
BENCHMARKS FOR COMPREHENSIVE SEXUAL HEALTH EDUCATION IN CANADA

A tool to assess the breadth
and age/grade timing of
sexual health education
content in Canada

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235 Danforth Avenue, Suite 400, Toronto, ON, M4LK 1N2 Tel: 416-466-5304 www.sieccan.org

CONSULTATION AND PROJECT DEVELOPMENT

In preparation for the development of the Benchmarks, SIECCAN conducted a national survey examining youth's sexual health education needs and an online consultation of sexual health educators and policy and program decision makers. We would like to thank the 3,551 youth who participated in the survey and the over 250 professionals who completed the consultation.

ADVISORY WORKING GROUP

SIECCAN

Co-chairs:

Jessica Wood, Research and Project Development Lead and **Alexander McKay**, Executive Director

Sophia Greene, Sexual Health Education Coordinator

Arlette Ibrahim, Project Coordinator

Ada Madubueze, Gender-Based Violence Sexual Health Promotion Specialist

Yi Wen Shao, Disability Sexual Health Promotion Specialist

Jocelyn Wentland, Director of Operations

DESIGN AND TRANSLATION

Graphic design by Pam Sloan Designs

French translation by Jean Dussault and Josée Dussault

WORKING GROUP MEMBERS

Marie-Aude Boislard, Université du Québec à Montréal

Jennifer Butler, FOXY: Fostering Open eXpression among Youth

Sandra Byers, University of New Brunswick

Angelica Casarella, Public Health Agency of Canada (ex-officio)

Fred Chabot, Action Canada for Sexual Health and Rights

Heather Cobb, Alberta Society for the Promotion of Sexual Health

Sarah Flicker, York University

Iehente Foote, Native Youth Sexual Health Network

Renee Gregerson, Chilliwack School District

Susan Hornby, Pan-Canadian Joint Consortium for School Health (JCSH)

Brittany Jakubiec, Egale

Matthew Johnson, MediaSmarts

Amanda Kanbari, Northwest Territories

Ellen Long, Physical and Health Education Canada

Rachel MacLean, Canadian Public Health Association

Debbie Owusu-Akyeeah, Canadian Centre for Gender and Sexual Diversity

Jody Shynkaruk, Saskatchewan Prevention Institute

Lisa Smylie, Indigenous Affairs Canada

Shannon Thom, CARE Canada Youth Champion

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PURPOSE OF THE BENCHMARKS

PURPOSE OF THE BENCHMARKS

The 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). This includes increasing the capacity for sexual health enhancement (e.g., satisfying and equitable relationships) and preventing outcomes that can negatively impact a person’s sexual health and well-being (e.g., sexually transmitted infections, gender-based violence).

The Benchmarks are a mechanism to ensure that the core principles and goals of comprehensive sexual health education presented in the *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019) are operationalized in sexual health education curricula and related programs for youth in Canada.

Comprehensive sexual health education is a key component of the prevention pillar identified in the *Government of Canada’s Sexually Transmitted and Blood Borne Infections (STBBI) Action Plan 2024-2030* (Public Health Agency of Canada, 2024). The Benchmarks actively support this pillar by providing young people with the knowledge and skills to prevent STBBI and promote sexual health across their life course.

The Benchmarks provide educators, program developers, and policy makers with a consistent, evidence-based tool to develop, implement, and evaluate sexual health education programs/curricula that address the age/grade-specific sexual health education needs of youth in Canada.

The Benchmarks adopt a foundational, building block approach to learning (see page 21) that specifies the minimum information and skills that should be addressed to ensure that sexual health education is delivered in a timely, age-appropriate manner.

There are a wide range of existing sexual health education programs and curricula in place across Canada. The Benchmarks can be used to identify gaps and level of best practices of existing programs and curricula.

The Benchmarks are informed by:

1. The Core Principles of Comprehensive Sexual Health Education (SIECCAN, 2019).
2. Sexual health education best practices and research.
3. Input from youth in Canada on their sexual health education needs and experiences.
4. Input from professionals across Canada who work in the areas of sexual health education and sexual health promotion.

Age Appropriate Sexual Health Education Content

Age-appropriate sexual health education content corresponds to youth’s developmental level and their needs for accessing information as it becomes relevant to their lives. Age appropriateness is informed by credible research and input from families, educators, and most importantly, youth themselves.

USING THE BENCHMARKS

The Benchmarks can be used to:

- Understand the content that is important to include in sexual health education and identify how to build on sexual health education topics throughout the grades and across ages.
- Examine current sexual health programs and curricula to identify strengths and areas for growth.
- Apply the Canadian Guidelines for Sexual Health Education (SIECCAN, 2019) to curriculum and program development.

ORGANIZATION OF THE BENCHMARKS

The Benchmarks are organized by 11 Comprehensive Sexual Health Education Topic Strands:

Autonomy and Consent

Values and Rights

Interpersonal Relationships

Gender Norms, Roles, and Stereotypes

Gender and Sexual Orientation

Bodies and Development

Reproductive Health

Sexually Transmitted Infection (STI)
Prevention and Support

Sexual Health Enhancement and Well-being

Digital Media Literacy and Technology

Gender-Based Violence Awareness
and Prevention

The Benchmarks are consistent with, and add to, benchmarks presented in previous documents, including the *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019) and the *Benchmarks for Integrating Gender-Based Violence Prevention in Sexual Health Education* (SIECCAN, 2023c).

The Benchmarks are presented by age and grade, with the understanding that the ages of youth in each grade may vary depending on the province/territory. **The Benchmarks are not meant to constitute a curriculum but instead identify the sexual health education content areas that should be addressed in comprehensive sexual health education programs beginning at/in different age/grade levels.**

DEVELOPMENT OF THE BENCHMARKS

To develop the Benchmarks, SIECCAN adopted a multi-method consultation approach that included:

1. A national survey of youth in Canada.
2. An online consultation with sexual health education and sexual health promotion program and policy development professionals in Canada.
3. Expert guidance from a diverse and multidisciplinary Advisory Working Group.
4. Current and relevant research on sexual health education best practices.

YOUTH SEXUAL HEALTH EDUCATION NEEDS AND EXPERIENCES SURVEY

SIECCAN surveyed youth across Canada to examine sexual health education experiences and identify key sexual health education needs. Between March and April of 2023, 3,551 participants aged 16-24 completed a 20-minute online questionnaire. Autistic youth, 2SLGBTQINA+ youth, and disabled youth/youth with disabilities were oversampled to best ensure adequate sample sizes for reporting and comparisons across groups.

CONSULTATION WITH SEXUAL HEALTH EDUCATION PROFESSIONALS

Between April and September 2023, SIECCAN conducted an online consultation with a wide range of individuals and organizations involved in sexuality and sexual health education and promotion. Over 250 people from across Canada participated in the consultation. The consultation focused on identifying key sexual health education topics and understanding the timing for introducing topics across ages and grades.

ADVISORY WORKING GROUP

SIECCAN formed a diverse and multidisciplinary Advisory Working Group. The Advisory Working Group members provided expert guidance on the framework and content of the Benchmarks to help reflect current best practices. The Advisory Working Group members reviewed and provided feedback on drafts of the Benchmarks document.

CURRENT LITERATURE

Finally, the development of the Benchmarks included a comprehensive scan and review of the academic literature and non-academic grey literature focused on determining sexual health education content areas and best practices with respect to when sexual health education topics should be introduced.

2SLGBTQINA+: *Two-spirit, lesbian, gay, bisexual, transgender, queer, intersex, nonbinary, asexual, and other emerging gender and sexual identities.*

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THE IMPORTANCE OF COMPREHENSIVE SEXUAL HEALTH EDUCATION

THE IMPORTANCE OF COMPREHENSIVE SEXUAL HEALTH EDUCATION

ACCESS TO COMPREHENSIVE SEXUAL HEALTH EDUCATION IS A HUMAN RIGHT

Access to information that can be used to make autonomous decisions is a human right. All children and youth have a fundamental right to information that enables them to protect, promote, and enhance their bodily autonomy, sexual health, and well-being (SIECCAN, 2019; SIECCAN, 2023a; 2023b).

For sexual health to be realized, maintained, and enhanced, specific human rights must be respected (WHO, 2006a, updated 2010).

All people, including children and youth, have fundamental rights related to:

- privacy.
- dignity and security of person.
- equality and non-discrimination.
- autonomy and bodily integrity.
- freedom from violence.
- attaining information and education.

Canadian Charter of Rights and Freedoms, 1982; United Nations, 1948; 1989; 2006; World Health Organization, n.d.

To ensure that fundamental human rights are respected, all people should have access to age-appropriate sexual health information and resources beginning in childhood and continuing across the lifespan (SIECCAN, 2019). Sexual health education should be provided in education, health, and community settings, and supported by parents, caregivers, and/or guardians (SIECCAN, 2019).

