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Sex Information & Education Council of Canada
Conseil d'information & d'éducation sexuelles du Canada

Guidelines for Integrating Gender-Based Violence Prevention within School-Based Comprehensive Sexual Health Education

Women and Gender Equality Canada
Femmes et Égalité des genres Canada

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Table of Contents:

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CONSULTATION AND PROJECT DEVELOPMENT

In preparation for the development of the *Guidelines for Integrating GBV Prevention within School-Based CSHE*, SIECCAN conducted a quantitative and qualitative online consultation in the Spring of 2022. SIECCAN would like to thank the over 150 people from across Canada involved in sexual health education, gender-based violence prevention, and research who participated in the consultation.

In collaboration with Students for Consent Culture Canada, SIECCAN engaged in a student consultation discussion with post-secondary students to help inform the development of project resources. SIECCAN would like to thank Students for Consent Culture Canada for their insights and support. SIECCAN also thanks the students who participated for sharing their thoughts and experiences.

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INTRODUCTION

Introduction

Gender-based violence (GBV) is a fundamental violation of human rights (United Nations, 1989; World Health Organization, 2002; 2009).

GBV is a significant concern within Canada and has substantial implications for the physical, sexual, and mental health and well-being of all people, including young people.

Canada's National Action Plan to End Gender-Based Violence emphasizes that:

Preventing and addressing GBV in Canada requires a coordinated national approach, with federal, provincial, and territorial governments working in close partnership with victims and survivors, Indigenous partners, direct service providers, experts, advocates, municipalities, the private sector, and researchers (Government of Canada, 2022, n.p).

In their final report, the National Inquiry into Missing and Murdered Indigenous Women and Girls calls upon:

- *...elementary, secondary, and post-secondary institutions and education authorities to educate and provide awareness to the public about missing and murdered Indigenous women, girls, and 2SLGBTQQIA people, and about the issues and root causes of violence they experience* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019, vol1b, p.193).
- *...provincial and territorial governments and schools to ensure that students are educated about gender and sexual identity, including 2SLGBTQQIA identities, in schools.* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019, vol1b, p.217).
  - In response to this call, the 2SLGBTQQIA+ sub-working group recommends that "education system materials are reviewed for transphobia and homophobia and provide supports for the restoration appropriate history" (2SLGBTQQIA+ Sub-Working Group, 2021, p.63).

The G*uidelines for Integrating GBV Prevention within School-Based Comprehensive Sexual Health Education (CSHE)* are part of a larger and sustained effort by institutions and community organizations in Canada to reduce and prevent GBV.

Comprehensive sexual health education is one critical component in creating systemic change by teaching young people important GBV prevention skills and concepts (e.g., consent, communication in relationships, gender equity, identifying, challenging, and changing restrictive gender norms and attitudes that can contribute to GBV, etc.), and increasing their awareness and understanding of GBV (e.g., by learning to identify GBV, understanding available supports for people who have experienced GBV, etc.).

The *Guidelines for Integrating GBV Prevention within School-Based CSHE* complement and act as a companion document to the *2019 Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019). The *2019 Guidelines* provided summary information on the importance of sexual health education in addressing GBV. The current document extends that work by focusing on the role of sexual health education in GBV prevention in greater depth.

GOALS OF THE GUIDELINES FOR INTEGRATING GBV PREVENTION WITHIN SCHOOL-BASED CSHE

The goals of the *Guidelines for Integrating GBV Prevention within School-Based CSHE* are in line with the objectives of the *2019 Canadian Guidelines for Sexual Health Education*. That is, the *Guidelines for Integrating GBV Prevention within School-Based CSHE* aim to offer educators, program planners, and policy and decision makers a clear understanding of the key components, research, frameworks, topics, principles, and recommendations to deliver CSHE, with a focus on GBV awareness, reduction, and prevention.

The specific goals of the *Guidelines for Integrating GBV Prevention within School-Based CSHE* are to:

1. Support educators (and other school staff), program planners, and policy and decision makers to integrate effective GBV prevention within school-based sexual health education programs in Canada.
2. Offer educators (and other school staff), program planners, and policy and decision makers a clear understanding of the guiding principles, frameworks, and key recommendations for integrating GBV prevention within sexual health education.

DEVELOPMENT OF THE GUIDELINES FOR INTEGRATING GBV PREVENTION WITHIN SCHOOL-BASED CSHE

The *Guidelines for Integrating GBV Prevention within School-Based CSHE* were developed using information from five sources: 1) the results from an online consultation of people working in the fields of sexual health education and/or GBV prevention in Canada, 2) the contributions and feedback from both a working group and a reviewer group, 3) discussions with young people about their sexual health education experiences in Canada, 4) national survey research with approximately 1500 young adults aged 18-24, and 5) updated, relevant scientific research on sexual health education and GBV prevention.

In the Spring of 2022, SIECCAN conducted a quantitative and qualitative online consultation with over 150 people from across Canada with backgrounds in GBV prevention and sexual health promotion, education and/or research. The consultation consisted of four parts:

1. Gender-based violence prevention within sexual health education policy-related statements.
2. Policy and practice recommendations.
3. Specification of age/grade benchmarks for the provision of GBV prevention within sexual health education.
4. Additional questions related to educator needs and support.

In collaboration with Students for Consent Culture Canada and YouthCo, SIECCAN engaged in online discussions and received important feedback from youth about their sexual health education experiences and needs.

Working and reviewer groups were created to provide guidance and ensure that the guidelines reflect best practices. Both groups consisted of individuals from across Canada with wide-ranging expertise relevant to GBV prevention and sexual health education. Both the working and reviewer groups reviewed and provided revision suggestions for drafts of this document.

STRUCTURE OF THE GUIDELINES FOR INTEGRATING GBV PREVENTION WITHIN SCHOOL-BASED CSHE

The Guidelines consist of five sections:

Section 1 outlines key background information on GBV in Canada but is not meant to be an exhaustive review of the research on GBV.

Section 2 specifies the role that sexual health education can play in reducing and preventing GBV.

Sections 3 and 4 provide guideline statement recommendations for incorporating GBV into school based CSHE. We focus first on policy recommendations to create structural support for GBV prevention in CSHE and then provide recommendations for program development and implementation.

Each Guideline statement is bolded and numbered (there is no hierarchical order to the Guidelines) and followed by relevant information and evidentiary support.

The Guideline statements are informed by:

1. a human rights perspective;
2. evidence and research;
3. the experiences of those who have been impacted by GBV; and
4. professionals who work in the field of GBV prevention and sexual health education.

The final section, *Benchmarks for Integrating Gender-Based Violence Prevention in Sexual Health Education*, provides educators with information about when youth should begin learning about important GBV prevention and awareness concepts within sexual health education in schools.

SECTION 1

An Overview of Gender-Based Violence in Canada

An Overview of Gender-Based Violence in Canada

WHAT IS GENDER-BASED VIOLENCE?

Gender-based violence (GBV) is violence committed against someone based on their gender, gender identity, gender expression, or perceived gender (Women and Gender Equality Canada, 2022a)**.**

GBV is a fundamental violation of human rights and has significant impacts on the health and well-being of the people and communities who experience it. GBV is a significant concern globally and within Canada (Government of Canada, 2022; Mass Casualty Commission, 2023a; WHO, 2021).

GBV occurs as a result of many intersecting factors, including gender inequality, social attitudes (e.g., restrictive norms and stereotypes about the way women, men, and nonbinary people should act/be), and systems of oppression (i.e., forms of injustice that devalue certain groups and privilege others; Crenshaw 1991; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019; Weber et al., 2019; Women and Gender Equality Canada, 2022). GBV can occur in many types of relationships (e.g., intimate partnerships, family relationships, sexual relationships, peer relationships etc.) and settings (e.g., schools, workplaces, public spaces, private spaces, online, etc.).

GBV exists on a continuum. For example, sexual violence can include overt acts of violence (e.g., sexual assault, sexual exploitation) and/or subtle acts of violence (e.g., manipulation, humiliation, homophobic or sexist comments) that are sometimes difficult to identify but make victims/survivors feel unsafe, uncomfortable, or threatened (Crooks et al., 2019; Government of Canada, 2022; Kelly, 1987; Perreault, 2015, 2020; Prokopenko & Hango, 2022). Overt acts of sexual violence can be supported by social and cultural attitudes and beliefs (e.g., viewing women, femme, and/or trans people as sexual objects).

More subtle forms of sexual violence often become normalized or viewed as socially appropriate ways to act based on a person's gender (e.g., telling rape, transphobic, or misogynistic "jokes" to fit in with one's social group). Allowing subtle acts of violence to go unnoticed or uninterrupted can perpetuate more overt forms of violence (e.g., harassment, femicide; Canadian Femicide for Justice Observatory and Accountability, 2020; Manne 2017).

GBV can include but is not limited to:

- Sexual coercion and assault;
- Online child sexual exploitation;
- Neglect;
- Gender-based bullying;
- Human trafficking;
- Discrimination, harassment, or violence based on gender and/or sexual identity (e.g., homophobic, biphobic, or transphobic comments, intentionally "outing" someone); and
- Intimate partner violence (IPV);

Crooks et al., 2019; Heidinger, 2021; Jaffray, 2020; Jaffray, 2021; Peter et al., 2021; Vanner & Almanssori, 2021

Types of GBV	Definition and Examples
Sexual Violence	Any violence, physical or psychological, carried out through sexual means or by targeting sexuality. It can be any non-consensual sexual act or attempt or advances performed on an individual without their consent in any setting, including but not limited to home and work. Sexual violence is a continuum of interrelated sexual harms that range from subtle (e.g., rape jokes, catcalling) to overt (e.g., sexual harassment, sexual denigration, unwanted sexual contact, sexual assault or sexual abuse, sexual exploitation, sexual trafficking, etc.).
Physical violence	An intentional act of physical force used on a person that causes harm, such as physical pain and/or injury, disability or death. Physical violence includes beating, burning, kicking, pushing, punching, biting, maiming or killing. It may include the use of objects or weapons.
Psychological/ Emotional Abuse	A type of violence or abuse used to dominate, manipulate, ridicule, or hurt the integrity/dignity of another person. Psychological/emotional abuse includes isolation or confinement (e.g., keeping someone from their friends, family), verbal insults or attacks, hate speech, gaslighting, disinformation, withholding information, neglect, extortion, intimidation, and threatening behaviour.
Economic violence	Coercive act or behaviour to control a person's ability to acquire, use and maintain economic resources or freedom, thus causing economic harm, threatening economic security and potential for self-sufficiency. Forms of economic violence include property damage, restricting access to finance, education, employment and healthcare, exclusion from financial decision making, using property rights and ownership, unequal remuneration, unpaid or underpaid work etc. to limit a partner's gain/security.

Types of GBV	Definition and Examples
Harmful practices	A form of violence committed primarily against women and accepted as part of a social norm to uphold specific cultural practices about gender roles and social relations. Such practices violate the human rights of affected individuals, and can include female genital mutilation/cutting, child, early or forced marriage, lack of autonomy over fertility decisions, forced sterilization, early pregnancy, etc.
Technology-Facilitated Violence	Technology-facilitated violence (TFV) is any online behaviour using digital technologies (such as mobile or computer systems) to cause violence against individuals or groups that results in sexual, psychological, emotional, financial, and/or physical harm or distress. It can include online bullying, harassment, cyberflashing, cyberstalking, hate speech, impersonation, harassment/spamming, unwanted sexual discussions, doxing, luring, blackmail, non-consensual sharing of intimate images, expressions of racism, homophobia, biphobia, transphobia, and misogyny, etc. Some acts of TFV may be criminal offences, such as cyberstalking or image based sexual abuse, knowingly publishing, distributing, selling, or making an intimate image available without that person's consent. Other acts might not break the law (e.g., being sent an unwanted sexualized image) but can be harmful and distressing.
Intimate Partner Violence (IPV) and Domestic violence	IPV can include multiple types of violence caused by a current or former intimate partner. It can occur in all types of intimate partnerships, when people live together or apart and when people are in same or other gender relationships. IPV may include physical, sexual, emotional, spiritual, and/or financial abuse/violence, criminal harassment/stalking, TFV, reproductive coercion and/or controlling behaviours. Domestic violence also includes child maltreatment or child or elder abuse, etc.

Council of Europe, 2019; Henry & Powell, 2015; Powell & Henry, 2017, 2019; United Nations, 2009; University of Windsor GBV Teaching, 2023; Women & Gender Equality, 2020; 2022

EXPERIENCING GENDER-BASED VIOLENCE

People of all backgrounds and in all communities experience violence. However, due to systemic forms of oppression (e.g., colonialism, racism, sexism, cissexism, and ableism), specific populations are disproportionally at risk of experiencing violence (Conroy, 2021; Cotter, 2021; Statistics Canada, 2018).

In Canada, data from Statistics Canada, academic literature, and other sources document the disproportionate rates of GBV among certain groups. This includes but is not limited to women and girls, including Indigenous women and girls, racialized women and girls, women with disabilities, 2SLGBTQINA+ individuals, and children and youth (Cotter & Savage, 2021; DAWN Canada, 2014; Exner-Cortens et al., 2023; Government of Canada, 2022; Heidinger, 2021; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019; Savage, 2021; SIECCAN, 2020; Trans PULSE Canada, 2020; United Nations Population Fund Agency (UNFPA), 2020).

The intersection of different identities and social characteristics (e.g., gender, race, sexual orientation, disability, class) can impact a person's vulnerability to discrimination and oppression, and therefore place them at greater or lesser risk for experiencing or perpetrating GBV (Crenshaw, 1991; Collins & Bilge, 2020; Exner-Cortens et al., 2023; Women and Gender Equality Canada, 2022a).

It is not a person's identity or overlapping identities (i.e. skin colour, ability, class) that are the source of vulnerability, but rather, it is society's devaluing of particular identities that results in certain groups being marginalized and, therefore, more likely to be harmed/targeted/victimized.

2SLGBTQINA+: Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, nonbinary, asexual, and other emerging gender and sexual identities. We use this as an overarching acryonm throughout the document. In areas where research identitifies specific subgroups/ populations, we use the acryonm identifed in the research (e.g., LGBTQ)

Table 2.

Examples of GBV rates and experiences among groups at increased risk in Canada:

Women and girls:

- Women are 5 times more likely to experience sexual assault compared to men (Cotter, 2021).
- Women living in the territories are 3 times more likely to experience sexual assault in their lifetime compared to men (Perreault, 2020).
- Women living in rural areas are 3.5 times more likely to experience IPV than men (Perreault, 2020).
- Young women and girls living in the north experience violence at a rate 3 times higher than young women and girls living in the south; compared to those living in the south, violent crimes against young women and girls in the north are more prevalent and severe (Rotenberg, 2019).
- Young women and girls aged 15 to 24 are five times more likely than women 25 and older to be physically or sexually assaulted by a non-intimate partner (Savage, 2021).
- Approximately one in four visible minority immigrant women have experienced IPV in their lifetimes (Cotter, 2021).
- Racialized women are more likely to experience violence than non-racialized women (Ruparelia, 2012).
- Among women, those with mental health-related (46%), cognitive (43%), sensory (36%), or physical (36%) disabilities reported much higher rates of physical or sexual IPV compared to women without disabilities (19%) (Savage, 2021).
- In a survey of Autistic women, almost 90% reported experiencing sexual violence; Autistic women were 2-3 times more likely to experience sexual violence compared to non-Autistic women (Cazalis et al., 2022).
- Three in five transgender women have experienced IPV since the age of 16 (Trans PULSE Canada Survey, 2019).

Indigenous peoples:

- Indigenous women and girls are 12 times more likely to be missing or murdered compared to other women in Canada (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).
- Approximately 60% of Indigenous women experience IPV in their lifetime (Statistics Canada, 2021).
- In a study with Indigenous trans, Two-Spirit, and non-binary people, 36% reported experiencing sexual assault and, 54% reported experiencing sexual harassment in the past five years (Merasty et al., 2021).

Examples of GBV rates and experiences among groups at increased risk in Canada:

2SLGBTQINA+ adults:

- Lesbian, bisexual, queer, and trans women report higher rates of sexual harassment compared to heterosexual cisgender women (50% vs. 30%; Wisdom2Action, 2019).
- Bisexual individuals are almost nine times more likely to be sexually assaulted compared to their heterosexual counterparts (Simpson, 2018).
- 67% of sexual minority women (i.e., lesbian, bisexual, or another sexual identity) experienced IPV in their lifetime; 20% had experienced IPV within the past year, almost twice the reported rate of heterosexual women (12%; Jaffrey, 2021a).
- 54% of sexual minority men (i.e., gay, bisexual, or another sexual identity) experienced IPV in their lifetime; 21% had experienced IPV within the past year, almost twice the reported rate of heterosexual men (11%; Jaffrey, 2021b).
- Gay and bisexual men reported higher rates of sexual assault compared to heterosexual men (26% compared to 8%; Jaffray, 2020).

2SLGBTQINA+ youth:

- In a survey of 2SLGBTQ youth dating violence, more than 50% of 2SLGBTQ youth reported being discriminated against based on their gender identity and sexual orientation in their day-to-day life (Wright et al., 2022).
- International studies and research within Canada show that 2SLGBTQ+ youth are at increased risk of experiencing gender-based bullying (Prokopenko & Hango, 2022).
- A recent national school climate survey reported that 2SLGBTQINA+ youth frequently hear homophobic, transphobic, and sexist remarks within their school environments (Peter et al., 2021). Additionally, 69% reported experiencing verbal harassment due to their sexual orientation, 57% experienced harassment due to their gender expression, and 45% faced criticism for "not dressing 'normal'" for their gender.
- 70% of transgender youth have experienced sexual harassment (Wisdom2Action, 2019).
- Racialized 2SLGBTQINA+ youth experience various forms of violence at a significantly higher rate than non-racialized 2SLGBTQ+ youth (Egale, 2017; Trans PULSE Canada, 2020). Compared to non-racialized youth, 39% of racialized 2SLGBTQINA+ youth experienced physical violence (versus 30%), and 24% reported experiencing sexual assault (compared to 17%) (Trans PULSE Canada, 2020).

Examples of GBV rates and experiences among groups at increased risk in Canada:

Children and Youth:

- 27% of Canadians aged 15 and over reported experiences of childhood victimization (i.e., physical or sexual abuse; Heidinger, 2022). Physical abuse was most often perpetrated by a parent or step-parent, sexual abuse was most often perpetrated by another family member (e.g., grandparent, sibling, friend, neighbour).
- In a nationally representative sample of youth in Canada with dating experience, approximately 1 in 3 reported experiencing some form of adolescent dating violence (i.e., physical, psychological and/or cyber; Exner-Cortens et al., 2023).
- Among students in grades 7 to 12 in New Brunswick, 10% had experienced sexual violence; 17% reported experiences of dating violence in the past year (New Brunswick Health Council, 2023).
- In national surveys with youth in Canada aged 12-17, one in four (25%) experienced cyberbullying in the previous year; non-binary teens reported significantly higher rates compared to boys and girls (Hango, 2023).
- Globally, approximately one-third of children with disabilities experience violence and are twice as likely to experience violence compared to their non-disabled peers (Fang et al., 2022). Children with developmental and/or intellectual disabilities are more vulnerable to sexual abuse compared to children without disabilities (Murray, 2019; Wissink et al., 2015).

UNDERSTANDING GENDER-BASED VIOLENCE

GBV is complex. It is inherently rooted in many broad factors that contribute to violence perpetration, including:

- power imbalances
- gender inequality
- discriminatory social norms and stereotypes (e.g., beliefs that position certain groups of people as "better" or "more powerful" than others),
- systems of oppression embedded in social structures (e.g., laws and policies that differentially help some groups and harm other groups)
- behaviours that shape gender and authority

Abdel Ghafar, 2021; National Inquiry on Missing and Murdered Indigenous Women and Girls; 2019; Women and Gender Equality Canada, 2022c; UNICEF, 2017.

THE IMPACT OF COLONIALISM

It is also critical to consider the historical and ongoing impact of colonialism on Indigenous peoples and other communities in Canada, with respect to GBV, sexuality, and sexual health (Biderman et al., 2021; Loppie, 2020, in SIECCAN, 2020). Colonialism in Canada includes institutionalized violence and exploitation, forced land dispossession, forced disconnection from the community, and forced experiences in the residential school system.

Indigenous writers, scholars, and community members note that prior to contact with European settlers:

- Children learned about sexuality and bodies in a shame-free way (Biderman et al., 2021; First Nations Centre/National Aboriginal Health Organization, 2010)
- Gender roles were established but flexible, based on multiple societal factors and equally valued (Anderson, 2016; Anderson & Innes, 2015; Hunt, 2016)
- Generally, Indigenous approaches to sexuality accounted for diversity in identities and behaviour; Two-Spirit people were often respected, honored, and many had important responsibilities within their communities (Hunt, 2016).

Colonization and ongoing colonial structures and policies:

- Contributed to violations of the right to self-determination (United Nations, 2022).
- Contributed to intergenerational violence and trauma (Pauktuutit Inuit Women Canada & Comack, 2020; United Nations, 2022).
- Resulted in a loss of traditional knowledge, language, and land (First Nations Centre/National Aboriginal Health Organization, 2010).
- Established heterosexuality as an assumed and dominant way of being, through the Indian Act (Cannon, 1998).

Anderson (2016) writes that gendered violence, and the introduction of heteronormative beliefs (i.e., assuming that heterosexuality is the preferred, dominant, or only sexual orientation) and patriarchal systems (i.e., beliefs and values that promote gender inequality between women, men, and gender diverse people, and position [primarily] cisgender men as more powerful/authoritative) were critical to the colonization process.

Scholars have also documented the interconnections between GBV and anti-Black racism, colonization, and the history of slavery in Canada (Maynard, 2017; Maynard & Simpson, 2022). Maynard (2017) states that the foundations for slavery and colonization are distinct but interconnected.

That is, colonialism focuses on accessing Indigenous land through policies and actions that promote forced assimilation (i.e., the process of a minority culture taking on the culture and values of the larger culture) and the erasure or eradication of a people (e.g., through forced sterilization of Indigenous women and Two-Spirit peoples, the residential school system); in contrast, slavery attacks Black personhood and treats Black bodies as commodities.

Examining the intersecting history of colonization and slavery is beneficial to help understand the different and pervasive forms of racialized violence experienced by Black individuals. For example, Maynard notes that the "legacy of slavery and the ongoing practice of settler colonialism at times results in similar forms of repression" (p.12). Forms of repression can include laws, policies, and the perpetuation of harmful stereotypes that have significant and negative impacts on the sexual health and well-being of Black people, including GBV.

RISK FACTORS OF GBV - AN INTEGRATED APPROACH

In addition to the root causes of GBV (i.e., societal factors like colonialism and gender inequality), researchers have identified several individual, relational, and community factors that can impact a person's risk of experiencing or perpetrating GBV (CDC, 2021; Cotter & Savage, 2019; Heise, 1998; Singh et al., 2014). The Socio-Ecological Model (SEM) offers a comprehensive understanding of the interconnections between individuals and their environments (Bronfenbrenner & Morris, 1998).

