

**Social Factors Influencing the Development of Adolescents' Sexual Self-Concept:  
Implications for Comprehensive Sexual Health Education**

by

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### **Abstract**

This capstone investigates how social factors influence adolescent sexual self-concept (SSC) and informs sexual health education (SHE) practices. Examining religious, educational, and caregiver influences reveals nuanced findings. Religious teachings in conservative denominations often perpetuate shame and stigma for sexual and gender minority youth. School-based SHE programs promoting abstinence and heteronormativity negatively impact SSC, especially for LGBTQIA2S+ youth. Caregivers, while influential, face barriers in discussing sex positively. The implications for counsellors include providing accurate information, supporting families with queer youth, and adopting culturally competent approaches. Despite some progress, challenges persist in critiquing abstinence-only ideologies and promoting comprehensive SHE. A proposed workshop aims to empower caregivers in fostering open discussions about sexuality within families. In conclusion, comprehensive and inclusive SHE is vital for informed decision-making and positive SSCs among adolescents, urging further research and focus in this area.

*Keywords:* adolescent sexuality, sexual self-concept, sex positivity, school-based sexual health education

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**Social Factors Influencing the Development of Adolescents' Sexual Self-Concept:  
Implications for Comprehensive Sexual Health Education**

**Chapter One: Introduction**

Scarce are the subjects that evoke as much controversy as adolescent sexuality. From debates over abstinence-only sex education to parental notification laws, from discussions on teenage access to emergency contraception to the pervasive influence of purity culture and hookup culture, society is forced to confront the tangled web of issues surrounding adolescent sexuality. Comprehensive sex education, age of consent laws, LGBTQIA2S+ inclusivity, online pornography exposure, and the media's impact on sexual attitudes all demand attention, highlighting the intricate and contentious nature of this discourse. Amidst this broad spectrum of concerns, there's an urgent need for a deeper understanding of the multifaceted dimensions at play. This paper takes a sharp stance, advocating for a sex-positive approach to understanding adolescents' sexual development. It challenges the prevailing "risk" paradigm that idealizes sexual abstinence for teenagers, asserting instead that an evidence-based, well-informed decision to engage in consensual sexual experiences should be viewed as normative and potentially beneficial for their growth. The current societal and psychological perspective in North America often pathologizes adolescent sex, viewing it as inherently deviant while promoting abstinence as the pinnacle of healthy behaviour. Yet, a growing but marginalized coalition of scholars, an increasing number of caregivers, and adolescents themselves advocate for a paradigm shift, acknowledging teenage sexual experiences as not only normal but also potentially constructive.

Canadian guidelines advocate for a positive, empowering, comprehensive, and safe approach to sexual health education (SHE). Despite this, decision-makers and educators often prioritize sexual risk prevention initiatives, neglecting the importance of addressing positive

aspects of sexuality. Critiques of SHE in school settings often highlight its heavy emphasis on risk behaviours, such as STIs and pregnancies, at the expense of broader discussions on sexual pleasure, autonomy, and healthy relationships (Guyon et al., 2023). Research indicates that educational programs focusing on recognizing and accepting sexual pleasure and autonomy may not only be more effective in reducing pregnancy and STI rates but also contribute to a more inclusive and equitable learning environment (Guyon et al., 2023). Youth express a clear desire for discussions on positive relationships, sexuality, sexual consent, and communication, underscoring the urgent need for a paradigm shift in SHE (Allen, 2008; Concoran et al., 2020; Guyon et al., 2023; Lavery et al., 2021; Martin et al., 2023; O'Higgins & Gabhainn, 2010; Walter & Lavery, 2022). Shifting the focus to sex-positive topics such as consent and pleasure instead of emphasizing abstinence and protection could help dismantle gender stereotypes and conventions while promoting greater inclusivity of gender and sexual diversity (Guyon et al., 2023). Addressing these issues is crucial as schools may inadvertently perpetuate harmful sexual narratives and gender inequalities through limited and contradictory messages about gender, sexuality, and sexual violence (Guyon et al., 2023), including silencing and shaming women's desires, sexualities, and pursuit of pleasure.

Since starting this paper in January 2023, relevant public discussions have emerged regarding whether and how Canadian schools offer education on gender and sexuality to adolescents. Recognizing the significance of this dialogue and the relevant impact on adolescents and, therefore, counsellors, I recently decided to incorporate this context into this capstone paper. For context, the specifics of sexual and gender education curricula can vary by province and territory in Canada, as education falls under provincial and territorial jurisdiction.

In summary, a nationwide controversy recently emerged following the revision of a New Brunswick policy in June 2023. Originally, Policy 713 in New Brunswick aimed to protect LGBTQIA2S+ students by requiring school personnel to use preferred names and pronouns and seek students' permission before informing parents about such changes (Government of New Brunswick Canada, 2023). However, the revised policy now shifts focus away from LGBTQIA2S+ student protections to parental consent, requiring school personnel to inform parents if students under 16 change their name, pronouns, or gender identity (Bai, 2023; Government of New Brunswick Canada, 2023). Following New Brunswick's lead, Saskatchewan implemented a similar policy in August (Fox, 2023), sparking a divide between those advocating for parental involvement and opponents expressing concerns for vulnerable children (Bai, 2023). The Premier of Ontario and his Education Minister have proposed similar policies in Ontario, arguing that public educators are trying to "indoctrinate" kids who use different pronouns and that parents need to be informed when their children decide gender expression (Freeman, 2023). Legal actions have been taken against these policies, with the University of Regina's UR Pride Centre and Egale Canada challenging Saskatchewan's policy in court (Bai, 2023; Passafiume & Taylor, 2023).

Additionally, in New Brunswick the Canadian Civil Liberties Association has initiated legal proceedings intending to challenge specific aspects of the policy pertaining to self-identification (Passafiume & Taylor, 2023). The intention is to assert that some aspects of the policy conflict with both the Canadian Charter of Rights and Freedoms and provincial legislation in New Brunswick. Additionally, at the recent Conservative party convention in September, delegates voted that as a future government, it should prohibit "medicinal or surgical interventions" for gender-diverse and transgender individuals under 18, though its official status

remains uncertain (Taylor, 2023). This vote arises as the topic of gender identity and children has garnered growing attention among conservatives in both Canada and the United States (Taylor, 2023). This emphasizes the ongoing legal and constitutional debate surrounding gender-related interventions and children. This underscores the increasing prominence of discussions on gender, sexuality, and children, reflecting the evolving landscape of political discourse on this issue.

The controversy has spread nationwide, with protests and debates in each province over parental rights versus protecting the rights of children – particularly transgender and nonbinary students. Protests organized under the banner of "1 Million March 4 Children" have occurred at various locations, such as legislatures, city halls, and school board offices throughout the country (Council of Canadians, 2023). The organizers, as stated on their website, seek the removal of the Sexual Orientation and Gender Identity (SOGI) curriculum, pronouns, gender ideology, and mixed bathrooms. The catalyst for these protests was a decision by the New Brunswick government in June. These protests have faced counter-protests under "1 Million Voices for Inclusion", which advocates for the rights and safety of the LGBTQIA2S+ community on Turtle Island, also known as Canada ("1 Million Voices for Inclusion", n.d.). Overall, the protests highlight the ongoing tensions and differing viewpoints surrounding gender and sexual education in schools in Canada. Essentially, this discourse can be simplified into two opposing arguments: one advocating for parental permission, framed as the rights of parents, and the other emphasizing the protection of children, particularly those who may not feel safe revealing their gender identities at home. These two opposing arguments we are seeing in this nationwide controversy are very similar to those outlined in my capstone.

### **The Significance and Context of the Research Question**

During adolescence, a pivotal phase in psychosexual development, individuals undergo significant cognitive, biological, and psychosocial changes that contribute to the development of their sexuality and sense of self. Typically occurring between the ages of 10-12, this transformative period is marked by heightened hormonal levels, which not only instigate the physical manifestation of sex characteristics but also ignite adolescents' sexual curiosity and the formation of their sexual identity (Maes et al., 2023). In response to these internal changes, adolescents often explore their sexuality in private settings, engaging in activities such as sexual fantasies and self-masturbation. Furthermore, interpersonal interactions play a crucial role in adolescents' sexual development. If school-based programs, religious communities, or caregivers fail to deliver information young people are interested in, they seek it elsewhere, with television or peers constituting a significant source (Lavery et al., 2021). Peer discussions about sex and the initiation of romantic relationships serve as pivotal experiences that shape their understanding of sexual norms and behaviours (Maes et al., 2023). For instance, romantic relationships provide a platform for adolescents to explore physical intimacy, such as kissing, and express romantic emotions. It is essential to recognize that adolescents' sexual development occurs within a cultural context, which influences societal attitudes and practices regarding sexuality. In European cultures, discussions about adolescent sexuality are typically more open and progressive, considering it a natural aspect of human development (Maes et al., 2023). In contrast, many North American societies, including Canada, often adopt a more conservative approach, where adolescent sexual activities may be stigmatized or considered morally wrong in certain communities. This conservative perspective has led to extensive research focusing on the negative consequences, particularly regarding health outcomes, of adolescent sexual behaviours,

such as pregnancy or sexually transmitted infections. While this research is valuable in addressing health risks, it tends to overlook the broader implications of adolescent sexuality, including its potential positive effects on adolescent health and well-being. Recently, sexual health scholars have advocated for a positive perspective on adolescents' sexual development. This approach emphasizes understanding sexuality as a normal part of identity formation alongside addressing potential health risks. It highlights the importance of considering emotional, cognitive, and relational factors for healthy sexual development, including recognizing that sex positivity means leaving room for those who do not want sex at all. This comprehensive approach promotes both well-being outcomes and risk mitigation efforts.

Adolescence is widely recognized as a pivotal phase in psychosexual development, marked by increased curiosity, exploration, and engagement in both interpersonal and sexual realms (Kotiuga et al., 2022). These experiences play a significant role in shaping an individual's sexual identity. Throughout this developmental stage, the interpretations of self, relationships, gender, and sexuality—forged through various sexual and relational encounters—establish a crucial foundation for ongoing sexual, gender and self-love development into adulthood. Recognizing the paramount importance of positive sexuality development during adolescence is essential for achieving sexual health, defined as a state of overall well-being encompassing physical, emotional, mental, and social aspects concerning sexuality. However, the current understanding of normative sexual dispositions among adolescents remains somewhat limited. Nonetheless, studies examining the influence of diverse psychological and relational factors on sexual health consistently underscore the significance of three key elements: the sexual self-concept, adeptness in negotiating relational dynamics, and attitudes toward sexual pleasure.

Sexual selfhood can be defined as how one thinks about themselves as a sexual individual. Sexual self-concept (SSC) is a common term within sexual selfhood research, but there is variety in how it is defined. For this discussion, I will be using Evans et al.'s (2020) definition: SSC is a person's view of their sexual selfhood and encompasses their attitudes toward themselves as sexual beings. A healthy SSC that captures an understanding of both sexual risks and positive aspects of sexuality is imperative to life-long physical, mental, and relational well-being. As individuals gain sexual experience and form expectations around their own sexuality, SSC changes and develops throughout adolescence and into adulthood (Hensel et al., 2011). Therefore, the development and understanding of oneself as a sexual person, or SSC, is a normative task of adolescence; gaining an understanding of how individuals perceive themselves as sexual beings can help adolescents make sense of their sexual experiences and motivations for sexual behaviour.

Recent works emphasize the multi-dimensional nature of SSC (Deutsch et al., 2014; Evans et al., 2020; Hensel et al., 2011; Kennis et al., 2022). Deutsch et al. (2014) compose an empirically supported, five-factor higher-order model with two multi-dimensional lower-order factors to conceptualize SSC. This model is comprised of affective and cognitive evaluations regarding how individuals feel about themselves as sexual beings and can be broken into the following five dimensions: sexual self-esteem (sexual behaviour, sexual conduct, and sexual attractiveness), anxiety, exploration, arousal, sexual self-efficacy (assertive and precautions). Many of these dimensions appear in early adolescence, often months or years before any physical sexual contact (Hensel et al., 2011).

Adolescents' evaluations of their sexual thoughts, feelings, and behaviours are significantly influenced by two dimensions of the SSC: sexual esteem and sexual anxiety

(Deutsch et al., 2014). Sexual esteem refers to how individuals perceive themselves as sexual beings and their ability to express their sexuality and engage in sexual relationships (Kotiuga et al., 2022). This concept encompasses body esteem, which involves perceptions of one's sexual attractiveness. Adolescents with higher levels of sexual and body esteem tend to harbour more positive attitudes toward sexual pleasure and experiences, leading to increased sexual satisfaction, adoption of safer sex practices, and a greater sense of competence in navigating intimate relationships. Moreover, adolescents' increased engagement in both autoerotic and partnered sexual activities is associated with a rise in sexual esteem and a decrease in sexual anxiety, which refers to the discomfort or anxiety individuals feel about their sexuality. On the contrary, sexual anxiety correlates with attitudes supportive of sexual abstinence, fewer sexual encounters, and reduced sexual satisfaction during adolescence, with potential long-term implications for sexual dissatisfaction and dysfunctions in adulthood. While sexual esteem and anxiety play pivotal roles in positive development and sexual health, establishing normative trends and variations based on available data remains a challenging task.

Although the development of SSC is multi-dimensional, it appears as though many efforts to educate adolescents have focused on one dimension of sexual health—eliminating sexual risk-taking and encouraging abstinence. This education seems to omit another key dimension of sexual health, which is the promotion of constructs related to the positive aspects of sexuality.

### ***Sexual Risk***

Adolescence is distinct because of the emergence of human sexuality, sexual identity, and the initiation of intimate relations. Within this context, abstinence from sexual intercourse is argued as a healthy choice (Santelli et al., 2017). Sexual risk can be defined as psychosexual

behaviour conducted in a way that does not ensure the physical or psychological safety of the participants. Xu et al. (2022) argue that adolescent sexual behaviours and activities were associated with poorer mental health, and these associations were worse for girls than boys. Many adolescents who are sexually active are likely to engage in risky sexual behaviours detrimental to their well-being. As stated by Planned Parenthood (n.d.):

Abstinence can be a way to avoid the risks that come with sex — like pregnancy and STDs — until you're ready to prevent and/or handle them. Abstinence can also help you focus on other things in your life that are important to you, like friends, school, sports, activities, having fun, and planning for your future.

Early sexual activity among adolescents has overwhelmingly been associated with negative outcomes. Past research suggests that adolescents who engage in sex earlier take more sexual risks (Epstein et al., 2014). Adolescents may lack knowledge about or have difficulty obtaining, using, or negotiating contraception, and this could put them at risk for unplanned pregnancy or sexually transmitted infection (STI). This might also look like youth having multiple sexual partners and having casual partners, both of which are risks for STIs. As a result, most of the sexual education and prevention conversations aimed at adolescents focus on preventing or delaying adolescent sexual intercourse.

Common arguments in favour of abstaining from sex until marriage are outlined by Fehlbaum (2020): it protects against sexually transmitted infections and unplanned pregnancy, delaying gratification demonstrates healthy family values, and it keeps sex within marriage special. Murray et al. (2017) outlines that people across history have chosen to be abstinent for different reasons, including sociopolitical, personal, and/or religious reasons. Abstinence-only-until-marriage (AOUM) ideology continues to be promoted in North American schools as part of

formal and informal sex education despite its well-documented lack of success at delaying the onset of sexual initiation and sexual risk avoidance among youth (Fehlbaum, 2020). It is important to be critical and investigate the impact of this preferred curriculum regarding sex education and how it is affecting adolescents' sexual health.

Research suggests that the current education that focuses on waiting until marriage to have sex is not effective in decreasing sexual risk-taking behaviours or increasing the chances that youth will stay abstinent until they are married (Murray et al., 2017). In fact, Weiss (2007) discusses how youth who are exposed to abstinence-only education are not only engaging in sexual activity but are having riskier sex, encountering higher rates of STI transmission and teen pregnancy. Therefore, these programs have the opposite intended effect and are harmful to individuals' health. Parents, school educators and religious communities think that by not teaching youth about sex, they are protecting them, and they will, therefore, not have sex. Unfortunately, the reality is that by not having all the information about consent, contraceptives, STIs, or pregnancy, adolescents cannot make an informed decision. This intervention is having an adverse effect as it does not acknowledge other types of positive sexuality, such as masturbation, oral sex, non-heterosexual, and non-penetrative sexual intercourse.

### ***Sex Positivity***

Sexuality is an intrinsic part of human nature, and achieving positive psychosexual health has been identified as a key developmental task for all adolescents. An increased curiosity, exploration and involvement in the relational and sexual spheres contribute to an adolescent's developing sexual self-conflict. Hensel et al. (2011) posit that while adolescents are trying to define their sexual selfhood without direct experience of sexual behaviour, they will look to family members, peers, education programs, and media to make sense of sexuality. Their SSC

might also be influenced by meaningful sexual events during this time. This could look like the initiation of new non-coital or coital behaviours or the loss of virginity. These observations and behaviours may shape and continue to reshape their understanding of the sexual self, which will, therefore, influence the timing and choice of future sexual behaviours in adulthood (Hensel et al., 2011; Kotiuga et al., 2022).

