



Muskoka / Parry Sound Coordinated Sexual Assault Services

PC Government repeals Ontario's updated (2015) Health and Physical Education Curriculum: *MUSKOKA PARRY SOUND SEXUAL ASSAULT SERVICES Responds*

This September, Ontario will revert to an outdated 1998 sex-ed curriculum. MPSSAS believes that this shift will adversely impact Ontario's young people. MPSSAS's public education program has offered education on sexual violence prevention in our two districts for many years. We know that young people wish to learn about consent, healthy relationships and other related topics because it is relevant to their lives.

Providing comprehensive sex-ed is first and foremost "about making sure that young people receive the information they need and are entitled to in order to live safe, healthy and fulfilling lives"¹. But with the repealing of the 2015 sex-ed curriculum, Ontario youth will miss out on the following vital content:

I. Education which fosters the prevention of sexual violence

Ontario's 2015 Health and Physical Education Curriculum includes information about equitable and safe relationships, consent, sexual violence and online violence that young people need today. This is particularly important because we know that young populations are at a high statistical risk of experiencing sexual violence. For example:

- In a Canadian justice report, males made up 29% of child victims and 12% of youth victims². For males, being under 12 years old heightens their vulnerability to being targeted for sexual offences³
- Young women between the ages of 15 and 25 years in Canada are the age group most likely to experience sexual or relationship violence⁴
- Young women from excluded groups are more vulnerable to being targeted for sexual harassment and sexual assault⁵. This includes women of colour, disabled women, intersex, queer, trans, and Two Spirit women.

At MPSSAS, we believe that education on sexual violence goes a long way towards prevention. Education offers innovative ways to challenge sexual assault myths and victim-blaming; and to reach out to diverse and young populations to talk about things that **they may not be having conversations about at home**. Education on sexual violence contributes to the prevention of sexual assault by:

- Supporting young people to understand their rights. By being prepared to offer information about sexual violence, educators help equip young people with a clear understanding of their bodies, their rights and where to go should they ever need support.

¹ Action Canada for Sexual Health & Rights. Ontario's Roll-Back on Sex-Ed Puts Health and Lives at Risk. July 11, 2018. Online: <https://www.actioncanadashr.org/ontarios-roll-back-on-sex-ed-puts-health-and-lives-at-risk/>

² Juristat Canadian Centre for Justice Statistics. *Sexual Offenses in Canada*. 2004: 1

³ Measuring Violence Against Women: Statistical Trends 2006, Statistics Canada

⁴ Canadian Women's Foundation, 2012, as cited in *An Exploratory Study Of Women's Safety At The University Of Toronto Mississauga: A Gender-Based Analysis* by Paula DeCoito Ph.D. Social Planning Council of Peel. July 2013, 19.

⁵ Wolfe and Chiodo, CAMH, 2008, p. 3.

- identifying the continuum of sexual violence (from harassment to rape)
- Supporting young people to challenge sexual assault myths
- Knowing the laws concerning sexual assault and consent

Education can also help others learn how to respond to survivors who disclose their experiences, and direct them to helpful supports in the community. Research indicates that many survivors wish to talk about their experiences, but fear the reactions of others. When survivors receive a positive response from their disclosures, the benefits of talking about one's experience of sexual violence are in fact "associated with improved psychological health, increased comfort, support, and validation, and desired outcomes such as penalizing the perpetrator and protecting others"⁶. Other research shows that young survivors are most likely to disclose to a peer, family member or someone with whom they have a prior trusting relationship (that is, not necessarily to a social worker or other professional)⁷.

For these reasons alone, it's important to talk with young people about sexual violence in the very spaces in which they spend much of their time – including at school.

II. Education which includes lesbian, gay, bisexual, trans, queer, intersex, questioning and Two Spirit (LGBTQI2S)⁸ folks in its approach to health

Young people whose families identify as LGBTQI2S – and youth who are LGBTQI2S – can see themselves reflected in the updated (2015) Ontario Health & Physical Education Curriculum content. Other youth can see LGBTQI2S individuals and families reflected in the curriculum, as well.

The inclusion of LGBTQI2S people and communities in the curriculum reflects the lived realities of diverse sexuality, gender identity, gender expression and diverse bodies in Ontario. When these realities are not intentionally included, many in our community become socially *excluded*. This can mean internal and external stigmatization, discrimination, victimization by others, lack of societal understanding, secrecy or concealment within social environments^{9, 10}. We also know that, like many others from excluded or marginalized communities, LGBTQI2S people experience sexual violence differently than others: for example, young women from marginalized sexual groups are more vulnerable to being targeted for sexual violence¹¹; and according to TransPulse, half of all trans persons experience sexual violence.

For these reasons, it is vitally important that the Ontario Health & Physical Education Curriculum maintains content on diverse ways of being, including sexual identity, gender identity and gender expression.

⁶ Violence against Women Learning Network, Centre for Research & Education on Violence Against Women and Children, Western University. May 2012. Overcoming Barriers and Enhancing Supportive Responses: The Research on Sexual Violence Against Women A Resource Document: 25.

