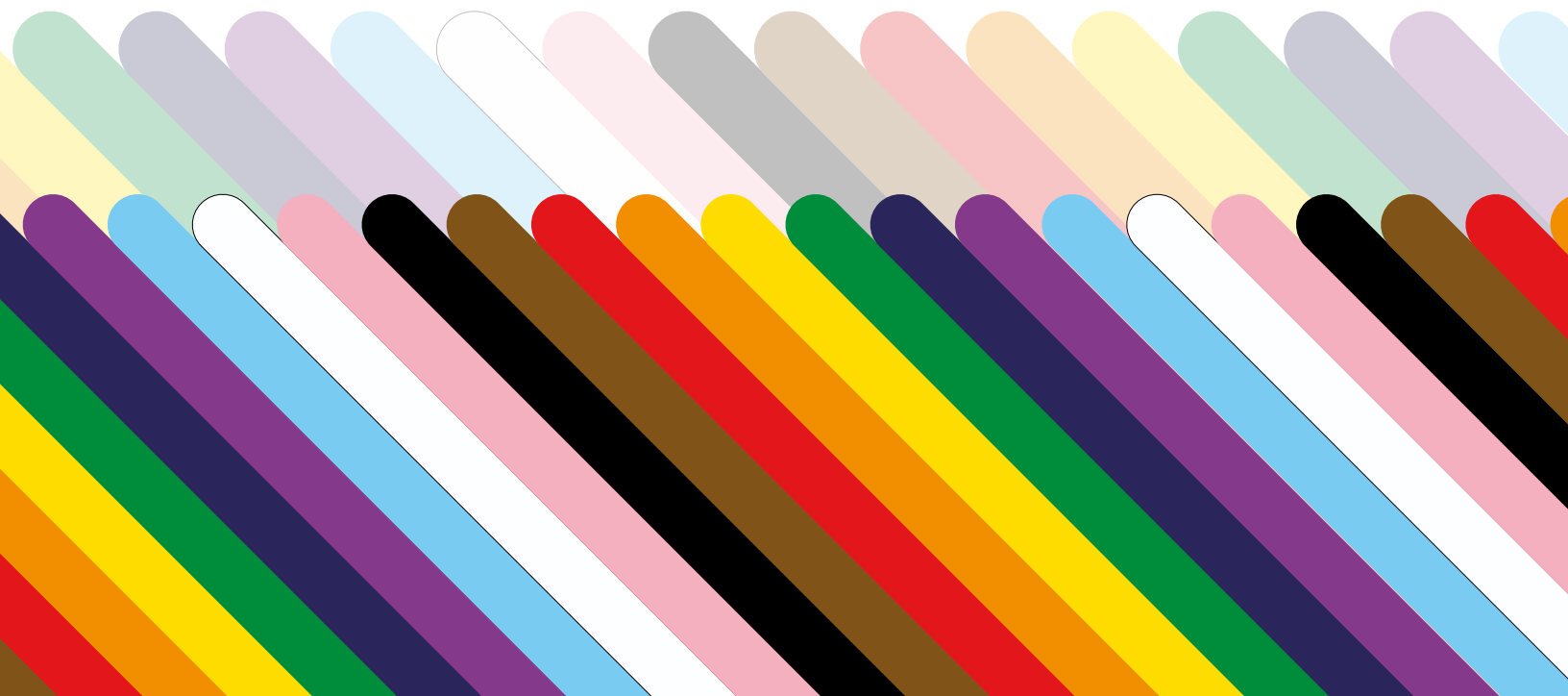


SIECCAN ISSUE BRIEF

REAFFIRMING RIGHTS:

**2SLGBTQINA+ INCLUSIVE SEXUAL HEALTH EDUCATION
CONTRIBUTES TO A SAFER SCHOOL ENVIRONMENT FOR ALL**



ACCESS TO 2SLGBTQINA+ INCLUSIVE SEXUAL HEALTH EDUCATION IS A RIGHT

The *Canadian Charter of Rights and Freedoms* asserts the rights of all people in Canada to personal liberty, security of person, and freedom of thought, belief, and opinion (Canadian Charter of Rights and Freedoms, 1982). The Government of Canada states that: “The human rights of all persons are universal and indivisible. Everyone should enjoy the same fundamental human rights, regardless of their sexual orientation and their gender identity and expression” (Government of Canada, 2023, n.p).