In research with youth and parents/guardians in Canada:

Most parents and youth support the inclusion of sexual health education in schools (between 76-95% depending on the study).

Most youth (83%) and parents/guardians (73-79%) believe that access to sexual health education in schools is a basic human right for all children and youth.

A large majority of youth (85%) and parents/guardians (84%) want sexual health education to promote the right to autonomous decision-making and respect for the rights of others.

80% of parents/guardians agree that providing access to comprehensive sexual health education for all people in Canada is a shared responsibility that requires the participation of families, communities, schools, and all levels of government.

Byers et al., 2003a; 2003b; Loveless et al., 2023; McKay et al., 1998; 2014; SIECCAN, 2024; Weaver et al., 2002; Wood et al., 2021; 2023

WHAT IS SEXUAL HEALTH?

“Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. 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” (WHO, 2006a, updated 2010).

“Sexual health is a key component of overall health, well-being, and quality of life. It is a major determining factor in the well-being of individuals, partners, families, and communities” (SIECCAN, 2019, p.11).

A BALANCED APPROACH TO PROMOTING SEXUAL HEALTH AND WELL-BEING

Sexual health education has historically focused solely on preventing negative outcomes (SIECCAN, 2019). However, sexual health also includes the positive aspects of sexuality (e.g., ability to have safe and pleasurable sexual experiences and relationships; self-acceptance and confidence related to sexuality; SIECCAN, 2019; WHO, 2006a, updated 2010). Sexual health education should therefore incorporate a balanced approach that includes information on both the positive aspects of sexuality and the prevention of negative sexual health outcomes (SIECCAN, 2019).

ENHANCING SEXUAL HEALTH AND WELL-BEING

There is growing evidence that sexual health education can impact knowledge, skills, and outcomes related to sexual health enhancement, such as:

- improved interpersonal communication skills.
- improved ability to access sexual and reproductive health services.
- improved media literacy related to sexuality.
- increased understanding and awareness of sexual rights.
- increased gender-equitable attitudes.
- improved self-esteem and self-acceptance related to sexuality and identity (e.g., sexual orientation).

Goldfarb & Lieberman, 2021; Mustanski et al., 2015; O'Farrell et al., 2021; Rohrbach et al., 2015; Rothman et al., 2020; Scull et al., 2018; 2021

There are several key sexual health enhancement topics that are rarely included or discussed in depth in sexual health education, despite young people’s desire to learn about each subject (Action Canada for Sexual Health and Rights, 2019; Byers et al., 2003a; 2003b; 2017; Larkin et al., 2017; SIECCAN, 2023b; Walters & Lavery, 2022; YouthCo, 2018).

Key topics include:	
<p>Pleasure</p> <p>Youth have a right to access age and developmentally appropriate information about pleasure and want this information included in their sexual health education (SIECCAN, 2023b; Walters & Lavery, 2022; WAS, 2019). Learning information about pleasure has important implications for young people’s ability to exercise their sexual rights, navigate sexual consent, and engage in healthy interpersonal relationships (Mark et al., 2021; SIECCAN, 2023a).</p>	<p>Technology</p> <p>Understanding how to use communication and digital technologies positively, ethically, and with consent is an emerging priority in sexual health education (SIECCAN, 2019). Sexual health education can help young people gain the knowledge and skills to identify positive and problematic representations of sexuality in media, navigate online spaces safely, and respect people’s boundaries related to their digital images (see SIECCAN 2023a for a review).</p>
<p>Sexual and Gender Diversity</p> <p>Ongoing age and developmentally appropriate discussions about gender, sexual orientation, and the diversity of interpersonal experiences are central for all youth. Including this information in sexual health education is key to promoting acceptance and respect, helping youth understand their own identities, and improving young people’s critical analysis skills to break down harmful myths and stereotypes (SIECCAN, 2023e). Addressing gender and sexual orientation is particularly important for the health and well-being of 2SLGBTQINA+ youth.</p>	<p>Healthy Relationships</p> <p>Understanding the components of respectful, consensual, and equitable relationships is critical to sexual health and well-being. Sexual health education can help young people develop the knowledge and skills needed to engage in healthy relationships, and to understand, communicate, and respect relational boundaries and sexual consent (SIECCAN, 2019; 2023a).</p>

PREVENTING OUTCOMES THAT CAN NEGATIVELY IMPACT SEXUAL HEALTH

There is strong evidence that sexual health education contributes to the reduction of negative sexual health outcomes, such as sexually transmitted infections (STIs), gender-based violence, and unintended pregnancies (see SIECCAN 2019, 2020, and 2023a for reviews of the literature).

Sexual health education can:

- improve knowledge about sexual health and reproductive health.
- enhance contraceptive use.
- improve use of safer sex strategies (e.g., condom use).
- improve self-efficacy and communication skills and intentions to prevent STIs.
- decrease gender-based violence (e.g., intimate partner violence, dating violence, bullying based on gender identity, gender expression, and/or sexual orientation).
- improve critical gender-based violence prevention knowledge and skills (e.g., increase bystander intervention skills, improve knowledge of sexual abuse, increase help-seeking behaviours).
- reduce homophobic and sexist attitudes that contribute to violence.

Centers for Disease Control and Prevention, 2024; 2021; Cheedalla et al., 2020; Goldfarb & Lieberman, 2021; McCustian et al., 2023; Salam, 2016; Schneider, & Hirsch, 2020; Scull et al., 2018; 2021; SIECCAN, 2020; 2023a; UNESCO, 2018; Widman et al., 2020

Sexual health education should provide young people with accurate, up-to-date information about reproductive health, contraceptive and pregnancy options, STI prevention and management, and gender-based violence awareness and prevention.

AGE-APPROPRIATE INTRODUCTION OF SEXUAL HEALTH EDUCATION TOPICS: WHAT YOUTH, PARENTS/GUARDIANS, AND EDUCATION PROFESSIONALS WANT

Youth, parents/guardians, and education professionals in Canada are aligned in their support for inclusive, age-appropriate, relevant, evidence-based comprehensive sexual health education that introduces most topics in the elementary or middle school grades (see Table 1).

YOUTH

Young people in Canada want sexual health education that is broadly-based in scope, ongoing and extensive (i.e., not a one-time lecture or class), appropriate for their age and developmental level, inclusive to all students, provided by knowledgeable educators, and aims to promote gender equality and the right to autonomous decision-making (Lavery et al., 2021; Narushima et al., 2020; SIECCAN, 2020; 2023b; 2023f; Wood et al., 2023).

SIECCAN conducted a survey examining the sexual health education needs and experiences of 3,551 youth aged 16-24 across Canada (SIECCAN, 2023b):

Youth supported the inclusion of all 36 sexual health education topics listed and the majority wanted to begin learning about almost all topics in the elementary/middle school grades (i.e., between kindergarten and grade 8, depending on the topic). Across all topics, only a small percentage of youth said that the topic should not be taught at all (see Table 1 for a sample of topics).

Youth wanted both sexual health enhancement and prevention topics included in their sexual health education. More than 90% wanted each of the 36 topics addressed in sexual health education, including:

- sexual pleasure
- gender identity
- bodily autonomy
- media literacy related to sexuality
- sexuality and communication technology (e.g., “sexting”)
- sexual consent
- safer sex methods
- birth control methods and pregnancy options

Young people wanted more information about a range of topics, often due to a lack of coverage or depth in their previous or current sexual health education. Common topics youth wanted to learn more about include:

- pleasure
- consent and boundaries
- healthy relationships
- sexual and gender diversity
- preventing gender-based violence
- sexual and reproductive rights
- ethics and values related to sexuality
- knowledge of the body
- birth control methods and STI prevention

PARENTS/GUARDIANS

Research across Canada consistently indicates that parents/guardians:

Support sexual health education in schools.

Want sexual health education to include a wide range of topics focused on both problem prevention and the enhancement of sexual health.

Want sexual health education to begin in elementary school.

Loveless et al., 2023; McKay et al., 1998; 2014; SIECCAN, 2024; Sulz et al., 2024; Weaver et al., 2002; Wood et al., 2021

In SIECCAN's *National Parent Survey*, 2,000 Canadian parents/guardians with children in elementary or high school were asked about their attitudes towards sexual health education. Parents/guardians reported similar attitudes to youth in terms of what they want from sexual health education:

Parents/guardians wanted sexual health education that is inclusive, evidence-based, promotes gender equality, reduces transphobia and homophobia, and is provided by skilled educators.

Parents/guardians supported the inclusion of all sexual health education topics listed, with support ranging from 87%-99%. Only a small minority felt that the topics should not be taught at all (see Table 1 for a sample of topics).

Most parents/guardians wanted the majority of sexual health education topics to begin being taught in the elementary or middle school grades.

