Action Canada for Sexual Health & Rights

This report is submitted by Action Canada for Sexual Health & Rights[1] to the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity in response to a Call for input to a thematic report: gender, sexual orientation and gender identity.

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Introduction

1. Action Canada for Sexual Health & Rights (Action Canada) is a progressive, pro-choice organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally. Action Canada works within Canada and globally to promote health, well-being, and rights related to sexuality and reproduction by directly providing support, referrals, and information; working with other groups and organizations on a range of campaigns using a collaborative, movement-building approach; and policy advocacy related to sexual and reproductive rights, including abortion access, gender, 2SLGBTQI+ rights, comprehensive sexuality education, and more.

2. Since 2014, Action Canada has worked on the issue of comprehensive sexuality education (CSE) in Canada. This work has involved taking stock of the state of CSE in Canada, examining its positionality in relation to school curricula, delivery, monitoring and evaluation, and review. Action Canada's research on the state of CSE in Canada is rooted in international human rights law, and global scientific evidence, and best practice. In the wake of the release of this research, Action Canada has engaged in advocacy with all levels of government (federally, provincially, and territorially), elected officials, health and education departmental officials, among other stakeholders, to hold governments accountable to international human rights standards, best practice and scientific evidence.

[1] Action Canada for Sexual Health & Rights is a progressive, pro-choice charitable organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally.

3. In 2020, Action Canada released a first-of-its-kind report painting a picture of the state of CSE in Canadian classrooms based on an analysis of CSE curricula across provinces, paired with engagement sessions with teachers, sexual health care providers, and youth and focus groups. Following the release of this report entitled The State of Sex-ed in Canada, Action Canada convened experts from fields, including but not limited to education, health, sexual and gender-based violence, 2SLGBTQ, law, and labour to a national gathering. A contingent of youth champions also joined the gathering to support the development of recommendations to strengthen CSE in Canada. The report and the conversations that followed highlighted the gross disparities in access to quality, evidence-based CSE for young people in Canada as the impact this is having on a range of societal issues such as the persisting stigma and discrimination experienced by individuals based on their sexual orientation, gender identity and expression, gender-based violence (including sexual violence and the lack of widespread understanding of consent), the rising rates of sexually transmitted infections, and the general lack of basic information on sexual and reproductive health topics.

Legal and Policy context for the delivery of CSE in Canada

1. Canada's constitution grants provinces and territories legislative responsibility for education. This means that provinces and territories are responsible for developing, implementing, monitoring, and evaluating all aspects of education within their respective jurisdictions, while the federal government is responsible for the delivery of education on reserves for First-Nations, Métis and Inuit people. Under the Canadian Human Rights Act, the federal government is responsible for preventing discrimination on the basis of sex, age, sexual orientation, gender identity and expression, disability, among other factors, and sexual harassment. The role of the Public Health Agency of Canada is to promote health, prevent and control infectious diseases, and reduce health disparities. As signatory to international human rights treaties, the federal government is further obligated to ensure compliance with international human rights laws across all jurisdictions in Canada.

2. In 2019, SIECCAN (the Sex Information and Education Council of Canada) published revised directives for CSE in Canada: the Canadian Guidelines on Sexual Health Education. The guidelines, endorsed by the Public Health Agency of Canada, are a tool for policymakers and the education sector to meet the national standards for what Canadians should expect for high-quality CSE. According to these directives, Canadians should expect that their CSE:
    a. Is accessible to all people regardless of age, gender, sexual orientation, STI status, geographic location, socio-economic status, cultural or religious background, ability, or housing status (e.g., those who are incarcerated, homeless, or living in care facilities);
    b. Promotes human rights, including autonomous decision-making and respect for the rights of others;
    c. Is scientifically accurate and uses evidence-based teaching methods;
    d. Is broadly-based in scope and depth and addresses a range of topics relevant to sexual health and well-being;
    e. Is inclusive of the identities and lived experiences of lesbian, gay, bisexual, transgender, queer, intersex, Two Spirit, and asexual people;
    f. Promotes gender equality and the prevention of sexual and gender-based violence;
    g. Incorporates a balanced approach to sexual health promotion that includes the positive aspects of sexuality and relationships as well as the prevention of sexual health problems;
    h. Is responsive to and incorporates emerging issues related to sexual health and well-being; and
    i. Is provided by educators who have the knowledge and skills to deliver comprehensive sexual health education and who receive administrative support.

