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Questions & Answers:



Sexual Orientation in Schools

Canada 

Our mission is to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

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Preface

First published in 1994 and revised in 2003 and 2008, the Public Health Agency of Canada's *Canadian Guidelines for Sexual Health Education (Guidelines)* were developed to assist professionals working in the area of health promotion and sexual health education in programming which supports positive sexual health outcomes. Feedback from a national evaluation of the *Guidelines* indicated the need for companion documents to provide more detailed information, evidence and resources on specific issues. In response, the Public Health Agency of Canada (PHAC) identified a 'question and answer' format as an appropriate way to provide information to educators and other professional working with school-aged populations. The Questions and Answers styled documents are intended to cover a range of topics reflecting current issues in sexual health education with school-aged populations, are evidence-based and use inclusive language as reflected in the *Guidelines*.

This document, *Questions & Answers: Sexual Orientation in Schools*, is intended to address the most commonly asked questions regarding the sexual orientation of youth in school settings. The goal of this resource is to assist educators, curriculum and program planners, school administrators, policy-makers and health professionals in the creation of supportive and healthy school environments for youth struggling with issues of sexual orientation.

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In addition, the Public Health Agency of Canada would like to acknowledge the staff of the Sexual Health and Sexually Transmitted Infections (STI) Section, Centre for Communicable Diseases and Infection Control, for their contribution to the development of this document.

Introduction

In 1996, the Canadian Human Rights Act formally included “sexual orientation” among the prohibited grounds of discrimination and in 2009, Canada marked the 40th anniversary of the decriminalization of homosexual activity in Canadian law and legislation. Lesbian, gay, and bisexual individuals (collectively, sexual minorities) now have the same rights and responsibilities as *all* Canadian citizens. In the span of those forty short years, Canada has emerged as one of the most progressive Western countries in recognizing basic human rights of sexual minorities, including equal partner benefits, equal adoption and foster-parenting rights, non-discriminatory workplace policies, inclusive health care, and the legalization of same-sex marriage. Despite these measures of progress, individuals are still discriminated against on the basis of their actual or perceived sexual orientation¹.

These Questions and Answers are designed to support the implementation of the *Canadian Guidelines for Sexual Health Education*². The *Guidelines* are based on evidence that broadly-based sexual health education should reflect the diverse needs and realities of all people in ways that are age-appropriate, evidence-based, scientifically accurate, rights-based, culturally sensitive, respectful and inclusive of sexual orientation and gender diversity. It is the view of the *Guidelines* that inclusive “sexual health education should be available to all Canadians as an important component of health promotion and services”³.

These answers to frequently asked questions about sexual orientation⁴ in Canadian schools are based on evidence-based research. This resource is targeted at helping curriculum and program planners, educators (in and out of school settings), administrators, policy-makers, and health care professionals implement the current *Guidelines* to ensure that:

- 1 sexual health educational programming is inclusive of the pressing health, safety, and educational needs of sexual minority and questioning youth;
- 2 the experiences of sexual minority youth are included in all facets of broadly-based sexual health education; and
- 3 educators, administrators, and school board personnel are provided with a more thorough understanding of the goals and objectives of broadly-based and inclusive sexual health education.

QUESTIONING:

A person who is unsure of his or her sexual orientation.

What do we know about sexual orientation?

Sexual orientation is the term used to describe an individual’s sexual, psychological, and emotional feelings of attraction

SEXUAL

ORIENTATION:

A person’s affection and sexual attraction to other persons.

towards another person. Sexuality is considered to be an essential and natural characteristic of all people which begins to develop in early childhood and continues over the course of one’s lifetime.⁵ While the literature is divided on the exact mechanisms for the development of sexual orientation, research suggests that it is determined by numerous factors including hormonal, genetic, and environmental influences⁶. Importantly, research suggests that poor parenting, sexual abuse, and other adverse life events do not influence sexual orientation⁷.

Current research indicates that sexual orientation exists along a continuum of emotional and sexual attractions⁸. This continuum ranges from people who are only attracted to those of the opposite sex, to those who are only attracted to those of the same sex, and includes people who have varying

emotional and/or physical attractions to both people of the same and opposite sex. In addition, sexual orientation is not always the same as a person's sexual activity or sexual behaviour. Social, cultural, political, and religious factors impact on the extent to which an individual will self-identify as a sexual minority, become visible ("come out")

COMING OUT:

Often refers to "Coming out of the closet"—the act of disclosing one's sexual orientation or gender identity (e.g., to friends, family members, colleagues).

or remain silent and hidden ("in the closet"), and the extent to which they act on their attractions. Experiences with stigmatization, discrimination, and prejudice often prevent youth from positively integrating their sexual feelings and may inhibit them from publicly identifying as a sexual minority. For example, some individuals, especially during adolescence, may participate in a variety of sexual behaviours with same-sex partners and still identify themselves as heterosexual or not come out as homosexual.

There is often confusion between "sexual orientation" and "gender identity", however the two are very different.

GENDER IDENTITY:

A person's internal sense or feeling of being male or female, which may or may not be the same as one's biological sex.

in between or outside these categories. Like heterosexuals, some gay, lesbian or bisexual

HETEROSEXUAL:

A person who is physically and emotionally attracted to someone of the opposite sex. Also commonly referred to as straight.