Some researchers have explored the benefits to adolescents developing a positive SSC. Kotiuga et al. (2022) found that individuals who develop a more positive SSC derive a sense of entitlement and efficacy toward sexual pleasure and manifest greater sexual and body esteem and fewer negative feelings toward sexuality. Adolescents who have positive attitudes toward sexual pleasure and are knowledgeable about their sexual desires are less likely to engage in risky sexual behaviours (Hensel et al., 2011; Kotiuga et al., 2022). As a result, these individuals will have a more positive emotional response to sexual experiences, sexual communication skills, and a capacity to express themselves within intimate relationships.

Referencing the multi-dimensional model by Deutsch et al. (2014) to conceptualize SSC, Kotiuga et al. (2022) identify that sexual esteem and sexual anxiety are two dimensions of the SSC that have been shown to influence adolescents positive and negative evaluations of their sexual thoughts, feelings, and behaviours (Deutsch et al., 2014; Kotiuga et al., 2022). Sexual esteem can be defined as the evaluation an individual makes of themselves as a sexual being and their capacity to express their sexuality and relate sexually to others. This could include body self-esteem, which is one's self-perception of their sexual attractiveness. Research finds that adolescents who have higher sexual and body esteem hold more positive feelings toward sexual pleasure and experiences (Kotiuga et al., 2022). These youth also report more positive sexual satisfaction, safer sex practices, more frequent use of contraceptives, and a greater sense of

competence in negotiating relationships. Therefore, the more sexual practice and experience a youth has tends to be associated with increasing sexual esteem and, as a result, decreasing sexual anxiety. Sexual anxiety is the tendency to feel discomfort or anxiety about one's sexuality. This tends to be associated with attitudes in favour of sexual abstinence, fewer sexual encounters, and less satisfaction in adolescence, leading to sexual dissatisfaction and dysfunctions in adulthood (Kotiuga et al., 2022). Hensel et al. (2011) highlight comparative and longitudinal studies that show sexual esteem, relational skills and positive attitudes toward sexual pleasure all increase with age and sexual experience while sexual anxiety decreases. However, if an adolescent experiences negative social attitudes toward sexuality, dimensions of their SSC (such as sexual esteem) could decline over time.

### ***Sexual Violence***

Sexual and gender-based violence represents a critical public health concern and a violation of fundamental human rights. While individuals of all genders and identities may experience such violence, certain groups within the Canadian population bear a disproportionate burden. These groups encompass women and girls, Indigenous populations, LGBTQIA2S+ individuals, residents of northern, rural, and remote areas, persons with disabilities, newcomers to Canada, children, and adolescents, as well as seniors (SIECCAN, 2019). Recognizing the profound impact of sexual violence on adolescents as it relates to this discourse, it becomes evident that SHE must encompass a broader and more inclusive curriculum. Guyon et al.'s (2023) qualitative analysis exposes the discrepancy between classroom teachings and the real-life experiences of adolescents, particularly those who have encountered sexual dating violence. The highlighted SHE principles—consent-based education, positive discussions on sexuality, gender equality focus, and developmentally appropriate content—underscore the universal need

for a more robust and relevant curriculum. The study echoes concern about the inconsistent application of guidelines and the failure to address the specific needs of adolescent girls, emphasizing the importance of tailoring SHE initiatives to individual realities. In essence, the findings stress the urgency of integrating consent education into school curricula, not merely focusing on saying "no" but embracing affirmative consent that recognizes desires and needs. Moreover, a paradigm shift in SHE is advocated, moving beyond risk behaviours to emphasize sexual pleasure, autonomy, and positive relationship dynamics.

Incorporating the perspective on sexual violence, which refers to a continuum of both nonverbal behaviours and verbal pressure, SHE should acknowledge the prevalence of sexual dating violence, especially considering that the average age of first perpetration is between 15 and 16 years (Guyon et al., 2023). Disturbingly, most incidents (73%) occur within the context of romantic relationships, highlighting the need for targeted prevention efforts (Guyon et al., 2023). Adolescent girls, reporting significantly more episodes of sexual dating violence than boys (Guyon et al., 2023), emerge as crucial recipients of sexual violence prevention education. Despite their higher risk, youth often receive minimal exposure to sexual violence prevention content within SHE, as educators may shy away from addressing topics like sexual dating violence due to perceived difficulties in intervention and the risk of victim-blaming comments. This underscores the critical need to bridge the gap between SHE and the realities of sexual violence experienced by adolescents, emphasizing a comprehensive, trauma-informed, and inclusive approach to SHE.

**Gaps in Knowledge and Access.** Research reveals significant gaps in understanding topics like sexual violence, consent, healthy relationships, sexual diversity, and pleasure within Canadian SHE, which predominantly focuses on pregnancy, physiology, and risk reduction

(Guyon et al., 2023; Walters & Lavery, 2022). Studies show dissatisfaction among students regarding the depth of coverage (Allen, 2008; Concoran et al. 2020; Guyon et al., 2023; Lavery et al., 2021; Martin et al. 2023; O'Higgins & Gabhainn, 2010; Walter & Lavery, 2022). Some schools in Ontario still prioritize abstinence-based education, while 8% of racialized youth in Ontario have never received formal SHE (Narushima et al. 2020; Walters & Lavery, 2022). Adolescents seek information from various sources, with differences in the type of information received based on the source. Recent trends show increasing reliance on peers and online resources for sexual health information, contrasting with earlier studies where schools were the primary source (Lavery et al., 2021; Manning, 2021; Walters & Lavery, 2022). This shift in information sources can lead to the continuation of sex myths or inaccurate information, potentially perpetuating misconceptions and hindering adolescents' ability to make informed decisions about their sexual health

### **Research Question**

There is a link between an adolescent's social influences and the development of their SSC.

1. Due to the abstinence, heteronormative and cisnormative stance of religious communities, religious communities will have a negative impact on an adolescent's SSC.
2. Education within schools that focus on AOUM programs of teaching sexuality will have a negative impact on an adolescent's SSC.
3. Caregivers who discourage sex-positive topics but discuss sexual risk topics will have a negative impact on an adolescent's SSC.

### **Personal Position**

As a cisgender White woman and settler, I want to name the social locations of privilege that I occupy and acknowledge that this literature review will have blind spots and limitations. I

recognize that my background and experiences may influence my evaluation of the following material. Someone unfamiliar with this field may interpret the literature differently. Therefore, I believe it is necessary to name the personal importance and connection that this topic has to me. I was raised in a conservative Christian community, which was explicit in teaching the younger generations abstinence, heteronormativity and cisnormativity. This rhetoric was present in my nuclear family, my church, and my school. As a result, I witnessed the damaging aspects of a negative SSC. In a society that privileges those who meet stereotypical social expectations, adolescents who do not fit into these expectations are at an increased risk of violence and trauma. I recognize that my passion for this research is rooted in social justice and advocacy for future adolescents and their developing SSC, which risks leading me to view the literature through an oppression-focused lens. To mitigate these biases, I plan to embrace an intersectional and reflective approach to research.

### **Conceptual Framework of the Study**

The conceptualization of this paper is going to be divided into three chapters. Chapter one is going to provide a theoretical background on SSC. This is where I will highlight the importance of the development of a positive SSC. I will also describe key terms and discuss recent studies in sexuality research. Chapter two will investigate the literature surrounding the factors influencing an adolescent's development of SSC. The literature review will look at three things: parental influence, religious influence, and school influence. In chapter three, I will summarize the previous chapters' material and provide an 8-week workshop for parents of adolescents. I am choosing to focus the workshop on parents instead of schools or churches because I believe the parents will have more power to enact change. Ideally, what the parents

take away from these workshops will, in turn, have a positive impact on religious communities and education within schools.

### **Study Methodology & Data Collection Procedure**

When developing my strategy for compiling and analyzing research for this literature review, I started with the university's library search engine. Multiple searches were conducted using various related terminology. I primarily used the PsycINFO database to search for peer-reviewed articles that were published in the last five years. I used numerous combinations of the search terms "trauma," "sexuality," and "religion." I was able to use those broad terms to narrow down my searches until I found "positive sexuality" and "sexual self-concept." I reviewed copious articles, and any that were not relevant to the area of adolescents' developing SSC were eliminated. I used the online application called Zotero to organize my articles under various subheadings to help me begin the process of analyzing the data and writing this literature review.

Literature reviews are a necessary and essential data collection tool. A literature review involves activities such as identifying, recording, understanding, meaning-making, and transmitting information (Onwuegbuzie & Frels, 2016). The literature review represents a formal data collection process wherein information on a topic of interest is gathered in a comprehensive way. It has been argued that "conducting a literature review is equivalent to conducting a research study, with the information that the literature reviewer collects representing the data" (Onwuegbuzie & Frels, 2016, p. 49). This seems especially relevant to counsellors because it allows us to map different approaches to a research question and analyze patterns relevant to psychology and humanity. As counsellors, we need to be committed to being lifelong learners. It is our ethical duty to stay up to date with current research and literature so that we can best help

our clients. Therefore, literature reviews are an accurate and essential way to stay up to date with the ever-growing research.

### **The Method of Analysis**

Regarding recent trends, there has been a shift in the past 20 years within sex research. This has been labelled as the Positive Psychology Movement. This movement, which emphasizes an all-inclusive view of emotional and mental health and well-being, allows space to integrate sexual health into the conversation. As a result, health organizations and professionals are beginning to recognize the importance of integrating sexual health into practice. Research has been influenced by this trend, and we see sex research flourishing. We see these social movements as challenging historical and traditional social norms around adolescents' sexuality. The language reflects fundamental components of positive adolescent sexuality, illuminating sexual selfhood, sexual negotiation, and sexual empowerment. Evans et al. (2020) highlight that even though parent-child sex-positive communication is still infrequent; it appears to be increasing with time. This is encouraging for future generations, and hopefully, we can influence this change to come faster by providing intervention methods that inspire sex-positive communication for adolescents.

### **Definition of Terms**

It is pertinent to highlight a point of clarification: At times, there may be variation in the terminology employed to denote specific groups throughout this document. This variance is deliberate, as inclusive language choices have been intentionally selected to delineate certain cohorts, such as employing "caregivers" instead of "parents." Consequently, in segments where I engage in discourse and analysis of research findings, inclusive terminology is utilized.

However, within certain citations and quotations where I encapsulate the insights of the research authors, the original terminology they utilized is maintained.

In addition, throughout most of this paper, the term "Christian" is referenced; however, I frequently use the term "religious" instead to align with individuals' tendency to identify with their denomination rather than with "Christianity" as a whole. This choice also reflects participants' diverse identities, which may extend beyond strict adherence to Christianity, encompassing inclusive beliefs.

### **Abstinence-Only-Until-Marriage Education (AOUM)**

The goal of AOUM is to delay initiation of sexual intercourse until marriage. These programs argue that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity and that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects (Santelli et al., 2017).

### **Cisgender**

"The prefix cis- from the Latin meaning "on this side of," refers to people who feel their sense of gender identity matches their biological sex (e.g., my sex is biologically female, and my felt sense of gender is also that of a female)" (Murray et al., 2017, p. 193).

### **Comprehensive Sexuality Education**

"Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives." (Action Canada, n.d.).

**Having Sex**

"Moreover, we will use the phrase "having sex" somewhat differently than it is typically used in our culture. When people use the term "having sex," they generally assume some sort of penetration; in particular, it is usually equated with penile–vaginal intercourse... Here, "having sex" will encompass any partnered sexual activity designed to elicit at least one partner's physical arousal." (Conley & Klein, 2022)

**Heteronormativity**

"Heteronormativity refers to the pervasive dominant discourses and social norms that naturalize and normalize heterosexuality. One way that heteronormativity reproduces itself is through the assumption that people are heterosexual unless they tell you otherwise. Heteronormativity is based in an essentialist view of gender, assuming that gender is inherent, stable, and fixed, thus reinforcing the gender binary of male and female (Killerman, 2013; Lottes & Grollman, 2010). A heteronormative view is that men and women have natural roles in life that align their biological sex, gender identity, and sexual orientation; as such, opposite-sex relationships are the only appropriate type of intimate relationships" (Murray et al., 2017, p. 199).

**Heterosexual & Cisgender Privilege**

"Heterosexual and cisgender privilege, an unearned and invisible benefit to those who identify or pass as heterosexual and/or cisgender" (Murray et al., 2017, p. 200).

**Heterosexual/Straight**

"These are persons who experience emotional, spiritual, or sexual attraction to persons of the opposite sex" (Murray et al., 2017, p. 193).

**Intersectionality**

"Noun: The intertwining of social identities such as gender, race, ethnicity, social class, religion, sexual orientation, and/or gender identity, which can result in unique experiences, opportunities, and barriers." (Terms and Definitions, 2021)

**Non-Dominant Groups**

"Systemically non-dominant refers to membership outside of the dominant group within systems of oppression. Systems of oppression are created to provide benefits and assets for members of specific groups. The recipient groups are referred to as dominant groups because such advantages grant impacting levels of power, privilege, and status within social, economic, and political infrastructures of a society." (Jenkins, 2018)

**Purity Culture**

Purity culture, prevalent in evangelical Christianity, emphasizes strict sexual abstinence until marriage, enforced through gender-segregated education, ceremonies, and courtship. It perpetuates traditional gender roles, portraying women as gatekeepers of purity and framing premarital sex as morally corrupt. Despite claiming Christian values, it fosters shame, guilt, and unrealistic expectations about sexuality, diverging from a more positive Christian perspective. (Ortiz, 2019)

**Scripts**

"Scripts" are cognitive devices that guide people's actions and help them make sense of their behavior (Jones & Holster, 2001). They outline the typical sequence of appropriate social behavior (McCormick, 2010). Gagnon and Simon (1973) propose that sexual scripts are shaped by external, interpersonal elements, as well as internal, intrapsychic elements." (Ortiz, 2019)

**Sexuality**

"Sexuality" refers to the totality of how [humans] experience their sexual selves—that is, the cultural experience of sexuality, from birth onward—the sexual environment that all humans inhabit. "Sexuality" includes how others perceive someone as a sexual being, how people learn about sex, the media images that people ingest, and how people physically and psychically explore desire and pleasure, alone or with others." (Conley & Klein, 2022)

**Sexual Pleasure**

"In recognition that sexual pleasure is a fundamental part of sexual rights, sexual health, and sexual well-being, the World Association for Sexual Health [affirms that sexual pleasure] is the physical and/or psychological satisfaction and enjoyment derived from shared or solitary erotic experiences, including thoughts, fantasies, dreams, emotions, and feelings. The experiences of human sexual pleasure are diverse and sexual rights ensure that pleasure is a positive experience for all concerned and not obtained by violating other people's human rights and well-being (World Association of Sexual Health, 2019).

**Sexual Self-Concept (SSC)**

"Sexual self-concept is considered an active, dynamic structure that forms by organizing perceptions of personal sexual qualities into a cohesive, internalized construct. SSC develops through both subjective interpretations of sexual experiences, as well as external feedback from others (e.g., sexual socialization, social comparisons). Other aspects of an individual's sexuality (e.g., sexual behavior) and his or her sexual environment (for examples, see Mollen & Stabb, 2010; Thomson, 1995) form a reciprocal relationship with SSC, which develops over time. Like other domain-specific self-concepts (e.g., Marsh & Shavelson, 1985), SSC is multi-dimensional.

Empirical models of SSC share many common lower-order factors (e.g., sexual self-esteem, self-efficacy, and anxiety), but no two models are the same" (Deutsch et al., 2014, p. 933).

### **Sexual Selfhood**

"Sexual selfhood, defined as how individuals perceive themselves as sexual beings" (Deutsch et al., 2014, p. 932).

### **LGBTQIA2S+**

L – Lesbian: A woman who is attracted to women.

G – Gay: A person who is attracted to people of the same gender.

B – Bisexual or Bi: A person who is attracted to people of more than one gender, but not necessarily at the same time, in the same way, or to the same degree.

T – Trans: An umbrella term referring to people whose gender identities differ from the sex they were assigned at birth. "Trans" can mean transcending beyond, existing between, or crossing over the gender spectrum. It includes but is not limited to people who identify as transgender, transsexual, non-binary, or gender non-conforming (gender variant or genderqueer).

Q – Queer: An umbrella term used and reclaimed by some whose sexual orientations and/or gender identities fall outside of heterosexuality or the gender binary.

I – Intersex: A person born with a reproductive or sexual anatomy that doesn't fit the typical medical definitions of male or female bodies.

A – Asexual or Ace: A person who experiences little to no sexual attraction to people of any gender.

2S – Two Spirit: A term used by some Indigenous people who identify as having both a male and a female essence or spirit. It is also used as an umbrella term to encompass sexual, gender and

spiritual diversity in Indigenous communities. The term is reserved for those who identify as Indigenous.

+: A signifier of inclusion and acceptance for all who identify as part of sexual and gender diverse communities.

(Council of Canadians, 2023)

## **Chapter Two: Literature Review**

Learning who we are – physically, emotionally, socially, spiritually, and sexually – is a developmental task of adolescence and early adulthood. Navigating relationships, fostering mental well-being, and gaining insights into one's sexuality represent critical milestones during this developmental phase. Sexuality is a natural part of being human and helps to connect and develop intimate relationships with others. Recognizing and cultivating a positive connection with one's sexuality is intrinsically tied to fostering a positive concept of self. As previously discussed, nurturing a positive SSC can lead to improved self-confidence, self-esteem, sexual satisfaction, healthier relationships, reduced sexual anxiety or shame, and greater overall life satisfaction. This positive SSC intertwines with sexual behaviour, as explored in chapter two, where conclusions will be drawn regarding the impact of adolescent teachings on sexuality, behaviour, gender, and self-love on the development of a positive or negative SSC in adulthood.