The SEM emphasizes that an individual's experience can be influenced by the relationship between:

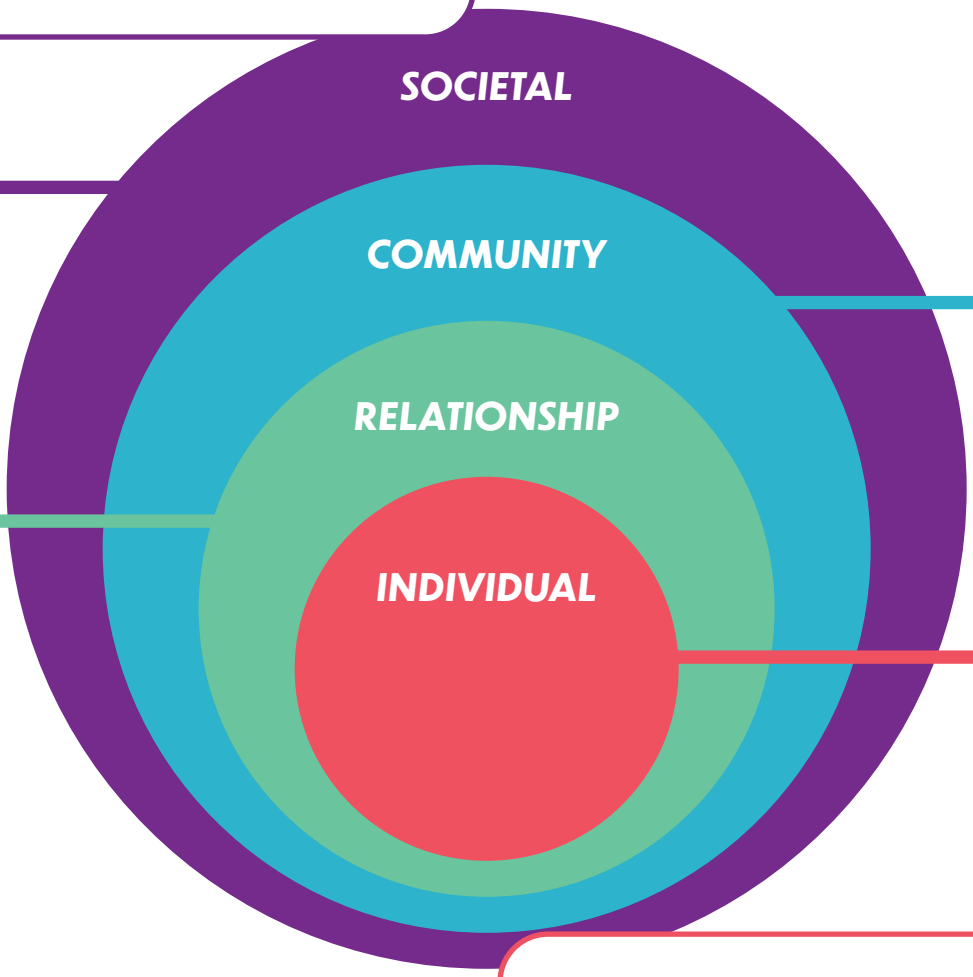
- Individual factors (e.g., biological and personal history factors such as knowledge, behaviours, attitudes, and skills that influence daily life activities)
- Relationship factors (e.g., formal and informal social networks and supports such as family and friends that influence/shape experiences)
- Community factors (e.g., settings, such as schools, workplaces, and neighbourhoods, in which social relationships occur); and
- Societal factors (e.g., societal norms and policies in the society, including media representations).

Therefore, understanding GBV requires a multi-layered approach that explicitly examines the interaction of these factors and the levels at which people and communities can take action (CDC, 2009).

Figure 1 below presents a visual representation of how various risk factors may interact to impact experiences of GBV.

- Rigid gender roles and expectations
- Social and cultural norms supporting violence
- Systemic gender inequality
- Inadequate formal policies and legislation against violence

- Limited employment opportunities
- Weak community sanctions
- Lack of effective judicial support
- Unsafe public space



- Family history of witnessing violence
- Family dysfunction
- Increased relationship conflict
- Childhood victimization
- Intergenerational violence

- Age
- Gender
- Sexual orientation
- Ethnic minority identity
- Low socioeconomic status
- Substance use
- History of engaging in violence

The Socio-ecological model for risk factors of GBV

(CDC, 2009; Heise,1998; Khan et al., 2019; Claussen et al., 2022)

IMPACTS OF GENDER-BASED VIOLENCE

GBV is common in post-secondary school institutions, but it is often unnoticed and largely underreported in elementary and secondary institutions (Government of Canada, 2022). GBV in schools violates the fundamental human rights of youth and has interrelated effects on individuals, families, and communities. In addition, exposure to violence in childhood can increase the risk of developing a wide range of negative immediate and long-term consequences both for victims/survivors and perpetrators of violence (Wathan, 2012; Ulloa and Hammett, 2016). The impacts of GBV include but are not limited to the following:

Physical Health • Injury • Functional impairment • Poor quality of health • Disability • Sleep disorders • Chronic conditions: Gastrointestinal disorders, Chronic pain	**Psychological and Behavioral Health** • Post-traumatic stress disorder • Anxiety • Depression • Lower self-esteem • Phobia/panic disorders • Suicidal tendencies • Poor cognitive development • Poor school performance • Eating disorders • Substance use problems
Sexual and Reproductive Health • Unwanted pregnancy • Child marriage • Unsafe abortion • Sexually transmitted infections (e.g., Human immunodeficiency virus (HIV), Chlamydia) • Gynecological disorders • Pregnancy complications • Pelvic inflammatory disease • Urinary tract infections • Sexual functioning problems • Decreased sexual satisfaction and pleasure	**Social and Economic** • Inter-generational trauma in families • Increased risk of social isolation and community and family ostracism • Increased economic costs to individuals, families, and communities who experience violence • Increased economic costs to societies (e.g; In Canada, sexual violence was estimated to cost $4.8 billion annually in 2009; IPV was estimated to cost $7.8 billion)
(WHO, 2012; Wathan, 2012; UN Women, 2016; Hoddenbagh et al., 2014; Hoffart, 2018; Lalonde et al., 2020; SIECCAN, 2020; Snaychuk & O'Neill. 2020; WAGE, 2022c Ford et al., 2021; WAGE, 2022b)	

Evidence suggests that experiencing GBV in schools can also increase the likelihood of experiencing or perpetrating future violence since violent behavior is learned and may be viewed as acceptable (Parkes et al., 2016). In addition, children who witness violence are more likely to engage in violent dating and intimate relationship patterns and potentially exhibit violent behaviors toward their children later in life because of this trauma (Edwards, 2018).

The impacts of GBV can also be compounded for people who experience other forms of violence and oppression (e.g., racial violence, ableism, etc.). A victim/survivor's intersectional social location (i.e., different social identities such as gender, race, class, etc.) can also impact whether they are able/inclined to access support or have access to GBV support services.

PREVENTING GENDER-BASED VIOLENCE

All people, including children and youth, have the right to be protected from GBV. Therefore, challenging and changing the social structures that cause GBV is a collective responsibility. As GBV is multifaceted, integrated approaches to prevention are needed (e.g., models of collective care, see Finch, 2022; Gorham, 2022).

GBV prevention requires a holistic response that engages individuals, communities, organizations, all levels of government, and educational institutions (Mass Casualty Report, 2023a).

Schools have a critical role to play in transforming the root causes of GBV through serving as a protective learning space for students and promoting broader social change. Trauma-informed educational approaches are needed to address and prevent GBV and support/centre youth who are victims/survivors (see pg. 41). A trauma-informed educational approach accounts for historical and ongoing systemic oppression and requires holistic approaches that engage schools and broader communities (Wright, 2021).

Addressing GBV requires diverse long-term approaches to prevention education including school-based comprehensive sexual health education, initiating community-based responses, improving access to services and support, and fostering strategic partnerships and engagement with key stakeholders (i.e., systemic change across sectors).

SECTION 2

The Role of Comprehensive Sexual Health Education in Reducing and Preventing Gender-Based Violence

The Role of Comprehensive Sexual Health Education in Reducing and Preventing Gender-Based Violence

THE IMPORTANCE OF INCLUDING GBV PREVENTION IN SEXUAL HEALTH EDUCATION

Comprehensive sexual health education can play a key role in the reduction and prevention of gender-based violence (GBV) by "helping people become aware of societal norms, attitudes, and practices that contribute to violence (e.g., misogynistic beliefs, homophobia, transphobia)" (SIECCAN, 2019, p. 26)**.** National and international sexual health education guidelines emphasize the importance of including GBV prevention concepts in school-based sexual health education programs (SIECCAN, 2019; United Nations Educational, Scientific and Cultural Organization (UNESCO), 2019; Women, U.N., & UNICEF, 2018)**.**

The *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019) **state that comprehensive sexual health education should:**

- Promote human rights and gender equality;
- Focus on information and skills related to sexual consent and the communication of boundaries;
- Provide information about power dynamics and gender;
- Address societal norms, practices, and attitudes that contribute to violence; and
- Incorporate a trauma-informed approach.

Under Canada's National Action Plan to End Gender-Based Violence (Government of Canada, 2022), educational approaches that address the root causes of GBV are included as a key pillar of GBV prevention. Prevention efforts may include developing age-appropriate educational programs that teach children and youth about "...gender norms, healthy relationships, consent, gender identity and expression, and sexual orientation..." (Government of Canada, 2022, n.p).

Young people, especially girls and young women, 2SLGBTQINA+ youth, Indigenous youth, racialized youth, and youth with disabilities, are disproportionately impacted by GBV (see "GBV in Canada").

Systemic change requires helping young people develop important GBV prevention skills and knowledge and increasing their awareness, understanding, and detection of GBV.

School-based sexual health education is a critical entry point for youth to begin learning about important GBV prevention concepts, such as consent, power dynamics in relationships, sexual rights, and pleasure, among other topics.

School-based sexual health education can help young people understand how to challenge harmful gender norms, expand their understanding of gender, and reduce GBV (Goldfarb & Lieberman, 2021; SIECCAN, 2019).

Comprehensive sexual health education can:

Reduce negative attitudes that contribute to GBV, including:

- Homophobia
- Sexism
- Restrictive gender norms
- Rape myth acceptance

Improve upon knowledge, attitudes, and skills that act as protective factors, including:

- Expanded understanding of gender and gender norms
- Improved communication skills
- Increased understanding and awareness of human rights and sexual rights
- Increase in gender-equitable attitudes
- Increase in help-seeking behaviour
- Increased bystander intervention skills and intention
- Improved knowledge of sexual abuse

Crooks et al., 2019; Goldfarb & Lieberman, 2020; Lundgren & Amin, 2015; Schneider & Hirsch, 2020.; Wright et al., 2022

Sexual health education can help youth develop the confidence to discuss different kinds of bodies and experiences, sexuality, and intimate relationships in peer communal spaces (e.g., classrooms, clubs such as Gay-Straight Alliances/Gender-Sexuality Alliances etc.). This can create opportunities to normalize conversations about sexual health and build support-seeking when faced with challenges.

GBV prevention in sexual health education is critical to help reduce and prevent violence perpetrated against 2SLGBTQINA+ youth. For many 2SLGBTQINA+ youths in Canada, school can be a hostile environment where they regularly hear homophobic, biphobic, and transphobic language and experience harassment and bullying (Campbell & Taylor, 2021). Compared to cisgender, heterosexual, lesbian, gay, bisexual, and queer students, trans youth are more likely to report experiences of violence based on their gender identity, gender expression, and sexual identity (Campbell & Taylor, 2021). Researchers report that a lack of understanding/information related to gender, sexual orientation, and sexuality is a primary barrier to decreasing transphobic bullying (Domínguez-Martínez & Robles, 2019).

Sexual health education can provide 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. Sexual health education programs that include efforts to reduce homophobic harassment and break down stereotypes related to sexual and gender identities can decrease bullying, encourage empathy, and promote a safer school environment for all students (Goldbard & Lieberman, 2021).

Incorporating GBV information into sexual health education is key to raising awareness and prevention of reproductive coercion (i.e., a form of GBV that includes pressuring someone about their reproductive decision-making and/or limiting a person's ability to make autonomous decisions about their reproductive health; American College of Obstetricians and Gynecologists, 2013; Canadian Women's Foundation, n.d; Ragavan et al., 2022).

Reproductive coercion can include (but is not limited to) abusive behaviours, such as contraceptive sabotage (e.g., removing or destroying contraceptives, poking holes in condoms), preventing access to reproductive health services, forced pregnancy through rape or psychological coercion, or pressure/control related to abortion decisions (Ragavan et al., 2022). Approximately one in five adolescent cisgender girls/young women report experiences of reproductive coercion (Miller et al., 2010; Northridge et al., 2017; Ragavan et al. ,2022). **Sexual health education is key to ensuring that young people have access to critical sexual and reproductive health information within the context of GBV, healthy relationships, and how to access reproductive and GBV support services.**

Programs that effectively integrate GBV prevention in sexual health education have positive impacts on both sexual health and GBV-related outcomes among young people (Goldfarb & Lierberman, 2020; Wolfe et al., 2009). For example, secondary schools in Ontario were randomly assigned to participate in an extensive program that included dating violence prevention information with lessons on healthy relationships and sexual health (Wolfe et al., 2009). At a follow-up 2.5 years later, physical dating violence was reduced among students who completed the program and condom use increased among sexually active adolescent boys.

ADAPTING TO CHANGING NEEDS

Knowledge and skills related to GBV prevention are critical for youth as Canada moves through and emerges from the COVID-19 pandemic. Throughout the pandemic, there has been a rise in reports of GBV and an increase in demand for GBV support services (e.g., shelters; Mittal & Singh, 2020; Trudell & Whitmore, 2020; UN Women, 2020; UNESCO, 2021). Additionally, research with youth indicates that the COVID-19 pandemic has significantly impacted their intimate relationships, how they use technology, and their ability to access critical sexual health services (e.g., STI and HIV testing and treatment services, reproductive health services; Ablona et al., 2020; SIECCAN, 2021; Wood et al., 2021). **The research documenting changes to youth's relationships and sexual behaviour, increase in technology use, the decline in access to sexual health services, and the rising incidence of GBV emphasizes the critical need for young people to have access to sexual health education that effectively addresses GBV prevention.**

Concepts such as consent, communication skills, power dynamics in relationships, establishing and respecting boundaries, safe navigation of online spaces, and how to use technology to communicate with sexual and romantic partners in a respectful way are critical to helping youth navigate documented COVID-19-related challenges to their sexual health and well-being.

WHAT YOUTH AND PARENTS/CAREGIVERS WANT

Young people want to receive sexual health education that is:

- Comprehensive
- Appropriate for their age/developmental level
- Inclusive
- Relevant
- Scientifically accurate
- Addresses GBV prevention

Narushima et al., 2020; Laverty et al., 2021; Theissen et al., 2021; Wong et al., 2017; Walters & Laverty, 2022; YouthCo, 2018 ; Vanner & Almansorri, 2021.

Youth want to learn more about specific GBV prevention topics such as consent, sexual pleasure, healthy relationships, communication skills and sexual orientation and gender identity (Action Canada for Sexual Health & Rights, 2019; Descheneaux et al., 2018; Larkin et al., 2017; Walters & Laverty, 2022).

Parents in Canada also support teaching GBV topics (Weaver et al., 2001; Wood et al., 2021). In a national survey of 2,000 parents in Canada, 96% endorsed teaching about consent and 97% endorsed teaching about sexual and gender-based violence/harassment/coercion (Wood et al., 2021).

RESEARCH ON GBV PREVENTION IN SEXUAL HEALTH EDUCATION

Sexual health education programs in Canada are not adequately addressing critical GBV prevention concepts:

Consent is often not included. In a curricular analysis, less than half of all provincial/territorial elementary-level health curricula included consent; gendered power dynamics are often not included.

At the secondary level, provincial/territorial curriculum mandates either do not explicitly address key GBV prevention topics (e.g., consent, harmful gender norms, sex trafficking) or do so only superficially. For example, young adults in Canada report that consent was covered poorly in the sexual health education they received in school.

Information related to power dynamics between professionals/trusted adults (i.e., coaches, teachers, counsellors) and young people are often not included in sexual health education curricula.

An examination of the Ontario secondary school curricula determined that GBV was addressed in various parts of the social science, world issues, and health and physical education curricula. However, teachers reported significant barriers to implementation. Critical approaches to learning about GBV (e.g., learning about the systemic and structural factors that intersect to contribute to GBV) were often considered in elective rather than mandatory courses.

In a national study of 1500 undergraduate students in Canada, participants rated the extent to which 16 key GBV prevention topics were covered in their high school sexual health education. On average, students rated all GBV topics as covered poorly. Transgender and nonbinary students, and cisgender women reported significantly less coverage of GBV topics compared to cisgender men.

Lesbian, gay, bisexual, and queer students reported significantly less coverage compared to heterosexual students. Across all genders, reported coverage was significantly lower for GBV topics compared to other sexual health education topics such as sexually transmitted infections and pregnancy prevention.

Information about sexual violence is not covered well or is presented in narrow ways (e.g., solely from a heterosexual context; students not learning about the wide range of acts that are considered sexual violence etc.).

Sexual health education in schools does not often address the specific and intersecting needs of different groups of youth. Information is frequently provided within an exclusively heterosexual context and often does not incorporate information related to race and culture, further compounding the inability of current sexual health education programs to effectively address and prevent GBV.

Action Canada for Sexual Health & Rights, 2019; Almanssori 2022a; 2022b; Crann et al., 2022; MacDougall et al., 2020; Robinson et al., 2019; Schalet et al., 2014; SIECCAN, 2022; Vanner, 2022; Whitten & Sethna, 2014; Wong et al., 2017

It is imperative that school-based sexual health education effectively incorporates GBV prevention. Sexual health education cannot be considered comprehensive if it does not meaningfully address GBV prevention concepts.

SECTION 3

Guidelines for Integrating Gender-Based Violence Prevention within Schools-Based Comprehensive Sexual Health Education: Policy Recommendations for Creating Structural Support

Guidelines for Integrating Gender-Based Violence Prevention within Schools-Based Comprehensive Sexual Health Education: Policy Recommendations for Creating Structural Support

The following Guideline statements provide direction, guidance, and recommendations for policies that can create structural support for effectively incorporating gender-based violence (GBV) prevention into sexual health education

*GUIDELINES**

1. GBV is a form of gender discrimination that violates fundamental human rights. Comprehensive sexual health education can reduce negative attitudes that contribute to GBV and improve knowledge and skills that act as protective factors. Therefore, governments in Canada should create and support effective policies that help integrate GBV prevention into school-based sexual health education.

Children and youth have the inherent human right to be protected from all forms of violence (United Nations, 1989). As school is an important part of youth's daily lives, it is crucial to create and promote an environment free of GBV and support GBV prevention in sexual health education at all levels of the education system.

2. Provincial/Territorial Ministries of Education should ensure that effective GBV prevention programming is provided in elementary and secondary schools.

As noted in the Canadian Guidelines for Sexual Health Education (SIECCAN, 2019), schools are the only formal educational institution to have meaningful and mandatory contact with most young people and are therefore uniquely positioned to provide comprehensive sexual health education (CSHE). To be comprehensive, sexual health education must include key GBV awareness and prevention concepts, beginning in the early grades, and continue throughout students' time in school.

Mandates that support the inclusion of GBV prevention within school-based sexual health education curricula are needed to ensure that children and youth receive the information and skills to: 1) develop meaningful, consensual, equitable, safe, and satisfying interpersonal relationships and 2) decrease attitudes and behaviours that contribute to GBV.

* The Guidelines are numbered for ease of reference but are not listed in any hierarchical order.

Ministerial support for GBV prevention sexual health education policy and program implementation is necessary to help prioritize GBV prevention in sexual health education and ensure that school boards, administrators, and educators have access to the support needed to effectively implement programs.

3. National benchmarks for the provision of GBV prevention information and skills within sexual health education are needed to ensure youth across Canada have access to consistent, effective, and inclusive CSHE.

All provinces and territories mandate some form of sexual health education. However, the extent to which key GBV prevention concepts are included in sexual health education curricula varies considerably across the country (Action Canada for Sexual Health and Rights, 2020; Crann et al., 2022; Robinson et al., 2019). As a result, students can receive vastly different information about critical GBV prevention and awareness concepts such as gender norms, characteristics of healthy relationships, consent, assertive communication and boundary setting, intimate partner/dating violence, sexual assault, and technology-facilitated sexual violence (Crann et al., 2022). National benchmarks are needed to create systemic change across educational sectors.

Having national benchmarks can:

- Provide educators with evidence-based guidance for integrating GBV prevention within sexual health education.
- Help provincial/territorial ministries of education identify curricular strengths, gaps, and avenues for change.
- Account for region-specific needs while ensuring that all students have access to critical GBV prevention sexual health education information.

4. Educators, administrators, and other relevant school staff should have access to appropriate and sufficient resources and training opportunities to understand GBV and/or provide sexual health education that effectively incorporates GBV prevention.

As part of a whole school approach to GBV prevention, it is important that all educators, administrators, and other staff who interact with students have a basic understanding of GBV (e.g., what GBV is, how to detect GBV, what to do when a student reports an incident, how to recognize and respond to homophobic, transphobic, and sexist comments from students and staff, etc.). Educators who teach sexual health education also need training on GBV prevention and awareness concepts, as well as how to teach these topics from an intersectional, anti-racist, and trauma-informed lens (see Approach to Gender-Based Violence Prevention in Sexual Health Education). Teachers working in this area need to learn the principles of trauma-informed education to effectively teach about GBV and to avoid the re-traumatization of youth who have experienced GBV (see pg. 41). Ongoing training opportunities are important to ensure that educators have access to updated evidence and best practice information on current, new, and evolving areas of research (e.g., technology-facilitated sexual violence).

It is imperative that teachers have access to resources and training that address the GBV prevention sexual health education needs of 2SLGBTQINA+ youth. Students with 2SLGBTIQINA+ identities are more likely to experience violence, be bullied, and miss school because of safety concerns (Centre for Disease Control and Prevention, 2023). **Policies and programs that address and work to reduce violence against 2SLGBTQINA+ individuals (e.g., anti-homophobic/transphobic bullying policies) are policies and programs that address and work to reduce GBV.**

Formal pre-service education on sexual health is minimal (Barrett et al., 2012; Burkholder et al., 2022; McKay & Barrett, 1999; Ninomiya, 2010). In studies with pre-service teachers in Ontario, participants emphasized the importance of learning about GBV-related topics, and how to teach students GBV prevention in sexual health education (e.g., consent, boundaries, and healthy relationships) but received little to no training in their teacher education programs (Almanssori, 2022a; 2022b).