Loveless et al., 2023; Wood et al., 2021

EDUCATION PROFESSIONALS

Teachers and other experts working in the education field support the provision of comprehensive sexual health education in schools and want training and tools to help meet the age/grade-specific sexual health education needs of youth (Black et al., 2024; Byers et al., 2024; Cohen et al., 2004; Ninomiya Sultz et al., 2024; Sulz et al., 2024; SIECCAN, 2023b).

The *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019) included benchmarks for STI prevention at different age/grade levels. Based on evaluation feedback, the STI benchmarks were highly regarded by educators and policy makers. For example, 89% of Guidelines users agreed that the STI benchmarks were useful for the development of effective sexual health education programming. However, educators also emphasized that expanded benchmarks that incorporate more comprehensive aspects of sexual health are required for sexual health education programming to be fully effective.

SIECCAN conducted a Canada-wide consultation with 267 sexual health educators and policy and program decision makers (SIECCAN, 2023b):

Almost all participants (97%) agreed that it is important to have national benchmarks for the provision of sexual health information and skill development to ensure that all students in Canada have access to consistent, effective, and inclusive comprehensive sexual health education.

Participants indicated strong support for all the sexual health education topics listed and preferred that most topics be introduced in the elementary/middle school grades (see Table 1 for sample topics).

Education professionals supported a foundational building block approach that introduces key sexual health education concepts in the early grades and continually reviews and builds upon established material.

Table 1. Grade level at which youth, parents/guardians, and education professionals indicate key sexual health topics should be introduced.

Topic	Percent Indicating Introduction at Each Grade Level							
		Kindergarten -Grade 3	Grade 4-5	Grade 6-8	Grade 9-10	Grade 11-12	Should Not be Taught	Median Response
Attraction, love, and intimacy	Youth	8.5	19.5	38.0	23.0	8.7	2.3	Grade 6-8
	Parents/ Guardians	6.3	20.2	33.6	20.4	14.8	4.6	Grade 6-8
	Education Professionals	23.0	31.0	34.1	10.0	0.8	1.1	Grade 4-5
Birth control methods	Youth	3.7	11.1	43.5	30.1	9.5	2.2	Grade 6-8
	Parents/ Guardians	1.0	9.0	39.9	26.5	19.9	3.7	Grade 6-8
	Education Professionals	3.1	22.3	56.2	16.5	1.5	0.4	Grade 6-8
Bodily autonomy (e.g., choosing whether you want a hug)	Youth	33.4	17.9	24.6	14.9	6.5	2.7	Grade 4-5
	Parents/ Guardians	35.9	20.8	19.8	11.9	8.6	3.0	Grade 4-5
	Education Professionals	90.7	5.8	1.9	0.8	0	0.8	K-3
Changes associated with puberty (e.g., physical, biological, psychological, emotional, social)	Youth	8.4	34.3	36.3	13.3	6.2	1.5	Grade 6-8
	Parents/ Guardians	4.1	33.4	33.5	16.8	10.9	1.3	Grade 6-8
	Education Professionals	31.1	57.1	10.7	0.4	0.8	0	Grade 4-5
Gender identity (i.e., our internal sense of who we are; e.g., girl/ woman, boy/man, etc.)	Youth	15.5	18.7	30.7	19.0	9.1	7.1	Grade 6-8
	Parents/ Guardians	18.3	19.9	26.1	14.1	11.3	10.3	Grade 6-8
	Education Professionals	68.9	13.8	11.4	2.8	1.2	2.0	K-3
Media literacy skills (related to sexual content in advertising, TV, pornography, etc.)	Youth	4.3	14.4	37.5	28.2	10.5	5.0	Grade 6-8
	Parents/ Guardians	2.9	18.6	33.1	22.7	15.9	6.8	Grade 6-8
	Education Professionals	13.9	36.3	35.9	9.3	2.7	1.9	Grade 4-5
Relationship communication skills*	Youth	9.4	16.6	35.3	26.4	10.0	2.3	Grade 6-8
	Parents/ Guardians	27.9	21.3	24.4	14.7	9.7	1.9	Grade 6-8
	Education Professionals	5.0	13.8	53.8	23.8	2.3	1.2	Grade 6-8
Reproduction	Youth	7.5	23.6	39.8	20.0	7.8	1.3	Grade 6-8
	Parents/ Guardians	7.6	21.4	35.1	19.9	14.2	1.8	Grade 6-8
	Education Professionals	31.0	36.4	28.0	3.4	0.8	0.4	Grade 4-5
Safer sex methods (e.g., condom use)	Youth	3.3	11.9	45.8	27.9	9.1	1.9	Grade 6-8
	Parents/ Guardians	0.9	10.1	40.0	25.4	20.2	3.4	Grade 6-8
	Education Professionals	3.5	15.7	60.9	16.5	2.7	0.8	Grade 6-8

Topic	Percent Indicating Introduction at Each Grade Level							
		Kindergarten -Grade 3	Grade 4-5	Grade 6-8	Grade 9-10	Grade 11-12	Should Not be Taught	Median Response
Sexual and gender-based violence/ harassment/coercion	Youth	6.1	15.2	39.4	27.3	9.8	2.2	Grade 6-8
	Parents/ Guardians	8.2	20.0	33.6	21.3	13.6	3.3	Grade 6-8
	Education Professionals	12.8	29.5	41.1	12.4	3.5	0.8	Grade 6-8
Sexual consent (e.g., asking for, giving, and respecting consent for sexual activity)	Youth	8.7	17.0	41.0	22.7	8.6	1.9	Grade 6-8
	Parents/ Guardians	6.6	15.8	36.5	21.3	15.7	4.2	Grade 6-8
	Education Professionals	23.4	25.0	41.5	8.5	1.2	0.4	Grade 6-8
Sexual orientation (i.e., who a person is attracted to romantically, emotionally, and/or sexually. This can include being attracted to someone of a different gender, the same gender, or multiple genders, etc.)	Youth	10.6	19.3	33.9	22.2	8.6	5.4	Grade 6-8
	Parents/ Guardians	9.5	18.7	31.6	18.6	12.4	9.2	Grade 6-8
	Education Professionals	39.9	26.0	27.1	3.9	0.8	2.3	Grade 4-5
Sexual pleasure**	Youth	3.5	9.7	33.9	34.1	13.6	5.2	Grade 9-10
	Parents/ Guardians	1.8	8.3	30.1	27.2	19.3	13.2	Grade 9-10
	Education Professionals	15.8	21.8	38.1	18.3	3.2	2.8	Grade 6-8
Sexuality and communication technology (e.g., 'sexting')	Youth	3.9	11.8	39.4	29.6	9.5	5.7	Grade 6-8
	Parents/ Guardians	1.8	17.7	39.7	20.6	14.5	5.7	Grade 6-8
	Education Professionals	8.2	33.7	44.2	10.9	2.3	0.8	Grade 6-8
Sexually transmitted infections (STIs), including HIV	Youth	4.0	13.0	44.9	28.5	8.0	1.5	Grade 6-8
	Parents/ Guardians	1.2	12.5	43.4	23.4	17.7	1.8	Grade 6-8
	Education Professionals	4.5	21.1	54.8	17.2	2.3	0	Grade 6-8

Wood et al., 2021; SIECCAN, 2023b

* Youth survey = “relationship communication skills”; Parent survey = “communication skills”; Educator consultation = “communication skills in sexual relationships”

** Youth survey and parent survey = “sexual pleasure”; Educator consultation = “pleasure”

A FOUNDATIONAL BUILDING BLOCK APPROACH TO COMPREHENSIVE SEXUAL HEALTH EDUCATION

A FOUNDATIONAL BUILDING BLOCK APPROACH TO COMPREHENSIVE SEXUAL HEALTH EDUCATION

The Benchmarks adopt a foundational, building block approach to teaching young people the critical information, skills, and motivations to protect and enhance their sexual health and well-being.

A foundational, building block approach to comprehensive sexual health education:

- introduces developmentally and age-appropriate content and foundational knowledge that is reviewed and built upon in subsequent grades.
- includes age and developmentally appropriate sexual health content, while maintaining flexibility and incorporating effective strategies and changes for neurodiverse youth and disabled youth.
- addresses critical sexual health education topics as they become relevant to the lives of young people.

To be effective and address the needs of youth, comprehensive sexual health education should begin in the elementary grades, and continue throughout young people’s education (SIECCAN, 2019). Accordingly, the Benchmarks describe foundational sexual health education content that begins in kindergarten to grade 3 (ages 4-8), and outline how content can be reviewed and built upon up to grades 11-12 (ages 16-17). The early introduction of key content and skill development is critical to ensure that young people:

- develop and understand their sense of self.
- learn how their bodies work and ways to keep their bodies safe.
- understand they have a right to bodily autonomy and respect the bodily autonomy of others.
- learn about the world around them, the people in it, and how to treat others with respect and care.
- develop the social-emotional skills to have healthy, satisfying, and respectful interpersonal relationships.
- have the information and skills needed to understand consent and safer sex strategies before they begin engaging in partnered sexual activities.
- know where and how to access important health and community supports. This is especially important for youth who have experienced or are at risk of experiencing or perpetrating gender-based violence (i.e., ensuring access to gender-based violence prevention information and support services).
- have access to a safe and inclusive learning environment.

