Sex Education as Neoliberal Inclusion: Hetero-cis-ableism in Ontario’s 2015 Health and Physical Education Curriculum

by

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A thesis submitted in conformity with the requirements for the degree of Master of Arts
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Abstract

In this thesis, I investigate how hetero-cis-ableism and neoliberalism are tied to the production of “good” LGBT2SQ and disabled people and the expulsion of “bad” queers and crips within Ontario’s 2015 Health and Physical Education Curriculum. I argue that the move towards explicit or social justice education and the implementation of LGBT2SQ dialogue is not (simply) a way to represent equality, but a way of insuring the production of a specific type of person. Analysing the curriculum through Foucauldian and poststructuralist discourse analysis, I examined how the new content is being used to illicit hetero and cis-normative identities onto those that have otherwise been see as “less desirable.” Through a pedagogical mix of Queer and Crip Theory, this paper points to inconsistencies and flaws that are inherent within curriculum design itself, and how, regardless of intent, anything created for or within a neoliberal institution can never be fully inclusive.
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Introduction

For the first time, Ontario’s Health and Physical Education (H&PE) curricula not only discusses, but affirms the presence of non-heterosexual and non-cisgender individuals within their schools, and the world at large. This addition has been a long time coming as the previously revised 2010 document was shelved because of backlash and opposition to the changes within the Human Development and Sexual Health portion of the H&PE documents (People for Education, 2010; Hammer & Howlett, 2010). The very nature of the celebration of the new curriculum for some is also the reason for concern and opposition for others; however, I feel that these fears, and even celebrations, are premature in nature, for, as is stated in a recently released ‘Parents Guides’ to the new H&PE curriculum: “The curriculum doesn’t mandate how an educator is supposed to teach course content to their students. Educators make those decisions based on the needs of students” (Ontario Ministry of Education, 2015).

Curriculum documents exist as functionary aids that provide teachers with guides regarding what students should learn in order to become healthy, active citizens in the world at large (Pinar, 1978; Elementary Teacher’s Federation of Ontario, 2001; The Ministry of Education, 2015). Since the goal of primary and secondary education is to create “critically literate [students who] make informed decisions, communicate effectively, and thrive in an ever-changing global community,” Ontario curriculum designers felt that it was time for all “students to be connected to the curriculum; to see themselves in what is taught, how it is taught, and how it applies to the world at large” (The Ministry of Education, 2015, p. 3). Seemingly learning from past mistakes, Ontario’s 2015 H&PE curricula prides itself on its equity,
inclusivity, and antidiscrimination ideologies as it advocates for the rights and visibility of all people. The 2015 H&PE curriculum goes on to say that

The implementation of antidiscrimination principles in education influences all aspects of school life. It promotes a school climate that encourages all students to work to high levels of achievement, affirms the worth of all students, and helps students strengthen their sense of identity and develop a positive self-image. It encourages staff and students alike to value and show respect for diversity in the school and the broader society. Antidiscrimination education promotes fairness, healthy relationships, and active, responsible citizenship. (The Ministry of Education, 2015, p. 67; The Ministry of Education, 2015, p. 72)

A nice sentiment, but I will argue that the process and purpose of antidiscrimination and inclusive education is not necessarily (or solely) a way to ‘bring classmates together’ or to be able to ‘see themselves’ in the lessons that are taught (The Ministry of Education, 2015, p. 3), but that they are included as a way to further capitalise on minority groups, particularly those that have otherwise been ignored, to become productive and contributing members of society.

I am not arguing that the inclusion of LGBT2SQ subject matter into the H&PE documents is a bad thing, on the contrary, I was ecstatic when I heard that the new curriculum would finally be put through. Being able to see and talk about even a small part of yourself is beyond freeing, a feeling I did not get to fully appreciate until entering university. But seeing a small portion of yourself isn’t the same thing as seeing yourself. Who will the students ‘see’ when the content is taught in schools? Who do the teachers envision when they plan their lessons? The process in which LGBT2SQ inclusion is set up is through a hetero and homonormative angle that
emphasises a very particular way of being gay. Not only is the curriculum showcasing a specific way to be gay but it also articulates and reinforces a racist, classist, and ablest idealisation of what it means to be gay. Because of this, I will be using the terms/identities gay, lesbian, LGBT2SQ, and queer very purposely as each carry different hierarchal, binaried, and political meanings depending on the context. In this instance, I use the term ‘gay’ to emphasise the fact that, within a patriarchal society, our minds tend to go towards cismale embodiment before anything else.