A concise overview of the research indicates that offering adolescents medically accurate, evidence-based, and scientifically justified sexuality education grounded in inclusivity and trauma sensitivity is pivotal (Leung et al., 2019; UNESCO, 2009). This approach aims to instill in the next generation an understanding of sex-positivity, respect for sexual diversity, skills for building healthy relationships, improved social and emotional learning, better media literacy, and a reduction in risky sexual behaviours, as well as feelings of anxiety and shame about sexuality. Understanding the importance of safe sex practices and developing a healthy relationship with sexuality involves acknowledging the potential risks associated with sexual activities. Therefore, it is crucial to teach young people about making responsible decisions regarding sex, empowering them to express their sexuality in healthy ways. Data shows that most people first engage in sexual intercourse during adolescence (Narushima et al., 2020; Fehlbauer, 2020;

Murray et al. 2017), underscoring the urgency of initiating dialogues on sexuality, gender, and sex with young people before and during adolescence. These conversations could take various forms, including engagements with parents, educators, or religious communities, focusing on both sex-positive themes and discussions around sexual risk. I contend that examining the impact of sex education that emphasizes abstinence, heteronormativity, cisnormativity, and lacks diversity is essential in understanding its detrimental effects on adolescents and their evolving SSC. The upcoming literature review will explore three key areas of social influence: the impact of religion, schools, and caregivers on adolescents' SSC.

### **Religious Influence on SSC**

According to Statistics Canada (2021), Christianity represents the highest religious affiliation in Canada, at 63.2%. For this reason, as well as the ample academic research on Christianity as opposed to other religions, I will be focusing primarily on conservative Christian denominations as the religion in this paper as it relates to adolescents' development of SSC, unless otherwise stated. Christianity has historically taken a patriarchal, heteronormative, and cisnormative approach towards human sexuality and gender. The official position of most Christian denominations is that being homosexual is not in itself sinful but that the practice of homosexuality is a violation of biblical teaching. The Scriptures declare: "For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh" (NKJV, 2004, Gen. 2:24), "You shall not lie with a male as with a woman. It is an abomination" (NKJV, 2004, Lev. 18:22), "If a man lies with a male as he lies with a woman, both of them have committed an abomination. They shall surely be put to death. Their blood shall be upon them" (NKJV, 2004, Lev, 20:13). This looks at favouring penetrative vaginal intercourse between a man and a woman in the context of marriage and teaching that all other forms of sexual activity are forbidden. Barnes & Meyer (2012) review research that shows most religious denominations take proscriptive action against sexual minorities; this looks like condemning same-sex behaviour as sinful, barring queer folks from spiritual leadership positions, and refusing to officiate same-sex marriages. This homophobic and transphobic rhetoric uses bible verses to support and justify their opinion. The persecution, abuse and suppression of queer folks in conservative churches persist despite scripture passages such as: "This is My commandment, that you love one another, just as I have loved you. Greater love has no one than this, that one lay down his life for his friends" (NKJV, 2004, John 15:12-13), "And the second, like it, is this: 'You

shall love your neighbour as yourself.' There is no other commandment greater than these" (NKJV, 2004, Mark 12:31).

Evidence shows that the most homophobic worship settings take place in White evangelical churches (Barnes & Meyer, 2012). Homophobia and transphobia are about power, social, and systemic structures which safeguard this power by deciding what is considered "normal" and "natural" (Joensuu, 2022). This power in social structures is enforced through repetition by speakers with apparent authority and by silencing alternative accounts. Herd mentality could explain the generational presence of homophobia and transphobia that takes place within churches because of the messages religious leaders are conveying. This is the context in which children raised in conservative religious communities have observed certain explicit and implicit messages about gender and sexuality.

There is a vast amount of research that looks at how religion has cultural, mental, and physical benefits for an individual (Newman et al., 2018; Wilkinson & Johnson, 2020). All people should have access to these positive benefits of religion if they so choose. Unfortunately, despite the positive benefits of being involved in religion, the role of religion is often a complex process for sexual and gender minority Christian youth. Many of them are at high risk for negative outcomes such as depression, substance abuse and suicide (VanderWaal et al., 2017). Additionally, it is a complex experience for female adolescents navigating purity culture. As a result of select religious denominations messages that endorse intolerance, condemnation, and heterosexual assumption (Newman et al., 2018), those that do not fit into that box experience confusion, blame and rejection (Wilkinson & Johnson, 2020). As a developing adolescent continues to observe explicit and implicit messages that their behaviours and sexual or gender identity are wrong and immoral, soon that confusion and rejection will lead to internalized guilt

and shame. Hallman et al. (2018) explain how sexual and gender minority youth experience internalized shame due to heterosexism, internalized homophobia, sexual stigma, sexual minority stress, and the sexual minority identity developmental process. Shame can have a significant negative impact on an individual's psychosocial development, developing concept of self, identity formation and SSC (Hallman et al., 2018). Conservative religious communities tend to exasperate these effects, and young women and sexual and gender minorities experience increased levels of shame, guilt, internalized homophobia, and mental health difficulties. Research shows that sexual minorities who were raised in conservative religions generally tend to disassociate from their religious affiliations in adulthood (Lefevor et al., 2023). This implies that enduring church membership while refraining from same-gender romantic and sexual relationships poses too many internal challenges. Therefore, churches are supposed to be a welcoming, positive environment that has numerous psycho-social-cultural benefits for individuals, but instead, they are producing the development of a negative SSC for young females and sexual and gender minority youth.

### **Guilt & Shame**

Today, many people use the terms guilt and shame interchangeably and are unaware of the distinct differences between them. The most dominant basis for distinguishing between guilt (focus on behaviour) and shame (focus on self) was first proposed by Lewis (1971). Empirical support for Lewis' analysis of guilt and shame comes from multiple studies that employ a range of methods to determine the effects of guilt and shame. Lewis suggested that guilt involves a negative evaluation of a specific behaviour as opposed to shame, which causes an individual to have a negative evaluation of themselves. Guilt and shame are both negative emotions; therefore, both can be known for causing intrapsychic pain; however, shame is the more painful emotion of

the two (Tangney et al., 1996; Tangney et al., 2007). Compared to shame, guilt is less devastating. Shame is found to be linked to many mental health problems, but these problems are less commonly linked to guilt (Aakvaag et al., 2016).

### **Guilt & Shame & Religion**

Traditionally, the Christian perspective on engaging in sexual freedom outside of marriage is prohibited. As a result, participation in religion has been associated with sexual difficulties related to guilt and shame (Hungry, 2016; Davidson et al., 2004). Within the Christian doctrine, sin is defined as the intentional violation of God's established law, and this transgression is understood to result in the eternal condemnation of the soul unless absolved through processes of repentance, confession, restitution, and a professed belief in Jesus Christ as the individual's personal Savior (VanDrunen, 2023). Ferguson and Crowley (1997) investigate the repercussions of an individual's sins or transgressions, emphasizing the likelihood of experiencing subsequent feelings of guilt or shame. Religion has had a negative effect on sexuality for centuries, and to date, sexual pleasure is still perceived as immoral and sinful in many Christian faiths (Peri-Rotem & Skirbekk, 2023). Studies have shown that women with high religiosity scores have less favourable experiences with sexual activities and, as a result, are more likely to experience guilt and shame because of their involvement in sexual transgression compared to less religious women (Davidson et al., 2004). This phenomenon is often associated with the concept of purity culture, where societal expectations, influenced by religious beliefs, emphasize the importance of upholding certain ideals of purity, notably abstaining from premarital sexual activity. Such emphasis on purity ideals contributes to the heightened feelings of guilt and shame among women with strong religious convictions; we will delve deeper into the intricacies of purity culture in subsequent sections. In brief, this summary sheds light on the

intricate interplay of guilt and shame and that both emotions are mostly evoked by moral lapses, emphasizing their differential impacts and relevance within the context of Conservative religious communities, particularly as they relate to sexual and gender minorities.

### **Shame & Religion & LGBTQIA2S+**

Exploring the intricate intersection of shame, religion, and LGBTQIA2S+ identities unveils the complex dynamics adolescents face, particularly within conservative religious settings. Delving into research findings, it becomes evident that navigating these multifaceted identities can evoke profound psychological challenges and necessitate thoughtful consideration in both research and clinical practice. Recent research has highlighted the challenges faced by sexual and gender minorities affiliated with the conservative Christian denomination of the Church of Jesus Christ of Latter-day Saints, revealing the potential for conflicts between their sexual orientation and religious beliefs, resulting in adverse psychological outcomes such as anxiety, depression, shame, and internalized homonegativity (Lefevor et al., 2023). In the exploration of identity integration among sexual minorities (SMs), including those within the Church of Jesus Christ of Latter-day Saints (LDS), Rodriguez and Ouellette (2000) conducted a study involving interviews with 40 members of the Metropolitan Community Church of New York. The study identified four prevalent ways that SMs manage their sexual and religious identities: rejecting religious identity, rejecting sexual identity, compartmentalizing identities, and integrating identities. A similar examination of LGBTQ Jewish individuals by Schnoor (2006) found that most traditional Jewish participants rejected their sexual identity in favour of their religious identity, while those identifying as more "liberal" leaned towards rejecting their religious identity or integrating both aspects. Collectively, these studies suggest that while there

may be four potential ways to navigate religious and SM identities theoretically, the practical application for conservatively religious SMs may be more limited.

Alternative conceptualizations propose two main pathways for SMs within conservative religious contexts: engagement or disengagement from religion. The classification of various ways of navigating SM and religious identities holds significant implications, particularly in the areas of research and clinical practice. Ethical considerations, rooted in the principle of nonmaleficence, emphasize the obligation to avoid harm and discourage the promotion of potentially harmful practices (CCPA, 2015). Therefore, if certain methods of navigating sexual and religious identities prove to be more psychologically beneficial, clinicians and researchers are tasked with responsibly sharing this information with clients actively grappling with these identities. Conversely, in instances where the integration of these identities is anticipated to cause heightened distress, counsellors are obligated to convey such information to clients, adhering to the principles of fostering self-determination and mitigating potential harm.

### **Sexual Behaviour**

Examining the historical context of the Christian religion reveals longstanding constraints on sexual behaviour, confining it to specific relational contexts. The profound impact of an individual's religious upbringing on their developmental trajectory is emphasized, particularly considering the moral regulations imposed on sexual conduct by most religions. Religious orientation plays a crucial role in shaping the development of sexual identity. A distinctive phenomenon within contemporary evangelical Christianity, labelled as "purity culture," is explored, characterized by stringent regulations governing sexual beliefs and behaviours. This subculture emerges as a significant and noteworthy component within the broader framework of evangelical Christianity.

In a study by Davidson et al. (2004), when there are higher levels of religiosity, gender is correlated with guilt feelings; they found that significantly more women than men experience sexual guilt and shame. Their research saw that women who go to church more frequently generally have more conservative sexual attitudes in relation to oral, genital, and anal sex and therefore feel higher levels of sexual guilt than women who go to church less frequently. Guilt is described as a significant reason that first-time sexual intercourse was not perceived as satisfying for women. They found that religious women lack initiative in the sexual domain and lack involvement in non-procreative sexual activities. To summarize, due to the impact of religion's negative views on positive sexuality, highly religious women are not engaging in sex for pleasure because their religion has taught that sex is for procreation only. Since women in these studies are not initiating sex, or engaging in oral, genital, and anal sex, it can be inferred that these women have not experienced the power or pleasure of their sexuality.

Many individuals within Western religious traditions continue to grapple with the challenge of recognizing the interconnectedness of sexual health, sexual rights, and sexual pleasure, reflecting an ongoing struggle to embrace a comprehensive understanding of positive sexuality. In her influential 1984 paper, Rubin pointed out that Western conservative Christian religious traditions hold that sex is inherently sinful and that they "generally consider sex to be a dangerous, destructive, negative force" (p. 150). Christianity tends to treat sex with suspicion and judgment. Rubin continues to explain how this culture views sex as "presumed guilty until proven innocent, [this is because] virtually all erotic behaviour is considered bad unless a specific reason to exempt it has been established" (p. 150). Universally accepted reasons to engage in sex within this culture are marriage, reproduction, and love. The extreme stigma around any other form of sexual behaviour is deeply rooted in Western religious traditions, but

most of these beliefs derive from medical and psychiatric contempt (Rubin, 1984). It makes sense that this deep-rooted view of sexuality being sinful and dangerous has encouraged Christian communities and Christian families to reinforce this persistent fear that teaching sex positivity to the younger generations will entice adolescents to engage in sexual transgressions.

An exploration into sexual behaviour research reveals the impact of religiosity on sexual attitudes, behaviours, and guilt, painting a vivid picture of the intricate interplay between love, societal pressures, and religious frameworks in shaping women's decisions and sexual behaviour. Mosher and Vonderheide (1985) discuss how sex guilt motivates the person to avoid premarital sexual behaviour, but sexual behaviour is not always in agreement with sexual morals. The moral cognitions of high-sex guilt women either completely prohibit premarital sexual intercourse as immoral or condone premarital sexual intercourse within the context of a committed love relationship. High-sex guilt women who were engaging in premarital sexual behaviour may have done so because they were in love, but they might also have felt pressured by their significant other due to the patriarchal nature of Christianity. In addition, when a woman has high sex guilt, she is more likely to believe sex myths, possess less accurate sex information, and she is less likely to use contraceptives (Mosher, 1973). In essence, this discourse centers on the intricate dynamics of sex guilt, moral reasoning, and premarital sexual conduct in women, emphasizing the diverse responses and influences shaping their decisions, including the role of love and societal pressures within patriarchal religious frameworks, with implications for sexual health practices and beliefs.

Davidson et al. conducted a study in 2004 studying the effects of religiosity on women's sexual behaviours, attitudes, and feelings of guilt. A potential limitation in this study pertains to the absence of the term shame. Notably, the authors frequently use the term "guilt" throughout

the entire article when the term shame and its corresponding definition would have been more appropriate. Davidson et al. (2004) used 683 never-married undergraduate women as their participants. They found that participants who attended religious services weekly were more likely to experience higher levels of guilt after engaging in self-pleasure compared to participants who attended monthly or yearly. The results of their study found that higher degrees of religiosity were connected to negative attitudes toward non-procreative sexual activities, guilt towards masturbation, less likelihood of engaging in sexual intercourse, and fewer sex partners if sexually experienced. In summary, religiosity appears to be linked to negative sexual attitudes and behaviour in women but not physiological or psychological sexual satisfaction. Regarding guilt and sexuality, Davidson et al. (2004) found that when an individual realizes that they have violated their moral or religious expectations, guilt ensues and is related to lowered self-esteem. Sexual guilt, which can be emotional or behavioural, can manifest itself by encouraging certain sexual behaviours and discouraging others. Davidson et al. also found that highly religious women avoid or lack the use of contraceptives, and they rarely question premarital sex partners regarding STDs. These risky sexual activities led to unplanned pregnancies for adolescent girls, and 30% to 40% of these resulted in abortions. This research suggests an intriguing avenue for further exploration into the influence of community and social networks within religious environments on either reinforcing or challenging the adverse mental health impacts associated with sexual guilt. It would be valuable to delve into the potential enduring effects on self-esteem, emotional wellness, and overall psychological health, particularly concerning the norms of purity culture. Investigate how peer relationships, family dynamics, and community expectations shape individuals' experiences while recognizing that non-dominant groups with intersecting identities might encounter distinct challenges and nuances in religious contexts on sexual behaviour.

## **Purity Culture**

The roots of purity culture begin in the 1970s as a reaction to the 1960s sexual revolution, gaining prominence in the 1990s. Purity culture is facing a current backlash, as evidenced by numerous testimonies wherein individuals, particularly Christians, recount experiences of shame and guilt associated with sexuality within this cultural context (Ortiz, 2019). The discussion underscores the perpetuation of a sexual double standard within the context of purity culture. This paradigm posits that men inherently possess higher sex drives and lack control over their sexual desires, while women supposedly exhibit minimal to no sex drive (Ortiz, 2019). Consequently, women are ascribed the role of sexual gatekeepers and assume responsibility for abstaining from sexual activity for both themselves and their partners. An example of this is that women are told to dress modestly, thereby conveying an implicit message that women's bodies are inherently undesirable and necessitate concealment. Simultaneously, men receive implicit messages insinuating the undesirability of their bodies and are directed to associate sexual arousal with shame, contributing to the reinforcement of negative perceptions surrounding female bodies. Purity culture's promotion of an "all or nothing" mentality is evident, portraying engagement in premarital sexual activity as rendering individuals irreparably damaged and undeserving of love. Ortiz (2019) delves into the dirty or contaminated metaphors prevalent in Christian conceptualizations of sexual sin, contrasting it with the perceived pure and clean metaphors of salvation and how this can have lasting effects of prolonged guilt and self-loathing on adolescents who engage in premarital sexual activity. Given this "all or nothing" mentality, purity culture teaches that those who wait to have sex until marriage are promised a reward for doing so, that their sex life will be better and more enjoyable. Along with this, the woman's sexual desire, which should not exist before marriage, will almost magically appear on the

wedding night. This mentality surrounding marital sex and the promised reward for abstinence until marriage is scrutinized and can lead to unrealistic expectations. It is important to contrast purity culture with the concept of sanctification of sexuality, defined as the belief in one's sexuality as holy and blessed by God. The conventional constraints imposed by Christianity on human sexuality are motivated by the love of God and a desire for flourishing. Jones and Hostler (2001) articulate a positive perspective on Christian sexuality, advocating for the acknowledgment within Christianity that humans are inherently gifted with bodies that are explicitly sexual. They contend that sexual intercourse, conceived for both procreation and pleasure, serves the purpose of fostering a lasting bond between spouses. Nevertheless, the authors assert the necessity of moderating these affirmations with the recognition of human sinfulness, asserting that sinful nature detrimentally influences human sexuality. Reid and Bing (2000) highlight that religious ideals of righteousness may limit sexual freedom, particularly for individuals raised in Christian homes. Therefore, research ultimately critiques purity culture as a distortion of traditional Christian beliefs, pointing out its fear-based motivations, shaming practices, and potential negative psychological impacts while advocating for a more positive view of Christian sexuality rooted in the love of God and a desire for flourishing.