The state of CSE in Canada

3. **The quality of CSE young people receive in Canada varies wildly.** Provinces have different CSE curricula which have all been updated at various times. There is no system in place to monitor delivery, results, and needs. Educators receive little to no support to develop their ability to offer accurate, non-stigmatizing and fulsome CSE to their students. Community-based sexual health educators are stretched beyond capacity, offering support where they can. If lessons take place, what is taught often overlooks the needs and experiences of many of the students, including those who are LGBTQI2S+, as well as the current realities in which young people navigate sexual decision-making.

4. The CSE most young people in Canada receive is:
    a. Not meeting international standards and best practices nor is it meeting our own 2019 Canadian Guidelines for Sexuality Education outlined above;
    b. Outdated;
    c. Not comprehensive;
    d. Not monitored or evaluated to ensure high-quality delivery; and
    e. Offered by educators who receive low to no support

5. **As a student in Canada, receiving high-quality CSE depends on which province you live in, your school board, principal, and whether nearby health centres and community groups can offer support. It also hinges on the capacity, values, knowledge, and comfort of individual teachers and/or community-based educators as there are little formal supports in place to deliver such sensitive lessons.**[2] This means that young people in well-resourced schools and communities often have better access to accurate high-quality health information because teachers can access more trainings or support, including from external sexual health educators. Young people in schools with limited resources, or where low priority is given to CSE, might not receive any CSE at all. Young people with teachers who feel more capable to teach CSE may receive more information than their peers in the classroom next door. In some cases, young people are receiving ideologically driven, abstinence-based CSE that is misleading and inaccurate from their educators and/or third parties contracted by schools.[3]

6. In each province and territory, the provincial/territorial Ministry of Education defines the basic curriculum. The curriculum is a collection of documents outlining what students are expected to know, understand, and be able to do in each subject and grade. While each provincial ministry determines what students need to learn in their curriculum, teachers use their professional judgement to determine how students achieve the learning outcomes. In other words, those documents outline the educational goals, as well as what are the mandated topics that must be taught in classrooms and when they should be introduced. They are the baseline teachers work with. Right now, all provincial and territorial CSE curricula are different in several important ways. All territorial/provincial health education curricula were drafted in different years without any specific stated requirements or suggested dates for renewal. The majority of CSE curricula are quite outdated, as most were written in between 2000 and 2012.

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[2] When lacking the resources to hire professional sexual health educators or the tools to determine the professional competency of community organizations who offer to deliver sexual health education, many schools turns to *Crisis Pregnancy Centres* for the delivery of CSE in schools. Crisis Pregnancy Centres provide misleading, inaccurate, and harmful information. See: https://www.guttmacher.org/journals/psrh/2012/09/public-health-risks-crisis-pregnancy-centres.

[3] Snowdon, W. "Abortion, Holocaust comparison prompts calls for CSE investigation in Alberta". *CBC News,* 11 Apr 2017. Available at: https://www.cbc.ca/news/canada/edmonton/alberta-CSE ucation-abortion-holocaust-1.4065411; and CBC News. "Edmonton school board drops abstinencebased CSE afer complaint." 11 July 2014. Available at: https://www.cbc.ca/news/canada/edmonton/edmonton-school-board-drops-abstinencebased-CSE -afer-complaint-1.2704291.

7. Many provinces have developed additional lesson plans and resources in an effort to improve and update content, even if the provincial curriculum is older.[4] While positive, most of the curricula themselves do not have learning goals, pedagogies, guiding principles, or approaches that are rooted in contemporary evidence or that reflect today's world. While a more recent curriculum does not necessarily have higher quality content, some of the provincial and territorial curricula are so outdated they do not mention basic parts of everyday life, like cell phones and social media.

8. The amount of time dedicated to those lessons and learning outcomes also vary across territories and provinces. A 2019 research paper published in the Canadian Journal of Human Sexuality[5] found that, for example, Ontario requires 30 minutes per week of health education instruction for all elementary grades, while Saskatchewan requires 80 minutes per week of health education for all elementary grades. The researchers note the lack of clarity that exists for teachers within territories and provinces with integrated instruction models. With these relatively new models, teachers are now required to teach what used to be stand-alone subjects, like health, science, or social studies, within expanded-upon language arts and mathematics instructional time.