What does it mean to be gay; and can a question like that even be answered? Perhaps unwittingly, the 2015 H&PE curriculum reiterates the construction and idealisation of a particular types of LGBT2SQ person – one that is straight acting/looking, engages in employment, finds and stays within the margins of a monogamous, long term relationship (culminating in marriage), rears children, then retires and dies. Within this montage there is little to no room for variations, at least in regards to how it is displayed within the curriculum – in particular, although aspects of disability and racialized minorities are mentioned, the ways in which they are mentioned are very specific and do not allow for much room for integration.

Statement of the Problem
Through this study I plan to investigate how hetero-cis-ableism and neoliberalism are tied to the production and replication of “good” LGBT2SQ and disabled people and the expulsion of “bad” queers and crips. For this thesis, I see the practice of hetero-cis-ableism as threefold: 1) the (un)conscious exclusion and devaluing of individuals that are not heterosexual, cisgender, and/or able-bodied. 2) the (in)ability to enhance one’s own life or are forever in need of help and (extra) support. And 3) the concept that those that are not heterosexual, cisgender, and/or
able-bodied still want to live and experience life with the same expectations as those that are. To do this, I will begin by illustrating the difference and disconnection between the identities and politics of ‘LGBT2SQ’ and ‘disabled’ versus the political identities of ‘queer’ and ‘crip’.

**Purpose of Study**
The purpose of this thesis is to explore the ways in which the 2015 Ontario H&PE curricula is displacing and marginalising gender and sexual differences/minorities through a hetero-cis-ablest discourse. My thesis is focused around the argument that the new curricula is moving away from the implicit education that often lies within human rights and social justice education discourse, and that it is moving towards a more explicit form of education (Rayside, Bickmore, & Murtaz, 2015), in that the new H&PE curricula openly advocates for LGBT2SQ (lesbian, gay, bisexual, trans, two-spirit, queer/questioning)¹ visibility and inclusion as well as through the promotion of safer sex instruction and harm reduction practices. I do not deny the fact that these are some of the most influential and controversial additions to the documents, however, I do not see them as the radical improvements that have been ascribed to them. I will show that the new Ontario H&PE curricula provides the same level of indoctrination as previous documents, but utilises a different technique: Normality & Individuality (2015 documents) vs Abnormality & Sameness (1998 and other older documents). And that it does not implement a radical or ‘queer’ pedagogy (Bryson & de Castell, 1993), rather they are simply attempting to diversify ‘normality’ to further capitalist and neoliberal ideals.

¹ I use this acronym and not queer purposely as, I hope my thesis will help prove, the language that exists within the H&PE documents does not allow for ultimate fluidity within the gender and sexuality spectrum and instead opts to create or represent a very specific type of LGBT2SQ person.
Significance of Study
The intent of this study is to contribute to the overall knowledge base of why it is important to understand what it is you are teaching and the impact that it can have on individuals, even when delivered with the best of intentions. Health and sex education topics are not the easiest or the most coveted subjects to teach, thus it can be easy to overlook something that seems as simple as inclusive or neutral language. For this thesis, I see ‘inclusive’ and ‘neutral language’ as the absence of any identifying markers, particularly those that may identify gender or sexual identities. The new H&PE curriculum does (almost exclusively) use neutral language throughout both the primary and secondary documents, and it does present the importance of inclusive language through some of their ‘teacher prompts’ and ‘student responses’; but does neutral language automatically equal inclusivity? Part of my argument is that inclusive and neutral language can be viewed as important steps in the right direction, but that they do not have the significance that some may think and may actually cause further alienation to marginalised peoples. Because we live in a hetero/cissexist and ablest society, even when using neutral language, most minds tend to fill in the blanks to fit how (white/settler) Western society works; that is, as heterosexual, cisgender, and able-bodied individuals.