However, it is important to note here that despite the popularity of the purity culture movement among Christian adolescents, the experience is not universal, as not all individuals within this religious demographic were raised in such an environment. For example, the experiences of Latter-day Saint sexual minorities vary, with reports of mistreatment and discrimination in some instances, while others describe supportive engagements with their faith, leading to subsequent health benefits (Lefevor et al., 2023). Taken together, these opposing findings suggest that there is not a single experience of being a sexual or gender minority in the

conservative Christian church. Additionally, it is noteworthy that certain churches and denominations, such as the United Church in Canada, foster an accepting and supportive environment. While scholarly attention often focuses on how Christian discourses perpetuate homophobia and transmisogyny, Zwissler (2019) redirects the spotlight to Christian groups actively embracing diverse gender and sexual identities. Through an analysis of narratives within a progressive Protestant congregation, the study by Zwissler (2019) explores key stories, including a minister coming out as lesbian, relinquishing their church building, and embracing the first known transwoman ordained in the denomination. These narratives unveil tensions related to power, embodiment, and sexuality, shedding light on contemporary discussions about religion in North America, particularly within socially progressive and less institutionally oriented forms of religiosity.

### **Sexual Pleasure**

This examination delves into the relevance of pleasure within religion and its impact on sexual health. Scholarly insights are drawn upon to explore the gendered nuances of sexual experiences, particularly the challenges faced by sexual and gender minorities. The recent acknowledgment and definition of sexual pleasure as a cornerstone by the World Association of Sexual Health (2019) challenges deep-rooted perceptions and emphasizes the importance of a positive approach to sexual health and education. When discussing sex, it is often assumed that experiences are equivalent across genders. However, Conley and Klein (2022) emphasize the importance of acknowledging gender differences in sexual experiences, particularly women's often lower-quality experiences compared to men. Laan et al. (2021) argue that sexual pleasure is embedded in a gendered context, with traditional and religious cultures often subordinating women's pleasure to men's. This subordination is reflected in the judgment of women's sexual

pleasure as dangerous or irrelevant in certain religions or cultures. The exploration of sexual pleasure remains a relatively unexplored area across various populations, with a notable gap in research concerning non-dominant groups. Bradford and Spencer (2020) recently provided a timely review and commentary on studies related to pleasure among transgender and gender-diverse individuals. Their argument posits that, despite a growing interest in researching the subjective experiences of these populations, a considerable number of studies continue to concentrate on quantitative methodologies, exploring the impact of physiology and medical interventions on the sexual experiences of transgender and gender-diverse individuals. The emphasis lies on Bradford and Spencer's call to focus research efforts on investigating similarities, potential disparities, and the diversity of pleasure(s) within and across populations.

Numerous studies affirm the health benefits of sexual pleasure, impacting mental and physical health, relationship quality, and overall well-being (Kotiuga et al., 2022; Laan et al., 2021). Pleasure positively correlates with autonomy, self-esteem, and empathy, contributing to the quality and longevity of committed relationships. Adolescents and adults exhibiting a sense of entitlement and efficacy regarding sexual pleasure demonstrate a more positive SSC (Kotiuga et al., 2022). This is manifested by increased sexual and body esteem, coupled with fewer negative feelings toward sexuality. According to Kotiuga et al. (2022), who compiled a comprehensive analysis of the research, individuals who hold these attitudes are also more likely to have positive emotional responses to sexual pleasure and experiences and report more sexual satisfaction, safer sex practices and greater sense of competence in negotiating intimate relationships.

In recent years, the acknowledgment of sexual pleasure as a crucial aspect of sexual health has gained prominence (World Association of Sexual Health, 2019). This recognition

highlights the importance of comprehensive sex education as a vital tool for fostering knowledge, acknowledgment, and promotion of sexual pleasure, with a focus on reducing gender differences in sexual experiences. The research argues for a paradigm shift in sex education; it should extend beyond reproduction and sexual risks. Instead, it should openly address the pleasurable dimensions of sexuality, fostering an understanding of and shared experiences with these pleasures, prioritizing pleasure without marginalizing the pleasure of potential partners while promoting diversity in genders and sexual orientations within comprehensive sexuality education. Sex education refers to "an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information" (UNESCO, 2009, p. 69). Sex education goes beyond just biology or preventing STIs. Instead, it aims to empower young people to understand their sexuality and relationships better. The goal is to enhance their sexual health and overall well-being. This approach aims to counteract heteronormativity, the coital imperative, dilemmas of desire for girls, and gendered scripts enforcing a sexual double standard. Ultimately, the focus is on fostering respect for individuals, irrespective of gender and sexual orientation, and empowering girls' and women's sexual agency while alleviating boys' and men's societal expectations in the realm of sexual performance. Recognizing sexual pleasure as a fundamental aspect of sexual health, particularly for non-dominant groups, contributes to overall well-being and the development of a positive SSC. The analysis underscores the imperative for ongoing research, heightened awareness, and a transformative shift in societal perceptions to fully integrate pleasure into the discourse of sexual health.

In conclusion, this section has traversed the complex landscape of shame, religion, and LGBTQIA2S+ identities, particularly within the framework of conservative religious contexts.

This exploration of empirical research and scholarly discourse has highlighted the profound psychological challenges faced by sexual and gender minorities, emphasizing the need for nuanced understanding and support in both research and clinical practice. From the perpetuation of stigma within religious teachings to the enduring impact of purity culture, the literature has underscored the imperative for societal transformation towards embracing diversity, promoting sexual agency, and prioritizing sexual pleasure as integral components of holistic sexual health.

It is through these practices that environments fostering adolescents' well-being can cultivate a positive SSC. As we navigate the intersections of faith, identity, and sexuality, it is crucial to cultivate environments of inclusion, respect, and empowerment, ensuring that all individuals, regardless of their gender or sexual orientation, can thrive authentically and without shame.

### **Education Systems Influence on SSC**

In the realm of school-based SHE, the status quo is not just inadequate—it's dangerously regressive. Despite decades of research debunking the efficacy of abstinence-focused approaches, educational systems persist in perpetuating archaic, heteronormative, and fear-driven narratives. This section delves into the egregious shortcomings of current SHE curricula, which prioritize moralizing over information, perpetuate harmful stereotypes, and systematically exclude diverse perspectives. From textbooks that equate abstinence with virtue to programs that stigmatize non-heteronormative identities, the educational landscape is rife with missed opportunities and damaging biases. It's time to confront the uncomfortable truth: our youth deserve better than fear-based tactics and outdated moralizing.

Over the years, SHE has taken an abstinence-focused perspective on how they educate youth. In the past couple of decades, research has been done to explore the effectiveness of this kind of approach. The results have been overwhelmingly negative. In this section, I will explore some of the ways sex education has been problematic by being abstinence-focused, as well as heteronormative, cisnormative, and not ethnically diverse. Looking ahead, SHE must examine its influence across diverse cultures and explore how it is incorporated into educational systems in other countries. Canada's SHE remains unstandardized, with each province and territory featuring their own curricula focused on neurotypical children and children without disabilities (Davies et al., 2021). It is incredibly frustrating that there is yet to be a standardized, inclusive gender and sexuality curriculum. Schools are one of the most prominent and earliest institutions where children are socialized and learn the dominant attitudes, behaviours, values, and norms of culture. If what children are being taught is a hidden curriculum of heterosexism and cissexism, then that is being internalized, imitated, and played out in the future. Research shows that school

rituals, teaching, curricula, and disciplinary practices inform heterosexualizing and cissexualizing processes from elementary through high school (Gansen, 2017; Pascoe, 2011). Schools use heteronormative social contexts that mirror the dominant beliefs and structures of society (Gansen, 2017). Therefore, schools become critical sites where children learn and start to practice dominant beliefs about sexuality and gender. Children learn the expectations, beliefs, and perspectives about sexuality, masculinity, and femininity from interactions with their peers, teachers, and school administrators (Gansen, 2017). Education based on heteronormativity and cisnormativity limits adolescents' sexuality while stigmatizing gender nonconformity, same-sex relationships, or desires. This kind of limited education perpetuates heteronormativity. Not only does this kind of education continue the cycle of teaching another generation to be homophobic and transphobic, but it also has negative effects on those who identify outside of the societal gender or sexual norm. Day et al. (2018) discuss how lesbian, gay, bisexual, and transgender (LGBT) youth face hostile school environments and experience harassment, discrimination and other negative experiences based on their sexual orientation and gender expression.

Victimization and stigmatization of LGBT youth in schools are associated with higher levels of depression, self-harm, and suicidal ideation compared to their non-LGBT peers (Day et al., 2018). Transgender youth specifically experience a higher prevalence of mental health disorders, substance abuse, self-harm, and suicidal thoughts (Day et al., 2018).

### **SHE Textbooks**

Clonan-Roy et al. (2021) ran a qualitative content analysis of sixteen health education textbooks in the U.S. They explored the following question: What implicit and explicit messages do youth receive about sexual violence, and specifically, sexual violence prevention in health education textbooks? They found the following messages were persistent across textbooks:

abstinence is the only way to preserve one's safety; lack of abstinence increases risks, including the risk of being raped; and girls/women must assume personal responsibility and enact strategies that preserve one's abstinence and prevent them from being raped. This study is relevant to the discussion because there are no previous studies that explore how textbooks link the preservation of abstinence to the prevention of sexual assault and how fear is used as a strategy to persuade youth to maintain their abstinence and avoid sexual assault.

Another relevant study was conducted by Fehlbaum (2019), who looked at how textbooks portray marriage as it relates to sex. They thought it was important to focus on marriage in their study because of the complex relationship between marriage and sex within sex education. Fehlbaum's (2019) study used a content analysis of nine U.S. high school health textbooks to explore their methods of addressing marriage, reasons for remaining abstinent until marriage, and adult life outside of marriage. Results show that the ways marriage and abstinence are described in the textbooks are inconsistent with the modern realities of adult relationships. These findings suggest that the textbook method of teaching has failed, and social-scientific accuracy is lacking.

One textbook in Fehlbaum's (2019) study defined marriage as a lifelong union between a husband and wife, who develop an intimate relationship after they are married. Other textbooks state that sex before marriage is irresponsible, makes men and women damaged goods, and that you can only achieve security and intimacy within the commitment of marriage (Fehlbaum, 2019). The content from the textbooks in both studies perpetuates heteronormativity and cisnormativity and excludes different cultures and lifestyles. This is not inclusive to the students who do not fit into the textbook definition of what an individual or their family should look like. It would likely be alienating for a student not to see themselves represented in their textbooks.

We need to hold textbook authors accountable for what they write because it can have negative effects on its readers. As it stands, a lot of the youth who are reading these textbooks are unlikely to match the example situations provided because of the authors' assumptions that the readers are all White, heterosexual, and cisgender.

Similar to Fehlbaum (2020), Clonan-Roy et al. (2021) also found in their textbook sample that having a successful marriage was the goal of a relationship and practicing abstinence before marriage would lay the groundwork for a lasting, satisfying marriage. This focus on the importance of marriage in both study's textbook samples is severely outdated. The traditional family has changed - it is no longer the desired moral commitment, where sex is only about procreation within the context of a monogamous marital relationship between a man and a woman. In fact, marriage rates in the U.S. are at unprecedented lows, and cohabitation has become the context for childbearing and childrearing (Fehlbaum, 2020), showing that textbooks' preference to use marriage as the only context for a relationship is no longer relevant.

Both studies outline terms from the textbooks referring to abstinence as the "only method," "most effective method," "only way," "100% effective," and "best way" to preserve one's safety, avoid STIs and unplanned pregnancy (Clonan-Roy et al., 2021; Fehlbaum, 2020). This thinking is problematic for several reasons. One of which it does not consider that unexpected pregnancy is not relevant for most same-sex relationships. If the goal of AOUM teaching is not to get pregnant, then textbooks should emphasize positive sexuality and the benefits of same-sex as well as other LGBTQIA2S+ relationship dynamics. It also does not take into consideration the other partner's sexual history, meaning that you could still get an STI in marriage from your spouse. Only one of the textbooks from Fehlbaum's (2020) study acknowledged that even those who have been abstinent are still at risk for HIV because some

STIs can be transmitted in ways other than sexual activity. This highlights that youth should still be educated about STIs because even if an adolescent chooses to be abstinent, they are still at risk. Therefore, it appears as though most of the textbooks under study instill a fear in youth of compromising one's health and well-being by engaging in sexual activity. These findings highlight the pervasive heteronormativity and cisnormativity present in educational materials, excluding non-dominant perspectives and reinforcing harmful stereotypes.

Furthermore, the representation of gender in SHE textbooks exacerbates these issues. Islam and Asadullah's (2018) quantitative content analysis study of government secondary school English language textbooks from Malaysia, Indonesia, Pakistan, and Bangladesh revealed a systematic underrepresentation of females and a pro-male bias. Such biases reinforce gender stereotypes and limit students' understanding of diverse gender identities and expressions, as seen in Clonan-Roy et al. (2021), Islam and Asadullah (2018), and Santelli et al. (2017). These findings have important implications for the representation of gender in education and the need to revise textbook content.

This perpetuation of stereotypes and biases in educational materials has a profound impact on students' perceptions of themselves and others, particularly in the realm of sexuality, relationships, gender identity, and SSC. When students consistently encounter materials that fail to reflect the diversity of human experiences and identities, they may internalize these limited representations, leading to feelings of alienation, inadequacy, and shame. Additionally, the reinforcement of heteronormative and cisnormative ideals can marginalize LGBTQIA2S+ students, erasing their existence and denying them the opportunity to see themselves reflected positively in educational contexts. Ultimately, the distorted portrayal of sexuality, relationships,

and gender in textbooks can hinder students' development of a healthy and inclusive SSC, perpetuating cycles of discrimination and inequality.

Building on the shortcomings identified in SHE textbooks, Manning (2021) conducted a comprehensive review of sex education within learning institutions, shedding light on the intricacies of this domain. The findings from Manning's analysis underscore the multifaceted challenges inherent in providing sex education, a topic further elucidated by research conducted in both the United States and the United Kingdom. The studies in his review collectively illuminate the nuanced interplay between societal norms regarding appropriate discourse on sexuality and the educational imperative to offer comprehensive sex education to students. Disputes surrounding the content of sex education curricula frequently center on the inclusion of relational dynamics and considerations of pleasure, highlighting a significant lack of consensus regarding the breadth of topics to be addressed. Further examination into the specifics of curricular content reveals a notable lack of emphasis on sexuality within the majority of prominent premarital relationship programs, with only four of them explicitly addressing communication skills. The authors advocate for the inclusion of discussions pertaining to sexuality within non-heterosexual and cohabitating relationships. A study within the review critiques existing textbooks:

[He] points to how textbooks about human sexuality often focus on how same-sex couples have the same intimate relational possibilities as heterosexual couples, reifying a hierarchy of sexuality... he points to embedded notions in the texts that monogamous sexual relationships in marriage are the ideal status, excluding not only LGB people but those who cohabit, are in open relationships, or even those interested in casual sex. (p. 11)

Manning (2021) found that frequent criticisms of current school-based SHE highlighted the perceived clinical, de-erotized, and moralistic nature of the programs. Students expressed a desire for more comprehensive information on sexual pleasure, emotional aspects of relationships, parenthood, and abortion. Furthermore, they emphasized the importance of feeling empowered by educational content to make informed decisions regarding their own sexual trajectories.

### **SHE Programs**

Santelli et al. (2017) provide a thorough review of U.S. policies and programs relating to AOUM sex education. They conclude that policies or programs offering abstinence as a single option for unmarried adolescents are scientifically and ethically flawed. These programs withhold lifesaving information about the prevention of pregnancy, HIV, and other STIs. They contend that abstinence from sexual intercourse is theoretically fully protective against pregnancy and STIs, but in actual practice, AOUM programs are unsuccessful in preventing these outcomes (Santelli et al., 2017). It is perplexing that AOUM sex education is still being used in schools despite how much research has surfaced proving that it is not only ineffective but also unethical for youth and their sexual development. Trying to understand why this is happening, Santelli et al. (2017) draw attention to the considerable political support for AOUM from social conservatives despite the lack of scientific evidence. Narushima et al. (2020) mention the fierce debates between the Conservative and Liberal governments in Ontario that have taken place over the SHE curriculum in the last decade alone. There have been political difficulties in U.S. and Canadian efforts to move to comprehensive approaches in sex education. Politics have the power to standardize behaviour, facilitate cultural assimilation, and instill moral values in the young and impressionable (Clonan-Roy et al., 2021). There should not be a debate

the government should simply support medically accurate, evidence-based, and scientifically justified approaches to sexuality education for young people.

