

Action Canada for Sexual Health and Rights submission to The House of Commons Standing Committee on Health: LGBTQ+ Health and Comprehensive Sexuality Education

March 31, 2019

1. WHO WE ARE

Action Canada for Sexual Health & Rights (formerly Planned Parenthood Canada) is the national organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally. Our activities include health promotion and education, a national 24-hour toll-free pregnancy information and referral service, engagement with provincial, territorial and federal governments to promote and protect sexual and reproductive health, legal and policy reform that ensures all governments, including Canada, meet their international obligations to advance sexual and reproductive rights. Our team includes individuals with knowledge and expertise in health care, law, policy, and working with grassroots sexual and reproductive health organizations.

In 2017, Action Canada launched the third edition of [Beyond the Basics, a resource for educators teaching sexuality and sexual health in classrooms and beyond](https://www.actioncanadashr.org/beyondthebasics/). Beyond The Basics is the only comprehensive sexuality education resource geared towards Canadian curriculums. It offers tools, lesson plans, activities and resources to educators, developed in consultation with sexual health experts and medical professionals, please visit: <https://www.actioncanadashr.org/beyondthebasics/>

Action Canada also has a network of Associate Organizations across the country, including 24 community-based organizations that deliver front-line sexual health services and education throughout Canada.

2. INTRODUCTION

Action Canada for Sexual Health and Rights is pleased to submit this briefing outlining the importance of Comprehensive Sexuality Education (CSE) in ensuring the health of LGBTQ+ people throughout the lifecycle to [the House of Commons Standing Committee on Health in the context of your ongoing study of LGBTQ+ Health](#). This briefing provides a detailed argument regarding the urgent need to the Federal Government to assume a leadership role in both the promotion and protection of CSE for all students in Canada. This brief presents the evidence base that locates CSE as a core component of health for all people, and particularly for LGBTQ+ people. Furthermore, it will reiterate and confirm the fact that CSE is a human right. Under international human rights law, the federal government has an obligation to ensure that for all young people in Canada, can exercise and claim this right, regardless of where they live.

Action Canada calls on the House of Commons Standing Committee to recognize the critical importance of CSE in addressing the health needs of LGBTQ+ people. A complete set of concrete legislative and policy recommendations are listed in the final section of this brief.



3. WHAT IS CSE?

The most updated international document defining the highest standard of sexuality education is the [2018 UNESCO technical guidance on sexuality education](#). Comprehensive Sexuality Education (CSE) is defined as:

“Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.”

The consensus is firmly moving away from ‘sex ed’ as simply teaching sexual risk avoidance and moving into a much more holistic approach to sexuality education. CSE has the ambition to provide people with life changing information and skills building opportunity.

CSE’s potential to play a fundamental role in spurring positive changes both at the individual level (people are equipped with the information they need and have the skills necessary to live full, affirming healthy lives) and at the societal level cannot be overstated. For this, CSE curricula must be developed in compliance with the highest standards; evidenced based; effectively delivered by trained educators; supported by supportive policies and financial investments; and finally, must take place in the context of an enabling legal and policy environment, where individuals can claim their right to access information, sexual and reproductive health services beyond the classroom and can access protection and redress if their rights are infringed.

Realities in Canada

Despite growing laws, policies and programmes developed in line with human rights standards, marginalized individuals in Canada continue to experience disproportionate levels of inequality and discrimination. This is particularly true in regards to their sexual and reproductive health.

There remain significant barriers limiting access to abortion care, rising STBBI rates including HIV infection rates¹ with infectious syphilis and gonorrhoea at “outbreak levels”, persistently high levels of sexual and gender-based degradation and violence (including homophobia and transphobia)², health disparities for LGBTQ2+ people, including poorer mental health outcomes³ and other marginalized communities, cyberbullying, online harassment, and health services that do not adequately address the needs of young people⁴.

