 years, assess understanding and feelings about emerging pubertal development with all children.

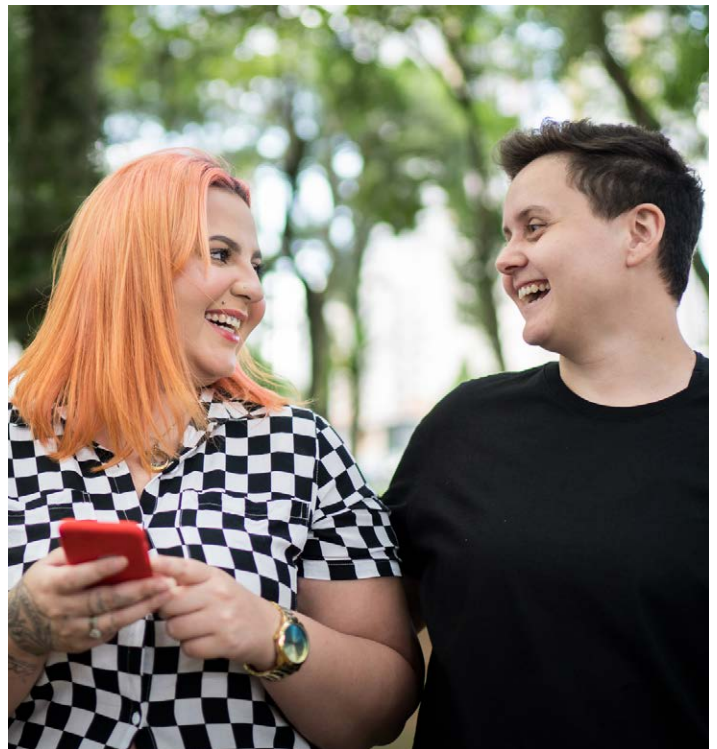
Youth/Adolescence and Young Adulthood (11 to 21 years)

- Meet with the adolescent without family members present for part of the health supervision visit. Assure adolescents that confidentiality will be protected and under which conditions a health care professional must disclose information to other parties. (See [Introduction to the Bright Futures Health Supervision Visits.](#))
- Perform sexual maturity rating of breasts, genitalia, and pubic hair (and menstrual history), as appropriate.
- Provide accurate information and answer parents' and adolescents' questions about what supports healthy sexual development.
- Express encouragement for adolescents to develop healthy intimate relationships, if they so choose, including healthy decisions, communication skills, and sexual consent and nonconsent.
- Acknowledge the appeal of sex and the normalcy of sexual interest, while discussing advantages of delaying sexual involvement; suggest skills for refusing sexual advances and for decreasing risks of sexual assault, including discussing evidence-based sexual violence prevention strategies and the risks of sexting.²⁶
- Assess for risk behaviors, such as substance use or unsafe sexual behavior.
- Discuss impaired decision-making under the influence of alcohol or cognition-altering drugs.
- Provide information on abstinence, contraception, STIs, and pregnancy (including adolescents with LGB/ pansexual orientation, as they may have differing sexual behaviors over time but still be at risk for pregnancy; similarly, transgender adolescents who identify as male or nonbinary may also become pregnant).
- Be sensitive to a wide range of sexual behaviors and gender identities (self-identified youth are only a small percentage of LGBTQ+ youth, so you may be providing care to adolescents who have not disclosed their gender identity or sexual orientation).
- Explore adolescents' and their families' values and attitudes in ways that respect them and meet adolescents' need for support, acceptance, and competent health care.

- Offer appropriate care to adolescents whose parents are absent or disengaged. The care can include help from a qualified mental health professional and facilitating communication within the family unit if parents are not initially supportive of their adolescent's sexuality or gender identity.
- Learn about local LGBTQ+ centers and programs and be able to provide both local and national online resources.

If the pediatric health care professional is unable to ensure a supportive environment at any stage because of their personal feelings or other barriers, refer the child or adolescent to another practice or clinic with appropriate services.²⁷

It has been demonstrated that **family acceptance** has the strongest overall influence on positive health outcomes for youth who are LGBTQ+.²⁸ Absent family acceptance or lacking community supports, LGBTQ+ youth are at increased risk of isolation, abuse or bullying, depression, and suicide.²⁹ (See the [Family Acceptance Project](#) for more information.)



For More Information and Resources

In addition to the invaluable information that the **references** list provides, myriad other resources are available.

[Bright Futures Tool and Resource Kit, 2nd Edition.](#)

Designed to accompany and support *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, this Toolkit provides health care professionals with current forms and materials related to preventive health supervision and health screening for infants, children, and adolescents, including several mentioned in this tip sheet. The Toolkit forms and handouts are available for review and reference on the [Bright Futures website](#) and housed on the AAP [Pediatric Care Online](#) platform for use in practice (subscription-based).

[Bright Futures Guidelines, 4th Edition chapter, Promoting Mental Health.](#) This chapter provides information on various topics that intersect with those in this tip sheet, such as promoting healthy attachments and well-being, as well as understanding and addressing child sexual abuse and mental and substance use disorders.

[Adolescent Sexual Health.](#) Adolescence is a time of major transition physically, emotionally, and socially. While most adolescents at this stage of life are thriving, many have difficulty navigating this transition, particularly in understanding that risky sexual behavior can jeopardize their health during these formative years and can contribute to poor health outcomes in adulthood. This website provides guidance (using various media) on recommended services,

approaches to addressing important clinical issues, and resources for patients and their families on how to optimize the health of adolescents and young adults and to reduce risk-taking behaviors.

[A Pediatrician's Guide to an LGBTQ+ Friendly Practice.](#)

This guide presents practical ways in which pediatric health care professionals can improve the care of their LGBTQ+ patients and families.

[Sexuality Education for Children and Adolescents.](#) While education about sexuality provided by pediatric health care professionals can complement the education children and youth obtain at school or at home, many pediatric health care professionals do not address it. This clinical report provides them with updated research regarding evidence-based sexual and reproductive health education, as well as clinical guidance and numerous resources.

[Promoting Healthy Sexuality for Children and Adolescents With Disabilities.](#) This clinical report aims to provide the pediatric health care professional with resources and tools to address the sexual development of children and adolescents with disabilities, emphasizing strategies to promote competence in achieving a healthy sexuality regardless of physical, cognitive, or socioemotional limitations.

[Society for Adolescent Health and Medicine \(SAHM\).](#)

SAHM offers numerous [resources on adolescent sexuality](#) for parents that health care professionals can provide to their patients.

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