



# PREVENTING GENDER-BASED VIOLENCE:

## Developing and Implementing Effective Sexual Health Education Policy and Practice

### Advisory Working Group Meeting Document #2 Summary Report of Consultation Findings

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## EXECUTIVE SUMMARY

In preparation for the development of key project resources, the Sex Information and Education Council of Canada (SIECCAN) surveyed over 150 individuals and organizations working in the areas of gender-based violence (GBV) prevention, sexuality, sexual health, and/or education.

Participants responded to closed-ended and open-ended questions addressing GBV prevention in sexual health education policy and practice and identified age/grade benchmarks for key GBV prevention concepts.

Results indicate strong support for a comprehensive approach to GBV prevention within sexual health education programs that is evidence-based, begins early, continues throughout young people's education, and incorporates a scaffolded, building block approach to gaining knowledge and skills.

Participants identified several frameworks for the provision of GBV in sexual health education and provided recommendations for policy, practice, and the content needed to be included in sexual health education programs. Participants also identified the structural supports needed to ensure appropriate implementation of programs and described key areas where they would like to see additional information, training, and support.

## GENDER-BASED VIOLENCE PREVENTION IN SEXUAL HEALTH EDUCATION CONSULTATION

In preparation for the development of key project resources, SIECCAN conducted a quantitative and qualitative online consultation with a wide range of individuals and organizations from March 2022 to May 2022. Over 150 people from across Canada involved in gender-based violence prevention, sexuality, sexual health, and/or education participated in the consultation.

The consultation consisted of the following four areas:

- 1) Gender-based violence (GBV) 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 supports and needs (e.g., topics educators want more information on, available community programs).

This document provides a summary of the findings for members of the Advisory Working Group to consider in advance of our June 5-6, 2022 meeting in Ottawa, ON.

## Participants

Most of the 156 participants worked in Ontario (33.8%) or Saskatchewan (18.5%; see Figure 1). Many worked in a support service role (26.3%; e.g., community group facilitator, social worker) or in education (17.8%; e.g., elementary school teacher; see Figure 2). Some noted that they had multiple roles (e.g., program planning and communications) or worked with national advocacy organizations.