Sexual health education should align with this perspective and provide people with “complete and accurate information so that everyone has the capacity to make informed decisions that directly impact their own health and well-being.” (SIECCAN, 2020, pg. 6). **To achieve this standard, it is imperative that sexual health education includes the sexual health education needs of 2SLGBTQINA+ youth.**

Comprehensive, relevant, and inclusive sexual health education is a right for all young people, including 2SLGBTQINA+ youth.

(SIECCAN, 2019; WAS, 2015; World Health Organization, 2006a, updated 2010)

The *Canadian Human Rights Act* (Government of Canada, 1985) and legislation in all provinces/territories prohibits discrimination based on sexual orientation or gender identity.

Sexual health education that is relevant to and addresses the needs of 2SLGBTQINA+ youth is consistent with established human rights legislation in Canada.

According to SIECCAN surveys of youth and parents/guardians across Canada (Loveless et al., 2022; SIECCAN, 2023b):

- 82% of young people and 83% of parents/guardians agree that sexual health education should be inclusive to all students, regardless of sexual orientation or gender identity.
- The majority of parents/guardians (73%) and youth (75%) agree that sexual health education should seek to reduce transphobia; 74% of parents/guardians and 78% of youth agree that sexual health education should reduce homophobia.
- 83% of young people and 73% of parents/guardians agree that access to age-appropriate sexual health education in schools is a basic right for all children and youth.

2SLGBTQINA+:

Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, nonbinary, asexual, and other emerging gender and sexual identities. We use this as an overarching acronym throughout the document. In areas where research identifies specific subgroups/populations, we use the acronym identified in the research (e.g., LGBTQ).

2SLGBTQINA+ YOUTH IN CANADA

In Canada, 1 in 300 people are transgender or nonbinary; gender diverse identities are highest among younger people (Statistics Canada, 2022).

Approximately 1 million people are lesbian, gay, bisexual, queer, or another sexual orientation that is not heterosexual (LGBQ+), about 4% of the population aged 15 and up (Statistics Canada, 2022). Among LGBQ+ people, 30% are between the ages of 15-29.

This means that most Canadian classrooms will have one or more students who are 2SLGBTQINA+.

2SLGBTQINA+ INCLUSIVE SEXUAL HEALTH EDUCATION CAN FOSTER A SAFER SCHOOL ENVIRONMENT

Creating a safe and supportive school environment is one critical avenue for helping to protect and enhance the health and wellbeing of 2SLGBTQINA+ youth in Canada (Veale, 2015).

- Youth feel safer and report less bullying when schools have sexual health education curricula that are 2SLGBTQINA+ inclusive (Snapp et al., 2015; Russell et al., 2021).
- 2SLGBTQINA+ inclusive curricula, 2SLGBTQINA+ affirmative school policies, and the inclusion of gender-sexuality/ gay-straight alliances (GSAs) have all been identified as protective factors against suicidal ideation/behaviour among 2SLGBTQINA+ youth (Gorse, 2022).

- Sexual health education programs that address gender identity can contribute to the reduction of negative outcomes for trans and nonbinary youth (Gegenfurtner & Gebhardt, 2017).
- Sexual health education that includes a focus on reducing homophobic harassment and breaking down stereotypes related to gender and sexual identities can decrease bullying and promote a safer school environment for **all** students (Goldfarb & Lieberman, 2021; SIECCAN, 2023a).

2SLGBTQINA+ INCLUSIVE SEXUAL HEALTH EDUCATION IS A PRIORITY

2SLGBTQINA+ youth are at increased risk of experiencing discrimination, harassment, bullying, and other forms of violence based on their gender identity, gender expression, and/or sexual orientation (Peter et al., 2021; Prokopenko & Hango, 2022; TransPULSE Canada, 2020; Valido, 2021; Walters et al., 2013; Wisdom2Action, 2019; Wright et al., 2022). In a recent national study of youth across Canada, 62% of 2SLGBTQ+ youth reported feeling unsafe at school (compared to 11% of cisgender, heterosexual students; Peter et al., 2021).

For many trans and nonbinary students in Canada, school can be a hostile environment (Peter et al., 2021; Talyor et al., 2011; Veale et al., 2015). Most (83%) trans students say they feel unsafe at school (Peter et al., 2021) and 1 in 5 have avoided going to school in the past five years due to fear of harassment or being outed (Navarro et al., 2021). Trans students are more likely to report experiences of harassment and violent victimization related to their gender identity, gender expression, and sexual identity compared to cisgender, heterosexual students and cisgender students with an LGBQ+ sexual orientation (Peter et al., 2021).