9. As there is no common curriculum in Canada, there are likewise no curriculum outcomes related to knowledge, skills, and attitudes around sexual health and wellness that all students are meant to acquire. The 2019 study on CSE outcomes within Canada's elementary health education curricula found that, beyond just looking at variations in topics included in curriculum documents, there is no common curriculum structure for outcomes. While almost one quarter of Canada's health education outcomes may be related to sexual health, there are some regional outliers at both ends, ranging from 46% of all health education outcomes to as low as 12%.[6] This means that, of the little time dedicated to health education, only a fraction of it is for sexual health outcomes on average.

The importance of promoting gender equity

10. Systems of power are the beliefs, practices, and cultural norms that inform both our lives and our social institutions like education, employment, and health. It describes the structures and practices that create and support gender and race inequality in society. Making those dynamics visible is key to addressing gender inequality. Gender equity is vital to the realization of human rights for all. The overall objective of gender equality is a society in which people of all genders enjoy the same opportunities, rights, and obligations in all spheres of life. Research increasingly shows that curricula that include explicit conversations about power, oppression, and gender roles are the most effective curricula when it comes to lowering risky behaviours in the long-term and increasing learners' range of economic, social and

[4] For example, Alberta completed its last full update in 2002, but created additional lesson plans in 2015 and consent lesson plans in 2017. Similarly, BC's Ministry of Education endorsed SOGI 123, a separate, stand-alone resource developed to support teachers in implementing ministry mandated policies to create safer learning environments for LGBTQ+ students. Saskatchewan and Manitoba have similar resources for teachers to support LGBTQ+ students.

[5] Robinson, D. B., MacLaughlin, V., & Poole, J. (2019). Sexual health education outcomes within Canada's elementary health education curricula: A summary and analysis. *The Canadian Journal of Human Sexuality,* 28(3), 243–256. Retrieved from: https://www.utpjournals.press/doi/full/10.3138/cjhs.2018-0036.

[6] Robinson, D. B., MacLaughlin, V., & Poole, J. (2019). Sexual health education outcomes within Canada's elementary health education curricula: A summary and analysis. *The Canadian Journal of Human Sexuality,* 28(3), 243–256. Retrieved from: https://www.utpjournals.press/doi/full/10.3138/cjhs.2018-0036.

political opportunities.[7] Discussing gender "appears to be the gateway to a host of other social issues,"[8] suggesting that gender-equality-focussed CSE might be an effective intervention for "a wider range of [social development] outcomes related to early marriage, sexual coercion, intimate-partner violence, homophobic bullying, girls' agency, school safety, sex trafficking, and/or gender norms."[9] Teaching young people gender-equitable attitudes and respect for bodily autonomy is a key violence prevention intervention. What is offered in CSE across Canada falls short on exposing children and young people to unnecessary risk and vulnerability.

11. All curricula in Canada (except for in British Columbia) include the topics of sexual and/or gender-based harassment, bullying, or abuse, but not without issues. For instance, in New Brunswick's curriculum, bullying based on sexual orientation and gender identity is brought up in Grade 4 as a particular type of bullying that needs to be responded to in a specific way, but with no additional information. Taken as a whole, students in Canada are not given access to a sophisticated, standardized and fulsome gender empowerment focused education.

12. Students are encouraged to brainstorm ways to reduce harassment and bullying (including gender-based and sexual harassment), as well as respond to abuse and assault (including sexual assault). That said, **there is no content supporting students to understand persisting imbalances in power dynamics between people of different genders. We found little content that takes on gender norms and gender scripts in romantic and sexual relationships.** Instead, skills building exercises and lessons are narrow and focus on what individuals can do to protect themselves. For example, in New Brunswick in Grade 4, students are asked to "evaluate ways of minimizing risks in potentially dangerous situations."[10] In the Northwest Territories, in Grade 7 students are encouraged to develop "assertive responses to pressure" to say no to sexual advances.[11] Most of the case studies are a man pressuring a woman into having sex, and the woman having to learn ways to say no rather than changing patriarchal gender norms that teach men and boys to expect women and girls to always act as willing and eager sexual partners.

13. Prevention of sexual assault should certainly be a feature in conversations about relationships given that sexual violence most often occurs in the context of dating relationships.[12] **Every curriculum in Canada places great emphasis on building skills for healthy relationships and emotional awareness but these lessons are almost all divorced from human sexuality outcomes.** This is a problem because it is important that young people get to develop skills for treating other humans with respect in the context of romantic and/or sexual relationships.[13]

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[7] Haberland, N. & Rogow, D. Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*. (Jan 2015). Available at: https://www.researchgate.net/publication/269777386_Sexuality_Education_Emerging_Trends_in_Evidence_and_Practice.