Figure 1. Region of work

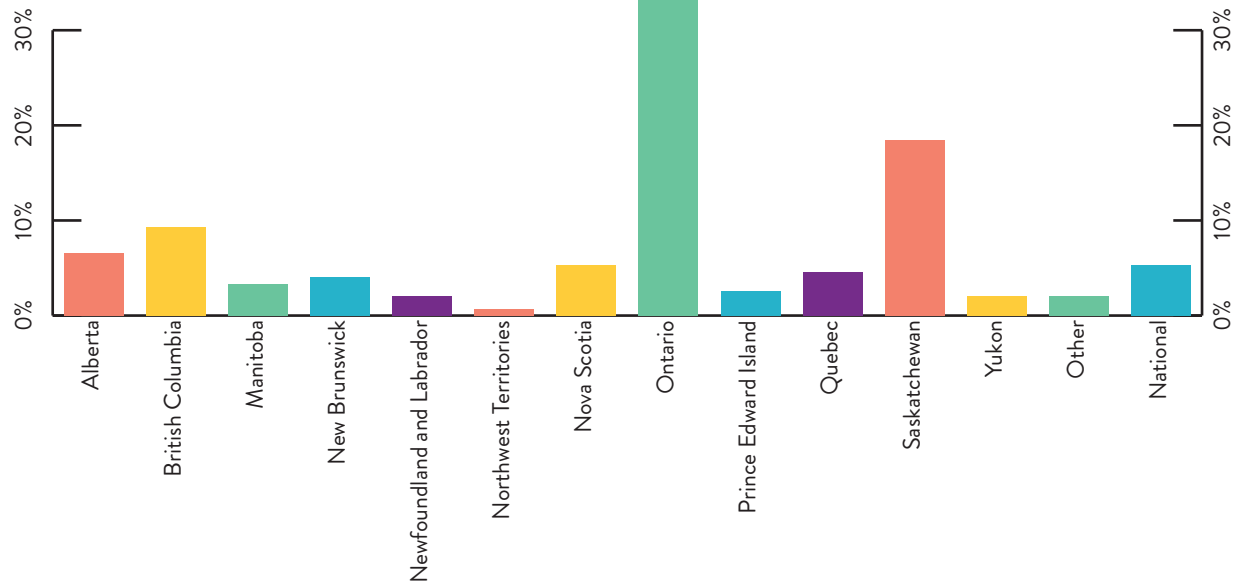
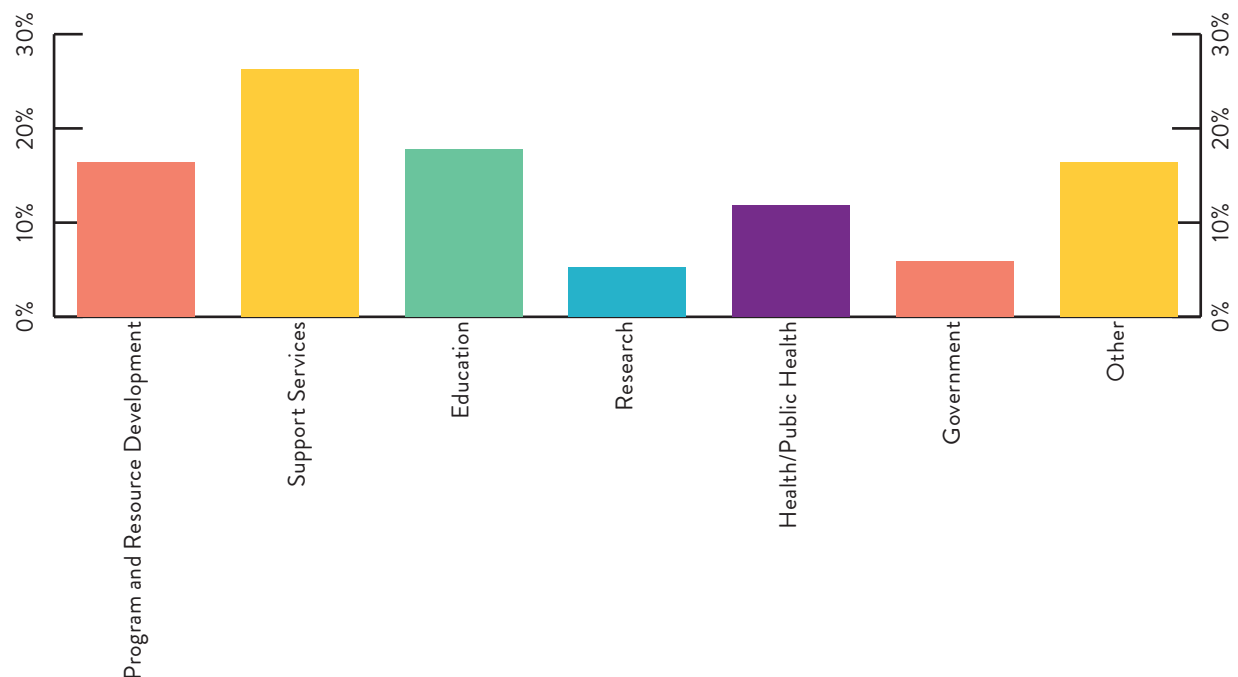


Figure 2. Work categories



## **PART 1: GENDER-BASED VIOLENCE WITHIN SEXUAL HEALTH EDUCATION POLICY-RELATED STATEMENTS**

Participants were asked to indicate their level of agreement with a series of policy-related statements on GBV prevention in sexual health education. As indicated in Table 1, participants reported a very high level (76% to 100%) of agreement indicating strong support for a comprehensive approach to GBV prevention within sexual health education programs.