Sexual orientation refers to an individual's emotional and sexual attraction which may be to members of the same or opposite sex, or both. Gender identity refers to an individual's sense of being male, female or an identity

GAY:

A person who is physically and emotionally attracted to someone of the same sex. The word gay can refer to both males and females, but is commonly used to identify males only.

LESBIAN:

A female who is attracted physically and emotionally to other females.

BISEXUAL:

A person who is attracted physically and emotionally to both males and females.

individuals will also struggle with their gender identity; however, we do not specifically address this issue in this document, focusing instead only on sexual orientation. A separate document entitled *Questions & Answers: Gender Identity in Schools* explores these issues more fully.⁹

TRANSGENDER:

A person whose gender identity, outward appearance, expression and/or anatomy does not fit into conventional expectations of male or female.

There are no sexual minority youth in my school. Why address these issues?

Sexual minority youth are attending Canadian schools, whether or not they make themselves known to staff, school administrators and/or peers. There are also students attending Canadian schools who have sexual minority siblings, parents/caregivers or other family members and friends.

Sexual minority youth remain invisible for several reasons. First, by assuming that there are no sexual minority youth in the schools, staff and administrators will not recognize that these students do exist. Second, due to experiences of bullying, discrimination, and stigmatization,

sexual minority youth often remain an invisible population in schools and they may choose to remain invisible out of concern for their own safety. Sexual minority youth who come out or access services which are inclusive and supportive of their sexual identity may be at risk of increased vulnerability as a result. Rather than assuming that there are no sexual minority students in your school, perhaps a more important question to ask is why they are not visible? Is the environment supportive of sexual minority youth or perpetuating their invisibility?

Current research indicates that between 2% and 10% of individuals in North American society are non-heterosexual¹⁰. In Canada, a recent demographic survey of over 105,000 junior and senior high school students, conducted by the Toronto District School Board, found that 8% of students in grades 9-12 identified as non-heterosexual or questioning their sexual orientation¹¹. Additionally, adolescent health research indicates that the average “coming out” age is now 15 or 16 years of age¹². These research findings illustrate how the issues of sexual orientation and sexual identity are relevant in today’s schools.

What are the health, safety, and educational concerns of sexual minority students in our schools today?

Homophobia and Harassment

Students may be harassed for being “gay” based on their presumed sexual orientation or not conforming to gender expectations, though the harassers may know nothing of their victims’ *actual* sexual orientation. The victimized students may not be certain of their sexual orientation themselves. Many students may have a sense of themselves as being ‘different’ in some way and vulnerable, but survive by “flying under the radar”. These students may prefer to not attract negative attention and, therefore, wait to come

out later in more supportive environments. “That’s so gay” has become embedded in youth culture as the prime put-down equivalent to “stupid” or the opposite of cool¹³. Many students use words like “faggot” and “homo” without a clear understanding of how they may be affecting their peers. Often tolerated in schools, these words are one aspect of homophobic bullying, and, if left unchecked, further reinforce the hostility, intolerance and negative perceptions of sexual minorities.

Research indicates that experiences of discrimination, stigmatization, violence, and the associated negative mental health outcomes disproportionately impact the physical, emotional, and educational lives of sexual minority youth. A study of 1,598 adolescents from five high schools in Ontario found “sexual minority adolescents reported significantly higher rates of bullying and sexual harassment than did heterosexual adolescents” and that lesbian, gay, bisexual students and “adolescents questioning their sexual orientation reported similar adjustment difficulties, victimization experiences, and perceived [lack of] social support.”¹⁴ In Canada, a 2008 survey conducted by the Centre for Addiction and Mental Health found that one-third of Grade 9 and Grade 11 boys reported being victims of homophobic insults, with roughly equal numbers of boys reporting having been perpetrators of such insults. Slightly fewer girls in Grade 9, about one-quarter, reported being victims and perpetrators of homophobic insults; among Grade 11 girls, reports of being victims and perpetrators of homophobic insults drop substantially¹⁵.

Mental Health

Stigma, prejudice, and discrimination can create a hostile and stressful social environment for sexual minority youth. This can lead to youth developing expectations of rejection, internalized homophobia, hiding their sexual orientation, feeling of shame and negative coping mechanisms¹⁶. Current research exploring key

INTERNALIZED HOMOPHOBIA:

A diminished sense of personal self-worth or esteem felt by an individual as a result of the experienced or presumed homophobia of others.

stressors in the lives of sexual minority youth identify that these youth experience greater and more severe risk factors, such as bullying and homophobic victimization and higher incidence of depression and substance abuse when compared with their heterosexual peers¹⁷. In particular, sexual minority youth who also face other risk factors, such as being an ethno-cultural minority, being homeless, living in care and/or being involved with the corrections system may be at further risk for negative health outcomes.

Suicide

Research studies focused on adolescent health consistently indicate that suicide is one of the leading causes of death of today's youth¹⁸. For sexual minority youth, suicide is the number one cause of death¹⁹. Research identifies that sexual minority youth are 1.5 to 7 times more likely to

MSM:

An acronym to describe men who have sex with men. The acronym is used to reflect the complexity of sexual orientation and, in particular, that some men who have sex with men do not identify as gay.