CSE is one crucial piece of a coordinated approach to prevent these negative health outcomes. Despite the body of evidence in support of CSE, the international consensus on its impact and the tireless work of teachers, community-based educators and health care providers motivated to provide sexuality and health education, access to high quality comprehensive sex ed in Canada is uneven. Most curricula are out of date and access to high quality comprehensive information and lessons often depends on individual school boards, school principals and what health centers can commit, as well as dependent on the capacity, values, perspectives, knowledge and comfort of individual teachers and/or community-based educators who are often left with little to no formal supports.

¹ <https://www.catie.ca/fact-sheets/epidemiology/epidemiology-hiv-canada> and <https://calgaryherald.com/news/politics/a-year-after-warning-of-outbreak-stds-on-the-rise-again-in-alberta>

² <https://www150.statcan.gc.ca/n1/daily-quotidien/170216/dq170216b-eng.htm>

³ There is a growing body of research that illustrates the health disparities in question. For Alberta specifically: LGBTQ Supports Infographic. Government of Alberta Website. Retrieved from <http://www.humanservices.alberta.ca/documents/LGBTQ-supports-infographic.pdf>

⁴ http://www.who.int/maternal_child_adolescent/documents/adolescent_friendly_services/en/ and http://www.ppt.on.ca/ppt/wp-content/uploads/2015/07/TTS_report.pdf



There is no national strategy or accountability framework to ensure equitable access to sex-ed for young people in Canada. In the absence of such a framework, the sex-ed young people receive in Canada is (1): often sub-par, (2) access is uneven, (3) most curriculums are out of date, (4) teachers are not supported or trained adequately and (5) investment to support implementation is low. Access to high quality comprehensive information ends up depending on individual school boards, principals and what health centers and community groups can commit, and on the capacity, values, perspectives, knowledge and comfort of individual teachers and/or community-based educators.⁵ This means that young people in well-resourced schools and communities often have better access to accurate high-quality health information because external sexual health educators are contracted. Young people in schools with limited resources, or where low priority is given to sex-ed, might not get any at all. Young people with teachers who feel more capable to teach sex-ed may receive more information and teachings than their peers in the next classroom. Some young people in Canada only receive ideologically-driven, and abstinence-based sex-ed, with many receiving no sex-ed at all.

4. CSE leads to LGBTQ+ health and rights:

Poor and non-existent sexuality education leads to health disparities and discrimination for LGBTQ+ people. Inclusive programs are those that help youth understand gender identity and sexual orientation with age-appropriate and medically accurate information; incorporate positive examples of LGBTQ individuals, romantic relationships and families; emphasize the need for protection during sex for people of all identities; and dispel common myths and stereotypes about behavior and identity.

In Canada, there is an estimated 2.5 – 11% of students who identify as LGBTQ and [studies show that students who identify or are perceived to be LGBTQ are at increased risk of discrimination, harassment and bullying. LGBTQ youth at increased risk for negative health outcomes.](#) Creating safe learning environments requires all those engaged in the education system to normalize these identities, ensuring all students feel seen and respected, offering all students learning moments, engaging students in a strategy against discrimination, celebrating the diversity, and creating space to talk about sexual orientation and gender identity openly. When CSE is well-resourced and effectively implemented, it has the potential to accomplish these positive outcomes.

All children and youth have the right to sexuality education that includes LGBTQ+ people, sexuality and families. As recognized in international human rights law, effective sexuality education must go beyond biology. It must educate children and youth about gender equality, sexual and reproductive health, relationships, gender-based and sexual violence, sexual and gender diversity, healthy emotive processes, informed consent and human rights, and should promote empowerment and autonomy. Such education must be free of and aim to eliminate stereotypes, discrimination, and stigma; respect the evolving capacities of children and youth; and be tailored to meet the specific needs of particular groups, such as LGBT+ people. Sexuality education that falls short of these standards for effectiveness have the most significant impact on female students, young people with disabilities and LGBTQ youth. Sub-standard sex-ed compromises young people's ability to live safe and healthy lives – violating their human rights. In line with international human rights law, including the right to health, the rights of individuals with diverse sexual orientations, gender identities and expressions, children's rights, the rights of women and girls, the right to freedom of expression and the right to education, information and non-discrimination, every young person in Canada has a right to high-quality, evidence-based, comprehensive sexuality education. Governments, as duty-bearers, have an obligation to ensure laws and policy comply with international human rights law and compromising on sexuality education compromises those rights.

