

The Canadian  
Centre for Gender  
+ Sexual Diversity



Le Centre Canadien  
de la Diversité des Genres  
+ de la Sexualité



# *Not Just The Tip*

TOOLKIT

*Financial contribution:*



Health Canada Santé  
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## LAND ACKNOWLEDGEMENT

The Canadian Centre for Gender & Sexual Diversity (CCGSD) is located upon the traditional unceded and occupied lands of the Omà̀m̀iwinìwag (Algonquin word for the Algonquin peoples) Anishinaabeg. The Omà̀m̀iwinìwag belong to a common ethnic group — the Anishinaabeg — whose lands stretch across what settlers call Central-Eastern Canada and the Northwestern United States. In addition to the Omà̀m̀iwinìwag, some of the Anishinaabe peoples include the Odawa, Ojibwe, Potawatomi, Anishiniimowin (Oji-Cree), and Métis, who speak different languages pertaining to a similar language group (Anishinaabemowin).

At the CCGSD, we stand by all First Nations, Inuit, and Métis peoples, and extend our respect for their invaluable past, present, and future contributions to this land. As an organization guided by the principles of diversity, intersectional feminism, and education, we work to teach about social justice, including Indigenous peoples' resiliency in the face of ongoing structural violence and marginalization. We support their ongoing efforts for self-determination, sovereignty, safety, food security, and water security. We recognize how vital representation is as part of the decolonizing mission, and ask settlers to evaluate and understand the differences between meaningful and true representation, and appropriation and tokenization of Indigenous communities. Finally, we encourage those in our community to learn more by listening to Indigenous voices and carefully considering how to be thoughtful allies.

We recognize that many of us at the CCGSD are settlers and newcomers on these lands, and that this influences the way we present, or possibly misrepresent, Indigenous experiences and stories. As a result, we urge those in our community to listen closely, respectfully, and completely to Indigenous voices, and to support Indigenous initiatives, organizations, communities, and individuals.





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The definitions of key vocabulary words bolded  
throughout the text can be found in the glossary  
at the end of this book.



# PROJECT TEAM AND PARTNERS

## Co-Authors

Dr. Nadine Thornhill, Ed.D

Eliot Newton, CCGSD

Alex Tesolin, Wisdom2Action

Janani Suthan, CCGSD

## Project Oversight

Debbie Owusu-Akyeeah, CCGSD

Mofi Badmos, CCGSD

Jaime Sadgrove, CCGSD (July 2022 - September 2023)

## Production & Graphic Design

Luminate Communications Inc.  
in partnership with Varga Girl Design

## Illustration

Chief Ladybird

## Funder

Health Canada

## Project Advisors

Action Canada for Sexual Health and Rights

Western University

Physical Health and Education Canada (PHE Canada)

Ophea (Ontario Physical and Health Education Association)

Sex Information & Education Council of Canada (SIECCAN)

University of Regina Pride Centre (UR Pride)

Halifax Sexual Health Centre (HSHC)

Thrive, CYN Newfoundland

## Youth Advisors

Felix Crawford

Grace Guillaume

Jessie Lawrence

Kale Buchanan

MJ Lezada

Bella Zeller (Native Youth Sexual Health Network)

## Teacher Advisors

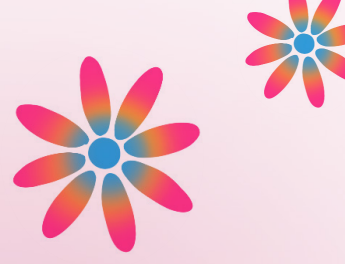
Katie Winters

Shannon Salisbury

Shawna Rothgeb

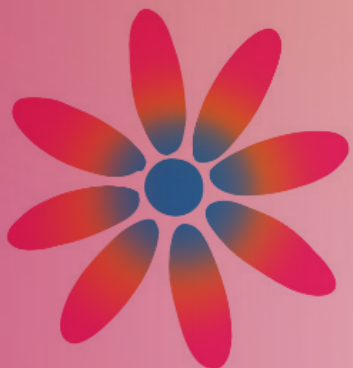
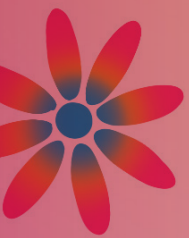
Kyla Christiansen

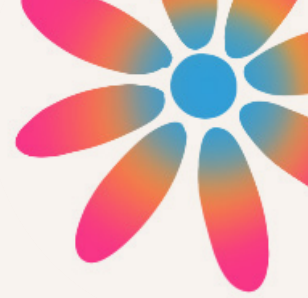




# ***Not Just The Tip***

## ***Introduction***





# Introduction

*Not Just the Tip* is a multi-year project that seeks to provide guidance and knowledge for sexual health educators to develop the skills and confidence they need to teach about sexuality and sexual health in a way that is **intersectional**, inclusive, and inspiring. Guided by two expert advisory councils, *Not Just the Tip* is a collaborative effort between the Canadian Centre for Gender and Sexual Diversity (CCGSD), Wisdom2Action, and Dr. Nadine Thornhill. This project has been made possible through generous support from Health Canada and the Government of Canada.

Access to comprehensive sexuality education is recognized as a right under international human rights treaties, such as the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of the Child.<sup>1</sup> However, not all programs in Canada related to sexuality education are developed and delivered in the same way; as such, the outcomes for youth are inconsistent, and often harmful.

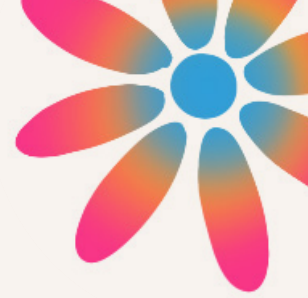
CCGSD and Wisdom2Action sought insights into the current gaps and pitfalls of sexual health education across Canada to inform the creation of *Not Just the Tip*. One of these steps was a literature review that identified the key challenges around sexual health education in Canada more broadly. One of the key challenges we identified was building educator knowledge and capacity. While the investment in professional development for educators in sexual health education is a strong recommendation according to national guidelines for comprehensive sexual health education,<sup>2</sup> educators receive limited and inconsistent training and professional development in this area.<sup>3</sup>

In Phase I of *Not Just the Tip*, Wisdom2Action conducted a needs assessment to:

- Identify the resources and support that educators require in strengthening skills and knowledge related to confidently and competently teaching comprehensive sexual health education
- Explore the barriers educators experience in undertaking this work

Based on discussions with key informants and *Not Just the Tip*'s expert advisory councils, key issues and needs were identified in educators' capacity to confidently deliver inclusive, **intersectional**, and inspiring comprehensive sexual health education. The key needs emerging from this assessment, along with the findings of the literature review, formed the rationale for the content covered within this toolkit.

1 UNESCO et al., *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*, 2nd ed. (Paris, 2018), 13.  
2 "Canadian Guidelines for Sexual Health Education." Sexual Health Education | SIECCAN, 2019. [https://www.sieccan.org/files/ugd/1332d5\\_e3ee36e39d944009956af5b86f0a5ed6.pdf](https://www.sieccan.org/files/ugd/1332d5_e3ee36e39d944009956af5b86f0a5ed6.pdf).  
3 "The State of Sex-Ed in Canada," State of Sex-Ed Report | Action Canada for Sexual Health and Rights, 2020, <https://www.actioncanadashr.org/resources/reports-analysis/2020-04-03-state-sex-ed-report>.



From the needs assessment, we learned that educators are seeking support in developing the skills to:

- Decentre themselves in the learning environment and practise self-reflection
- Navigate uncertainty and nuance
- Facilitate open, engaging, and nuanced discussions around sexual health topics
- Manage **power** dynamics in the classroom
- Respond to youth’s needs and priorities
- Address harmful comments and **misinformation**
- Advocate for their delivery of comprehensive sexual health education
- Identify evidence-informed resources that align with inclusive, **intersectional**, and comprehensive approaches to sexual health education
- Apply trauma-informed and healing-centred approaches
- Apply sex-positive and harm reduction approaches
- Apply inclusive and culturally humble approaches

Through this information gathering, it was clear that many educators were only reaching the tip of the iceberg in terms of inclusion of all students’ identities and experiences, as well as the depth and breadth of information available to students. Educators were looking for more support in a variety of areas related to sexual health education, and this informed the structure and content of the *Not Just the Tip* modules.

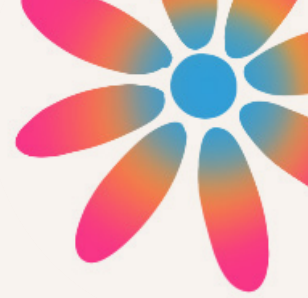
## WHAT’S IN THE *NOT JUST THE TIP* TOOLKIT?

This toolkit includes five modules that allow educators to engage in: introspection into their positionality and roles as educators; critical thinking about the field of sexual health education; and skill-building in some neglected areas and approaches to sexual health education. The five modules are:

### Module 1: Decentring Myself

This module takes educators through the process of analyzing how their own social positioning, lived experiences, and perspectives **influence** the ways they teach sexual health education. Educators will learn to identify and challenge dominant perspectives and structures that create barriers for students to fully engage in conversations about sexuality and sexual health. They will also learn strategies to identify and manage their own discomfort with topics related to sexuality and sexual health.





## Module 2: Power Dynamics

This module builds on the previous one and allows educators to identify ways they can use their **power** in the classroom to create a positive learning environment when they teach sexual health education. Educators will develop understanding of how their **influence** can affect the attitudes and behaviours of students, and implement techniques to empower their students and to create a more dynamic and collaborative learning environment.

## Module 3: Pleasure vs. Shame

This module introduces educators to the pleasure-focused approach of teaching sexual health education, and distinguishes it from shame-based approaches embedded in many sexual health curricula. Educators will analyze their own current methods of delivery and identify where they can practise reframing their approach to different topics. They will practise framing different sexual health topics in a pleasure-focused way, and identify strategies to implement a pleasure-based framework into their practice, regardless of the age or grade level of their students.

## Module 4: Facilitation Skills

This module goes into further detail about some of the technical aspects of facilitating sexual health education, such as using inclusive language, establishing group guidelines to promote safe(r) spaces, answering challenging questions from students, responding to **misinformation** and harm, and how to recover from mistakes.

## Module 5: Going Further

The last module ties everything together by allowing educators to envision ways they can continue their learning and skill-building. This includes identifying reliable and updated resources they can use in their classroom, collecting feedback from students to improve content and methods of delivery, and navigating pushback against comprehensive and inclusive sexual health education from parents and administrators.

The *Not Just the Tip* toolkit encourages educators to reflect on the ways in which sexual and reproductive health and rights are impacted by oppressive systems, including **colonialism**, white supremacy, and cisheteropatriarchy. These oppressive systems continue to impact how information, resources, and services related to sexual health are developed and disseminated, and create significant barriers for racialized (particularly Indigenous and Black), **2SLGBTQ+**, disabled, and other marginalized peoples. The toolkit encourages educators to reflect on their own social identities, address power dynamics that exist within their learning spaces, and use **privilege** and **power** to support students rather than exclude them. The toolkit also provides educators with tools to resist oppressive systems by prioritizing collaboration, relationship-building, pleasure, and joy for all those involved. However, in addition to *Not Just the Tip*, we strongly suggest educators continue the process of building knowledge regarding the impacts of colonization on Indigenous peoples' sexual health, how racism and anti-Blackness show up in sexual health





education, research, and services, as well as ways to resist these systems and other (intersecting) forms of **oppression** in their work.

We recommend these organizations as a starting point for your further learning:

- Native Youth Sexual Health Network: <https://www.nativeyouthsexualhealth.com/>
- Native Women’s Association of Canada (Sexual and Reproductive Health page): <https://nwac.ca/policy/sexual-and-reproductive-health>
- 2 Spirits in Motion Society: <https://2spiritsinmotion.com/>
- Nuance Media: <https://medium.com/shareyournuance>
- BIPOC Women’s Health Network: <https://bipocwomenshealth.com/>
- Holland Bloorview Kids Rehabilitation Hospital's Disability and Sexuality Resource Hub: <https://hollandbloorview.ca/disability-sexuality-resource-hub>

## WHAT’S NOT IN THE *NOT JUST THE TIP* TOOLKIT?

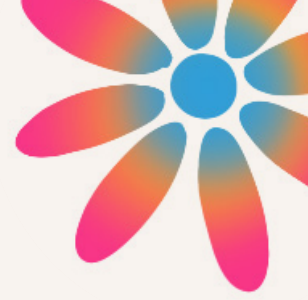
Our goal was to create a resource that any educator in Canada, whether school-based or community-based, teaching at any age level (including adults), could use to support their work. While *Not Just the Tip* provides educators with information, tools, and strategies to support their delivery of comprehensive sexual health education, *it does not include proposed curriculum, and is not a substitute for the curricula that are mandated provincially/territorially*. While the toolkit includes exercises to support educators’ development and skill-building, which can be applied to their work in the classroom, *it does not contain activities to use with students*. As well, the toolkit *does not provide extensive information that is specific to particular age groups or grade levels, nor does it provide age-specific sample activities*.

For an excellent resource that is curriculum-specific, and includes lessons and activities to use with students of a variety of grade levels, check out Action Canada for Sexual Health and Rights’ *Beyond the Basics* (3rd Edition), published in 2017, here: <https://www.actioncanadashr.org/resources/beyond-basics>

## A NOTE ON LANGUAGE

The language we use matters. Language influences our understanding of identities and communities, and shapes how we identify issues and solutions. We have provided a glossary at the end of the toolkit for any potentially unfamiliar terms used in the modules. These terms have been bolded.

While no acronym or umbrella term can ever do justice to the full diversity of our communities, **2SLGBTQI+** is the acronym used throughout



this toolkit. This acronym stands for Two-Spirit, lesbian, gay, bisexual, **transgender**, queer, intersex, and additional sexually and gender diverse identities.

The acronym intentionally places Two-Spirit and Indigenous sexually and gender diverse people and identities at the beginning of the acronym to recognize them as the first sexually and gender diverse peoples in North America. We recognize that this acronym does not explicitly include a variety of sexually and gender diverse identities. While the identities included in the acronym are not exhaustive, the acronym is expansive and representative of all people impacted by systemic homophobia, biphobia, transphobia, and other forms of gendered and sexuality-based **oppression**.

Throughout the toolkit we intentionally use the terms comprehensive sexual health education and sexual health education. Comprehensive sexual health education, as defined by the Sex Information & Education Council of Canada (SIECCAN), is based on nine core principles. These principles include accessibility to all people, promoting human rights, using evidence-informed methods, promoting gender equality, and more. To learn more about the core principles of comprehensive sexual health education, you may consider reviewing [SIECCAN's Canadian Guidelines for Sexual Health Education \(2019\)](#).

While *Not Just the Tip* uses the term comprehensive sexual health education when discussing best practices and the desired quality of sexual health education, we acknowledge that not all sexual health education is comprehensive in practice. As such, we also use the phrase sexual health education when broadly discussing what occurs in the learning environment.



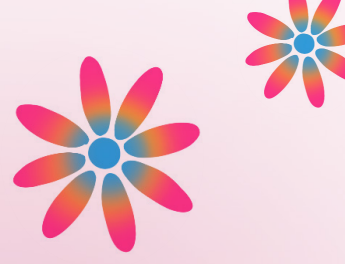
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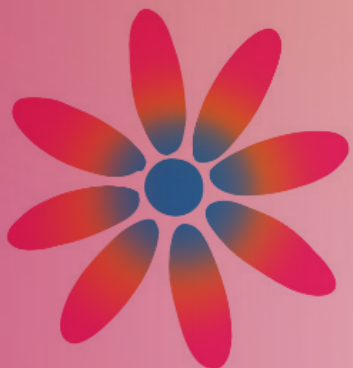
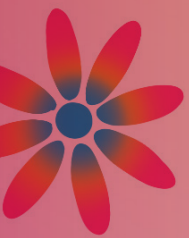
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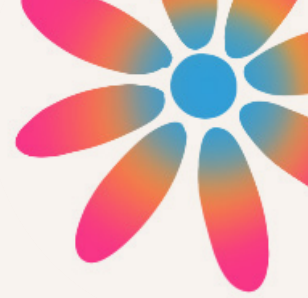




# ***Not Just The Tip***

MODULE 1:  
***Decentring Myself***





# Decentring Myself

## LEARNING OBJECTIVES

After participating in this module, you will be able to:

- Identify what it means to decentre your positionality, expertise, and experiences as an educator in the context of sexual health education
- Reflect on how your own experiences (e.g., lived experience, worldview, social positioning), **influence** your understanding and approach to teaching sexual health education
- Implement strategies to gauge a group’s baseline knowledge and meet learners where they are at
- Identify and manage your own feelings of discomfort around sexual health education topics as an educator
- Distinguish between the experiences of being uncomfortable and being triggered surrounding sexual health topics

## INTRODUCTION

### What does it mean to “decentre myself”?

In order to begin our journey to be more inclusive, more **intersectional**, and more inspiring in sexual health teaching, we have to know where we’re starting. It’s an unavoidable truth that human beings have biases — things we like, things we don’t like, things we value, and things we devalue. Some of these biases are what give us our individual personality and even our own style as educators. It’s definitely not all bad! But it is important to reflect on our experiences and biases in the process of becoming a more effective educator.

We worked with a team of experts to create *Not Just the Tip*, and when we asked them what “decentring yourself” really means, they had these suggestions:

- Recognizing that our identities and experiences **influence** the way we think about and discuss sexuality
- Examining our own learnings around sex, relationships, identities, and bodies
- Prioritizing key learnings and understanding effective instructional strategies
- Letting go of the need to be an “expert” when it comes to sexual health-related issues impacting youth
- Understanding the variety of perspectives, attitudes, and experiences of those we are teaching and how that may be different from where we are

- Encouraging students to communicate and share their own experiences and opinions
- Fostering a safe(r) environment with open discussion
- Utilizing and crediting resources and concepts that were created by other people
- Including other people with different perspectives as educators (where possible)

This module is designed to have you reflect on values and biases, as well as identify areas for potential growth, unlearning, and relearning.

## REFLECTIONS

What's something you weren't taught about sex/sexuality as a young person that you think your students should know?

How does who you are and where you come from **influence** what you know and believe about sex/sexuality?



What are some messages/information you were taught, whether formally or informally, that still **influence** the way you think about sex, sexuality, bodies, and/or relationships?

How might these **influence** the way you teach your students?

What do you think makes a good sexual health educator?

Do you think a good sexual health educator has all the answers about sex/sexuality?  
Why, or why not?





If you are a school-based sexual health educator, you have provincial/territorial curriculum that must be used to guide your lesson-planning. Identify where and how sexual health is addressed in the curriculum you are guided by, and identify resources you can use to plan your curriculum lessons. Ask yourself:

What assumptions does the curriculum and/or resource make about the learner? Who is explicitly included, and who is left out?

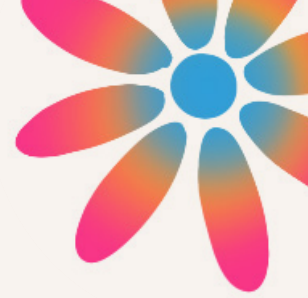
What parts of the curriculum do I tend to focus on?

What concepts do I feel less confident about, and why?

Are there any topics or concepts that I tend to pass over or teach very quickly?

Answering these questions will help you conceptualize how your own lived experiences, social positioning, and perspectives might **influence** the way you teach sexual health.





## EXERCISE: THE POWER FLOWER (10-15 MINUTES)<sup>4</sup>

Teachers often feel pressure to leave their personal lives and identities at the door before entering the classroom with their students. In many cases, maintaining separation between our personal and professional lives keeps us healthy and safe. However, the way we approach teaching, in any subject, can be just as much shaped by our personal experiences as our formal education and training.

Sometimes, this feels especially true with sexual health education, because sex and sexuality are so personal. The questions in the previous section might have gotten you thinking about how different factors in your personal life, such as your upbringing, your values, your social positioning, and more, impact how you approach sexual health education. For example, perhaps you were raised in a family that held a taboo around menstruation, so you still get a bit antsy when you're talking about periods with your students. Or maybe you are a man who was exposed to disrespectful behaviour and attitudes about girls through things like "locker room talk," so you are adamant about teaching male students to unlearn that behaviour. Some of these factors are influenced by your gender, culture, race, or assigned sex at birth, which are part of your **social identity**.

Each segment in the centre of the flower represents one aspect of **social identity** or location. The outer petals are reserved for **dominant identities**, or those that hold the most **power** in our society. The inner petals are reserved for your own **social identities**. The goal is to reflect upon how close or how distant your own identities are to the **dominant identities**. Remember the principle of **intersectionality**: your various **social identities** intersect with and **influence** one another and your experiences. *For example, a White woman and a Black woman will have different experiences because of their race, but their race will also **influence** the ways they experience misogyny.*

In the context of sexual health education, the **influence** of **dominant identities** means that information and resources are often produced for specific demographics, and other people can be left out. We see this in a variety of contexts, from what types of birth control are most readily available, to the kind of pamphlets that are available to people in doctors' waiting rooms. Many of you are likely familiar with sexual health education that focuses on the needs of straight people having penis-in-vagina sex, but you may not have received information around what safer sex looks like beyond this. When we look closely, we can see that many sexual health resources also make a lot of assumptions about things like social class, race, and ability, excluding marginalized communities and creating barriers to accessing sexual health information, resources, and services.

Furthermore, it can also elicit shame and negative feelings surrounding sexuality when their identities, bodies, and relationships are not represented, or are poorly represented.