New Brunswick teachers report that a lack of training, knowledge, and available resources are among the factors that negatively impacted their ability to teach sexual health (Burkholder et al., 2022). Canadian educators vary considerably in their comfort level when addressing 2SLGBTQINA+ issues with students and in their practice of 2SLGBTQINA+ inclusive education (Taylor et al., 2016). When teachers are unprepared to teach sexual health education, they are more likely to omit relevant topics and teach from a problem-focused perspective (Sell et al., 2021). Doing so may reinforce restrictive gender and sexual norms and stereotypes that can contribute to GBV (see pg. 55).

It is important to prioritize access to GBV prevention and sexual health education training for pre-service educators (e.g., courses in colleges, universities, medical programs etc.) and in professional development opportunities (e.g., mandatory GBV prevention training modules, ongoing workshops/courses). Educators need credible, relevant, and accessible resources to increase their capacity to effectively implement GBV prevention within sexual health education.

5. Educators should have school board, administrative, and pedagogical support to effectively incorporate GBV prevention within sexual health education.

To prioritize teaching GBV prevention within sexual health education, educators need administrative and school board support for policy and program implementation. Adequate time must be allotted to sufficiently implement sexual health education programs and address relevant GBV prevention concepts/topics. Sustained financial resources are needed to ensure that programs are implemented in ways consistent with current best practices and in line with the Core Principles of Sexual Health Education (SIECCAN, 2019). Sustainable funding is especially important in rural and remote areas where access to community-based GBV prevention sexual health education may be limited, and schools may need extra funds to bring in external educators. Educators should also have administrative and pedagogical support to engage parents/guardians. This may include support in building trust and establishing relationships (see pg. 73). It also includes supporting educators in understanding and navigating policies that can act as barriers to implementing GBV prevention in sexual health education (e.g., obtaining parental/guardian consent when covering specific topics).

Additional pedagogical and staff support may be required to effectively teach some GBV prevention and awareness topics. For example, educators may need support to implement specific pedagogical tools (e.g., creative arts-based methods, Ging et al., 2022). Educators may also need additional staff support in the classroom when covering certain topics or concepts. Educators may need emotional support when teaching and/or training extensively in this area (e.g., educators themselves may also be victims/survivors of violence). Access to internal (e.g., debriefing sessions) and external supports (e.g., counseling) would be beneficial.

6. To effectively integrate GBV prevention concepts, sexual health education curricula should be updated regularly and supported by opportunities for cross-curricular engagement.

Curricula should be regularly evaluated (e.g., topics/concepts assessed) and/or updated (e.g., every 3-5 years, when possible) in order to: 1) be timely and relevant to the evolving GBV prevention and sexual health education needs of young people (e.g., includes relevant information related to changing technology), and 2) incorporate new GBV prevention and sexual health education research.

Learning about GBV and GBV prevention is a broad, nuanced topic that intersects with other forms of violence (e.g., cultural violence, workplace violence, economic violence etc.), and is therefore relevant to other educational domains. It is necessary to support the GBV prevention information and skills that students learn in sexual health education by making cross-curricular links with GBV-related information in other subject areas (e.g., history, civics, etc.).

7. Educators, program planners, and school boards should collaborate with credible regional GBV prevention and sexual health community organizations/health professionals to identify needs for external support and available external resources to meet the GBV prevention sexual health education needs of youth.

GBV prevention concepts and skill development should be taught by educators who are trained, skilled, and knowledgeable. While school-based educators should be trained to teach about GBV awareness and prevention (e.g., what GBV is and how to recognize it, basic knowledge and skills about developing healthy relationships) and respond to GBV within the school, educators may have had limited training on how to teach students about more complex GBV components (e.g., deconstruction of intersecting gender and sexual norms, teaching about the social systems of oppression that contribute to GBV; understanding power inequities and the complexities of trauma and sexual consent, see Wright, 2022).

Youth want GBV prevention and sexual health education information taught by knowledgeable, caring, non-judgmental educators who demonstrate an ability to reflect on their knowledge gaps and welcome feedback from students (Corcoran et al., 2020; Ringrose et al., 2023 forthcoming; Vanner & Almanssori, 2021). While this may occur in the classroom with established teachers, youth also support learning about GBV/sexual health education content from credible external sources (Corcoran et al., 2020; Thiessen et al., 2021). External educators may be beneficial in rural communities where teachers have relationships with students' families outside of the classroom (Thiessen et al., 2021).

Many community organizations that have expertise and knowledge in sexual health education, healthy relationship development, and youth-focused GBV prevention programming. There are also specialists (e.g., sexologists in Quebec) that teach GBV prevention and sexual health education using approaches identified in this document (e.g., trauma-informed, intersectional, etc). Schools and educators can collaborate with community organizations/specialists to determine what is available and appropriate for students' needs. Community based organizations that do GBV prevention in schools need adequate and sustained funding to ensure equitable access to effective programs, including in rural, remote, and northern areas.

Outsourcing GBV prevention sexual health education can ensure that students have access to trained and specialized educators and important GBV prevention information. However, it is important that schools establish collaborations with credible organizations that provide accurate, effective sexual health education in line with the Core Principles of Sexual Health Education. Administrators and educators should be given the resources to build their capacity to critically evaluate the quality of community-based GBV prevention and sexual health education programs (Action Canada for Sexual Health and Rights, 2020; Crann et al., 2022). It is also important that, when schools are able to offer credible external educators, all students have the opportunity to attend/engage in relevant lessons to ensure equitable access to GBV prevention information (i.e., offering teachings to all relevant classes/ages).

8. Educators and school support staff should have the support and resources to easily link students to GBV support services and health care providers.

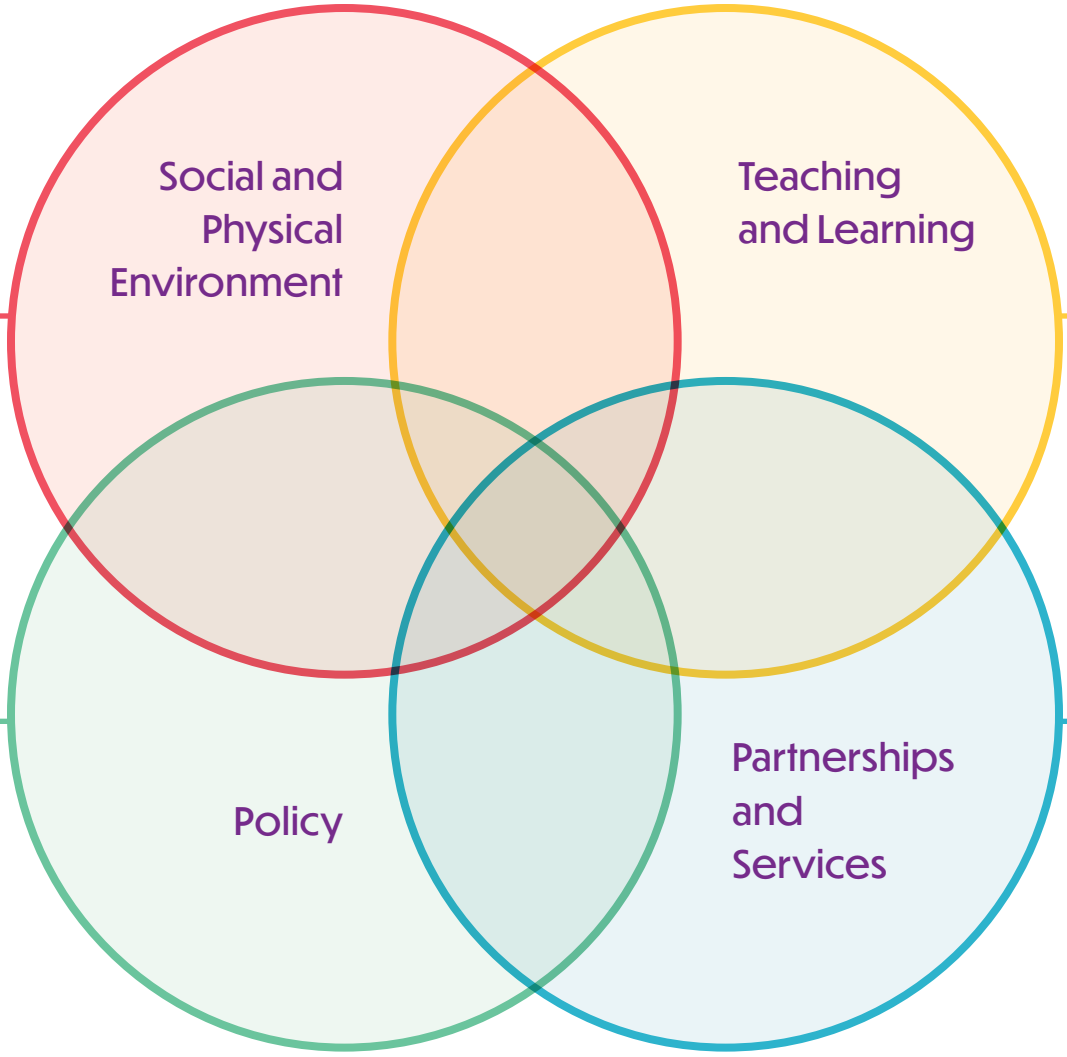
It is important that educators, administrators, and school support staff develop clear pathways from education to support services and health care providers (e.g., in the community, online, etc.). Students should be provided with information linking them to community and health services that provide confidential counseling and support service information on GBV and GBV prevention.

9. A holistic, comprehensive school health approach is needed to effectively address GBV prevention and support key concepts and skills learned in sexual health education programs.

According to the Pan-Canadian Joint Consortium for School Health (2016), a comprehensive school health approach includes four interconnected components to support students' educational outcomes:

- Establishing and growing positive relationships between staff and students, includes relationships with the broader community
- Emotional safety of students
- Safe, accessible spaces

- Age-appropriate knowledge and skill development to improve health and well-being
- Student-centered learning



- Establishing and implementing policies and practices that promote student well-being
- Establishing and implementing policies and practices that create a caring and respectful school environment

- Working with community and health partners
- Linking students to essential services

A comprehensive school health approach recognizes that the promotion of student health and well-being needs a coordinated effort from educators, administrators and others that includes learning and skill development, the engagement of youth and families, the development of partnerships with health and community services, and the use of materials that are culturally and developmentally responsive (Pan-Canadian Joint Consortium for School Health, 2006).

Adopting a comprehensive school health approach can support GBV prevention learning and skills development by:

Teaching and Learning

- Including GBV prevention topics in knowledge and skill development, using a building block approach to teach about GBV prevention in sexual health education that considers students' age and developmental level.
- Using inclusive, evidence-based teaching materials (e.g., materials reflect a range of gender identities and gender expressions).
- Identifying resource needs (e.g., library books) that support learning about effective GBV prevention concepts.

Social and Physical Environment

- Using trauma-informed approaches to teaching and building relationships with students (see pg. 41).
- Designing spaces for inclusion and equity (e.g., ensuring students have access to all-gender washrooms).
- Providing opportunities for students to build positive social connections (e.g., Gay-Straight/Gender-Sexuality Alliances).

Partnerships and Services

- Ensuring schools develop, sustain, and grow relationships with credible community-based organizations that provide sexual health education and have expertise in GBV prevention (see pg. 33).

Policy

- Ensuring schools develop policies that support the development and implementation of sexual health education programs that include GBV prevention.
- Ensuring schools develop and implement anti-homophobic/anti-transphobic bullying policies (see Centre for Disease Control, 2023; Saewyc et al., 2014).
- Having schools implement the recommendations in this document to create structural support for GBV prevention in sexual health education.

A holistic, comprehensive school health approach to GBV prevention is important to help create a safe learning environment for all students. It is especially important for 2SLGBTQINA+ students who are more likely to experience violence at school and whose needs are often not included in sexual health education content (Brömdal et al., 2021; Campbell & Peter, 2021).

10. To ensure that GBV prevention efforts in sexual health education are effective, school-wide policies to address and prevent GBV are necessary.

Sexual health education is one critical component of GBV prevention. However, reducing and preventing GBV experienced in and outside of schools requires substantial systemic change. Therefore GBV prevention efforts in sexual health education can be supported by school-wide policies that address GBV (UNESCO et al., 2021; World Health Organization, 2019).

Supportive policies could include:

- Ensuring that GBV-related policies (e.g., reporting processes, anti-homophobic/transphobic bullying policies, anti-harassment policies) are transparent and accessible to all students.
- Developing trauma-informed early-alert programs to educate teachers on how to help students who may be at risk of experiencing GBV and/or those who have experienced GBV (Dunne et al., 2020).
- Providing school staff with training on restorative, transformative, and disability justice approaches for responding to and preventing harm (see Lodi et al., 2022; Parker & Bickmore, 2021; Shelton, 2020; Wright, 2021).
- Providing school staff with opportunities for additional, intensive GBV prevention training and giving students access to additional, intensive GBV prevention programs and programs that support GBV prevention (e.g., anti-bullying programs).
- Considering how other school policies (e.g., enforcement of gendered dress codes) may promote harmful gender norms and attitudes and contribute to an inequitable school environment (Ringrose et al., 2021).
- Ensuring that GBV-related policies emphasize empowerment and centre the safety and needs of victims/survivors in addressing instances of GBV.
- Challenging and changing zero-tolerance policies that focus on punitive consequences and position educators as enforcers. It is critical to address instances of GBV in schools. However, there is limited evidence that zero-tolerance approaches are effective in reducing GBV (Lloyd & Bradbury, 2022), and they have been widely criticized for producing detrimental outcomes (e.g., poor school performance, limited professional opportunities, punishment by the juvenile/criminal justice system, etc.; Welch & Payne, 2018). Black youth, Muslim youth, and other racialized students, and 2SLGBTQINA+ youth experience greater surveillance and are disproportionality penalized (Llyod & Bradbury, 2022; Maynard, 2017).

  Zero-tolerance policies:

  - Can contribute to the over-policing of Black youth in schools.
  - Can create a hostile educational environment for Black youth.
  - Combined with school inaction and systems of oppression (e.g., racism, transphobia, ableism etc.), work to push Black youth out of the school system (Maynard, 2017; James & Turner, 2017).

    Zero-tolerance approaches in schools apply an individual solution (e.g., punishment, expulsion) to a systemic problem (i.e., GBV) and reflect an "underlying colonial narrative that equates punishment to justice." (Lloyd & Bradbury, 2022, p. 4; Meiners, 2011). Restorative practices that aim to repair, rehabilitate, and centre the safety/needs of the victim/survivor, can be examined, along with an assessment of current practices that contribute to the disproportionate surveillance of racialized youth (e.g., the presence of police in schools).

SECTION 4

Guidelines for Integrating Gender-Based Violence Prevention within School-Based Comprehensive Sexual Health Education: Recommendations for Program Development and Implementation

Guidelines for Integrating Gender-Based Violence Prevention within School-Based Comprehensive Sexual Health Education: Recommendations for Program Development and Implementation

GOALS OF COMPREHENSIVE SEXUAL HEALTH EDUCATION

As stated in the Canadian Guidelines for Sexual Health Education, the overarching goal of comprehensive sexual health education is "to enhance the ability of an individual to achieve and maintain sexual health and well-being over their lifetime" (SIECCAN, 2019, p.34).

Subsequent goals include those related to the enhancement of sexual health and well-being (e.g., developing and increasing capacity to ensure healthy, satisfying, consensual, respectful relationships) and those focused on the prevention of outcomes that can have a negative impact on sexual health and well-being (e.g., decrease in experiences of sexual coercion and sexual assault). **Effectively incorporating GBV awareness and prevention concepts and skill development into sexual health education is fundamental to achieving these goals.**

The following Guideline statements provide direction, guidance, and recommendations for:

1. **Key approaches to consider for incorporating GBV prevention into sexual health education and**
2. **Considerations for the development of program content and implementation.**

Additional theories and frameworks to consider when developing sexual health education programs that include GBV prevention are included. For detailed information on program development and evaluation in comprehensive sexual health education, please see the 2019 Canadian Guidelines for Sexual Health Education (SIECCAN, 2019).

APPROACH TO GENDER-BASED VIOLENCE PREVENTION IN SCHOOL-BASED SEXUAL HEALTH EDUCATION

*GUIDELINES**

11. To be effective, the incorporation of GBV prevention within sexual health education should include alignment with the Core Principles of Sexual Health Education (SIECCAN, 2019).

The Core Principles of Sexual Health Education (SIECCAN, 2019, pgs. 23-28) **state that comprehensive sexual health education:**

- Is 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.
- Promotes human rights including autonomous decision-making and respect for the rights of others.
- Is scientifically accurate and uses evidence-based teaching methods.
- Is broadly-based in scope and depth and addresses a range of topics relevant to sexual health and well-being.
- Is inclusive of the identities and lived experiences of 2SLGBTQINA+ people.
- Promotes gender equality and the prevention of sexual and gender-based violence.
- Incorporates a balanced approach to sexual health promotion that includes the positive aspects of sexuality and relationships as well as the prevention of outcomes that can have a negative impact on sexual health and well-being.
- Is responsive to and incorporates emerging issues related to sexual health and well-being.
- Is provided by educators who have the knowledge and skills to deliver comprehensive sexual health education, and who receive administrative support to undertake this work.

The Core Principles of Sexual Health Education should inform, and be respected in the planning, implementation, and evaluation of sexual health education that includes GBV prevention.

* The first guideline starts on page 29. The Guidelines are numbered for ease of reference but are not listed in any hierarchical order.

12. The incorporation of GBV prevention in sexual health education should reflect a foundational, building block approach to the introduction and learning of key GBV prevention concepts and skills.

To prevent GBV, it is critical that youth receive sexual health education that is early, ongoing, and comprehensive. GBV can occur in many types of relationships (e.g., friendships, family relationships, intimate partners, sexual partners, peers, etc.) and settings (e.g., home, school, public spaces, private spaces, online spaces, etc.). Therefore, all youth need the information and skills to 1) increase their understanding and awareness of GBV (e.g., knowing what GBV is, that GBV can include things like non-consensual touching, abuse, grooming, homophobic and transphobic bullying, slut-shaming, victim-blaming, non-consensual sharing of images, etc.), and 2) prevent GBV by critiquing and changing restrictive gender norms and developing respectful, equitable, and satisfying relationships.

It is critical that young people receive sexual health education that includes GBV prevention before they begin engaging in sexual and romantic relationships. Sexual health education can help youth to improve communication skills (including communicating about sexual consent), develop gender-equitable attitudes, and reduce negative attitudes that contribute to GBV (Goldfarb & Lieberman, 2021; Lundgren & Amin, 2015; Schneider & Hirsch, 2020).

Some youth may not desire or choose not to engage in sexual activity with partners (e.g., asexual or aromantic youth). However, all young people still need access to sexual health information that includes GBV prevention to learn key information about bodies (e.g., names of body parts, puberty, diversity of bodies including intersex), autonomy, healthy relationships, and consent. GBV prevention education and the ability to link young people to GBV support services are also critical for those who have experienced or are currently experiencing GBV.

Further, early education on important GBV prevention concepts (e.g., right to bodily autonomy, communication, addressing gender-stereotypes) can:

- Improve children's knowledge, skills, and social-emotional outcomes related to touch and personal safety (e.g., knowledge of unsafe secrets, identifying unsafe situations, etc.) (Goldfarb & Lieberman, 2020).
- Contribute to a safer school environment for 2SLGBTQINA+ youth (Schneider & Hirsch, 2020).

The development of skill sets and the provision of GBV prevention information in sexual health education should begin in the early grades (e.g., in kindergarten) and continue throughout students' education. Educators can adopt a scaffolded, building block approach to help students develop important foundational GBV prevention knowledge and skill sets that can be expanded upon in later years.

Foundational topics related to learning about the body, personal boundaries, and treating others with respect in relationships can begin in the early grades and presented in ways that are relevant and age-appropriate. In the later grades, educators can provide opportunities to review and

expand on the detail and complexity of GBV-related topics (e.g., detailed understanding of power imbalances in relationships, building advocacy skills related to sexual health, and understanding the social factors that contribute to GBV; see Benchmarks for GBV Prevention in Sexual Health Education, pg. 79).

13. To respect and meet the needs of all students, sexual health education programs should incorporate a trauma-informed approach.

Trauma theory is a framework that examines the way traumatic events occur. It helps people to understand the traumatic experiences of victims/survivors and acknowledges how the potential long-term adverse effects of traumatic experiences can affect a person's ability to cope with internal and external stressors (Briere & Scott, 2014). Emphasis is placed on understanding and changing the systemic components of violence that influence and shape interpersonal experiences of trauma, an individual's health and well-being, and engagement with support services.

A trauma-informed approach to sexual health education does not aim to treat traumatic experiences – but instead recognizes that some students may have experienced GBV and/or other forms of trauma that have implications for their learning, development, and sexual health and well-being. A trauma-informed approach to education "acknowledges past experiences of abuse, the promise of resilience, and young people's right to positive sexualities" (Fava & Bay-Cheung, 2013, p. 1).

A trauma-informed approach to sexual health education should also include a recognition of the historical, structural, and intergenerational trauma-related impacts of colonialism and racism (Andermahr, 2015; Fava & Fortenberry, 2021).

Key assumptions of a trauma-informed approach include:

- Realizing how trauma can impact young people's learning, development, sexual health and well-being and understand the various avenues for recovery.
- Recognizing the signs of trauma in students but not making assumptions about what they need.
- Systematically responding using trauma-informed principles in program and policy development and implementation.
- Aiming to ensure that students are not re-traumatized in the learning environment (see Huang et al., 2014; Wright 2022).

A trauma-informed approach encourages educators and program planners to develop and teach sexual health education programs in ways that are respectful of the experiences of trauma survivors, incorporate their unique sexual health education needs, minimize re-traumatization, and include strength-based programming (e.g., empowerment through building healthy relationships; potential for romantic and/or sexual relationships to be healing; Fava & Bay-Cheung, 2013; Fava & Fortenberry, 2021; Panisch et al., 2020).

Key Principles of Trauma-Informed Approach

Organizations and scholars have identified several key principles of a trauma-informed approach (e.g., see Fava & Fortenberry, 2021; Huang et al., 2014). Below is a summary of key principles and the application of each principle in GBV prevention in sexual health education.

PRINCIPLE: SAFETY

Meaning

- **Considering the physical and emotional safety of students**
- **Creating safety in the learning environment that recognizes and respects the diversity of all students**
- **Creating and implementing policies that promote the physical and emotional safety of students**

Examples

- Use inclusive language (see Canadian Centre for Gender and Sexual Diversity, 2023a).
- Remove stigmatizing, shaming, and blaming language when delivering content. For example, language that positions all early sexual activity choices as bad choices or suggests that early sexual activity will always result in negative sexual health outcomes. This kind of language does not acknowledge that "youth in the class may have contracted an STI through sexual violence victimization, an experience that was not their choice." (Fava & Fortenberry, 2021, p. 881). Removing shaming language associated with sexual behaviour is also critical for decreasing STI-related stigma (e.g., stigma associated with testing, treatment, seeking services etc; SIECCAN, 2019).
- Create group agreements prior to engaging in discussions focused on GBV prevention and sexual health education topics.
- Ensure accessibility for different learning styles (i.e., through simplified language, various activities, visuals, etc.).
- Ensure there is easy access for students to leave and enter the room during lessons. This should be done in tandem with providing culturally relevant support and a plan/access to processing support for students who leave the class (see Vanner & Almanssori, 2021).
- Develop a plan for the possibility of checking in with students to determine processing and support needs. Check ins with students should not be considered mandatory; students should be provided with the option to check in/not check in as needed and determined by them.
- Develop policies that ensure staff have training to use a trauma-informed approach to education.
- Provide all educators with professional development to build their capacity to respond to disclosures in empathetic and non-triggering ways.
- In collaboration with experts and victims/survivors, develop curricula that include content specific to the needs of trauma victims/survivors (e.g., hypersexuality, dissociation, struggles with acquiescence, see Wright, 2022) and is presented in ways that work to avoid re-traumatization.