### **Comprehensive SHE**

Within the intricate landscape of adolescent sexual health, comprehensive sexual education emerges as a vital cornerstone. Throughout Canada, adolescents grapple with a myriad of challenges and uncertainties regarding sexuality, often seeking guidance from sources beyond conventional educational realms. Yet, reliance on media and peer networks for information often perpetuates myths and misinformation, underscoring the imperative for comprehensive and inclusive SHE within formal schooling systems. This section delves into the paramount importance of comprehensive SHE in equipping adolescents with the knowledge, skills, and resources essential for informed decision-making, promoting well-being, and addressing disparities in access to information among diverse cultural and demographic groups.

Comprehensive SHE is vital for empowering adolescents, promoting well-being, and addressing disparities in access to information. Research conducted by Manning (2021) highlights a prevailing issue in SHE: Adolescents often turn to media (ex., Pornography) and peers for information due to the lack of accurate guidance from parents and schools. This reliance on external sources perpetuates the circulation of sex myths and misinformation, highlighting the urgent need for comprehensive and inclusive SHE within educational systems.

When addressing SHE in Canada, it's crucial to recognize the unequal access to comprehensive information among youth because not all youth have the same opportunities to access information. Beyond regional variations in curricula, certain cultural groups encounter additional barriers or gatekeeping in receiving accurate education. This includes but is not limited to, youth who are new to Canada, homeless youth, youth residing in rural or remote areas

such as Indigenous youth, and youth living with a disability or chronic illness (Walters & Laverty, 2022). Disparities in access to SHE persist among Canadian youth; this is relevant to counsellors working with adolescents or caregivers.

School-based SHE plays a pivotal role in equipping students with essential information and skills concerning sexual development and overall well-being. By offering comprehensive SHE, schools contribute significantly to preventing adverse outcomes that can negatively affect sexual health and well-being, such as sexually transmitted infections, unintended pregnancies, and sexual and gender-based violence, including homophobic bullying (Loveless et al., 2023). Moreover, such education initiatives can foster positive outcomes, including the development of communication and relationship skills, thereby enhancing sexual health and overall well-being.

Due to the unstandardized implementation of Canada's school-based SHE, the Sex Information and Education Council of Canada developed a guideline intended to provide consistent guidance for policymakers and educators across Canada. The 2019 Guidelines are based on nine core principles that define and inform comprehensive SHE. Specifically, the Core Principles affirm that comprehensive SHE should be accessible to all people, promote the right to autonomous decision-making, be scientifically accurate, address a broad range of relevant topics, be inclusive, promote gender equality, incorporate a balanced approach, be relevant and responsive, and be provided by knowledgeable educators (SIECCAN, 2019). This guide acknowledges that school-based comprehensive SHE can help reduce sexual and gender-based violence and discrimination in Canada in the following ways: by promoting respect for human rights and gender equality, teaching people the information and skills to ensure all partners feel safe and fully consent before and during sexual activity, and by increasing people's awareness of

the societal norms, attitudes, and practices which contribute to violence based on gender or sexual identity (SIECCAN, 2019).

The research undertaken by Loveless et al. (2023) illuminates a broad consensus among caregivers across Canada regarding the Core Principles of comprehensive SHE outlined in the 2019 Guideline. This consensus underscores parental recognition of the importance of such education for their children, providing policymakers with a push to prioritize evidence-based, culturally sensitive programs. Caregiver support serves as crucial input for policy decision-making regarding SHE curriculum development. Therefore, it is imperative to examine caregiver attitudes toward the principles underpinning comprehensive SHE. It also aids in addressing potential resistance to SHE initiatives. Policymakers can leverage these findings to engage in dialogue with caregivers and stakeholders, fostering the development of tailored programs. While slight variations were observed based on demographic factors, the overall support for these principles remains robust. Ongoing monitoring of caregiver attitudes toward SHE is crucial, given their significant role in decision-making regarding their children's education and policy.

In summation, comprehensive SHE serves as a pivotal linchpin in adolescents' well-being and empowerment. Through evidence-based, culturally sensitive programs, adolescents can acquire the knowledge and skills needed to navigate their sexual health journey with confidence and autonomy. By addressing disparities in access to information and advocating for inclusive education, policymakers, educators, and caregivers collectively contribute to fostering a society where all adolescents can lead sexually healthy and fulfilling lives.

### **Multicultural and Non-Dominant Perspective**

Comprehensive SHE sets the stage for equipping adolescents with the knowledge, skills, and resources essential for informed decision-making and the promotion of well-being. However, a critical examination of the current SHE materials reveals persistent biases and limitations that hinder its effectiveness. Textbooks and curricula often perpetuate heteronormative and cisnormative narratives, excluding diverse cultural and non-dominant perspectives. As demonstrated in studies by Clonan-Roy et al. (2021) and Fehlbaum (2019), textbooks frequently portray marriage as the ideal context for sexual relationships, overlooking the realities of modern relationships and diverse family structures. This emphasis on traditional norms not only alienates students who do not conform to these ideals but also perpetuates harmful stereotypes and exclusionary attitudes. Furthermore, research by Islam and Asadullah (2018) and Santelli et al. (2017) reveals systematic underrepresentation of females and pro-male biases in educational materials. Such biases reinforce gender stereotypes and limit students' understanding of diverse gender identities and expressions. These findings underscore the urgent need for more comprehensive, inclusive, and culturally sensitive approaches to SHE. By acknowledging and addressing diverse cultural perspectives and identities, educators can create safer and more supportive learning environments for all students, irrespective of their backgrounds.

Building upon the need for comprehensive SHE, Liu's (2012) insights delve into the challenges faced by adolescents in accessing accurate information amidst cultural norms and societal attitudes. In the context of inadequate SHE within schools and education systems, Liu's findings underscore the pervasive influence of cultural norms and societal attitudes on discussions surrounding sexuality, resulting in a silence that impedes the dissemination of crucial

information. This silence reflects a larger pattern observed in SHE, where discussions often fall short of addressing the nuanced needs and realities of adolescents. As evidenced by Liu's research, the tension between viewing sex as a moral versus a health issue illustrates a fundamental gap in the current approach to SHE, particularly in its failure to adequately address cultural complexities and empower individuals to navigate their sexual health with confidence. Thus, integrating Liu's findings into discussions on SHE highlights the pressing need for educational systems to move beyond traditional narratives and provide comprehensive, inclusive, and culturally sensitive SHE that meets the diverse needs and desires of adolescents.

Expanding on the implications of cultural influences, Narushima et al.'s (2020) study in Canada sheds light on the experiences of non-dominant youth and the impact of inadequate SHE. Transitioning to the findings of Narushima et al.'s study, their research uncovers the multifaceted challenges faced by Canadian youth in navigating their sexual health, particularly within non-dominant communities. Narushima et al. (2020) conducted a qualitative community-based pilot study that investigated the impact of SHE on youth in Canada. This study stood out from others because Narushima et al. (2020) specifically looked at current SHE and the perspectives and experiences among socioeconomically non-dominant, racialized, and LGBTQ youth. Their research questions are as follows: 1) what sex-related messages did these young people receive as they grew up? 2) how did those messages affect their perspectives and sexual behaviour, and 3) their recommendations for SHE that meet their needs. The results indicate that participants received inadequate and contradictory sexuality-related information from multiple sources. These mixed messages contributed to confusion, misconceptions, distress, and sexual vulnerabilities. Youth in this study expressed a desire for more inclusive and relevant SHE starting from an early age and more support for parents and teachers so they can talk with youth

about sexuality. Narushima et al. (2020) provide an updated overview of research that explains more than one-third of Canadian youth are reporting their first sexual intercourse occurs before the age of seventeen. Data indicates that these young people are at a higher risk of STIs. They highlight that youth who live in racialized low-income and resource-constrained neighbourhoods experience even higher rates of STIs. A study from 2017 found that the rates of HIV diagnoses increased by 10% in youth, and two-thirds of these numbers are gay, bisexual, transgender, or queer young men (Narushima et al., 2020). These are important statistics because they showcase that youth are experiencing an increased risk for STIs. A strength of this study is that they looked at how predominantly heteronormative SHE negatively impacts non-dominant youth, compared to other SHE research whose participant pool is primarily White, heterosexual and otherwise privileged. Further underscoring the impact of cultural norms, Narushima et al.'s study highlights the silence surrounding sexuality in Muslim communities and the implications of culturally exclusive sex education on Muslim youth. Emphasizing the importance of inclusive SHE, these findings underscore the critical need for educational systems to prioritize inclusivity and empower individuals from diverse backgrounds to make informed decisions about their sexual health.

Extending the discussion to a broader multicultural perspective, Sinai and Shehade's (2019) phenomenological study provides insights into the challenges faced by school counsellors in promoting SHE within traditional Arab communities. Connecting back to the broader context, the challenges identified by Sinai and Shehade resonate with the need for inclusive SHE across diverse cultural settings, emphasizing the pressing need for comprehensive and culturally sensitive approaches. These counsellors identified cultural challenges in promoting sex education between the counsellors' perceptions of their role and the perceptions of parents and teachers

(Sinai & Shehade, 2019). Despite the expectation for adolescents to get their sex education from parents, the data shows that parents provide their children with very little knowledge of sexuality. We are seeing this in Western culture as well, as seen in Narushima et al. (2020). In summary, the research reviewed highlights the pressing need for comprehensive and culturally sensitive SHE. From the experiences of non-dominant Canadian youth to the challenges faced by conservative Arab communities, it is evident that cultural norms and societal attitudes significantly impact adolescent sexual education. Moving forward, educational systems must prioritize inclusivity and empower individuals from diverse backgrounds to make informed decisions about their sexual health.

In summary, the examination of textbooks and curricula in these studies reveals a concerning trend of prioritizing fear-based abstinence messaging over comprehensive, informed SHE. By neglecting to provide adolescents with accurate information about healthy sexuality and contraception, current educational approaches fail to prepare them for safe sexual decision-making in adulthood. To address this gap, sex education must evolve to consider inequality, power dynamics, and broader social contexts. By integrating comprehensive SHE into school curricula, we can empower students to make informed, responsible decisions about their sexual health and relationships. Ultimately, the goal of sex education is to nurture sexually healthy adults and achieving this requires providing youth with accurate information and fostering open, honest conversations.

### **Caregiver Influence on SSC**

In the complex landscape of adolescent sexual development, caregivers wield immense influence as primary purveyors of sexual education and guidance. However, this influence is but one thread in the intricate tapestry of social factors that shape adolescent sexual attitudes and behaviours. From the halls of educational institutions to the pulpit of religious communities, adolescents are bombarded with diverse messages about sexuality, each leaving an indelible mark on their evolving SSC. However, the reality starkly contrasts this idealized image, revealing a landscape marred by neglect, misinformation, and discomfort. Despite the paramount importance of caregiver influence in shaping adolescent sexual attitudes and behaviours, statistics paint a grim picture, depicting parents and caregivers as woefully inadequate sources of sexual information. As a result, adolescents are left to navigate the murky waters of sexuality with little guidance, forced to seek out accurate information from unreliable or ill-equipped sources. This essay endeavours to peel back the layers of misconception surrounding caregiver influence on adolescent SSC, shedding light on the glaring disparities between perception and reality. Through a critical examination of caregiver-adolescent sex talks, we aim to uncover the systemic failures and entrenched biases that hinder meaningful dialogue and perpetuate harmful stereotypes. Furthermore, we delve into the insidious impact of gendered communication and explore the harrowing experiences of queer youth trapped within conservative religious environments. It is time to confront the uncomfortable truths lurking beneath the surface and demand accountability from those entrusted with the sexual education of our youth.

**Health Benefits of Pleasure.** Deep-rooted notions associating uncontrolled sexuality with danger may contribute to caregivers' apprehensions regarding a positive approach to sexual health and education. Despite caregivers' concerns that a positive approach may encourage

premature sexual activity, recent research challenges these notions. A review of 23 studies investigating factors of sexual pleasure during initial partnered sexual experiences (defined as penile-vaginal penetration in three-quarters of the studies) revealed that adolescents with the agency to consider what a pleasurable first sexual experience may mean to them experienced more pleasurable sexual debuts (Boydell et al., 2021). The scholarly literature explains the rationale behind advocating for positive and pleasurable experiences for adolescents during their initial sexual encounters. Adolescents with higher sexual esteem, a dimension of a positive SSC, tend to be more confident and positive about sexual activity, demonstrating a greater likelihood of practicing safe sex (Hensel et al., 2011). In late adolescent women, a strong SSC is associated with increased sexual experience and satisfaction. However, it doesn't correlate with an earlier onset of intercourse or a higher number of partner changes. Elevated sexual esteem in young women may contribute to a greater willingness to discuss various aspects of sexual encounters with partners, including satisfaction, emotions, and the willingness to engage in risk-taking behaviours. This perspective is grounded in the recognition that such experiences can yield positive outcomes, including enhanced self-esteem and self-concept, resistance to sexual double standards, the cultivation of pleasurable sexual experiences in adulthood, and the fostering of healthy attitudes toward sexuality and relationships. It is imperative to underscore that the advocacy for pleasurable experiences is not intended to diminish the significance of imparting knowledge on safe sex practices, consent, and the potential emotional consequences associated with sexual activity. On the contrary, the promotion of positive experiences aligns cohesively with comprehensive sex education, which comprehensively addresses these pivotal aspects.

Moreover, as we consider the health benefits of pleasure, it becomes evident that fostering open communication between adolescents and their trusted caregivers is paramount.

This approach not only establishes a supportive environment wherein adolescents can navigate the intricacies of their emotions but also empowers them to make well-informed decisions and seek guidance when necessary. Furthermore, positive sexual experiences play a pivotal role in shaping a healthy sexual identity, with adolescents who have early positive encounters being more predisposed to developing a positive and respectful perspective toward their own sexuality. In sum, the scholarly discourse underscores the multifaceted benefits of endorsing positive sexual experiences for adolescents, provided that such advocacy is integrated with a comprehensive educational framework addressing the broader spectrum of sexual health and well-being.

Furthermore, compelling evidence supports the effectiveness of comprehensive sex education. Even when excluding discussions of sexual pleasure, comprehensive sex education has been associated with delayed onset of penile-vaginal intercourse, increased consistent use of condoms and contraception, and lower rates of unwanted pregnancies among heterosexual adolescents in various countries (Laan et al., 2021). Nations endorsing abstinence-only or no-sex education tend to exhibit inferior sexual health indicators compared to those providing comprehensive and positive information to adolescents (Kohler et al., 2008). In essence, the benefits of adopting a positive approach to sexual health and education outweigh the potential risks.

Considering the expanding body of research favouring a positive stance on sexual health and education, Mitchell et al. (2021) have recently advanced the proposition that sexual well-being, an encompassing framework embracing dimensions of sexual pleasure, sexual justice, and sexual health, merits acknowledgment as a distinct public health outcome. This recommendation

is grounded in the recognition of the pivotal contribution of sexual well-being to overall individual well-being and SSC.

### **Sex Talk with Caregivers**

Communication between caregivers and their adolescent children about sexuality is a multifaceted and evolving dynamic influenced by various factors and cultural contexts. Research, such as Hetsroni's (2008) study on Israeli Jewish and Arab adolescents, underscores that similar to past studies on adolescents in North America, social media and peers are frequently considered more useful sources of information about sex than parents. Sprecher, Harris, and Meyers (2008) found in their longitudinal survey of Midwestern college students that, while families remained a consistent source of information, reliance on media, peers, and professionals increased in reliance and accuracy over time. Socioeconomic factors played a role, with a positive correlation between a higher social class index and a greater likelihood of parents providing sex education. Notably, racial disparities were observed, as Black participants reported more sex education from parents compared to Whites and Latinos, with Latinos reporting the lowest amount of family sex education.

Examining the prevalence of sex talk, Manning (2021) conducts a review of communication scholarship about sex from the past two decades and highlights the conflicting research on sex talk between adolescents and caregivers. They did find that factors influencing the occurrence of sex talk include children's perceptions of their parents' communication competence, with more competent parents associated with less avoidance of sex-related discussions. The quality of the parent-child relationship also emerged as a crucial factor, with informal, receptive, and composed parental communication associated with adolescents reporting lower levels of avoidance and anxiety. They found that studies exploring parent openness during

sex talk uncovered the nuanced meanings parents attach to openness. One study found that Australian parents considered openness to involve answering questions, maintaining flexibility on topics, respecting privacy boundaries, and considering each child's individual characteristics. Another research study indicated that, while parents acknowledged the naturalness of discussing sex, they also recognized potential challenges, particularly dependent on content. In a study with Muslim Bangladesh participants, inadequate parental understanding of sexual health and a lack of sex education from parents was associated with increased risks of infection or unwanted pregnancy for youths. Furthermore, research highlighted the selective nature of sex talk, with certain topics being minimized, avoided, or omitted. In a Thai study, discussions tended to focus more on body changes and dating than on sexually related issues like birth control. Similarly, when parents believed their children were sexually active, conversations often revolved around diseases or pregnancy rather than the specifics of intercourse or the appropriate age for initiating sexual activity. Another study shed light on the absence of LGBTQIA2S+ relationships from sex education, including family conversations, indicating a heteronormative bias in parent-child sex talk.