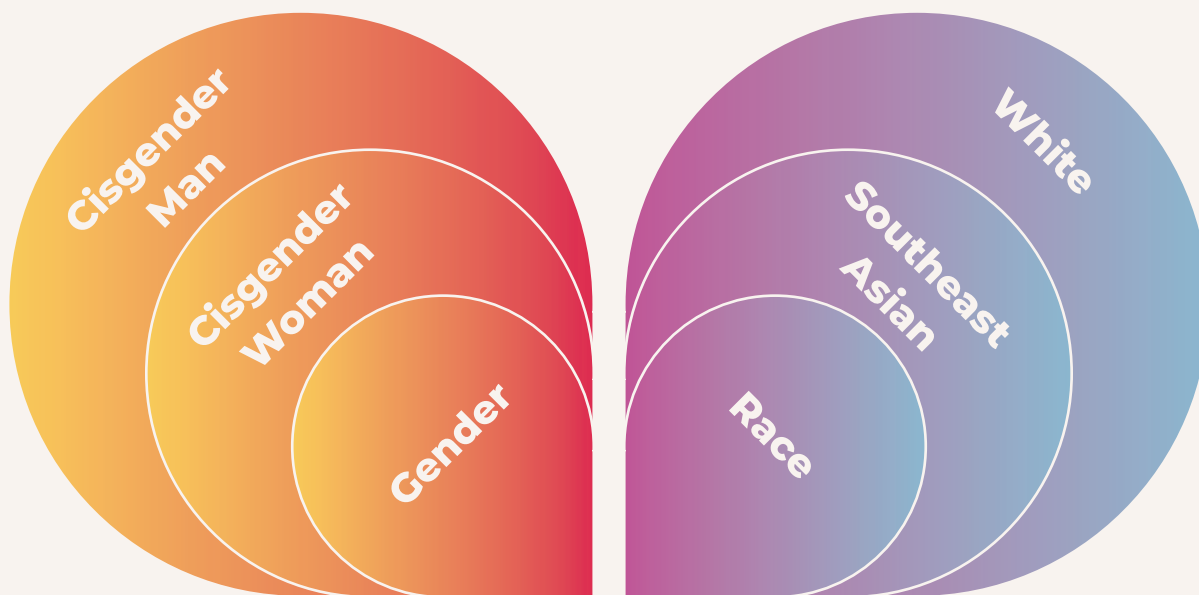
<sup>4</sup> Wenh In Nig, "A Tool for Everyone: Revelations from the 'Power Flower'" (Rick Arnold, Bev Burke, Carl James, D'Arcy Martin, Barb Thomas, *Educating for a Change* (Between the Lines, 1991), 13.)

The first step to combatting this is understanding how our social positioning can **influence** our perspectives, experiences, knowledge, and dynamics with our students. Let's look at an example of how the Power Flower exercise can be applied below before trying it out ourselves!

## A Sample Power Flower

Hana (she/her) is a queer, **cisgender** woman who teaches at a large, downtown high school in a major metropolitan city. She is Vietnamese, her parents having moved to Canada shortly before she was born.

A couple of Hana's petals might look something like this:



Like most of us, Hana has some aspects of her identity that give her **privilege**, and others in which she is oppressed. As a Southeast Asian person, she experiences systemic **oppression** due to her race. As a **cisgender** woman, she experiences less social **power** than men under a patriarchy, but experiences **privilege** over **transgender** people of any gender identity. Remember that in order to approach this intersectionally, we cannot separate Hana's racialized identity from her identity as a woman.

These aspects of her identity have an **influence** in Hana's day-to-day life, but there are also specific impacts on her work as a sexuality educator. As a girl, Hana was raised hearing different messages than those typically promoted to boys and young men. This allows her to empathize directly with other female students, but may make it more difficult for her to personally relate to male students or students of other genders in her classes. As an Asian woman specifically, Hana grew up hearing messages in the media about "exotic" beauty and encountered people who believed in stereotypes about Asian women's sexuality. As a result, Hana is particularly passionate about dispelling stereotypes and **sexual racism** in sexual health education.

As you can see, selecting just two petals of Hana's experience provides a rich profile for discussion. Each petal marks a new area where Hana's identity and experiences may **influence** her teaching motivation and style, and most importantly, these petals overlap with one another to paint a full picture of Hana's lived experiences and perspectives. This is also true of each of us as educators.



## Try It Yourself: The Power Flower Exercise

### Instructions

1. Fill out the outer petals with the dominant or powerful **social identity**. For example, you could fill in the outer petal for the race segment with “White.”
2. Fill in the inner petals with your own **social identities**.
3. Reflect on the sets of questions below.



With permission of the publisher, adapted from “Power Flower” from Rick Arnold, Bev Burke, Carl James, D’Arcy Martin, Barb Thomas, *Educating for a Change* (Between the Lines, 1991), 13.

### Reflections

How many of your personal petals are different from the **dominant identity**? How many are the same/similar?

How might some of your personal petals differ from those of students in your classroom? Why?

Are there any personal petals where you are different from the **dominant identity**, but still may experience **privilege**? How so?



Were there any petals that surprised you, or that you gave less thought to before this exercise?

Did you find anything confusing or uncomfortable about the exercise? Why do you think that is?

## Reflections

Do the resources you use to teach sexual health information have an explicit or implicit audience in mind? Does that intended audience line up with your own experience, the experience of your learners, or the experience of another group of people? If the latter, which group in particular?

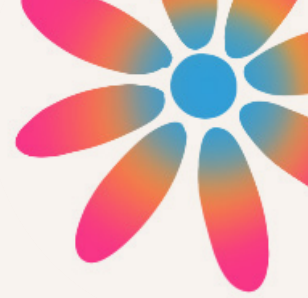
How do **power** inequities and **privilege influence**/impact one's sexual health? (Tip: Think about the **social determinants of health**.)

How might understandings of sexual health topics differ across and amongst **social identities**?

- Family
- Gender identity and expression
- Sexual behaviours
- Bodies and the things they do
- Sexuality

It can be easy to find resources that cater to the demographic with the most **power** and **influence** (i.e., White, **cisgender** people with Christian values). Our learning groups are often more diverse than this, and pulling back from our own experiences and identity a little can help us meet the needs of our learners more effectively.





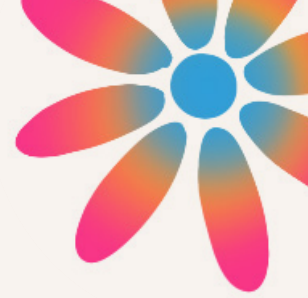
## MAKING SPACE FOR OTHERS: GAUGING GROUP BASELINE KNOWLEDGE

**Note:** The following section looks at collecting information from your learners and how the nature of the information can be sensitive. Most educators have to follow policies around specific disclosures, and it's important that your learners understand that. We recommend letting your students know that if they ask a question that provides identifying information about someone *and* that someone is in danger or at risk of being hurt, you are *legally required* to act on that information. Similarly, depending on your particular circumstances there may be some information that *cannot* be shared without permission. For example, many school boards protect students from having private information regarding their gender identity shared with *anyone*, including parents or guardians, without the student's express permission.

Telling your learners about the outcomes of disclosures is part of providing your students with the opportunity to participate using *informed* consent. We also suggest providing resources when talking about topics that could encourage disclosures. For example, you might say: "If you tell me that you or someone else is being abused or at risk of being abused, I am legally required to act on that information. **That said, if that *is* happening to you or someone you know, and you decide not to tell me that, there are some resources you can access on your own, like Kids Help Phone (1-800-668-6868), Trans Lifeline (1-877-330-6366), Suicide Crisis Helpline (988), or Hope for Wellness (1-855-242-3310).**"

It can be easy to incorrectly assume what students do or don't know based on one's own experiences (or lack thereof) learning about sexual health at that age, as well as one's own biases and preconceptions of what youth can or should know about sex, pleasure, bodies, and/or relationships.

To deliver relevant, developmentally appropriate, responsive, and engaging sexual health lessons that meet youth where they're at, it can be helpful to intentionally gauge the group's baseline knowledge around sexual health. Remember that some students may not have a baseline of expected previous years' curriculum due to teachers skipping sexual health education lessons. Here are a couple of strategies and tips for gauging your class's baseline knowledge.



## Designing an Effective Question Box

For many sexual health educators, the anonymous question box is a familiar old friend. Typically, a question box is used in sexual health classrooms to create anonymous opportunities for students to ask questions related to sexuality and sexual health. You may choose to use a virtual question box, a decorated box in the classroom, or recycle an existing box. It doesn't have to be fancy (although it can be, if that's your style!). The important thing is that your students have access to the question box, and time to think about any questions they want to submit.

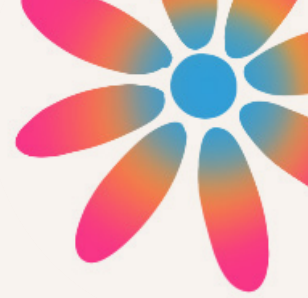
You might consider repurposing the anonymous question box to provide youth with an opportunity to share what they're interested in learning about certain sexual health topics. Rather than asking for specific questions to be answered in class, let students know that you'll be reviewing their submissions to help plan your lessons within the context of the curriculum expectations for their grade (or, in a community-based setting, the organizational mandate).

**Setting the stage** — A couple of weeks before your sexual health education lesson(s) begins, you could introduce some of the topics you're planning to cover and ask students to share what they're interested in learning about in each topic. If you work in a school-based setting and are required to provide advance notice for sexual health education, include the date you will provide the anonymous question box in your overview of what will be covered and when.

**Maintaining anonymity** — Some educators like to hand out pieces of paper the same size and colour and offer everyone the same colour of pen. You might have all students write questions at the same time. Ask everyone to fill out a piece of paper, and offer an alternative prompt for students who may not have a question, such as, "Write down how you are feeling about our upcoming lessons (e.g., nervous, excited, curious)." Have students fold their papers before putting them in the box. Maintaining as much uniformity amongst the papers, pen colours, etc., makes it less likely that who submitted a question will be identified.

**Consider accessibility** — Some students may have visible and invisible disabilities that make some activities challenging. For example, a student may struggle with writing physically and find it easier to type their questions or give them verbally. Be prepared to provide options for everyone to participate.

**Making it virtual** — Some educators like to run a virtual "question box," where students can anonymously submit their ideas by filling out a digital form. This may feel more manageable and accessible than providing slips of paper that have to be cut, sorted, and read individually. It can also feel more anonymous to students who may worry about their handwriting being recognized. However, virtual question boxes can also feel impersonal and make it harder to get every student to submit something. Whether you choose to use a virtual or actual box is up to you. If you do go with a virtual question box, be sure to set up a form that doesn't automatically collect personal information, like email addresses.



## Designing an Effective Anonymous Poll

Some educators prefer to do things a little less open-ended. If you’re in this camp, anonymous polling may be for you. There are several effective ways to run an anonymous poll:

- If you prefer things to be low-tech, you can hold an anonymous poll by asking students to cover their eyes or put their heads down on their desks. Then, have students quietly raise their hands as you read out a list of topics, or a question with multiple-choice responses. For example, you may ask students, “Do you want to spend tomorrow’s class discussing Topic A or Topic B?” and then manually count the number of hands raised for A and B. Make sure you give your students enough time to process the question and choose their answer. Consider reading out the answer options in advance to give students time to think.
- If you use digital tools to manage your coursework, such as Google Classroom, you may want to create a digital poll through Google Forms or other web-based polling tools (e.g., Kahoot or Mentimeter). You can experiment with your classroom tools, or simply google the virtual platform plus keywords like “make a poll,” to create a form that poses a question along with a multiple choice set of answers you are open to receiving. Then, send the poll around to your class, using a mass message or by sharing the link.

You can use anonymous polling or your question box before, during, or after particular lessons to assess learning and get student feedback on what they’re learning and how it’s going. You might also find the practice useful in other subjects or areas of study! Check in with your students and acquire feedback on how your lessons are going, whether students feel the learning is relevant, if they’re learning new info, and what they want to learn more about.

Make sure to let your students know how you will respond to their questions and submissions. For example, you might tell them you’re planning to answer students’ questions directly or to use them to inform your lesson plans. In any case, reassure students that the goal of the exercise is not to single anyone out, but for you to collect questions and topics to ensure the lessons are interesting and relevant. Remember to provide students with this context before collecting their questions and submissions.

*A reminder!* We encourage you to collect information from your students using the principles of informed consent, and talk specifically about how the information you collect will be, or must be, used. You can take this opportunity to teach students about identifying, communicating, and respecting each other’s boundaries and then let them know that you may choose not to answer questions about your personal life.





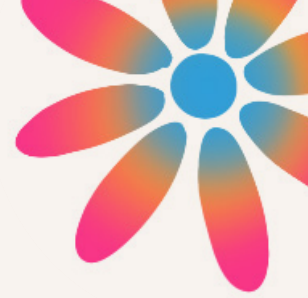
## PHYSICAL SENSATIONS AND DECENTRING

Decentering yourself, and self-reflection in general, are not easy or inconsequential activities. Sometimes, when we self-reflect or engage in emotionally challenging work, we can experience physical sensations in our body, which may be unsettling if we're unprepared. Sometimes it can be helpful to use physical sensations in our body to identify how we may be feeling, especially if you are unfamiliar with these connections.

Our feelings and bodily responses to change and new experiences are not bad or good — they are a natural part of human experience and growth. When you are working to expand your teaching practice or grow as an educator, you may need to take time to sit with, identify, and explore your feelings. This will help you feel more prepared to work with your students, and can help you to reverse-engineer how a student may be feeling if they are acting in a way that is unfamiliar to you. Regulating your own emotions can also help you to set an example for youth who may need help identifying and regulating their emotions.

As a starting point for exploring the connections between physical sensations in our bodies and tapping into certain emotions, we recommend taking a look at Lindsay Brahman's "Emotional Sensation Wheel," which can be found here: <https://lindsaybraman.com/emotion-sensation-feeling-wheel/>. This resource can be used to identify specific physical sensations that we can associate with certain feelings, to better prepare ourselves for how we can respond when these sensations and feelings arise. You may also be able to notice some of these physical signs of certain emotions in your students, and encourage them to build these connections to identify them as well.





## Managing Feelings of Discomfort

It is important to acknowledge that discomfort happens, recognize your discomfort, and be kind to yourself. Discomfort is a natural step in the process of unlearning and destigmatization, especially when it comes to sexual health topics. There are many reasons why you might experience discomfort when teaching sexual health education, or preparing to do this work. You might feel discomfort if:

- You are encountering a topic or asked a question about something you do not know a lot about
- You are unfamiliar with the most up-to-date terminology used to explain certain concepts, and are worried about using outdated language
- The topic at hand pertains to an identity or experience that is very different from your own
- You have identified an area where you have **privilege/power** that you had not realized
- You were raised with opposing or even oppressive beliefs that you are working to unlearn

Below are some tips for managing feelings of discomfort.

**Starting with our immediate needs** — Discomfort can sit in the body and can impact how we're standing, breathing, and holding tension. If it's possible in the space you're in, you may consider practising some breathing exercises or grounding strategies to help ground yourself, and then come back to the conversation in a way that centres youth needs/priorities.

This might mean taking a few seconds for some repetitive movement and/or meditative noise (e.g., nodding and saying "hmm...hmm..."). If students are with you, you may consider bringing youth into the grounding activity with you. You may notice discomfort in the room more broadly. Allow this to be a collective reset for the students, as well as you, before moving forward on a tougher topic!





**Acknowledge the discomfort for you as well as the students** — It’s okay to acknowledge the discomfort in the space with students; it may help facilitate a more open dialogue about what makes students uncomfortable in sexual health education as well. By acknowledging that discomfort is something everyone experiences around these topics in some way, we build comfort and rapport with students, and decentre ourselves as the experts on topics that inevitably make us uncomfortable sometimes.

Be honest and upfront. Use an interjection and affirming statement and say you need to take a beat (e.g., “Wow! That’s really powerful. It brought up strong feelings for me. Let me take a second with that.”) You may want to do an activity to help you assess if a lesson is new content for students and tie it into a grounding exercise. For example, you can ask students to “Rub your hands together if this is new information or wiggle your feet if this is review.” This helps students recognize if something might be collectively new information, and ease discomfort around not understanding something right away. It also provides support for you as an educator to gauge how in-depth you need to discuss a topic.

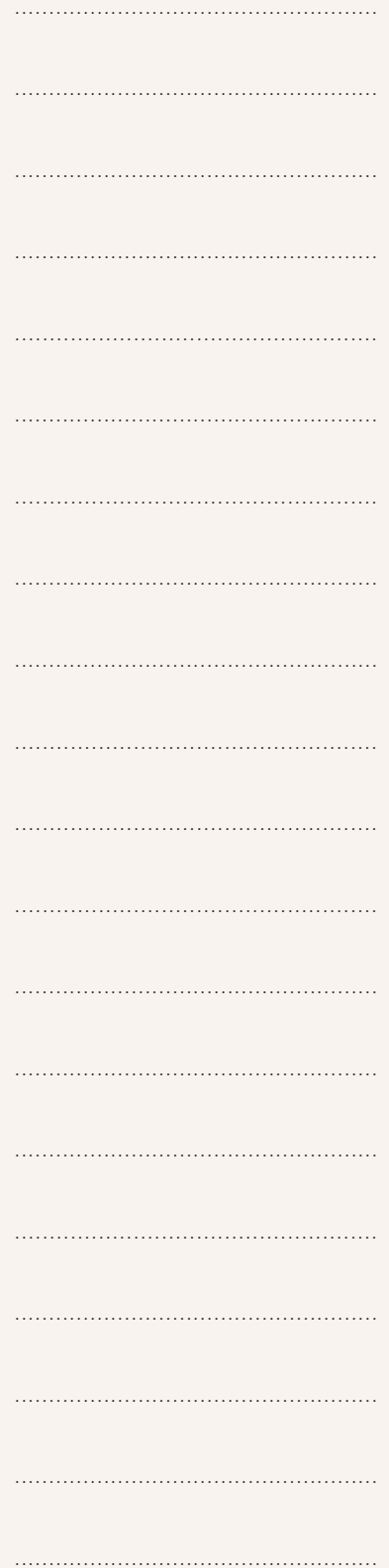
**If possible, plan in advance** — If you’re aware of your limits and common causes of discomfort, plan in advance to work with them. If you know what you’re teaching for the day or week, and you know certain topics are uncomfortable for you, or elicit questions you find challenging to answer, prepare in advance!

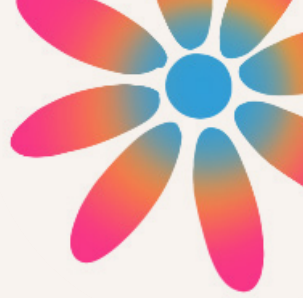
This might mean doing some extra research, finding additional resources to support your learning (or students’ learning), or finding activities to do with students to offset the barriers you may experience in leading a lecture-style or more involved conversation. Remember that students need to be engaged in the learning and not passive recipients of information.

If you’re someone who likes to debrief, plan that into your day ahead of time. That might mean leaning on a fellow educator for support, or arranging other opportunities for self-care in advance.

**Know your limits and set boundaries** — If you find you cannot push through a topic, tell students you will circle back to it. If possible, give a timeframe for when the discussion will reconvene, such as a few minutes, at the end of the session, or the next session. For community educators or those working with adults, you might also consider following up with the learner(s) by e-mail or other correspondence, especially if you’re facilitating a one-off session and may not have formal plans to see the learners again.

If you need to, take a break! You can say, “This next section is some heavier content, so we’re going to take a short break before and after to really prepare/absorb the information.”





## FEELING UNCOMFORTABLE VS. BEING TRIGGERED

We often feel uncomfortable as we unlearn, learn, adapt, and grow. While we encourage you to sit with, identify, and unpack your feelings and discomfort, for your safety and emotional well-being, it is important to distinguish between feeling uncomfortable versus being triggered. Discomfort can be sat with and worked through; triggers, on the other hand, require a different level of care.

People can experience discomfort or be triggered in different ways, and often there are parallels or overlap between the two states. Here are a few general distinctions and descriptions:

### Discomfort

- Typically a response to something happening in the moment
- Emotionally, we may feel nervous, defensive, anxious, self-conscious, or sad
- Levels of stress hormones like cortisol or adrenaline often rise in our bodies, causing challenges to thinking strategically or using working memory
- We may feel shut down or increasingly defensive/reactive
- Physically, we may experience increased heart rate, increased sweating, flushing/blushing, and rapid eye movement
- We often can resolve or at least diminish the intensity of discomfort using strategies, such as breathing techniques, physical movement, self-talk, etc.

### Triggers

While triggers are pulled by something in the moment, they usually bring people back to a very painful experience from their past. A person who is triggered can experience any number of intense physiological symptoms, including flashbacks, dissociation, panic attacks, and more. People often describe being triggered as feeling like they are re-experiencing past trauma. Once triggered, some people may stay in that state for extended periods of time. It can take days, or much longer, for them to return to a regulated state.

It is beyond the scope of this module to address long-term methods of dealing with trauma, but we want to acknowledge that being triggered is a possibility, when teaching about topics that can be sensitive. We encourage all educators to take care of themselves as best they can by knowing and recognizing triggers and using strategies to deal with the emotions they evoke, including seeking therapeutic support when necessary.

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A wide range of things can trigger people, and there is no way to know exactly what can trigger someone else. However, aspects of sexual health education may be more prone to inciting triggers than those of other subjects, especially given what we've covered earlier about the unique barriers, exclusion, and discrimination marginalized people may experience in relation to sexual health.

Triggering may happen to your students. Therefore, we highly recommend using content warnings to inform learners of potentially triggering topics in advance of teaching them. Before sex ed classes begin, you may choose to use an anonymous poll to ask learners if there are any topics that they find particularly difficult or uncomfortable to hear or learn about. This can provide you with context and help you further anticipate when content warnings may be appropriate. Consider working through a grounding activity with your learners, so they are prepared to self-regulate if a lesson is uncomfortable, or as a supportive response to triggering.