⁵ Lacking resources to hire professional sexual health educators, or the tools to determine the professional competency of community organizations who propose to deliver 'sexual health education,' many schools turns to *Crisis Pregnancy Centres* for the delivery of sex-ed in schools. Crisis Pregnancy Centres provide misleading, inaccurate and harmful information. <https://www.gutmacher.org/journals/psrh/2012/09/public-health-risks-crisis-pregnancy-centers>



Sexual Orientation

All students have a right to an education without discrimination based on sexual orientation. It is not enough for school boards to react to specific instances of harassment based on sexual orientation; they must take further measures to address patterns of harassment.⁶ This is especially important in the context of education, given the negative health impact that discrimination and harassment has on lesbian, gay and bisexual youth.⁷

For this reason, educators' legal duties under human rights law and most Provincial and Territorial Education Acts to prevent and respond to discrimination based on sexual orientation is proactive. Failing to include lessons that prevent homophobia increases the likelihood of a discriminatory school climate in which lesbian, gay and bisexual youth face actual harms. The Canadian Civil Liberties Association, for example, argues that the 1998 Ontario sex education curriculum discriminates on the basis of sexual orientation since LGBTQ+ people are harmed by the stigmatization and degradation caused by the removal of educational content regarding sexual orientation.⁸

Gender Identity and Gender Expression

All youth have the right to express and self-identify their gender identity while accessing education services.⁹ Trans youth are especially vulnerable to bullying and harassments from peers.¹⁰ Notably, higher levels of discrimination and bullying combined with low levels of school and community support leads to higher risks for significant health challenges among LGBTQ youth;¹¹ Trans youth who report being highly involved and connected to their schools are twice as likely to report having good mental health than those with low connectedness to school.¹² **By neglecting to cover concepts related to gender expression and gender identity, CSE renders inclusivity unlikely for students of non-conforming gender identities and expressions, who will not see themselves reflected in the curriculum.** In failing to discharge their legal duty to promote inclusivity, school boards and other responsible parties may be at risk of violating provincial and territorial law if a poisoned or discriminatory school climate is created and not addressed.

Every child benefits from being given the information, the support and the space to be who they truly are. A significant percentage of the population identify themselves as something other than heterosexual and / or cisgender. This percentage of LGBTQ+ people in Canada continues to rise as younger generations become more comfortable with a more fluid understanding of gender and sexuality. Most children will have a sense of their gender identity as young as 2 or 3 years old.¹³

Mental Health

⁶ *North Vancouver School District No. 44 v. Jubran* (2005), 39 BCLR (4th) 153 (BCCA). [*Jubran*]

⁷ *Sexual and gender-based harassment*, *supra* note 1 at 37.

⁸ Canadian Civil Liberties Association, "Smart Sex-Ed" (26 July, 2018) online: <ccla.org/smart-sex-ed>

⁹ *Ontario Human Rights Code*, *supra* note 3.

¹⁰ Catherine Taylor, *et al*, "Every Class in Every School: The First National Climate Survey on Homophobia, Biphobia, and Transphobia in Canadian Schools. Final Report" (2011) online: Egale Canada Human Rights Trust>

¹¹ Elizabeth Saewyc *et al*, "School-based interventions to reduce health disparities among LGBTQ youth: Considering the evidence" (2016). Vancouver: McCreary Centre Society & Stigma and Resilience Among Vulnerable Youth Centre. [*Consider the evidence*]. See also the Trans PULSE Project for research and resources about the impact of social exclusion and discrimination on the health of trans people in Ontario: <transpulseproject.ca>

¹² Veale J *et al*, *Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey*. (Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia, 2015) at 2.