Theoretical Perspectives and Research Methodology
To do this, I will investigate, identify, and deconstruct what is or may be missing from the documents that allows this discourse to exist; I will ask: how does hetero-cis-ableism operate in the Ontario H&PE curricula to construct idealised versions of gender and sexual differences while erasing those that are less desirable? By textually analysing the current curriculum using a Foucauldian/poststructuralist discourse analysis, I will examine how curriculum content is being
used to subject queer-crip students to hetero & cisnormative ideals that have otherwise been “less desirable.” I am arguing that the primary purpose of implementing LGBT2SQ and disabled dialogue into the curriculum documents is not (simply) a way to enforce or engage unity and inclusivity, but a way of insuring the production of a specific type of person – that of a wage earning, contributing, married, and offspring producing citizen. I will accomplish this by first addressing what is being said about LGBT2SQ and disabled identities within the document and the ways in which it is being said or done (lessons, tables, graphs, overall/specific expectations, etc.). This will be followed by the rationales provided within the document and within supporting literature as to why it is being said or done (holistic education, societal standards/values, statistical evidence, etc.). The second half will explore what isn’t being said within the documents about queer, trans, and crip identities and theorising the reasons why it isn’t or couldn’t be said (looking at the history of health and sex education in Canada/North America, expectations of minority groups, etc.). Finally, I would like to show possible improvements and theorise whether there are spaces that would allow for further deconstruction.
Literature Review

Literature on health and sex education is immense; especially considering that the category, not to mention the words themselves, carry with them a multitude of meanings. Because of this, and because it could be argued that health and sex education never had a beginning – at least in the private sphere, the following literature review will be split up into three sections: the first will concentrate on the historical underpinnings that would lead to the sex education field we see to-day. The second section will lead a discussion on current and past trends within Western health and sex education; while the third section will provide background of theoretical and conceptual frameworks that are used throughout this research.

Section One: Historical Content Surrounding Health and Sex Education

It could be argued that health and sex education has always been a part of growing up, of adolescence, and of becoming an ‘adult’ in one way or another (Carter, 2001, p. 213), thus, its history spans across millennia’s and occurred and occurs all over the world. What seems to shift is when, how, (where), and if health and sex education happens, as books, stories, and oral tales of bodily changes, proper interaction between the ‘opposite sexes,’ sexual intercourse, marriage, and pregnancy are and how it either will, or could, occur have been documented for centuries. For example, in Ancient Greece the Oxyrhynchus scraps, thought to be written by Philaenis, a courtesan in the 4th century BCE, is an instructional guide that depicted different sexual positions but was primarily used to “demonstrate ... more general work on the art of lovemaking, with subject headings suggesting a systemic approach to the subject” (Philaenis (fl. 4th century BC), 2004). The Kama Sutra, a well-known sex manual written somewhere between the 2nd and 4th century CE in India, much like the Oxyrhynchus scraps, had little to do with sex,
and more to do with social norms and love-customs of patriarchal India (Indra Sinha, n.d.). The purpose of these two texts, then, is not simply on sex instruction, but on the maintenance of body and mind, and adherence to current cultural/religious/moral norms.

Ida Craddock is an example of a women’s rights activist who was prosecuted for her views of sexuality and spirituality. Craddock wrote numerous texts and counselled hundreds of couples in the late 19th century about sex and sexual relations, how and when it should occur, and the consequences of doing it incorrectly or in a way not in accordance with god (Chappell, 1999). A popular series in Canada in the late 19th/early 20th century, although it did not originate in Canada, was the “eight-volume Self and Sex Series” which provided information for men and women in four categories “young girl/boy,” “young man/woman,” “young wife/husband,” and “man/woman over 45” (The Walrus, 2013). For example, the information provided within “What a Young Woman Ought to Know” by Mrs. Mary Wood-Allen, M.D., centres around instructing young women to be the best they can be, while at the same time doing what is necessary to maintain ordinance in their bodies, their home, and their nation (not to mention their god) (Wood-Allen, 1913).