**Table 1. GBV within sexual health education statements**

<b>Statement</b>	<b>Percentage of Respondents who Agree/ Strongly Agree</b>
Gender-based violence prevention information and skills should be included as a key component of sexual health education programs	99.2%
Gender-based violence prevention within sexual health education should address social and systemic factors that contribute to violence (e.g., racism, ableism, transphobia, biphobia, homophobia, misogynistic beliefs)	100%
Gender-based violence prevention within sexual health education should include information and behavioural skills related to digital technology use	99.2%
Gender-based violence prevention within sexual health education should incorporate a trauma-informed approach (i.e., recognizing that many people receiving sexual health education may have experienced sexual or gender-based violence)	100%
It is important for sexual health education programs in schools to address harmful gender norms that contribute to gender-based violence.	100%
It is important for sexual health education programs to provide students with information and skills related to consent to sexual activity	100%
It is important for youth at the elementary grade levels to learn about general gender-based violence prevention concepts (e.g., bodily autonomy, consent) as part of a building block approach to preventing gender-based violence	100%
It is important to have national benchmarks for the provision of gender-based violence prevention information and skills within sexual health education to unify policies and practices across Canada	98.5%
Integrating gender-based violence prevention within sexual health education programs is a key component of an effective nation-wide strategy to reduce gender-based violence	99.2%
Provincial/Territorial ministries of education should ensure that effective gender-based violence prevention programming is provided in elementary schools	99.2%
Provincial/territorial government recommendations regarding the provision of sexual health education in schools should specify appropriate gender-based violence prevention content to be taught at each grade level	98.5%

Educators should have administrative support (including access to training) to effectively incorporate gender-based violence prevention within sexual health education	100%
It is important for my school/Province/Territory to have a specific policy in place to guide me in providing gender-based violence prevention within sexual health education	84.3%
I need more effective gender-based violence prevention education materials to use in my work	76.7%

Note: Does not include participants who selected “Don’t know/prefer not to answer”

## **PART 2: POLICY AND PRACTICE RECOMMENDATIONS (OPEN-ENDED RESPONSES)**

We also asked participants to provide policy and practice recommendations through a series of open-ended questions. For this consultation, policy referred to recommendations, and the identification of goals, key components, settings, frameworks, and principles for the delivery of GBV prevention in sexual health education. Practice referred to the development and implementation of curricular content.

There was considerable overlap in responses to the questions focused on policy and practice. Therefore, we present the results of these questions by themes, rather than separate sections.

### **Importance of Incorporating GBV Prevention in Sexual Health Education**

Participants emphasized the importance of both GBV prevention and sexual health education; they suggested that sexual health education can be an entry point for young people to begin learning about critical GBV prevention concepts such as consent, boundary setting, pleasure, and sexual rights.

### **Overall Approach to GBV Prevention in Sexual Health Education**

Participants support an approach to GBV prevention in sexual health education that is comprehensive, evidence-based, begins early, continues throughout young people’s education, and incorporates a scaffolded, building block approach to gaining knowledge and skills. Participants stressed that GBV prevention concepts in sexual health education should be present at each grade level, with content being introduced in developmentally/age-appropriate ways.

Participants indicated that approaches to GBV prevention in sexual health education should be inclusive, while recognizing and addressing the specific needs of young people who disproportionately experience violence (e.g., girls and young women, Indigenous youth, youth with disabilities, 2SLGBTQINA+ youth, racialized youth). Participants noted that policies and practices should be culturally responsive and incorporate an intersectional approach that addresses power dynamics and the systemic social factors that contribute to GBV (e.g., colonialism, racism, ablism, transphobia, homophobia, biphobia, misogyny).

While some GBV prevention concepts were clearly linked to sexual health education, GBV prevention was also viewed as relevant to other

educational domains (e.g., history, civics). Therefore, creating opportunity for cross-curricular links may be beneficial. Additionally, while many participants noted the importance of incorporating GBV prevention into sexual health education, some noted that targeted and extensive GBV prevention education is still needed.

### **Frameworks for Incorporating GBV Prevention in Sexual Health Education**

Participants identified several frameworks for the provision of GBV in sexual health education:

- **Intersectional approach:** Many participants noted that adopting an intersectional perspective (Crenshaw, 1989; 1990) to GBV prevention in sexual health education was critical to addressing systemic causes and understanding differential experiences of GBV.
- **Trauma-informed approach:** Many participants emphasized the importance of a trauma-informed approach to GBV prevention. This was described as key to both developing policies and curricula and when implementing lessons in the classroom with young people.
- **Indigenous teachings:** Several participants described the importance of adopting a holistic approach to sexuality, such as medicine wheel teachings, when addressing GBV in sexual health education. Participants also emphasized that policies and curricula needed to be culturally responsive to Indigenous communities, incorporate content that addresses the ways that colonialism contributes to GBV, and incorporate Indigenous consultation across policy and curricular development.
- **Gender transformative approach:** Gender transformative approaches and methods were described as valuable for helping young people understand and transform harmful gender norms and power relations (UNFPA, 2020).
- **Anti-racist approach:** Several participants noted that anti-racist approaches to developing and implementing GBV in sexual health education were critical. Participants also stressed making connections with community partners doing anti-racism work and ensuring that cross-curricular connections were made with other relevant educational domains.
- **Queer theory:** Queer theory was noted as being important to understanding how GBV has specific implications for 2SLGBTQINA+ individuals based on gender norms, gender expression, gender identity, and sexual orientation.
- **Feminist approach:** Feminist theory was described as important to framing policies and practice from a lens of empowerment and community. However, it was noted that this should be used in combination with other perspectives to be most effective in developing and guiding policies and programs (e.g., an intersectional lens, cultural responsiveness, etc.).

### **POLICY CONSIDERATIONS**

Participants stressed the importance of having clear mandates that support the inclusion of GBV prevention within school-based sexual health education. Many supported having mandates that included sexual health education across all grades in elementary and secondary schools.

Participants noted that having national standards would be beneficial in providing educators with unifying guidelines and creating systemic change across educational sectors.

Participants described the importance of developing policies and programs in collaboration with people with lived experience. Participants also wanted to ensure that there was structural support in implementing programs (i.e., processes in place to ensure that national guidelines would be adopted, training for educators).

Participants noted that incorporating GBV prevention into sexual health education was one component of addressing GBV in schools. **Schools should have general policies in place to address GBV and all educators should have basic knowledge of how to respond to disclosures of GBV.**

### Structural Supports for GBV Prevention in Sexual Health Education

Participants identified several supports needed to ensure that policies and programs could be appropriately implemented and maintained. In addition to stressing the need for overall funding of GBV prevention programs and the integration of GBV prevention programs with increased access to economic and social resources, participants reported specific policy and practice suggestions related to GBV prevention in school-based settings (see Table 2).

**Table 2. Policy and Practice Suggestions Related to GBV Prevention in School-Based Settings**

Prioritize access to GBV prevention and sexual health education training for pre-service educators (e.g., courses in teacher college programs and (para)medical programs;) and in professional development opportunities (e.g., mandatory GBV prevention training modules).
Consider having specialized educators deliver GBV prevention and sexual health education content (e.g., from community-based organizations or through specialists such as sexologists in Quebec).
Ensure that educators have the resources and materials needed to support them in their teaching (e.g., information on language, adopting a trauma-informed approach, lesson plan materials etc.)
Ensure GBV prevention concepts are included in provincial/territorial sexual health education curricular content; presented by age/grade; throughout all grades; reflective of current research; provide relevant cross-curricular links.
Ability to link people to appropriate GBV support services.
Administrative and school board support for GBV prevention sexual health education policy and program implementation.
Ministerial support for GBV prevention sexual health education policy and program implementation.

### Content Considerations

Participants described several GBV prevention concepts and content areas that should be included in sexual health education. Table 3 summarizes the concepts identified in the open-ended responses.



**Table 3. GBV Prevention Concepts Identified in the Open-Ended Responses**

Anatomy	Gender norms	Power dynamics (relational and systemic)
Bodily Autonomy	Gender stereotypes	Race-based stereotypes and sexual health
Boundary Setting/Violations	GBV in the workplace	Recognizing GBV
Bystander intervention	Healthy Relationships	Sexual agency
Conflict management	Impacts of GBV	Substance use and GBV
Consent	Linking to GBV support services	Systems of oppression (e.g., transphobia, homophobia, ablism, biphobia, racism, colonialism, white supremacy)
Conceptions of masculinity and femininity	Media Use	
Dealing with rejection	Pleasure	
Emotional regulation	Pornography	

## PEDAGOGICAL CONSIDERATIONS

Participants suggested specific strategies for the implementation of GBV prevention concepts in sexual health education. Suggestions included:

- **Trained and knowledgeable staff:** Participants stressed the importance of ensuring that people delivering GBV prevention content are trained, comfortable delivering the material, and do so in a way that reduces bias and stigma.
- **Community Partnerships:** Many participants emphasized the importance of engaging with community organizations and individuals with expertise in GBV prevention, especially when teacher comfort or knowledge was low.