¹³ <https://www.ncbi.nlm.nih.gov/pubmed/17650129>



Extensive Canadian studies¹⁴ indicate that lesbian, gay, bisexual and queer people are more likely than heterosexuals to experience distress and neglect of their mental health needs. The root cause associated with these challenges is not their identities but the discrimination they face and the lack of social support that these young people enjoy. The TransPulse study¹⁵ conducted in Ontario demonstrates that for transgender people, experiences of discrimination and violence can lead to exclusion from social spaces, marginalization, avoidance of health care and poor health, including mental health.

This reality must be understood in the context of the historical and current pathologizing (branding LGBTQ2+ individuals as ill on the basis of their diverse sexual orientation or gender identity) of LGBTQ + identities and persistent experiences of stigma, prejudice and discrimination experienced throughout society, including in school settings. Studies have found high rates of depression, anxiety, obsessive-compulsive and phobic disorders, thoughts and suicidal acts, self-harm, and alcohol and drug dependence among LGBTQ + people. These youth are at increased risk of suicide, substance abuse, isolation and sexual abuse. It should be noted that in Ottawa, almost 50% of homeless youth identify as LGBTQ +¹⁶ and that their pathways to homelessness include bullying and sometimes even school violence, as well as lack of education, parental support and school authorities. **CSE offers the chance to intervene early to provide a safer school culture for all students.**

Experiences of homophobia and transphobia, as well as the loss of community and family support that often accompanies the unveiling of sexual orientation and / or gender identity, are crucial factors affecting the health and well-being of individuals. The school can be a sanctuary or another place where students experience violence. A study conducted by EGALE found, among other things, that 64% of LGBTQ + students do not feel safe at school; that 70% of young people reported hearing discriminatory remarks against LGBTQ individuals on a daily basis; that 10% reported the same thing from their educators and adults in school; 74% of trans students and 55% of sexual minority students and 37% of LGBTQ students report being verbally harassed because of their gender, sexual orientation or family trans students and 21% of LGBTQ students report physical abuse.¹⁷ Sexual harassment rates are also very high for these students.¹⁸ "Don't ask, Don't tell" is therefore not an option in our schools when we see the opportunity we have both in elementary and high school levels, to initiate important discussions within the classroom and throughout the school.

5. RECOMMENDATIONS

Action Canada, calls upon the Health Committee and the federal government to safeguard and promote the health of LGBTQ+ youth by realizing their right to comprehensive sexuality education, that is inclusive of LGBTQ+ people and their families.

Below are specific recommendations for federal leadership on comprehensive sexuality education, in line with Canada's human rights obligations. We call on you to:

- Engage with Premiers across the country towards engaging in immediate CSE curriculum reform.
- Allocate resources to the Public Health Agency of Canada to invest in capacity building and training of sexual health educators.
- Establish a joint Public Health Agency of Canada/Department for Women and Gender Equality awareness raising campaign in support of quality, evidence-based comprehensive sexuality education.

¹⁴ <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303083> and https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2011/06/RHO_FactSheet_LGBTQMENTALHEALTH_E.pdf

¹⁵ <http://transpulseproject.ca/wp-content/uploads/2015/06/Trans-PULSE-Statistics-Relevant-for-Human-Rights-Policy-June-2015.pdf>

¹⁶ <http://homelesshub.ca/sites/default/files/23ABRAMOVICHweb.pdf>

¹⁷ <https://egale.ca/wp-content/uploads/2011/05/EgaleFinalReport-web.pdf>

¹⁸ <https://egale.ca/wp-content/uploads/2011/05/EgaleFinalReport-web.pdf>



- Conduct regular national monitoring; through inter alia broad-based surveys, of a robust set of sexual health indicators disaggregated by relevant factors including gender, age, location ethnicity and others.
- Launch a national strategy towards equalizing access to comprehensive sexuality education across Provinces and Territories.