**Formation and function of health and sex education in North America.**

Research on sex instruction from the late 20th and 21st century is abundant. Although still considered a ‘taboo’ or ‘sensitive’ topic, the amount of literature and research that has been done on early sex instruction/education provides keen insight on the cultural discourses of the time, and bringing together how these discourses have or have not changed. Michael Solomon’s (1997) book *The Literature of Misogyny in Medieval Spain*, explores the deplorable ways in which women were represented in fifteenth century literature in Spain. Although
Solomon’s focus is not specifically on sex education, the focus of the book and tales therein follow a similar pattern as Craddock (1999) and Wood-Allen’s (1913) texts do, in that they can be viewed simply as instructional and even medical guides to human sexuality. Because sexuality was seen as a great concern, “biomedical information on human sexuality became widely disseminated to the more general public in the form of vernacular handbooks” (Solomon, 1997, p. 51).

Julian B. Carter’s (2001) article “Birds, Bees, and Venereal Disease: Toward an Intellectual History of Sex Education” takes us through the epistemological creations of “sex instructional materials generated in the United States between 1910 and 1940” (p. 214) in order to “evoke the ‘internal’ climate of conflicting beliefs and feelings about sex and knowledge” especially in regards to the fact that “sex educators were reluctant to speak about sexual acts even in the interest of controlling them. Instead, they directed their considerable energies at shaping the epistemological environment within which young people would experience, and act on, sexual desire” (p. 215). Education had become the key to saving the American people from sexual desire, venereal disease, and the disintegration of the family unit.

Bryan Strong’s (1972) article “Ideas of the Early Sex Education Movement in America, 1890-1920,” has a focus on moral concerns, myths, and ‘old wives’ tales’ regarding sex and sexual activities that were held in the U.S. during the nineteenth and twentieth century and that were widely publicized in books or pamphlets like Craddock and Wood-Allen’s. Many, if not all, of these tales were conceived in a way that, if believed and if followed, only good things

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2 The act and the anatomy.
could come out of it. For example, one of the main justifications for sexual repression (at least for men) was “a materialistic explanation of biology and intellectual growth,” meaning that the longer you wait to have sex (i.e. until you are married), the more likely you are to become the man you always wanted to be (p. 130). Strong states that these “explanation, however much disguised as science, in reality reflected the dominant morality since its actual function was to offer positive rewards for sexual repression” (p. 130). But why would this be the goal? Who would this benefit? Strong seems to suggest that the benefit of these repressions were the men themselves, as “[t]he most important quality that continence brought to the nineteenth-century man was training in self-control and restraint that were not only the cardinal principles of the chaste life but also of the economic life as well” (p. 131).

Rachel Thomson’s (1994) article “Moral Rhetoric and Public Health Pragmatism: The Recent Politics of Sex Education” looks at shifting debates and inceptions of sex education policies in England and Wales, which was not governmentally sanctioned until 1943, despite the "moral and health concerns" that had been present for some time (p. 42). Thomson’s article points to multiple instances where governmental bodies used fear and censorship to their advantage in order to fulfil their own agendas; this in itself is not so surprising. The promotion of "social hygiene" in the latter half of the nineteenth century and the beginning of the twentieth century, for instance, claimed as its objective an influence of morality and prevention rather “than punishment as the means to counter moral decay” (p. 42). The linking between “educational and health establishments and the development of holistic notions of healthy sex roles, healthy lifestyles and healthy families” became imperative to the construction of and how sex education was taught as "The task of sex education was relatively uncontested, aiming
to expose young people to the 'facts of life' and 'a range of instructional activities aimed to encourage a healthier way of life'" (Meredith, 1989, p. 75 as cited in Thomson, R., p. 43-44).

Richardson and Cranston's (1981) article “Social Change, Parental Values, and the Salience of Sex Education” looks at the shifting attitudes and values regarding sex education in the US in the mid-90s; they indicate that moving sex education out of the home and into the public schools\(^3\) takes away from a parent’s sense of power and control over their children, more specifically, their children's future (p. 349). Richardson and Cranston suggest that control over “the sexual socialization of children ... is not simply idiosyncratic of independent families but may become a measure of social standing as well” in that a parent’s ability “to control the sexual behavior of their children is often one cultural marker of success at child rearing and by extension a distinguishing mark of group status” (549). Meaning that how a parent is able to control their child (especially their child’s sexuality) dictates their standing within a community. Although it may remove some standing and control a parent has over their child(ren), putting sex education within the public school system allows for closer scrutiny and 'protection' of those that are considered most vulnerable (adolescents), but also reifies the sanctity of what governmental bodies are wanting to be seen as 'the norm' (Thorogood, 2000, p. 428).