Comprehensive sexual health education should address the breadth of young people’s experiences. Young people follow different developmental and interpersonal paths. For example, some youth experience the beginning of puberty early while others will begin this process at a later age. Youth report a wide age range for their first partnered sexual experience and others do not engage in partnered sex (SIECCAN, 2023f). Therefore, the Benchmarks recognize that there are differences in developmental and interpersonal experiences.

Concepts should be revisited and reviewed at later ages and grades to ensure that:

1. Youth obtain information as it becomes relevant to their lives.
2. Sexual health information and skill development is retained.
3. Youth have opportunities to solidify their skills and build on their knowledge across sexual health education topics.

KEY THEMES OF COMPREHENSIVE SEXUAL HEALTH EDUCATION PROGRAMS

The sexual health education topics specified in the Benchmarks incorporate several key themes of comprehensive sexual health education that are important for health and well-being across the lifespan. The key themes are embedded, to varying degrees, across the 11 sexual health education topics.

Sexuality is broad and includes many dimensions, roles, expressions, and experiences (see WHO 2006 for a full definition). The key themes of comprehensive sexual health education interconnect with other aspects of health (e.g., mental health, physical health) and areas of education. For example, young people can learn about/develop health literacy across different curricular subjects (e.g., health, history, media) and settings (e.g., discussions in school, discussions with healthcare providers). Bodily autonomy is a critical concept to understand and apply in educational, legal, community, and health settings and across all types of relationships.

KEY THEMES OF COMPREHENSIVE SEXUAL HEALTH EDUCATION INCLUDE:

Bodily Autonomy. Bodily autonomy means a person has agency over their own body; they have the right to make decisions about their own body without interference from others. This includes having the power to decide what happens to one's body with respect to sexuality (e.g., consent, gender identity and sexual orientation, safer sex, when or whether to have children) which is fundamental to sexual health, gender equality, and the prevention of gender-based violence.

Identity. Identity development is a critical and ongoing task for children, adolescents, and young adults. Identity is important for a person's self-esteem and how they understand and navigate their sense of self in social environments. Understanding and expressing one's own gender identity, sexual orientation, and other interrelated aspects of identity are important and ongoing developmental tasks for youth that can impact self-esteem, comfort, and confidence related to sexual health and well-being.

Health literacy. Health literacy is the degree to which a person can “find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” (Centers for Disease Control and Prevention, 2023, n.p). Health literacy is central to sexual health and well-being as it helps young people to make autonomous decisions about safer sex strategies, contraceptive use, pregnancy options, negotiate sexual consent, and navigate available sexual health and reproductive health services.

Social-emotional skills. Social-emotional skills are critical for the development of safe, respectful, equitable, and healthy relationships. Social-emotional skills include being able to identify and manage one’s emotions, the capacity to empathize with others, and the ability to communicate clearly; such skills are central to understanding consent, boundaries, and respect within interpersonal relationships.

Values and ethics. People in Canada have varying perspectives related to sexuality and there are a broad range of values, beliefs, and attitudes that impact sexual health and well-being (SIECCAN, 2019). Attitudes and beliefs related to sexuality are shaped by a multitude of influences including family, ethnocultural background, various forms of media (e.g., social media, popular culture), peers, and school environments. Attitudes can impact sexual health decision-making (e.g., not accessing sexual health services due to stigmatized beliefs) and how people treat others in interpersonal relationships.

SEXUAL HEALTH EDUCATION TOPIC STRANDS

The Benchmarks consist of 11 Comprehensive Sexual Health Education Topic Strands that include sexual health enhancement and the prevention of sexual health problems. The Topic Strands represent the application of the key themes of comprehensive sexual health education to specific sexual health content areas.

Autonomy and Consent

Values and Rights

Interpersonal Relationships

Gender Norms, Roles, and Stereotypes

Gender and Sexual Orientation

Bodies and Development

Reproductive Health

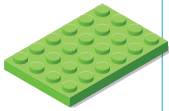
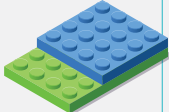
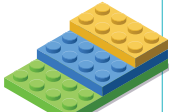


Sexually Transmitted Infection (STI)
Prevention and Support

Sexual Health Enhancement and Well-being

Digital Media Literacy and Technology

Gender-Based Violence Awareness
and Prevention

LEARNING ABOUT AUTONOMY AND CONSENT

Examples of Autonomy and Consent-Related Benchmarks	
<p>Kindergarten - Grade 3:</p> 	<ul style="list-style-type: none"> • Bodily autonomy, setting and respecting personal boundaries (e.g., asking for a hug, respecting a person’s “yes” or “no”), and a person’s right to privacy • Safe touch, body safety, and unsafe, unwanted, and inappropriate touch
<p>Grades 4-5:</p> 	<ul style="list-style-type: none"> • Importance of consent to all types of interpersonal relationships and interactions (e.g., with peers, in public and private settings, etc.) • The link between consent and partnered sexual activity
<p>Grades 6-8:</p> 	<ul style="list-style-type: none"> • Setting/respecting sexual and relational boundaries and skills to communicate about boundaries with a partner (e.g., consent communication skills, communication about barrier use during sex, consent in sharing digital images, etc.) • 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.)
<p>Grades 9-10:</p> 	<ul style="list-style-type: none"> • Ways in which experiences of trauma might impact how a person navigates sexual consent • Physical sexual response is not an indicator of consent to sexual activity
<p>Grades 11-12:</p> 	<ul style="list-style-type: none"> • Continue discussions about sexual consent and opportunities for skill development from previous grades but in greater detail/complexity

THE CORE PRINCIPLES OF COMPREHENSIVE SEXUAL HEALTH EDUCATION

The Benchmarks are informed by the Core Principles of Comprehensive Sexual Health Education identified in the *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019).

The Core Principles define and inform the development of comprehensive sexual health education programs. According to the *Guidelines*, 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 (e.g., promoting gender norms that contribute to gender equality, incorporating a trauma-informed approach).

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 Benchmarks are also informed by an intersectional approach. An intersectional approach examines the ways that multiple factors (e.g., different identities and systems of oppression) connect to shape experiences (Crenshaw, 2017). Developed by scholar Kimberlé Crenshaw, intersectionality demonstrated the multiple forms of oppression experienced by Black women.

An intersectional approach can be applied to help understand and address sexual health inequities (National Academies of Sciences, Engineering, and Medicine, 2021). Intersectionality considers how a person's identities (e.g., gender, race, disability, sexual orientation, socioeconomic status, etc.) can place them at more or less risk of experiencing discrimination and oppression and therefore create differential sexual health outcomes (e.g., having more or less access to sexual and reproductive health services, being at greater or less risk of getting or passing an STI etc.; see SIECCAN 2023a for a summary). Some youth may experience multiple kinds of marginalization based on their identities, which has significant implications for their sexual health and well-being. Sexual health education curricula and programs should adopt an intersectional approach to ensure that the needs of all youth are addressed.

In implementing the Benchmarks, sexual health education programs should:

- **adopt a foundational, building block approach.**
- **align with the Core Principles of Comprehensive Sexual Health Education.**
- **incorporate an intersectional lens.**

APPLICATION OF THE BENCHMARKS: CURRICULUM DEVELOPMENT AND ASSESSMENT

The Benchmarks are an extension of the *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019). The Benchmarks provide a framework for developing new sexual health education programs and evaluating existing sexual health education curricula/programs, policies, and related services.

The Benchmarks equip educators, curriculum developers, and policy makers with a tool to ensure that sexual health education programs for youth in Canada include the range of sexual health education topics (i.e., are broadly-based) deemed necessary by education and health professionals, parents/guardians, as well as by youth in Canada themselves. In addition to identifying the breadth of topics necessary to ensure that sexual health education programs are comprehensive, the Benchmarks are designed to enable educators, curriculum developers, and evaluators to sequence the introduction and implementation of each sexual health education topic strand at each grade level in accordance with children and youth's sexual health education needs.

The Benchmarks can be used as a checklist to assess the breadth and age/grade timing of sexual health education content to ensure that youth in Canada receive effective sexual health education that meets their needs and contributes positively to their health and well-being.