Evans et al. (2020) conducted an online quantitative study to investigate gender differences in parents' communication with their adolescent children about sexual risk and sex-positive topics. The study aimed to explore the frequency of parents' communication with their children regarding sexual risk (e.g., STDs/HIV/AIDS, pregnancy, abortion, condoms/contraception, safe sex, abstinence/delaying sex) and sex-positive topics (e.g., dating/romantic relationships, sexual desire, sexual satisfaction, different types of sexual practices, talking with a partner about wants/needs, choice of sexual partners, masturbation), as well as to assess how parent and adolescent gender influence communication about these topics.

Evans et al. (2020) emphasized the importance of fostering a healthy SSC in adolescents, highlighting the crucial role parents play in providing knowledge about sexual risk and promoting comfort and confidence around sexuality, thereby facilitating the development of a positive SSC. The study yielded statistically significant findings, indicating that fewer parents engage in discussions about sex-positive topics with their adolescents compared to discussions about sexual risk. Additionally, the research revealed a tendency for parents to communicate more frequently with their daughters about sexual risk, while discussions about sex-positive topics, if they occur, are more likely to involve sons.

Caregivers' tendency to prioritize discussions about sexual risks, particularly with daughters, while neglecting or downplaying conversations about pleasure, desire, and healthy sexual relationships may be rooted in an exaggerated concern about the potential long-term consequences of sexual activity on their adolescent's well-being. Consequently, they often express general disapproval of sexual activities and avoid addressing topics related to sexual desire and satisfaction, portraying them as potentially unsafe or developmentally inappropriate for adolescents. However, this gendered communication approach perpetuates harmful sexual scripts that endorse the notion that sexual expression and desire are more acceptable for men than for women. Scholars suggest that adolescents internalize these sexual scripts from their caregivers, reinforcing traditional gender norms and potentially leading to compliance with unwanted sexual activities and lower sexual satisfaction, particularly among women (Rossetto et al., 2017). This communication pattern can hinder the development of a positive SSC in adolescents by promoting distorted perceptions of sexuality and failing to provide them with comprehensive and affirming sexual education. Hence, caregivers play a critical role in fostering

a healthy SSC by promoting knowledge about sexual risks alongside comfort and confidence in discussing sex-positive topics with their adolescents.

### **Gendered Communication**

Adolescents' developing SSC is significantly influenced by parental communication about sexuality, as these discussions shape their attitudes, norms, and safer sex behaviours (Conley & Klein, 2022; Flores et al., 2021; Klein et al., 2018). Several studies have examined the participants in sex education conversations, particularly those with an educative focus. Gender dynamics are evident in such communication, with girls often receiving more restrictive messages and facing stricter moral standards than boys (Clonan-Roy et al., 2021; Evans et al., 2020; Islam & Asadullah, 2018; Klein et al., 2018; Santelli et al., 2017). Notably, discussions about girls' genitalia are marked by the use of euphemisms, vague terms, or avoidance of explicit language (Conley & Klein, 2022). Furthermore, parents tend to emphasize the risks of sexual activity, such as pregnancy, more frequently in conversations with girls while providing boys with relatively more information on sex-positive topics (Evans et al., 2020; Flores et al., 2021; Klein et al., 2018). Findings suggest that mothers tend to provide more sex education, offering specific information (Manning, 2021). Additionally, both mothers and fathers are inclined to discuss sex with their sons, while mothers are more likely to engage in such discussions with daughters. In a study by Raffaelli and Green (2003) involving highly educated Latino young men and women, young women reported more sexual communication with mothers, especially if they were non-Mexican in origin. Interestingly, the presence of older brothers in the household was associated with a negative correlation in sexual communication for young women. Furthermore, the research indicates that more-educated mothers were more likely to discuss sex with their sons, while more-educated fathers were likely to converse with both sons and daughters. Given

that caregiver communication significantly contributes to shaping sexual norms, these communication biases inadvertently contribute to gender inequity in adolescents assessing the risks and benefits associated with sexuality.

This gendered communication approach not only fosters negative perceptions of sexuality but also stunts the development of a healthy SSC among adolescents. By fixating on sexual risks while sidelining discussions on pleasure, desire, and healthy relationships, caregivers perpetuate the idea that sexuality is synonymous with danger. This skewed messaging distorts adolescents' understanding of their own desires and boundaries, eroding their confidence. Furthermore, by upholding traditional gender norms that allow sexual expression for men but shame it for women, caregivers fuel feelings of shame and confusion surrounding sexual identity. In essence, such caregiver patterns reinforce harmful stereotypes and hinder progress toward a more inclusive sexual education environment. Addressing these biases is essential for fostering a more enlightened approach to adolescent sexuality.

### **Religious Caregivers**

Queer youth have historically faced various forms of rejection in societal, religious, educational, and familial settings. The process of accepting one's sexual identity is particularly intricate for those raised in conservative Christian environments, as discussed in the preceding section on religion within this paper. Research sheds light on the complex interplay between religious beliefs, family dynamics, and the mental health outcomes of adolescents coming out experiences with their caregivers. This review will provide an overview of existing research, emphasizing the significant influence of family dynamics on mental health, social support, substance use, high-risk sexual behaviours, and suicide rates among LGBTQIA2S+ individuals.

To the best of our knowledge, a study conducted by VanderWaal et al. (2017) is the first of its kind examining LGBT+ acceptance within families within a Christian denominational context; their study explores the repercussions of family acceptance or rejection on LGBT+ young adults within the Seventh-day Adventist (SDA) Church, focusing on their experiences of coming out during adolescence. VanderWaal's analysis underscores the pervasive and distressing nature of family rejection, especially in conservative religious contexts, experienced by LGBT+ youth. Religious beliefs significantly influence respondents and their families, triggering feelings of guilt and shame. In attempting to align with religious doctrine, caregivers often resort to prayer, scripture, and counselling to change their children's sexual orientations, contributing to a toxic environment of rejection and shame. This raises pertinent inquiries regarding the potential ramifications on an individual's evolving SSC within such contexts. This religious influence plays a pivotal role in shaping a family's acceptance or rejection. Rejection is linked to adverse outcomes; a substantial proportion experience expulsion from their homes due to familial and religious conflicts. Such rejection is associated with higher rates of depression, substance abuse, and suicidal tendencies among LGBT+ young adults, as well as withdrawal from family and an increased likelihood of leaving the church. Conversely, studies highlight the protective role of family connectedness, adult caring, and school safety in mitigating the adverse effects of rejection. Awareness and acceptance of a child's LGBT+ orientation by caregivers correlate with improved family support and reduced fear of future victimization. Additionally, this study explores the role of parental support in mediating health-related outcomes, indicating its significance in fostering overall well-being among LGBT+ youth. While societal attitudes toward LGBT+ individuals are evolving, Christian families grapple with reconciling biblical teachings and church positions with their children's sexual orientation. The study reveals a

contrast between religious upbringing and current identification, emphasizing potential shifts in religious beliefs. Almost all respondents (97.4%) grew up as Seventh-day Adventists; despite strong religious backgrounds, only 41.6% currently identify as SDA, with a substantial percentage choosing no religious affiliation or other denominations. Coming-out experiences vary, with 20.5% never disclosing due to fear, reflecting pervasive concerns about familial acceptance. Family rejection is prevalent, with high levels of parental struggle (81.9%) and manifesting in humiliating ways, including ridicule, and demeaning language. Parental responses often involve attempts to change sexual orientation, contributing to feelings of rejection. Social support from friends is stronger than family support, while caregivers, clergy, and religious congregations are perceived as inadequate. The study also reveals risky behaviours such as substance use and unprotected sex, elevated suicidal thoughts and attempts, and significant depression among respondents; these behaviours underscore the challenges faced by LGBT+ individuals within religious communities. Overall, this literature review provides a comprehensive understanding of the complex interplay between religious beliefs, family dynamics, and mental health outcomes for LGBT+ individuals in conservative Christian settings.

The study underscores key themes in the experiences of LGBT+ youth within conservative Christian Churches. Notably, individuals face significant challenges reconciling their sexual orientations and/or gender identities, influenced primarily by religious beliefs. The fear of familial judgment leads many to delay disclosure until later in life, with almost half revealing their identities at 20 or older and 22% never disclosing to their families. Family rejection, often rooted in conservative Christian values, manifests in harmful ways, including ridicule and blaming the child. Parental responses vary, with a quarter attempting to control or change their child's orientation, while a minority adopts supportive approaches. The impact of

religion is substantial, as parents struggle to align beliefs with their child's disclosure, often resulting in a lack of immediate, unconditional love and attentive listening. Friends are perceived as more supportive than family, highlighting the need for improved familial understanding. The study also confirms elevated levels of at-risk behaviours among LGBT+ individuals, emphasizing the urgency of fostering inclusive environments in the church.

In conclusion, the convoluted realm of caregiver influence on adolescent SSC is fraught with systemic inadequacies and entrenched biases. Despite the pivotal role caregivers play in shaping sexual attitudes and behaviours, the reality is grim: a landscape marred by neglect, misinformation, and discomfort. As adolescents grapple with the complexities of sexuality, they are often left adrift in a sea of conflicting messages, forced to navigate the murky waters alone or rely on unreliable sources for guidance. This section has sought to peel back the layers of misconception surrounding caregiver-adolescent sex talks, exposing the glaring disparities between perception and reality. Through a critical examination, we have uncovered the systemic failures that perpetuate harmful stereotypes and hinder meaningful dialogue with caregivers. The insidious impact of gendered communication and the harrowing experiences of queer youth trapped within conservative religious environments further underscore the urgent need for change. It is time to confront the uncomfortable truths lurking beneath the surface and demand accountability from those entrusted with the sexual education of our youth. In moving forward, acknowledging sexual well-being as a distinct public health outcome and promoting open, informed, and inclusive discussions between caregivers and adolescents are imperative steps for the holistic development of SSC in today's youth.

### **Wrapping it Up**

Drawing upon the multifaceted exploration of sexuality education and its intersections with religious communities, school systems, and caregiver involvement, it becomes evident that comprehensive SHE is essential for adolescent development and developing SSC. Throughout this capstone, we have delved into the intricate dynamics of each social factor, highlighting their respective influences on adolescent SSC and behaviour. From the power dynamics within religious communities to the institutional frameworks within schools and the crucial role of caregivers, the research underscores the importance of providing evidence-based and inclusive SHE. By addressing topics such as consent, boundaries, and healthy relationships, comprehensive SHE empowers adolescents to navigate their sexuality with confidence and respect. Moreover, it challenges the stigma and shame surrounding sexuality, fostering a supportive environment where adolescents can explore their identities free from judgment. Moving forward, a 6-week workshop targeted towards caregivers has been proposed to serve as crucial steps towards bridging gaps in knowledge and promoting healthier attitudes and behaviours among adolescents (see Appendix A). By equipping caregivers with the necessary tools and support, the aim is to cultivate a generation of informed and compassionate individuals capable of guiding adolescents through the complexities of sexuality with empathy and understanding, ultimately shaping a future where sexual health is approached with openness, respect, and positivity.

Transitioning from the comprehensive exploration of sexuality education and its diverse influences on adolescent development, the focus shifts towards understanding adolescents' preferences and needs in SHE. In embarking on this endeavour, the aim is to formulate a caregiver-focused approach to imparting comprehensive sex education for their children and

adolescents. While previous studies often drew upon caregiver perspectives or retrospective insights from university students, this objective is distinct. Despite the willingness of young individuals to participate, they often find themselves excluded from the planning of SHE programs. However, their unique insights and experiences qualify them to propose SHE principles that resonate with their needs. Therefore, incorporating the perspectives and needs of youth in the development of SHE initiatives has the potential to enhance their effectiveness, offering a fresh and targeted perspective on the evolving needs and preferences of Canadian youth. With this understanding as a backdrop, the aim of this workshop is to provide nuanced insights derived from the immediate SHE experiences of youth, offering a fresh and targeted perspective on their evolving needs and preferences.

### **Adolescent Perspectives**

Laverty et al. (2021) conducted a study on youth perspectives on their learning experiences in Canada, with the primary aim of developing knowledge to enhance understanding of SHE experiences in the country. Participants expressed interest in diverse topics such as healthy relationships and pleasure, emphasizing the importance of inclusivity, a balanced, factual approach, and improved access to evidence-based sexual health information and services beyond the school setting. The study underscores the need to address the diverse needs of youth in educational initiatives.

In an integrative review of adolescents' views on SHE programs conducted by Concoran et al. (2020), it was observed that adolescents consistently expressed a desire for candid, thorough information presented by non-judgmental, well-informed health professionals within a comfortable setting.

Allen (2008) found that many young people feel sex ed is too clinical, not focused enough on real-life experiences, and too moralistic. They want more information about things like sexual pleasure, emotions and relationships, parenthood, and abortion. They also want to feel like the program gives them the knowledge to make smart choices about their own sexual lives.

Similarly, in a big study of Irish young people, O'Higgins and Gabhainn (2010) discovered that the top thing they wanted to learn about in sex ed was how to build healthy, respectful, and communicative relationships. This shows a strong interest in understanding how relationships work.

Conducting a study, Walters and Lavery (2022) explored SHE among Canadian youth, including a significant representation of LGBTQ+ participants, underscoring the marginalized nature of the SHE experiences of this group. LGBTQ+ participants reported learning less across various topics compared to their heterosexual peers, highlighting a need for more inclusive SHE. The study supports previous findings, indicating LGBTQ+ youths' desire for a more inclusive curriculum. Regardless of sexual orientation, Canadian youth express a collective interest in a broader, more holistic SHE beyond risk and biology. The research underscores the need for inclusive and positive approaches that consider diverse perspectives, particularly within school-based learning environments, to meet the nuanced learning needs of adolescents in Canada.

Martin et al. (2023) conducted a study exploring adolescents' views on a web-based intervention for sexual health promotion, investigating their expectations and suggestions in the context of contemporary sexual health. The participants underscored the need for participatory and interactive elements, such as fun activities, peer interactions, and expert input for credible and personalized content. Moreover, the study emphasizes the significance of a secure online space, recognizing the comprehensive nature of sexual health that encompasses emotional,

sexual, and gender dimensions. Adolescents stressed the importance of credibility, anonymity, and inclusivity, particularly when addressing intimate issues and considering diverse identities. Their preference for engaging tools, such as voting systems and quizzes, aligns with prior research emphasizing attractive functionalities to engage young audiences. Additionally, the participants advocated for a safe, anonymous, and moderate online environment, emphasizing the importance of a holistic and inclusive approach that acknowledges diverse gender and sexual identities.

The qualitative study by Guyon et al. (2023) sheds light on the experiences of adolescent girls who have encountered sexual dating violence (DV) within the context of school-based SHE. The research involved 100 female participants aged 14 to 19 who had experienced sexual DV, emphasizing their perspectives on SHE principles. Key findings include the participants' advocacy for consent-based education, positive-oriented discussions, gender equality focus, and developmentally appropriate content. The study also underscores the need for addressing gender stereotypes, incorporating trauma-informed care, and promoting ethical sex concepts. Recommendations include mandatory consent education at both elementary and high school levels, incorporating positive sexuality approaches, and adopting a trauma-sensitive SHE framework. Furthermore, the study emphasizes the importance of involving adolescents in the development of SHE initiatives and promoting gender equality values in

### **Young Adults Perspectives**

In Kuborn et al.'s (2023) study titled "I Wish I Had Been Told the Truth Sooner," college women expressed a desire for more comprehensive sexuality education, particularly in areas such as sexual empowerment, the intricacies of sexual activities, anatomy and physiology, sexual health, and understanding college culture. This underscores the importance of implementing a

women-centric curriculum in school-based sex education to address these identified gaps and ensure women receive essential information relevant to their well-being later in life.

In a review of the research conducted by Guyon et al. (2023), Canadian university students expressed a desire for more comprehensive SHE during adolescence. The university students emphasized the importance of earlier and more frequent discussions on sexual consent and violence. Their retrospective insights highlight the inadequacies of the current SHE in Canada, indicating a need for a more inclusive approach that incorporates the perspectives of youth. Studies suggest that existing SHE often fails to meet the evolving needs of adolescents.

### **Exemplary Education Initiatives**

A study by Van-der-Stege et al. (2010) looked at using board games to teach about sex for teens with chronic conditions. The participants thought these games were helpful for learning about sexual health, proving that sex education can be creative, enjoyable, and effective (Manning, 2021).

Allen (2023) analyzes the Netflix series "Sex Education," which provides a noteworthy example of sexual education. The show adopts a queer and sex-positive approach, portraying young people as knowledgeable authorities on their own sexual lives. Inspired by the question "What did I want to know when I was 16?" the series addresses various issues related to student exploration of sexuality, navigating serious contemporary topics such as queer politics, feminism, racism, poverty, and ableism. Notably, "Sex Education" normalizes sex and sexuality, takes a positive stance on these issues, and differs qualitatively from traditional school-based programs by avoiding problematization of sexual matters. The show's open and non-judgmental portrayal of controversial topics aligns with the audience's appreciation for its candid discussion of often-taboo sexual issues within families, religious communities, and schools. Overall, the

series treats young people as experts on their sexual lives, emphasizing communication, honesty, and a positive approach to sexuality education.