PRINCIPLE: TRUST & TRANSPARENCY

Meaning

- **School policies and processes related to GBV, GBV prevention, and sexual health education are clear, open, and honest to build trust with students, educators, and other school community members (e.g., parents/family members)**
- **Having educators/school staff build trust with students in order to effectively engage in GBV prevention sexual health education programs**

Examples

- Ensure students know and understand the school policies regarding GBV disclosures and the processes for reporting GBV (see Canadian Centre for Gender and Sexual Diversity, 2023b).
- Telling students in advance what sexual health education topics they will be learning about.
- Providing students with sexual health education information from credible sources.

PRINCIPLE: PEER SUPPORT

Meaning

- **Provides opportunities for youth to safely build relationships, promote recovery, and learn from one another**

Examples

- Provide opportunities during in-class lessons for youth discussion. Ensure that discussion boundaries are clear and do not aim to "pull" disclosures from youth.
- Provide opportunities for students to create and participate in peer-led groups (e.g., Gay-Straight/Gender-Sexuality Alliances, peer support groups, etc.).
- Provide information on community-based peer support groups.

PRINCIPLE: COLLABORATION & MUTUALITY

Meaning

- **Youth and adult collaboration to create and implement programs and build relationships**

Examples

- Engage with students to determine what topics they would like to learn more about.
- Ask youth how they would like to learn about different topics.
- Ask students for feedback on the resources used in lessons and allow time for questions and answers (see Canadian Centre for Gender and Sexual Diversity, 2023c).

PRINCIPLE: EMPOWERMENT, VOICE, & CHOICE

Meaning

- **Viewing trauma as a unique experience for each person and that each person will have different needs and supports**
- **Building on students' strengths**
- **Understanding how power dynamics operate in the classroom to enhance or limit students' voices**
- **"Making room for young people's voices and actively involving them in decision making about issues that will affect them."** (CARDEA, 2016, p.15)

Examples

- Engage in activities that promote self-advocacy skills (e.g., role playing conversations with service providers).
- Youth involvement in program development and lesson content.

PRINCIPLE: CULTURAL, HISTORICAL, AND GENDER ISSUES

Meaning

- **Recognizing and addressing historical trauma: understanding that historical trauma may impact access to supportive and healing resources and has implications for sexual health and well-being.**

Examples

- Addressing cultural and gender stereotypes related to sexuality in lessons.
- Incorporating youth stories and/or testimonials into lessons.
- Linking youth to culturally safe sexual health and GBV support services.

PRINCIPLE: ACCESS TO KNOWLEDGE, SERVICES, AND RESOURCES

Meaning

- **Institutional (i.e., school, board, government) commitment to equitable access to evidence-based programs, resources, and information about GBV prevention and support services.**

Examples

- School board policies that support and prioritize the teaching of GBV prevention in sexual health education.
- Ministerial policies that support and prioritize teaching GBV prevention in sexual health education.

PRINCIPLE: POST-TRAUMATIC HEALING AND GROWTH

Meaning

- **Allowing space for growth by "dismantling stereotypes of victims and supporting each person's potential and capacity"** (Fava & Fortenberry, 2021)

Examples

- Incorporate lessons that focus on breaking down harmful stereotypes about people who have experienced GBV.
- Incorporate lessons on the enhancing aspects of sexual health and well-being (e.g., development of satisfying, equitable, safe, respectful relationships).

CARDEA, 2016; Fava & Fortenberry, 2021; Huang et al., 2014; Martin, 2017; Panisch et al., 2020; Wright, 2022

In a scoping review of the literature, only 23% of relevant sexual health interventions addressed the topic of trauma (e.g., cycles of violence, healthy behaviour in relationships, etc.; Panisch et al., 2020). The authors noted that such interventions might "help youth with trauma histories place less blame on themselves and feel more able to engage with content related to healthy sexual relationships..." (Panisch et al. 2020, p. 889).

Incorporating a trauma-informed approach has the potential to benefit both youth who have experienced GBV (or other forms of trauma) and those who have not experienced trauma by promoting a learning environment where safety, empowerment, and access to evidence-based sexual health education resources are prioritized.

14. To be effective, the integration of GBV within sexual health education programs should address systemic factors by incorporating intersectional and anti-racist approaches.

Conceptualized by Black feminist legal scholar Kimberlé Crenshaw, an intersectional approach:

- considers the different and complex pieces of a person's identity as interconnected and emphasizes the way different systems of inequality intersect to shape a person's experience.
- recognizes how a person's identities (such as gender, race, sexual orientation, or class) render someone more vulnerable to different levels of discrimination, oppression, and violence (Crenshaw, 1991; Collins & Bilge, 2020).

An intersectional approach offers a rich understanding of the way that multiple factors connect to contribute to GBV. GBV is rooted in structural and systemic inequities and, as such, has differential impacts across identities and communities (Cotter & Savage, 2019; Perreault, 2020; Vanner & Almanssori, 2021).

Systemic oppression creates unequal power relationships between people, thereby creating space for varying levels of vulnerability.

Historical trauma of colonialism, cultural disruption, existing racism, and experiences with residential schools are among the causes of intergenerational trauma and violence experienced by Indigenous women, girls, and Two-Spirit people (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019; MMIWG2SSLGBTQQIA+ National Action Plan Final Report, 2021).

Experiences with anti-Black racism and race-based assumptions about gender and sexuality have significant implications for the sexual health and well-being of Black girls and young women (Epstein et al., 2017; Litchmore, 2021; Springer, 2021). Research indicates that Black girls are subject to adultification and sexualization by adults (see Epstein et al., 2017). That is, compared to white girls aged 5-19, Black girls are perceived as: 1) more adult-like, 2) less innocent, 3) less in need of protection, and 4) knowing more about sex (Epstein et al., 2017). In a study with young Black women aged 18-25, the internalization of race-based sexual stereotypes (e.g., stereotype of Black girls as hypersexualized) was associated with feeling less empowered in their intimate relationships (Bond et al,. 2021).

Heternormative ideas about who experiences GBV (e.g., that it only occurs in relationships with a heterosexual woman and heterosexual man) can impact 2SLGBTQINA+ youth's ability to identify GBV within their relationships and communities and to access GBV support services that meet their needs (Ham et al., 2021; Wisdom2Action, 2022).

Cisnormative ideas about sexuality and relationships (e.g., the assumption that all people are cisgender, and the assumption that trans people do not experience GBV, etc.) can result in erasing transgender and nonbinary youth's experiences and increase their vulnerability to violence (TransPULSE Canada, 2021). Racialized trans and non-binary people can experience the compounding effects of racism and transphobia: In a survey of trans and non-binary people in Canada, a significantly higher percentage of racialized participants reported experiences of sexual assault (32%) compared to non-racialized participants (25%; Chih et al., 2020).

Women with disabilities can be multiply marginalized by ableism and misogynistic beliefs and thus be more vulnerable to violence. In Canada, 53% of women with disabilities reported experiencing intimate partner violence (Savage, 2021). Women, girls, and nonbinary people with disabilities report disability-specific types of GBV, such as the withholding of needed assistance, the weaponization of disability to discredit a person, and education abuse (e.g., being denied access to education by the withholding of correct supports in an educational environment; Abbas, 2022; UNFPA & Women Enabled International, 2021).

Though sexual health education has shifted toward recognizing the different ways that gender and sexual orientation impact sexual health and well-being, researchers have noted that discussions of race and racism are often omitted (Whitten & Sethna, 2014). An anti-racist approach to sexual health education includes using an intersectional lens to examine how social and structural power dynamics operate (e.g., who has/can use power, how power is removed from people, etc.) with the goal of changing structural inequality (Massicotte, 2022; Saskatoon Sexual Health, 2020).

An anti-racist approach encourages educators to consider the different sexual health education needs and experiences of their students and ensure that materials used in lessons reflect the backgrounds of their students (Pauchulo, 2013; Saskatoon Sexual Health, 2020).

Further, the needs of neurodivergent youth and disabled youth are often omitted from sexual health education (Davies et al., 2023; Frawely & Wilson, 2016; McCann & Brown, 2016; Nguyen et al., 2016; Santinele Martino, 2017; SIECCAN, 2022a; 2022b).

Access to sexual health education that is informed by an intersectional approach has been identified as a key recommendation to preventing GBV for women with disabilities (Abbas, 2022).

Ensuring that disability is incorporated into sexual health education can challenge ideas about gender and sex that are based on ableist understandings of sexuality (Campbell, 2017; Kattari, 2015; SIECCAN, 2020). For example, a disability lens to GBV prevention in sexual health education challenges the myth that disabled bodies are inherently not sexual, encourages conversation about access to sexual autonomy, and normalizes different ideas about how to access pleasure.

To be effective, sexual health education needs to address the intersecting social and systemic factors that contribute to GBV (e.g., ongoing impact of colonialism, racism, ableism, transphobia, homophobia, biphobia, fatphobia, misogynistic beliefs, white supremacist beliefs, etc.).

Research on young people in Canada indicates that they want to learn deeply about the root causes of GBV and how they can help prevent it (Vanner & Almanssori, 2021).

Adopting an intersectional and anti-racist approach to GBV prevention in sexual health education can help shift focus from prioritizing individual behaviour change to a focus on changing societal attitudes, social systems, and institutions (Abdel Ghafar, 2021; Montesanti, 2015).

15. Sexual health education programs must focus on human rights as a fundamental component of GBV prevention.

The promotion of human rights in relation to sexual and reproductive health is a Core Principle of comprehensive sexual health education (see SIECCAN, 2019).

Adopting a human-rights perspective in sexual health education can help to address GBV by ensuring youth:

- Are aware that they have fundamental human rights related to their sexual and reproductive health (e.g., security of person, equality, privacy, dignity; see The Convention on the Rights of the Child - United Nations, 1989).
- Understand that personal autonomy and bodily integrity are fundamental sexual health rights.
- Examine the ways that sexual and reproductive health rights can be violated.
- Know that they have a right to accurate information on sexual and reproductive health and a right to comprehensive sexual health education.
- Understand the difference between rights, laws, and rules.
- Understand that they can hold their duty bearers accountable to deliver access to improved and comprehensive sexual reproductive services.
- Understand that each person has a responsibility to respect the rights of others. (see Action Canada for Sexual Health and Rights, 2017 for a discussion).

A human-rights perspective is key as experiences of GBV fundamentally violate the human rights of victims/survivors. Further, experiences of GBV are linked to sexual health outcomes (e.g., lower sexual satisfaction, negative sexual self-esteem, decreased sexual pleasure, and problems with sexual desire and arousal, see Ford et al., 2021; Kilimnik et al., 2019; Pulverman et al., 2017). When students participate in sexual health education programs that incorporate a rights-based approach, they report more positive attitudes about sexual relationship rights and greater communication about sexuality (Constantine et al., 2015; Rorbach et al., 2015).

Using a human rights-based lens in school-based sexual health education can empower young people and promote the active participation of all members of the school community to integrate human rights values and principles into all areas of school life.

Key Human Rights Concepts/Statements from International Organizations Related to Sexual Health and GBV

World Health Organization:

- "Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (World Health Organization, 2002, updated 2010).
- "Sexual rights protect all people's rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination" (World Health Organization, 2002, updated 2010).
- Promoting gender equality is a critical component of preventing violence and school-based programs are well-positioned to address and prevent GBV (World Health Organization, 2009).

World Association for Sexual Health:

- The Declaration of Sexual Rights identifies several rights essential to achieving sexual health, including the right to autonomy and bodily integrity, the right to be free from all forms of violence and coercion, and the right to comprehensive sexual health education (WAS, 2015).
- The Declaration on Sexual Pleasure states that: "The possibility of having pleasurable and safe sexual experiences free of discrimination, coercion, and violence is a fundamental part of sexual health and well-being for all" (WAS, 2019).

Guttmacher-Lancet Commission:

- Describes an integrated definition of sexual and reproductive rights: Includes bodily integrity, personal autonomy, the right to freely define one's own sexuality (including sexual orientation and gender identity expression, the right to have safe and pleasurable sexual experiences, and have access to accurate information, resources, free from discrimination, coercion, and violence, among others; Starrs et al., 2018).

Key Human Rights Concepts/Statements from International Organizations Related to Sexual Health and GBV

United Nations:

- The proclamation of the Universal Declaration of Human Rights upholds the core principles that all human beings are born free and equal in dignity and rights and that they have the right to security of person (United Nations, 1948).
- According to the Convention on the Rights of Persons with Disabilities, women and youth with disabilities have a right to be free from violence. People with disabilities have a right to sexual and reproductive health care and programs (United Nations, 2006).
- "The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence" (UN Women, 1995).

Convention of the Rights of the Child:

- Obliges signatory states to take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has the care of the child (United Nations,1989).

16. GBV prevention in sexual health education should incorporate, and support culturally safe programs created and led by Indigenous peoples, including First Nations, Métis, and Inuit youth, communities, and scholars.

As a result of structural inequalities, Indigenous girls and women are disproportionately impacted by GBV (see "Gender Based Violence in Canada").

Additionally, Indigenous peoples, including First Nations, Métis, and Inuit communities, have their own values and practices regarding sexuality that may differ across regions. Indigenous feminist scholars note the importance of decolonized approaches to sexuality that emphasize self-determination, agency, sexual and reproductive rights and justice, and separating sexuality from colonialism (Anderson, 2016; Barker, 2017).

In creating/implementing culturally safe school based CSHE programs that integrate GBV prevention, educators and program planners should aim to:

- Incorporate content that addresses the ways that colonialism contributes to GBV;
- Build relationships with Indigenous individuals, institutions, and organizations that play active roles in providing sexual health education in their communities (e.g., midwives, doulas, Elders, peer mentors);
- Include culturally appropriate teaching methods, such as storytelling, land-based activities, photovoice activities, and arts-based methods (e.g., body mapping);
- Become familiar with regional approaches to teaching about GBV and sexual health and understand the ways in which Indigenous knowledge/ways of teaching should be shared (e.g., what are the procedures/expectations for accessing and disseminating Indigenous knowledge?).

Battiste, 2013; Genovese et al., 2011; Lys et al., 2018a; 2018b; SERC et al., 2019

Programs that incorporate regional cultural teachings and focus on relationships can be beneficial in helping youth feel more connected and develop critical GBV prevention skills (e.g., healthy relationship skills). For example, The Fourth R is an evidence-based healthy relationships program delivered in schools (see Crooks et al., 2019).

The Fourth R: Our United Nations Mentoring Program was developed specifically for Indigenous youth in collaboration with First Nations communities (see Crooks et al., 2017). The program includes content on healthy relationships and violence prevention, with a focus on cultural identity development and the inclusion of locally relevant teachings via Indigenous community members (Crooks et al., 2018). A longitudinal study of the program indicated that participants reported greater mental health, cultural connectedness, and communication and relationship skills (Crooks et al., 2017).

17. GBV prevention in sexual health education should be culturally responsive.

Schools in Canada consist of culturally diverse student bodies with differing sexual health education needs. Culturally responsive pedagogy is an evidence-based and student-centered approach to education that connects students' cultures and experiences with classroom content to make learning more relevant (Gay, 2018).

Integrating a culturally responsive approach involves:

- Examining school policies to determine whether formal processes contribute to marginalization.
- Engaging students in critical reflection regarding social and cultural expectations.
- Using curricula inclusive of culture, gender, and sexual orientation.
- Critiquing social power dynamics and oppressive systems.

Aronson & Laughter, 2018; Jackson & Boutte, 2018; Pradhan, 2015

Culturally responsive sexual health education can be helpful for all youth as young people can develop pride in their own culture and learn about other cultures (Aronson & Laughter, 2018). **A culturally responsive approach is especially important to meet the sexual health education needs of immigrant and newcomer youth.** Newcomer and immigrant youth may have missed school-based sexual health education in earlier years and some report that the sexual health education they received was inadequate (Louie-Poon et al., 2021; Salehi et al., 2010).

Immigrant adolescent youth would benefit from sexual health education programs that address:

- Knowledge gaps related to sexual health (e.g., contraception, menstruation);
- The role of culture on sexual and reproductive health;
- Human rights (e.g., right to privacy, understanding confidentiality and reporting laws in support services);
- Conflicting cultural messages regarding sexual and reproductive health (see Louie-Poon et al., 2021 for review).

A culturally responsive approach is also beneficial to help educators identify and challenge their own cultural biases, attitudes, and beliefs. GBV occurs in all cultures, and it is important for educators to reflect on their explicit and implicit attitudes so as not to perpetuate harm (e.g., by reinforcing racist or cultural stereotypes during lessons on GBV awareness and prevention).

18. To be effective, sexual health education in schools should avoid shame or fear-based approaches to GBV prevention and include the enhancing aspects of sexual health and well-being (e.g., pleasure).

GBV prevention in sexual health education should include information and skills focused on the enhancement of sexual health and well-being (e.g., comfort and confidence related to sexuality; ability to have safe and satisfying relationships) and the prevention of negative outcomes (e.g., sexual assault).

Sexual health education has historically focused on preventing negative outcomes (SIECCAN 2019, 2021). Focusing solely on prevention and using fear-based tactics to encourage youth to avoid or engage in certain behaviours can contribute to shame and stigma. Risk-focused sexual health education programs are ineffective at improving sexual health and well-being (see Ford et al., 2019). Further, shame and stigma can impact whether people disclose GBV experiences and seek support (Gamaerl et al., 2022; Hlavka, 2016; Sinko & Arnault, 2020).

Young people want age-appropriate information about pleasure included in their sexual health education and want to learn how pleasure is connected to consent and healthy relationships (Caurasano et al., 2010; Theissen et al., 2021; walters & Laverty, 2022). Young people also want sexual health education to address the questions most relevant to their lives (e.g., how to initiate a relationship, how to handle a breakup, how to communicate about sex etc.).

Therefore, sexual health education should seek to reduce the stigma associated with GBV, address stereotypes that contribute to GBV-related stigma (e.g., assumptions about who experiences GBV, who perpetrates GBV, and the relational context in which GBV occurs, etc.) and empower youth by including information about the enhancing aspects of sexual health and well-being (e.g., having respectful relationships, pleasure, self-acceptance related to sexuality).

Integrating pleasure into sexual health education is essential for promoting sexual health and addressing/understanding critical GBV prevention concepts (Bradford & Spencer, 2020; Fine, 1988; Fine & McClelland, 2006; Ford et al., 2019; 2021; Hirst, 2013; Kulwicki, 2019; Mark et al., 2021). The World Association for Sexual Health has called for sexual pleasure to be integrated into comprehensive sexual health education in an inclusive, evidence-based, and rights-based way (Ford et al., 2019).

Integrating information about pleasure provides opportunities to challenge problematic ideas about sexuality and relationships that contribute to GBV and learn the information and skills needed to help make autonomous decisions about sexual health and well-being.

For example:

Examining gendered norms about who has a "right" to sexual pleasure (e.g., norms that position men as having access to/a right to sexual pleasure and women as less deserving/wanting of sexual pleasure; norms that assume all trans and nonbinary people are uncomfortable using their genitals in sexual activity due to gender dysphoria).
Understanding that there is a range of activities that can be pleasurable (e.g., masturbation, cuddling, different types of partnered sexual activities, different types of sensory experiences and pressures, time spent with friends, etc.).
Learning that pleasure is one primary motivator for engaging in sexual activities and that it can be an important part of sexual relationships.
Learning to attend to pleasurable and unpleasurable feelings in the body.
Recognizing that physiological arousal (e.g., lubrication, erection) does not constitute consent.

Hirst, 2013; Mark et al., 2021; Kulwicki, 2019; Levin& Berlo, 2004; Ornstein, 2016

PROGRAM CONTENT AND IMPLEMENTATION

GUIDELINES

19. To be effective, GBV prevention in sexual health education should aim to be inclusive while also recognizing and addressing the specific needs of young people who are disproportionately at risk of experiencing GBV, such as young women and girls, 2SLGBTQINA+ youth, Indigenous youth, racialized youth, newcomer youth, and youth with disabilities.

Youth report different experiences of sexual health education and differentiated access to critical support services that meet their needs, depending on their intersecting identities and the ways that they experience marginalization:

- Sexual health education in schools has historically focused on providing information within a cisgender, heterosexual context. As 2SLGBTQINA+ people can experience additional forms of GBV (e.g., being outed, "corrective" sexual violence, controlling someone's transition, see Gamarel et al., 2022; Wisdom2Action, 2022), a heteronormative and cisnormative approach to sexual health education can increase 2SLGBTQINA+ youth's vulnerability to GBV.
- Queer and trans youth have identified specific sexual health education needs (e.g., understanding the diversity of bodies, gender identities and expressions; understanding dating, intimacy, consent, and sexual violence in same-gender relationships) but report that tailored materials are lacking (e.g., materials that have inclusive language, include diverse bodies, and identify safer sex practices for different types of sexual activities).
- Intersex youth report that sexual health education frequently excludes information about body and sex variations; when information is included, it is often framed problematically or as intersex individuals having "disorders."
- Lesbian, gay, bisexual, trans, and queer youth with disabilities note a lack of sexual health education tailored to their needs (e.g., people with disabilities presumed to be uninterested in sexual relationships; education focused solely on abuse prevention with little attention paid to healthy relationships or gender and sexual identity).
- Youth with developmental disabilities are often excluded from sexual health education, despite reporting a desire to learn about sexuality, including information about consent.
- Indigenous youth in Canada often lack culturally safe sexual health education that considers the impact of colonization; few school-based GBV prevention programs have been developed that reflect the worldviews of Indigenous communities.
- Racialized students in Canada report that they do not see themselves represented in educational curricula and most sexual health education does not incorporate anti-racist perspectives.

Youth report different experiences of sexual health education and differentiated access to critical support services that meet their needs, depending on their intersecting identities and the ways that they experience marginalization:

- Young Muslim women have described a critical need for more sexual health information that is culturally and religiously inclusive.
- Immigrant adolescents report unique barriers to accessing appropriate sexual health education/services and want sexual health education that is both intersectional and culturally sensitive (e.g., addresses the challenges associated with reconciling different messages received about sexuality in their birth country and the country they are currently living in). For some, there is a disconnect between what their parents would like for them to learn versus what youth themselves want to learn.
- Girls and young women who have experienced sexual dating violence report that their sexual health education did not meet their needs (e.g., lacked information about sexual consent, did not address pleasure, reinforced gendered sexual and sexual norms).