WSW:

An acronym to describe women who have sex with women. The acronym is used to reflect the complexity of sexual orientation and, in particular, that some women who have sex with women do not identify as lesbian.

attempt suicide than their heterosexual peers²⁰. Key risk factors for adolescent suicide, in general, include feelings of hopelessness, a history of family dysfunction, sexual abuse, substance

abuse, and the recent or attempted suicide of a family member or close friend²¹. In addition to these general risk factors, sexual-minority youth also face other risk factors including younger age of disclosure/coming out²², lack of family acceptance, and more frequent interpersonal conflict (such as bullying) regarding their sexuality²³.

One Canadian study found that lesbian, gay, and bisexual youth, when compared to their heterosexual peers, were more likely to:

- have had suicidal thoughts and a history of suicide attempts;
- experience greater physical and sexual abuse;
- have higher rates of harassment in school and discrimination in the community;
- have run away from home once or more in the past year;
- be sexually experienced and have either been pregnant or to have gotten someone pregnant;
- be current smokers, tried alcohol, or used other drugs;
- report higher rates of emotional distress;
- participate less frequently in sports and physical activity;
- report higher levels of computer usage/time; and,
- feel less cared about by parents/caregivers and less connected to their families²⁴.

Other Health Risks

Failure to provide accurate, non-judgmental, and age-appropriate information on sexual orientation within the school system represents not only a pressing safety and educational concern, but also a significant public health issue. The United Nations and the United States' Centers for Disease Control (CDC), indicate that young gay and bisexual males and young men who have sex with men are at significantly increased risk for HIV infection²⁵. This risk can be attributed to the experience of multiple forms of discrimination,

a lack of access to inclusive sexual health education, a sense of hopelessness and suicidal tendencies.²⁶ It is, therefore, critical that broadly-based sexual health education address the needs and concerns of those who are the most vulnerable in our society. All educators, health care professionals, and policy-makers have a duty of care and professional responsibility to facilitate inclusive sexual health education in order to support the health and well-being of all Canadian youth.

What do I do if a student discloses their sexual orientation to me?

If a student discloses their sexual orientation to you, you should respect that disclosure and honour the student's right to confidentiality²⁷. Confidentiality is a major concern for many youth who may be questioning their sexual orientation, have concerns for their safety, and/or are afraid of their parents'/caregivers' potential reaction to disclosure. A student's decision to come out is strongly influenced by issues of safety, vulnerability, individual comfort, and perceived levels of support and acceptance by significant people in their lives. If a student discloses their sexual orientation to you, they trust that you will receive this information in a positive and/or supportive way. Failing to protect a student's confidentiality may pose significant risks to the student if he or she is "outed" to their family, friends, teachers, coaches, or faith leaders before they themselves are ready and willing.

Researchers suggest that the coming out and coming to terms processes impact the mental health and emotional well-being of all sexual minority youth.²⁸ If sexual minority youth perceive their school environment as a threatening or hostile space, they may experience a profound sense of isolation, alienation, and fear of exposure, which may impact their feelings of self-worth, academic achievement, and sense of school connectedness. The coming out experience is also just the beginning of a larger process of

learning, understanding, negotiation and acceptance, which involves both the individual who discloses their non-heterosexual identity and the recipient of that disclosure by key individuals (i.e. parents and caregivers).

These students can be supported by creating a safe space for youth to explore and express their sexual diversity. This could start by paying attention to and addressing instances of homophobia when, and if, they occur and demonstrating an

HOMOPHOBIA:

Fear and/or hatred of homosexuality in others, often exhibited by prejudice, discrimination, intimidation, or acts of violence. Similarly, "transphobia" refers to the fear and/or hatred of transgender individuals and is exhibited by prejudice, discrimination, intimidation, or acts of violence. "Biphobia" refers to the fear and/or hatred of bisexual individuals and is exhibited by prejudice, discrimination, intimidation or acts of violence.

attitude of acceptance for sexual minority youth. When acts of homophobia are observed and/or reported, educators and administrators have a duty to react immediately and to create an environment where disrespect of any kind will not be ignored, and to build an understanding among all students of how both words and actions can hurt others.²⁹ There are many different ways for educators to deal with situations of homophobia in the school, including³⁰:

- addressing assumptions that being a sexual minority is a bad thing and reinforcing that everyone in the school environment deserves to be respected;
- confronting the stereotypes and misinformation behind the insults and abuse; and,
- making a plan with students to develop more appropriate responses to insults rather than physical violence or reverse name-calling.

Educators can also do a number of other things within their school environment to help support sexual minority youth. First, they can inform themselves about issues affecting sexual minority youth in their school environment. Second, teachers can help to support the formation of a gay-straight student alliance³¹. Another way to support sexual minority youth is through the provision of inclusive sexual health programming, in which students can access age-appropriate information about issues impacting their lives.

A student's sexual orientation is **not** a "lifestyle" choice and under no circumstances should a student be counselled to change or attempt to "repair" their sexual orientation. These kinds of "conversion" or "reparative" therapies have been criticized and discouraged by the American Psychological Association³² and by many teacher associations across Canada³³. Clinical research has demonstrated that these approaches are largely ineffective, ignore the impact of social stigmatization on mental health, and in some cases, can be extremely dangerous, particularly for vulnerable youth³⁴. Instead of attempting to change a student's sexual orientation, educators, administrators, and health care professionals should focus on helping the youth and their family to develop active coping mechanisms to address issues related to internalized homophobia, stigma, prejudice and discrimination. Access to age-appropriate and non-judgmental information will help students work towards positively integrating their sexual orientation into their sense of self.