[8] Haberland, N. & Rogow, D. Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*. (Jan 2015). Available at: https://www.researchgate.net/publication/269777386_Sexuality_Education_Emerging_Trends_in_Evidence_and_Practice, p. 18.

[9] Haberland, N. & Rogow, D. Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*. (Jan 2015). Available at: https://www.researchgate.net/publication/269777386_Sexuality_Education_Emerging_Trends_in_Evidence_and_Practice.

[10] New Brunswick Ministry of Education. (2016). *Personal Wellness (Grades 3–5).* Retrieved from: https://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/curric/Health-PhysicalEducation/PersonalWellness3-5.pdf.

[11] French, J. (2016). Northwest Territories, Nunavut to have input in Alberta's K–12 curriculum re-design. Retrieved from *The Edmonton Journal:* https://edmontonjournal.com/news/local-news/northwest-territories-nunavut-to-have-input-in-albertas-k-12-curriculum-redesign.

[12] Gross, A. Winslett, A. Roberts, M. & Gohm, C. An examination of sexual violence against college women. *Violence Against Women,* Vol 12, 13. (March 2006). Available at: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.918.4966&rep=rep1&type=pdf; and Guttmacher Institute. "Understanding intimate partner violence as a sexual and reproductive health and rights issue in the United States." Available at: https://www.guttmacher.org/gpr/2016/07/understanding-intimate-partner-violence-sexual-and-reproductive-health-and-rig

[13] One of the clear exceptions to this is Ontario's newest curriculum, which introduces healthy relationships within the sexual health curriculum components as early as Grade 3. In Grade 3, healthy relationship learning is part of bullying prevention and learning about consent. By Grade 6, healthy relationships are part of learning about changes that happen during puberty, and finally, in Grade 9, healthy relationship learning is expanded to be more specifically focused on building "intimate" sexual and/or dating relationships. By not including sexuality outcomes (or mentioning sex, sexuality, or gender) within the healthy relationship components of the curriculum, sexuality is conceptually separated from the

14. The Making Caring Common report, part of a project by Harvard's Graduate School of Education,[14] highlights that students want to be having conversations about how to be better romantic partners and how to challenge misogyny and sexual harassment in their dating lives. Instead, outdated curricula in Canada teaches students how to be "aware of rape drugs and take precautions"[15] and how to "identify ways of protecting oneself against sexual abuse and assault"[16] and "setting limits early on" in dating relationships.[17] No curriculum in Canada reflects conversations about how to practice consent or nurture healthy relationships in the context of gendered dating scripts and misogyny. These relevant and nuanced conversations that need to happen at the intersections of sexuality and relationships are not happening when healthy relationship skill-building is divorced from sexuality learning outcomes. **There is no curriculum in Canada that provides thorough information about gender and power in relationships, about gendered expectations in romantic, sexual, and dating relationships or about the misogynistic, racist, homophobic, transphobic, and other oppressive structures that drive sexual violence.**

15. Content on healthy relationships, safer sex, and sexual decision making must take an approach that empowers young people—especially girls and other marginalized young people—to see themselves and others as equal members in their relationships and as individuals capable of engaging as active participants in society. Young people of every gender should also be learning about what drives inequality within relationships and in society at large. **No curriculum in Canada clearly or comprehensively makes the link between gender and power.**[18]

16. Speaking to gendered power dynamics is crucial to tackling attitudes and beliefs that fuel violence and discrimination, and to offering sexual health education that works. A new study published in the Journal of Sex Research sheds light on the way preconceived notions, stereotypes, gender dynamics, and the likelihood the encounter will lead to a sustained long-term relationship; all play a role in what seems like a simple decision: using a condom or not.[19] Many stereotypes that persist around condom use (which CSE should be taking head on) point to the intricacies of gender dynamics in condom negotiation. **Not only do most curricula in Canada not address condom negotiation (or even**

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social and emotional parts of our lives. We miss out on opportunities to talk to young people about the issues that are most pressing to them, and the ones they are the most eager to talk about.

[14] Making Caring Common Project. The Talk: How Adults Can Promote Young People's Healthy Relationships and Prevent Misogyny and Sexual Harassment. (May 2017). Available at: https://mcc.gse.harvard.edu/reports/the-talk.