Participants also suggested partnering with relevant health service providers to facilitate access to support services. To facilitate Indigenous teachings, building relationships with elders/knowledge keepers was also noted as important.

- **Situate learning in ethics and values:** For some participants, it was important to frame GBV prevention concepts within the context of ethics, values, and care. This was presented as a beneficial approach as it allows students to build a set of principles, develop empathy, and ground the information within a value system of care and critical thinking.
- **Varied methods:** Some participants suggested that GBV prevention in sexual health education should include activities that allow students to reflect on their own experiences, social locations, and expectations of those around them. Participants suggested that activities include both private reflection and open group discussion.

Some participants noted that specific topics could benefit from small group discussion based on gender (e.g., discussions of healthy masculinity), while others noted the benefits of ensuring that students of all genders had access to the same information.



- **Non-judgmental approach:** Several participants emphasized the importance of teaching GBV prevention concepts with a non-judgmental approach.
- **Engage young men:** Several participants stressed the importance of engaging young men in learning GBV prevention concepts. Some noted that young men they worked with often felt disconnected from conversations on GBV and that it was critical to find strategies that enabled young men to take part in conversations focused on the deconstruction of gender norms and stereotypes.
- **Include a focus on perpetrators:** Some participants noted that GBV prevention in sexual health education should include information and resources for both survivors and potential perpetrators.

### **PART 3: AGE/GRADE BENCHMARKS FOR GBV PREVENTION WITHIN SEXUAL HEALTH EDUCATION**

Participants were provided with a list of 34 potential GBV prevention sexual health education topics and asked at what grade/age they thought each topic should be introduced. Topics reflected key elements of GBV prevention and sexual health education programs identified in the academic and grey literature. Participants were also given the opportunity to provide open-ended feedback about grade levels, topics, and how concepts should progress or be integrated across grades.

The results summarized in Table 2 on page 11-12 signify strong support among participants for all 34 topics listed:

**Almost every participant indicated that each GBV prevention topic should be taught within sexual health education.**

Further, the majority suggested that all topics should be introduced before the secondary grades and that most topics (25) should be introduced between Kindergarten and Grade 5.

#### **Early Grades: Foundational Approach to GBV Prevention in Sexual Health Education**

The median of participants' responses suggest that foundational topics related to understanding the body, boundaries, and relationships are important to begin in kindergarten. This is followed in Grades 1-3 by topics focused on building skills for healthy relationships, understanding the diversity and diverse conceptualizations of sexuality, gaining media literacy skills, and safely navigating technology.

Open-ended responses stressed the importance of a scaffolded, building block approach to teaching foundational GBV prevention subjects in sexual health education in the early grades. Participants emphasized that key topics such as understanding the body, consent, and relationships, can and should be introduced early on and presented in ways that are relevant and developmentally appropriate. For example, consent can be discussed within the context of hugging another person and respect for others can be discussed within the context of respecting each other's pronouns.

Participants also emphasized that the introduction of these topics early on was the beginning of a long-term teaching process that continually reviewed and built upon foundational skills and knowledge. Many discussed the importance of

ensuring that young people learned about these topics before they engaged in sexual and romantic relationships and noted that early education and the linking of youth to GBV supports was key for young people already experiencing sexual violence.

Finally, participants highlighted the importance of ensuring that early foundational knowledge and skill building is inclusive to the lived experiences of 2SLGBTQINA+ individuals and incorporates a lens that focuses on equity, diversity, and the intersections of social experiences and identities.

### **Middle and Later Grades: Building on Foundational Skills, Increasing Complexity of Topics**

Median responses indicated that topics introduced in Grades 4-5 should build upon established knowledge and skills, expanding communication to include sexual consent, bystander intervention skills, and using technology safely and respectfully.