Bradford et al., 2019; CANVAS Arts Action Programs, 2020; Crooks et al,. 2019; Guyon et al., in press; Haley et al., 2019; Janssens et al., 2020; Jones, 2016; Louie-Poon, 2021; MacAuley et al., 2022; McCann & Brown, 2016; Meherali et al., 2022; Narushima et al., 2020; O'Farrell et al., 2020; Pauchulo, 2013; Planned Parenthood Toronto, 2016; Pound et al., 2017; Roberts et al., 2020; Saskatoon Sexual Health, 2020; Schalet et al., 2014; SIECCAN, 2020; Synder, 2015; Rabitte, 2020; Whitten & Sethna, 2014; Wisdom2Action, 2022; Wong et al., 2017; YouthCo, 2018

Many groups of youth have inequitable access to sexual health and GBV prevention information that is relevant to their lives. When creating and implementing programs, it is therefore critical to incorporate the needs of youth who are most at risk of experiencing GBV and who historically have not had their voices and experiences represented or centered in sexual health education.

GBV prevention in sexual health education should include information tailored to the unique needs of young women and girls, 2SLGBTQINA+ youth, Indigenous youth, racialized youth, newcomer youth, and youth with disabilities.

20. To develop effective GBV prevention sexual health education programs, collaboration with young people and others with lived experience is needed.

Consultation with young people and others with lived experience is important to ensure that:

- Programs are relevant to and meet the changing needs of youth (e.g., topics they want/need incorporated, incorporates best practices regarding changing language etc.).
- Programs respond to the changing social, cultural, and digital lives of youth (e.g., address important media and gender representations/norms that youth see online; address the changing ways that youth are accessing their online information and how that might impact the way they think about gender, relationships, and sexuality; address cultural movements, people and media who have cultural influence with youth related to ideas about gender, sexuality, and GBV).

- Young people can take ownership of GBV prevention sexual health education programs and advocate for effective implementation.
- Youth voices and experiences are centered and incorporated into GBV prevention in sexual health education.
- Resources and programs are engaging and accessible to youth.
- GBV prevention sexual health education needs of victims/survivors are centred and incorporated.

21. GBV prevention in sexual health education should include a focus on gender, power dynamics, and deconstructing the gender stereotypes and social norms that contribute to GBV. Challenging restrictive gender norms is critical and necessary to addressing gender inequality.

Gender norms are the "often unspoken rules that govern the attributes and behaviors that are valued and considered acceptable for men, women, and gender minorities" (Heise et al., 2019; p. 2441). Gender norms are influenced by one's social, cultural, and religious background. Gender norms are deeply rooted in daily life, beginning in infancy, and become increasingly relevant through childhood and adolescence (Cislaghi & Heise, 2019).

Gender norms vary across cultures, nations, and regions. For example, Indigenous perspectives often include ideas about gender roles and expectations that are non-binary or based on a person's biological sex and perspectives where roles and responsibilities are gendered (Barker, 2017). Indigenous scholars describe the balanced and respected gendered expectations of women, men and Two-Spirit people that were common prior to colonization, that many communities still embrace and/or have reclaimed (Anderson, 2016; Hunt, 2016).

However, there are many cultural and social ideas about gender that are restrictive and can contribute to gender inequality and GBV. Gender norms often locate masculinity and men in greater positions of power/value than femininity, women, and gender-diverse people (Heise et al., 2019). Restrictive ideas about masculinity (e.g., that masculinity should include aggression, dominance, sexual conquest, and a lack of help-seeking behaviour) and femininity (e.g., that femininity should include sexual restraint or 'purity', submission, caretaking in relationships, etc.) has significant implications for the way youth feel about themselves and how they interact in relationships with others (Barreto & Doyle, 2023; Pérez-Martínez, 2021).

Beliefs and attitudes about gender that can contribute to GBV often exist on a continuum. Attitudes may be explicitly negative or violent (e.g., beliefs that women should not have the same rights as men; denying that trans or non-binary identities exist), while other attitudes may seem positive but contribute to problematic stereotypes (Barreto & Doyle, 2023). For example, the belief that women and/or feminine people should be cooperative, nice, and should be protected may impact people's ability to communicate about and respect sexual consent (e.g., assuming that someone should 'go along with' a sexual encounter if they do not want to or are not enjoying it).

Negative attitudes are often referred to as hostile sexism, while "positive" stereotypes are referred to as benevolent sexism (Barreto & Doyle, 2023; Glick & Fiske, 2018). Both kinds of sexist beliefs help justify and maintain gender inequality: Hostile sexism acts to "punish" women/feminine people who do not act in accordance with expected gender norms, while benevolent sexism acts to "reward" women/feminine people who act in line with gender-traditional behaviours (Glick & Fiske, 2001; Oswald et al., 2019). Among men, having more sexist beliefs is linked to: 1) tolerance of sexual harassment, 2) sexual aggression toward women, 3) blaming victims/survivors, and 4) a greater likelihood of engaging in sexual harassment (Barreto & Doyle, 2023).

In a systemic review of the literature on sexism in adolescent relationships, adolescents who had more sexist attitudes (Ramiro-Sánchez et al., 2018)**:**

- Had greater acceptance/justification of intimate partner violence
- Reported greater use of violent conflict resolution strategies
- Had more difficulty communicating about sex with partners
- Reported greater attraction to sexist partners
- Reported greater support for the myth of the "love-abuse" link (i.e., accepting/tolerating violent behaviour in passionate relationships)
- Were more emotionally dependent on their partners
- Reported poorer relational quality

Gender norms can intersect with other social norms (e.g., ideas about sexual orientation, race, ethnicity, socio-economic status, health, disability, etc.) to impact the way that young people think about gender, sexuality, relationships, and their risk of experiencing or perpetrating sexual violence. For example, engaging in homophobic bullying and using homophobic slurs is linked to sexual violence perpetration (Valido et al., 2021).

Therefore, to be effective, it is important that GBV prevention in sexual health education consider and address both gender norms and other relevant social norms/ stereotypes that relate to and/or impact sexuality.

Gender inequity and restrictive gender and sexual norms can have a significant impact on sexual health and well-being (Heise et al., 2019; Weber et al., 2019).

- ***Gender norms.*** Researchers examined how gender norms intersect with other factors to impact health across life stages and world regions (Weber et al., 2019). **Gender norms, learned at early stages of development by peers and parents, have short and long-term impacts on health and well-being.** For example, pressure to conform to specific body and gender norms was negatively related to mental health. Youth who were less likely to conform to restrictive gender norms reported more depressive symptoms and suicidal ideation; stigma and negative reactions from peers may account for the link between non-conformity and negative mental health outcomes. Violating traditional gender norms was also linked to a greater risk of experiencing intimate partner violence among women.

- ***Gender & social norms.*** Strong gender and social norms that support violence and belief systems that include male sexual entitlement (e.g., belief that sex is "owed" in a relationship) are linked to increases in sexual violence (WHO, 2010).
- ***Traditional sexual script.*** Endorsement of the "traditional sexual script" – a commonly understood conceptualization of the events and gendered behaviours that constitute appropriate behaviour in heterosexual sexual activity (La France, 2010; Simon & Gagnon, 1993) – has been linked to young men reporting that they would commit sexual aggression (Edwards & Vogel, 2015).
- ***Sexual scripts & 2SLGBTQINA+.*** Traditional sexual scripts can also impact the sexual lives of 2SLGBTQINA+ individuals. Research indicates that 2SLGBTQINA+ youth will adopt aspects of heterosexual scripts in the absence of available scripts focused on 2SLGBTQINA+ sexual and romantic relationships (Ford et al., 2021; Fornier et al., 2022). However, there is some evidence that traditional scripts are less present in relationships among young lesbian women who describe multiple and varied sexual scripts (e.g., different scripts for sexual interactions with a partner), including scripts where the verbal negotiation of consent is prioritized (Beres, 2022; Patterson et al., 2013).
- ***Sexual scripts & gay and bisexual men.*** Among gay and bisexual men, sexual scripts for consent may be less clear, which can impact sexual consent negotiation (McKie et al., 2020; Sternin et al., 2021). Scripts that suggest gay and bisexual men are hypersexual, always ready for sex, and always want sex are linked to feelings of obligation in sexual interactions (McKie et al., 2020). Restrictive ideas about masculinity can create challenges and conflict when negotiating sexual positioning (e.g., assumption that a more masculine person will take an insertive role; McKie et al., 2020).
- ***Gender, sexual norms, and education.*** 2SLGBTQINA+ youth report that education about GBV centers on the experiences of cisgender, heterosexual people, contributing to a sense of "otherness" for gender-diverse students in schools and the inaccurate belief that sexual violence only occurs between heterosexual men and women (MacAulay et al., 2022).
- ***Heteronormative relationship norms.*** Heteronormative notions of relationships and restrictive masculine norms have significant GBV implications for trans women of colour. In qualitative research with trans women of colour, participants noted that cisgender male partners often concealed their relationships for fear of being "outed" as attracted to trans women, with violence viewed as an anticipated and realistic outcome (Gamarel et al., 2022).
- ***Restrictive views.*** Having and reinforcing restrictive views on gender is associated with harassment among young people (Goldfarb & Lieberman, 2020).
- ***Traditional gender roles.*** Adherence to traditional gender roles and hypermasculinity, acceptance of rape myths, and hostility towards women have been identified as risk factors for sexual violence perpetration (Schneider & Hirsch, 2020; Tharp et al., 2012).
- ***Power and control.*** Among young women who have sex with men, having less power in sexual relationships has been linked to lower rates of condom use and a greater likelihood of having a sexually transmitted infection (STI) or unwanted pregnancy (see Haberland, 2015).

Comprehensive sexual health education can help to challenge and change restrictive gender norms that contribute to GBV by:

1. Providing information about the diversity of genders, identities, and expressions.
2. Breaking down myths regarding who experiences and perpetrates GBV.
3. Deconstructing stereotypes and expectations, including those communicated through media, related to femininity and masculinity (e.g., addressing toxic masculinity, addressing "performance culture" related to sexual activity, examining how people use GBV to hurt others when people are not acting in ways that are traditionally expected based on their gender).
4. Addressing gendered attitudes related to sexual violence.
5. Encouraging youth to critically examine and/or revise traditional sexual scripts that can impact people's ability to consent and communicate about safer sex strategies (e.g., women and/or feminine people as sexual gatekeepers or submissive, men and/or masculine people as sexual initiators or dominant; that consent is assumed or something to obtain once or "check off" a list, rather than on ongoing process).
6. Providing all young people with the information and skills to obtain, give, and respect sexual consent.
7. Providing all young people with the information and skills to develop respectful, satisfying, safe, and equitable relationships.

This work can be done effectively using a gender transformative approach. Gender-transformative approaches seek to:

Challenge/transform unequal gender norms and power dynamics and disrupt policies or systems of oppression that sustain inequalities;

Help young people build equitable relationships and gender-equitable attitudes;

Provide an understanding that the active participation of all genders plays a significant role in tackling social structures that cause discrimination and an inequality;

Foster a safe environment where students can address and reflect on gender stereotypes and engage in in-depth discussions related to gender and power

Alexander-Scott et al., 2016; Pérez-Martínez et al., 2021; Sell et al., 2021

There is a growing body of research demonstrating the effectiveness of sexual health education programs that use a gender-transformative approach, include information related to gender and power, and foster critical thinking regarding gender norms (Claussen, 2019; Crann et al., 2022; Haberland, 2015; Goldfarb & Lieberman, 2020; Pérez-Martínez et al., 2021; Sell et al., 2021).

Outcomes of gender-transformative approaches include:
Decreased intimate partner violence perpetration and/or victimization.
Improved gender-egalitarian attitudes, attitudes towards women, and intentions to intervene in violent situations.
Increased acceptance of transgender and gender-diverse people.
Expanded understanding of gender, gender expression, and gender norms.
Improved sexual health outcomes, such as rates of STIs and unwanted pregnancies.
Goldfarb & Lieberman, 2021; Haberland, 2015; Pérez-Martínez et al., 2021

It is imperative that sexual health education help young people become aware of the societal norms and practices that contribute to GBV and provide them with the information and skills to challenge harmful norms in order to create more equitable relationships and communities.

22. GBV prevention in sexual health education must focus on providing youth with the knowledge and skills to understand and communicate about sexual consent and to positively respect and accept the boundaries of their sexual partner(s). Understanding that everyone has the right to give, refuse, and withdraw consent for sexual activity is fundamental for the development of equitable, safe, and respectful interpersonal relationships and the prevention of GBV.

<table>
<tr><th colspan="2">A critical component of CSHE includes ensuring that young people have access to information and skill development opportunities related to:</th></tr>
<tr><td>Setting and respecting boundaries in sexual relationships</td><td>Understanding what sexual consent is</td></tr>
<tr><td rowspan="4">Understanding the broad range of sexual consent violations. For example:
pressuring someone to consent to sex
pressuring/threatening/forcing someone into having sex they do not want
using drugs or alcohol to pressure a person into sex they do not want (e.g., taking advantage of a person when they are drunk/high; intentionally getting a person drunk/high)
pressuring a person to comply to sex using threats to the relationship
pressuring someone to send explicit images
assuming sexual consent because of a prior/current relationship
non-consensual condom removal sometimes referred to as “stealthing”
sending a person’s sexual image without their consent
sending a sexual image to a person without their consent, etc</td><td>Developing communication skills needed to establish a mutual understanding of desired sexual behaviour(s)</td></tr>
<tr><td>Understanding verbal and nonverbal communication</td></tr>
<tr><td>Developing ethics of care and respect for sexual partners</td></tr>
<tr><td>Critically examining sexual and gender scripts related to sexual consent and developing new personal scripts to help ask for, give, and respect sexual consent</td></tr>
<tr><td colspan="2">Reflecting on and critically analyzing personal and societal ideas about sexual consent</td></tr>
</table>

While it is important for young people to understand the legal aspects of sexual consent (e.g., information on sexual exploitation and age of consent exceptions, see SIECCAN, 2020), CSHE should focus information and discussion about sexual consent within the context of ethics, values, and care.

It is important that students develop holistic skills needed to engage in healthy relationships (e.g., empathy, communication) and to ground information about sexual consent within a value system of care and the development of critical thinking. Empathy (i.e., knowing that someone feels hurt by the actions) is a key reason youth report for pushing back against online prejudice and the non-consensual sharing of sexual or intimate images (Brisson-Bovin, 2019; Johnson et al., 2018).

Sexual consent education information and skill development should be embedded within other parts of sexual health education programming, including understanding how gender norms, power dynamics, and experiences of trauma impact a person's ability to give or refuse sexual consent and make a person more vulnerable to violence.

For example, research on trauma survivors indicates that trauma impacts the ways people are able to assert themselves, advocate for their own safety, and establish boundaries (Wright, 2022).

A trauma-informed educational approach would include nuanced discussions of consent (i.e., going beyond a simple "yes/no" approach) and acknowledge that survivors can struggle with aspects of sexual consent (e.g., going along with sex when they may not want to because they are in a dissociative state [i.e., feel detached from themselves] or feel overwhelmed; Wright, 2022).

In a critical review of the consent research, Jeffrey (2022) demonstrates that GBV education focused solely on consent can reinforce gender and social norms that contribute to GBV (e.g., men holding women responsible for communicating [non]consent) and support GBV by framing consent as something to be "achieved"; thereby opening the door for consent to be obtained through coercive measures. Such an approach focuses on obtaining consent rather than understanding "how or why or to whose benefit it was obtained, or the extent to which the entire sexual encounter and context leading to it were mutual and ethical" (p. 7). **Instead, education should shift to thinking about ethical sexual experiences and center values of care, empathy, co-determination, and communication** (Jeffrey, 2022)**.**

23. The effective integration of GBV prevention within sexual health education requires a focus on technology facilitated sexual violence (TFSV), digital media literacy, and the development of respectful and ethical communication technology skills. Digital media literacy skill development is critical to help students differentiate between positive and problematic representations of sexuality and relationships in media that can contribute to GBV.

Young people have access to a wide range of communication and digital technologies (e.g., computers, smartphones, social media, etc.) that have substantial implications for their sexual health and well-being (see MediaSmarts, 2022a; SIECCAN, 2020).

While the use of communication technologies and digital platforms can have positive impacts (e.g., ability to connect with peers and relationship partners), young people face significant challenges, including the risk of TFSV and sexual exploitation.

TFSV can include:

- Online sexual harassment (e.g., unwanted sexual behaviour via email or text)
- Image-based sexual abuse (e.g., non-consensual sharing of another person's sexual image, including what is colloquially known as "revenge porn", exposing others —such as new or ongoing partners— to sexually explicit images to coerce partners into sexual acts, making sexual images of people into sexually explicit material without their consent, as well as sending unwanted images, known as cyberflashing)
- Sexual aggression and coercion (e.g., sexual cooperation via pressure, such as blackmail or threats)
- Gender and sexuality-based harassment (e.g., unwelcome verbal and visual comments regarding a person's actual or perceived gender or sexual identity)

Filice et al., 2022; Henry & Powell, 2018; McGlynn & Johnson, 2021; Powell & Henry, 2019

In a systematic review and meta-analysis on the experiences of TFSV:

- **9%** of people had their image or video-based sexts shared without their consent
- **7%** received threats to distribute their image/video
- **18%** experienced non-consensual creation of sexually explicit material with their image
- **12%** said they shared a person's sext without their consent
- **9%** had created a sexual image of another person without their consent (Patel & Roesch, 2022).

In a study examining 2SLGBTQ+ youth dating violence:

- **34%** said a partner used text messages to "check up on them."
- **18%** said their partner made them afraid to ignore phone calls or other contacts.
- **18%** said their partner surveilled their social media.
- **9%** were threatened over text, instant messaging, or the phone (Wright et al., 2022).

In a survey of Canadian youth:

- The majority (80%) felt like they could protect themselves online. However, only 57% felt that the internet was a safe place for them.
- Girls, LGBTQ+ youth, and racialized youth were less likely to say that the internet was a safe place for them (MediaSmarts, 2022b).

Impacts of TFSV:

- **Emotional and psychological distress:** Reviews of the literature indicate that victims/survivors report experiences of anxiety, depression, self-harm, low self-esteem, fear for their safety, and other social and economic outcomes (e.g., inability to engage in online spaces, Henry et al., 2020; Patel & Roesch, 2022; Snaychuk & O'Neill, 2020).
- **Victim blaming:** Research examining perceptions of "revenge porn" suggests victims/survivors are considered more "blameworthy" when 1) the victim/survivor has less clothing on in their photos/video, 2) the victim/survivor is thought to have first uploaded photos to a site themselves (and subsequently had the image sent to a revenge porn site), and 3) when a person has stronger beliefs in the sexual double standard (i.e., more traditional gender roles and ideas about sex; Mckinlay & Lavis, 2020).

Additionally, researchers and youth have noted that rape culture (i.e., a complex set of attitudes and beliefs that normalize sexual assault and violence against women; Buchwald, 2005) has changed with the advent of social media and online platforms (see Ringrose et al., 2021). That is, it appears there are greater opportunities for online misogyny and "spaces that condone and promote sexism and heterosexual men's right to exert sexual coercion and violence" (Ringrose, p.130).

Young girls report that rape culture is prominent in their online lives and in-person school experiences (Ringrose et al., 2021). **Addressing consent, gender norms, and sexuality within the context of youths' in person and online spaces/relationships is critical to GBV prevention in schools.**

CSHE is well positioned to:

1. Provide youth with the information and skills to navigate online spaces and relationships safely and respectfully.
2. Help youth learn to identify problematic, harmful, and exploitative situations in their online environments/relationships (e.g., abuse, manipulation and grooming, etc.).
3. Teach young people to use communication technology positively, ethically, and with consent.
4. Help youth identify and critically evaluate problematic narratives, stereotypes, and ideas in online content that can contribute to GBV (e.g., rape myths, gender and racial stereotypes related to sexuality).
5. Help youth identify positive digital media representations of sexuality and relationships.

SEXTING

Sexting is sending or receiving sexually explicit images, texts, or videos using technological devices (e.g., smartphone, internet, etc., Doyle et al., 2021).

Sexting is less common among younger adolescents and increases with age (ranging from 2.5% to 21% of adolescents; Döring, 2014). In a study of Canadian youth aged 16 to 20, 41% said they had sent a sext (Johnson et al., 2018). There is some evidence that sexting may have increased during the COVID-19 pandemic (see SIECCAN, 2021a).

For some young people, consensual sexting is used as a form of flirting, sexual expression within a relationship, or a means to experiment sexually when youth are not ready to/do not want to engage in physical sexual activity (Anastassiou, 2017; Cooper et al., 2016).

However, a significant number of youth report experiences of non-consensual image sharing (i.e., image-based harassment/abuse). This can include sending an unsolicited intimate image/text and/or sharing someone's intimate image/text without their consent. Among 2SLGBTQINA+ youth who experienced dating violence, 12% said they were sent sexually suggestive messages and/or photos that the sender knew they did not want; 11% were pressured to send sexually suggestive photos of themselves. **In a national Canadian study, 42% of youth who had sent an intimate image reported that it had subsequently been shared without their consent (Johnson et al., 2018).**

Factors associated with nonconsensual image sharing include:
Gender: boys and young men are more likely to engage in non-consensual image sharing (both sharing other people's images without the person's consent and sending an unsolicited intimate image, i.e., cyberflashing).
Age: there is some evidence that older adolescents are more likely to engage in non-consensual sexting, though other studies find that age is not a predictor.
Empathy: low levels of empathy and lack of remorse are significantly linked to the perpetration of non-consensual image sharing.
Peer pressure and coercion: pressure and coercion by peers and intimate partners are significantly linked to the perpetration of non-consensual image sharing. Peer pressure may be overtly expressed (e.g., when peers explicitly direct another to engage in a particular behaviour) or it may be expected based on social norms (e.g., using specific language to fit in).
Moral disengagement: youth who engage in more moral disengagement mechanisms (e.g., victim-blaming, shifting the responsibility to someone else, denying or ignoring the inflicted harm, and finding a way to 'justify' the action of sharing the sext) are more likely to engage in non-consensual image sharing.
Gender stereotyping: youth who believe in traditional gender stereotypes are more likely to have shared an intimate image without the original sender's consent.
Barroso et al., 2021; 2022; Boer et al., 2021; Henry et al., 2020 ; Johnson et al., 2018 ; McGlynn & Johnson, 2021

To be effective and relevant to the lives of young people, sexual health education should include information related to communication technology use that clearly differentiates between consensual sexting and the non-consensual sending and sharing of sexual images.

CSHE should include information and skill development opportunities focused on:
1. Respecting people's boundaries related to their digital images
2. Understanding the importance of consent in sharing the images of others (both sexually explicit images and non-explicit images) and before sending sexual images of oneself to others
3. Building values of empathy and care regarding sexual relationships and within the context of sharing/not sharing sexts and in asking or pressuring others to send intimate images
4. The legal and ethical aspects of sharing sexually explicit images
5. Communication and how to access help when youth encounter problems (e.g., reporting options and support for experiences of non-consensual image sharing)
6. Addressing and challenging the gender stereotypes and attitudes that are linked to people's willingness to engage in non-consensual image sharing

ONLINE SEXUAL CONTENT (E.G., PORNOGRAPHY, ADVERTISING, ETC.)