Check out this set of Trauma-Informed Practice (TIP) Grounding Activities for Children and Youth from the Government of British Columbia: [https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/grounding\\_activities\\_for\\_children\\_youth.pdf](https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/grounding_activities_for_children_youth.pdf)

Here's a link to a list of grounding techniques from Healthline (written by Crystal Raypole); some of which may be suitable for youth, depending on their age: <https://www.healthline.com/health/grounding-techniques>



## REVIEW: DECENTRING MYSELF

Take a look through the learning objectives for the module, and jot down anything that stood out to you in fulfilling the objectives. Maybe even write down any questions you have, or things you might want to learn more about in the future.

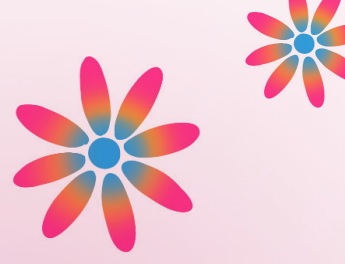
Learning Objectives	Key Items
Identify what it means to decentre your positionality, expertise, and experiences as an educator in the context of sexual health education	
Reflect on how your own experiences <b>influence</b> your understanding and approach to sexual health education	
Implement strategies to gauge a group's baseline knowledge and meet students where they are at	
Identify and manage your own feelings of discomfort around sexual health education topics as an educator	
Distinguish between the experiences of being uncomfortable and being triggered surrounding sexual health topics	





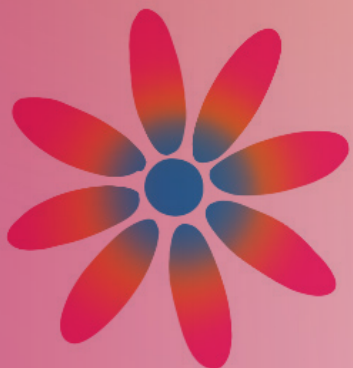
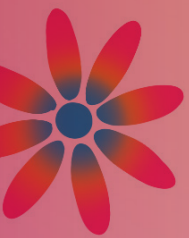
# NOTES

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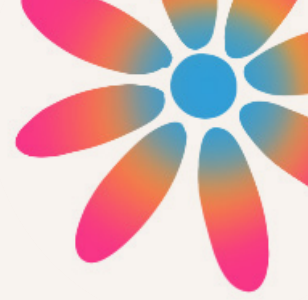


# ***Not Just The Tip***

MODULE 2:  
***Power Dynamics***







# Power Dynamics

## LEARNING OBJECTIVES

After participating in this module, you will be able to:

- Recognize how your **power** and **influence** as an educator comes into play during sexual health education
- Identify ways of using **power** to create a positive learning environment during sexual health education
- Understand how your **influence** can affect the attitudes and behaviours of students regarding sexuality
- Implement techniques that empower students during their sexual health education lessons

## INTRODUCTION

In the first module, we discussed our own background and identity as educators. We also explored some of the social context we bring to the learning environment. Our awareness of how these factors affect our approach to sexual health education is valuable, because as educators we have significant **power** and **influence** over our students' experiences.

- **Power** is when our will or choices take precedence over other people's.
- **Influence** is the way we affect people's beliefs and behaviour.
- **Empowerment** happens when we share our **power** with others.

In order to use your **power** as an educator in a supportive way for students, it's important to first consider historical and ongoing social contexts and power dynamics. On this land as well as on other lands, **colonialism** and colonial influence have had a significant impact on the ways society frames sexuality and sexual health. Enforcing moral rules and values is a vital instrument of colonization, and these rules and values were, and continue to be, used to justify violence against Indigenous peoples. **Colonialism** sought to erase Indigenous value systems, structures, and identity when it came to gender roles, relationship structures, sexuality, and gender identity. We talk a bit more about how the enforcement of "moral" rules and values is pervasive and negatively impacts youth in Module 3: *Pleasure vs. Shame*.

Remember that we cannot think about **colonialism** and its impacts only in the past; **colonialism**, as with other oppressive structures, such as white supremacy, ableism, and patriarchy, is ongoing, as is violence enacted upon Indigenous peoples' sexual and reproductive health, and this violence has ripple effects. This is precisely why we want to understand how our **power** as educators can **influence** our students, and how to make sure that **influence** is positive.

As educators, we have more **power** and likely more **influence** over students than they have over us. In terms of sexual health education, this means we have the potential to have a meaningful impact on youth and their health, relationships, identity, and self-concept. Having this degree of **power** is an awesome responsibility and one that may feel intimidating for some. But education in general, and sexual health education specifically, present wonderful opportunities to impart valuable, affirming lessons that can serve youth well for the rest of their lives.

Let's take a closer look at where **power** and **influence** come into play during sexual health education, and how we can use both **privileges** to our students' advantage. We'll also explore ways to empower our students during the lessons and as they move forward in their lives.

## REFLECTIONS

In the first module, we worked through the Power Flower exercise, where you looked at different aspects of your **social identity**, how they factor into your experiences and perspectives related to sexual health education, and your role as an educator. Now, we'll look at exercising our relative **power** as educators to make our classrooms as accessible, safe, and inclusive as possible. As we investigate this through the module, reflect on the questions below:

What are some situations/contexts where you most recognize the **power** you have over students as an educator? What are some situations/contexts as an educator where you do not have this **power**?



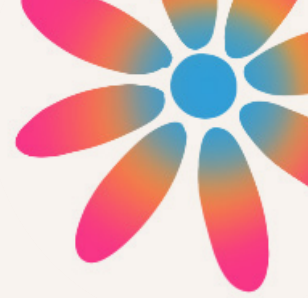
How and when can we exercise **power**, even in oppressed social positions? Why?

How might these dynamics **influence** your work as a sexual health educator?

How could you use your relative **power** and **privilege** to challenge **power** inequalities relating to sexual health?

Do you think a good sexual health educator has all the answers? Why, or why not?





## OUR POWER AS EDUCATORS

There's an unavoidable imbalance of **power** in classrooms. We know it and feel it as educators. Students know and feel it as well.

Teachers have **institutional power**, and this has clear impacts on students' experiences of sexual health education. In school-based settings, it's teachers — not students — who decide when sexual health education will happen during the school year. It's teachers who decide which sexual health education resources students can access in class, how to structure lessons, and how to frame information. Educators also have significant control over how to assess and evaluate students' learning of the sexual health curriculum.

Educators working with youth also have tremendous control simply by virtue of being adults in a position of authority over children. Adults are typically assumed to have more knowledge and greater competence than children and teenagers.

People often assume that adults, in general, and educators in particular, always know more about sexuality than youth do. As such, educators have a lot of potential **power** to validate or discredit young people's perceptions, emotions, opinions, expressions, and experiences regarding sexuality.

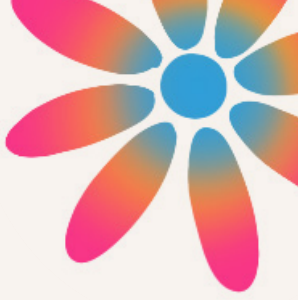
Of course, a classroom teacher's **power** as a sexual health educator has limits. The province/territory sets the curriculum objectives for sexual health education for each grade. The other demands of the school curriculum, class sizes, and limited budgets are also factors beyond most teachers' control that affect their capacity as sexual health educators. Similarly, educators in community-based settings might be working within an organizational mandate or existing program, or have limited funding or capacity, all of which can affect what they're able to do as sexual health educators.

And although we have **power** as educators, that does not mean we're solely responsible for students' sexual health education. A young person's attitudes towards sexuality are shaped by many different people and experiences that may include family, friends and peers, partners, media, cultural or religious communities, and social norms.

Still, a **power** imbalance exists. We may not be able to eliminate it, however we can use the **power** we have to deliver sexual health education in ways that benefit learners.

It can be helpful to think about the difference between **power over** and **power with** our students. This concept is explored at length in Evans and Vaandering's *The Little Book of Restorative Justice in Education*. To summarize, as educators, we can engage *with* students as they learn and honour their inherent worth as members of the learning community rather than exerting **power over** students by doing things *to* them, *for* them, or *not* doing anything at all.<sup>5</sup>

5 Evans, K., & Vaandering, D. (2016). *The Little Book of Restorative Justice in Education: Fostering Responsibility, Healing, and Hope in Schools*. Skyhorse Publishing (Good Books).



As educators, we should always strive to engage in **power** with our students. We can use our **power** to deliver sexual health education in ways that benefit learners and acknowledge their **social identities** in the learning environment by:

- Creating a safer, more comfortable learning environment
- Curating sexual health education resources that are likely to be engaging and interesting for students
- Affirming students' identities, experiences, and feelings
- Structuring lessons that students are likely to enjoy
- Providing well-vetted information about sexuality, without using our authority to invalidate students' perspectives
- Co-constructing assessment and evaluation criteria with students

The following exercise is designed to help you make conscious choices about how to use your **power** as a sexual health educator.

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## EXERCISE: CLASSROOM POWER PLAYER (15 MINUTES)

In this exercise, you will choose one of the four classroom profiles below. Consider the curriculum objectives for the sexual health education lesson(s) and the description of the class. Then use the reflection questions provided to think about how you might balance your **power** as a teacher and create a positive learning experience for the students in the chosen classroom.

For each classroom profile, keep in mind that individual learners may hold intersecting identities and lived experiences.

### CLASSROOM PROFILE #1

A Grade 3 class in a rural town

#### Curriculum Objectives

- Gain awareness of different family structures, including single-parent families and same-gender families
- Demonstrate an understanding that people can be different in ways that we can observe (such as skin colour or body size) and in ways that we can't observe (such as gender identity)

#### The Class

There are 19 students in the class — to your knowledge, there are 11 girls and eight boys. One of the students is **transgender**. She **transitioned socially** during the most recent summer break, changing her name and pronouns.

Seventeen of the students are White and two are Indigenous from the Nêhiyawak nation. There are neurodivergent students in the class.

As a group, the students tend to enjoy experiential learning and activities that get them up from their desks. They very much enjoyed creating and presenting skits as part of a recent novel study unit.



## CLASSROOM PROFILE #2

A Grade 9 class in a mid-size Maritime city

### Curriculum Objectives

- Understand where to find reliable, queer-inclusive information about sexual health
- Identify healthy and unhealthy behaviours for technology, including the impacts of pornography and sexting
- Reflect on the connection between gender/sexual diversity and mental/emotional well-being

### The Class

This semester there are four health classes that range in size from 27 to 29 students. There is a great deal of gender diversity among the students, including several openly trans and **non-binary** youth.

Most students in these classes are Black or White, however, there's a growing population of new immigrant students, many of whom are from South Asia and Eastern Europe. Two students live with multi-generational families. There are several openly gay, bisexual and pansexual students in the school.

A majority of the 9th graders have phones. Most are active consumers of social media and many also create content online.



## CLASSROOM PROFILE #3

A Grade 5 class in a densely populated neighbourhood in a large urban centre

### Curriculum Objectives

- Describe the physical and emotional changes that may come with puberty
- Demonstrate an understanding of personal hygiene and care during puberty

### The Class

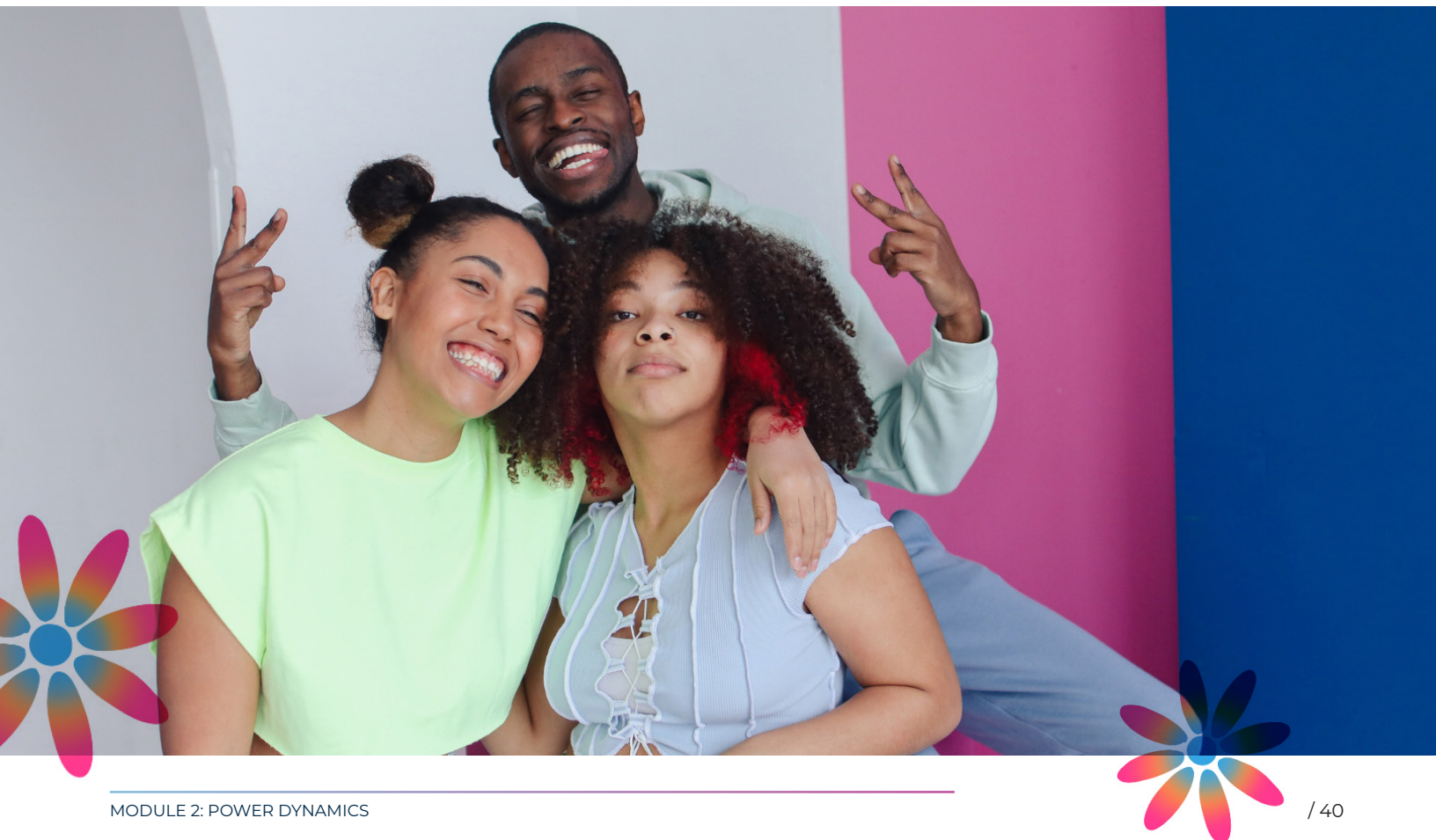
There are 30 students in the class, 17 girls and 13 boys. You don't know if any students identify with a gender other than the one they were assigned at birth.

Students have a diversity of body sizes and shapes. There are three students with larger bodies.

Twenty-three are South Asian, four are Black, two are White and one student is both South Asian and Black. Twenty of the students are Muslim. The majority of the students came from families who have immigrated to Canada within the last 15 years.

One student in the class has been diagnosed with sensory processing challenges that make them sensitive to loud or sudden noises. One student with cerebral palsy uses leg braces and has limited fine motor skills.

This is a class of contrasting personalities. Several students are boisterous and highly active, but many are shy and serious. One activity everyone seemed to love equally was a recent field trip to the city science centre.





## CLASSROOM PROFILE #4

A sexual health education program targeted toward adults with developmental disabilities, hosted at a Community Health Centre in a large urban centre

### Curriculum

- Informed decision-making
- Consent and boundaries

### The Class

There are eight adults between the ages of 22 and 30 years old, including five men and three women. You don't know if any learners identify with a gender other than the one they were assigned at birth.

Four of the learners are autistic, three have Down syndrome, and one has Cerebral Palsy. The learner with Cerebral Palsy uses a motorized wheelchair. One learner uses an AAC (alternative or augmented communication) device.

One learner is typically under-reactive to sensory input while others are sensitive to loud, sudden noises and bright lights.

Three of the learners are Black, one is Inuit, one is East Asian, and three are White.



## REFLECTIONS

How can you set up your classroom/learning space so it is as accessible and comfortable as possible for your students?

What types of activities or exercises are most likely to be accessible and engaging for these students?

How can you encourage participation while respecting the boundaries some students might have around discussing these topics?

How can you encourage students to pay attention to their own thoughts and feelings in regard to the curriculum or program objectives?

How can you make this sex ed topic culturally and socially relevant for these students?



## EXERCISING OUR INFLUENCE

Once our sexual health education unit or program is underway, our general demeanour, our choice of words, and even our body language can **influence** how learners feel about what they are learning.

The degree to which our sexual health education lessons affect young people's beliefs and behaviour will vary from student to student. But we can assume we will have a significant **influence** on at least some students, including their:

- Feelings, self-worth, and self-esteem
- Body image
- Sense of identity and personal expression
- Sense of belonging
- Communication, consent, and sexual health practices
- Ability to remain open to the diversity of human experience
- Willingness to express and process emotion
- Ongoing curiosity and joy as it relates to human sexuality

Keep in mind, students often share what they learn with their peers, which means students who may not be in the classroom can be positively influenced by your approach.

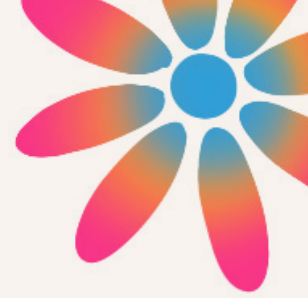
If we want to have a positive **influence** on students, we don't have to change our personalities or behave differently than we normally would. In fact, doing so may inadvertently send a message to students that sexuality is inherently strange or unsettling.

But we can be intentional about the messages we convey about sexuality through our attitude, choice of language, resources, and learning activities.

Using gender-inclusive, queer-inclusive, body-neutral, and body-positive language can encourage both self-acceptance and acceptance of their peers among students. If you'd like to learn more about inclusive language, please refer to Module 4: *Facilitation Skills*.

Similarly, avoiding words or phrases that imply certain types of bodies, identities, or experiences are inherently negative can reduce the likelihood of students feeling shame. See Module 3: *Pleasure vs. Shame* for more information on what type of language may be best to avoid.

The following exercise will help you consider the type of **influence** you want to have on students through careful planning and facilitation of your sexual health education lessons.



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## EXERCISE: THE SEX ED INFLUENCER (15-20 MINUTES)

1. Below is a list of potentially positive feelings students might experience due to an educator's **influence** during sexual health education. Add any feelings you think are missing.

Accepted	Appreciated	Clear	Compassionate
Content	Considerate	Curious	Energized
Empathetic	Empowered	Enthusiastic	Fascinated
Generous	Happy	Hopeful	Intrigued
Joyful	Kind	Open-minded	Optimistic
Proud	Reassured	Relieved	Respected
Seen	Special	Strong	Supported
Thoughtful	Validated	Understood	Informed



2. Choose one to three feelings from the list on the previous page and complete the following statements. Consider how these feelings could positively affect the sexual health education topic at hand.

**I want our sexual health lessons to help learners feel \_\_\_\_\_ about...**

<b>a) their bodies</b>	<b>b) their sexual health</b>
<b>c) their boundaries</b>	<b>d) their desires and preferences</b>
<b>e) practising consent</b>	<b>f) their relationships with others</b>
<b>g) their gender identity and expression</b>	<b>h) the diversity of human sexuality</b>



3. Below is a list of potentially negative feelings students might experience due to an educator's **influence** during sexual health lessons. Add any feelings you think are missing.

<b>Afraid</b>	<b>Alienated</b>	<b>Anxious</b>	<b>Ashamed</b>
<b>Dread</b>	<b>Guilt</b>	<b>Hatred</b>	<b>Humiliated</b>
<b>Insulted</b>	<b>Isolated</b>	<b>Lonely</b>	<b>Overwhelmed</b>
<b>Panicked</b>	<b>Pitiful</b>	<b>Powerless</b>	<b>Regretful</b>
<b>Rejected</b>	<b>Self-critical</b>	<b>Self-loathing</b>	<b>Stressed</b>
<b>Targeted</b>	<b>Unacceptable</b>	<b>Unlovable</b>	<b>Unseen</b>
<b>Unworthy</b>	<b>Weird</b>		



4. Choose one to three feelings from the list on the previous page and complete the following statements. Consider how these feelings could negatively affect the sexual health topic at hand.

**I don't want our sexual health lessons to help learners feel \_\_\_\_\_ about...**

<b>a) their bodies</b>	<b>b) their sexual health</b>
<b>c) their boundaries</b>	<b>d) their desires and preferences</b>
<b>e) practising consent</b>	<b>f) their relationships with others</b>
<b>g) their gender identity and expression</b>	<b>h) the diversity of human sexuality</b>



5. Use the questions below to reflect on what you'd like to do and like to avoid during sexual health lessons in order to have the type of **influence** you hope for.

## REFLECTIONS

What types of words/language can I use to encourage these outcomes?

What types of words/language do I want to avoid using?

What types of images and representation am I going to include?

How might they **influence** the students' views of themselves and others?

What types of images or representation do I want to avoid?







## EMPOWERMENT

There are many opportunities during sexual health lessons to give learners the opportunity to collaborate and exercise a little **power** and authority of their own.

As educators, it's our job to facilitate a positive learning environment. As adults, we're responsible for maintaining the boundaries and limits so students have the security they need to grow, learn, and develop in relative safety.