Sexual health education has historically focused on providing information within a heterosexual, cisgender context (Rabbitte, 2020; Schalet, 2014; SIECCAN, 2020; 2023a). 2SLGBTQINA+ youth have identified specific sexual health education needs that are often not addressed (e.g., understanding dating and sexual relationships in same-gender partnerships; understanding a range of bodies, such as intersex bodies; Bradford et al., 2019; Haley et al., 2019; Jones, 2016; MacAulay et al., 2022; O'Farrell et al., 2021). Programs that focus solely on heterosexual experiences have been linked to poorer mental health outcomes for gay and bisexual youth (Rabbitte, 2020).

In SIECCAN's research of 3,551 young people aged 16-24 years, youth reported on the sexual health education they received/were receiving in high school (SIECCAN, 2023b):

- Only 37% of trans and nonbinary youth and 39% of youth with an LGBTQ+ sexual orientation reported that their sexual health education met their needs.
- Compared to heterosexual youth, significantly fewer LGBTQ+ youth agreed that the sexual health education they received was inclusive of their sexual orientation (73% heterosexual vs. 38% LGBTQ+).
- Only 35% of trans and nonbinary youth reported that the sexual health education they received was inclusive of their gender identity, significantly less compared to cisgender youth (68%).
- On average, youth rated sexual orientation and gender identity as "covered poorly," with only 9% reporting that sexual orientation was "covered very well" and 10% indicating that gender identity was "covered very well."

YOUTH AND PARENTS/ GUARDIANS IN CANADA WANT 2SLGBTQINA+ INCLUSIVE SEXUAL HEALTH EDUCATION

Young people want sexual health education that is comprehensive, inclusive, relevant, scientifically accurate, and age/developmentally appropriate (Narushima et al., 2020; Lavery et al., 2021; SIECCAN, 2023a; Wong et al., 2017; Walters & Lavery, 2022; YouthCo, 2018).

Youth identify sexual orientation and gender identity as key topic gaps in their sexual health education and want to learn more about the diversity of sexuality (Action Canada for Sexual Health and Rights, 2019; SIECCAN, 2023b; Walters & Lavery, 2021; YouthCo., 2018).

In SIECCAN's recent survey of youth (SIECCAN, 2023b):

- Most youth began learning about sexual orientation and gender identity in high school, but the majority wanted to begin learning about both topics earlier, in the elementary grades (e.g., Grades 4-5, Grades 6-8).

Parents/Guardians also want sexual orientation and gender identity addressed in schools (Ipsos, 2018; McKay et al., 2014; Weaver et al., 2002; Wood et al., 2021). In a national SIECCAN survey of 2,000 parents/guardians in Canada (Wood et al., 2021):

- **91% want sexual orientation** taught in school-based sexual health education;
- **90% want gender identity** taught in school-based sexual health education;
- **Most parents/guardians want gender identity and sexual orientation introduced in the elementary grades.**

2SLGBTQINA+ INCLUSIVE SEXUAL HEALTH EDUCATION IS BEST PRACTICE

The *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019) outline several Core Principles that should inform and be respected in the planning and development of sexual health education. The Core Principles state that sexual health education should:

- Be inclusive to the identities and lived experiences of 2SLGBTQINA+ people.
- Encourage acceptance and respect for the diversity of sexual and gender identities that exist in societies.
- Critically evaluate discriminatory attitudes and practices.
- Promote gender equality and the prevention of sexual and gender-based violence (GBV).
- Provide information about the diversity of genders, identities, and expressions to encourage acceptance and respect for diversity.

Inclusive sexual health education that addresses gender and sexual orientation is key for the health and well-being of 2SLGBTQINA+ youth. It is also critical for **all** youth to learn about the diversity of sexual and gender identities, to develop ways to treat all people with respect, reduce GBV, and increase the ability of young people to have positive, equitable, safe, consensual, and satisfying interpersonal relationships. Such goals are in line with recommended guidelines regarding comprehensive sexual health education (SIECCAN, 2019) and GBV prevention (SIECCAN, 2023a).

TEACHING ABOUT THE DIVERSITY OF GENDER AND SEXUAL IDENTITIES IS IMPORTANT FOR ALL YOUTH AND CRITICAL FOR THE WELL-BEING OF 2SLGBTQINA+ YOUTH

GENDER

Addressing gender and gender identity in school-based sexual health education includes exploring ideas about gender roles, norms, and stereotypes and is therefore relevant to **all** youth (SIECCAN, 2020).