Young people spend a significant amount of time online connecting with their social world, engaging in schoolwork, and accessing information (MediaSmarts, 2022a; Steeves, 2014). **Credible online content is critical for helping youth find needed GBV prevention and sexual health information and support services.**

Some forms of sexually explicit material can provide opportunities for individuals to learn about bodies and explore sexual preferences (Ashton et al., 2019; Harvey, 2020; Klein et al., 2020; Spišak, 2020). In focus groups, 2SLGBTQINA+ youth reported that pornography can be one positive avenue for people to explore their sexual desires; however, they noted that effective sexual health education must also be available to provide information and context about gender, sex, and sexuality.

Though research has documented the benefits of some forms of online sexual content, inaccurate sources of information, unlimited access to sexually explicit material, and problematic or harmful media representations (e.g., those that objectify girls/women or are racist, sexist, homophobic, transphobic, ableist, etc.) are important concerns (SIECCAN, 2020, Starrs et al., 2018).

Some youths intentionally seek out sexually explicit material and some youths come across this material inadvertently. In a national survey of youth in Canada, researchers examined young people's experiences of encountering harmful or discomforting content online:

- **20% of grade 7-11 students** reported looking for pornography online;
- **30%** said they saw pornography online when they were not looking for it;
- **42%** said they took steps to avoid seeing pornography online;
- **47%** of participants said they frequently encountered racist or sexist content online. Racialized youth, LGBTQ+ youth, and youth with a disability came across racist or sexist content at least once a week (MediaSmarts, 2022b).

There is a great deal of research examining the complex links between viewing sexually explicit material and a variety of sexual health and GBV-related outcomes (see Raine et al., 2020; Štulhofer et al., 2022 for reviews):

- There is some evidence that pornography use is linked to unrealistic beliefs about sex and body surveillance among youth (Raine et al., 2020). Still, young people often recognize that media depictions of sex (e.g., pornography) are unrealistic (Harvey, 2020; Spišak, 2020). However, when people have a hard time distinguishing between fantasy and reality in pornography (e.g., taking it literally, trying to replicate it, applying the body standards in pornography to one's own body, etc.), it may create problems in their sexual relationships and impact the way they think sex "should be" (Harvey, 2020). Such challenges can be exacerbated for 2SLGBTQINA+ youth as there are fewer representations of 2SLGBTQINA+ sex (especially sexually explicit material that is made for 2SLGBTQINA+ people; Harvey, 2020).
- Though the association is not consistently identified, there is some evidence that pornography use is associated with stronger gender-stereotypical beliefs among young people (Raine et al., 2020).
- In qualitative research, 2SLGBTQINA+ youth noted that mainstream pornography (i.e., freely and easily available depictions of sex on the internet) reproduced heterosexual norms (e.g., depictions of same-sex interactions made for the male gaze, men as dominant, women as submissive, etc; Harvey, 2020). Youth noted that such norms were associated with feelings of confusion and shame regarding their gender and sexuality (e.g., feeling attracted to women but only seeing sexually explicit images of women through the male gaze, feeling dirty, etc.).
- Sexually explicit material may promote the development of hyperfemininity (i.e., adherence to a stereotypical gender role that includes using sexuality to appeal to men and a preference for men who conform to traditional male gender roles) among adolescent girls (Klein et al., 2020).
- Pornography use could be linked to the perpetration of sexual aggression, assault, and harassment when the type of material being viewed includes violent content and if a person is already predisposed to violent sexual attitudes and behaviours (Raine et al., 2020; Štulhofer et al., 2022).

Sexual health education programs that include media literacy can: 1) positively impact intentions for sexual communication with intimate partners, 2) reduce acceptance of strict gender roles and dating violence norms, 3) positively change knowledge and attitudes regarding pornography (e.g., fewer unrealistic ideas about sex), and 4) increase student ability and intention to intervene as a bystander in a potential sexual assault (Goldfarb & Lieberman, 2021; Rothman et al., 2020; Scull et al., 2018; 2021).

To help students develop digital media literacy skills related to GBV prevention and sexual health, CSHE can:

1. Help young people learn the skills needed to critically evaluate the sexual content they come across online.
2. Use popular media to teach concepts related to GBV prevention and sexual health.
3. Raise awareness about and critically examine distorted representations of sex and sexual relationships.
4. Discuss the "reality" of media (including pornography and social media) and emphasize that most media do not represent real life.
5. Address body image concerns within the context of sexual media content.
6. Address sexist and racist stereotypes in media.
7. Teach youth the skills to understand, respond, and seek out support when they come across harmful online content (e.g., sexist or racist content, see MediaSmarts 2022b).
8. Help students learn to differentiate between sources of GBV prevention and sexual health information that are inaccurate and/or promote attitudes that contribute to GBV (e.g., misogynistic beliefs) and those that are reliable and credible sources of information.
9. Help students identify credible sources of information that promote consent and the enhancement of sexual health and well-being (e.g., information that includes pleasure but does not focus on the "performance" of pleasure).

24. Sexual health education programs should consider and address the ongoing impact of the COVID-19 pandemic on young people's sexual health and their ability to access sexual and reproductive health and GBV support services.

The COVID-19 pandemic has significant implications for the sexual health and well-being of young people (SIECCAN, 2021a; 2021b; Wood et al., 2022).

- Measures such as lockdown and physical distancing during the height of the COVID-19 pandemic confined many people to isolated and unsafe environments, which have had significant negative consequences on rates of GBV (Moreira & da Costa, 2020; Slakoff et al., 2020; SIECCAN, 2021b; Trudell & Whitmore, 2020).
- Access to critical sexual and reproductive health services were disrupted (Public Health Agency of Canada 2021; Wood et al., 2022).
- Many students may have experienced significant interruptions to their sexual health education at various points of the pandemic, thus missing key sexual health and GBV prevention information.

- Students may be experiencing the compounded effects of COVID-19 and non-COVID-19-related trauma, the impact of which may be evident for many years.

It is therefore critical that sexual health education programs incorporate the changing needs of youth and consider how intersecting systems and experiences of oppression (e.g., racism, ableism, transphobia) have resulted in differential sexual health outcomes and access to services during the COVID-19 pandemic. Programs and policies should also consider and plan for future pandemics to ensure that young people maintain access to important sexual health and GBV information and services.

25. Students should be linked to credible print and online sexual health resources that address GBV prevention concepts and provided with education on how to find and verify reliable sources for themselves.

Educators can provide youth with GBV prevention sexual health education resources that they can access in their own time. In addition to aiding with in-class learning, this can help youth to identify credible sources of information. Educators can also provide youth with education in information-seeking skills to find GBV prevention sexual-health resources and verification skills to determine if they are reliable and based on inclusive principles.

26. To be effective, educators teaching GBV prevention within sexual health education should consider using a variety of teaching methods and approaches.

Examples of approaches for teaching GBV prevention	Description
Non-judgmental approach	Involves communication without judgment and includes active listening, acceptance, genuineness, and empathy. This approach helps promote well-being and creates a safe, comfortable and non-judgmental environment to prevent and reduce GBV and support victims/survivors. Harmful practices such as victim-blaming and discrimination can cause further harm to victims/survivors and limit the promotion of GBV prevention in schools.
Near-to-peer approaches	Peer supporters offer unique opportunities to share information and advice, counselling, provide encouragement, and act as sounding boards. “Near to Peer” approaches (i.e., expert near peers, older students) allow for knowledge sharing and help ensure that GBV prevention education is integrated throughout the school environment.

Examples of approaches for teaching GBV prevention	Description
Survivor-centered and Response-based approaches	Educators should be aware that among the students in their class, there may be both GBV victims/survivors and perpetrators of GBV. Content on GBV prevention in CSHE should be directed at both victims/survivors and potential/actual perpetrators. However, a survivor-centered approach aims to prioritize the rights and needs of victims/survivors (see also a trauma-informed approach, pg. 41). The guiding principles for the survivor-centered approach include confidentiality, safety, respect (including respect for the victim/survivor's choices), non-discrimination, and expanding a victim/survivor's options.
Arts-based methodologies	Art enables self-expression, emotion, self-care, and creativity, which can help some individuals achieve better physical and mental well-being (Kazmierczak, 2017). Arts-based methods offer helpful tools for reflection, skill-building, and to engage in creative and collaborative inquiry into complex topics such as GBV (see Egale, 2022). Using tools such as visual methods, storytelling and testimonies in classrooms or communities can empower youth to reflect and critique norms that reinforce GBV (e.g., specific representations of gender, masculinity, and sexuality), encourage pathways for positive change and build support for victims/survivors (Ringrose et al., 2023 forthcoming; Vanner & Almanssori, 2021).
Indigenous pedagogies	As noted on pg. 49, the inclusion of culturally relevant teaching practices can encourage feelings of cultural connectedness, in addition to the development of healthy relationship skills. Further, the application of Indigenous teachings and cultural practices through methods of storytelling, land-based work, and culturally relevant activities can help promote gender and cultural sensitivity (Chan 2021).
Participatory learning	Participatory methods involve learner-to-learner interaction rather than a sole focus on teacher-learner interaction. Participatory methods can include paired discussion, group problem-solving activities, critical thinking tasks, skills-development exercises, and role-play. Using participatory learning and drawing from the lived experiences of youth can provide opportunities to develop social skills and think critically about the social norms that reinforce gender inequity and violence.

Examples of approaches for teaching GBV prevention	Description
Teaching students all together vs. targeted groups	Some programs deliver GBV prevention sexual health education information by teaching all genders together and some separate students by gender, with a facilitator of the same gender acting as a role model (Pound et al., 2017; Sell et al., 2021). Programs may also have targeted groups based on other relevant factors (e.g., disability, culture, etc.; Descheneaux et al., 2018). Teaching all students together (e.g., girls, boys, and nonbinary students) ensures that young people have access to the same information and opportunities for perspective taking. However, it can also be beneficial for youth to have targeted learning spaces (Descheneaux et al., 2018; Nation et al., 2003) where they feel comfortable discussing specific challenges and critical discussions of gender (e.g., masculinities, femininities, trans and nonbinary understandings of gender, experiences of disability related to sexuality, etc.). However, it is critical that: • **All students receive information that is relevant across genders and other identities** (e.g., understanding all types of bodies, examining the experiences of different genders, understanding different sexual identities, including information related to disability and culture within all groups, etc.). • Self-identification is included as part of the process (i.e., if there is targeted group teaching, youth should be able to choose the group based on their identity). • Gender-diverse students are included in the development and implementation of programs (e.g., programs specific to the needs of trans and nonbinary youth should also be developed). • Educators recognize that some students will experience fluidity in their gender and sexual identity.

27. To be effective, sexual health education programs must meaningfully engage boys and young men in learning about GBV prevention concepts and skills (e.g., using a gender transformative approach to challenge and change harmful gender norms that contribute to GBV). Boys and young men have an important role in reducing and preventing GBV.

Engaging boys and young men in GBV prevention efforts is fundamental to addressing gender inequality. It is imperative that GBV prevention efforts in CSHE work to meaningfully engage boys and young men because:

- The systems of oppression and restrictive gender norms that contribute to GBV also impact the sexual health and well-being of boys and young men (Edstrõm et al., 2015; Claussen, 2017; 2019; 2020; Minerson et al., 2011; Pascoe & Wells, 2022; Shalet et al., 2014). For example, among boys and young men, greater endorsement of traditional beliefs about masculinity (i.e., associating being a boy/man with having power, a high sex drive, and being tough, aggressive, sexually dominant, heterosexual, etc.) is linked to poorer mental health, negative attitudes towards condom use, and inconsistent condom use (Edstrõm et al., 2015; Clausen, 2017; Wong et al., 2017).
- Developing healthy relationships, consent communication skills, and expanded understandings of gender/gender norms can benefit boys and young men and help them have satisfying and respectful relationships. This can also benefit girls, young women, and gender-diverse individuals.
- Boys and young men experience sexual violence and need access to GBV prevention information and support services.
- Boys and men who disrupt traditional gender and sexual norms (e.g., trans boys/men, gay and bisexual men) are more likely to experience violence, including violence that targets their gender expression and sexuality (Callan et al., 2021; Chih et al., 2020; Jaffrey, 2020; 2021; Leaper & Brown, 2018).
- When boys and young men experience sexual violence, they may face challenges around being believed, especially if the perpetrator violates traditional ideas about who commits GBV (e.g., if the perpetrator was a same-gender partner, if the perpetrator was a woman, etc.).
- Though violence can be perpetrated by people of all genders, perpetrators of sexual violence are disproportionately men (Canadian Centre for Child Protection, 2019; Flood, 2018; Pascoe & Wells, 2022). Among adolescents, sexual violence perpetration emerges earlier for boys/young men than girls/young women (Ybarra & Mitchell, 2013).
- GBV prevention in CSHE can help boys and young men to develop the skills needed to act against sexual violence (e.g., bystander intervention skills; Coker et al., 2017).

Historically, GBV prevention efforts have included isolated programs, often focused on resistance education for girls and women (Flood, 2021; Orchowski et al., 2020). Developing skills to critically examine and challenge gender norms/stereotypes is frequently missing in school-based sexual health education (Claussen, 2019; Crann et al., 2022). Scholars have emphasized the importance of integrated approaches to GBV prevention for young adults (e.g., resistance education that includes self-defense strategies, bystander intervention skills, and addressing social norms that contribute to GBV), noting that addressing social/gender norms may be most effective in the early years (Orchowski et al., 2020).

Programs that use a gender transformative approach to critically examine gender norms and address options for exploring different kinds of masculinities can positively change behaviour and attitudes (Claussen, 2017; 2020; Edstrõm et al., 2015; Minerson et al., 2011). For example, the WiseGuyz program, run by the Centre for Sexuality, is an evidence and school-based sexual health and relationship program for adolescent boys aged 13-15 (Centre for Sexuality, 2019; Claussen, 2017). Research indicates that the program engages boys by: 1) building and maintaining safety (e.g., building trust and connection within the group), 2) focusing on healthy relationships as a point of engagement (e.g., strengths-based approach to discussing consent), and 3) acknowledging and dismantling power in the group (Claussen, 2019).

Compared to boys who did not participate in the program, boys who completed the WiseGuyz program:
Reported less endorsement of traditional masculine norms;
Reported less endorsement of homophobic statements;
Showed improved confidence in their ability to have healthy sexual relationships.

Qualitative results indicate that the boys believed the program helped them to feel more connected, to feel safe asking questions in their intimate relationships, and to appreciate different kinds of masculinities (Claussen 2017; 2020; Hurlock, 2016).

Additional considerations for engaging boys and young men in GBV prevention within sexual health education:
Gender transformative approaches, those that address the root causes of violence and are grounded in intersectional feminist analysis are key to helping create sustained change and to avoid reinforcing restrictive gender norms that contribute to GBV.
Strength-based approaches (i.e., focused on hope, intentions, bystander intervention, and shared responsibility) are more likely to change behaviour and attitude than shame or fear-based approaches.
It is important to find teaching opportunities/create spaces where boys and young men can share their experiences, learn about masculinities, and be vulnerable.
It is important for adults in the school environment (e.g., teachers, staff, coaches, etc.) to model examples of healthy masculinity.
Ensure sexual health education GBV prevention content addresses the continuum of GBV. For example, sexist/transphobic/homophobic jokes, attempting to obtain consent through coercion, and sexual assault are all instances of GBV.

Additional considerations for engaging boys and young men in GBV prevention within sexual health education:

Ensure sexual health education GBV prevention content addresses myths about GBV. The following are examples of GBV-related myths:

- GBV is committed only by strangers and "monsters"
- Sexual violence is committed when someone "cannot control themself"
- If a person does not fight back when sexual violence occurs, the victim/survivor must have consented to it
- Boys/men cannot be victims/survivors of GBV
- GBV does not occur in same-gender relationships
- GBV violence against trans and non-binary individuals is justified if a partner "conceals" their identity
- Most people about their experience of sexual assault or provide false reports
- GBV does not occur in relationships with two men because men "fight equally"
- If physiological arousal occurs during a sexual assault (e.g., an erection, lubrication), then it is not a sexual assault

Ensure sexual health education GBV prevention content for boys and young men is relevant to their lives and addresses the intersecting factors that may make someone vulnerable to experiencing or perpetrating violence.

Effective gender-transformative programs are often extensive (e.g., multiple sessions over time) and delivered by those with prior experience with similar types of programs.

Include strategies to address potential counter-resistance from students. Educators report that when teaching about GBV prevention, the boys in their classroom sometimes responded defensively and/or felt attacked (see Horeck et al., under review; Vanner et al., 2022). Teachers have attributed some of the pushback to increased access to alt-right ideology (e.g., through social media platforms, and online communities that focus on promoting "incel" beliefs; Ging, 2017; Vanner et al., 2022). Educators note that positioning GBV prevention as a shared responsibility could help with counter-resistance (Vanner et al., 2022). Additionally, including information about how restrictive gender norms and patriarchal social scripts not only harm girls and gender-diverse people, but also boys and men (in different ways), can be beneficial.

Edstrõm et al., 2015; Minerson et al., 2011; Orr, 1993 ; Pérez-Martínez et al., 2021; Ruane-McAteer et al., 2019; Vanner et al., 2022

28. Engagement with families, caregivers, and community supports is needed to: 1) ensure that young people have support outside of the classroom, 2) provide families and caregivers with opportunities to give feedback on the GBV prevention sexual health education needs of their children, and 3) provide families and caregivers with opportunities to learn about GBV prevention within school-based sexual health education.

Holistic school approaches require coordinated parental and community support to promote GBV prevention and enhance the concepts that students learn in CSHE. Parents, guardians, and families can help support the implementation of GBV prevention in school-based sexual health education by supporting/supplementing the information and skills that youth learn in the classroom and voicing support of GBV prevention sexual health education programs to school boards and administrators.

To engage with parents/guardians/families, educators can:

1. Use existing school mechanisms for involving parents/guardians/families (e.g., parent-teacher associations) to raise awareness, help address social and cultural drivers of GBV and build positive norms and practices.
2. Communicate with parents/guardians/families about the sexual health education and GBV prevention needs of their students and community.
3. Communicate with parents/guardians/families about the GBV prevention sexual health education program content students will be encountering in the classroom and provide parents/guardians/families with strategies for reinforcing learning in the home environment.
4. Provide parents/guardians/families with opportunities to learn from school and community educators about GBV prevention in CSHE (e.g., hosting information sessions that parents/guardians/families can attend).
5. Ensure that there are accessible GBV prevention and sexual health information resources for parents/guardians/families (e.g., webinars, booklets, fact sheets, etc.).
6. Create programs to help train and develop knowledge/skills in GBV prevention and sexual health education for parents/guardians/family members as "champions" within their communities.

It is important to establish and strengthen linkages between schools, parents/guardians/families, and communities to build awareness of GBV and to expand co-curricular activities on GBV prevention and sexual health education into the broader community.

An example of fostering community engagement for GBV prevention is through targeting community activities such as the Indigenous kinship models, and coming of age ceremonies that focus on learning, accountability, and community care (Mellor, 2020).

ADDITIONAL THEORIES TO CONSIDER

As noted in the Canadian Guidelines for Sexual Health Education (SIECCAN 2019), there are several well-tested models and important frameworks that can provide a foundation for the development and implementation of sexual health education programs.

When developing and implementing sexual health education programs that include GBV prevention, educators and program planners should consider the approaches to GBV prevention identified in this document (e.g., trauma-informed, intersectional, providing opportunities for transformational learning) and reflect on how to reduce the reproduction of problematic stereotypes about gender, race, and sexuality that contribute to experiences of GBV.

Below are additional theoretical frameworks and models to consider when developing sexual health education programs that incorporate GBV prevention. Some may be helpful in the practical development of programs, whereas others may be beneficial to examine for the framing or perspective of program content. It is important to note that each framework might present some limitations; however, to expand critical perspectives on social change, combining these diverse approaches rather than one standard practice provides a holistic lens to effectively inform GBV prevention policy and program development.

COM-B (CAPACITY, OPPORTUNITY, MOTIVATION, RESULTING IN BEHAVIOUR CHANGE)

The COM-B model of behaviour is an evidence-based framework for behaviour change (Michie et al., 2011). The model recognizes drivers of behaviour as a system of interacting interpersonal, social, and environmental factors that can act as enablers or barriers.

According to this model, a behaviour occurs as the result of interaction between three necessary conditions: capabilities (e.g., physical and psychological ability), opportunities (e.g., physical and social enablers), and motivation. However, motivation alone may not be necessary for the desired behaviour to occur (Willmott et al., 2021). In the case of school-related GBV prevention, one behavioural goal is to prevent or decrease the frequency, duration, and severity of GBV. Increased knowledge of current GBV practices and the skills to prevent them (capabilities), creating safe places to learn about GBV prevention while considering social norms and parental support (opportunities), and the willingness and social acceptability to adopt GBV prevention skills (motivation) can be an effective means of addressing GBV (Bartholomew et al., 2019; Koleros et al., 2020).

SOCIAL NORMS AND SEXUAL SCRIPTS

Social norms theory conceptualizes norms as a collective expectation of behavioural rules shared by members of a group or society.

According to this perspective, an individual's beliefs can be influenced by:

1. Empirical expectations or injunctive norms (i.e., beliefs about what others expect them to do in familiar situations) and
2. Normative expectations or descriptive norms (i.e., what others think should be done in each situation).

Norms are often enforced by codes of conduct or social sanctions (Mackie et al., 2015; Perrin et al., 2019). Violent behaviour may be considered a social norm when there are shared beliefs that violent behaviour is typical and appropriate. For example, female genital mutilation/cutting (FGM/C), which is a form of GBV, is viewed as part of a social norm where it is practiced. If a girl does not undergo this practice, she can experience ostracization from the wider community as a sanction (Taher, 2020).

Studies applying a social norms lens to GBV suggest that norms can act as a brake on social change to inhibit or facilitate changes in an individual's behaviour based on the alignment of personal attitudes (Cislaghi et al., 2020). Social norms theory may not be sufficiently implemented in real-life situations to allow for sustained behaviour change due to the interplay of other factors (Cislaghi & Heise, 2018).

However, it is crucial to determine whether GBV practices are held in place by specific social expectations and develop GBV prevention approaches tailored to the relevant reference group, social context, and sociocultural factors to change harmful norms or strengthen protective norms.

For example, most men are non-coercive and disapprove of violence. However, they may not realize how common their beliefs are and may not have the skills to recognize and intervene when they see forms of GBV occurring. Thus, prevention efforts should focus on challenging and shifting restrictive/harmful masculinity norms and equipping people with active bystander skills to promote a culture of non-violence and respect. Creating new norms (e.g., norms associated with bystander intervention) may be effective in fostering new behaviours to mitigate GBV.