[15] Prince Edward Island Ministry of Education. (2006 to 2009). *Health Education (Grades 1 to 9).* Retrieved from: https://www.princeedwardisland.ca/en/information/education-early-learning-and-culture/health-curriculum.

[16] Newfoundland Department of Education and Early Childhood Development. *Health Curriculum Guides.* Retrieved from: https://www.gov.nl.ca/eecd/k12/curriculum/guides/health/.

[17] Saskatchewan Ministry of Education. (2009). *Health Education.* Retrieved from: https://www.curriculum.gov.sk.ca/bbcswebdav/library/curricula/English/Health_Education/Health_Education_9_2009.pdf.

[18] While provinces like PEI touch on the topic in Grade 9 with information on sexual assault myth-busting that includes naming power as the motivator of sexual assault as opposed to sexual desire, there is no mention of sexism and misogyny as drivers of sexual violence. It's a similar story in Ontario's newest curriculum. Even though students in Grade 8 are asked to assess the impact of gender-based violence on girls, trans, and gender non-conforming youth (as part of a key topic), there is nothing about root causes of gendered discrimination and violence in the curriculum, other than singling out pornography and substance abuse as being part of the factors that can lead to it. Manitoba, New Brunswick, Nova Scotia, and Ontario mention homophobia as part of their content on bullying, but it is not covered in great depth. While Saskatchewan and Manitoba's optional teaching resources give detailed information for teachers on how to challenge both homophobia and transphobia within the classroom, it is not part of the mandated content. Ontario's newest curriculum introduces homophobia in Grade 6 as stereotype that can detrimentally impact a person, alongside "gender roles and expectations, sexual orientation, gender expression, race, ethnicity or culture, mental health, and abilities," but it only explains it as an individual stereotypes that can impact one's "self-concept, social inclusion, and relationships with others", instead of explaining societal systems of privilege and oppression. Across the board, curricula are missing the link between gender, sexuality, and rights.

[19] Skakoon-Sparling, S., Cramer, K. Are we blinded by desire? Relationship motivation and sexual risk-taking intentions during condom negotiation. Journal of Sex Research. (19 Mar 2019). p. 24. Available at: https://www.tandfonline.com/doi/full/10.1080/00224499.2019.1579888

the benefits of dual protection in preventing STIs), curricula contain nothing about the gendered nature of condom negotiation between young people and what can make insisting on one complicated. Even in sections about preventing STIs, there is very little on the use of condoms, let alone negotiating their use.[20]

17. **In most curricula, there is no gender analysis that digs into how binary gender norms guide the ways children are socialized differently and how our socialization impacts our experiences of violence and abuse, health, sexuality, relationships, and dating scripts (e.g., 'men initiate sex'; 'women are the gatekeepers of sex'; 'men are always up for it', etc.).**[21]

From "inclusion" to making sure everyone gets the information they need: sexual orientation, gender expression and identity

18. The Canadian Guidelines are clear; sexuality education must be "accessible to all people inclusive of age, race, sex, gender identity, sexual orientation, STI status, geographic location, socio-economic status, cultural, or religious background, ability, or housing status." In addition, sexuality education must be "inclusive of the identities and lived experiences of lesbian, gay, bisexual, transgender, queer, intersex, two-spirit, nonbinary and asexual people (LGBTQI2SNA+) and other emerging identities," and should "include the critical evaluation of discriminatory attitudes and practices." Finally, "[s]exual health education for Indigenous people… must be culturally safe and embody community-specific values related to sexuality and sexual health." Between 4% and 10% of the United States identify themselves as something other than heterosexual and/or cisgender.[22] This percentage continues to rise as younger generations become more comfortable with a more fluid understanding of gender and sexuality and as society opens more space for people to be their authentic selves. Most children will have a sense of their gender identity as young as 2 or 3 years old[23] and their sexual orientation by age 10.[24]

19. **Teachings on gender identity, expression, and sexual orientation are absent from many curricula in Canada.** Where it is included, it is more common to see content on sexual orientation than on gender identity and expression. This leaves educators without formal supports and goal posts to teach the differences between sex assigned at birth, gender identity, gender expression, and sexual orientation. **Across all curricula, content reinforces the notion of sex and gender as a binary and fails to explain and challenge racist, patriarchal gender norms and stereotypes.** Most of the anatomy lessons present bodies as either "girl" or "boy" bodies, with no mentions of intersex people or trans and nonbinary people.