But even though they are young, children and teens have a great deal of knowledge about their own bodies, feelings, and the world around them. And, ultimately, each person's relationship to their sexuality is their own.

Providing opportunities for students to be active participants in their own sexual health education can make our lessons that much more relevant and effective.

There are several ways we can empower students including:

- Inviting them to co-create shared space/safer space guidelines for the lesson(s) (see the *Facilitation Skills* module for details)
- Sharing sexual health education topics ahead of time and finding out what students want to know regarding each topic
- Inviting students to share their opinions about various subjects related to sexuality, while showing respect for the perspectives of others that differ from their own
- Recognizing that there are different forms of knowledge and that empirical knowledge is not the only valid way of knowing
- Providing small peer-education projects that give students an opportunity to research and teach the class about a specific aspect of sexual health
- Letting students contribute or share ideas about which activity or resource they want for a particular lesson, or providing students with a choice of activities in a particular lesson
- Providing students with a variety of ways to share their ideas (e.g., pairs or small group conversations versus whole group discussions; individual activities, such as writing about their thoughts and ideas during or at the end of the lesson)
- Providing students with a variety of options for participating in an activity
- Ensuring students have the opportunity to take breaks as needed



## EXERCISE: KNOWLEDGE EVALUATION (10 MINUTES)

Consider the topics below. Use the scale to evaluate your knowledge of each, relative to that of your students. Do you know a lot more, a little more, about the same as, a little less, or a lot less than your students?

<b>1. How youth are affected by depictions of bodies, relationships, and sexual behaviour online and in media</b>				
A lot more than my students 	A little more than my students 	About the same as my students 	A little less than my students 	A lot less than my students 
<b>2. Gender and sexual diversity</b>				
A lot more than my students 	A little more than my students 	About the same as my students 	A little less than my students 	A lot less than my students 
<b>3. The types of media popular among youth</b>				
A lot more than my students 	A little more than my students 	About the same as my students 	A little less than my students 	A lot less than my students 
<b>4. The questions or concerns youth have as they approach puberty</b>				
A lot more than my students 	A little more than my students 	About the same as my students 	A little less than my students 	A lot less than my students 
<b>5. Building online friendships, online dating, and sexting</b>				
A lot more than my students 	A little more than my students 	About the same as my students 	A little less than my students 	A lot less than my students 
<b>6. The questions, concerns, and curiosities youth have in relation to sexuality</b>				
A lot more than my students 	A little more than my students 	About the same as my students 	A little less than my students 	A lot less than my students 



Reflect on the following questions to consider ways that you might empower students as co-educators during your sexual health lessons.

## REFLECTIONS

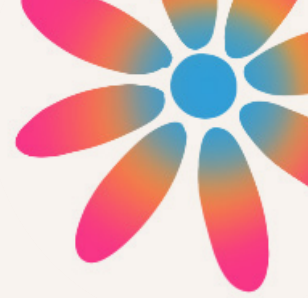
Where are there opportunities for you to learn from your students?

Where are there opportunities for your students to learn from each other?

How can you give an opportunity for your students to share their knowledge, opinions, and feelings during sex ed lessons?

**Note:** If you are unsure about your students' knowledge about a topic and think this information would support you in providing relevant and accessible lessons, you may consider using an anonymous poll beforehand to gauge their knowledge.





## POWER DYNAMICS AND CLASSROOM/ GROUP DISCUSSIONS

Giving learners the opportunity to share their own knowledge and wisdom can be a great way to empower youth during a sexual education lesson. Even young or primary grade students enjoy sharing passionate opinions about what makes families different from one another, or why the Pride flag is a rainbow.

But it is important to be conscious about how and when youth share their personal experiences in the learning environment.

As a general rule, it's best not to ask youth about their bodies, relationships, gender or sexual identity, or any life experiences they've had related to sexuality.

It's also important not to single out racialized, queer, or disabled youth in your class by asking them to share their perspective on aspects of sexuality that relate specifically to their identity.

Some students may choose to speak about these things voluntarily. However, due to our **power** as adult educators, it may be difficult for students to refuse a direct request, even if sharing makes them uncomfortable.

It's also important to be aware that personal sharing can sometimes lead to disclosures, especially in cases where a student doesn't realize that what's been done to them constitutes abuse or assault. Disclosures, particularly unintended ones, can often render a young person virtually powerless because of mandatory reporting that follows. Many students aren't aware that as adults we have a legal duty to report any known or suspected abuse. Not only are they then forced to contend emotionally with unrecognized abuse, but once reporting happens, some youth may find their home and family situation completely upended. Black, Brown, and Indigenous youth are at particular risk of being further abused and re-traumatized by child welfare systems.<sup>6</sup>

Of course, there are many youth who haven't gone through traumatic or abusive situations. But even when personal sharing is positive or neutral, ideally it should happen in a supportive and confidential environment. Refer to our guidelines on creating shared space in the *Facilitation Skills* module.

While we have tremendous **power** as educators, ultimately youth should have the **power** to decide when, how, and with whom they share their own stories.

6 "Interrupted Childhoods: Over-Representation of Indigenous and Black Children in Ontario Child Welfare" | Ontario Human Rights Commission, 2016, <https://www.ohrc.on.ca/en/interrupted-childhoods>.

## REVIEW: POWER DYNAMICS

Take a look through the learning objectives for the module, and jot down anything that stood out to you in fulfilling the objectives. Maybe even write down any questions you have, or things you might want to learn more about in the future.

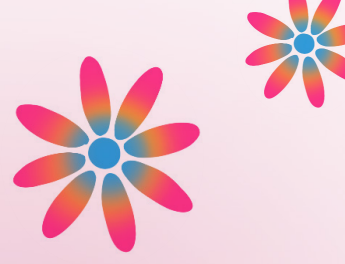
Learning Objectives	Key Items
Recognize how your <b>power</b> and <b>influence</b> as an educator comes into play during sexual health education	
Identify ways of using <b>power</b> to create a positive learning environment during sexual health education	
Understand how your <b>influence</b> as an educator can affect the attitudes and behaviours of students regarding sexuality	
Implement techniques that empower students during their sexual health education lessons	





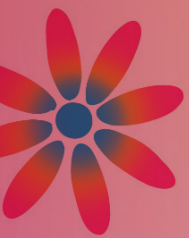
# NOTES

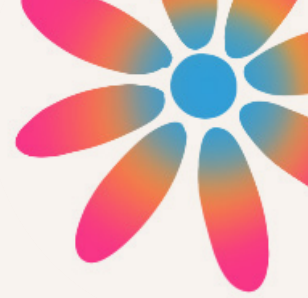
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# ***Not Just The Tip***

MODULE 3:  
***Pleasure vs. Shame***





# Pleasure vs. Shame

## LEARNING OBJECTIVES

### After participating in this module, you will be able to:

- Distinguish between shame-focused and pleasure-focused approaches to sexual health education
- Plan ways to make teaching sexual health education more enjoyable for you and your students
- Create a shared learning environment for pleasure-focused sexual health education that prioritizes care, comfort, and fun
- Practise sex-positive, pleasure-positive, and choice-centred communication
- Apply pleasure-focused teaching strategies to the sexual health components of the curriculum

## INTRODUCTION

It's possible to teach any topic related to sexual health — including **STIs**, unintended pregnancy, safer sex, and sexting — without invoking stigma or promoting shame. Furthermore, it's possible to teach sexuality in ways that encourage students to see their sexuality as a potential source of exploration, care, connection, self-expression, and joy.

Let's think about how we teach other subjects like physical education. Phys ed teachers are often skilled at promoting the positive outcomes of physical activity and exploring ways exercise can be a source of care, self-expression, and joy. Many sports and strenuous physical activities require some safety precautions for both children and adults to play safely and prevent injuries. However, when we talk about these activities with children, we emphasize the positive outcomes and ensure they understand how to make sure they are only having fun and not getting hurt.

Let's use the example of riding a bike to explore pleasure-focused versus shame-focused approaches:

- A shame-focused approach to discussing cycling would be: *"There can be a lot of risks associated with riding a bike, including head injuries. If you are going to ride a bike, make sure you wear a helmet because if you don't, you are at risk for head injuries."*
- However, a pleasure-focused approach to discussing cycling would be: *"Riding a bike can be a fun activity to do by yourself, or with friends. It's a great way to get exercise, and also enjoy the outdoors. You'll probably feel a bit safer and more comfortable riding a bike when you wear a helmet, and you'll stay protected in case you take a fall!"*





We can (and should) apply the framework above to sexual health education. In a pleasure-focused approach to sexual health education, we accept that sexuality is a critical part of each person’s humanity. Each person will express and experience their sexuality in a unique way. Therefore, comprehensive sexual health education is less about instructing youth about what’s “right and wrong” and more about providing tools, resources, and practices they can use to understand their sexuality as they grow up.

One of the two broad goals of Comprehensive Sexuality Education (CSE) outlined by the Sex Information & Education Council of Canada (SIECCAN) in 2019 is the enhancement of sexual health and well-being, which includes equipping students to have satisfying and respectful relationships.<sup>7</sup> SIECCAN calls for a balanced approach to discussing sexual health, including positive portrayals of sexuality, as well as prevention of negative outcomes, such as acquiring and transmitting **STIs**, unintended pregnancy, and gender-based violence. According to SIECCAN, teaching CSE in a way that highlights the enhancement of sexual health and well-being is linked to improved health and well-being for students.

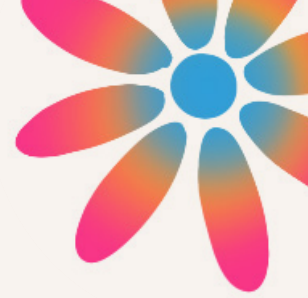
If you feel uncertain or wary about the prospect of “pleasure-centred” sexual health education, that’s understandable. When people encounter the word pleasure, especially in the context of sexual health education, they sometimes assume it means exploring explicit or even erotic subject matter. This is not what pleasure-focused sexual health education is. *We do not want to equate pleasure-focused sexual health education with “promoting sex” or discussing explicit or erotic subject matter, especially with youth.* Instead, a pleasure-focused approach means helping students learn how they can make choices about their bodies and relationships that serve their:

- Values
- Needs
- Desires
- Boundaries

We also acknowledge people may feel some discomfort around talking about pleasure for a variety of reasons. Some of the discomfort may be fear of equating pleasure-focused with “promoting sex”; some may be our own internalized shame around pleasure, and navigating this while also maintaining boundaries with students. It can be hard to talk about pleasure, even with our friends, let alone our students, especially young ones. Be kind to yourself as you start building confidence in applying pleasure-focused tools and strategies, and remember this module is here to help.

This module provides practical strategies to help teachers facilitate the sexual health education components of the provincial/territorial curriculum to students in positive, affirming ways.

7 “Canadian Guidelines for Sexual Health Education,” SIECCAN, 2019, <https://www.sieccan.org/resources/canadian-guidelines-for-sexual-health-education>.



## THE TROUBLE WITH SHAME-FOCUSED SEX ED

Like many human experiences, the way we navigate sexuality can lead to a range of outcomes, including dangerous, painful, harmful, and, in extreme cases, fatal ones. In an attempt to help youth mitigate the risks of such outcomes, a common approach to sexual health education has been to use shame as a deterrent to make sexual behaviour and pleasure seem undesirable.

This shame-based approach is based on several assumptions, such as:

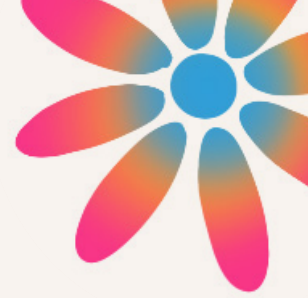
- Youth are unaware or unconcerned about the potential consequences of risky behaviour
- Youth are unwilling or unable to control their behaviour when it comes to sexual issues
- Sexual activity is irresistibly enticing to youth
- Youth can't or won't make decisions that serve their longer-term well-being
- Sexuality-related curiosity and exploration are inherently dangerous for youth
- All youth are sexually active or want to be sexually active
- All conversations about sexuality are about having sex
- Pleasure and sexual pleasure just come naturally, under the “right” circumstances

While it's rarely anyone's end goal to make students feel ashamed about their behaviours, needs, or desires, research shows that lessons that focus only on preventing negative outcomes create shame and stigma among youth,<sup>8</sup> and do not necessarily reduce negative sexual health outcomes.<sup>9</sup> *When youth do not experience stigma or shame regarding their sexuality and sexual health, and receive comprehensive sexual health information, they are more likely to:*

- Seek medical care for potential health problems
- Delay their first sexual encounter
- Practise safer sex (e.g., using contraception and barrier methods)
- Assert boundaries in relationships, accepting rejection, expressing their desires, and exercising other foundational skills associated with consent
- Report and/or seek support in instances of sexual violence

8 “Questions & Answers: Sexual Health Education in Schools and Other Settings,” Sex Information & Education Council of Canada (SIECCAN), 2020, [https://www.sieccan.org/files/ugd/1332d5\\_6506a2c46aba4bb2927143fda80caade.pdf](https://www.sieccan.org/files/ugd/1332d5_6506a2c46aba4bb2927143fda80caade.pdf), 43.

9 “The State of Sex-Ed in Canada,” Action Canada for Sexual Health and Rights, 2020, <https://www.actioncanadashr.org/sites/default/files/2019-04/ActionCanadaSHR-SRH2017-Handbook-EN.pdf>, 30.



Shame-based sexual health education assumes that there are “universally good” and/or “morally acceptable” choices and ideal outcomes regarding sex and sexuality, and other choices that are “morally unacceptable” and “shameful.” Furthermore, this approach shames students for experiencing unintended outcomes. Examples of a shame-based approach may include:

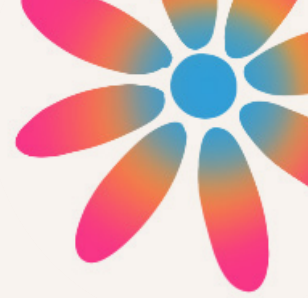
- Reinforcing the gender binary, including traditional gender roles and expressions
- Prioritizing conversations around abstinence and delaying partnered sex until late adolescence/early adulthood
- Instilling fear around **STIs/STBBIs** (e.g., showing disturbing photos of **STIs**, frightening statistics, exaggerating symptoms)
- Instilling fear around unintended pregnancy and young parenthood
- Centring conversations around monogamous sexual and romantic relationships
- Following social scripts that assume everyone is heterosexual (e.g., “straight”).

Shame-based sexual health education does not impact everyone the same way, because its framework that decides what is “universally good” and “morally acceptable” is founded on oppressive systems, such as **colonialism**, anti-Blackness and racism, misogyny, homophobia, transphobia, and **transmisogyny**. This informs what types of bodies, identities, relationships, and sex are viewed as shameful. Shame-based sexual health education puts particular pressure on:

- Women and feminine people, particularly trans women and trans feminine people
- Indigenous, Black, and other racialized people
- **2SLGBTQI+** individuals
- Sex workers
- Other marginalized populations

It is worth noting that there are specific ways that Black and Indigenous peoples, particularly women and fems, have been targeted through colonial violence and harmful stereotypes; this manifests in what is known as **sexual racism**. These issues impact people intersectionally, and as a result, **2SLGBTQI+** Black, Indigenous, and/or racialized youth will experience compounding impacts of shame-based frameworks, especially those impacted by **transmisogyny** and **misogynoir**.

Shame-based messaging isn't confined to the classroom. This messaging can be absorbed by youth through other sources, including family, television and movies, social media, faith-based communities, and peers. Even though education is not the only source of shame-based messaging, educators can still do their part in combatting this rhetoric within the classroom.



Challenging shame-based messaging requires us to embrace pleasure as a guide that can help students learn how to appreciate and enjoy who they are, and take care of the people around them.

## EXPLORING PLEASURE-FOCUSED SEX ED

Pleasure-focused sexual health education is about guiding and supporting youth through what is, for many, a lifelong process — discovering who they are. It’s also about helping youth have as many satisfying, affirming, joy-filled relationships and experiences as they can.

Benefits of pleasure-focused comprehensive sexual health education include:

- More engagement and involvement in the lessons
- Learning how to care for their own health by being responsive to their body’s needs
- Increased self-awareness and self-confidence
- Exposure to a range of critical relationship-building skills, such as communication, boundary-setting, self-care, partner care, etc.
- Encouragement to express their own needs, desires, and boundaries
- Ability to explore strategies to help accept and deal with unintended and/or negative outcomes around sexuality



## EXERCISE: SELF-ASSESSMENT QUIZ (10 MINUTES)

Many of us have been taught that our bodies, sexuality, sex, and pleasure are shameful, and there's no shame in admitting that. But as educators, it's important that we check in on our approach to teaching sexual health education and deliver lessons in a way that breaks down shame and stigma and fosters pleasure and fun!

Take this quiz to assess your current approach to sexual health education. Once you finish, check out the tips, strategies, and activities in the rest of the module to help build your understanding and implementation of a pleasure-focused approach.

You likely won't be teaching all of the topics covered in this quiz. That's okay. Just focus on the questions that apply to the sexual health and development subjects that you're responsible for teaching to your students.

### Let's Get Started!

For each question below, select the statement that best describes your approach to sexual health education.

#### 1. How do you introduce the concept of pleasure to your students?

- a. I encourage students to explore how different emotions, including contentment and joy, might show up in their bodies.
- b. I focus on teaching basics like naming body parts, simple hygiene, and safety tips. Emotions don't really enter into it.
- c. Talking about pleasure has felt a bit too explicit, so I have not explored it with my students.

#### 2. How do you approach the topic of sexual activity with your students?

- a. I explore different reasons that people engage in sexual activities, including pleasure.
- b. I recognize pleasure as a motivation to engage in sexual activities, but struggle to communicate that in sexual health lessons.
- c. I focus on reproduction as a primary motivation to engage in sexual activities.

#### 3. How does pleasure factor into your lessons about consent?

- a. I discuss consent as a practical life skill with benefits that include sharing pleasurable experiences with others.
- b. I discuss consent primarily as a legal necessity before engaging in sexual activity.
- c. I discuss consent primarily as a means to prevent harm.

#### 4. How do you teach or explain sexuality to your students?

- a. I promote the idea that sexuality is a critical part of each person's humanity and each person expresses and experiences their sexuality in a unique way.
- b. I instruct youth on how they should express or experience their sexuality.
- c. I portray sexuality as a risk that should not be expressed or experienced outside of certain circumstances (e.g., marriage and reproduction).



## 5. How do you approach sexual health education in your lessons?

- a. I incorporate activities and games into my sexual health lessons to create a fun and pleasurable learning environment.
- b. I rarely incorporate activities and games into my sexual health lessons because I worry that the students will get out of hand.
- c. I rarely incorporate activities and games into my sexual health lessons because I want youth to understand that these topics are serious.

## 6. How do you approach diversity (of bodies, genders, cultures, relationships, etc.) in your sexual health lessons?

- a. I include a variety of bodies, genders, relationships, identities, and experiences in my lessons.
- b. I try to include a variety of bodies, genders, relationships, identities, and experiences in my lessons, but I tend to default to examples that are often straight, White, **cisgender**, and non-disabled.
- c. I only discuss bodies, relationships, genders, and cultures that I consider to be the “norm”; I feel students don’t need to learn about other experiences.

## 7. What benefit do you think sexual health education offers students?

- a. I mainly view sexual health education as an opportunity to empower youth to bring more joy, fun, and comfort into their lives.
- b. The main benefit of sexual health education is for youth to learn about their bodies.
- c. Sexual health mainly benefits youth by preventing negative sexual health outcomes.

## 8. How do you address the subject of sexually transmitted infections with students?

- a. I approach **STIs** like any other infection and aim to break down the stigma and shame surrounding them.
- b. I’m not sure how to approach discussions of **STIs** in a way that centres on pleasure.
- c. I focus heavily on **STIs** as a risk to engaging in sexual activity.

## 9. How do you approach sexual decision-making with your students?

- a. I encourage students to explore a variety of intended and unintended outcomes from sexual activity.
- b. I mostly talk about reasons to delay sexual activity, because of all of the potentially negative outcomes.
- c. I focus heavily on unintended outcomes (e.g., pregnancy, **STBBIs**, etc.) as reasons not to engage in sexual activity.



## 10. What do you teach youth about sexting?

- a. I create space for youth to talk about the reasons why someone might choose to engage in sexting or share nudes and discuss how someone could engage in these activities in a way that promotes consent, pleasure, and well-being.
- b. I acknowledge that some youth are sexting and/or sharing nudes and try to give them the information they need to stay safe.
- c. I talk about sexting and sharing nudes as dangerous and bad behaviour.

## 11. What do you teach students about sexual and romantic relationships?

- a. I acknowledge that fulfilling relationships look different for everyone and encourage youth to reflect on what makes them feel good and safe in a relationship.
- b. I talk about relationships as being healthy or unhealthy and encourage youth to reflect on their own relationships.
- c. I draw a clear line between healthy/unhealthy and normal/abnormal relationships and tell youth how they should approach relationships.

### If you picked mostly As... You're a Pleasure Powerhouse!

Did you write this toolkit? You're a rockstar! You understand that a pleasure framework for sexual health education is evidence-based best practice — and a fun way to teach, too. You probably don't need us to tell you how to do your job — but maybe you could read on to make sure we covered all the important points?

### If you picked mostly Bs... You're a Pleasure Pupil.

You've learned a little bit about the Pleasure vs. Shame framework and are trying to include a more pleasure-focused view in your teaching. Maybe you have some knowledge, but are lacking the confidence or skills to apply it. Read on for more tips and tricks to help you become a Pleasure Powerhouse.