Creating and maintaining a ‘norm’ has been a foundation for health and sex education since its inscription in the public education sphere; this could be seen as part of maintaining tradition and cultural values, but it also occurs within acts of social or racial purity. At the end of the nineteenth century, settler colonial Anglo-American’s became increasingly aware of their

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\(^3\) Although some form of sex education had been installed into the public education system since the beginning of the twentieth century
declining birth rate; they laid blame on high immigration rates of (primarily Eastern) Europeans, and the growing recognition and commonality of venereal disease(s). The British and Canadians were having similar issues in regards to the spread of venereal disease(s), so in 1864 the British Government introduced the Contagious Disease Act to all of its colonies which was an attempt to regulate acts of prostitution, specifically surrounding military bases and personnel, in an effort to lower the rate of infection among enlisted men. This Act held its place until 1886 when it was repealed due to high levels of accounts of young white girls being forced into prostitution or what had been termed “white slavery.” However, the Act continued in what was British India due to racist assumptions about the morality of European women. (Sethna, 1995). In an earnest attempt to keep young women and girls safe, the Canadian Criminal Code of 1892 and an amendment in 1913 was enacted, which “established strict penalties for the procurement of women and girls [and was] designed to protect females from male sexual aggression” but ended up being just another way “to harass and victimize prostitutes.” The ‘Offences Against Morality’ section of the 1892 Canadian Criminal Code also penalized ‘homosexual activity’ until the 1950s (Sethna, 1995, pp. 11-12).

Christabelle Sethna (1995), who provides a thorough documentation of the inception of sex instruction in Ontario at the beginning of the 20th century, states that

The main focus of the social purity movement was not the sexual ‘repression’ of the young but rather the control of youthful sexuality. Social purists glorified human sexuality as God-given and asserted that the sexual instinct, which manifested itself in

4“…intended to distinguish the sexual slavery of women, regardless of skin colour, from the black slave trade” (Sethna, 1995, p. 9).
childhood, was intended primarily for the reproduction of the race. Social purists hoped to control the manifestation of this instinct in order to steer children firmly in the direction of monogamous marriage and reproduction. (emphasis in original, p. 10)

Thus, it was not so much the fear of venereal disease, as it was the ‘illicit’ and immoral actions that would bring it to life (Strong, 1972; Bigelow, 1916, p. 102; Carter, 2001; Imber, 1982; Sethna, 1995), and it was decided that in order to maintain the ‘norm’ that the settler colonial Anglo-American and Canadian’s had come to appreciate, the public needed to be schooled about sex⁵. Formalised sex education wasn’t added into the curriculum until the mid-1920s in the US (Carter, 2001), and not until the 1940s in Canada (Sethna, 1995), but the transportation of knowledge through pamphlets, and school lectures filled the gap in the meantime. The failure of home-based sex instruction or “purity education” in the early 1900s caused Canadian social purist to explore other, more public, avenues. Though the fear of corruption and contamination concerning youths’ purity were great⁶, the fear of racial and genetic contamination seemed to overrule or at least shelter some of the fears (Carter, 2001; Sethna, 1995; Imber, 1982). Eugenic and racial hierarchies were (and are) integral to what makes up the sex education movement.

Before the Great War, the use of eugenic practices within sex education were primarily directed towards education and outlawing of inter-racial relations and immoral actions that would inevitably lead to the contraction of a venereal disease⁷. After the Great War, more

⁵ In this sense, the need for public/wide-spread schooling was more than just about sex education – the dominating immigrant population needed to be assimilated into the general “American” lifestyle as much and as soon as possible Invalid source specified.
⁶ Which is one of the reasons why it was delayed being put into Canada schools (Sethna, 1995).
⁷ Which may lead to the production of feeble-minded or mentally defective children
attention seemed to be directed toward the “feeble-minded” or the “mentally defective” as “mental defectives were thought to be responsible for the serious problems of illness, poverty and national deterioration” (Sethna, 1995, p. 126). Because most people with “mental defectives” were seen as unteachable, it was decided that sex education would be wasted on them, thus, the primary concern was the education of everyone else. This came to be known as “positive eugenics” as it acted as a measure to make sure that the “right kind” of couples were the ones having babies (Grekul, Krahn, & Odynak, 2004, p. 360; Sethna, 1995). “Negative eugenics,” by contrast, was “the prevention of the propagation of inferior stock” which included segregation and the “sterilization of mentally defective women and men in their reproductive years” (Sethna, 1995, p. 127; Grekul, Krahn, & Odynak, 2004).