The *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019) recommend an information-motivation-behavioural skills (IMB) theory-based approach to the development of sexual health education programs and address environmental factors that impact a person's sexual health and well-being. The IMB Model is well-tested, evidence based, and has been used as the basis for a wide range of effective sexual and reproductive health interventions (Fisher & Fisher 1998; see SIECCAN, 2019 for a discussion of how to apply the IMB to the development, implementation, and evaluation of sexual health education programs).

Accordingly, sexual health education programs should:

- | | |
|--|--|
| <ul style="list-style-type: none">• provide information that is directly relevant to sexual health and well-being; | <ul style="list-style-type: none">• address motivational factors (e.g., attitudes, social norms) that impact sexual health and well-being; |
| <ul style="list-style-type: none">• teach behavioural skills that enable youth to protect and enhance their sexual health; and | <ul style="list-style-type: none">• address the social, cultural, and structural factors that impact sexual health and strengthen youth’s capacity to advocate for and access effective sexual and reproductive health information and services. |

The degree to which sexual health education curricula/programs incorporate each of the information, motivation, behavioural skills, and environmental components will depend on the scope, depth, length, and quality of the program and its respective curricular objectives at various ages and grade levels.

The focus of the Benchmarks is on the sexual health topic content provided within sexual health programs. The Benchmarks purposely do not identify the specific learning objectives of each age/grade level. The wide variety of sexual health education program formats and curricula across school and community settings in Canada use a range of learning domains and objectives (e.g., learn, understand, practice, develop, evaluate etc.). Programs and curricula will vary considerably in the extent to which they emphasize the acquisition of sexual health information, attitudes related to sexual health, and communication or behavioural skills at different age/grade levels.

BENCHMARKS FOR COMPREHENSIVE SEXUAL HEALTH EDUCATION IN CANADA

BENCHMARKS FOR COMPREHENSIVE SEXUAL HEALTH EDUCATION IN CANADA

Breadth and sequencing of age/grade comprehensive sexual health education content in Canada.

The Benchmarks below are listed by sexual health education topic. To view the Benchmarks by grade, please visit www.shebenchmarks.ca.

LISTED BY SEXUAL HEALTH EDUCATION TOPIC

AUTONOMY AND CONSENT

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- Bodily autonomy, setting and respecting personal boundaries (e.g., asking for a hug, respecting a person’s “yes” or “no”), and a person’s right to privacy
- What privacy is¹ (e.g., something that you choose to keep just for you; all body parts are private) and the difference between private (e.g., bathroom) and public spaces (e.g., school, shared living areas, etc.)
- Consent in 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; asking if someone wants their photo taken, etc.)
- Components of verbal and nonverbal communication
- Safe touch, body safety, and unsafe, unwanted, and inappropriate touch
- Trusted adults who young people can ask questions about health and well-being (e.g., parents, caregivers, health care professionals, teachers, etc.)
- Situations where a young person may need a trusted adult to help them make decisions related to health and well-being (e.g., taking medications, personal care such as using the bathroom or for hygiene, etc.)

¹ See Silverberg (2015) for language on privacy.

GRADE 4 TO GRADE 5 (AGES 9-10)

- Importance of consent to all types of interpersonal relationships and interactions (e.g., with peers, in public and private settings, etc.)
- The link between consent and partnered sexual activity
- Factors that impact autonomous decision-making (e.g., peer pressure, gender norms, culture, media, power dynamics, access to supports, etc.) and strategies for promoting autonomous decision-making in different settings (e.g., home, school, health settings, etc.)

AUTONOMY AND CONSENT

GRADE 6 TO GRADE 8 (AGES 11-13)

- 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.)
- Setting/respecting sexual and relational boundaries and skills to communicate about boundaries with a partner (e.g., consent communication skills, communication about barrier use during sex, consent in sharing digital images, etc.)
- Importance of consent and bodily autonomy when accessing sexual and reproductive health care
- Importance of consent and bodily autonomy to healthy relationships, pleasure, sexual health, and well-being
- Factors that may impact a person's ability to consent to sexual activity (e.g., power dynamics, alcohol and substances, gender-based violence, etc.)
- Strategies for dealing with rejection in interpersonal relationships (e.g., romantic, sexual, peer, etc.)
- Impact of alcohol and substances on decision-making and social interactions

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Autonomy and Consent content identified in previous grades
- Ways in which experiences of trauma might impact how a person navigates sexual consent
- Physical sexual response is not an indicator of consent to sexual activity
- Impact of alcohol and substances on consent, sexual interactions, and safer sex

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

VALUES AND RIGHTS

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- Everyone has and should respect human rights (including the right to privacy, education, autonomy, safety, and self-defence)
- Importance of understanding one's own feelings and the feelings of others (e.g., peers, siblings etc.)
- Social-emotional learning strategies to process/manage feelings (e.g., developing empathy, self-regulation when experiencing anger or disappointment, seeking help when anxious or sad, etc.)
- Social-emotional skills and values for engaging in healthy relationships (e.g., empathy, respect, care for self and others etc.)
- Our social environment (e.g., our community, culture, religion, family members, etc.) impacts our values related to gender, relationships, and family (e.g., the kinds of relationships we value, how we treat others, etc.)

GRADE 4 TO GRADE 5 (AGES 9-10)

- There are many kinds of human rights, including sexual rights
- There are many national and international documents that outline human rights (e.g., Convention on the Rights of the Child, Canadian Charter of Rights and Freedoms, etc.)
- Different ways in which human rights can be violated (e.g., gender-based violence; lack of access to information, privacy, education, or health services, etc.)
- Human rights apply to both in-person and online spaces
- Importance of understanding one's own values related to relationships, sexuality, gender, and family
- People have different values related to relationships, sexuality, gender, and family; other people's values may differ from one's own values
- Ethics in relationships (e.g., ethical aspects of consent, ethics of care in relationships)

VALUES AND RIGHTS

GRADE 6 TO GRADE 8 (AGES 11-13)

- Advocacy related to sexual health (e.g., self-advocacy, group advocacy)
- People have a right to access confidential sexual and reproductive healthcare
- Rights related to self-defence when one's boundaries have been violated (e.g., right to verbal or physical self-defence; understanding how power dynamics can impact a person's ability to engage in various forms of self-defence, etc.)
- Difference between sexual rights, needs, responsibilities, and wants
- Sexual and reproductive rights are related to various social and rights movements (e.g., Truth and Reconciliation, #MeToo, etc.)
- The human rights of some groups of people have been and/or continue to be limited (e.g., 2SLGBTQINA+ people, people with disabilities, Indigenous people, girls/women, etc.)
- Values of empathy, care, and respect can be incorporated into all types of interpersonal relationships (e.g., peer relationships, sexual relationships); strategies for showing care, empathy, and respect in different interpersonal relationships (e.g., standing up for others, intervening and/or help-seeking when there is a problem in private and public settings, etc.)

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Values and Rights content identified in previous grades
- Institutional policies and actions that have or can violate sexual and reproductive rights (e.g., forced sterilization; systemic removal of children; lack of access to reproductive technology; police violence; inequitable access to critical medications, such as post-exposure prophylaxis [PEP] and pre-exposure prophylaxis [PrEP]; inequitable access to emergency contraception, such as Plan B; inequitable access to effective sexual and reproductive information or services, etc.)
- Individual and collective responsibilities for upholding sexual and reproductive rights (e.g., advocating for sexual health, reducing violence and discrimination, etc.)
- Importance of aligning one's own sexual and interpersonal decision-making with one's own values (e.g., decision to have/not have sex, ability to communicate with a partner, decision to engage in/not engage in harmful language and behaviours, etc.)
- Various national and international sexual rights documents and how these documents are used to promote and uphold sexual rights

VALUES AND RIGHTS

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

INTERPERSONAL RELATIONSHIPS

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- Different types of relationships, families, and communities; different kinds of love
- All people should be treated with dignity and respect (inclusive of gender, ethnicity, race, disability, income, age, illness or health status, immigration status, family configuration, etc. and the intersection of these identities and circumstances)
- Importance of communication in all interpersonal relationships
- Characteristics of equitable, positive, and satisfying relationships (e.g., mutual respect, healthy communication, trust, honesty, non-violent conflict resolution, etc.)
- Strategies for building community (e.g., friendships, family, community activities, etc.)
- Conflict resolution skills (e.g., learning that language matters and words can hurt, identifying solutions, etc.)
- Difference between expressing feelings in respectful/caring ways and disrespectful/uncaring ways

GRADE 4 TO GRADE 5 (AGES 9-10)

- Strategies for creating and maintaining equitable, positive, and satisfying interpersonal relationships (e.g., communication skills, building trust and empathy, being honest and respectful, etc.)
- Key sources of support (e.g., friends, family, school, community organizations, etc.) and strategies for seeking support
- Impact of inequality within relationships (e.g., differences in age, gender, income, etc.)