### If you picked mostly Cs... You're a Pleasure Postulant.

Teaching sexual and reproductive health from a pleasure framework is new to you — but there's no shame in that! One of the coolest things about being an educator is that we never stop learning. We'll have you on the Powerhouse team in no time. Read on and enjoy the ride!





## MAKE PREPPING A PLEASURE

Remember that pleasure can exist within and beyond a sexual context. Before we even begin our sexual health lessons, we can model what it looks like to make room for pleasure in our lives, by looking for opportunities to inject joy into the lesson itself. A pleasure-focused lesson has extra resonance when we can bring a sense of enthusiasm, excitement, and happiness into the learning environment.

The things that bring us joy and contentment vary greatly from person to person. Below are a series of questions to help you think about specific ways you can focus on pleasure as you create your sexual health (or any) lesson plan:

- What can you do to make your lesson as enjoyable as possible for your students and you?
- Is there something you can wear to your lesson that gives you a bit of extra comfort and confidence, or that makes you feel good in some way?
- Can you treat yourself to something a little (or a lot) special before or after your lesson?
- Can you share a treat with students after your lesson to demonstrate how pleasure without shame can come in many forms?
- Can you find a resource (e.g., book, video clip, social media post, gif) that you're especially excited to share with your students?
- Are there games or activities that might bring a sense of fun and whimsy to your lesson?

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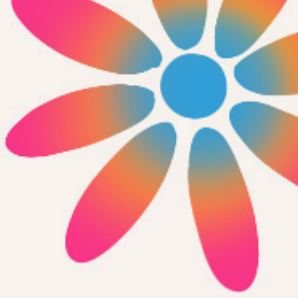
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# CREATING A FUN, CARING, AND COMFORTABLE ENVIRONMENT

Being able to shape the experiences we want is often a critical component of experiencing pleasure. Below are a few pleasure-focused questions teachers can use as a guide to encourage student participation. You can explore these at the beginning of the year, or in a dedicated sexual health unit, if you have one. You might even discuss them a few days before the unit to give you and your students more time to prepare. Keep students informed by letting them know why you're asking these questions: You want to make sure everyone's feeling comfortable and ready to take on something that might be a bit unfamiliar or new.

1. How can we acknowledge and take care of each other's feelings?
2. What can help us feel more comfortable (emotionally and physically) while we're learning?
3. How can we have some fun during our lesson?

In our *Facilitation Skills* module, we look more in-depth at creating and implementing group guidelines for sexual health lessons, even in collaboration with students. Check out that module for tips on what to include in your group guidelines and how to maintain them in the learning environment.

# PLEASURE-FOCUSED COMMUNICATION

Educators know that what and how we communicate can have a significant impact on our students. When talking about sexuality, communicating in terms of what's good or bad and normal or abnormal can leave youth feeling judged, unworthy, and ashamed about their bodies, feelings, or experiences that might not conform to expectations.

In a pleasure-focused approach, we can help students appreciate that human sexuality is a diverse spectrum by including a variety of bodies, genders, relationships, identities, and experiences in our lessons. We can encourage curiosity by asking our students questions, and inviting their questions as well.

We can also encourage students to think about how knowledge about sexuality can help them feel good about who they are and bring more joy, fun, and comfort to their lives.

Our *Facilitation Skills* module details general communication strategies for sexual health education. Below you'll find some examples of how making minor changes to the way educators talk about sexuality can make a big difference when we're implementing a pleasure-focused framework.

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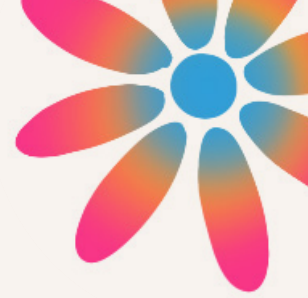
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## Talking About Anatomy

### Instead of...

“The clitoris is part of what we would normally call the female genitals. The penis is part of what we would normally call the male genitals.”

### We could try...

“Our bodies are made up of many of the same basic parts, but each person’s parts can be different sizes, shapes, and colours. For example, some people have a clitoris, some people have a penis, and some people have what’s called a phallosclitoris. They’re all made up of the same type of tissue and nerve endings, but look and feel a little different for each person.”

## Talking About Puberty

### Instead of...

“Puberty can be a very challenging time. Our bodies are going through lots of changes and our hormones are raging. It’s totally normal to feel fine one moment and then the next moment you’re crying or angry for no reason.”

### We could try...

“Everyone experiences puberty. Folks who are going through puberty may have a lot of new physical and emotional experiences. It can be a lot. What are some ways that folks going through puberty can be good to themselves and good to their friends or peers who might also be going through puberty?”

## Talking About Safer Sex

### Instead of...

“Remember that when we have sex, there’s always the risk we could get a sexually transmitted disease. STDs can make you quite ill or even kill you, so that’s not something you want.”

### We could try...

“Sometimes when people come into contact with each other, we spread infections. It’s something that also happens when we come into sexual contact with each other.

Let’s look at some of our options when it comes to curing, treating, and reducing the risks of sexually transmitted infections. What are some potential benefits to caring for our health, including our sexual health?”

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## Talking About Sexual Readiness

### Instead of...

“Whether or not you are going to have sex is a really big decision. You need to wait until you feel ready.”

### We can try...

“At some point, some people decide they want to have partnered sex. Some people are older and some are younger, when they decide to become sexually active. Some people reach that same point in their lives and decide not to have sex. I'd love to hear why you think people make those different choices.”

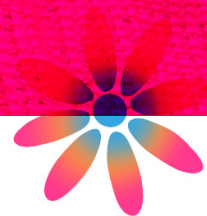
## Talking About Relationships

### Instead of...

“A healthy relationship is when two people love and are committed to each other.”

### We can try...

“There are all sorts of different ways to enjoy relationships — including sexual and romantic relationships. What do you think people should consider when they're starting a sexual or romantic relationship? How might a person's body and mind let them know that a certain relationship is good for them?”



## What About Other Sex Ed Language? Try This Instead!

We might use some terms and language in sexual health education without realizing they promote shame or stigma. But they do nonetheless. Take a look at the list below. If you're tempted to use any of the terms, try using different ones instead. You can also encourage your students to change their language as well:

Instead Of...	Try...	Here's Why
STDs	<b>STIs/STBBIs</b>	<b>STI/STBBI</b> is the more medically accurate term, because most of the time, <b>STIs</b> do not reach the “disease” stage of illness. <sup>10</sup> Furthermore, the word disease can be stigmatizing and lead to fear and shame.
Infected (re: <b>STIs</b> )	Contracted/ Exposed to	Even though <b>STIs/STBBIs</b> are infections, this language can sound stigmatizing towards those who have been exposed to or tested positive for one.
Unwanted	Unintended	“Unwanted” can sound stigmatizing towards accidental pregnancies, and dismiss the experiences of those who may not have intended to become pregnant and may still go on to parent their child.
Natural/Normal	Common	Using these words can stigmatize, isolate, and exclude certain types of sex, bodies, genders, and more.
Clean	Testing negative	This can attach a stigma to testing positive for an <b>STI/STBBI</b> (suggesting that people who test positive are “dirty”).
Risky sex/ Unprotected sex	Sex without a [condom, dental dam, PrEP, or method of protection from <b>STIs</b> ]	Focusing on the risk associated with the type of sex someone is having can appear stigmatizing and judgmental. This way of phrasing can also be vague when it comes to what makes the type of sex “risky” or “unprotected.” <sup>11</sup>

10 “STI vs STD — What’s the Difference?,” Planned Parenthood, April 1, 2022, <https://www.plannedparenthood.org/blog/std-vs-sti-whats-the-difference#:~:text=STD%20stands%20for%20%E2%80%9Csexually%20transmitted,person%20to%20another%20during%20sex.>

11 Canadian Public Health Association, “Language Matters,” Canadian Public Health Association, 2019, <https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/language-tool-e.pdf>, 5.





Topic:	
Shame-Based Messaging	Pleasure-Focused Messaging
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>

### Sample Response

Topic: Contraception	
Shame-Based Messaging	Pleasure-Focused Messaging
<ul style="list-style-type: none"> <li>• Having penis-in-vagina (PiV) sex can lead to unwanted pregnancy if you are not careful.</li> <li>• If you are having PiV sex, you should be using contraception to prevent unwanted pregnancy.</li> <li>• There can be a lot of side effects to contraception, so look out for those when you are weighing different options.</li> </ul>	<ul style="list-style-type: none"> <li>• There are many ways that people engage in sexual intimacy.</li> <li>• Depending on the type of sex you are having, you might consider using contraception to prevent unintended pregnancy.</li> <li>• Using contraception can take away some of the stress or worry about unintended pregnancy, and you'll be more likely to enjoy the sex you're having!</li> <li>• There are a variety of types of contraception out there, and they work differently for everyone. Talk with a healthcare professional to figure out which option(s) makes most sense for you!</li> </ul>



## REFLECTIONS

Which approach did you find easier to use when developing these messages? Why?

What might be the impacts of delivering shame-based messaging to youth? What about pleasure-focused messaging?

After doing this exercise, what does a pleasure-focused approach mean to you?



## COMMON CONCERNS

**“Don’t we have a responsibility to teach youth about the risks associated with certain types of sexual activity? What about the reality of unwanted/unintended outcomes?”**

Sexual behaviour can include some degree of emotional, physical, or health-related risk. We can be honest with youth about what those risks are and teach them about options for identifying, avoiding, or reducing those risks.

We already use this model in a variety of other subject areas. Remember the riding-a-bike example from the introduction? In phys ed, we encourage students to be active and move their bodies in ways that are safe, while still framing the activities as something beneficial for their bodies and minds. Instead of shaming youth, we can encourage them to use risk-assessment skills to help them make sexual choices that make sense for their lives.

Here are some questions to help guide a class discussion around sexual activity:

- What are some reasons someone might choose/want to try \_\_\_\_\_?
- What are some reasons someone might want to avoid \_\_\_\_\_?
- If someone does try \_\_\_\_\_, what are some concerns we might have for them?
- What could a person do to make \_\_\_\_\_ safer for them?

In a pleasure-focused approach to sexual health education, we don’t ignore risks, mistakes, or unintended/unwanted outcomes. We acknowledge them, while also affirming for youth that those challenges don’t take away from their worth as human beings.

While we are not ignoring negative outcomes, in a pleasure-focused approach, the emphasis is on care and compassion for students who are struggling. When teaching youth about some of these more difficult aspects of sexuality, consider:

- Focusing on the supports youth might need and how they can access them
- Focusing on how and where youth might start to heal
- Focusing on how youth can regain a sense of agency in their lives

**“How do I take a pro-pleasure approach without ‘promoting sex’ to my younger students?”**

When people encourage youth to engage in sexual activity, lead youth to believe sex is a universally positive experience, or discuss sex in erotic or other developmentally inappropriate ways, that is promoting sex.

*Conversely, a pleasure-focused approach is about encouraging youth to think critically and honestly about who they are and what they need and want for their bodies, their relationships, and their lives. It’s also about helping them build social and emotional skills that will help them make choices that align with the wants and needs they’ve identified. We are not pressuring youth to have sex; we are not even suggesting that they do. We are teaching youth to reflect on what they want, need, and desire, and how to communicate this to others when needed.*





**“Can I talk about pleasure with my younger students? What about students who are not interested in sexual relationships, behaviours, or pleasure, whether it be because they feel they aren’t old enough or mature enough, or because they identify as asexual?”**

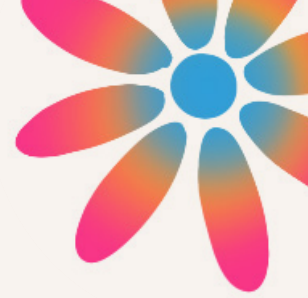
Pleasure can be found in many ways; this can include or exclude sexual pleasure, partnered pleasure, or physical closeness. All students can benefit from building the skills to develop a positive relationship with pleasure (sexual or otherwise), because part of the process is getting students to reflect on what they want and need as well as what they don’t want or need.

Remember that pleasure also shows up in non-sexual ways, such as enjoying your favourite meal, getting a hug from someone you care about, receiving a compliment, getting an A+ on a test, curling up under a soft blanket, or going for a run. Children and youth can build the skills of recognizing and communicating about pleasure at a young age and apply them to the appropriate contexts when the time comes.

For asexual and/or aromantic people, pleasure can be found in many ways as well. Some asexual people may not be interested in partnered sexual activity, but may still masturbate. Some asexual people do have partnered sex for a variety of reasons. Some people look for pleasure in an emotional way as opposed to sexual.

Regardless of how anyone experiences or looks for pleasure, remember that using a pleasure-focused framework for sex ed can guide anyone through learning and communicating about what they like, want, and need (either from themselves or others).





## PLEASURE-FOCUSED PRO TIPS

- **Adding an activity-based or competitive element** to your lessons can get students excited about the topic
  - Using these elements near the beginning of a sexual health unit can be especially effective for alleviating students' nerves
  - Students can compete against each other in teams, as a collective group against a clock, or even against a teacher
- **Allowing youth to draw, bead, or colour**, particularly during discussion-based activities, is often a pleasant and effective way to help students manage nervous or self-conscious energy
  - You can ask your students to identify what they might want to do if they feel nervous or self-conscious; their suggestions may include things like colouring, beading, fidget devices, etc.
- **Using a variety of instructional strategies** in sexual health education can help keep students engaged and appeal to a range of learning styles; a mix that often works well includes:
  - Identifying what you most want students to learn
  - Starting with a transitional activity that connects prior knowledge and learning
  - Using a game or activity
  - Providing opportunities for pair and small group discussion or reflection
  - Including media-based learning (e.g., reading a book, watching a video, etc.)

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## REVIEW: PLEASURE VS. SHAME

Take a look through the learning objectives for the module, and jot down anything that stood out to you in fulfilling the objectives. Maybe even write down any questions you have, or things you might want to learn more about in the future.

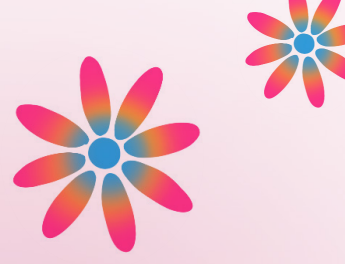
Learning Objectives	Key Items
Distinguish between shame-focused and pleasure-focused approaches to sexual health education	
Plan ways to make teaching sexual health education more enjoyable for you and your students	
Create a shared learning environment that prioritizes care, comfort, and fun	
Practise sex-positive, pleasure-positive, and choice-centred communication	
Apply pleasure-focused teaching strategies to the sexual health components of the curriculum	





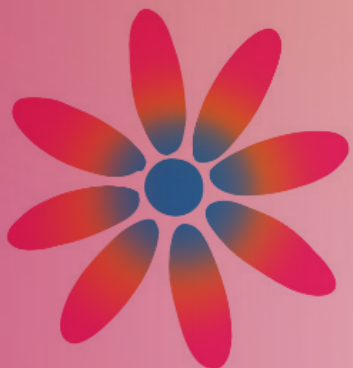
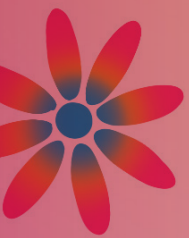
# NOTES

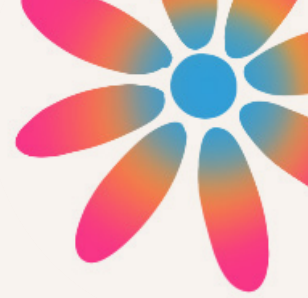
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# ***Not Just The Tip***

## MODULE 4: ***Facilitation Skills***





# Facilitation Skills

## LEARNING OBJECTIVES

**After participating in this module, you will be able to:**

- Brainstorm group guidelines collaboratively with students to encourage a safer classroom space
- Identify examples of gender-inclusive language, anatomy-specific, and disability-inclusive language to use in puberty and sexual health discussions
- Respond to unique and unfamiliar questions from students and **misinformation**
- Develop strategies to recover from mistakes as an educator, as well as harm caused by students

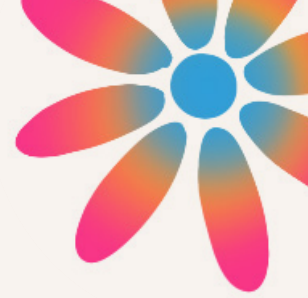
## INTRODUCTION

Modules 1, 2, and 3 focus on important foundational knowledge. Module 4 dives deeper into how we can apply this knowledge and hold space for students in the classroom.

This module explores how to navigate sexual health lessons, questions from students, discussion-based learning, and conversations with students. As we note throughout the modules, there are a variety of ways to facilitate sexual health education. We encourage you to find a style that suits you, but also suits your students. This might include integrating activity-based and play-based learning and/or providing more independent and self-directed learning. However you navigate the learning space, this module can help ensure your vocabulary is inclusive and accurate and you know how to field new questions, tough conversations, **misinformation**, and instances of harm.

Let's dive right in!





## CREATING GROUP GUIDELINES

When we're talking about sex and sexuality, creating group guidelines is especially helpful, and it's an effective strategy for educators working in a collaborative space with students. In any situation where significant participation is expected, it's helpful for everyone to have "ground rules" that create a foundation for the community to understand one another, believe the best of one another, and learn and grow together.

When conflict or discomfort arises, group guidelines are a solid foundation to return to together and remind each other of what we expect of everyone as group members.

Creating these guidelines with your students is ideal, because it gives students agency and increases their buy-in to the process. Here are a few questions you may want to ask your students to develop group guidelines:

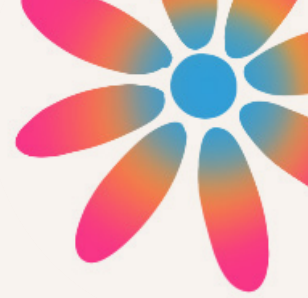
- How can we make sure that everyone is able to share their perspectives?
- How can we disagree in a way that still respects one another?
- How can we help each other and ourselves feel safer during harder conversations?

You can co-create group guidelines in the space together, or have students submit suggestions for guidelines anonymously through a suggestion box or asynchronously through a form in your online classroom. Some facilitators may not have the capacity to co-create group guidelines with participants due to time restrictions or a group that's too large. In that case, you may want to create group guidelines yourself and introduce them at the beginning of the session. These guidelines might include:

- We will give everyone the opportunity to participate
- We will not interrupt one another
- We will not mock or shame others' questions
- We will respect each other's confidentiality, and not share private information
- We will ask and answer questions in a respectful way
- We will be thoughtful about the language we use

To support students' understanding of the guidelines, you may wish to provide examples of what using the guidelines "looks like" and "sounds like" as you introduce them.

The most important part of creating group guidelines is *making guidelines you can stick to*. Trust is important in sexual health education discussions. Trust cannot be built if unrealistic expectations are set, and it cannot be maintained if the expectations are not an active part of the group interactions going forward.



# LANGUAGE AND VOCABULARY

## Important Language Context

Some words and language are specific to particular communities, and it's not appropriate to use them in other contexts. For example, the term Two-Spirit, or sometimes Two-Spirited, was created to reflect complex Indigenous (First Nations, Inuit, or Métis) understandings of spirituality, gender roles, and the long history of gender and sexual diversity that has existed in Indigenous cultures.<sup>13</sup> It is not appropriate for people of other cultures to describe their identity using the term Two-Spirit, no matter how cool or interesting or beautiful they may feel the term is. Two-Spirit people may have experiences or aspects of identity in common with non-Indigenous people who use labels like trans, queer, or gender-fluid, but that doesn't mean the words are interchangeable. Among Two-Spirit people, one person's experience cannot be assumed to be the same as another person's experience in that community.

There are a variety of other culture-specific gender identities and terms that similarly should not be used outside of their correct context. For more information on culture-specific gender identities throughout the world, check out an interactive map by PBS: [https://www.pbs.org/independentlens/content/two-spirits\\_map-html/](https://www.pbs.org/independentlens/content/two-spirits_map-html/)

There are also some words with meanings that have changed over time and with context. For example, although queer was historically used as a slur and an insult for a variety of groups of people, it has been *reclaimed* by that community and is becoming popular in a positive way. It's best to tread carefully around reclaimed language, and ensure you are being clear that you are using a term with respect and not in a derogatory way. For example, "queer and trans people" is a common descriptor that is usually understood to be respectful; "queers" is a term better left to people within the community who self-describe, as it may be intended or interpreted as a slur.

## Tips for Gender-Inclusive Language

A major part of teaching comprehensive and inclusive sexual health education is making sure that information is delivered with anatomically accurate and gender-inclusive terminology. While many educators may feel restricted by curricula that reinforce the gender binary, and exclude vital information on diverse experiences, identities, and bodies, there are ways we can facilitate conversations to promote inclusion, and unpack the binary. Taking this approach may require some additional research and practice from you, but it will benefit all students in the short and long term.

Using gender-inclusive and anatomically accurate terms can:

- Encourage students to use terms that are accurate when talking about their own bodies and about others

<sup>13</sup> Trans Care BC, "Two-Spirit," Provincial Health Services Authority, accessed August 25, 2023, <http://www.phsa.ca/transcarebc/gender-basics-education/terms-concepts/two-spirit>.





- Encourage students to separate gender from sex, and sex assigned at birth from specific sexual/anatomical organs and parts
- Create a safer space for queer, and especially trans, youth in the classroom, so they are not met with language that excludes them from the conversation

Remember that gender and biological sex are two different things. Gender refers to both personal identity and social-culture roles. Biological sex is a designation (typically) assigned at birth, largely based on the structure of a baby's genitals. However, biological sex can encompass a variety of sex characteristics beyond genitals: it includes hormones, chromosomes, internal organs, and more.