⁷ Ahrens, C.E and Erendira Aldana. The Ties That Bind: Understanding the Impact of Sexual Assault Disclosure on Survivors' Relationships with Friends, Family, and Partners. In *Journal of Trauma & Dissociation*, 13:226–243, 2012.

⁸ The acronym 'LGBTQI2S' is used here to reference all people with diverse gender identities and experiences of attraction (sexual orientation), including those who identify as lesbian, gay, bisexual, trans, Two Spirit, intersex, queer or questioning.

⁹ Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. doi:http://dx.doi.org/10.1037%2F0033-2909.129.5.674

¹⁰ Everett, B. (2015). Sexual orientation identity change and depressive symptoms: a longitudinal analysis. *Journal of Health and Social Behavior*, 56(1), 37-58. doi:10.1177/0022146514568349

¹¹ Wolfe and Chiodo, CAMH, 2008, p. 3.

III. Education which fosters youth mental health by addressing the above two subjects.

Research shows that people can experience significant distress and concerns for their safety as a result of cyber-sexual harassment, sexual harassment in the workplace and sexual assault, stalking, and trafficking for sexual exploitation¹². Ontario's *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* also recognizes this important correlation, noting that "health consequences of sexual assault extend to mental health consequences [which] can be severe and long-term, including anxiety and panic attacks, eating disorders, substance abuse, depression and other mental health problems"¹³. For those from marginalized communities, the experience of sexual violence may further exasperate existing concerns connected to social exclusion, mental health and wellness¹⁴.

There is no disputing that sexual violence has profound impacts on the lives of survivors – however, those who have been victimized also show great resilience, self-awareness and strength. Moreover, appropriate supports and a respectful recognition of survivors' experiences can make a huge difference in their recovery¹⁵.

Education can have a significant role in this. It can support survivors of violence to name their experiences and normalize their reactions to violence, thus contributing to their wellness. Education on sexual violence, healthy relationships and consent can also help survivors realize that supportive resources exist, and connect them with counselling or health services in their local communities.

What now?

The updated curriculum provided improved information, skills, and strategies needed to keep our children and youth healthy and safe. From affirming gender diverse youth to recognizing signs of cyber abuse, it is essential that education in Ontario reflects the realities of the 21st century¹⁶.

But as of September, Ontario students will receive one of the most outdated curriculums in Canada compared to other provinces and territories — one which no longer includes these important subjects. Here's what you can do now:

- Share the information here with others you know
- Contact our MPP Norm Miller to let him know that you wish to see the 2015 sex-ed curriculum maintained. Go to: <https://wehaveyourbackontario.org/eaction/> now!

¹² Violence against Women Learning Network, Centre for Research & Education on Violence Against Women and Children, Western University. May 2012. Overcoming Barriers and Enhancing Supportive Responses: The Research on Sexual Violence Against Women A Resource Document: 18.

¹³ Office of the Premier. March 8, 2015. *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*. Online: <http://www.news.ontario.ca/opo/en/2015/03/concrete-measures-to-end-sexual-violence-and-harassment.html>: 31.

¹⁴ For example, 28% of students report not knowing where to turn when they wanted to talk to someone about mental health (Boak, A., Hamilton, H., Adlaf, E., Henderson, J. and Mann, R. (2016). *The Mental Health and Well-Being of Ontario Students, 1991-2015: Detailed OSDUHS findings (CAMH Research Document Series No. 43)*). But in addition:

- LGBTQ youth face approximately 14 times the risk of suicide and substance abuse than their cisgender and heterosexual peers Canadian Mental Health Association - Ontario. Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health. Webpage: www.ontario.cmha.ca/mental-health/lesbian-gay-bisexual-trans-people-and-mental-health/
- Indigenous youth die by suicide about 5 to 6 times more often than non-Indigenous youth (Centre for Addiction and Mental Health. *Mental Illness and Addictions: Facts and Statistics*. Webpage: www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx.

¹⁵ Violence against Women Learning Network, Centre for Research & Education on Violence Against Women and Children, Western University. May 2012. Overcoming Barriers and Enhancing Supportive Responses: The Research on Sexual Violence Against Women A Resource Document: 25.

¹⁶ This information thanks to: *We Have Your Back: Keep Kids Safe, Support Current and Inclusive Education*. Online: <https://wehaveyourbackontario.org/>

- Continue believing survivors of sexual violence in your communities. Help connect survivors and those that care about them to MPSSAS] at www.mpssas.com and 1-800-461-2929.

We are an intersectional feminist organization dedicated to providing leadership, education, advocacy and trauma-informed support to end sexual violence and harassment.

Gender-based violence, including sexual violence, is a global issue. We develop strong collaborative responses to shift longstanding societal beliefs and systems to create social change.

We honour all people who have experienced sexual violence and harassment. Their diverse voices are heard and reflected in the design and delivery of our programs to facilitate empowerment and healing.



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