Developing the skills to deconstruct and challenge restrictive gender norms that contribute to GBV is critical for addressing gender inequality (see SIECCAN, 2023a). Sexual health education can help young people develop gender-equitable attitudes and reduce negative attitudes that contribute to GBV (Goldfarb & Lieberman, 2021; SIECCAN, 2023b; Schneider & Hirsch, 2020).

Early and age/developmentally appropriate discussions of gender identity are particularly important for the health and well-being of trans, nonbinary, and other gender diverse youth.

The majority of trans individuals report knowing that their gender identity was different from their sex assigned at birth during childhood (Bauer & Scheim, 2015; Turban et al., 2023):

- In research conducted by the Trans PULSE Project, 59% of trans and nonbinary participants “knew that their gender did not match their body before the age of 10, and 80% had this knowledge by the age of 14” (Bauer & Scheim, 2015, p. 4).

- In a recent survey of over 27,000 trans and gender diverse adults in the United States, 59% realized their gender identity was different before the age of 10 (Turban et al., 2023).
- Researchers conducted a longitudinal study of trans youth who had socially transitioned at an early age. Five years after their initial transition, an overwhelming majority (94%) were living as binary transgender youth and 3.5% identified as nonbinary (Olson et al., 2022).

Including gender identity in sexual health education is critical for the mental health and well-being of trans and nonbinary youth.

In a survey of trans and nonbinary youth in Canada, 68% of 14–24-year-olds rated their mental health as fair or poor and 40% had considered suicide in the past year (Navarro et al., 2021). Findings from a nationally representative Canadian survey determined that trans and nonbinary youth had a 5x greater risk of suicidal ideation and a 7.6x greater risk of attempting suicide compared to cisgender, heterosexual adolescents (Kingsbury et al., 2022).

Feeling positively about one’s gender identity is linked to greater well-being among trans youth

(Johns et al., 2018). Youth who live in their felt gender and are supported in using their chosen name report greater mental health (Russell et al., 2018; Veale et al., 2015). Having peer and family support and a sense of belonging at school/a supportive school environment are important protective factors for the mental health and well-being of trans and nonbinary youth (Gorse, 2023; Kia et al., 2021; Veale et al., 2017).

SEXUAL ORIENTATION

Sexual orientation can be an important aspect of young people’s identities. Learning about the diversity of sexual identities is key for all students to: 1) promote acceptance and respect for diversity, 2) understand their own identity, and 3) gain the skills to critically evaluate and break down stereotypes and myths related to sexual orientation.

There is evidence that comprehensive sexual health education can reduce homophobia, stereotypes about LGBTQ+ people, and adverse mental health outcomes among youth (Goldfarb & Lieberman, 2021). Reducing adverse mental health outcomes is especially important as significantly more LGBTQ+ people report that their mental health is poor or fair compared to heterosexual individuals (32% vs 11%; Statistics Canada, 2020). Bisexual people often report poorer mental health compared to people of other sexual orientations (e.g., Gilmour, 2019).

In a recent study of young people 16–24 years of age, 78% of youth with an LGBTQ+ sexual orientation said they were happy/very happy with their sexual lives. However, LGBTQ+ youth reported significantly lower scores of overall happiness compared to heterosexual youth (SIECCAN, 2023b).

There is some evidence that among LGBTQ+ individuals, feeling positively about one’s sexual orientation is linked with greater health and well-being (Armstrong et al., 2016; Petrocchi et al., 2019). Peer, family, school, and community support have been identified as important protective factors in promoting the well-being of LGBTQ+ individuals (Ceatha et al., 2021).

2SLGBTQINA+ INCLUSIVE SEXUAL HEALTH EDUCATION IS NEEDED TO ENSURE 2SLGBTQINA+ YOUTH HAVE THE INFORMATION AND SKILLS TO PREVENT NEGATIVE SEXUAL HEALTH OUTCOMES AND ENHANCE THEIR SEXUAL HEALTH AND WELLBEING

There is substantial evidence that comprehensive sexual health education can provide youth with the necessary information and skills to enhance their sexual health and prevent negative sexual health outcomes (see SIECCAN, 2019; 2020). However, sexual health education that is focused solely on heterosexual and cisgender experiences does not address the documented sexual health needs of 2SLGBTQINA+ youth and can increase their vulnerability to misinformation from other sources (e.g., non-credible online sources, media, peers; Rabbitte, 2020).