What can schools do to support and improve the health and safety of sexual minority students?

Comprehensive school health, including broadly-based sexual health education, involves the entire school community coming together to work collectively to create an inclusive school environment, which emphasizes the values of

"reciprocity, equality, and respect ... [as the] pre-requisites for healthier and safer sexual and social relationships"³⁵. One of the successful programs to improve the feelings of safety of sexual minority students and incidents of homophobic violence within schools, has been Gay/Straight Alliances (GSAs).³⁶ GSAs have the advantage of requiring only that their members declare a concern to counter-act homophobic harassment **not** their sexual orientation to join. They build on the principle that social networks can overcome the paralyzing isolation felt by so many lesbian, gay and bisexual students and other students vulnerable to being labelled as gay. They can also create a safe space and a counter-weight to the intimidation exerted by harassers. A guide on how to create a GSA is included in the Resources section at the end of this document.

In creating a safe space at school, one result may be that lesbian, gay and bisexual students come out at school before they come out at home. It is important that disclosure remain **in the hands of the individual student** who can gauge when or if it may be safe to disclose at home. Schools that prematurely reveal students' lesbian, gay or bisexual identity may risk setting them up for violence or expulsion from home.

HETEROSEXISM:

The assumption that everyone is heterosexual and that this sexual orientation is superior. Heterosexism is often expressed in more subtle forms than homophobia.

What you can do

The following suggestions for teachers, schools, and the larger community are provided to stimulate thought and discussion on what educational stakeholders can do to create an environment in which broadly-based sexual health education is considered an absolute right for all students regardless of their sexual orientation.

Personally

- Educate yourself and provide professional development opportunities for your school staff, and school board members.
- Reflect critically on your personal values regarding sexuality. Take inventory of how these values may interfere with your professional obligation to provide education and services that respect the rights and needs of sexual minority youth.
- Make your classroom a safe and welcoming space by challenging stereotypes, name-calling, and homophobic bullying whenever you see or hear it occur³⁷.
- As part of broadly-based sexual health education, learn how to talk openly about sex, sexuality and sexual orientation.
- Explore how to approach issues of sex, sexuality, and sexual orientation with your colleagues and school administration.
- Articulate and support a rights-based approach in which knowledge, skills, and attitudes are linked to universally accepted human rights principles³⁸.
- Never counsel or attempt to “change” a student’s sexual orientation.
- Assist sexual minority youth in identifying resources where they can get information and support.³⁹
- Maintain student confidentiality when and where it is professionally appropriate.
- Consider supporting the creation of a Gay-Straight Student Alliance as a safe space in your school.⁴⁰
- Seize a teachable moment to educate students about sexual orientation, prejudice, and homophobia.
- Address assumptions that being gay, lesbian or bisexual is a bad thing and reinforce that everyone in the school environment deserves to be respected.

- Confront the stereotypes and misinformation behind insults and abuse of sexual minority youth.

TWO-SPIRIT:

Some Aboriginal people identify themselves as two-spirit rather than as bisexual, gay, lesbian or transgender. Historically, in many Aboriginal cultures, two-spirit persons were respected leaders and medicine people. Before colonization, two-spirit persons were often accorded special status based upon their unique abilities to understand both male and female perspectives.

- Confront stereotypes and homophobia of your colleagues.
- Explore with students more appropriate responses to insults than physical violence or reverse name-calling.

In the schools

- Advocate at the local, provincial and territorial levels for the use of the *Canadian Guidelines for Sexual Health Education* as a framework for developing a broadly-based sexual health curriculum, which includes sexual orientation and gender identity.
- Establish clear school policies to support teachers in the discussion and delivery of broadly-based sexual health education in the classroom.
- Read your provincial/territorial curricula to identify where and how sexual orientation is addressed. If it is not included, contact your Ministry representative.
- Encourage your school district to develop clear safe school policies, which explicitly include sexual orientation and same-sex parented families as protected grounds against discrimination.

- Become knowledgeable of community-based supports and services designed to assist sexual minority youth and their families in the coming out and coming-to-terms processes.
- Help sexual minority youth identify healthy and unhealthy behaviours, which impact their mental, physical, and sexual health.
- Increase educational and social supports for sexual minority youth by developing evidence-based programming (i.e. Gay-Straight Alliances and safe spaces) to foster peer acceptance, school connectedness, and student safety.
- Training sessions on sexual orientation issues should be made available for all staff. For example, Professional Development days could have workshops or presentations to raise awareness and levels of knowledge about the experiences and needs of sexual minority students. These workshops could provide an opportunity to discuss the skills needed to be a good ally and to develop an ‘action plan’ or list of concrete actions needed to improve the school environment for people of all sexual orientations.⁴¹

ALLY:

A person, regardless of his or her sexual orientation, who supports the human, civil, and sexual rights of sexual minorities

In the community

- Advocate for the basic human and sexual rights of sexual minorities to be treated with equality, dignity, and respect.
- Support the adaptation and age-appropriate delivery of current and broadly-based sexual health education at all grade levels.

- Emphasize that education in your school is for all students
- Challenge inaccurate or sensationalized media stereotypes or misinformation.