The reason for health and sex education has changed over the years, but the incentive has continued to stay the same: to impart knowledge regarding the process of human growth patterns and the impact that society may have on those being taught, as well as the impact that those being taught may have on society. There are few other subject matters that are as controversial and contested as those that can be found within the health and sex education curriculum, but it may also be one that has some of the biggest impacts on growing adolescents. The process of teaching, regardless of the subject matter, is a political act as educators are instilling information to youths for a specific purpose: which is to ready them for the world they are growing up in (Imber, 1982). What is happening at any given time has an impact on what or how something is taught – what is seen within the health and sex education curriculum is no exception. Erasing history is not as easy as producing a new curriculum as
institutional practices of settler colonialism, eugenics, and sexual intolerance continue regardless of the newly packaged “inclusive” language.

Section Two: Past and Current Trends in Health and Sex Education

The formalised versions of health and sex education that are practiced in schools and public health services to-day has been dated, at least in the Western world, back to the mid-19th century (Carter, 2001; Strong, 1972). As was just discussed, the topics that are included within such conversations very much depends on the time (and place) in which it was written; just as it is with most curriculum subjects, the issues and concerns of the world at large have some of the biggest influences on what is and how something should be taught (Pinar, 1978; Imber, 1982).

Teen suicide and bullying discourse.

To put things in perspective, one theme that is particularly relevant in to-day’s health and sex education programs are anti-bullying and, more specifically, anti-homophobia frameworks. Much of the reasoning behind this current trend lies within the media coverage that surrounded the ‘rash of gay teen suicide’ that occurred in the United States in September of 2010. The sudden heightened visibility of the issue gave way to major public, and possibly more important, celebrity attention that actions were needed in order to stop the needless deaths of gay teens (Badash, 2010; McKinley, 2010; Pilkington, 2010; Green, 2010; Pride Source, 2010; Graves, 2010; Montgomery, 2011). To compensate for these deaths, both media-based and scholarly programs produced a large assortment of anti-bullying and bystander education (McMahon, et al., 2015; Graesser, Frey, Hirschstein, Edstrom, & Snell, 2009) along with work that deals specifically with anti-homo/bi/transphobia education (Egale, Canada

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8 Although it was happening/had happened/continues to happen in Canada and around the world as well

This isn’t to say that the rate of gay teen suicide was any lower or higher the previous year or the previous month, but just to show that because it was receiving mainstream airtime, action was taken to “resolve” the problem.

**Nutrition and obesity discourse.**

Other movements within health and sex education that have received similar attention include nutrition and the values of a healthy lifestyle. This became especially true when the ‘obesity epidemic’ first came to light in the early years of the new millennium (Harvard School of Public Health Obesity Prevention Source, n.d.). Childhood obesity, which has been dubbed “…one of the most serious public health challenges of the 21st century” (World Health Organization, n.d.), is of special concern as, if uninterrupted, it has been predicted that by 2020 nine percent of preschool age children will be overweight or obese (Harvard School of Public Health Obesity Prevention Source, n.d.). In order to combat this and to calm the outcries from parents and concerned citizens, more and/or longer physical education classes and the development of new programs are being investigated (Whitman, 2013; Neporent, 2013; Siddique, 2013; Rochman, 2011). In October of 2005, the Ontario Education Minister “announced that every elementary student will take part in a minimum of 20 minutes of daily physical activity as part of the government’s Healthy Schools Program” and it is now clearly stated in the grade 1-8 2015 H&PE curriculum as a mandatory part of every student’s school day (Ontario Ministry of Education, n.d.).
Teen pregnancy and sexualised youths.  
Teen pregnancy or “babies having babies” is another common theme within health and sex education that has been brought on by the media. The so called “teen pregnancy epidemics” generated surges of panic, and got parents asking why aren’t we doing anything about this? What isn’t covered in popular media is who are actually having these babies and why, for example: the connection between racial identity and poverty status has been linked but this doesn’t seem to be the concern that reaches the classroom walls; or the fact that these “teens” were statistically eighteen and nineteen year olds (DasGupta, 2013; DasGupta, 2014; Males, 2010; Spurlock, 2015). Controversy and concern over the practice of “sexting,” the act of sending someone sexually explicit photos or messages, has become a growing concern for parents and educators. Originally thought to primarily be a concern for “at risk youth,” recent studies indicate that sexting is become a part of growing up (The University of Texas Medical Branch Newsroom, 2014). However, this does not change the fact that there are some very real legal ramifications that can occur if an adolescent is caught sexting, “particularly when it involves harassment or other aggravating factors” as the production and distribution of sexualised or naked images of those under eighteen years of age is an act of child pornography, and that most adolescence are unaware of these dangers (McKechnie, 2014; Wallace, 2015).