ENHANCING SEXUAL HEALTH AND WELL-BEING

Positive self-concept: Having more social support is linked to greater self-esteem for LGBTQ+ adolescents (McDonald, 2018; Wilson & Cariola, 2020). A systematic review determined that including 2SLGBTQINA+ topics in sexual health education can promote self-esteem and reduce stigma and negative mental health outcomes for 2SLGBTQINA+ youth (O'Farrell et al., 2021).

ENHANCING SEXUAL HEALTH AND WELL-BEING

Healthy relationships: Developing healthy relationships during adolescence is positively associated with happiness and life satisfaction (Gómez-López et al., 2019). Among LGBTQ+ youth, higher emotional and sexual satisfaction with a romantic partner is significantly linked to greater overall happiness and reported levels of sexual health (SIECCAN, 2023b).

Sexual and reproductive health: 2SLGBTQINA+ people have historically had their sexual and reproductive health disproportionately impacted by laws, policies, and social norms that limit their sexual and reproductive rights and expression (SIECCAN, 2019). To decrease documented sexual health disparities among 2SLTBGQINA+ individuals (see Blais et al., 2017; Casey et al., 2019; Ross et al., 2018), youth need access to relevant information on contraceptive and pregnancy options (including abortion) and gender-affirming care to make autonomous sexual and reproductive health decisions.

ENHANCING SEXUAL HEALTH AND WELL-BEING

Rights related to sexual health:

Incorporating human rights into sexual health education can help youth become aware of their rights related to sexual and reproductive health (e.g., bodily autonomy, personal integrity, right to freely define and express one's own sexuality, right to have safe and pleasurable sexual experiences and enjoy sexual health, with due regard for the rights of others), understand the ways that rights can be violated, and know that they have a responsibility to respect the rights of others (see Starrs et al., 2018; WAS, 2015; 2019; World Health Organization, 2006a, updated 2010; SIECCAN, 2023a). Students who participate in rights-based sexual health education programs report greater communication about sexuality, greater access to sexual health information, and more awareness of sexual health services (Constantine, 2015).

PREVENTING NEGATIVE SEXUAL HEALTH OUTCOMES

Sexually transmitted infections: STIs present many preventable health problems for youth (SIECCAN, 2020). In Canada, most chlamydia (73%) and gonorrhea (51%) cases in 2020 were among those 15-29 years of age (Public Health Agency of Canada, 2023). However, 2SLGBTQINA+ youth may not receive information related to barrier use and other safer sex strategies or STI prevention and treatment options that are relevant to their lives and needed for them to make autonomous decisions about their sexual health (e.g., PrEP and PEP; information on STI risk reduction with same-gender partners).

Gender-based violence: 2SLGBTQINA+ youth are at greater risk of experiencing GBV (Peter et al., 2021; Prokopenko & Hango, 2022; TransPULSE Canada, 2020; Valido, 2021; Walters et al., 2013; Wisdom2Action, 2019; Wright et al., 2022). To reduce GBV, sexual health education must be inclusive and be tailored to the unique needs of youth who are at greater risk of experiencing GBV (SIECCAN, 2023b). Sexual health education can "provide all young people with the information and skills needed to understand the range of gender and sexual identities, recognize forms of GBV that target a person's gender and sexual identities, and develop the skills to safely intervene and/or support people experiencing GBV" (SIECCAN, 2023b, pg. 25).

KEY MESSAGE

Sexual health education that addresses the needs of 2SLGBTQINA+ youth is critical to:

- Ensure that sexual health education is effective, relevant, and comprehensive.
- Support the sexual health, education, and safety rights of 2SLGBTQINA+ youth.
- Enhance the sexual health and wellbeing of 2SLGBTQINA+ youth (e.g., ability to have satisfying, equitable, respectful, and safe interpersonal relationships).
- Prevent negative sexual health outcomes such as STIs, unwanted pregnancy, and gender-based violence.
- Help youth understand the different social factors that contribute to positive sexual health and well-being outcomes for different groups of people (e.g., protective factors for 2SLGBTQINA+ people, such as school and family support, access to effective sexual health care and information, etc.).
- Create safe and supportive school environments for all young people, including 2SLGBTQINA+ youth.

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