In summation, we have delved into research demonstrating that providing children and adolescents with comprehensive education about sexuality, gender, and their bodies, coupled with guidance on making healthy decisions regarding sexual behaviours, results in informed decision-making and fosters positive aspects of SSC. Adolescents experience reduced sexual anxiety, increased confidence, and a more positive perception of themselves, all contributing to a healthier SSC. In summary, the imperative for comprehensive SHE, encompassing crucial topics such as same-sex relationships and sexual pleasure, cannot be overstated. Extensive research strongly advocates for providing adolescents with comprehensive information, emphasizing its pivotal role in fostering healthy decision-making and cultivating positive SSCs. This informed decision-making not only mitigates risks but also lays the groundwork for future generations to approach sexuality with confidence and respect. Despite notable progress towards comprehensive education in some Canadian provinces, recent regressions in others underscore the persistent relevance of critiquing abstinence-only ideologies. Even in provinces like Ontario, which purportedly shifted towards comprehensive education, recent research by Narushima et al. (2020) exposes lingering inadequacies and contradictions, particularly impacting non-dominant youth. Despite transitioning away from abstinence-only approaches, fear-based and heteronormative attitudes persist, perpetuating misconceptions and heightening risks for non-dominant communities. This underscores the urgent need for inclusive, relevant SHE that addresses the diverse needs of all youth. Moreover, it emphasizes the importance of supporting caregivers, teachers, and religious leaders in facilitating open and informed discussions about adolescent sexuality. Therefore, policymakers, educators, and caregivers must prioritize

evidence-based, inclusive approaches to SHE to safeguard the well-being and safety of all young people across Canada. This involves giving utmost importance to ensuring that SHE programs are readily available, comprehensive, and widely accessible across all provinces and territories. It also entails placing a strong emphasis on incorporating the viewpoints of young individuals to assess the advancements made toward achieving these objectives. The extensive literature review conducted has deepened our understanding of how adolescents' SSCs are impacted by SHE in Canada, and it is our aspiration that this research will inspire additional studies and focus on this crucial aspect of adolescent development.

### **Chapter Three: Discussion and Application**

The primary aim of this thesis was to conduct a comprehensive examination of the intricate interplay between social factors and the formation of adolescents' SSC. Through an exploration of the influences exerted by religious communities, caregiver attitudes, and educational systems, this study seeks to provide a nuanced understanding of how these societal forces shape the perceptions and attitudes of adolescents toward their sexuality. By delving into the complexities of adolescent sexuality, particularly within the context of prevailing cultural and societal norms, this research endeavours to challenge conventional paradigms and advocate for a sex-positive approach to SHE. Central to this endeavour is the interrogation of predominant discourses surrounding adolescent sexuality, including the prevalent emphasis on sexual risk prevention and abstinence-only education. Through critical analysis and empirical investigation, this capstone aims to contribute to a broader discourse on SHE, advocating for more inclusive and effective approaches that prioritize the holistic well-being of adolescents. Ultimately, the overarching goal is to inform policy, practice, and discourse surrounding adolescent sexuality, with the intention of fostering a more supportive, empowering, and informed environment for young individuals as they navigate their sexual development.

Three research questions guide this exploration: Firstly, it posits that the abstinence-oriented, heteronormative, and cisnormative stance often adopted by religious communities will exert a negative influence on adolescents' SSC. Secondly, the study delves into the role of education within schools, particularly those implementing AOUM programs, and proposes that such educational paradigms may detrimentally affect adolescents' SSC. Finally, it examines the

impact of caregiver attitudes, specifically focusing on instances where caregivers discourage discussions around sex positivity while emphasizing sexual risk factors, hypothesizing that such approaches contribute adversely to adolescents' SSC. Through rigorous investigation and analysis, this research aims to illuminate the complex dynamics underlying the development of adolescents' SSC within the broader social context, ultimately contributing to a more comprehensive understanding of adolescent sexuality, and informing more effective SHE strategies.

**Research Finding 1.** The examination of religious influence on adolescents' SSC reveals a complex interplay of societal norms, religious teachings, and individual experiences. The dominant religious affiliation in Canada, Christianity, particularly within conservative denominations, holds patriarchal, heteronormative, and cisnormative views regarding human sexuality and gender roles. These perspectives often manifest in the condemnation of same-sex relationships and the promotion of abstinence until heterosexual marriage, as supported by biblical passages. Research indicates that religious communities, especially White evangelical churches, tend to foster homophobic and transphobic environments, perpetuating feelings of shame, guilt, and internalized homophobia among sexual and gender minorities. Despite the potential benefits of religious involvement, such as community support, many sexual and gender minority youth face increased risks of depression, substance abuse, and suicidal ideation due to the rejection and condemnation they experience within conservative religious communities.

Studies further illustrate the detrimental effects of religious teachings on individuals' sexual guilt and shame, particularly among women. The concept of purity culture, characterized by strict sexual regulations and the promotion of abstinence until marriage, perpetuates harmful gender stereotypes and reinforces feelings of shame and inadequacy surrounding sexuality.

Women, in particular, may experience heightened levels of guilt and shame regarding sexual behaviours outside of marriage, leading to negative psychological outcomes and decreased sexual satisfaction. Moreover, religious teachings often equate sexual pleasure with sinfulness, contributing to a culture of fear and repression surrounding sexual expression.

However, it is important to recognize that not all individuals within conservative religious settings experience the same level of stigma and discrimination. Some progressive Christian groups actively embrace diverse gender and sexual identities, fostering inclusive environments that prioritize acceptance and support. Additionally, recent shifts in the discourse of sexual health advocate for a more comprehensive approach to sex education that acknowledges and promotes sexual pleasure as a fundamental aspect of human sexuality. By challenging traditional beliefs and promoting inclusivity and empowerment, religious communities can play a crucial role in fostering positive SSCs among adolescents, free from shame and stigma.

**Research Finding 2.** The research on school-based SHE indicates that AOUM programs have significant negative impacts on adolescents' SSC. Current SHE curricula prioritize moralizing over factual information, perpetuate harmful stereotypes, and systematically exclude diverse perspectives, such as those of LGBTQIA2S+ individuals and non-dominant cultural groups. Textbooks often promote fear-based messaging, equating abstinence with safety and stigmatizing non-heteronormative identities. Studies reveal that such education leads to hostile environments for LGBTQIA2S+ youth, contributing to mental health issues and victimization. Furthermore, textbooks emphasize marriage as the ideal context for sexual relationships, ignoring modern realities and diverse family structures.

The perpetuation of heteronormative and cisnormative narratives in SHE textbooks and programs exacerbate these issues, reinforcing harmful stereotypes and excluding non-dominant

groups. Comprehensive SHE emerges as a vital solution, providing accurate information, promoting autonomy, and addressing disparities in access to information among diverse cultural and demographic groups. However, despite its importance, there are challenges in implementing comprehensive SHE, including political resistance, inadequate caregiver support, and cultural barriers.

The research underscores the need for comprehensive, inclusive, culturally sensitive approaches to SHE that empower adolescents from diverse backgrounds to make informed decisions about their sexual health. By integrating comprehensive SHE into school curricula and addressing broader social contexts, policymakers, educators, and caregivers can foster sexually healthy and inclusive environments for all adolescents. Ultimately, the goal is to nurture sexually healthy adults by providing accurate information and promoting open, honest conversations about sexuality and relationships.

**Research Finding 3.** The research delves into the intricate dynamics of caregiver influence on adolescent SSC. Despite the crucial role caregivers play in shaping sexual attitudes and behaviours, there are systemic inadequacies and entrenched biases that hinder meaningful dialogue. A critical examination reveals disparities between perception and reality, exposing the failure to address harmful stereotypes and promote comprehensive sexual education. Gendered communication patterns often prioritize discussions about sexual risks over sex-positive topics, particularly with daughters, perpetuating traditional gender norms and inhibiting the development of a healthy SSC. Moreover, within conservative religious environments, queer youth face unique challenges due to family rejection rooted in religious beliefs. This rejection contributes to adverse mental health outcomes and underscores the need for inclusive environments within religious communities. Overall, the findings highlight the urgent need for

change, advocating for open, informed, and inclusive discussions between caregivers and adolescents to foster holistic SSC development.

### **Implications for Counsellors**

As counsellors, we need to be prepared to address sex and sexuality in sessions with adolescents and their families. Murray et al. (2017) discuss how it is our ethical obligation as counsellors to provide our clients with accurate and complete health information. This is so vital because youth are receiving inadequate sex education in schools, and this has been going on for decades in North America (Narushima et al., 2020). Therefore, as counsellors, we need to step up and fill the gap of misinformation by providing our clients with psychoeducation regarding sexual health. What really stood out to me is that this inadequate sex education has been taught to youth for decades, which means most adults right now have never had a chance to receive proper education regarding sexual health. I think people across the lifespan could benefit from SHE programs or classes. I think counsellors could step up by integrating these kinds of classes into communities as well as openly talking about sex and sexuality with all clients - regardless of age.

Moreover, counsellors play a crucial role in supporting families with queer youth. Their role should be to help caregivers understand that the child's sexual orientation or gender identity is not a choice and offer guidance on supporting their LGBTQIA2S+ children. Drawing from insights by VanderWaal et al. (2017), counsellors could integrate valuable strategies applicable to working with Christian families, such as encouraging prayers for openness and fostering transparent communication. Delving into religious themes like unconditional love can further enrich these discussions, helping caregivers align their beliefs with affirming their children. It is imperative for caregivers to refrain from harmful behaviours like physical abuse, shaming,

exclusion, or attempting to alter their child's orientation. Counsellors act as bridge-builders, facilitating difficult conversations, providing support, and aiding families in navigating the complexities of embracing and comprehending queer identity within the context of their faith.

Additionally, as counsellors, we must recognize the intersectionality of identities and the unique challenges faced by adolescents navigating multiple social factors. The research that has been reviewed indicates that non-dominant groups, such as queer youth of colour or those with disabilities, often experience compounded discrimination and barriers to accessing affirming care. Therefore, it is incumbent upon us to adopt a culturally competent approach, acknowledging and affirming the diverse experiences of our clients. This involves ongoing education and training to understand the specific needs and concerns of different communities, as well as advocating for inclusive policies and practices within counselling settings. By embracing cultural humility and actively working to dismantle systemic inequalities, we can create more equitable and inclusive spaces where all individuals feel seen, heard, and supported in their journey toward mental and emotional well-being.

### **Limitations & Future Directions**

Given the constraints of this paper in terms of both temporal considerations and page limitations, the scope of the inquiry has been deliberately delimited to three key social factors, necessitating the omission of other influential avenues of sexual socialization, such as peer relationships and media influences. This strategic narrowing of focus has enabled a deeper examination of the interplay between adolescents and their primary social environments. Specifically, the selected social factors—religious communities, school systems, and caregivers—hold particular significance due to their inherent power dynamics, wherein adolescents often find themselves in positions of dependence vis-à-vis these institutions or

individuals. This intricate dynamic permeates the interactions within these spheres with added complexity, underscoring the need for nuanced analysis to reveal the multifaceted influences shaping adolescent SSC.

Moreover, despite addressing various social factors impacting adolescent SSC, some limitations need consideration. Attempts to include diverse perspectives may still result in the underrepresentation of non-dominant voices like LGBTQIA2S+ individuals, racial minorities, and those from lower socioeconomic backgrounds, potentially limiting the depth of findings. Additionally, while exploring religion, education, and caregiver influence, a deeper examination of intersectionality is warranted to understand how multiple identities intersect and shape adolescents' sexual experiences. Moreover, focusing primarily on Western perspectives may restrict the generalizability of findings to other cultural contexts.

In regard to the research, the biggest limitation I found in the current and past SHE textbooks and curriculum is that there is no distinction between those who voluntarily chose to have sex and those who were forced or coerced into having sex.

Moving forward, I think SHE needs to provide information on obtaining consent and healthy relationships. When providing education on consent, it would be beneficial for the curricula to include written scripts of conversations or video depictions of couples of different genders and sexual orientations discussing and obtaining consent. For so long, the responsibility has been placed primarily on women to be the gatekeepers, and the focus has been on how women can say no. I think the dialogue needs to shift so that the responsibility is on men to share in sexual initiation and decision-making. Models like the CRISP acronym, as advocated by organizations like Planned Parenthood, offer effective frameworks for teaching consent, emphasizing considerations such as being considerate, reversible, informed, specific, and

participatory in sexual interactions (Defining Consent, 2022). These strategies can enhance SHE and contribute to more informed and empowered adolescent decision-making.

### **Application**

This discourse arises from the friction between what cultures or religions consider appropriate and what educators or policymakers believe is necessary to teach adolescents about gender and sexuality. Debates on sex education often lack agreement on what should be covered, as noted by the conflicting beliefs discussed throughout chapters one and two of this paper. We have reviewed the research that highlights the many psychosocial benefits of offering adolescents comprehensive, medically accurate, evidence-based, and scientifically justified SHE, grounded in inclusivity, neurodiversity, and trauma sensitivity. Firstly, it promotes healthy behaviour by equipping adolescents with accurate information about sexual health, contraception, and sexually transmitted infections (STIs), empowering them to make informed decisions and adopt healthier behaviours. Additionally, comprehensive SHE helps reduce risky behaviours such as unprotected sex and early sexual initiation, thereby decreasing the likelihood of unintended pregnancies and STIs. Moreover, by addressing topics like consent, boundaries, and healthy relationships, comprehensive SHE empowers adolescents to assert their boundaries, recognize signs of coercion, and engage in consensual and respectful sexual interactions. Furthermore, comprehensive SHE challenges the stigma and shame associated with sexuality, fostering a more inclusive and supportive environment for adolescents. Specifically related to SSC, comprehensive SHE aids in self-awareness and identity formation, reduces feelings of shame and guilt surrounding sexuality, improves body image, and builds communication skills, thus empowering adolescents to navigate their sexuality with confidence, respect, and agency.

Moreover, access issues, particularly for cultural minority groups, including but not limited to sexual and gender minorities, highlight the need to address these challenges in sexual education programs. Given these challenges, it is crucial for parents and caregivers to take an active role, recognizing that they play a key role in ensuring their adolescents receive comprehensive sexual education. This underscores the importance of empowering caregivers to facilitate open and informed discussions about sexuality within the family environment, complementing the efforts of formal education settings. Another reason for this emphasis on caregivers is the opportunity to align communication with the cultural beliefs and nuances of each family. The effectiveness of this caregiver-focused approach lies in its potential to break the cycle of miscommunication and dispel prevalent sexual myths. By involving caregivers in sexual education initiatives, we can bridge gaps in knowledge and promote healthier attitudes and behaviours among adolescents, fostering a more supportive and informed community (see Appendix B). By providing accurate information and fostering positive SSCs among today's youth, the aim is to cultivate a cohort of individuals who, upon reaching adulthood, assume the role of caregiver's adept at imparting nuanced and healthy sexual education to subsequent generations. To bridge the gaps in SHE offered by school-based programs and religious communities and to emphasize the crucial role of caregiver involvement, we advocate for a workshop tailored to empower parents and caregivers. This workshop will provide them with the resources and guidance needed to navigate discussions about sexuality, gender and self-love within the family environment, aligning with an emphasis on caregiver empowerment and involvement.

Drawing upon the rich tapestry of insights woven throughout this exploration, we pivot towards a tangible application of the research findings. The proposed workshop, titled

"Navigating the Spectrum of Self-Love, Gender, and Sexuality at Home: Family Conversations that Matter," is designed to address the critical need for empowering parents and caregivers in facilitating open and informed discussions about sexuality with their children (see Appendix A). Drawing from the extensive research outlined in this paper, the workshop, run by counsellors, aims to equip caregivers with the necessary knowledge, skills, and resources to engage in meaningful conversations about sex-positive and sexual risk topics with their adolescents. By providing evidence-based support and practical guidance, the workshop seeks to foster a supportive and inclusive environment within families where adolescents can develop a positive SSC grounded in respect, confidence, and agency. The workshop follows a comprehensive model, integrating theory, research, and best practices to promote healthy development and empower caregivers in their role as primary sexuality educators. Through interactive sessions and collaborative problem-solving approaches, the workshop encourages caregivers to recognize the importance of their influence and actively engage in shaping their children's sexual health and well-being. With a focus on inclusivity, neurodiversity, and trauma sensitivity, the workshop underscores the significance of cultural competence and caregiver involvement in promoting positive SSCs among adolescents. By equipping caregivers with essential tools and support, the workshop aims to nurture a generation of informed and empowered individuals capable of navigating the complexities of sexuality with confidence and compassion. Ultimately, it seeks to ensure that adolescents engage in sexual activity only when they are socially, emotionally, and physically ready, fostering an environment where their first sexual experience is positive and affirming.

## Conclusion

In summation, we have delved into research demonstrating that providing children and adolescents with comprehensive education about sexuality, gender, and their bodies, coupled with guidance on making healthy decisions regarding sexual behaviours, results in informed decision-making and fosters positive aspects of SSC. Adolescent's experience reduced sexual anxiety, increased confidence, and a more positive perception of themselves, all contributing to a healthier SSC. In summary, the imperative for comprehensive SHE, encompassing crucial topics such as same-sex relationships and sexual pleasure, cannot be overstated. Extensive research strongly advocates for providing adolescents with comprehensive information, emphasizing its pivotal role in fostering healthy decision-making and cultivating positive SSCs. This informed decision-making not only mitigates risks but also lays the groundwork for future generations to approach sexuality with confidence and respect. Despite notable progress towards comprehensive education in some Canadian provinces, recent regressions in others underscore the persistent relevance of critiquing abstinence-only ideologies. Even in provinces like Ontario, which purportedly shifted towards comprehensive education, recent research by Narushima et al. (2020) exposes lingering inadequacies and contradictions, particularly impacting non-dominant youth. Despite transitioning away from abstinence-only approaches, fear-based and heteronormative attitudes persist, perpetuating misconceptions and heightening risks for non-dominant communities. This underscores the urgent need for inclusive, relevant SHE that addresses the diverse needs of all youth. Moreover, it emphasizes the importance of supporting caregivers, teachers, and religious leaders in facilitating open and informed discussions about adolescent sexuality. Therefore, policymakers, educators, religious leaders, and caregivers must prioritize evidence-based, inclusive approaches to SHE to safeguard the well-being and safety of

all young people across Canada. This involves giving utmost importance to ensuring that SHE programs are readily available, comprehensive, and widely accessible across all provinces and territories. It also entails placing a strong emphasis on incorporating the viewpoints of young individuals to assess the advancements made toward achieving these objectives. The extensive literature review conducted has deepened the understanding of how adolescents' SSCs are impacted by SHE in Canada, and it is my aspiration that this research will inspire additional studies and focus on this crucial aspect of adolescent development.