Venereal disease and HIV/AIDS.
Along the same lines, the panic over sexually transmitted diseases (now: infections), or STD/STIs, has possibly the longest history within health and sex education, as it was the threat of syphilis and the peril it (supposedly) posed to the family unit that influenced the notion of public sex education in North America (Carter, 2001; Imber, 1982). Translated by Prince Albert Morrow in 1880, the English translation of Alfred Fournier’s book *Syphilis and Marriage* sparked
an interest in the possibility of publicly teaching sex education (Carter, 2001, p. 215; Imber, 1982, p. 341). The AIDS epidemic is another example of public panic that impacted how and why we teach health and sex education. At first only seen as a disease that affected gay men (originally named GRID or “gay related immunodeficiency”) (Altman, 1982) and intravenous drug users (Spurlock, 2015), it is now common knowledge that anyone can become infected with the virus that causes AIDS, what we now know as HIV or human immunodeficiency virus.

Controversy in health and sex education.
Because the content that lies within health and sex education are often deemed “sensitive material” it is not surprising that with changes to the curriculum often comes controversy and backlash from concerned parents and citizens. With Ontario’s new H&PE curricula being no exception, the concerns around ‘appropriateness’ of the topics in regards to either the child’s age, their perceived ability to understand the content, or whether or not health and sex education is something best left for the parents to discuss with their children (Masson, 2015; The Canadian Press, 2015; Jones & Leslie, 2015; Patel, 2015). Some specific discourses that have come out of the debate over Ontario’s new H&PE curricula is the fear of “indoctrination” through the addition of LGBT2SQ content, as well as the threat of enacting sexual “perversions” and advocating or encouraging pre-marital sex simply by bringing up the topic of contraception use (Bialystok, 2014; Crawford, 2010; Catholic Insight Staff, 2011; n/a, 2008; Campaign Life Coalition; Institute for Canadian Values). Abstinence-only versus comprehensive sex education has had a long, media driven, history, particularly in the United States (Wire, 2008; Gresle´-Favier, 2010). And not unlike the current debate in Ontario, it surrounds the argument of whether or not talking about sex ‘plants seeds’ in the minds of
‘innocent’ children (Milner, 1995; Kohler, Manhart, & Lafferty, 2008; Jones T., 2011; Rose, 2005; Masters, Beadnell, Morrison, Hoppe, & Gillmore, 2008; Barnett & Parkhurst, 2005; Fisher, 2009; Greslé-Favier, 2010; Batchelder, 2003; Kempner, 2001). Following those lines of thought is the taboo of speaking about pleasure and desire within school-based (and home-based) sex education. Not only is there the fear that conversations like this will lead to sexual activity, discussions around the pleasures and enjoyments of sex are contested issues as it pushes the boundaries of teenage sexual engagement (Greslé-Favier, 2010; Lamba, Lustigb, & Graling, 2013; Singh, 2009; Rasmussen, 2012; Fine, 1988; Fine & McClelland, 2006). These types of discourses also have the potential to undermine the amount of control parental figures feel they have or should have over their children (Thorogood, 2000; Richardson & Cranston, 1981), to which it could be argued that “parental surveillance is only one part of institutional surveillance and hetero-normative governmentality” (Sykes, 2011, p. 427).

