

WHEREAS, the U.S. educational system is expected to provide instructional and support programs to meet the needs of diverse groups within the student population, and to discourage all forms of discrimination against individuals;¹

WHEREAS, Sexual Minority Youth are also referred to as Homosexual Youth; Gay, Lesbian, Bisexual, Transgender or Questioning (GLBTQ) Youth; Same-Sex Attracted Youth²

WHEREAS, of the millions of U.S. children and youth attending schools, 3%-6% are believed to be same-sex attracted;³⁻⁵

WHEREAS, of the millions of U.S. young people attending elementary, middle, and high schools, approximately 166,000 are believed to have gay or lesbian parents;⁶

WHEREAS research supports that sexual minority youth are at significantly greater risk for a variety of health risk and problem behaviors than their heterosexual peers including alcohol, tobacco and other drug use; early initiation of sexual intercourse; multiple sexual partners; and a history of pregnancy;^{7,8}

WHEREAS, research supports that sexual minority youth are at significantly greater risk for suicidal ideation and attempts than their heterosexual peers;⁹

WHEREAS, research supports that sexual minority youth report they are harassed, threatened with violence, or physically assaulted in middle school and high school because they were, or were perceived to be a sexual minority;¹⁰⁻¹²

WHEREAS, unlike other oppressed minorities, sexual minority youth often do not have the support of family and peers;¹³

THEREFORE, BE IT RESOLVED: that the American School Health Association believes that all school personnel should demonstrate respect for the dignity and worth of all students by:

- 1) Providing all young persons with an equal opportunity for quality education regardless of their actual or perceived sexual orientation, gender identity or expression;
- 2) Utilizing curriculum materials, teaching strategies, and school policies that do not discriminate on the basis of sexual orientation and gender identity or expression;
- 3) Including sexual orientation and gender identity in the sexuality education component of a comprehensive health education curriculum;

- 4) Implementing a policy against any deprecating, harassing, and prejudicial statements pertaining to sexual orientation or gender identity, by either staff or students;
- 5) Based on the Coordinated School Health Program model, providing access to appropriate developmental support services for sexual minority youth, including health, mental health, social services and a healthy school environment by specially trained personnel for students who may have questions about, or need support pertaining to sexual orientation issues;¹⁴ and
- 6) Establishing and supporting Gay-Straight Alliances (GSAs), as defined by the Gay, Lesbian Straight Education Network (GLESEN) on secondary school campuses for the purpose of supporting sexual minority youth and their allies.¹²

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