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## **Appendix A**

### **Caregiver Education Training Manual for Counsellors: Navigating the Spectrum of Self-Love, Gender, and Sexuality at Home: Family Conversations that Matter**

Riley Giesbrecht, 2024

#### **Workshop Overview**

This training manual outlines the process of developing and implementing parent and caregiver education by counsellors. Counsellors can deliver family-preventive services through psychoeducation in sessions or through workshops. This comprehensive source provides counsellors with activities, lesson plans, and resources to engage parents and caregivers, making the integration of sexual education both comfortable and empowering to raise sexually healthy children. Raising sexually healthy children involves fostering healthy relationships, open communication, and clear messages about values and expectations.

#### **Workshop Objective**

Designed for counsellors working with parents and caregivers, this training manual equips them with theory, research, and best practices to promote healthy development with their children. Parents and caregivers will leave the workshop with a toolkit of interactive activities, techniques, and resources to facilitate meaningful conversations about both sex-positive and sexual risk topics with their children, which will foster the development of a positive sexual self-concept.

#### ***Background:***

Parents and caregivers play a pivotal role in shaping their children's development. While young people acquire information about relationships and sexual health from diverse sources,

both formal and informal (Walters & Lavery, 2022), research suggests that adolescents often encounter insufficient and conflicting sexuality-related information from various channels (Narushima et al., 2020). These conflicting messages contribute to confusion, misconceptions, distress, and increased vulnerabilities in matters of sexuality (Narushima et al., 2020).

This holds particular significance as studies reveal that, over the years, adolescents consistently turn to their families for guidance. However, there is a growing reliance on sources such as media, peers, and professionals as providers of sex education (Manning, 2021). Given this trend, it is more crucial than ever for parents to step in and bridge the gap, ensuring that they are the primary educators, offering their children accurate, up-to-date, and comprehensive sex education.

Making collaboration with counsellors essential for fostering positive sexual self-concepts in the next generation. Counsellors can form alliances with families, addressing sexual behaviour, development, and self-concept. It is crucial to emphasize collaboration and acknowledge parents' and caregivers' expertise in their children's lives.

***Evidence-Based Support:***

Provide evidence-based support relevant to the individual context. Examples:

1. Utilizing Motivational Interviewing based on the stages of change model can enhance parent engagement in the training process (Rosenbledt, 2013):

**Precontemplation:** Parent is not yet ready to consider change or may be unaware that a problem exists. Provide evaluative feedback, validate parent's lack of readiness to change, but emphasize the decision to change is their decision to make.

**Contemplation:** Awareness that change is imminent. The counsellor validates parent's ambivalence, has discussion about realistic pros and cons and outcome expectations.

**Preparation or action:** Parents have realized that there is a problem and have either made changes recently or plan to do so soon. Interventions may focus on removing barriers and encouraging parents to think about small changes to which they can commit.

**Maintenance or relapse:** Parents have implemented a few changes and need assistance to continue with these behaviors. Other parents are eagerly participating and actively seeking help but need assistance in identifying concrete next steps and encouragement to maintain the changes they have already made. Others need help in anticipating possibility of relapse, triggers, and coping (what went wrong?)

2. Engaging challenging parents as partners in their children's gender and sex education poses a fundamental challenge. Adopting a positive psychology perspective and a collaborative problem-solving model can overcome obstacles. Collaborative & Proactive Solutions (CPS) is the model of care Dr. Greene originated, it is evidence-based, trauma-informed, neurodiversity affirming model of care that helps caregivers focus on identifying the problems that are causing concerning behaviors in kids and solving those problems collaboratively and proactively. The CPS method is effective for parents in addressing children's challenging behaviors while strengthening the parent-child relationship. Greene's (2021) philosophy behind CPS emphasizes understanding behaviors as reflections of current neurocognitive skills, not inherent qualities. This perspective encourages positive relationships, especially in collaborative problem-solving.

CPS, Heath et al. (2020), focuses on developing empathy skills in parents. This emphasis not only improves parental empathy but also emphasizes the practical application of empathy in nurturing healthy parent-child relationships (Heath et al., 2020). In essence, CPS highlights empathy's pivotal role in fostering positive connections, aligning with Heath et al.'s (2020) perspective.

Recognizing and addressing parent expectations, emphasizing the collaborative role of parents, and dispelling negative perceptions about training programs are essential.

Acknowledging the importance of consistency and structure in parent training programs can mitigate concerns about negative impacts on parent-child relationships.

***Multicultural Counseling Considerations:***

Multicultural counselling competence is crucial for counsellors working with diverse families. As Canada is culturally diverse, counsellors must possess knowledge and skills for effective collaboration. This includes understanding specific cultural factors and assessing critical concerns for children's development within the context of family involvement. Strategies supporting multicultural competence can include parent education.

***Guiding Principles:***

Our guiding principles for this workshop align with the principles outlined by It's That Easy (2016):

**Sexuality is a natural and healthy part of being human.** People experience and express themselves as sexual beings throughout their lives.

**Knowledge is helpful, not harmful.** Learning about sexuality is an ongoing, life-long process. Children of all ages who have accurate, developmentally appropriate information about sex, sexuality and relationships are more likely to make healthy decisions.

**Parents are the primary sexuality educators of their children.** During daily living, every family teaches their children about sex, sexuality and relationships through spoken and unspoken messages and behaviors. Parents don't always understand the power of their influence, but young people's sexual decision-making tends to reflect what they see and hear from their families.

**Every parent wants what is best for their children.** Though parents come to their role as "sexuality educators" with different beliefs, values, knowledge, and skills, they all want their children to be safe and healthy.

**Cultural, family, and individual values, histories and experiences impact beliefs and behaviors regarding sex, sexuality and relationships.** Children who understand their family's values and expectations regarding sexual health are more likely to make behavior choices consistent with those values.

**Families have unequal access to opportunities and supports.** Many families face complicated, often structural barriers related to race, class, income, gender, disability, etc. that can profoundly impact how they take on their role as sexuality educators. It is important to recognize and consider these barriers when working with families.

**All children deserve to live free of sexual violence.** Prevention of sexual violence requires a multifaceted approach, including teaching children how to recognize, form and nurture healthy relationships.

**The sexual images, messages, and information in media and popular culture impact our beliefs and behaviors regarding sex, sexuality, and relationships.** It is vitally important that responsible, caring adults address the messages their children receive by sharing their values with their children and giving them the accurate information and tools, they need to make responsible decisions.

**Childhood experiences affect who we are as adults.** Adverse childhood experiences can have a profound impact on sex, sexuality, and relationships. Parents who have experienced childhood trauma require a safe space to explore these topics and may need additional resources and support for themselves and their children (p. 8).

***Summary:***

In summary, parent training interventions are supported by empirical evidence. Practical components include a social learning orientation, a focus on changing environmental contingencies, and a dual emphasis on increasing adaptive behaviours and decreasing maladaptive ones. Counsellors can implement these techniques in collaboration with caregivers to effectively address the developmental needs of their children.

**Workshop Outline*****Intended Workshop Outcome:***

This workshop intends to combine education with support. We want to provide parents and caregivers with a support network, tools, and skills to navigate conversations with their children about topics such as self-love, gender and sexuality at home. This group provides a safe and confidential space for parents and caregivers to share their experiences, wisdom, and courage with each other. Being the parent or caregiver of a teenager who is exploring the nuanced world of self-love, gender and sexuality can be exhausting and cause significant emotional distress, or it can provide an opportunity for connection and growth. We operate under the idea that we cannot make our loved ones act, think or be a certain way, and therefore, we need to let go and focus on ourselves and what we can control. The workshop will run with a minimum of 6 to a maximum of 50 participants who meet the criteria to participate. Group members are welcome from all walks of life with various socio-economic and cultural backgrounds.

***Method of Delivery:***

This is a 6-week virtual psychotherapy workshop co-facilitated by two mental health professionals; minimum one is an RCC. Sessions are 2 hours long, and meetings occur virtually (via Teams platform). Participants will fill out a treatment consent form and terms of confidentiality agreement prior to the first session. Supplies needed include a device such as a phone, tablet, or computer to stream into the virtual sessions, a notebook and a pen or pencil.

***Screening Process:***

Parents and caregivers can self-refer to the workshop using an online application form including relevant information about their relationship with their child or adolescent and what, if any, history of gender, sex-positive or sexual risk topics have been discussed with children and/or adolescents.

***Participant Requirements:***

- Be a parent or caregiver of a child or adolescent.
- The child's age must be 0-19 for the purpose of this workshop. If the child is neurodivergent or has a disability, exceptions can be made to the age limit.
- Voluntary and referred applicants only.

***Rules of Engagement:***

- **Confidentiality:** Anything said by group members during workshops and the names or identifying characteristics of group members must not be shared with anyone outside the workshop. If the group leader believes that someone is in danger, the leader has a professional obligation to take direct action to keep everyone safe.
- **Privacy:** Group members have the right to pass at any time during group discussions. This includes the right not to share, participate in any activity, and to mute or turn the

camera off if needed. Group members must not pressure other group members to participate. Group members are not required to answer any question asked of them.

- **Dignity:** Group members must always communicate with respect and non-violence, and any group members who engage in humiliating, gossiping, or bullying others will be asked to leave. While we discourage advice-giving, sharing similar experiences and offering empathy and support are welcome.
- **Attendance:** Group members are expected to attend all workshops, however, we understand that life circumstances may arise.

### ***Ethical Considerations:***

Please refer to the BCACC (2014) Code of Ethical Conduct, which outlines the four principles we will uphold in this workshop:

Principle I: Respect for the Dignity of All Persons and Peoples

Principle II: Responsible Caring

Principle III: Integrity in Relationships

Principle IV: Responsibility to Society

### **Agenda**

**Introduction:** Whatever your child's age, gender, ability, sexual orientation, faith, or culture – this guide is for you!

**Workshop Model:** The workshop follows a diverse approach, allowing personalization.

Integrate the following into each session:

**Warm-up:** Begin with positive activities tied to the session's theme.

**Ask before telling:** Prioritize parent input to make the program more engaging.

**Introduction of information and skills:** Utilize the "Model, Rehearse, and Practice" method.

**Personalize and practice:** Allow time for personalization and practice in small groups.

**Process and summarize:** Reflect on process questions and share experiences.

**Evaluate:** Use simple written evaluations to improve future sessions.

## **Week 1: Setting the Foundation**

### Session 1: Introduction to Comprehensive Sex Education

- Overview of the workshop and its goals.
- Background Integration: Parents are critical in developing positive sexual self-concept in children; counsellors need to collaborate with parents as gender and sexuality educators.
- Importance of incorporating adolescents' perspectives.
- Understanding the landscape of sexual health education and how it impacts development of sexual self-concept.
- Highlighting the impact of casual, comfortable conversations based on the research.
- Integrating Parent Perspective: Parents are the primary sexuality educators of their children, emphasize the power of family influence.

### Session 2: Understanding Adolescents' Perspectives

- Lavery et al. (2021) study: Inclusivity, balanced, factual approach, and improved access.

- Concoran et al. (2020) review: Desire for nonjudgmental, well-informed health professionals.
- Facilitated discussion:

## **Week 2: Addressing Diverse Needs**

### Session 3: What Adolescents are Saying They Want from Sex Education

- Allen (2008) findings: Critique of clinical approach, desire for real-life experiences.
- O'Higgins and Gabhainn (2010) study: Focus on building healthy, respectful relationships.
- Integration of cultural differences in sex experiences.
- Group activities: Parents and caregivers reflect on their thoughts and experiences with sexual health education as children and adolescents and now adults. Reflect on how their current relationship with sexuality, gender and self-love was or was not impacted by the education they did or did not receive. Opportunity for sharing.

### Session 4: Inclusivity in Sexual Health Education

- LGBTQIA2S+ Youth: Empowering tweens and teens in discovering their gender identities and sexual orientations.
- Addressing common misconceptions and providing insights into the LGBTQIA2S+ community.

- Offering guidance on navigating challenges and supporting youth in an often-unsupportive environment.
- Walters and Lavery (2022) study: LGBTQ+ participants' need for an inclusive curriculum.
- Martin et al. (2023) study: Advocacy for diverse and inclusive sexual health education.
- Workshop activities: Brainstorming ways to create inclusive environments.
- Emphasizing the removal of gender bias and uniformity in sex education conversations.

### **Week 3: Interactive Learning**

#### Session 5: What to Include in Sex Education

- Sex and puberty: Introduce sexual development stages and ages document. Including discussion of sexual dysfunctions (note: all genders experience can experience this!)
- Address topics including gender stereotypes, puberty, sexual orientation, and consent
- Explore future-oriented subjects such as sexual expression, online safety, and pornography.
- Introduction to the responsibility of condom use, birth control, and negotiation skills. Who's responsibility is it to do each? Answer: all parties are responsible, avoid gender stereotypes!

- Interactive activity: Practical discussions on how to negotiate safer sex, setting boundaries, and understanding affirmative consent.

#### Session 6: Innovative Approaches to Sex Education

- Van-der-Stege et al. (2010) study: Use of board games for effective sex education.
- Allen (2023) analysis of "Sex Education" series: A positive and engaging approach.
- Martin et al. (2023) study on a web-based intervention.
- Discussing the importance of credible, anonymous, and inclusive online spaces.
- Discuss the laws and ethics around sexting, taking/sending/receiving nude photos, child pornography.
- Workshop activities: Exploring and creating innovative ways to introduce topics with children.

### **Week 4: Consent Education and Positive Discussions**

#### Session 7: Understanding Consent and Positive Discussions

- Discuss FRIES vs CRISP acrostic definition for consent (Defining Consent, 2022)
- Guyon et al. (2023) study on consent-based education and positive-oriented discussions.
- Role-play scenarios: Practicing positive discussions and consent communication.
- Discussion on safe words and enacting safe sex communication.
- Parental Involvement: counsellors need to focus on involving parents as collaborative partners.

**Session 8: Recommendations for SHE Initiatives**

- Promoting positive sexual self-concept: discuss societal norms and attitudes towards sexual self-esteem (sexual behaviour, sexual conduct, and sexual attractiveness), anxiety, exploration, arousal, sexual self-efficacy (assertive and precautions)
- Recognizing the harmful effects of sexual and gender stereotypes and discrimination. Identifying and challenging toxic beliefs and behaviors.
- Group discussions: Developing ideas for implementing inclusive and supportive community values through awareness and action.
- Further exploration of Guyon et al.'s (2023) recommendations.
- Addressing sexual privacy and the importance of respecting boundaries.
- Discuss laws and ethics about legal age of consent, power imbalances.
- Motivational Interviewing: Introducing stages of change model to help parents engage in parent training.

**Week 5: Bridging the Gap and Trauma-Informed Approaches****Session 9: Recognizing the Impact of Sexual Violence**

- Understanding the profound impact on adolescent girls.
- Guyon et al.'s (2023) qualitative analysis.
- Workshop activities: Open discussions on bridging the gap.
- Integrating discussions on getting tested, when to see a gyno, and trauma-informed sex education.

### Session 10: Trauma-Informed and Inclusive SHE

- Emphasizing the need for trauma-informed sex education.
- Developing inclusive approaches that consider diverse identities.
- Group activities: Designing a trauma-sensitive SHE framework.
- Discussion on sexual dysfunction, common dysfunctions, and understanding sexual health needs.
- Multicultural Counseling Considerations: Addressing cultural competence in sex education.

## **Week 6: Parental Involvement and Support**

### Session 11: Parental Support and Perspectives

- Loveless et al. (2023) study on parental support for SHE in Canada.
- Consideration of demographic and ideological differences.
- Group discussions: Strategies to involve parents in comprehensive sex education.
- Sensitivity to sexual privacy in parent-child conversations, based on Manning's studies.
- Guiding Principles Integration: Aligning guiding principles with the importance of cultural, family, and individual values.

### Session 12: Closing Ceremony and Action Plans

- Recap of key insights from the workshop.
- Developing individual or group action plans for implementing comprehensive sex education in participants' communities.

- Closing remarks and certificates of completion.

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Appendix B

**IGNITE FAMILY CONVERSATIONS!**

**UNLOCK YOUR ADOLESCENT'S POTENTIAL WITH OUR NAVIGATING SELF-LOVE & SEXUALITY WORKSHOP!**

- ☀ Equip parents & caregivers with the tools to raise sexually healthy children.
- 🔍 Discover evidence-based strategies for empowering conversations.
- 🌈 Embrace diversity & inclusivity in sex education at home.
- 🚀 Limited spots available - Reserve yours now!

**[DATE, TIME, LOCATION]**  
**[CONTACT & REGISTRATION DETAILS]**