INTERPERSONAL RELATIONSHIPS

GRADE 6 TO GRADE 8 (AGES 11-13)

- Emotional components of sexual relationships
- Conflict resolution skills for all types of interpersonal relationships (e.g., peer, romantic, sexual, etc.)
- Components and responsibilities of equitable, respectful, and satisfying sexual and romantic relationships
- Skills for ending interpersonal relationships (e.g., peer, romantic, sexual) in respectful ways, including strategies for respectfully dealing with one's own feelings (e.g., sadness, anger, rejection, loneliness, etc.)
- 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, etc.)
- Signs of an unhealthy and/or abusive dating relationship and strategies for seeking support

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Interpersonal Relationships content identified in previous grades.
- Ethics of responsible interpersonal and sexual interactions
- 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
- 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, etc.)
- Range of romantic and/or sexual relationship types and structures (e.g., casual relationships, committed relationships, monogamous partnerships, multi-partnered relationships/ethical non-monogamy)

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

GENDER NORMS, ROLES, AND STEREOTYPES

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- Our social environment impacts the way we think about our lives (e.g., specific social and cultural ideas or “rules” about how different genders are supposed to be/act; media can impact how we think about gender, family, and relationships)
- 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 and other factors
- Our social environment (e.g., peers, family members, community, media etc.) can impact how we behave and treat others (e.g., through peer pressure or by being positive role models)

GRADE 4 TO GRADE 5 (AGES 9-10)

- What gender norms, roles, and stereotypes are; how gender norms, roles, and stereotypes impact the way we think about people and our own lives
- How gender norms, roles and stereotypes can impact health and well-being (e.g., by contributing to gender-based violence; impacting who seeks help for health problems; impacting who can access health services, etc.)
- Social attitudes and systemic factors (e.g., stigma, social norms, misogynistic beliefs, racism, ableism, transphobia, homophobia, biphobia, etc.) that contribute to outcomes that can negatively impact sexual health (e.g., sexually transmitted infections, gender-based violence, unintended pregnancies, relationship problems etc.)
- Ways to challenge and change social attitudes that can contribute to negative sexual health outcomes (e.g., strategies for promoting gender equality and positive peer influence)

GRADE 6 TO GRADE 8 (AGES 11-13)

- Intersecting social factors that impact attitudes and beliefs about romantic and sexual relationships
- Intersecting social factors that impact attitudes and beliefs about gender and sexual orientation
- How gender norms, roles, and stereotypes are linked to people’s willingness to engage in forms of gender-based violence (e.g., non-consensual sharing of sexual images)
- How gender and sexual norms can impact the way a person thinks about and/or expresses their own gender and sexual orientation
- How gender and sexual norms impact a person’s own sexual health and well-being (e.g., whether or not to have sex, whether or not to use contraception or barriers, such as condoms, etc.)
- How gender norms, roles, and stereotypes are linked to people’s willingness and/or ability to access sexual and reproductive health care
- Skills to critically evaluate gender and sexual norms, roles, and stereotypes in one’s social and cultural environment

GENDER NORMS, ROLES, AND STEREOTYPES

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Gender Norms, Roles, and Stereotypes content identified in previous grades
- Sexual scripts² (e.g., traditional sexual scripts, scripts about sexual consent, sexual scripts for 2SLGBTQINA+ relationships), how scripts impact attitudes and sexual behaviour, and identify ways to challenge and change problematic sexual scripts.
- How gender inequality, gender norms and stereotypes, and sexual norms can influence sexual behaviour and increase/decrease a person's risk for experiencing negative sexual health outcomes or causing harm to others (e.g., perpetrating gender-based violence)
- Skills to critically reflect on and assess the gender stereotypes one holds and the gender stereotypes reflected in the community and other social environments (e.g., school, work, etc.)
- Gender norms, roles, stereotypes, and sexual scripts related to sexual response and sexual response problems

2 Sexual scripts are socially learned ideas about how to behave sexually; sexual scripts differ based on gender, sexual orientation, and other factors (see SIECCAN, 2023a for a discussion).

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

2SLGBTQINA+: *Two-spirit, lesbian, gay, bisexual, transgender, queer, intersex, nonbinary, asexual, and other emerging gender and sexual identities.*

GENDER AND SEXUAL ORIENTATION

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- Each person has a gender identity and should be treated with respect and dignity
- Each person has a sexual orientation and should be treated with respect and dignity
- Gender identity, gender expression, sex assigned at birth, and sexual orientation are different concepts
- There are a range of gender identities, gender expressions, and sexual orientations
- Diverse cultural conceptions of gender
- Indigenous perspectives on gender
- How the people in one's life identify themselves and how to be respectful of people's identities (e.g., using the person's stated pronouns, learning how to pronounce their names, etc.)
- Importance of self-esteem, self-acceptance, self-respect, and having a positive self-concept

GRADE 4 TO GRADE 5 (AGES 9-10)

- Gender identity, gender expression, and sexual orientation are 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.)
- It is wrong to discriminate based on a person's sexual orientation, gender identity, or gender expression.
- Diverse cultural conceptions of sexuality
- Indigenous perspectives on sexuality
- Different terms related to gender identity and sexual orientation (including discussions on asexuality)
- Resources to help support gender and sexual identity development (e.g., having credible/accurate information on gender and sexual orientation, finding community organizations that support 2SLGBTQINA+ people, etc.)
- Assumptions and misconceptions related to gender identity, gender expression, and sexual orientation (e.g., that gender and sexual orientation must be binary; that gender identity is only relevant to gender diverse people, etc.)

GENDER AND SEXUAL ORIENTATION

GRADE 6 TO GRADE 8 (AGES 11-13)

- Ways to communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientations
- Communicating about one's own identities (e.g., gender identity, sexual orientation, disability and/or neurodiversity) with others (e.g., peers, romantic partners family members etc.); circumstances where people feel/do not feel safe and supported in expressing themselves
- 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; protective factors for people with disabilities, such as access to effective sexual health care and information, etc.)
- Intersecting factors that impact how a person views gender, gender identity, gender expression, and sexual orientation (e.g., family, culture, peers, school environment, media, etc.)
- Ways to promote respect, care, and inclusion for people of all sexual orientations and gender identities in various social environments (e.g., school, community, etc.)
- Range of experiences for transgender and nonbinary people (e.g., some people change their name and/or appearance; some people change their bodies; some people have support from their community/family while others do not, etc.)

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Gender and Sexual Orientation content identified in previous grades
- 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)

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

BODIES AND DEVELOPMENT

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- Accurate names for all body parts, including genitals³
- Growing up includes many overlapping and varied physical, emotional, social, mental, and/or spiritual changes (e.g., people grow and change at different rates)
- All bodies are different and should be respected
- All bodies have a range of experiences (e.g., joy, pleasure, pain, being sick, etc.); how to communicate feelings about one's body (e.g., feeling good about one's body, feeling curious about one's body and how it works, etc.)
- Importance of caring for and developing self-esteem, self-acceptance, and respect for one's body
- Ways to support and care for one's body as it grows and changes

3 Educators should be aware of and inclusive to variations in reproductive or sexual anatomy, including intersex (see Brömdel et al, 2021; Holmes, 2022)

GRADE 4 TO GRADE 5 (AGES 9-10)

- Physical, psychological, emotional, and social changes associated with puberty³
- The role of hormones in how bodies change and grow³
- People experience puberty at different times and in different ways; individual differences in psychological and emotional readiness to date or engage in sexual behaviours
- There is both overlap in how bodies change during puberty and variation in people's experiences (e.g., differences in the timing of when puberty starts, differences related to body parts, hormones, disability, cultural ceremonies or traditions related to growing up; some people feel comfortable in their body during puberty and others do not etc.)
- Personal care behaviours (e.g., hygiene) associated with the onset of puberty
- Menstrual health, menstrual equity, and how to access menstrual products and supports
- Bodies respond in a variety of ways to different kinds of sensory stimulation

GRADE 6 TO GRADE 8 (AGES 11-13)

- Different factors (e.g., culture, media, peers, family, gender roles and stereotypes) that impact the way we think about bodies; how we think about bodies can change over time
- Strategies to promote positive body image, self-image, and confidence in self and others
- Relationship between body image and sexual health
- Critical evaluation of stereotypes about bodies (e.g., stereotypes about how bodies should look or work; which bodies are 'acceptable,' etc.)
- How bodies are portrayed in the media (e.g., positive/inclusive representations; how ableism, sexism, and racism impact representations of bodies, etc.)
- Sexual response and the ways bodies can react to physical stimulation
- How bodies change throughout life (e.g., during puberty, chronic illness, medical transitions, perimenopause, menopause, etc.) can impact individual and interpersonal well-being

BODIES AND DEVELOPMENT

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Bodies and Development content identified in previous grades
- Range of common sexual response problems related to desire, arousal, orgasm, and pain
- Sexual response problems can be linked to biological factors (e.g., health conditions, hormones), social factors (e.g., relationship problems, cultural ideas about sexuality), and individual factors (e.g., mental health)

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

REPRODUCTIVE HEALTH

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- People have a right to choose when or if they have children and how many children they want to have
- Some families have children and some families do not
- Different ways that a child can join a family (e.g., adoption, fostering, pregnancy, etc.)
- If a child experiences pain or discomfort in their genitals, they should talk to a trusted adult

REPRODUCTIVE HEALTH

GRADE 4 TO GRADE 5 (AGES 9-10)

- Reproductive systems of all sexes, how systems work, and variations in human bodies; being inclusive of intersex bodies and disabled bodies
- Different approaches to conception (e.g., in vitro fertilization, surrogacy, certain types of sexual activity, etc.)
- Relationship between sexual activity and pregnancy and reproduction
- Changes that occur during pregnancy (e.g., how long pregnancy typically lasts, how the body changes, etc.)
- Using menstrual products should not be painful (e.g., insertion of tampons or menstrual cup); if a person experiences pain, they should talk to a healthcare provider
- Urination should not be painful; if a person experiences pain, they should talk to a healthcare provider
- People have different reproductive health needs (depending on their age, body, gender identity, etc.)