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[20] The one exception is an activity in New Brunswick's curriculum on condom negotiation.

[21] In Saskatchewan's curriculum, a gender analysis is attempted in Grade 2 when gender roles are established as a form of "difference" that need to be respected, which (maybe inadvertently) normalizes gender roles, instead of challenging them. Also, in Grade 8, students are asked to "analyze gender roles that exist in many families" without providing any information to help teachers guide this analysis.

[22] Robert P. Jones and Daniel Cox; *How race and religion shape millennial attitudes on sexuality and reproductive health: Findings from the 2015 Millennials, Sexuality, and Reproductive Health Survey* (2015), available at: https://www.prri.org/wp-content/uploads/2015/03/PRRI-Millennials-WebFINAL.pdf.

[23] Mayo Clinic. "Children and gender identity: Supporting your child." Available at: https://www.mayoclinic.org/healthy-lifestyle/childrens-health/indepth/children-and-gender-identity/art-20266811 (Accessed 10 Mar 2020).

[24] Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The Health of
Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington (DC): National Academies Press (US); 2011. 4, Childhood/Adolescence. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64808/.

20. As for sexual orientation, content often discusses this in terms of "tolerance" as opposed to acceptance and celebration. It is common for curricula to only make brief mentions of "same-sex marriage and families,"[25] "the need to use inclusive language", "family diversity",[26] or "discrimination based on sexual orientation"[27] instead of providing comprehensive content on the diversity of sexual orientations and expressions. **Even when there is more robust content on sexual orientation and gender identity, it can fall short.[28] There is little support to teach the concepts themselves beyond the summary and necessarily limited list of identities they provide as examples.** The list also includes outdated terms that are no longer used, such as "two-spirited" and "transsexual", and there is a conflation of sex and gender: in one curriculum, Intersex is defined as a gender identity, while male and female are usually used to refer to assigned sex at birth and biological characteristics of sex.

21. **Most crucially, where gender identity and sexual orientation are mentioned in curricula, we found that the content on gender identity and expression effectively centered heterosexual and cisgender learners, presenting other gender identities and sexualities as differences to learn about, rather than lessons that every student can see themselves in.** In other words, CSE should not be about those we see as 'different' or 'other' but must speak to young people in all their diversity.[29] Research projects led by 2SLGBTQI+ youth themselves confirm the lack of education speaking to their specific needs and experiences[30]. As a result, currently, Canadian curricula further and consolidate heterosexual, cisgender dominance.

The delivery of CSE lessons: who teaches it?

22. Even if every province had the most modern and up-to-date curricula, the CSE young people receive would still be sub-standard if we don't look at what can impact its delivery. Any efforts to improve access to CSE must imperatively look at who teaches CSE and what supports are put in place to support educators in a systematic way. In most countries, classroom teachers are regarded as the most sustainable options to teach CSE since they are already embedded in schools. That said, when it comes to CSE, teachers are contending with an impossible set-up. They lack

[25] Nova Scotia Department of Education and Early Childhood Development. (2015). *Learning Outcomes Framework: primary to grade 6*. Retrieved from:
https://www.ednet.ns.ca/files/curriculum/P-6LOFs-Oct1-2015.pdf

[26] Saskatchewan Ministry of Education. (2009). *Health Education.* Retrieved from: https://www.curriculum.gov.sk.ca/bbcswebdav/library/curricula/English/Health_Education/Health_Education_9_2009.pdf.

[27] Manitoba Ministry of Education. (2000). *Physical and Health Education*. Retrieved from:
https://www.edu.gov.mb.ca/k12/cur/physhlth/curriculum.
html

[28] For example, even in the highly regarded repealed 2015 Ontario curriculum, there were some important additions on gender identity and expression, but much of the content is framed as optional. Framing important topics, conversation prompts, definitions, and concepts as optional has the potential to narrow the conversation teachers are having with their students. In the case of Ontario's new curriculum, not only was this important content framed as optional prompts, the document did not provide much accurate background information for teachers to base their lessons on. For example, when gender identity was discussed in Grade 8 (which is very late if we consider the evidence on when a sense of one's gender identity emerges), teachers were expected to help their students reach a place where they could "demonstrate an understanding of gender identity (e.g., male, female, two-spirited, transgender, transsexual, intersex), gender expression, and sexual orientation (e.g., heterosexual, gay, lesbian, bisexual)".