What can I do to support the parents/caregivers of sexual minority youth?

Families are not always a safe place for sexual minority youth. It is, therefore, important not to involve the parents/caregivers of sexual minority youth unless the youth themselves have already disclosed their identity to their families or you have a legal duty to report such as in the case of risk of self-harm. Involving parents/caregivers before a student has disclosed their identity to them may put the student at risk of mental, physical or emotional harm within their homes. Parents/caregivers whose children “come out” to them may have a variety of reactions ranging from loving acceptance to rejection and expulsion of the child from the home.⁴²

All parents/caregivers of sexual minority youth can be supported by directing them to community and counselling resources and support groups to help deal with the range of emotions including relief, shock, anger, grief, guilt, and shame. Parents/caregivers will likely be seeking answers to many questions and should be provided with information on sexual orientation to educate them on what their child is experiencing and why, as well as the health and safety concerns of their sexual minority child.⁴³ Parents/caregivers of sexual minority youth may need help in understanding that their child’s sexual orientation was not caused by poor parenting, nor did their child choose it.

Well-informed and accepting parents/caregivers can be allies in ensuring the healthy development and resiliency of sexual minority youth. Parents/caregivers can help sexual minority youth learn techniques of recognizing and combating stigma, discrimination, and verbal abuse, and to develop

LGBTQTQ:

A commonly used acronym for the constellation of lesbian, gay, bisexual, transgender, transsexual, two-spirited, and queer identities. Sexual minority is a synonymous term.

coping strategies.⁴⁴ All children, regardless of sexual orientation, need support, acceptance, and compassion from their families to thrive and parents/caregivers should be supported in this role to ensure the healthy development of sexual minority youth.

How can I help to build the resiliency of sexual minority youth?

Resiliency (or protective factors) can be considered as the internal and external influences that can have a positive impact on healthy youth development. They help to protect youth from engaging in unhealthy behaviours or destructive coping mechanisms. Individuals are born with an innate resiliency and the capacity to work to develop protective factors.

Research identifies the following key attributes that are often exhibited by resilient children and youth⁴⁵:

- Ability to solve problems proactively and think for themselves;
- Capacity to understand complex emotions and deal with frustration;
- Strong internal sense of control and sense of personal autonomy;
- Awareness of the structures of oppression, such as a hostile or homophobic school environment;
- Healthy self-concept and positive vision for the future;
- Resist internalizing put-downs and negative self-labelling;
- Have a sense of humour and a tendency not to hold grudges;

- Feel they have the ability to live a meaningful and rewarding life; and
- Work to develop and build friendships based on mutual support and trust.

Based upon these attributes, “schools, institutions, and community groups can foster these qualities by helping young people establish relationships with caring adult role models and by providing environments that recognize achievements, provide healthy expectations, nurture self-esteem, and encourage problem-solving and critical thinking skills”⁴⁶.

QUEER:

Historically, a negative term for homosexuality. More recently, the LGBTQTQ community has reclaimed the word and uses it as a positive way to refer to itself.

Teachers and schools can do several key things to build the resiliency of sexual minority youth, including:

- Creating a support or social group where they feel part of a community can lead to greater sense of self-worth and increase the likelihood that they will remain in school. Research conducted in Canadian schools indicates that low behavioural attachment and high feelings of alienation within school leads to greater risk of dropping out.⁴⁷
- Making resources on sexual orientation available in the school libraries and included in the curricula. For example, consider introducing books into lesson plans which address prejudices and sexual orientation issues (for a list of resources, see the list at the end of this document). Exposing students to issues of sexual orientation and related resources will not cause students to question their sexual orientation. Rather, it provides assurance to the student who already knows that they are different and who

often suffers the consequences of that difference (i.e., name-calling, harassment etc.), that they are not alone.

While some sexual minority youth experience significant negative school and life experiences because of prejudice and stigmatization, other sexual minority youth do not experience these negative mental health and educational outcomes. The difference between those youth at-risk and those who are resilient is often the differing levels of support they receive from important adults in their lives, such as their parents/caregivers, teachers, administrators, coaches, or faith leaders.

Although many sexual minority youth experience risk and protective factors which are the same as their heterosexual peers, several critical factors have been identified to help support these youth in the development of a “resilient mindset”⁴⁸.

These protective factors include:

- supportive and caring teachers and adults; and
- a sense of belonging and safety at school.
- a strong sense of family connectedness;
- access to community resources⁴⁹

All of these factors are critical targets for interventions designed to help sexual minority youth move from feeling at-risk to becoming resilient in their schools, families, and communities. Targeted interventions should also include dedicated work with families and caregivers of sexual minority youth to help them positively address issues of sexual identity. In doing so, families and caregivers will be able to support the enhanced mental health, safety, emotional well-being, and personal resiliency of sexual minority youth in their care.

Concluding Perspective

Ultimately, when working with sexual minority youth, educators should always strive to respect a student’s human rights and dignity. Evidence-based strategies should be used to support age-appropriate discussions on sexuality, sexual health, and informed decision-making. The *Canadian Guidelines for Sexual Health Education* represents one important resource educators can use to assist them in assessing their current sexual health education programs to ensure that they are accurate, evidence-informed, and non-judgmental. The *Guidelines* also provide guidance on how to plan, implement and evaluate sexual health education that is inclusive of the health, safety, and educational needs of sexual minority youth.