This is also the time that many participants highlighted the importance of introducing sexual rights, the ethical aspects of sexual consent, abuse within relationships, prevention of sex trafficking, and the social and systemic factors that contribute to violence.

In Grades 6-8, more complex topics are then proposed, such as the legal aspects of sexual consent, digital blackmail as a form of sexual violence, power dynamics in relationships, how to support someone who has experienced violence, how to access relevant support services, and the intersecting social factors that impact how people think about sexual relationships.

Topics related to sexual health enhancement were also considered important to introduce in this grade range, including sexual pleasure, the emotional components of sexual relationships, and advocacy related to sexual health.

Some participants stressed that all topics should be introduced before the secondary grades, with content in secondary grades focused on knowledge and skill review/refinement. Later grades provided the opportunity to address topics in greater detail and complexity (e.g., detailed understanding of power imbalances in relationships; different relationship forms such as ethical non-monogamies; addressing topics through a social justice lens etc.) but not as a time to *begin* learning about a topic.

**Table 2. Grade level at which participants indicate topics should be introduced.**

Topic	Percent indicating introduction at each grade level						Should not be taught
	Kindergarten	1-3	4-5	6-8	9-10	11+	
<b>Median Kindergarten</b>							
Knowledge of the body (e.g., correct names for genitals)	90.3	6.8	1.9	1.0	0	0	0
Bodily autonomy and personal boundaries	79.2	11.9	3.0	5.9	0	0	0
Conflict resolution skills	57.0	21.0	10.0	7.0	4.0	1.0	0
Treating others with dignity and respect in relationships (e.g., friendships, romantic relationships, sexual relationships)	62.4	17.8	10.9	7.9	1.0	0	0
Gender Equity	55.6	19.2	14.1	10.1	1.0	0	0
<b>Median Grade 1-3</b>							
Relationship communication skills	45.1	18.6	16.7	17.6	1.0	1.0	0
Components of equitable, positive, satisfying interpersonal relationships	42.7	20.4	16.5	14.6	4.9	1.0	0
Media literacy skills	21.8	28.7	35.6	11.9	2.0	0	0
Disclosing and/or reporting sexual assault/harassment	39.2	18.6	17.6	18.6	5.9	0	0
Online safety	28.0	51.0	16.0	5.0	0	0	0
Communicating respectfully online	22.0	49.0	24.0	5.0	0	0	0
Gender roles, stereotypes, and attitudes (e.g., conceptions of femininities; conceptions of masculinities)	41.0	25.0	13.0	18.0	3.0	0	0
Harmful gender norms	40.6	27.7	17.8	10.9	3.0	0	0
Diversity of human sexuality (e.g., sexual orientation, gender identity and gender expression, sexual behaviour etc)	47.5	25.7	14.9	9.9	2.0	0	0
Diverse cultural conceptions of gender and sexuality	36.0	24.0	20.0	12.0	8.0	0	0
Indigenous ways of knowing regarding gender and sexuality	37.0	27.0	20.0	13.0	3.0	0	0
Discrimination based on sex, gender, and/or sexual orientation	31.0	20.0	32.0	14.0	3.0	0	0
<b>Median Grade 4-5</b>							
Ethical aspects of sexual consent	19.6	20.6	16.7	34.3	8.8	0	0
Sexual consent communication skills	16.5	10.7	26.2	38.8	7.8	0	0
Abuse within relationships	22.3	19.4	27.2	22.3	6.8	1.9	0
Bystander intervention knowledge and skills	21.0	21.0	28.0	17.0	11.0	2.0	0
Sexual rights	17.7	10.4	26.0	36.5	8.3	1.0	0
Communication technology safety and respect (e.g., sexting)	12.0	23.0	39.0	20.0	6.0	0	0