In order to avoid conflating gender and sex, and maintain a gender-neutral and inclusive approach to talking about sex and anatomy, we may want to substitute more common terms for more accurate ones.

As a general suggestion, being more specific is better than using broad language. It may seem counterintuitive, but broad language can be misleading or make people feel left out, whereas specific language is more accurate and doesn't group things in an unhelpful way.

Here's an example:

**Instead of...**

*"Once they reach puberty, girls will start to menstruate."*

**We could try...**

*"Many people who are born with ovaries and a uterus will start to menstruate once they reach puberty."*

Discuss with your students why you are using certain terminology. Share that while this is the language you will use in the classroom, many people may use different words to refer to their bodies.

Providing a bit of background on why you use the terminology you do can be helpful. Here are some sample sentences to explain why you might use specific terminology, or why you are teaching the content in a certain way:

- "I use the term 'pregnant person' because I recognize that not everyone who gets pregnant is a woman and not every person with a uterus is able to become pregnant."
- "Assigned male at birth means that when the person was born, a doctor saw that they had a penis and said they were male. Many people who are assigned male are boys, but some are not, and I don't want those people to feel left out when teaching about their health."
- "We're learning about two common reproductive systems today, but everyone is different. Some people may not have a reproductive system that exactly matches the two examples we're using today."

Here's a table of terms you might want to consider replacing, and what to replace them with.

## With Anatomy and Sexual Health

Instead Of...	Try...
Biological female	Assigned female at birth Person born with a vulva Person born with a uterus and ovaries
Biological male	Assigned male at birth Person born with a penis
Female condom	Internal condom
Female genitals*	Vulva (Labia, Clitoris, Vaginal opening, Urethral Opening)
Female reproductive exam	Sexual health screening Internal exam Cervical screening Pelvic exam
Female reproductive organs	Ovaries, Fallopian Tubes, Uterus, Cervix
Male condom	External condom
Male genitals*	Penis, Testicles, Scrotum, Foreskin, Urethral Opening
Male pattern baldness	Hair loss
Male reproductive organs	Testicles, Epididymis, Vas Deferens, Prostate
Natural development	A lot of bodies develop Some bodies develop
Normal	Common Often Many people experience
Normal (meaning not trans)	<b>Cisgender</b>
Pregnant woman	Pregnant person

\* Using accurate anatomical language is also key to building body literacy with students, along with gender inclusive language. Not only is it important to take gender out of the equation when we're talking about reproductive organs, but it also encourages students to identify and differentiate parts of their body, or body parts of others. For example, we won't use the term "reproductive organs" when we're actually talking about a vagina specifically, and we won't use the word "vagina" when we mean vulva.



Instead Of...	Try...
Women (in reference to menstruation)	Menstruating person Menstruator People who menstruate
Transsexual, Transvestite, Transgendered	<b>Transgender</b> Trans person
Reproductive (system, organs, health, etc.)	Sexual (system, organs, health, etc.)

## With Relationships

Instead Of...	Try...
Boyfriend/Girlfriend	Partner Sexual partner Romantic partner
Female sexual partner	Partner with [relevant anatomy]
Male sexual partner	Partner with [relevant anatomy]
Mother/Father	Parent Guardian Caring adult(s)
Motherhood/Fatherhood	Parenthood
Niece/Nephew	Nibling Parent's siblings' children
Sister/Brother	Sibling

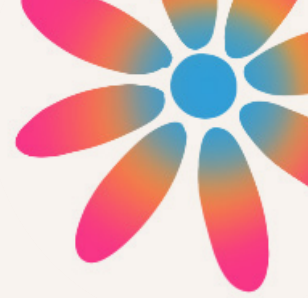
If students are unfamiliar with gender-inclusive language, they may struggle or make mistakes.

For example, a student might say something like: "I have a friend who's a girl, but she was a boy when she was born."

As educators, we have an opportunity to reinforce that gender and biological sex are not the same by offering a gentle correction, such as: "Remember a person's genitals don't determine their gender. Just because someone is born with a penis, that doesn't automatically make them a boy. I think what you might be trying to say is that your friend is a girl, but she was assigned male at birth. Is that right?"

What if we, as educators, are not familiar with gender-inclusive language? It often takes time and practice, and yet people are often surprised by how quickly it becomes second nature! Check out the section of this module called "Recovering From Mistakes" to learn more about how to apologize, take accountability, and move on from these slip-ups.





## THE PARADOX OF LABELS

Labels can be complicated, and not just because there are a lot of them. Labelling is a highly subjective practice, and it doesn't work for everyone. Not everyone agrees about the meaning of every single label in the universe — and that's okay! Labels are a kind of shorthand to communicate a portion of an infinitely complex individual to other people who may have something in common with them. They are useful for research and finding other people who may be like you.

Labels may also not fit perfectly, and may not be used by different people in the same way. Labels can feel restrictive or make people feel boxed in. As an educator, the best practice is to use the language you hear other people use for themselves, and not assign other labels without permission. Someone may ask you, "If I like person X, does that mean I am label Y?" The truth is, we as educators are not the arbiters of all language, and labels are largely self-applied.

## TIPS FOR DISABILITY-INCLUSIVE LANGUAGE

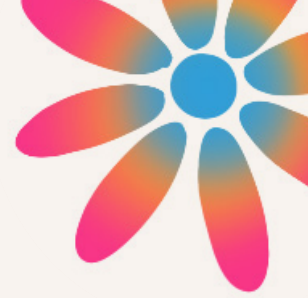
Often, sexual health education is not facilitated in a manner that is disability-inclusive. Here's a list of tips for facilitating disability-inclusive sexual health education:

**Assume there are disabled people in the room** — Disabled people exist everywhere, including sexual health classes. It is important to remember that not all disabilities are visible and not all people will disclose their disability status to you. Approach conversations about sexual health and/or disability with this in mind.

**Respect disabled peoples' preferred language** — There is ongoing debate and discussion within and across disability communities on "Person First" versus "Identity First" language (e.g., saying "person with a disability" versus "disabled person"). The most essential practice is to use whatever words each disabled person prefers, rather than "explaining" to them why the terminology you use is "correct."

**Avoid singling out or tokenizing disabled youth** — Knowing that a disabled person is in the room does not mean that person wants to be used as an example or relied on as an expert. You may want to create space for individuals to share experiences around disability, but you should not create expectations or rely on specific individuals to share. Depending on your context, you may wish to discuss privately in advance with an individual as to how they want their connection to the topic to be addressed or avoided in the classroom setting.

**Make use of non-limiting language** — Disabled people often experience stigmatizing assumptions about their sexuality, with people assuming that they are either non-sexual or sexually deviant. As an educator, recognize that disabled people can be sexual and have fulfilling sexual and intimate relationships and experiences, and that no form of disability prevents interaction with sexuality and intimacy.



**Broaden your definition of sex and intimacy** — Sex and intimacy consists of so much more than reproductive-focused, PIV sex with two people thrusting in a bed. By broadening your understanding of sex and intimacy, you can counter limiting ideas of what sex is and who can engage in it. You also make the conversation more relevant for everyone and create space for people to build an understanding of what sex and intimacy looks like for them.

**Provide options** — When talking about pleasure as an important component to enjoyment in intimate relationships, convey that pleasure and enjoyment when engaging in any type of sexual activity is specific to each partner’s needs, preferences, and enjoyment of their body. *Bonus: Open dialogue about what our bodies need and how to communicate about this with others is ALWAYS useful — whether disabled or not.*

For support on using disability-inclusive language, this resource from Arizona State University’s National Center on Disability and Journalism provides a breakdown of some ableist terms, context, and recommendations for what to use instead (last updated in August 2021): <https://ncdj.org/style-guide/>

## HUMOUR DOS AND DON'TS

It is common to use humour and jokes in learning spaces to relate to students, allow students to develop a sense of trust or comfort with the educator, and to simply add a little fun to serious topics (even when we’re not talking about sex!). However, we need to be cognizant of the way jokes can come across, and if they’re actually doing more harm than good, especially when we’re talking about people, bodies, body parts, sex, and feelings. Here are some guidelines for what to avoid when we’re integrating humour into the sex ed classroom:

### DOs

**Do acknowledge that this topic can be uncomfortable to talk about—** When topics feel uncomfortable or new, it can result in students (and teachers!) getting the giggles, having trouble saying certain terms, and losing their words! Acknowledging this in the classroom and setting up some guidelines to manage the giggles can be helpful — for example: “You can laugh about what I say as a facilitator, but to create a braver and safer space, don’t laugh at other students’ thoughts, bodies, experiences, or questions.”

**Do allow students a little space to “get the giggles out”** — When discussing words that stir some discomfort in students, it can be helpful to build in activities and opportunities that create space for giggles. Depending on the group, making this a movement-based activity might also allow for youth to channel any nervous or tense energy into the activity. This might even include giving some time to chat about words that they find “funny” to both get the giggles out, but also open up a dialogue about accurate language, especially concerning anatomy. Let them know, however, that beyond that point, we’re approaching the topic and terms with seriousness and respect.



# NAVIGATING CLASSROOM CONVERSATIONS

## Responding to “Silly” Questions

### REFLECTIONS

What makes a question “silly”? How does this **influence** how we answer these types of questions?

What is the result of not responding to, or dismissing, silly or challenging questions from students?

Sometimes, students will ask questions that you might think of as silly, but often these questions reflect a true curiosity or concern. It is important to respond to these questions to the best of your ability in order to validate their curiosity and concerns and open up deeper conversations as needed. Here are some quick tips on responding to silly questions:

**Setting the stage** — When setting safer and braver space guidelines (see our *Going Further* module), opening up the floor to discussion, or making use of a question box, it can be helpful to remind students (and yourself) that there are no “bad” or silly questions. This way, if someone mocks or giggles at a question, you can refer back to that initial discussion to remind everyone that all questions are good questions.

**Self-regulating** — Sometimes, students will ask questions that catch you off guard. It might be helpful to take a few deep breaths, or engage in some form of grounding activity before answering. If a question causes an uproar in the class, you might even invite students to join you in this practice of self-regulation before answering the question with care and respect.

**Deepening the conversation** — Some silly questions have straightforward answers, but others hint at a deeper curiosity or area of concern. For example, a student might ask something like, “How big is the largest penis?” or “When does the penis stop growing?” which could lead the group into a discussion about both puberty and genital image. In many cases, a silly question might function as a springboard into deeper, more open discussions about bodies, sexuality, pleasure, and relationships.

**Addressing any oppressive undertones** — Some questions might seem a little goofy, or get students giggling, but have undertones that are discriminatory or oppressive. Students might phrase questions in ways that are a little blunt, with a “humorous” tone, or may be using outdated or offensive language. Not answering these questions can stigmatize certain identities, bodies, and experiences further. Look out for the underlying conversation beneath the surface of the silly question by addressing any outdated or offensive language, reinforcing the seriousness of certain topics, and giving a complete and thoughtful response.



## EXERCISE: PRACTISE RESPONDING TO SILLY QUESTIONS (15 MINUTES)

Remember there's no such thing as a silly question in sexual health education — even questions that feel a little goofy, or have been phrased in a way to get laughs from the room, typically present great learning opportunities and represent a true curiosity from youth. Answering these questions is a way to affirm youth's curiosity about sexual health.

Below, we've compiled a short list of what some might consider to be silly questions. Pick a couple of these questions, brainstorm how you could respond, and how you might use the question as a springboard into a deeper discussion.

Silly Questions	Responses
<p>If someone eats a taco, will their cum taste like a taco?</p>	<p>Example:</p> <p>This is actually a really good question! So, we're wondering if what we eat can impact what semen tastes like? Diets can affect the smell of other body fluids like sweat, urine, and chest milk, but there is not a ton of information on a strong link between diet and semen taste.<sup>14</sup></p> <p>It would make sense, however, that some types of food would make semen have a stronger or more unpleasant smell or taste. Some foods might cause a change in the pH balance of semen, for example.</p> <p>However, it doesn't seem like what you eat will directly make your semen taste exactly like that food. Just like it doesn't work that way for other body fluids, it wouldn't work that way with semen.</p>
<p>Can you get pregnant from oral sex?</p>	
<p>Do certain races have larger penis sizes than others?</p>	

14 Annamarya Scaccia, "What Does Sperm or Semen Taste like? Bitter, Salty, and Other Dietary Effects," Healthline, May 15, 2020, <https://www.healthline.com/health/mens-health/what-does-sperm-taste-like#diet>.





Silly Questions	Responses
How does someone in a wheelchair have sex?	
How can I get more girls to have sex with me?	
Can I get an <b>STBBI</b> from masturbating?	
Does sex smell weird?	



## THOUGHTS FROM OUR YOUTH ADVISORY COUNCIL

*What are the repercussions of not responding to students' silly, unusual, or taboo questions?*

“When folks' questions are disregarded as silly, then it stops people from learning more about sex ed for fear of being called silly.”

“[It] dismisses genuine, wholesome curiosity; doesn't address any of the underlying issues that might arise from the question being asked (there is something under it that should be addressed); [it] has repercussions for how children treat each other.”

*What is your top tip to help steer silly questions to deeper conversations?*

“Acknowledge that it is a bit silly, but there is a real validity to every question as a valid question: is always a genuine learned experience from asking these questions.”

“Thinking about the power dynamics that underlie those questions and how they might be related to narratives that align with **oppression** or racism, sexism, white supremacy, cishnormativity, heteronormativity; analyzing the **power** in those types of questions.”



# RESPONDING TO HARM

## REFLECTIONS

What are the consequences of not appropriately responding to harm caused by students in the classroom? What are the consequences in a sex ed context specifically?

How can we respond to harm in a way that still supports safer and braver spaces for all students, including those who have been harmed, those who harmed, and those who witnessed harm?

As an educator, ensuring students' safety and well-being is a crucial part of your role in the classroom. Students' safety and well-being in and outside of the classroom is impacted by how you choose to respond, or not respond, to oppressive, stigmatizing, and harmful comments and behaviours that may come up in sexual health lessons. It is our responsibility to respond every time.

Sometimes, students or other educators will say and do things within the classroom that are rooted in oppressive ideologies. In some instances, these actions are made with harmful intent. In others, they are made with good intentions, but nonetheless reinforce stigma and cause harm. No matter the intent, it is necessary to respond to harm that occurs in the classroom in order to promote the safety and well-being of youth and maintain a safer and braver learning environment.

When we think of *harm* in a school environment, particularly with youth, we may be more likely to think of explicit, derogatory comments, slurs, overt targeting, and even physical violence. However, harm in the classroom can also be subtle, so subtle in fact that it can often be missed while teaching, and *can even be committed by educators themselves*. Sometimes, harm is caused by:

***Dismissing a student's experiences when they are shared during a classroom discussion*** — For example: *If a student shares that they don't need to learn about contraception because they're a lesbian, so none of the information in sexual health education class is relevant to them, and a teacher dismisses them, this causes harm to the student, who is not receiving the information they need in class.*

***Making subtle comments or jokes that dismiss students' identities*** — This can include students joking that they identify as inanimate objects. For example: *Students making the joke that they "identify as an attack helicopter" is a way of dismissing the validity of gender identity over sex, and trans people's experiences and identities.*



**An educator making self-deprecating comments about their own body in front of students —**

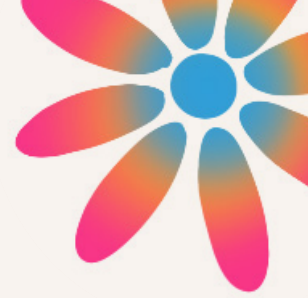
Comments like these can be particularly harmful when they are rooted in fatphobia, transphobia, racism, colourism, etc. For example: “I ate a lot of chips last night and I feel so fat” or “People have said my body looks like that of a little boy.”

**Shaming students for being sexually active —** For example: Students calling other students offensive names if they’re sexually active or speculated to be sexually active.

Using outdated, inaccurate, and harmful language when talking about certain identities and bodies. For example: Using outdated language to describe intersex bodies, trans identities, etc.

Most schools have a policy in place for responding to harmful language or behaviour, and depending on the scale of harm caused, you might need to report it to your school’s administration. Unfortunately, school policies can sometimes take a punitive approach to justice, which *could in turn harm or further harm the student who caused harm and* those who were impacted by their behaviour. When possible, implementing a restorative justice approach will support you in maintaining a safer and braver learning environment. You may also be able to work collaboratively with your administrators to keep them informed, and garner their support for implementing a restorative justice approach.





## What is restorative justice?

Restorative justice, also known as RJ, is a holistic framework and philosophy founded on nurturing the capacity of people to engage with one another and their environment in a way that supports the inherent dignity and worth of all. Restorative justice is a way of being that transcends instances of conflict, so that when harm occurs, people already have the skills to transform conflict and make reparations.

RJ focuses on building a relational community culture and strengthening relationships. It exists in contrast to the punitive justice system used in Canada and many schools, which focuses on punishment and exclusion as tools of “justice.” The punitive approach to justice often causes further harm by shaming, stigmatizing, and, in some cases, criminalizing those who caused harm. It rarely leads to a sustaining relationship between the person who caused harm and those who were impacted. Although the punitive approach has a long history in Western pedagogy, restorative justice is also a practice that is long-standing, particularly in Indigenous communities around the world. While restorative justice is not a punitive approach, it is not without consequences and accountability. However, it does not rely on exclusionary practices or policy when seeking accountability.

Practising restorative justice is a process. Adopting restorative justice as a way of being takes time. It cannot be fully explained in a brief text box, but a few beginner practices include:

- Work on *recognizing your own biases* so that your cultural framework doesn’t unduly **influence** conflict resolution.
- Build community through the use of check-in Circles.
- Prioritize *social emotional learning* skills within your curricular learning to help students develop the skills to repair ruptures together. You may want to explore Curriculum Circles, as they are a key component of restorative justice in education.
- With an experienced facilitator and/or Circle Keeper, explore Circles as a process for conflict resolution. Support from people experienced in this area is key, as a lot of harm can be caused in conflict resolution Circles when facilitated without proper guidance.

*This section was co-developed with Sarah McDonald Moores, Restorative Justice Education Coordinator at Relationships First Newfoundland and Labrador (RFNL). Check out RFNL for more information and resources related to Restorative Justice here:*

<https://www.rfnl.org/home>

To learn more, see ‘Introduction to Restorative Justice’ by SchoolTalk DC: [Introduction to Restorative Justice](#)

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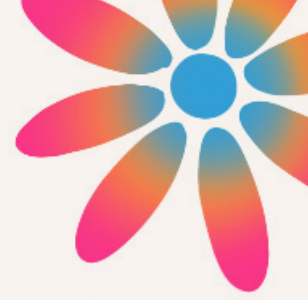
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# IDENTIFYING AND RESPONDING TO HARMFUL COMMENTS AND BEHAVIOUR

Here are some tips and tools to support you in identifying and responding to harmful comments and behaviour in the context of sexual health education:

**Pause and assess** — If someone says or does something harmful in the classroom, assess the situation and the safety of everyone involved. It is okay to stop, pause, and take a breath to gather your thoughts and respond rather than react. Check out this resource by Relationships First Newfoundland and Labrador (RFNL) that can support self-talk and working through challenging conversations: <https://www.rfnl.org/empowering/relationship-with-self>

**Point back to principles/guidelines/group agreements** — Creating group guidelines is a key component of restorative justice. In instances of harm, it may be supportive to revisit them and remind students of their commitment to respect and hold space for one another. Depending on the situation, you can explain how what was said or done goes against these group agreements or is otherwise harmful.

**Counter harmful comments and reinforce learning** — If a student or teacher says something that is rooted in harmful, oppressive ideologies, it is important to counter these ideas within the classroom. Depending on the situation, it might be appropriate to open up a group discussion or a Circle about why the comment is harmful and the oppressive ideologies it is both rooted in and perpetuating.

**Check in with the student(s) harmed** — If possible, check in with the student(s) targeted by the harmful comment or behaviour. Depending on the situation, you might be able to do so immediately, or you might not know who all in the class was impacted. You might consider offering those who were harmed an opportunity to stop by for a 1:1 conversation or to send you an email to debrief. Wherever possible, allow the student(s) harmed to make choices about what they need. Each person will need something different — some won't want to talk about it, some may need support or comfort, some may need help talking to parents/caregivers, etc. Remember that any "witness" to the comment or gesture may also have been harmed.

**Check in with the student who caused harm** — Depending on the nature of the situation, you might want to check in with the person who caused harm. You could have a discussion with them about the impacts of their comment(s) or behaviour, potentially discover the source of oppressive ideas or **misinformation**, and support them in identifying and implementing a plan to repair the harm that they caused.

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## EXAMPLE: DISINFORMATION ABOUT TRANS PEOPLE AND BATHROOMS (CONTENT WARNING: TRANSPHOBIA, ASSAULT)

Depending on your province's curriculum, you may be discussing gender identity, trans identities, and biological sex in your classroom. This can often bring up questions, and sometimes even harmful sentiments about trans people. It's so important that we address these sentiments, questions, and any **misinformation** or **disinformation** that is being spread, and create a safe space in the classroom and school for all students.

A very common piece of **disinformation** that is spread that actively harms **transgender** people is the idea that trans-inclusive bathroom policies are a "safety risk" for non-trans people. Regarding gender-neutral bathrooms/changerooms, trans-inclusive bathroom policies, or conversations around gender identity and/or trans people in general, you may hear comments like this:

- "I don't feel comfortable with the idea of having a trans person in the bathroom with me."
- "What if someone pretends to be trans so they can use the girl's washroom and harass people?"

These sentiments are *extremely* harmful to trans people, and are used to justify harassment and violence towards them all the time. Here's how you can respond to these comments using the steps we've outlined above.