The failure to respond adequately to the pressing educational, social, cultural, and public health needs of sexual minorities removes these youth from key supports and protective factors in their lives. These critical absences exacerbate the complex and multiple risk factors they experience as vulnerable youth who need to be supported to grow into resilience and become healthy, happy, and productive adults.

Additional Resources

The opinions expressed in these resources are those of the authors/organizations and do not necessarily reflect the official views of the Public Health Agency of Canada.

Note: Before using these resources with students, it is advisable to preview them as some may contain sensitive content and may not be appropriate for all ages.

I. Organizations

Alberta Government's Office for the Prevention of Family Violence and Bullying Homophobic Bullying

www.b-free.ca (Resources for Youth)
www.bullyfreealberta.ca (Resources for Parents/caregivers)

Government of Alberta
PO Box 1333
Edmonton, Alberta T5J 2N2
Tel: (780) 427-2711 • Fax: (780) 422-2852

Alberta Teachers' Association Sexual Orientation and Gender Identity

www.teachers.ab.ca (Click on Issues in Education, Diversity, Equity & Human Rights, Sexual Orientation and Gender Identity)

Edmonton Office (Barnett House)
11010 142 Street NW
Edmonton, Alberta T5N 2R1
Tel: (780) 447-9400 • Toll free: 1-800-232-7208
Fax: (780) 455-6481

Calgary Office (SARO)
3016 5 Avenue NE Suite 106
Calgary, Alberta T2A 6K4
Tel: (403) 265-2672 • Toll free: 1-800-332-1280
Fax: (403) 266-6190

This website has been designed to assist educators in their legal, professional and ethical responsibilities to protect all students and to maintain a safe, caring and inclusive learning environment. Addressing homophobia, transphobia and heterosexism is an important part of that obligation. This website provides Alberta teachers with information, contacts and resources that can assist them in creating safe, caring and inclusive learning environments for LGBTQ students, staff and same-gender parented families.

British Columbia Teachers' Federation Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Issues in Schools

www.bctf.ca/SocialJustice.aspx
(Click on Issues and LGBTQ Issues in Schools)

100 - 550 West 6th Avenue
Vancouver, British Columbia V5Z 4P2
Tel: (604) 871-2283 • Toll free: 1-800-663-9163

The British Columbia Teachers' Federation has created the lesbian, gay, bisexual, transgender and questioning (LGBTQ) Action Group to help support you in your work as teachers or social justice activists. One of our immediate goals is to improve access to resources on LGBTQ issues for teachers. Another goal is to provide support for rural and isolated locals. We have developed a comprehensive action plan with actions and timelines over a multi-year period.

Calgary Health Region (Alberta Health Services)

www.teachingsexualhealth.ca
Alberta Health Services Corporate Office
700 Manulife Place
10180 - 101 St.
Edmonton, Alberta T5J 3S4
Tel: (780) 342-2000 • Toll free: 1-888-342-2471
Fax: (780) 342-2060

An innovative website developed by Alberta educators and health professionals to help achieve excellence in teaching sexual health.

Canadian Federation for Sexual Healthwww.cfsh.ca

Canadian Federation for Sexual Health
 1 Nicholas Street, Suite 430
 Ottawa, Ontario K1N 7B7
 Tel: (613) 241-4474 • Fax: (613) 241-7550
 Email: admin@cfsh.ca

Centre for Suicide Preventionwww.suicideinfo.ca

Suite 320, 1202 Centre Street S.E.
 Calgary, Alberta T2G 5A5
 Tel: (403) 245-3900 • Fax: (403) 245-0299
 Email: csp@suicideinfo.ca

The Centre for Suicide Prevention (CSP) is an education centre specializing in curriculum development; training programs; library and information services. The purpose of the Centre is to inform and equip people with additional knowledge and skills in the prevention of suicide.

Egale Canadawww.egale.ca

Tel: (613) 230-1043 • Toll Free: 1-888-204-7777
 Fax: (416) 642-6435
 Email: egale.canada@egale.ca

Egale Canada is a national organization committed to advancing equality and justice for lesbian, gay, bisexual and trans-identified people, and their families, across Canada.

Elementary Teachers' Federation of Ontario**Challenging Homophobia and Heterosexism**www.etfo.ca/AdvocacyandAction

(Click on Social Justice and Equity)
 480 University Avenue, Suite 1000
 Toronto, Ontario M5G 1V2
 Tel: (416) 962-3836 • Toll Free: 1-888-838-3836
 Fax: (416) 642-2424

Part of the Elementary Teachers' Federation of Ontario's mission is the education, stimulation, and transformation of provincial and local organizations to be responsive to the diverse needs of the membership, and to be a positive influence for change

at a societal level. The Elementary Teachers' Federation of Ontario strives to reflect diversity in all aspects of its operations.

HelpingOut: Addressing Homophobia in Manitoba Schoolswww.HelpingOut.ca

170 Scott Street
 Winnipeg, Manitoba R3L 0L3
 Tel: (204) 474.0212 • Fax: (204) 478.1160
 Email: info@rainbowresourcecentre.org

HelpingOut is a safe starting point for students and educators dealing with issues surrounding sexual diversity in the education system. We offer information to help promote understanding, guidance on how to provide support, and resources to meet your specific needs.