GRADE 6 TO GRADE 8 (AGES 11-13)

- Needs related to reproductive health change across the life course (e.g., during puberty, during pregnancy, during perimenopause and menopause, etc.)
- How to access confidential reproductive health care (e.g., pregnancy testing, abortion care, and emergency contraception, such as Plan B; HIV-prevention medications such as post-exposure prophylaxis [PEP] and pre-exposure prophylaxis [PrEP], etc.) and understand the limits of confidentiality
- Range of contraceptive options and how to access them (e.g., hormonal birth control, external and internal condoms, tubal ligation and vasectomy, etc.)
- Each person has the right to choose the contraceptive option that is right for them
- Range of behavioural options to reduce the chance of unintended pregnancies and STIs (e.g., using contraception and/or barriers, not engaging in sexual behaviours that involve risk for pregnancy or STIs, engaging in lower-risk sexual activities, etc.)
- Skills to communicate with a partner about behavioural options for reducing the risk of pregnancy and STIs and how to respect a partner's decision
- Range of pregnancy options (e.g., abortion, adoption, having and parenting a baby).
- Range of pregnancy experiences (e.g., abortion, miscarriage, vaginal births, caesarean section births)
- Extent to which different contraceptive methods do or do not protect against STIs
- 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
- Range and importance of reproductive health strategies (e.g., contraceptive options, cervical cancer screening, caring for chronic health problems such as endometriosis, self-screening for testicular irregularities, self-breast examination, testing and treating STIs, etc.)
- Infections that can impact reproductive health (e.g., urinary tract infections, yeast infections, bacterial vaginosis, STIs, etc.) and seeking help from a healthcare provider
- Pelvic floor exercises can help prevent pelvic floor problems

REPRODUCTIVE HEALTH

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Reproductive Health content identified in previous grades
- Social and interpersonal factors that impact reproductive health (e.g., how policies, access to health care, stigma, or violence impact a person's ability to make autonomous choices about their reproductive health)
- How to access services to address sexual response problems (e.g., health care providers) and understand the limits of confidentiality
- Skills for communication with a health care provider about sexual health issues and problems

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

SEXUALLY TRANSMITTED INFECTION (STI) PREVENTION AND SUPPORT

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- What vaccines are; what vaccines do
- What germs are; how germs can be shared/transmitted

GRADE 4 TO GRADE 5 (AGES 9-10)

- What HPV is and why the HPV vaccine is important
- Some infections can be passed during sexual interactions
- Some infections can also be passed in other ways (e.g., through breastmilk, blood)

SEXUALLY TRANSMITTED INFECTION (STI) PREVENTION AND SUPPORT

GRADE 6 TO GRADE 8 (AGES 11-13)

- How the different STIs can and cannot be passed
- Many STIs do not have signs or symptoms (i.e., asymptomatic)
- There are many different types of STIs (e.g., bacterial and viral) with different symptoms and health outcomes
- Regular STI testing is needed once a person becomes sexually active
- Importance of STI testing for victims/survivors of sexual coercion/assault
- How different STIs are diagnosed, treated, and managed
- Impact of STIs on a person's physical and emotional health and well-being
- STI-related stigma, stereotypes, and misconceptions (e.g., belief that only certain groups of people can get STIs; negative judgments about people who have STIs; assumption that all STIs will have symptoms, assumption that STIs cannot be treated/managed, etc.)
- Range of behavioural options to reduce the chance of STIs (e.g., not engaging in sexual behaviours that involve risk for STI, using barriers, engaging in lower-risk sexual activities)
- HIV prevention strategies such as post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), and barriers (e.g., condoms)
- STI prevention strategies may differ depending on the type of sexual activity (e.g., using a condom for oral, vaginal, or anal sex with a person who has a penis; using a dental dam for oral sex with a person who has a vulva)
- Social and cultural factors associated with STI risk and prevention
- How to access confidential STI testing and treatment services in the community and understand the limits of confidentiality
- How to set/respect sexual limits and practice safer sex (e.g., barrier use), disclose STI status, and discuss when to get tested with a partner
- Power dynamics that may impact a person's ability to engage in safer sex practices (e.g., unequal power in a relationship may impact the ability to consent to/use barriers during partnered sex)

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Sexually Transmitted Infection (STI) Prevention and Support content identified in previous grades
- Advanced information about STI management
- Ethical and legal aspects of disclosing STI/HIV status

SEXUALLY TRANSMITTED INFECTION (STI) PREVENTION AND SUPPORT

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

SEXUAL HEALTH ENHANCEMENT AND WELL-BEING

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- Joy and pleasure are normal feelings that people experience across their lifetime
- Positive sensory and emotional experiences in the body (e.g., feeling relaxed during calming activities, feeling excited during fun activities, feeling joy when spending time with friends, etc.)
- Different components of health (e.g., physical health, mental health, etc.) that are interconnected and need to be cared for

GRADE 4 TO GRADE 5 (AGES 9-10)

- People can feel joy and pleasure from many different types of activities (e.g., hugging, cuddling, kissing, different kinds of sensory activities and pressure); what feels good differs across people
- Sexual health encompasses the way we think about and care for our bodies, how we understand our identities, and how we interact with others
- Sexuality is part of being human; people have different ideas about what sexuality means and how to express one's sexuality
- People have different degrees of interest in romantic and/or sexual relationships (e.g., some people are asexual or aromantic; some people are interested in sexual or romantic relationships with partners, etc.)
- People have a range of intimate feelings (e.g., wanting to have friends, having “crushes,” wanting to date someone, etc.)
- There are many reasons why people do/do not engage in sexual activity
- Factors that can positively impact health and well-being and strategies to support well-being during puberty or other body changes (e.g., chronic illness or disability).

SEXUAL HEALTH ENHANCEMENT AND WELL-BEING

GRADE 6 TO GRADE 8 (AGES 11-13)

- Many intimate and sexual activities can be pleasurable (e.g., cuddling, kissing, masturbation, oral sex, penetrative sex, etc.)
- People differ in their range of sexual needs, desires, and expressions (e.g., some people do not want to have sex, some people want to have partnered sex, some people need support to adapt sexual activity to their disability, etc.)
- Sexual needs, desires, and expressions may change over time
- The range of sexual feelings and behaviour (e.g., sexual fantasies, masturbation, kissing, oral sex, vaginal sex, anal sex, etc.)
- Information about masturbation (e.g., masturbation is a sexual activity that can be pleasurable; addressing myths and misconceptions, etc.)
- Support systems and strategies for mental and emotional well-being during different life phases (e.g., during puberty, when beginning or ending a sexual or romantic relationship, etc.)
- Different factors (e.g., media, culture, family, access to sexual health services, etc.) that impact a person's decisions related to sexual behaviour and how they view pleasure and well-being
- How to apply decision-making information and processes to sexual behaviour and sexual health issues
- Ways that trauma can impact sexual health and well-being

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Sexual Health Enhancement and Well-Being content identified in previous grades
- Pleasure can be an important part of sexual activity (whether alone or with a partner); each person is responsible for learning about pleasure and ensuring that consent and boundaries are respected in the mutual pursuit of pleasure
- Importance of understanding what is pleasurable for oneself and one's partner(s)
- Individual factors (e.g., sexual motives, experiences of pleasure), interpersonal factors (e.g., communication with a partner, power dynamics), and social factors (e.g., access to sexual health services) can impact sexual decision-making (e.g., engaging in specific sexual behaviours or safer sex strategies)
- Skills for communicating about and respecting sexual preferences
- Skills for communicating respectfully about sexual response (e.g., pleasure, desire) and sexual response problems (e.g., arousal difficulties) with a partner
- Critical assessment of sexual scripts and norms related to pleasure and well-being (e.g., ideas about disability and pleasure; ideas about gender and pleasure, etc.)