Bystander education programs are effective in decreasing rape-supportive attitudes and increasing intentions to help others and bystander intervention behaviour (Katz & Moore, 2013; Kettrey & Marcx, 2020; Senn & Forrest, 2016). Similarly, violence perpetration prevention programs for young adult men that incorporate both social norms and bystander theories have been shown to increase willingness to oppose or intervene in sexist and violent behaviors against women (Gidycz et al., 2011; Salazar 2014).

Developing and promoting bystander intervention skills is an important component of preventing GBV through engaging in collective action and community responsibility (Mass Casualty Report, 2023b).

Sexual script theory suggests that we have culturally learned scripts about how to behave sexually and that these scripts differ depending on a person's gender (Gagnon & Simon, 1973). According to this theory, sexual scripts provide people with "instructions" for sexual encounters and sexual relationships.

For example, the *traditional sexual script* is a script based on stereotypical ideas about how heterosexual men and women should behave in sexual relationships (Byers, 1996). Men are positioned as taking an assertive role, having a high sex drive, gaining status from sexual encounters, and being willing to engage in any partnered activity with a woman; women are positioned as having a more passive role, being gatekeepers to partnered sex, losing status from sexual encounters, and more interested in connection rather than sexual pleasure (Byers, 1996; Crawford & Pop, 2003).

Though there are few studies in this area, research suggests that 2SLGBTQINA+ individuals operate with different sexual scripts (Beres, 2022; Ford, 2021; Fournier et al., 2022). For example, in a qualitative study with queer adults, participants noted that there might be multiple and varied scripts for women who have sex with women (Beres, 2022). As such, verbal sexual consent (in addition to non-verbal cues) is important.

However, strong heteronormative assumptions operating within our social system may perpetuate the perception that queer sexual scripts are unavailable, resulting in the adoption of heterosexual sexual scripts by 2SLGBTQINA+ youth (Ford et al., 2021; Fournier et al., 2022).

There is some evidence that sexual scripts play a role in young people's experiences of sexual coercion and in the perpetration of sexual violence (Byers, 1996; Ford, 2021; Fournier et al., 2022; Ringrose et al., 2021). For example, researchers have identified the pressure that boys feel to ask girls for sexual images, and then "prove" their sexuality and masculinity by showing and sharing these images to others nonconsensually (Ringrose et al., 2013; Ringrose & Harvey, 2015).

In research with young adults, participants reported instances of gendered scripts operating in their sexual interactions:

- Women reported "going along with sex" to avoid developing a reputation for "leading someone on."
- Bisexual women noted that stereotypes about being bisexual (e.g., being viewed as "more sexual") impacted whether they felt they had a right to decline sex.
- LGBQ students reported experiences where a lack of defined queer sexual scripts facilitated unwanted sex
- Both women and men who had sex with men reported that there was an expectation to continue or go along with sex to "finish what you started," prioritizing male partners' orgasms to ensure the encounter ended quickly (Ford, 2021).

FEMINIST THEORIES

There are many types of feminist theories. In general, feminist theories explore power, gender relations, and gender inequality. Feminist theory describes gender inequality as rooted in patriarchal societal rules that reinforce male domination and female subordination (Jaggar & Rothenberg, 1984). An intersectional feminist approach explains the interaction between gender and other social identities as interdependent and emphasizes the way systems of oppression interconnect to shape a person's experience (Crenshaw, 1991; Caratathis, 2014; Collins, 2015).

Sex, gender, race, discrimination, equality, and choice are core concepts in feminist theory and there are existing political, social, and economic structures within societies that foster oppression and inequality (see for example, Butler, 1990; hooks, 1981; hooks, 1994).

A primary purpose of feminist theories is to confront and change oppressive systems that promote inequality. In a study with youth in Canada, researchers used core concepts of feminist pedagogy (e.g., empowerment, community, and leadership) to inform their workshop development and examine student perspectives on how teachers should teach about GBV (Vanner et al., 2021). Students wanted holistic GBV education that included practical knowledge, provided opportunities for student leadership, and emphasized agency and supportive relationships (Vanner et al., 2021).

When using feminist approaches to incorporate GBV prevention into sexual health education, educators and program planners should focus on the theoretical and pedagogical practices that:

- emphasize intersectionality
- explore power relations and include analysis of the social structures and systemic factors that contribute to inequality
- integrate a gender-transformative approach
- encourage students to be engaged members of their learning experience
- encourage critical thinking and meaning-making
- explore and include alternative approaches to resolving harm (e.g., restorative justice approach, anti-carceral feminist approach)

Almanssori, 2020; Brockbank & Greene, 2022; Crenshaw, 1991; hooks, 1994

Incorporating approaches that are not only grounded in intersectional feminist values and gender analysis, but are consistent with fostering a gender-transformative approach to reducing gender inequality can help engage young people in critical reflections of gender stereotypes and discriminatory social norms, oppressive social systems and understand how these factors can negatively impact lives (UN Women, 2016).

QUEER THEORY

Queer theory critically addresses dominant ideas about sexuality and gender that do not consider marginalized people (Foucalt, 1990). Queer theory challenges binary ideas about gender and sexuality. That is, queer theory aims to examine and challenge heteronormativity. It considers gender and sexual identities as socially constructed and fluid (Piantato, 2016).

Adopting a queer theoretical approach to GBV can provide a nuanced understanding of same-gender violence and help deconstruct heteronormative assumptions that associate GBV with masculinity and femininity (i.e., men as preparators of violence and women as victims/survivors; Cannon et al., 2015). Using a queer theory lens to examine GBV may help reduce stereotypes that contribute to violence against sexual and gender diverse groups (Fisher, 2014). Applying this approach to human rights issues focused on sexual orientation and gender identity can improve the development of more inclusive and well-tailored interventions and policies to promote GBV prevention in CSHE in school settings.

SECTION 5

Benchmarks for Integrating Gender-Based Violence Prevention in Sexual Health Education

Benchmarks for Integrating Gender-Based Violence Prevention in Sexual Health Education

Gender-based violence (GBV) is a pervasive problem that has significant implications for the sexual health and well-being of young people in Canada.

As noted in the *Guidelines for Integrating GBV Prevention within School-Based CSHE*, GBV:

- Is violence that is committed against someone based on their gender, gender identity, gender expression, or perceived gender (Women and Gender Equality Canada, 2022).
- Can take many forms (e.g., physical violence, sexual violence, technology-facilitated violence, gender/sexual identity-based bullying, human trafficking, intimate partner violence, etc.)
- Exists on a continuum (e.g., more subtle forms such as rape jokes or transphobic comments, and more overt forms such as harassment and sexual assault, etc.).
- Occurs in many types of interpersonal relationships (e.g. peer, romantic, family, etc.) and in many settings (e.g., home, school, public, private, and online spaces, etc.)

It is, therefore, critical that all young people have access to GBV prevention education that increases their awareness and understanding of GBV, and the skills/information needed to prevent it.

THE IMPORTANCE OF AN EARLY AND FOUNDATIONAL APPROACH TO GBV PREVENTION IN COMPREHENSIVE SEXUAL HEALTH EDUCATION (CSHE)

Sexual health education that is early, ongoing, and comprehensive is key to providing youth with the information and skills needed to understand and prevent GBV. There is substantial evidence that sexual health education is most effective when it begins early and includes a foundational, building block approach to teaching young people critical sexual health and GBV prevention concepts and skills (Goldfarb & Lieberman, 2021; Schneider & Hirsh, 2020; SIECCAN, 2019; 2020).

Young people in Canada want to receive sexual health education in school that is appropriate for their age/developmental level, inclusive, relevant, and scientifically accurate (Narushima et al., 2019; Laverty et al., 2021; SIECCAN, 2020). Most parents in Canada support a comprehensive approach to sexual health education and want foundational topics introduced in the early grades (Weaver et al., 2002; Wood et al., 2021).

In a national survey, the majority of parents agreed that sexual health education should promote gender equality and the prevention of GBV (83%) and reduce homophobia (74%) and transphobia (73%; Loveless et al., 2022).

Early integration of GBV prevention in sexual health education is essential for <u>all</u> youth. It is especially important for youth who are at an increased risk of experiencing GBV (e.g., girls and young women, 2SLGBTQINA+ youth, Indigenous youth, racialized youth, newcomer youth, youth with disabilities). For example, researchers suggests that sexual violence victimization begins at an earlier age for 2SLGBTQINA+ youth (Valido, 2021; Walters et al., 2013), and children with intellectual and/developmental disabilities are more vulnerable to sexual abuse than children without disabilities (Murray, 2019; Wissink et al., 2015).

GBV prevention in sexual health education is also critical for youth who may be at increased risk of perpetrating violence. In a national study of adolescents in the United States, 9% of young people aged 14-21 years reported some type of sexual violence perpetration in their lifetime (Ybarra & Mitchell, 2013). The most common age of first sexual violence perpetration was 16, and perpetration began earlier for boys/young men than girls/young women. Among those who perpetrated sexual violence before the age of 15, 98% were boys/young men.

Early GBV prevention in sexual health education is critical to help youth develop the skills to understand and recognize different forms of GBV, intervene to help others, and support their peers who may have experienced GBV.

Youth spend a significant amount of time with peers in the school environment. A substantial number of 2SLGBTQINA+ youth in Canada report experiences of homophobic, biphobic, and transphobic harassment and bullying in schools, especially in middle school and early high school grades (Campbell & Taylor, 2021). In a national survey of 4000 youth across Canada, 62% of 2SLGBTQINA+ youth said they felt unsafe at school (compared to 11% of cisgender, heterosexual students; Campbell & Taylor, 2021). Feeling unsafe at school was especially prevalent among trans students, with 83% reporting that they felt unsafe.

Youth experience violence across interpersonal relationships (e.g., bullying with peers, violence in dating relationships) and adolescents who perpetrate and experience violence in peer contexts (i.e., bullying) are more likely to perpetrate and experience violence in dating relationships (Exner-Cortens et al., 2023). Thus, there is a significant need for the early disruption of GBV across interpersonal contexts and settings (e.g., within the school, public spaces, dating relationships, etc.).

GBV prevention in sexual health education can also help youth critically evaluate and challenge the restrictive gender norms and stereotypes that contribute to GBV. Young people observe and learn about gender roles, attitudes, and power dynamics from a young age (Goldfarb & Lieberman, 2021; Schneider & Hirsch, 2020). Attitudes and beliefs about gender and sexuality are further shaped by the youth's social environment, including their culture, family, educators, and peers. It is important that youth are introduced to concepts that "disrupt stereotypical and harmful biases related to gender and sexual orientation, during this formative time" (Goldfarb & Lieberman, 2020, p. 23). Addressing gender stereotypes from an early age may also promote safer school environments for 2SLGBTQINA+ youth (Schneider & Hirsch, 2020).

Finally, though some young people do not want to engage in sexual and/or romantic relationships (e.g., asexual or aromantic youth), youth need access to GBV prevention information in sexual health education before they engage in sexual activity and romantic partnerships.

Early sexual health education can help young people to:
Learn important information about bodies, development, and bodily autonomy.
Develop self-protective knowledge, skills, and the ability to report GBV (e.g., sexual abuse, sexual violence, homophobic bullying and harassment).
Understand how to access sexual health and GBV support services.
Develop bystander intervention skills needed to recognize and intervene in instances of GBV.
Understand their rights to sexual and reproductive services and how to advocate for effective and appropriate services.
Understand the diversity of experiences related to sexual orientation and gender identity and expression.
Challenge and change gender-stereotyping processes and biases that can form early (e.g., between the ages of 3-7 years) and contribute to GBV.
Develop the social-emotional skills needed to engage in healthy relationships (e.g., empathy, respect).
Understand the ways that our social environment (e.g., norms, culture, media, etc.) impacts how we think about gender, sexuality, and relationships.
Goldfarb & Lieberman, 2021; Manheim et al., 2019; Schneider & Hirsh, 2020; SIECCAN, 2019; 2020; UNESCO 2018; 2021

A foundational, building block approach to effectively integrating GBV prevention in sexual health education:

- Is part of a long-term teaching process that introduces key information and skills in the early grades and aims to continually review and build upon core GBV prevention skills and knowledge.

  For example:

  - In the early grades, young people can learn information and skills to identify and communicate personal boundaries (e.g., personal space, consent for holding hands or giving/not giving a hug) and to respect the personal boundaries of others (e.g., communicating to others that they understand a boundary; stopping an activity when someone says they do not like it; developing strategies to deal with feelings of disappointment or rejection). In later grades, students can build on these skills by learning about the importance and role of consent in sexual relationships and understanding how factors such as power dynamics and gender equity can impact whether a person is able to consent to sexual activity.
  - Learning about bodily autonomy in the early grades can facilitate understanding key concepts related to sexual rights. Youth can begin learning about the right to bodily autonomy early on to understand that everyone has fundamental human rights. In later grades, learning can incorporate information related to understanding how bodily autonomy is linked to sexual health, examining the ways that sexual rights can be violated, and increasing capacity for self-advocacy related to sexual health and for upholding the human rights of others.
  - In the early grades, young people can begin to learn how our social environment impacts the way we think about/express ourselves and how we interact with other people (e.g., that there are different cultural or social expectations or ideas about how girls, boys, and nonbinary people "should be/act", and that people are treated differently and/or unfairly based on these ideas and expectations). In later grades, young people can learn how gender stereotypes and differential power dynamics contribute to GBV and develop skills for challenging and changing power dynamics in their interpersonal relationships and community environments. Such skills and information can be built upon to help understand how different forms of oppression (e.g., racism, homophobia, transphobia, ableism, etc.) intersect to contribute to GBV.
  - Learning about digital image sharing in the early grades (e.g., developing the skills to ask whether someone wants their photo taken, asking peers whether they are comfortable with their photo being posted on social media, etc.) can be expanded upon when youth are older to discuss the ethical and legal aspects of technology-facilitated sexual violence.

- Includes age and developmentally-appropriate content for young people *(UNESCO, 2021)* while maintaining flexibility and incorporating needed changes for neurodiverse youth and youth with disabilities.

- Considers and accounts for the fact that some youth may have already experienced GBV and/or perpetrated GBV and may be processing these experiences as they encounter material in school curricula.

A foundational, building block approach to effectively integrating GBV prevention in sexual health education:

- Incorporates a range of topics/concepts that focus on the enhancement of sexual health and well-being (e.g., building capacity to communicate about sexual consent and to have satisfying, safe, and respectful relationships; increase in awareness and respect for human rights related to sexuality; increase in self-acceptance and self-esteem etc.) and the prevention of outcomes that can negatively impact sexual health and well-being (e.g., decrease in harmful attitudes that contribute to GBV; decrease in sexual assault; decrease in discrimination/violence based on sex, gender identity, gender expression, or sexual orientation, etc.; SIECCAN, 2019).
- Supports opportunities for cross-curricular engagement (i.e., creating links with GBV-related information in other subject areas such as history, civics, etc.).
- Should reflect the approaches and principles identified in the Guidelines for Integrating Gender-Based Violence within School-Based Comprehensive Sexual Health Education (SIECCAN, 2023).

IN IMPLEMENTING THE BENCHMARKS, SEXUAL HEALTH EDUCATION IN SCHOOLS SHOULD AIM TO:

- Align with the Core Principles of Sexual Health Education
- Be trauma-informed
- Focus on human rights
- Avoid shame or fear-based approaches
- Be culturally responsive
- Incorporate and support Indigenous programs and approaches
- Incorporate intersectional and anti-racist approaches
- Address specific GBV prevention concepts within the context of ethics, values, and care.
- Address the specific needs of youth who are disproportionately at risk of experiencing GBV (i.e., young women and girls, 2SLGBTQINA+ youth, Indigenous youth, racialized youth, newcomer youth, and youth with disabilities).

According to the *Canadian Guidelines for Sexual Health Education*:

"The development of skill sets and the provision of sexual health information should begin in the early grades (i.e., kindergarten through grade 3), and continue throughout students' education." (SIECCAN, 2019, p.84).

This is in line with international guidance recommending that sexual health education "should start early, be age-and-developmentally appropriate, and should follow an incremental approach" (UNESCO, 2021, p.12).

PURPOSE OF THE BENCHMARKS

The Benchmarks in this document provide guidance for educators, policy makers, and program planners aiming to effectively incorporate GBV prevention into sexual health education.

The Benchmarks specify the minimum information and skills to be addressed within sexual health education and denote when key GBV prevention topics/concepts should begin being taught to young people. Topics and concepts should be revisited at later grades to ensure that information and skills are retained and can be built upon. This is especially important for students who may have missed key information, need additional time for review, and to solidify skill development.

While numerous concepts and topics need to be included to ensure that sexual health education is comprehensive (e.g., reproductive health information, prevention and treatment of sexually transmitted infections, etc.), the Benchmarks identified here focus on specific concepts related to GBV prevention and awareness and are not meant to constitute a CSHE curriculum. As noted throughout the *Guidelines for Integrating GBV Prevention within School-based CSHE*, some topics are related to information about violence and/or raising awareness about GBV, while others are central to establishing the foundational skills needed to prevent GBV.

GBV prevention concepts are situated under the following CSHE topic strands:

- Gender Norms, Roles, and Stereotypes
- Autonomy and Consent
- Values and Rights
- Relationships
- Digital Media Literacy and Technology Use
- Sexual and Gender Diversity
- Violence: Awareness and Support
- Bodies: Sexual Health and Well-being

Though some concepts overlap with multiple topic strands, they are presented here within the topic strand with which they are most closely linked to provide an overview of GBV prevention in sexual health education. The Benchmarks are presented by age and grade, with the recognition that specific ages of youth in each grade may change depending on province/territory.

The Benchmarks are informed by:
1. A human rights perspective
2. Evidence and research, including examinations of national and international documents focused on GBV prevention and sexual health education
3. Youth perspectives on sexual health education; and
4. Professionals who work in the field of GBV prevention and sexual health education.

KEY BENCHMARKS FOR THE INTEGRATION OF GBV PREVENTION IN SEXUAL HEALTH EDUCATION

KINDERGARTEN TO GRADE 3 (AGES 4 - 8)

Topic/Strand	Benchmarks
Gender Norms, Roles, and Stereotypes	• Understand that our social environment impacts the way we think about our lives (e.g., there are specific social and cultural ideas or "rules" about how different genders are supposed to act/be; what we see in media can impact how we think about gender, family and relationships). • Understand that some people are treated differently and/or unfairly due to their gender identity, gender expression, sexual identity, racial identity, ethnicity, disability status, etc., and/or a combination of these factors. • Identify ways to treat people of all genders (and other intersecting identities) with respect and dignity.
Autonomy and Consent	• Learn about setting and respecting bodily autonomy and personal boundaries (e.g., asking for a hug, respecting a person's "yes' or "no"). • Learn about safe touch, body safety, and inappropriate touch. • Learn about consent within the context of interpersonal relationships (e.g., asking a friend if they want to be tickled; asking a classmate if they would like help putting on their jacket). • Understand that communication can happen verbally and nonverbally. • Learn to communicate with others (e.g., peers, family members).

Topic/Strand	Benchmarks
Values and Rights	• Understand that everyone has and should respect human rights (including the right to privacy, education, autonomy, safety, and self-defense). • Develop social-emotional skills and values for engaging in healthy relationships (e.g., empathy, respect). • Identify one's own feelings and the feelings of others (e.g., peers). • Identify strategies to process/manage feelings (e.g., developing empathy, self-regulation when experiencing anger or disappointment, and seeking help when anxious or sad, etc.). • Understand that our social environment impacts our values related to gender, relationships, and family (e.g., the kinds of relationships we value, how we treat others, etc.).
Relationships	• Understand that there are many different kinds of relationships, families, and communities. • Learn to treat others with dignity and respect in relationships (e.g., friendships, family relationships). • Learn to identify characteristics of equitable, positive, and satisfying relationships (e.g., mutual respect, good communication, trust, honesty, non-violent conflict resolution, etc.). • Learn strategies for building community (e.g., friendships, family, community activities). • Develop conflict resolution skills (e.g., learning that language matters and words can hurt, identifying solutions). • Understand the difference between expressing feelings in respectful/caring ways and disrespectful/uncaring ways.
Digital Media Literacy and Technology	• Learn about consent with regard to digital images (e.g., asking friends if they want to have their photo taken). • Learn how to navigate online environments safely and respectfully. • Understand what "private information" is and the potential impacts of sharing private information (both a person's own private information and someone else's private information). • Learn ways to identify credible online information (e.g., asking a trusted adult, or using credible websites suggested by educators). • Understand that media representations can influence the way we think about our lives (including gender, sexuality, and relationships) in positive and negative ways. • Learn about stereotypes in media.

Topic/Strand	Benchmarks
Sexual and Gender Diversity	• Learn that gender identity, gender expression, sex assigned at birth, and sexual identity (e.g., sexual orientation) are different concepts. • Understand that there is a range of gender identities, gender expressions, and sexual orientations. • Learn about diverse cultural conceptions of gender. • Learn about Indigenous ways of knowing gender. • Understand how the people in one's life identify themselves and learn how to be respectful of people's identities (e.g., using the person's stated pronoun, learning how to pronounce their names).
Violence: Awareness and Support	• Learn how to engage in and recognize help-seeking behaviors. • Learn about peer pressure related to violence (including harmful comments) and strategies for handling peer pressure. • Learn how to identify unsafe situations/relationships. • Understand and recognize forms of discrimination, abuse, and violence (e.g., bullying, sexual abuse, racism). • Learn information about disclosing experiences of abuse. • Understand that violence can occur in different places (e.g., school, home) and in different kinds of relationships (e.g., peers, family, etc.).
Bodies: Sexual Health and Well-being[1]	• Learn the accurate names for body parts, including genitals.* • Understand that all bodies are different and should be respected. • Understand that growing up includes many overlapping and varied physical, emotional, social, mental, and spiritual changes (e.g., some people go through puberty at an earlier age, some at a later age). • Identify ways to support and care for one's body as it grows and changes. • Identify different sensory experiences in the body (e.g., feeling relaxed during calming activities, feeling excited during fun activities, feeling anxious in situations that cause stress, etc.).

* *Educators should be aware of and inclusive to variations in reproductive or sexual anatomy, including intersex* (see Brömdel et al. ,2021; Holmes, 2021).

GRADE 4 TO GRADE 5 (AGES 9-10)

Topic/Strand	Benchmarks
Gender Norms, Roles, and Stereotypes	• Understand what gender roles/stereotypes are and how they can impact the way we think about people and our own lives. • Understand how gender stereotypes can contribute to GBV. • Learn about the social attitudes and systemic factors that contribute to GBV (e.g., misogynistic beliefs, racism, ableism, transphobia, homophobia, biphobia, etc.). • Identify ways to challenge and change social attitudes that can contribute to GBV (e.g., strategies for promoting gender equality and positive peer influence).
Autonomy and Consent	• Understand that consent is critical to all types of interpersonal relationships and interactions (e.g., with peers, in public and private settings, etc.). • Understand that consent is linked to partnered sexual activity. • Understand that people engage in sexual activity/do not engage in sexual activity for many reasons.
Values and Rights	• Identify one's values related to relationships, sexuality, gender, and family. • Learn about ethics in relationships (e.g., ethical aspects of consent, ethics of care in relationships). • Understand that there are many kinds of human rights, including sexual rights. • Understand that GBV is a violation of human rights.
Relationships	• Understand how inequality within relationships (e.g., differences in age, gender, income, etc.) can impact relationships. • Develop/use strategies for creating and maintaining equitable, positive, and satisfying interpersonal relationships (e.g., communication skills, building trust, being honest and respectful, etc.)