PFLAG Canada<http://www.pflagcanada.ca>

1633 Mountain Road, Box 29211
 Moncton, New Brunswick E1G 4R3
 Tel: (506) 869-8191
 Toll Free: 1-888-530-6777 (English)
 Toll Free French Support Line: 1-888-530-6483
 Fax: (506) 387-8349
 Email: execdirector@pflagcanada.ca

PFLAG Canada is a national organization that helps all Canadians who are struggling with issues of sexual orientation and gender identity. PFLAG Canada supports, educates and provides resources to parents, families, friends and colleagues with questions or concerns.

Public Health Agency of Canadawww.publichealth.gc.ca/sti

Sexual Health and Sexually Transmitted Infections
 Community Acquired Infections Division
 Centre for Communicable Diseases and
 Infection Control
 Public Health Agency of Canada
 100 Eglantine Driveway, Health Canada Building
 A.L. 0602C, Tunney's Pasture
 Ottawa, Ontario K1A 0K9
 Fax: (613) 957-0381

Sexuality and U

www.sexualityandu.ca

The Society of Obstetricians
and Gynaecologists of Canada
780 Echo Drive, Ottawa, ON K1S 5R7
Tel: (613) 730-4192 • Toll free: 1-800-561-2416
Fax: (613) 730-4314
Email: helpdesk@sogc.com

www.sexualityandu.ca is committed to providing credible and up-to-date information and education on sexual health.

II. Programs

American Library Association Rainbow Project

www.rainbowlist.wordpress.com

The Rainbow Project is a joint project of the Gay, Lesbian, Bisexual, and Transgendered Round Table and the Social Responsibilities Round Table of the American Library Association. The Rainbow Project presents an annual bibliography of quality books with significant and authentic GLBTQ content, which are recommended for people from birth through eighteen years of age.

Camp fYrefly

www.fyrefly.ualberta.ca

7-104 Department of Educational Policy Studies
Faculty of Education, University of Alberta
Edmonton, Alberta T6G 2G5
Tel: (780) 492-0772 • Fax: (780) 492-2024
Email: fyrefly@ualberta.ca

Camp fYrefly is an educational, social, and personal learning retreat for lesbian, gay, bisexual, trans-identified, two-spirited, queer, and allied (LGBTQ&A) youth. It focuses on building and nurturing their leadership potential and personal resiliency in an effort to help them learn how to make significant contributions to their own lives and to their schools, home/group-home environments, and communities. The camp is designed for LGBTQ&A youth between the ages of 14 and 24.

Institute for Sexual Minority Studies and Services

www.ismss.ualberta.ca

7-104 Education North Building
Faculty of Education, University of Alberta
Edmonton, Alberta T6G 2G5
Tel: (780) 492-0772 • Fax: (780) 492-2024
Email: iSMSS@ualberta.ca

The Institute's mission is to help enhance possibilities for groundbreaking research, policy development, education, community outreach, and service provision focused on sexual minorities and their issues and concerns.

Mental Health America

What Does Gay Mean? How to Talk with Kids
About Sexual Orientation and Prejudice.

www.mentalhealthamerica.net/go/what-does-gay-mean

2000 N. Beauregard Street, 6th Floor
Alexandria, Virginia 22311
Tel: (703) 684-7722 • Toll free: 1-800-969-6642
Fax: (703) 684-5968
Email: infoctr@mentalhealthamerica.net

What Does Gay Mean? is a new anti-bullying program designed to improve understanding and respect for youth who are gay/lesbian/bisexual/transgender (GLBT). Centered on an educational booklet, called "What Does Gay Mean?" How to Talk with Kids About Sexual Orientation and Prejudice, the program encourages parents and others to communicate and share values of respect with their children.

Rainbow Resource Centre

www.rainbowresourcecentre.org

170 Scott Street, Winnipeg, Manitoba R3L 0L3
Tel: (204) 474-0212 • Fax: (204) 478-1160
Email: info@rainbowresourcecentre.org

The Rainbow Resource Centre is a not-for-profit community organization that provides support and resources to the gay, lesbian, bisexual, transgender and two-spirit communities of Manitoba and North Western Ontario.

Supporting our Youth

www.soytoronto.org

333 Sherbourne Street, 2nd Floor
Toronto, Ontario M5A 2S5

Tel: (416) 324-5077 • Fax: (416) 324-4188

Email: soy@sherbourne.on.ca

Supporting Our Youth (SOY) is an exciting, dynamic community development project designed to improve the lives of lesbian, gay, bisexual, transsexual and transgendered youth in Toronto through the active involvement of youth and adult communities. It works to create healthy arts, culture and recreational spaces for young people; to provide supportive housing and employment opportunities; and to increase youth access to adult mentoring and support.

III. Non-fiction books

Canadian Federation for Sexual Health. (2002). *Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities.* Ottawa, ON: Canadian Federation for Sexual Health.

"Finding Our Way is the first comprehensive Canadian resource on sexual and reproductive health within an Aboriginal cultural context. This 335-page Sourcebook includes up-to-date information, teaching resources, program models, and personal stories on sexual and reproductive health issues as defined by Aboriginal peoples. It was co-produced by the Aboriginal Nurses Association of Canada and the Canadian Federation for Sexual Health."⁵⁰

Gay and Lesbian Educators of BC. (2004). *Challenging Homophobia in School (2nd Edition).* Vancouver, BC: GALE BC.