SEXUAL HEALTH ENHANCEMENT AND WELL-BEING

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

DIGITAL MEDIA LITERACY AND TECHNOLOGY

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- Consent with regard to digital images (e.g., asking friends if they want to have their photo taken; consent to have your own photo taken, etc)
- Communicating respectfully with others online
- Limiting who is able to communicate with us online
- Seeking help to deal with online problems
- 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)
- Resources for finding credible online information (e.g., asking a trusted adult, using credible websites suggested by trusted adults, etc.)
- Media representations can influence the way we think about our lives (including gender, sexuality, and relationships) in positive and negative ways
- Stereotypes in media can impact the way a person feels about themselves and others

DIGITAL MEDIA LITERACY AND TECHNOLOGY

GRADE 4 TO GRADE 5 (AGES 9-10)

- Methods for sorting credible/accurate sources of information from unreliable/inaccurate sources of information (e.g., using fact-checkers, tracing claims to their source, verifying sources, checking against sources already known to be reliable, etc.)
- Media stereotypes related to gender, race, disability, sexual orientation, relationships, and bodies
- Positive media representations related to gender, race, disability, sexual orientation, relationships, and bodies
- Media depictions of people and relationships do not necessarily reflect real life
- How to find needed information without accessing harmful content (e.g., content that is sexist, racist, ableist, etc.)
- Media literacy key concepts⁴ (e.g., media are constructions, media have commercial considerations, media communicates meaning, etc.); applying media literacy key concepts apply to sexuality, sexual health, and relationships
- How to manage emotions in online environments (e.g., taking breaks, building empathy, etc.)
- How technology can impact communication and the development and maintenance of interpersonal relationships.

⁴ See MediaSmarts key concepts: <https://mediasmarts.ca/digital-media-literacy/general-information/digital-media-literacy-fundamentals/key-concepts-digital-media%20literacy>

DIGITAL MEDIA LITERACY AND TECHNOLOGY

GRADE 6 TO GRADE 8 (AGES 11-13)

- Importance of consent in sharing sexually explicit images of others, before sending images of oneself to others, and in asking for sexual images/content from others
- Legal and ethical aspects of creating and sharing digital sexual content
- Role of consent and communication skills in using digital apps (e.g., dating apps, social media, etc.)
- 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.).
- How/when to ask for help and 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.)
- Difference between sources of sexual health information that are accurate and credible, and sources that are not credible, inaccurate, and/or promote attitudes that contribute to inequitable sexual health outcomes and/or gender-based violence (e.g., misogynistic material).
- Strategies to identify credible/accurate sources of information that promote consent and the enhancement of sexual health and well-being
- What sexually explicit media is, how the sexuality and relationships depicted in it differ from real life, and how sexually explicit media may influence people's views
- Sexually explicit media (e.g., pornography) can include stereotypes about gender and sexuality and may not be representative of real sexual relationships
- Positive and negative impacts that media can have on sexual health, well-being, body image, and relationships
- Positive and negative impacts that technology use can have on sexual health, well-being, and relationships
- Factors that contribute to the spread of misinformation related to sexuality, sexual health, and relationships (e.g., prejudice, targeted algorithms, etc.)
- Technology use behaviours that can positively or negatively impact sexual health, well-being, and interpersonal relationships (e.g., balanced vs. excessive screen time use)
- What technology facilitated sexual violence is and the range of acts that fall under this umbrella (e.g., cyber flashing, extortion, image-based sexual abuse, AI-generated fake images and videos, etc.)
- Characteristics of an unhealthy online relationship, warning signs of sexual exploitation or sextortion, and exit strategies

DIGITAL MEDIA LITERACY AND TECHNOLOGY

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Digital Media Literacy and Technology content identified in previous grades
- Importance of learning about the privacy levels of digital platforms (e.g., social media, sites that post sexual content, such as pornography)
- Importance of learning about how personal data from digital apps will be used (e.g., apps that track menstrual cycles, dating apps, etc.)
- Skills to critically assess the portrayal of gender, sexuality, and relationships in sexually explicit media
- How misinformation about sexuality, sexual health, and relationships can impact individuals, communities, and social systems (e.g., policies and laws)
- Difference between sexual exploitation and sexually explicit material and the historical and current regulations of sexually explicit material
- Social factors (e.g., social and gender norms, culture, media, etc.) that impact the way a person thinks about sexually explicit material and the kinds of sexually explicit materials that are created
- Strategies to challenge and change gender norms and stereotypes in media related to sexuality, sexual health, and relationships
- How to secure one's device(s) and online life following a break-up (e.g., changing passwords, removing location access, etc.)
- How to identify credible/accurate sources of information related to sexual response and sexual response problems

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

GENDER-BASED VIOLENCE AWARENESS AND PREVENTION

KINDERGARTEN TO GRADE 3 (AGES 4-8)

- How to engage in and recognize help-seeking behaviours
- What is meant by a trusted adult and how to identify trusted adults in one's life
- Difference between privacy (e.g., choosing to keep something to/for yourself), surprises (e.g., birthday gift for a friend), and secrecy (e.g., someone asking you not to tell trusted adults about something, such as photos being taken or touching, etc.)
- How to identify unsafe situations/relationships
- Recognize forms of discrimination, abuse, and violence (e.g., bullying, sexual abuse, racism)
- How to disclose experiences of abuse and the limits of confidentiality
- Gender-based violence can occur in different places (e.g., school, home, online) and in different kinds of relationships (e.g., peers, family, etc.)
- Peer pressure related to gender-based violence (including harmful comments) and strategies for handling peer pressure

GRADE 4 TO GRADE 5 (AGES 9-10)

- What bystander intervention is; bystander intervention knowledge and skills (in-person and online environments)
- Abuse (e.g., physical, sexual, emotional, etc.) within intimate relationships and strategies to seek help/support
- Ways to respond when someone has experienced gender-based violence
- Prevention of sexual exploitation and human trafficking
- Grooming behaviours (e.g., 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 what those behaviours may look like in-person and online
- Myths related to gender-based violence (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.)
- Gender-based violence is a violation of human rights

GENDER-BASED VIOLENCE AWARENESS AND PREVENTION

GRADE 6 TO GRADE 8 (AGES 11-13)

- How to access gender-based violence 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 relevant support services in the community
 - Ways to support someone who has experienced gender-based violence
 - Range of experiences that fall under the umbrella of gender-based violence⁵ (e.g., gender-based violence occurs on a spectrum ranging from subtle acts of violence to overt acts of violence; gender-based violence includes various forms of violence such as sexual violence, technology facilitated violence, female genital mutilation/cutting, violence against 2SLGBTQINA+ people, etc.; people with disabilities experience forms of violence related to their disabilities, etc.)
 - Impact and/or consequences of sexual violence on victims/survivors, bystanders, and perpetrators
 - Social, cultural, interpersonal, and individual factors that contribute to sexual violence perpetration
 - How to recognize and respond to signs of gender-based violence in dating relationships
 - How to recognize and respond to technology facilitated sexual violence
 - How experiences of gender-based violence can impact family and interpersonal relationships (e.g., intergenerational trauma)
 - Different factors that impact whether a person is believed and supported when they disclose experiences of gender-based violence (e.g., social attitudes and myths, including rape myths and victim blaming, myths about disability, etc.)
 - Ways to support people who have experienced transphobic, homophobic, and/or biphobic violence
 - Ways that experiences of gender-based violence can impact sexual and reproductive health
- 5 Gender-based violence is violence that is committed against someone based on their gender, gender identity, gender expression or perceived expression (Women and Gender Equality Canada, 2024). Gender-based violence exists on a continuum, can take many forms, and occur in many types of interpersonal relationships (see SIECCAN, 2023a for an extensive discussion of incorporating gender-based violence prevention within comprehensive sexual health education).

GRADE 9 TO GRADE 10 (AGES 14-15)

- Review of Gender-Based Violence Awareness and Prevention content identified in previous grades
- Differences between sexual exploitation and human trafficking and sex work (e.g., legal differences, consent differences, etc.)

GENDER-BASED VIOLENCE AWARENESS AND PREVENTION

GRADE 11 TO GRADE 12 (AGES 16-17)

- **Across all topic strands, continue discussions and opportunities for skill development from previous grades but in greater detail/complexity**
- Advanced information related to how different social factors and attitudes (e.g., gender inequality, gender norms, systems of oppression such as racism, transphobia, ableism, etc.) contribute to sexual health inequities (e.g., experiences of gender-based violence, STIs, etc.) and how and why different groups of people are disproportionately impacted (e.g., from an intersectional perspective)
- Advanced information related to promoting sexual health and 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

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