Topic/Strand	Benchmarks
Digital Media Literacy and Technology	• Understand the difference between credible sources of information and inaccurate sources of information. • Use strategies for navigating online environments/using technology safely and respectfully. • Identify gender, racial, and sexual orientation stereotypes in media. • Identify positive media representations related to gender, race, sexual orientation, and relationships. • Understand communication technology safety and respect (e.g., asking or pressuring others to send images, sending/not sending images, consent in sharing images, sexting, etc.). • Understand that media depictions of people and relationships do not necessarily reflect real life. • Learn how to find needed information without accessing harmful content (e.g., sexist content).
Sexual and Gender Diversity	• Understand that sexuality is part of being human and that people have different ideas about what sexuality means to them and how they express their sexuality. • Understand that it is wrong to discriminate based on a person's sexual identity, gender identity, or gender expression. • Understand the different terms related to gender identity and sexual orientation (including discussions on asexuality). • Learn about diverse cultural conceptions of sexuality. • Learn about Indigenous ways of knowing regarding sexuality. • Understand that sexual identity is complex and varied (e.g., some people know from a young age, others know later in life, some people experience fluidity in their identities while others do not, etc.).
Violence: Awareness and Support	• Learn about and develop bystander intervention knowledge and skills. • Learn about abuse within intimate relationships and develop strategies to seek help/support. • Identify ways to respond when someone has experienced violence. • Learn how to identify grooming behaviours (i.e., manipulative behaviours that abusers use to gain access to victims, such as isolating the victim, sharing "secrets", desensitization to touch and sexual content, etc.) and understand what those behaviours may look like in person and online. • Learn about the prevention of sexual exploitation and human trafficking. • Learn about myths related to GBV (e.g., that it occurs primarily between strangers, that it does not happen in same-gender relationships, that it only occurs within the context of romantic partnerships, that it does not happen in public spaces, etc.).

Topic/Strand	Benchmarks
Bodies: Sexual Health and Well-being[1]	• Understand the physical, psychological, emotional, and social changes associated with puberty.* • Understand that there is overlap in how bodies change during puberty and the variation in people's experiences* (e.g., differences related to body parts, hormones, disability, cultural ceremonies, or traditions related to growing up, etc.). • Understand information related to reproduction.* • Understand that people can feel pleasure from different types of activities (e.g., hugging, cuddling, kissing, different kinds of sensory activities and pressure) and that what feels good differs across people.

* *Educators should be aware of and inclusive to variations in reproductive or sexual anatomy, including intersex* (see Brömdel et al. ,2021; Holmes, 2021).

GRADE 6 TO GRADE 8 (AGES 11 - 13)

Topic/Strand	Benchmarks
Gender Norms, Roles, and Stereotypes	• Learn about the intersecting social factors that impact attitudes and beliefs about romantic and sexual relationships. • Learn about the intersecting social factors that impact attitudes and beliefs about gender and sexual identity. • Understand how gender norms, roles, and stereotypes are linked to people's willingness to engage in non-consensual sharing of sexual images. • Understand how gender and sexual norms can impact the way a person thinks about and/or expresses their own gender and sexual identity. • Understand how gender and sexual norms impact a person's sexual health and other social outcomes. • Develop skills to critically evaluate gender and sexual norms, roles, and stereotypes in one's social and cultural environment

Topic/Strand	Benchmarks
Autonomy and Consent	• Learn about the legal aspects of sexual consent (e.g., laws designed to protect youth from sexual exploitation, age of consent laws and close-in-age exceptions, consent and substance use, etc.). • Understand how power dynamics may impact a person's ability to consent to sexual activity. • Understand how power dynamics may impact a person's ability to engage in safer sex practices (e.g., barrier use). • Address information, motivation, and behavioral skills to set/respect sexual and relational limits and practice safer sex (e.g., consent communication skills, communication about barrier use during sex, etc.). • Understand and develop strategies for dealing with interpersonal and sexual rejection. • Learn how alcohol and drugs can impact decision-making and social interactions.
Values and Rights	• Understand advocacy related to sexual health (e.g., self-advocacy, group advocacy). • Understand the rights related to self-defense when one's boundaries have been violated (e.g., right to verbal or physical defense; understanding how power dynamics can impact a person's ability to engage in various forms of self-defense). • Understand the difference between sexual rights, needs, responsibilities, and wants. • Identify how sexual and reproductive rights are related to various social and rights movements (e.g., Truth and Reconciliation, #MeToo, reproductive justice). • Understand how values of empathy, care, and respect can be incorporated into sexual and romantic relationships. • Understand how values of empathy, care, and respect can be incorporated into peer and other interpersonal relationships (e.g., by standing up for others, intervening and/or help-seeking when there is a problem in private and public settings, etc.).

Topic/Strand	Benchmarks
Relationships	• Learn about power dynamics in sexual and romantic relationships and the factors that contribute to power differences (e.g., how power imbalances based on gender or sexual identity impact a person's ability to leave/remain in an unsatisfactory or abusive relationship; how to create more equal relationships). • Learn about the emotional components of interpersonal and sexual relationships. • Identify and develop conflict resolution skills for interpersonal relationships (e.g., peer, romantic, and sexual relationships). • Learn about and develop skills for ending interpersonal relationships (e.g., peer, romantic, sexual) in a respectful way, including strategies for respectfully dealing with one's own feelings (e.g., sadness, rejection, anger, loneliness, etc.).
Digital Media Literacy and Technology	• Understand the importance of consent in sharing sexually explicit images of oneself or others, and asking for sexual images/content from others. • Understand the legal and ethical aspects of sharing digital sexual content. • Learn about the different moral disengagement strategies people use to justify the non-consensual sharing of digital sexual images (e.g., victim-blaming, denying, or ignoring the harm, etc.). • Understand how/when to ask for help and develop strategies for accessing help (e.g., talking to a trusted adult, reporting to a moderator, etc.) when encountering problems in online environments (e.g., harmful content, harassment, grooming, etc). • Understand that digital blackmail is a form of violence (e.g., image-based sexual abuse). • Understand the difference between sources of GBV prevention information that are accurate and credible, and sources that are not credible, inaccurate, and/or promote attitudes that contribute to GBV (e.g., misogynistic material). • Learn strategies to identify credible sources of information that promote consent and the enhancement of sexual health and well-being. • Understand that sexually explicit media can include stereotypes about gender and sexuality and may not be representative of real sexual relationships.

Topic/Strand	Benchmarks
Sexual and Gender Diversity	• Develop ways to communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientations. • Understand that there are many ways that people express themselves sexually and that sexual expression does not always involve partnered sexual activities. • Understand the different social factors that contribute to positive sexual health and well-being outcomes and relationships 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.). • Understand the different factors that impact how a person views gender, gender identity, gender expression, and sexual orientation (e.g., family, culture, peers, school environment, media, etc.). • Identify ways to promote respect, care, and inclusion for people of all sexual orientations and gender identities in various social environments (e.g., school, community).
Violence: Awareness and Support	• Understand how to access GBV support services (e.g., shelters, counseling services for victims/survivors, counseling services for perpetrators/ potential perpetrators or people who think they may have been abusive) and be linked to relevant support services in the community. • Identify ways to support someone who has experienced GBV. • Understand the range of experiences that fall under the umbrella of GBV (e.g., that GBV occurs on a spectrum ranging from subtle acts of violence to overt acts of violence, that GBV includes violence against 2SLGBTQINA+ people, etc.). • Understand the impact and/or consequences of sexual violence on victims/survivors, bystanders, and perpetrators. • Understand the social, cultural, interpersonal, and individual factors that contribute to sexual violence perpetration. • Understand how to recognize and respond to signs of violence in dating relationships. • Understand how experiences of GBV can impact family and interpersonal relationships (e.g., intergenerational trauma). • Understand the different factors that impact whether a person is believed and supported when they disclose experiences of GBV (e.g., social attitudes and myths, including rape myths and victim blaming, etc.). • Understand ways to support people who have experienced transphobic, homophobic, and/or biphobic violence.

Topic/Strand	Benchmarks
Bodies: Sexual Health and Well-being[1]	• Learn about the ways that trauma can impact sexual health and well-being. • Learn about reproductive coercion/ control (i.e., pressuring someone about their reproductive decision-making; taking steps to prevent someone from making autonomous decisions about their reproductive health) and the impact it can have on sexual health and well-being. • Understand the importance of STI and pregnancy testing for the victims/ survivors in cases of sexual coercion/assault. • Understand how to access confidential STI testing and treatment services in the community and the limits to confidentiality. • Understand the range of contraceptive options and pregnancy options (e.g., abortion, adoption, having and parenting a baby) and how to access confidential reproductive health care (including pregnancy testing and access to emergency contraception, such as Plan B). • Understand that there are a range of behavioural options to reduce the chance of STIs and unwanted/unintended pregnancies (e.g., not engaging in sexual behaviours that involve risk for STI and pregnancy, using barriers, engaging in lower-risk sexual activities) and develop skills to communicate about various options with a partner and respect a partner's decisions. • Understand that many romantic and sexual activities can be pleasurable (e.g., cuddling, kissing, masturbation, oral sex, penetrative sex).

GRADE 9 TO GRADE 10 (AGES 14 - 15)

Topic/Strand	Benchmarks
Gender Norms, Roles, and Stereotypes	• Understand sexual scripts (e.g., traditional sexual scripts, scripts about sexual consent, sexual scripts for 2SLGBTQINA+ relationships), how they may impact attitudes and sexual behavior, and identify ways to challenge and change problematic sexual scripts. • Understand how gender inequality, gender norms and stereotypes, and sexual norms can influence sexual behavior and increase/decrease a person's risk of experiencing or perpetrating GBV. • Develop skills to critically reflect and assess the gender stereotypes one holds, and the gender stereotypes reflected in the community and other social environments (e.g., school, work).

Topic/Strand	Benchmarks
Autonomy and Consent	• Understand the impact of drugs and alcohol on consent, sexual interactions, and safer sex. • Understand how trauma might impact how a person can navigate sexual consent. • Continue discussions about consent within sexual relationships in greater detail/complexity (e.g., examine how power imbalances in relationships and gender norms impact sexual consent).
Values and Rights	• Understand how sexual and reproductive rights have been/can be violated through institutional policies and actions (e.g., forced sterilization, systemic removal of children, lack of access to reproductive technology, police violence, inequitable access to critical medications such as PrEP, PEP, and emergency contraception such as Plan B, etc.). • Identify individual and collective responsibilities for upholding sexual and reproductive rights (e.g., advocating for sexual health, reducing violence, etc.). • Identify the different national and international documents related to sexual rights and understand how different documents are used to promote sexual rights and help prevent/reduce GBV. • Examine how one's own values are related to/align with one's own sexual and interpersonal decision-making (e.g., decision to have/not have sex, ability to communicate with a partner, decision to support/not support peers who are experiencing different forms of GBV, decision to engage in/not engage in reproduction of harmful language and behaviours, etc.).
Relationships	• Understand that there are various romantic and/or sexual relationship types and structures (e.g., casual relationships, committed relationships, monogamous partnerships, ethically/consensually non-monogamous partnerships, etc.). • Understand the ethics of responsible interpersonal and sexual interactions. • Develop strategies for enhancing interpersonal relationships (e.g., romantic and sexual partners), including respectful ways to approach a potential partner and how to understand/respect each person's needs in a relationship. • Develop skills to critically reflect on romantic and sexual relationships (e.g., determine if you are happy in a relationship and getting your needs met, examine how other social factors such as peers and media impact the way you think about your relationship).
Digital Media Literacy and Technology	• Understand the importance of learning about the privacy levels of digital platforms (e.g., social media and sites that post sexual content such as pornography). • Develop skills to critically assess the portrayal of gender, sexuality, and relationships in sexually explicit media.

Topic/Strand	Benchmarks
Sexual and Gender Diversity	• Continued discussions about sexual and gender identities in greater detail/complexity (e.g., use anti-racist, intersectional perspectives to reflect on the social factors and personal experiences that impact the way each person thinks about their own gender and sexual identities)
Violence: Awareness and Support	• Understand the differences between sex trafficking and sex work (e.g., legal differences, consent differences, etc.)
Bodies: Sexual Health and Well-being[1]	• Understand the sexual response cycle and how it does and does not relate to pleasure, desire, arousal, and consent (e.g., understanding that physiological arousal does not equal consent). • Recognize that pleasure can be an important part of sexual activity (whether alone or with a partner) and that each person is responsible for learning about pleasure and ensuring that consent and boundaries are respected in the mutual pursuit of pleasure.

GRADE 11 TO GRADE 12 (AGES 16-17)

Topic/Strand	Benchmarks
Gender Norms, Roles, and Stereotypes **Autonomy and Consent** **Values and Rights** **Relationships** **Digital Media Literacy and Technology** **Sexual and Gender Diversity** **Violence: Awareness and Support** **Bodies: Sexual Health and Well-being[1]**	• **Across all topics/strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity.** • Understand advanced information related to how different social factors and attitudes contribute to GBV (e.g., gender inequality, misogynistic beliefs, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) and how and why different groups of people are disproportionally impacted by GBV (e.g., from an intersectional perspective). • Understand and apply advanced information related to promoting sexual rights (e.g., advocating for social change and gender equity) and developing social environments and interpersonal relationships that are meaningful, consensual, equitable, respectful, safe, and satisfying.

1 For extensive Benchmarks related to STI prevention in sexual health education, please see the *Canadian Guidelines for Sexual Health Education*, pg. 83.

GLOSSARY

Glossary

2SLGBTQINA+: An acronym that stands for Two Spirit, lesbian, gay, bisexual, transgender, queer, intersex, nonbinary, asexual and other emerging gender and sexual identities.

Ableism: A belief system rooted in negative beliefs (e.g., false assumptions and stereotypes) or practices of superiority and discrimination against individuals with physical, mental, developmental, intellectual, and/or emotional disabilities, which may be conscious or unconscious. Ableism can manifest itself through acts of discrimination, social exclusion, and limited opportunities for persons with disabilities to fully participate in the society (Ontario Human Rights Commission, 2016).

Anti-Black Racism: Anti-Black Racism is defined as policies and practices rooted in institutions such as, education, health care, and justice that mirror and reinforce beliefs, attitudes, prejudice, stereotyping and/or discrimination towards people of Black-African descent (Learning Network at CREVAWC, n.d).

Anti-oppression: Approaches, strategies, theories, actions, and practices that actively challenge social and institutional inequalities in our society such as institutional policies and practices that enable certain groups to dominate other groups. An anti-oppression framework seeks to challenge systemic biases and assess the effects of class demarcation, power, privilege, gender oppression, heterosexism, homophobia, and transphobia create marginalization and power imbalances within our society (Learning Network at CREVAWC, n.d.; Elementary Teachers' Federation of Ontario, 2021).

Biphobia: Negative attitudes, feelings, or irrational aversion to, fear or hatred of bisexual or pansexual people and their communities, or of behaviors stereotyped as bisexual or pansexual, leading to discrimination, harassment or violence against bisexual and pansexual people (the 519 Glossary, n.d.).

Cisgender or cis: A person who identifies with the gender that they were assigned at birth. For example, cis men are men who were assigned male at birth and cis women are women who were assigned female at birth.

Cisnormativity: A set of societal assumptions, norms, expectations, and beliefs that centers cisgender experiences. These beliefs and practices describe systemic prejudice against gender diverse people and communities (the 519 Glossary, n.d.).

Cissexism: Prejudice and discrimination against trans or gender diverse identities and/or expressions. This includes the presumption that being cisgender is the superior and more desirable gender identity (Egale, n.d.).

Colonization: The process of focusing on and devaluing people's differences in order to dominate and control them, including various economic, political and social policies by which a powerful group maintains or extends control over other people or areas (the 519 Glossary). For instance, colonial violence directed toward cultural practice, family, and community creates conditions that increase the likelihood of other forms of violence, including interpersonal violence, through its distinct impacts on the physical, mental, emotional, and spiritual health of Indigenous peoples (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).

Consent: Mutual, emotional, physical and psychological understanding between people(s) without coercion/force of any kind. When engaging intimately with other individuals, consent is necessary to ensure that everybody involved is aware and interested in what is happening. Consent is based on communication, not assumptions (the 519 Glossary, n.d.).

Discrimination: Treating someone unfairly by either imposing a burden on them, or denying them a privilege, benefit or opportunity enjoyed by others, because of their race, citizenship, family status, disability, sex or other personal characteristics (Government of Canada, 2019).

Fatphobia: The fear and dislike of fat people and the stigmatization of individuals with bigger bodies (Egale, n.d.).

Femicide: "Physical violence or murder committed against women, girls, and people with feminine gender expressions which is grounded in misogyny, sexism, transphobia, and institutional inequalities" (Almanssori et al., 2023).

Gender Dysphoria: Sense of discomfort and/or distress a person may experience when unable to live according to their gender identity (e.g., due to a mismatch between their gender identity and sex assigned at birth; due to social barriers and lack of support etc.).

Gender identity: A person's internal and individual experience of gender. It is a person's sense of being a woman, a man, both, neither or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their sex assignment at birth (Ontario Human Rights Commission, n.d.).

Heteronormative or Heteronormativity: "The dominant ideology that everyone is heterosexual, that being heterosexual is normal and/or natural, and that not being heterosexual is abnormal and/or unnatural; which contributes to the privileging of heterosexual people and heterosexual relationships, and discrimination against 2SLGBTQ+ people" (University of Windsor GBV Teaching, 2023). Prejudice against people that are not heterosexual and is less overt or direct and more widespread or systemic in society, organizations, and institutions. This form of systemic prejudice may even be unintentional and unrecognized by the people or organizations responsible (the 519 Glossary, n.d.).

Human trafficking: "The recruitment, transportation, harbouring and/or exercising control, direction or influence over the movements of a person in order to exploit that person, typically through sexual exploitation or forced labour" (Almanssori et al., 2023).

Homophobia: Negative attitudes, feelings, or irrational aversion to, fear or hatred of gay, lesbian, or bisexual people and communities, or of behaviors stereotyped as 'homosexual.' It is used to signify a hostile psychological state leading to discrimination, harassment or violence against gay, lesbian, or queer people (the 519 Glossary, n.d.).

Intergenerational Trauma: Intergenerational trauma is the transmission of historical oppression and its negative consequences across generations. It is "[a] collective complex trauma inflicted on a group of people who share a specific group identity or affiliation-ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events. (Evans-Campbell, 2008; Learning Network at CREVAWC, n.d.).

Intersectionality: A term coined by black feminist legal scholar Dr. Kimberlé Crenshaw to describe the ways in which our identities (such as race, gender, class, ability, etc.) intersect to create overlapping and interdependent systems of discrimination or disadvantage (the 519 Glossary, n.d.).

Misogyny: Hatred of, contempt for, and prejudice against women, girls, and the feminine (Egale, n.d.). Primarily a property of social environments in which women/femme people are liable to encounter hostility due to the enforcement and policing of patriarchal norms and expectations – often, though not exclusively, insofar as they violate patriarchal law and order (Learning Network at CREVAWC). Misogyny can be manifested in numerous ways, including sexual discrimination, violence, and the sexual objectification of women/femme people. Though commonly associated with men, misogyny also exists in and is practiced by women against other women or even themselves.

Oppression: Refers to a pattern of persistent and systematic subjugation imposed on one social group of people for social, economic, and political benefits by a more powerful social group (Racial Equity Tools, 2020).

Patriarchy: A social system in which men/masculinity are considered/viewed as primary authority figures, central to social organization, and where men/masculine people hold authority over women/femme people, children, and property (Learning Network at CREVAWC, n.d.).

Privilege: Systemic advantages based on certain characteristics that are celebrated by society and preserved through its institutions (Learning Network at CREVAWC). It also includes access to power enjoyed by a dominant group, giving them economic, political, social and cultural advantages at the expense of members of a marginalized group (Anti-Oppression Network, 2013).

Racism: Refers to ideas or practices that establish, maintain or perpetuate the racial superiority or dominance of one group over another (Ontario Anti-Racism Directorate, 2018).

Sexism: Prejudice and discrimination based on a person's sex and/or gender (Egale, n.d.).

Sexual violence: A continuum of interrelated sexual harms that range from subtle (e.g., rape jokes, catcalling) to overt (e.g., sexual harassment, sexual denigration, unwanted sexual contact, sexual assault or sexual abuse, sexual exploitation, sexual trafficking etc.; Almanssori et al., 2023).

Sexual assault: Assault involving circumstances of a sexual nature that violate the sexual integrity of the victim/survivor (Criminal Code, Revised Statures of Canada, 1985).

Sexual harassment: "Unwanted or unwelcome sexual behaviour(s), including unwanted verbal sexual advances, comments, name calling, or physical sexual advances" (Almanssori et al., 2023).

Slut-shaming: The stigmatization of an individual based on of his, her, or their appearance, sexual availability, and actual or perceived sexual behavior and is primarily aimed at women and girls and femme people (Goblet and Glowacz, 2021).

Systemic racism: Comprises of organizational culture, policies, directives, practices, or procedures that exclude, displace, or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others" (Ontario Anti-Racism Directorate, 2018).

Transgender: A person who does not identify, either fully or in part with the gender associated with the sex assigned to them at birth. It is often used as an umbrella term to represent a wide range of gender identities and may be called simply 'trans' for short (Egale, n.d.).

Transphobia: Negative attitudes and feelings and the aversion to, fear or hatred or intolerance of trans people and communities. Like other prejudices, it is based on stereotypes and misconceptions that are used to justify discrimination, harassment, and violence toward trans people, or those perceived to be trans" (the 519 Glossary, n.d.).

Two-spirit: "A contemporary pan-Indigenous term used by some Indigenous LGBTQQIA+ people that honours male/female, and other gendered or non-gendered spirits, as well as spiritual and cultural expressions. The term may also be used interchangeably to express one's sexuality, gender, and spirituality as separate terms for each or together as an interrelated identity that captures the wholeness of their gender and sexuality with their spirituality." (2SLGBTQQIA+ Sub-Working Group, 2021, p.8).

Victim Blaming: A common cultural response to violence that holds the victim/survivor responsible, either fully or in part, for the harm that was caused to them. The response of victim blaming commonly occurs when the violence is linked to a system of oppression, such as patriarchy, misogyny or cissexism because it functions to both deny and also reinforce the established hierarchy of power.

White supremacy: A system of oppression that maintains and perpetuates the socioeconomic, political, cultural, historical and institutional domination as well as structural advantage (privilege) of white people over other ethnic/racialized groups, both at the collective and individual level (Egale; Racial Equity Tools, 2020).

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