"A K to 12 resource for educators, counsellors and administrators to aid in the support of, and education about, Gay, Lesbian, Bisexual and Transgender youth and families."⁵¹

Gay and Lesbian Educators of BC. (2004). *Creating and Supporting a Gay/Straight Alliance (2nd Edition).* Vancouver, BC: GALE BC.

Gay and Lesbian Medical Association. (2006). *Guidelines for care of lesbian, gay, bisexual, and transgender patients.* San Francisco, CA: Gay and Lesbian Medical Association.

Lagartera, R. (2009). *Shout Out: Against Homophobia, Biphobia, Transphobia and Heterosexism.* Winnipeg, MB: Rainbow Resource Centre.

"The purpose of this booklet is to share information about some of the challenges, provide resources to help you cope, and let you know loud and clear: you are not alone!"⁵²

Perrotti, J. & Westheimer, K. (2001). *When the Drama Club is Not Enough. Lessons from the Safe Schools Program for Gay and Lesbian Students.* Boston, MA: Beacon Press.

"When the Drama Club Is Not Enough presents the work of two young activists who have been at the forefront of the successful Safe Schools Program for Gay and Lesbian Students in Massachusetts, a model for states and school districts nationwide. They give concrete, hard-won, and often inspiring lessons on integrating gay and lesbian issues to create powerful change for school communities."⁵³

Public Health Agency of Canada. (2008). *Canadian Guidelines for Sexual Health Education.* Ottawa, ON: Public Health Agency of Canada.

IV. Fiction books

Garden, S. (2004). *Molly's Family.* New York, NY: Farrar, Straus and Giroux.

"The members of Ms. Marston's kindergarten class are cleaning and decorating their room for the upcoming Open School Night. Molly and Tommy work on drawing pictures to put on the walls. Molly draws her family: Mommy, Mama Lu, and her puppy, Sam. But when Tommy looks at her picture, he tells her it's not of a family. "You can't have a mommy and a mama," he says. Molly doesn't know what to think; no one else in her class has two mothers. She isn't sure she wants her picture to be on the wall for Open

School Night. Molly's dilemma, sensitively explored in words and art, shows readers that even if a family is different from others, it can still be happy, loving, and real."⁵⁴

LaRochelle, D. (2005). *Absolutely, Positively Not*. Markham, ON: Scholastic Inc.

"Steven's a 16-year-old boy with two obsessions: sex and getting his driving license. The problem is, Steven's not thinking girls when he's thinking sex. Could he be — don't say it — gay? Steven sets out to get in touch with his inner he-man with Healthy Heterosexual Strategies such as "Start Hanging Out with the Guys," and "Begin Intensive Dating." But are Steven's tactics going to straighten him out, or leave him all twisted up? Absolutely hilarious. Positively sidesplitting. But absolutely, positively NOT GAY!"⁵⁵

Sanchez, A. (2004). *So Hard to Say*. New York, NY: Simon & Schuster Inc.

"When Frederick shows up at school, Xio is thrilled. The new boy is shy, cute, and definitely good boyfriend material. Before long, she pulls him into her lively circle of friends. Frederick knows he should be flattered by Xio's attention. After all, she's popular, pretty, and a lot of fun. So why can't he stop thinking about Victor, the captain of the soccer team, instead?"⁵⁶

Settingington, K. (2004). *Mom and Mum are Getting Married*. Toronto, ON: Second Story Press.

"This is a celebration of love and family. When Rosie comes home to find her Mom dancing alone in the living room - on a school day - she knows something wonderful is about to happen. So when one of her two mothers announces, "Your Mum and I are getting married!" they can't wait to start planning the big day. Rosie has so many questions. Will she get to be a flower girl? Can she get a new dress? Will there be food and a fabulous wedding cake? At this party, friends, family and fun come together for a joyous celebration of love in a changing world."⁵⁷

V. Films

***Apples and Oranges*. (2005).**

Run time: 18 minutes, Rating: NR (Not Rated)

"*Apples and Oranges* is designed to raise awareness of the harmful effects of homophobia and gender-related name calling, intolerance, stereotyping and bullying."⁵⁸

***It's Elementary: Talking About Gay Issues in Schools*. (1996).**

Run time: 78 minutes, Rating: NR (Not Rated)

"*It's Elementary* takes cameras into classrooms across the U.S. to look at one of today's most controversial topics — whether and how gay issues should be discussed in schools. Rather than focusing on the political debate between adults, though, the film takes the point of view of the school children. At its heart are inspiring scenes in which elementary and middle school teachers find creative ways to confront anti-gay prejudice. Each DVD comes with an electronic and print version of an extensive curriculum guide that can be easily used by parent advocates, university educators, or K-12 educators."⁵⁹

***That's a Family!* (2000).**

Run time: 35 minutes, Rating: NR (Not Rated)

"With revealing honesty and a touch of humor, children from over 50 diverse families open the door to their homes and explain things like "divorce," "mixed race," "gay and lesbian parents," "birth mom," "single parent," "guardian," and "stepdad" — and get right to the point of what they wish other people would understand about their families."⁶⁰

Endnotes

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