[29] The BC curriculum introduces the concept of "sexual identity", which is an important and interesting one as it goes beyond just introducing the concept of sexual orientation. The formation of people's sexual identity includes becoming aware of one's sexual orientation. Beyond that, it includes the integration and incorporation of the identity into one's sense of self identity which for LGBQ+ individuals can look like engaging in LGBQ+ related social activities, working through negative attitudes about homosexuality, bisexuality, asexuality, pansexuality, and gender and sexual expression, feeling more comfortable with other individuals knowing about their LGBQ+ identity, and disclosing that identity to others. That said, it is unclear if the term "sexual identity" is meant to prompt educators to go beyond simply discussing sexual orientation or if it is used as an alternate term for it.

[30] https://www.youthco.org/youthleadershipinsexed

training, support, and resources to take on this specialized subject, with the impacts being felt most profoundly by sexual and gender minorities and racialized young people.

23. Young people have a right to educators who are equipped to teach CSE, but many of them feel nervous or unprepared to teach it. When they do teach it, they are often too afraid to speak to anything beyond the risks of sexual activity because of what they perceive as their own lack of knowledge, skills, confidence, and institutional supports. This speaks to the lack of financial investment and practical supports for educators tasked with educating young people about sexuality and sexual health. This lack of support often results in CSE not being taught or being taught inappropriately.

24. It is common that schools outsource the delivery of CSE by inviting external organizations into the classroom. This is sometimes because school principals or teachers recognize the specialized skills required to teach CSE or because no teacher wants to teach it and so, prefer hiring a third party. While in many communities, sexual health centers and public health nurses play that crucial role, in some schools and communities, students are visited by local anti-choice, anti-LGBTQ+, religiously funded organizations.[31] The content these organizations share online, as well as reports made by students and parents[32] speak to how they do not provide students with CSE but rather, with inaccurate health information on pregnancy options, abortion, gender identity, gender norms, and sexual orientation while also employing scare tactics and shaming rhetoric to encourage abstinence as well as "traditional" values around gender identity and expression and sexuality including sexual orientation. These programs often are the only resource in many communities and there are few mechanisms to monitor their presence in classrooms.

Role of the Government of Canada

23. There are widespread documented discrepancies in the quality and delivery of CSE curricula in Canada. The Government of Canada has failed to hold provinces and territories accountable for the delivery of comprehensive, quality, evidence-based sexuality education, in line with national guidelines for sexual health education and international human rights obligations. Since the launch of the Canadian Guidelines on Sexual Health Education, the Government of Canada has not taken any steps to disseminate or raise awareness of the existence of the guidelines, nor has it engaged provinces and territories towards strengthening the quality or implementation of CSE across jurisdictions.

24. The Federal Government has repeatedly shirked responsibility for its human rights obligations concerning CSE, stating the division of power between federal and provincial jurisdictions as reason for not taking a leadership role. Evidence clearly demonstrates that in the absence of standardized access to CSE, young people are susceptible to experiencing poor sexual health outcomes, heightened levels of gender-based violence, and homophobic and transphobic bullying, among other negative consequences. Given the public health, violence, stigma, and discrimination impacts associated with the delivery of poor sexual health education, combined with its human rights obligations, there is sufficient scope for the Federal Government to play a leadership role eliminating discrepancies in access to CSE across jurisdictions instead of hiding behind devolved health and education systems.

[31] https://www.arcc-cdac.ca/wp-content/uploads/2020/06/list-anti-choice-groups.pdf
[32] https://lfpress.com/news/local-news/london-elementary-school-nixes-religious-groups-anti-abortion-talk-amid-backlash

25. At the international level in recent years, the Canadian government has consistently worked to advance progressive standards on CSE because they recognize the link between that kind of education and the prevention of gender-based violence, as well the realization of people's right to health and education, amongst others. At the national level, Canada has received many recommendations from human rights accountability mechanisms calling for immediate action to realize young peoples' right to CSE in recent years. In 2016, the CEDAW Committee called for Canada to harmonize CSE curricula among provinces and territories and allow the Federal Government to hold them accountable for implementing such guidelines or standards. In 2018, Canada received and accepted a recommendation as part of its UN Universal Periodic Review to take action to ensure equal access to CSE across provinces and territories. So far, Canada has not taken meaningful steps to address these gaps across jurisdictions. In 2020, the UN Committee on the Rights of the Child requested that Canada update the Committee on its efforts to harmonize CSE curricula across provinces and territories.