**Approach with curiosity** — While these comments are *extremely* harmful, not all students know that what they are saying can cause harm. In this case, if someone makes a comment regarding safety in the washroom, you can say, "So what I'm hearing is, you think that being in the washroom with a trans person could feel unsafe... Why do you think this would be unsafe?" This will likely get the student to reveal that the root of the "concern" is founded on transphobic ideas, even if they don't realize it.\*

**Break it down** — The **disinformation** in these comments are twofold: that **transgender** people's gender identity is not as significant/important/valid as their assigned sex at birth, and that **transgender** people are likely to weaponize their identity to cause harm to others. If your student responds to your previous questions by suggesting that trans people might be "pretending" about their identity, or that they are uncomfortable because they perceive trans students in a way that goes against their gender identity, you can break this down for them. Explain that trans people's gender identity is just as valid as a **cisgender** person's gender identity, and that the idea that people "pretend" to be trans is false. It would also be worth mentioning to the student that actually, trans teens face greater risk of assault in schools that prevent them from using inclusive washrooms.<sup>15</sup>

**Think critically** — Ask the student if there were places or people they had heard from about this topic. Did they read about it or see a video online? Were they talking about it with their parents or siblings? This can turn into a learning lesson about thinking critically about what they hear from others, and challenging what they hear when it sounds like it is antagonizing people for their identities. You can encourage them to think about the impacts of restricting trans students' bathroom access, and the harm that spreading these ideas has on those students.

15 Harvard T.H. Chan School of Public Health, "Transgender Teens with Restricted Bathroom Access at Higher Risk of Sexual Assault," News, May 7, 2019, <https://www.hsph.harvard.edu/news/hsph-in-the-news/transgender-teens-restricted-bathroom-access-sexual-assault/>.

\* It is important to note who else is in the room when these conversations are happening. The priority always should be to ensure that the most impacted students are safe; in this case, trans students should not need to listen to this conversation as the student spreading disinformation could say something offensive and/or triggering. It may be worth pulling the student(s) sharing these sentiments aside and having this conversation separately.





# RESPONDING WHEN YOU DON'T KNOW THE ANSWER

## REFLECTIONS

What do we fear most as educators in not knowing the answer to a question in class? Why?

How can we apply what we learned from the *Decentering Myself* module to how we respond when we don't have all the answers?

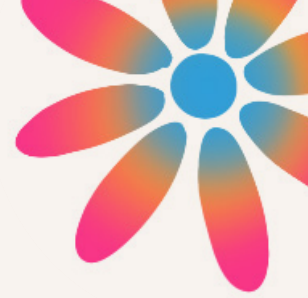
Sometimes, students may ask questions that you don't have the answers to. Maybe they've asked a specific question about anatomy that you're unsure about, maybe they've asked about an identity or experience that you don't personally hold, or maybe they've asked a question about something that is personal to them. This is okay! *As an educator, your role is not to be an all-knowing expert.* That said, it can feel uncomfortable to be asked a question you don't know how to answer, especially when standing in a classroom. It is extremely important to approach topics where we have knowledge gaps with humility and transparency, *especially when it pertains to information on marginalized individuals and experiences* (we discussed this a bit in our *Decentering Myself* module). Here are some tips for navigating these moments:

**Self-regulate** — When you don't know how to answer a question, it can be helpful to pause for a moment to self-regulate. Rather than rushing to give any answer you can or avoiding the question entirely, pausing to take some deep breaths, ground yourself, and remind yourself that it is okay not to have an answer can help you prepare to respond in a way that prioritizes the needs and autonomy of youth and respects your own boundaries and needs as an educator.

**Acknowledge that you don't know** — You may want to begin by acknowledging to the class that you don't know the answer and accepting responsibility to seek out that knowledge for the future. This is not a failure, but rather an opportunity to model accountability and learn alongside youth as peers in the community. For example, you might say, "That's a really great question, I actually don't have the answer. You know what, I do know another educator/great website/organization who might be able to help us find the answer. I would love to check in with them to see what they say about that and then come back to you and share their answer with you!"

**Facilitate an open discussion** — Few questions in sexual health have a "this or that" or universal answer. For example, the answer to the question "*How do you know if a relationship is healthy or unhealthy?*" will be different for everyone, because a diversity of identities, experiences, and cultural perspectives inform each person's answer to the question. When responding to nuanced questions, rather than giving a blanket definition, it can be helpful to acknowledge why the question requires





a nuanced response and use open-ended questions to lead a group discussion on the topic. Remember that students have a wealth of knowledge that can be shared as well, and opening up questions for discussion can empower them to learn collaboratively.

***Respond to personal questions*** — Sometimes, youth will ask questions that are personal to them (e.g., “What should I do if...? What barrier method should I use...?”). In this case, encourage them to make decisions that best suit their needs and talk to the people most appropriate to support those decisions (e.g., a partner, health care provider, trusted adult). Remember that decentring yourself as the expert includes giving students autonomy to make informed decisions and seek support where needed.

***Bring in an external facilitator*** — In some cases, students might ask questions or express a need to discuss a topic that you are not familiar with or not comfortable facilitating. If possible, it might be helpful to bring in an external facilitator (e.g., a community-based sexual health educator) to lead, or support you in leading, these discussions.

***Point students to trusted resources*** — Do some legwork to locate reputable resources that can support further learning for yourself as well as your students. Post some links on your online classroom platform after class, or bring them to the next class to look at and/or discuss. Some students might also ask you questions that are personal to them, or out of your depth to answer fully (e.g., about their sexuality in relation to their religion). In this case, don't be afraid to suggest they look to people in their community who can guide them better than you can, such as their faith leader. Other trusted sources might be counsellors or therapists (either through the school or elsewhere), a local community health centre, or a Planned Parenthood centre.

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## ACTIVITY: RESOURCE MAPPING (20 MINUTES)

Having a list of community health, cultural, sexual health, and social services available to students can be a useful reference point as a sexual health educator. There might be times when you feel the need to connect with an individual or organization for further information in order to answer a question that was raised in class. There may also be instances where it makes sense to bring in an external facilitator to lead or support a sexual health discussion with your class. In other cases, you might want to refer students to an organization for further support or information.

You can use the template below to list a few organizations and/or community-based sexual health educators in your area you can reach out to in these moments. If possible, talk with your students and your colleagues about the services and resources they know and/or have worked with in the past, and add these to your list as well. If you don't have any connections who can recommend resources, googling the name of your city/town/region and "community health centre" is a good place to start. Community health agencies will often have up-to-date resource recommendations, as well as knowledge of the services available in catchment areas near you.

Resource	Community Served	Lead/Contact	Notes



# RECOVERING FROM MISTAKES

## REFLECTIONS

What makes for a good apology and recovery? What makes you feel better when someone is taking accountability?

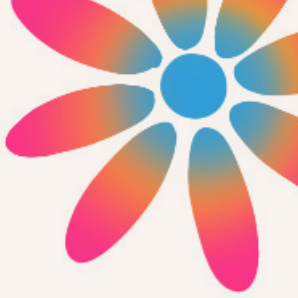
Why may teachers feel hesitant to acknowledge mistakes and take accountability publicly in front of students? How can we challenge this as educators?

What do we hope to teach students around making mistakes when we're learning? How can this be applied to how we respond to our own mistakes as educators?

How did you respond to a misstep in today's lesson? How can you prepare better for next time?

As humans, we are bound to make mistakes and sometimes these mistakes will cause harm. As humans and as educators, knowing how to take accountability for our mistakes, make sincere and specific apologies, learn from our mistakes, and move forward are crucial skills.





## Apologizing 101

Imagine someone accidentally spilled hot soup in your lap... Would it be helpful for them to tell you, all while the soup is in your lap, that they didn't mean to, that it was just a mistake, that all they meant to do was pass you the soup for you to enjoy, that they're annoyed they need to apologize for something they didn't mean to do, or to ask you to comfort them in that moment because they feel so guilty for causing you harm? Probably not. You might think it would be more helpful and meaningful if the person took responsibility for not being more careful and asked how they could help to repair the situation (perhaps by offering to help you clean up the soup!).

Everyone needs to apologize when they do harm (intentionally or not). Remember that needing to apologize does not make you less of an educator! When someone challenges your own assumptions, beliefs, or biases — or points out a mistake you've made — keep in mind that they are challenging an action or behaviour and not your fundamental being. Here's how to give a thoughtful, genuine apology and move forward:

**First, decentre yourself** — Acknowledge *internally* that regardless of your intent, what you said/did had a negative impact on someone, particularly, if it is a student, whom you are responsible for educating and nurturing. Harboring resentment for needing to apologize when you feel you did not commit harm will hinder a genuine apology. Similarly, focusing on your intent or guilt when making an apology rather than the impact and next steps can put those most impacted by your actions in the position of needing to comfort you.

**Be sincere** — Demonstrate through what you say and how you say it that you're genuinely apologetic. Be thoughtful with how you respond. It's okay to take a moment if you're in the classroom before you start speaking; this can avoid having your apology come across as rambly, disingenuous, cold, etc.

**Be specific** — Simply saying "I'm sorry" does not signal to others that you know precisely what you did wrong. To acknowledge the harm you've done, call it out explicitly. For example, *"I apologize for using an outdated and offensive term to describe intersex people."* Specifically acknowledge how your mistake may have affected students.

**Move forward** — Suggest how you will make reparations/change your behaviour moving forward. An apology does not mean much unless it is followed up with actionable items. For example, what will you do to ensure that you do not use certain outdated/offensive phrases again? Perhaps, you will sift through your lesson plans, slide decks, and other content to ensure those terms are not included.

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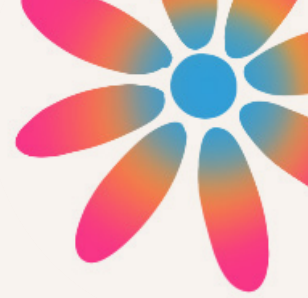
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## RESOURCES

“A Map of Gender-Diverse Cultures” by PBS Independent Lens:  
[https://www.pbs.org/independentlens/content/two-spirits\\_map-html/](https://www.pbs.org/independentlens/content/two-spirits_map-html/)

“Disability Language Style Guide” by Arizona State University’s National Center on Disability and Journalism:  
<https://ncdj.org/style-guide/>

Relationships First Newfoundland and Labrador:  
<https://www.rfnl.org/home>

“Introduction to Restorative Justice” video by SchoolTalk DC:  
<https://www.youtube.com/watch?v=h2g7ZuTa-bY>

MediaSmarts:  
<https://mediasmarts.ca/>



## REVIEW: FACILITATION SKILLS

Take a look through the learning objectives for the module, and jot down anything that stood out to you in fulfilling the objectives. Maybe even write down any questions you have, or things you might want to learn more about in the future.

Learning Objectives	Key Items
Brainstorm group guidelines collaboratively with students to encourage a safer classroom space	
Identify examples of gender-inclusive, anatomy-specific, and disability-inclusive language to use in puberty and sexual health discussions	
Respond to unique and unfamiliar questions from students and <b>misinformation</b>	
Develop strategies to recover from mistakes as an educator, as well as harm caused by students	

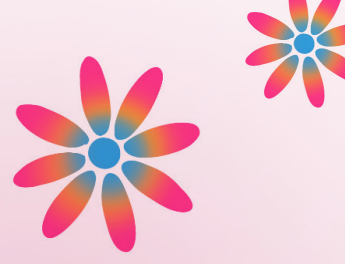




# NOTES

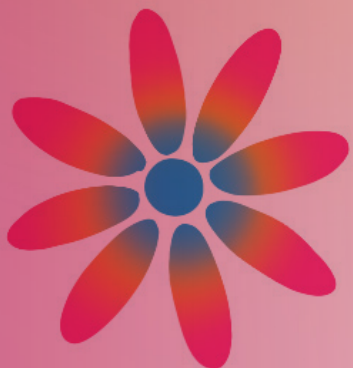
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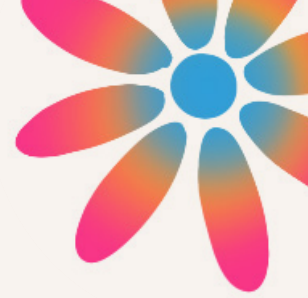




# ***Not Just The Tip***

MODULE 5:  
***Going Further***





# Going Further

## LEARNING OBJECTIVES

**After participating in this module, you will be able to:**

- Identify the types of resources you like to use in the classroom and what resonates with your students
- Critically evaluate resources and their applicability to your students
- Share sexual health information in a way that is useful, meaningful, and interesting to your students
- Collect feedback from students using a method that works for both you and your students
- Navigate pushback against comprehensive and inclusive sexual health education from parents and administrators

## INTRODUCTION

Sexual health educators are always selecting and evaluating resources for lesson planning. However, it is difficult to provide a list of our favourite resources, as there's no guarantee they will be relevant for every educator and every group of students. Instead, this module will support you in identifying and building the skills to seek out, vet, and adapt the resources and information that you and your classroom need.

As we discussed in the *Decentring Myself* module, you don't need to be the expert on every sexual health topic, and expecting yourself to be is unfair to both you and your students. Opening yourself up to continuously learning and seeking out new sexual health information, approaches, and classroom activities alongside learners will support both you and your students.



## REFLECTIONS

Why is it important for educators to continuously seek out new sexual health resources?

How and where do you typically find the resources you use in your sexual health classes? Does your school district/division provide a list of recommended resources?

Whose voices/sources do you gravitate toward? Whose knowledge are you most likely to see as true or valid? Why?

What kinds of experiences do you most often see reflected in the resources you find?

Who do you think is the target audience of most of the resources you find?

Why is it crucial for educators to adapt resources and information for their students' needs and interests?



## EXERCISE: CLASSROOM PROFILE (20 MINUTES)

The first step in finding and sharing sexual health resources with your students is identifying the types of resources you and your students resonate with and enjoy. This exercise will help you develop a profile of both you and your students, which you can use to tailor your search strategy to find the resources that work for your classroom.

**Note:** Your answers to the profile questions below might vary depending on the sexual health topic you're discussing and the comfort levels of both you and your students. Feel free to revisit these questions with specific topics in mind.

Educator Profile	Student Profile
1. How is sexual health addressed in our curriculum?	1. What have students learned in past years about sexual health (whether in the classroom or elsewhere)?
2. What do I like to do with my students? (e.g., I like to provide individual work, I like reading to my students, I like movement-based activities)	2. How do my students like to learn? (e.g., they like roleplaying activities, they like watching videos)
3. What will I realistically do or not do with them?	3. What resonates with them? What doesn't resonate with them? Why?
4. What is my comfort level with the concepts that need more attention/care with students?	4. What is the base knowledge level of students around these topics?
5. What support can I access to enhance the areas where I have limited knowledge?	5. What support can my students access to enhance the areas where they have limited knowledge?



## Classroom Profile

1. How well do my students and I align based on the answers to the questions above?

2. If my students prefer an approach to learning that I'm not comfortable with, what are some strategies or workarounds?

*For example: My students like to start with a dynamic discussion. I'm not as comfortable discussing a certain topic but want to make sure my students are engaged and excited at the beginning of the lesson. Maybe, I could find a video to play...*

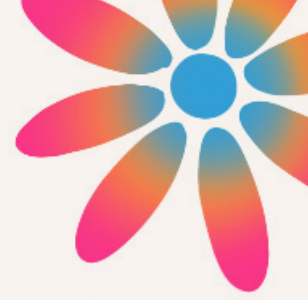
3. Can I provide students with a variety of options for participating?

*For example: One of my students is not comfortable acting out scenarios in front of the class. Instead, could they direct the scenario or write a script?*

4. What types of resources should I be seeking out? Why?

*For example: Worksheets, videos, roleplaying scenarios, movement-based activities, arts-based activities, etc.*





## WHERE TO FIND RESOURCES

Sometimes, it can be challenging to know where to start looking for sexual health resources and information. Here are a few paths you can take:

**Recommended resources** — Check with your administrator, curriculum leaders, and/or school board subject specialists to find out if there's a recommended list of vetted resources for your school division.

**Ask your colleagues** — Perhaps you have a colleague at work who also teaches sex ed or can at least provide a listening ear about your own plans. You may have colleagues who have a wealth of knowledge, experience, or resources regarding specific communities, intersections, and/or sexual health topics. Maybe you're part of other collegial communities you've found through professional development activities or online. Maybe some of the large communities of teachers and community educators on social media networks are a good fit for you. Whether you've had your teaching certification for one year or 30, you likely have connections and people you trust. Don't be afraid to ask for help!

**Connect with community-based educators** — Community-based sexual health educators live and breathe sex ed all year round and often have plenty of resources up their sleeves. If you're looking for a specific resource or research item, consider reaching out to them. And remember to do so with grace and patience. Like you, they're often very busy but care greatly about people having access to inclusive and comprehensive sexual health education.

**Connect with community-based organizations** — Community-based sexual health or **2SLGBTQI+** organizations often have many resources on hand and connections with sexual health educators and experts. If you're looking for resources on a specific topic or a community-based sexual health educator to connect with, consider reaching out to community-based organizations. As with reaching out to educators, remember to do so with grace and patience.

**Connect with educational organizations** — Some education-focused organizations create materials for their province or territory to help educators meet specific curricular goals. You can check if the educational organizations and associations in your region have developed any of these resources.

**Google it** — When all else fails, Google (or your preferred search engine) provides. We encourage you to exercise caution and critical thinking when using internet resources — but that doesn't mean you shouldn't use them at all. The internet is home to a vast collection of resources from a variety of alternative, trustworthy resources to popular, unreliable resources. For tips on how to assess a resource and its potential place in your classroom, read on.

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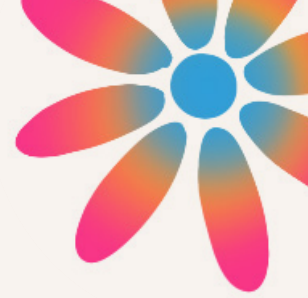
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**Browse national sexual health websites** — While we cannot provide a fulsome list of recommended resources that will meet the curriculum requirements for each province and territory, or the needs of every classroom, there are a few national platforms, organizations, and databases that we encourage you to browse:

- [Action Canada for Sexual Health & Right’s Resources](#)
- [CATIE \(Canadian AIDS Treatment Information Exchange\)](#)
- [OPHEA’s Human Development and Sexual Health Resources](#)
- [SIECCAN’s Sexual Health Education Promising Practices Portal](#)

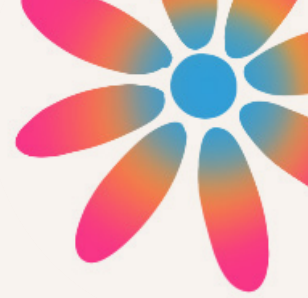
## VETTING RESOURCES

**Note:** Your school division may have policies/administrative procedures for choosing, vetting, and using resources. Please confirm any of these processes prior to selecting resources.

When you find a resource, it is important to take a moment to evaluate both the resource and the source of the resource before bringing it, or the information it contains, into your classroom.

Rather than creating a binary between “good” and “bad” resources, we have curated a list of questions that you can consider to critically evaluate resources and their applicability to your students. We encourage you to take these questions collectively, not as a ranking. For example, you might find some resources that are older but still relevant and some resources that are more recent but offensive and/or non-inclusive.

1. Who is the author and the source? What do I know about them? If the resource is community-specific, was it created by that community? (e.g., Was a resource discussing what it means to be Two-Spirit created by the Two-Spirit and/or Indigenous community?)
2. Whose voices are represented in this resource? Whose voices are missing?
3. When was the resource created? Is it timely?
4. Is this resource affiliated with or informed by a hateful group?
5. Is this resource connected to links that could be considered controversial if someone decided to check out the source as a whole?
6. Is this resource applicable to remote communities? Do these resources exist in our community?
7. What type of language does this resource use? Is the language inclusive? (You may want to look back at the Language and Vocabulary section of the *Facilitation Skills* module as you assess the resource.)



8. Does this resource include any content that could be considered discriminatory?
9. What is valuable in this resource? Why?
10. What do I want to take away from the resource? Why?
11. What do I want to leave behind in the resource? Why?

It is also important to be mindful of sexual health **misinformation** and **disinformation** and remain on the lookout for them. In short, **misinformation** is unintentionally inaccurate or misleading, whereas **disinformation** involves the intentional spread of false, misleading, biased, or sensationalized information to try to **influence** public opinion about specific topics and/or issues. **Disinformation** is a tactic used by some anti-abortion and anti-**2SLGBTQI+** groups to garner support for their cause.

Remember you do not need to take everything from any given resource into your classroom. If there is a single aspect of the resource that you think would be helpful, you can share it with your class or integrate it into an activity. If a resource uses out of date or harmful terminology, you can leave that behind. There is no perfect resource!

**Tip:** As you speak to specific communities, make sure you find the resources created by that community, and remember that empirical studies are not the only valid form of knowledge.

## KNOWLEDGE TRANSLATION

So, you've found a resource you like that meets the criteria — what now? Some sexual health resources are created with teachers and students in mind, but many do not share information in ways that are relevant, meaningful, or engaging for students. As a result, you might need to adapt a resource. Here are some things to keep in mind as you do:

**Think practical** — Consider what your students can DO with the information you've found. Ask yourself: Does the information in the resource support your students in making informed decisions about their bodies, health, relationships, pleasure, and sexual experiences? Reflect on whether there are any dots that need to be connected. For example, maybe you've found a resource that discusses the routes of transmission for different **STBBIs**. If the resource simply says, "chlamydia is passed through fluids," you might need to expand on that information to discuss how this affects the chances of transmission for certain sexual activities.