Social attitudes and systemic factors that contribute to gender-based violence (e.g., racism, misogynistic beliefs, transphobia, homophobia, biphobia, ableism)	17.2	13.1	35.4	27.3	7.1	0	0
Prevention of sex trafficking	7.1	13.3	32.7	33.7	11.2	1.0	1.0
<b>Median Grade 6-8</b>							
Legal aspects of sexual consent	3.9	7.8	30.1	35.9	20.4	1.0	1.0
Power dynamics in sexual and romantic relationships	4.0	7.9	26.7	47.5	10.9	3.0	0
Emotional components of sexual relationships	5.0	9.9	20.8	51.5	11.9	1.0	0
Accessing gender- based violence support services (e.g., shelters, counseling)	12.1	9.1	21.2	36.4	18.2	3.0	0
Intersecting social factors that impact attitudes and beliefs about romantic and sexual relationships	10.1	11.1	23.2	42.4	11.1	2.0	0
Supporting someone who has experienced sexual or gender-based violence	6.0	13.0	14.0	34.0	31.0	2.0	0
Sexual pleasure	9.9	10.9	19.8	37.6	15.8	4.0	2.0
Advocacy related to sexual health (e.g., self- advocacy, group advocacy)	6.3	9.4	25.0	40.6	17.7	1.0	0
Digital blackmail as a form of sexual violence (e.g., “revenge porn”)	3.0	10.1	33.3	37.4	13.1	2.0	1.0

## PART 4: THE NEED FOR GBV PREVENTION INFORMATION AND SUPPORTS

Open-ended questions asked participants to describe if there were specific GBV prevention education topics that they felt less prepared to address and what educational and/or policy supports they need to better incorporate GBV prevention into their work.

### Topics

While some participants said they felt prepared to address all topics in their work, others reported that they would like help providing general information on GBV prevention and pedagogical support for specific topics. Several participants noted that having guidelines that laid out information on what and when topics should be addressed would be beneficial.

Participants highlighted several areas where they would appreciate additional support and information including:

- The systemic factors that impact GBV
- Supporting individuals who disclose experiences of violence
- Gender norms, including how to address toxic masculinity and internalized misogyny
- Indigenous approaches to gender and relationships
- Decolonizing approaches to GBV prevention and sexual health education
- Media and technology use
- Religion and sexuality
- How to address teacher attitudes and

discomfort with GBV and sexual health education topics

- Trauma-informed teaching (e.g., creating opportunities for discussions that “recognize that both perpetrators and survivors may occupy the same classroom”)
- Gender and sexual orientation (e.g., incorporating the needs of 2SLGBTQINA+ people into lessons)
- Sex trafficking
- Engaging young men in discussions of GBV
- Legal aspects of GBV

### Needed Supports

Participants identified several supports needed to help integrate GBV prevention into their work.

- **Educational Tools:** Participants noted the importance of evidence-based educational materials that they could easily access and incorporate into their work. Others stated that having a central resource of vetted materials (e.g., lesson plans, resources, teaching techniques etc.) would be beneficial, especially if materials were broken down by age/grade and provided information on how to support groups of students at greater risk of GBV (e.g., 2SLGBTQINA+ individuals).
- **Policy Resources:** Participants stressed the benefit of having best practice resources to help guide the development of educational materials and ensure consistent implementation of GBV prevention within sexual health education. Some also highlighted the benefit of having easy access to a resource documenting regional educational and policy

supports currently underway across Canada (e.g., document outlining GBV prevention/support policies in different provinces/territories or school boards).

- **Training:** Participants described the importance of both initial training (e.g., pre-service teachers) and ongoing professional development opportunities related to GBV prevention and sexual health education.
- **Structural Supports:** In addition to a greater need for overall support for GBV prevention/sexual health education, participants described several structural supports needed to better integrate GBV prevention into their work:
  - Funding (i.e., ensuring programs are adequately funded and educators are appropriately compensated)
  - Administrative support (e.g., school board support for teaching GBV within sexual health education)
  - Curricular support (i.e., ensuring GBV prevention is explicitly stated in provincial/territorial sexual health education curricula)
  - Ability to link young people to appropriate support services (e.g., ensuring youth and their families have easy access to proper GBV supports)
  - Policy support (e.g., clear policies related to GBV prevention education that are articulated to staff and parents)
  - Other structural supports (e.g., school policies that support GBV prevention, such as ensuring the presence of gender inclusive washrooms/changerooms)
- **Community Collaborations:** Collaborations with new and existing community partnerships was identified as an important support for ensuring access to GBV prevention education. Participants described the critical role that GBV prevention/support organizations played in providing expertise and curricular supports, with some organizations delivering GBV prevention education in schools.