**Think inclusive** — You might find a nugget of truth in a resource that otherwise fails to meet the mark when it comes to inclusive and comprehensive sexual health education. Perhaps, there is important and relevant information, but it's conveyed in a way that others or marginalizes communities and/or sexual activities. Consider how you might reframe the information to be more inclusive and pleasure-focused. For example, the resource might say, "Women are most likely to be ovulating 14 days



after their period starts.” When adapting the resource for your lesson, you might edit it to say, “People who menstruate are most likely to be ovulating 14 days after their period starts.” Look to the *Facilitation Skills* module for concrete tips and examples of inclusive language.

**Think accessible** — Consider whether the resource you’ve found makes use of accessible language. Ask yourself if the level of language used is appropriate for your class. Reflect on whether the resource meets the accessibility needs of your students. You might need to rephrase certain information in terms your students will understand or reformat the resource to be accessible to your class.

**Think engaging** — Consider how you can share the information in a way that is exciting and engaging for your class. Look back at the classroom profile exercise of this module, and ask yourself how you might adapt the resource into a format that works for you and your students.

## COLLECTING FEEDBACK

As you share resources with your class, remember that you can always collect their feedback on the content you share and how you share it. You don’t need to come in with a perfect, polished lesson. Your work can be fluid — you can change, refine, and edit things over time. By collecting feedback from students, you open up a process of co-learning, where you can collaborate with and learn from students, make adjustments to meet their needs, build upon the passions present in your classroom, and facilitate a student-led learning experience, where students are active participants in their sexual health education.

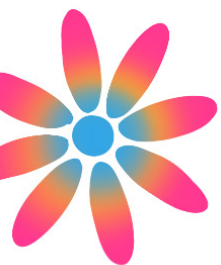
When you use a resource or an activity for the first time, consider creating opportunities for students to share if it worked for them, if it resonated and felt relevant, if it was joyful, and if they have any suggestions for what you could do differently next time, or what they might like to learn more about, explore, or engage with differently.

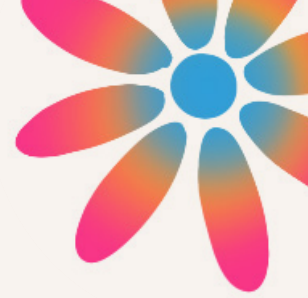
Sometimes, you might bring in a resource that turns out to be a dud and your students disengage. This is an opportunity to learn more about what your students like and dislike in the classroom. Check in with them about what they took away from the lesson and what didn’t resonate for them.

Depending on the class, you might collect feedback from students through an open class discussion, a repurposed anonymous question box, or an online form. Or you may decide to gather feedback through an exit card assessment by collecting anonymous written feedback from students at the end of the lesson or class.



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Providing respectful and useful feedback is a skill in itself. You may choose to model the process by providing students with sentence stems to guide their feedback. For example:

- I liked...
- I would have preferred if the resource/lesson...
- I found this confusing...
- I want to learn more about...

Over time, you'll learn and become better at vetting resources with the support of your students' feedback. Simultaneously, you'll affirm your students' voices and perspectives, and provide opportunities for them to practise reflecting on their learning experience, problem-solving, and providing respectful and constructive feedback.

## NAVIGATING PUSHBACK

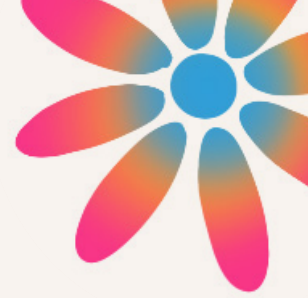
Despite the majority of parents in Canada being in favour of sexual health education in schools,<sup>16</sup> you may occasionally come across parents or administrators who push back against comprehensive and inclusive sexual health education. At the time of developing this toolkit, we're seeing increasing resistance against comprehensive and inclusive sexual health education for youth in school-based settings, particularly against topics surrounding gender, sexual orientation, and **2SLGBTQI+** identities and experiences. This may also impact community-based sexual health educators who deliver workshops in schools or to school-age youth.

Even though the majority of parents support comprehensive sexual health education, a vocal, well-organized minority of people in Canada oppose it. Increasingly, we're seeing politicians and lobby groups leveraging homophobic and transphobic concerns regarding sexual health education, including intentionally misrepresenting or fabricating what students are being taught, as well as manipulating data on **2SLGBTQI+** health, in order to gain political support and **power**.

As educators passionate about following best practices and providing youth with comprehensive and inclusive sexual health education, it can be challenging to navigate pushback from parents and administrators. This section aims to provide you with guidance on navigating potential pushback, while protecting the well-being of you and your students.

<sup>16</sup> Wood, J., McKay, A., Wentland, J., & Byers, S. E. (2021). Attitudes towards sexual health education in schools: A national survey of parents in Canada. *The Canadian Journal of Human Sexuality*, 30(1), 39–55. <https://doi.org/10.3138/cjhs.2020-0049>





## TIPS AND STRATEGIES FOR NAVIGATING PUSHBACK FROM PARENTS

**Familiarize yourself with existing policies and practices** — Whether you're working in a school-based or community-based context, your workplace likely has policies regarding what you can and can't do when delivering sexual health education, as well as complaint or feedback systems in place. It can be helpful to familiarize yourself with these policies and practices and rely on them as needed. Not only does this provide you with guidance on what you're required to do when concerns arise, but it also helps to depersonalize the situation. Knowing the policies in place can help you to keep communication with concerned parents focused on their concerns regarding the material being covered in sexual health education rather than on you as an educator or an individual.

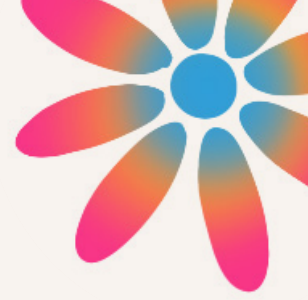
**Advocate for renewed policies if needed** — In becoming familiar with your school board or organization's policies, you may find they're out of date, or not sufficiently responsive to the current sociopolitical climate surrounding sexual health education. If so, you may consider advocating for a review of the policies to support smoother communication with parents in the future. In this scenario, it may be helpful to connect with other educators to gather further information and perspectives before collectively bringing your concerns to your administrators or leadership.

**Connect with other educators** — If you receive a complaint from a parent regarding the sexual health education you are providing, you may find it helpful to connect with other educators you work with. It is possible they received a similar complaint in the past, potentially even from the same parent. They may be able to share strategies they have implemented when speaking with concerned parents, or provide further context regarding the complaints a parent is making. Furthermore, your colleagues may be able to provide you with support, in feeling confident and empowered, and remind you that comprehensive and inclusive sexual health education is best practice.

**Tie it back to the curriculum and best practices** — If you are in a position of discussing your delivery of sexual health education with a concerned parent, try to tie your decisions about the material being covered in the lessons back to the curriculum or organizational mandate, as well as best practices in sexual health education and child protection.

**Practise active listening** — When engaging with a parent who is pushing back against sexual health education, try to practise active listening. Repeat their arguments back to them to make it clear that you really are listening prior to responding and clarifying your rationale or responsibilities related to the delivery of sexual health education.

**Keep documentation** — When communicating with a parent who is pushing back against sexual health education, we encourage you to document your communication to the best of your ability. This could mean communicating over email, so that your conversations are captured in writing, or taking thorough notes.



**Protect your well-being and safety** — While you can provide concerned parents with information or clarification on what is being covered in sexual health education and why, it is not your responsibility to go back and forth with a parent — especially if they are consistently ignoring what you've said or espousing **disinformation** or hatred. At that point, it is best to direct the parent towards an official complaint procedure. If a parent is harassing you, or you are being discriminated against because of your own identity or your perceived association to a marginalized community, that is not okay. You may also want to familiarize yourself with your school or organization's harassment policies and file a complaint if necessary.

**Remember who you answer to** — You might receive pushback from parents who do not have children attending your classes, or members of the community who are not parents at all. Remember that your work is first and foremost with the youth in your learning community. While that can mean communicating with learners' caregivers, you are not responsible for engaging with parents or community members who are not members of your school's community or do not have youth attending your lessons.

**Do what you can** — In instances where you feel limited in what you can discuss about sexual health due to pushback from parents, you may find it helpful to mention general health resources available in the community where youth can find more information. For example, some communities have a public health nurse or telehealth line available to answer a range of questions from community members, including questions relating to sexual health.

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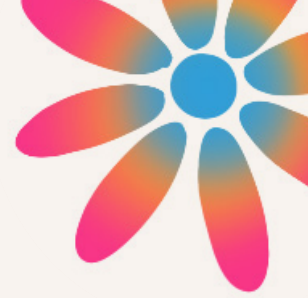
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# TIPS AND STRATEGIES FOR NAVIGATING PUSHBACK FROM ADMINISTRATORS OR LEADERSHIP

**Familiarize yourself with existing policies and practices** — Whether in a school-based or community-based setting, your workplace likely has policies related to what is expected or off limits related to sexual health education. Your workplace also likely has a procedure for expressing concerns or complaints regarding administrators or leaders. It can be helpful to familiarize yourself with these policies and practices so that you understand what you can and cannot do and can take recourse if necessary.

**Connect with other educators** — When experiencing pushback against sexual health education from administrators or leadership, you may consider connecting with educators you work with to see if they have experienced similar pushback. Your peers may be able to provide you with some guidance based on their own experiences, potentially with the same administrator or leader, which may inform your next steps.

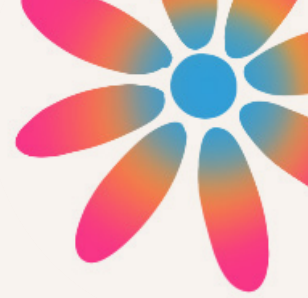
**Identify your allies** — Ask yourself: Are there people in your network, school community, or organization who you can connect with for support or who you may be able to align yourself with while advocating against pushback related to sexual health education? Are there other members of the administrative or leadership team you can talk with? Does your team include allied professionals like social workers or nurses? Are there supportive parents, or a parent teacher alliance, you can connect with?

**Connect with your union** — If you are a school-based educator and your administrator is pushing back against sexual health education and, in doing so, urging you or other educators to go against your professional commitments, you may consider reaching out to your union for support.

**Practise active listening** — When engaging with an administrator or leader who is pushing back against sexual health education, try to practise active listening. Repeating their concerns and arguments back to them can give you a moment to gather your thoughts and make it clear that you understand them, before responding and clarifying your rationale or professional responsibilities related to the delivery of sexual health education.

**Tie it back to the curriculum and best practices** — When speaking with an administrator or leader who is pushing back against sexual health education, it can be helpful to draw the connection between the material you discuss in the learning environment and the curriculum, mandate, and/or best practices you work from.

**Keep documentation** — Do your best to document your discussions with any administrator or leader who is pushing back against sexual health education. That might mean communicating over email and saving all messages, or taking thorough notes during or after your conversations.



**Protect your well-being and safety** — If an administrator or leader is espousing **disinformation** or hatred, harassing you, or discriminating against you because of your identity or your perceived association to a marginalized community, that is not okay. You may want to familiarize yourself with your school or organization’s harassment policies and file a complaint if necessary.

We acknowledge that in some cases, pushback can come from parents and administrators at the same time and that you may not have the support from certain administrators or leaders if you experience pushback.

**Note:** If parents, administrators, or leaders are pushing back against comprehensive and inclusive sexual health education, you may find that you start getting pushback from a few youth as well. This may take the form of harmful comments, rooted in oppressive ideology. Please refer to the *Facilitation Skills* module for more information on how to handle oppressive or harmful comments made by youth in the learning environment.

## WRAPPING UP

Going above and beyond as a comprehensive sexual health educator can be challenging, depending on your curriculum restrictions, experiences with pushback, the engagement level of students, and many other factors.

While improving your delivery of comprehensive sexual health education starts with you, it certainly doesn’t end with you. This module encourages educators to look beyond their current knowledge, experiences, and resources, and explore other sources of support to enhance their delivery. In order to prioritize diversity in representation of experiences related to sexuality and sexual health, tapping into other sources of knowledge is key. It also removes the burden for you to *know everything*, which, as we learned in our *Decentering Myself* module, is not an attainable goal.

We’ve explored what it looks like to navigate pushback from parents, school or school board administration, or leadership. While this can be a tricky thing to manage, remember that the work you do is invaluable; you are providing students with essential knowledge, skills, and outlets to ask questions and seek support.

While improving your work as a comprehensive sexual health educator is ongoing, celebrate the wins — like making your way through this toolkit! We hope it provides you with some support to keep growing as an educator, and that you’ll revisit the information and practice exercises throughout the next steps in your journey.

## REVIEW: GOING FURTHER

Take a look through the learning objectives for the module, and jot down anything that stood out to you in fulfilling the objectives. Maybe even write down any questions you have, or things you might want to learn more about in the future!

Learning Objectives	Key Items
Identify the types of resources you like to use in the classroom and what resonates with your students	
Critically evaluate resources and their applicability to your students	
Share sexual health information in a way that is useful, meaningful, and interesting to your students	
Collect feedback from students using a method that works for both you and your students	
Navigate pushback against comprehensive and inclusive sexual health education from parents and administrators	

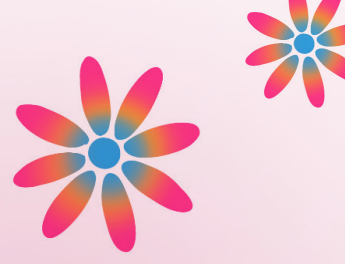




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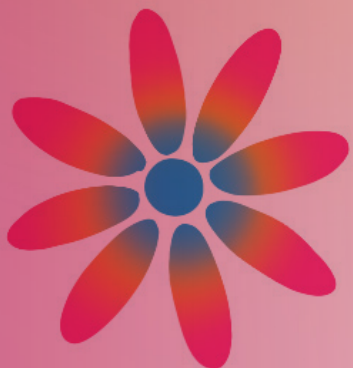
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# ***Not Just The Tip***

## ***Glossary of Terms***



# Glossary of Terms

**2SLGBTQI+:** An acronym that stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, with the '+' acknowledging all other non-heteronormative/cisnormative gender identities and sexual/romantic orientations.

**Cisgender:** A label used to describe people who are not transgender; a person whose gender identity is aligned with their sex assigned at birth.<sup>1</sup>

**Colonialism:** A system of domination and subjugation of a land and its people, based on the principle that the subjugated people are inferior. The European colonial project coincided with the development of racism and ethnocentrism, and these concepts were used to justify the domination of White Europeans over Indigenous populations.<sup>2</sup>

**Disinformation:** False information which is shared to intentionally mislead people.<sup>3</sup>

**Dominant Identities:** Identities in society that are favoured by the hierarchical system that allows certain individuals to have access to more resources and influence than others.<sup>4</sup>

**Empowerment:** The action of gaining power and control by removing the barriers that prevent individuals from doing something.<sup>5,6</sup>

**Influence:** To have an effect on others with the ability to persuade their actions, beliefs, or behaviours.<sup>7,8</sup>

**Institutional Power:** The authority to make decisions and have control over others in the form of institutions, in order to regulate and influence societal outcomes.<sup>9</sup>

**Intersectionality/Intersectional:** The concept that all oppression can overlap and is interconnected by social categories (e.g., race, class, gender, sexual orientation). This term was coined by Black feminist Kimberlé Crenshaw.<sup>10,11</sup>

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1 "Glossary of Terms: Transgender." GLAAD, May 1, 2023. <https://glaad.org/reference/trans-terms/>.

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4 Jones Jr., Richard. "8.1 Foundations of Culture and Identity." *Communication in the Real World*, September 29, 2016. <https://open.lib.umn.edu/communication/chapter/8-1-foundations-of-culture-and-identity/>.

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10 Coombes, Hannah. "Intersectionality 101: What Is It and Why Is It Important?" *Womankind Worldwide*, October 15, 2020. <https://www.womankind.org.uk/intersectionality-101-what-is-it-and-why-is-it-important/>.

11 Steinmetz, Katy. "Kimberlé Crenshaw on What Intersectionality Means Today." *Time*, February 20, 2020. <https://time.com/5786710/kimberle-crenshaw-intersectionality/>.



**Misinformation:** Information that is false or inaccurate.<sup>12</sup>

**Misogynoir:** The intersection of misogyny (hatred of women) and anti-Black racism to understand the specific hatred and oppression faced by Black women.<sup>13</sup>

**Neurodivergence:** This is a term that describes people whose brain develops differently from others. This can create strengths or difficulties for people who are neurodivergent.<sup>14</sup>

**Nonbinary/Non-binary:** A term used to describe people whose gender identity and/or gender expression falls outside of the gender binary, meaning outside of the categories of “man” and “woman.”<sup>15</sup>

**Oppression:** Cruel or unjust treatment with the misuse of power, and mainly seen in organized patterns known as systems of oppression.<sup>16,17</sup>

**Power:** Through the use of positional authority being exercised over others, the ability to impact the thoughts, development, and actions of others.<sup>18,19</sup>

**Privilege:** Unearned advantages given to specific groups of people based on their membership to a social group, which can lead to the use of unearned power. Privilege can be based on social identities, such as race, gender, status, religion, ability, etc.<sup>20</sup>

**Sexual Racism:** A specific form of racial prejudice employed in the context of sex and/or romance, which often manifests in voicing “preference” for some races over others in a romantic/sexual context. Despite framings of racial attraction as “personal preference,” sexual racism is instead closely associated with generic racist attitudes.<sup>21</sup>

**Social Determinants of Health:** This is a non-medical term that impacts the health outcomes in people’s lives. Some categorized examples are economic stability, health care access and quality, environment, social and community context, and education.<sup>22</sup>

12 “Misinformation and Disinformation.” American Psychological Association, July 2022. <https://www.apa.org/topics/journalism-facts/misinformation-disinformation>.

13 Asare, Janice Gassam. “Misogynoir: The Unique Discrimination That Black Women Face.” Forbes, September 12, 2023. <https://www.forbes.com/sites/janicegassam/2020/09/22/misogynoir-the-unique-discrimination-that-black-women-face/?sh=675b77ec56ef>.

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15 “Glossary of Terms: Transgender.” GLAAD, May 1, 2023. <https://glaad.org/reference/trans-terms/>.

16 “Social Identities and Systems of Oppression.” National Museum of African American History and Culture, December 28, 2021. <https://nmaahc.si.edu/learn/talking-about-race/topics/social-identities-and-systems-oppression>.

17 Merriam-Webster Dictionary. “Oppression Definition & Meaning.” Merriam-Webster. <https://www.merriam-webster.com/dictionary/oppression>.

18 Himmelfarb Health Sciences Library. “Research Guides: Team Dynamics: Dealing with Power and Influence.” George Washington University. January 12, 2023. <https://guides.himmelfarb.gwu.edu/teamdynamics/dealing-with-power-and-influence#:~:text=Difference%20Between%20Power%20and%20Influence,persuasion%3B%20often%20leading%20to%20respect>.

19 Botwin, Andy. “Power vs Influence: How Can It Make or Break Your Organization.” Strategy People Culture Consulting, November 21, 2022. <https://www.strategypeopleculture.com/blog/power-vs-influence/#:~:text=Power%20has%20been%20defined%20as,based%20on%20relationships%20and%20persuasion>.

20 “2021 Equity Challenge Day 3: What is Privilege?” United Way for Southeastern Michigan, 2021. [https://unitedwaysem.org/equity\\_challenge/day-3-what-is-privilege/#:~:text=Privilege%20is%20unearned%20access%20or,age%2C%20education%20level%20and%20more](https://unitedwaysem.org/equity_challenge/day-3-what-is-privilege/#:~:text=Privilege%20is%20unearned%20access%20or,age%2C%20education%20level%20and%20more).

21 Denton Callander, Christy E. Newman, and Martin Holt, “Is Sexual Racism Really Racism? Distinguishing Attitudes Toward Sexual Racism and Generic Racism Among Gay and Bisexual Men.” Archives of Sexual Behavior 44, no. 7 (2015), <https://doi.org/10.1007/s10508-015-0487-3>.

22 “Social Determinants of Health,” Social Determinants of Health — Healthy People 2030, accessed October 19, 2023, [https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20\(SDOH,of%20life%20outcomes%20and%20risks](https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20(SDOH,of%20life%20outcomes%20and%20risks).



**Social Identities:** Categories that are assigned to each person through birth or through a societal context. Examples include a person’s race, gender, sex, sexual orientation, age, class, etc.<sup>23,24</sup>

**Social Transition:** A term used to describe a transgender person’s process of bringing their gender expression in alignment with their gender identity in a social context; this might include telling people in their life, using a different name and/or pronouns, dressing differently, and more.<sup>25</sup>

**STBBI:** An acronym, which stands for Sexually Transmissible and Blood-Borne Infections.<sup>26</sup>

**STI:** An acronym, which stands for Sexually Transmissible Infections. Symptoms may not be present although the infections can still be transmitted.<sup>27</sup>

**Transgender:** A label used to describe people whose gender identity differs from their sex assigned at birth. Note that while transgender can be used as a gender identity label, people who are transgender may use other terms in addition to transgender to describe their gender.<sup>28</sup>

**Transmisogyny:** A term that intersects transphobia and misogyny: the oppression and discrimination of transgender people (transphobia) and the hatred of women (misogyny) intersecting to target transwomen and trans-feminine individuals.<sup>29</sup>

23 “Social Identities and Systems of Oppression.” National Museum of African American History and Culture, December 28, 2021. <https://nmaahc.si.edu/learn/talking-about-race/topics/social-identities-and-systems-oppression>.

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27 ibid.

28 “Glossary of Terms: Transgender.” GLAAD, May 1, 2023. <https://glaad.org/reference/trans-terms/>.

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**The Canadian Centre for Gender  
& Sexual Diversity (CCGSD)**

440 Albert Street C304  
Ottawa, Ontario K1R 5B5  
613-400-1875



**ccgsd-ccdgs.org**



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