Section Three: Theoretical and Conceptual Construct
This final section looks at how and, more importantly why, I choose the theories that I did for this project. Language is an important part of this research, just as it is in the 2015 H&PE curricula; how we choose to address someone or something can inform others how we feel or view a particular topic. It can show whether we are well informed or ignorant, whether we care or are indifferent. But language can also be deceiving, well intentioned words can have hidden or ulterior meanings; so hidden that even those writing or saying them do not know they are there, for, as the curriculum states: “Language and communication are never neutral: they are used to inform, entertain, persuade, and manipulate” (Ontario’s Ministry of Education, 2015, p. 73).
Queer theory and LGBT2SQ studies.

Usually, being called a “queer” is a bad thing. It means you’re strange, different, or odd; that your characteristics or mannerisms are other than or are outside the ‘norm’. To be labelled “queer” is a bad thing. So when in the late 1980s/early 1990s ‘homosexual’ individuals began using the word “queer” to identify themselves, most didn’t understand why. Why would you want to identify with a label that inherently means “bad,” “strange,” or “wrong”? In this sense, the reclamation of the word “queer” was used as a refusal towards assimilationist lobbying that was being done by the (then) Gay, Lesbian (and sometimes Bisexual) Movement. Queer activists didn’t want to be “just like everyone else” because they knew they weren’t. (Grace, 2008; Sullivan, 2003; Eng, Halberstam, & Muñoz, 2005). Queer Theory, then, continues this “struggle against the straightjacketing effects of institutionalisation, to resist closure and remain in the process of ambiguous (un)becoming” (Sullivan, 2003, p. v) within academic disciplines; Queer Theory resists definition and classification (Grace, 2008; Sullivan, 2003; Leckey & Brooks, 2010; Halperin, 2003; Shlasko, 2005).

Sharon Marcus’ (2005) research on the transitional phase of queer and feminist books within library cataloguing systems illuminates this discrepancy. The categorical subclasses within library databases (specifically HQ), Marcus argues, reveal more about the people that create the subclasses then they do about the bibliographic content that lies therein (p. 192). Having been designed in the late nineteenth century the categorical design made sense – homosexuality was defined as “a sexual deviation to be sandwiched between bestiality and incest, on one side, and prostitution, sadism, fetishism, masturbation, and emasculation, on the other;” and, as lesbians were not classified as women, but as some sort of deviant mashup
therein, their displacement within the library (and cultural) system “works” (p. 192). This classification system could be part of the reason why Queer Theory is still often confused with LGBT2SQ studies (Drazenovich, 2015). The difference between the two disciplines is sometimes hard to visualise, but it could be said that “LGBT studies relies on rational and scientific research methodologies while queer theory employs postmodern critiques of essentialism and determinism” (Carlson, 2014, p. 96).

Queer, unlike LGBT2SQ, can be seen and used as both a noun and a verb; it is inherently unstable and prefers it that way (Leckey & Brooks, p. 2). An identification that is forever in flux and can refer to “the open mesh of possibilities, gaps, overlaps, dissonances and resonances, lapses and excesses of meaning when the constituent elements of anyone’s gender, of anyone’s sexuality aren’t made (or can’t be made) to signify monolithically” (Sedgwick, 1993, p. 7). To be queer means there can be no assumption about someone’s identity; it fights against normalization and is insistent upon a radicalisation that “gay and lesbian,” LGBT2SQ (Leckey & Brooks, p. 2), and even “straight” can no longer provide. As a verb, to queer, to be queered, or queering, are all different possibilities for viewing and deconstructing the world at large (Leckey & Brooks, 2010, p. 2; Sandahl, 2003); in a sense, “Queer theory ... achieved what lesbian and gay studies, despite its many scholarly and critical accomplishments, had been unable to bring about: namely, the entry of queer scholarship into the academy, the creation of jobs in queer studies, and the acquisition of academic respectability for queer work” (Halperin, 2003, p. 340).

Crip theory and disability studies.
The connection between ‘Queer’ and ‘Crip’ theory go far beyond the fact that both words are used as pejoratives to describe a specific type of person (in this case, someone with a
(often physical) disability)\(^9\) (Sandahl, 2003). Crip, like Queer, holds many identities; as a noun, again, it describes a person that sees themselves almost beyond categorisation. Someone that identifies as Crip understands and wants to fight against the binary laden world in which we live, like those that fight against “compulsory heterosexuality” or the assumption that the default sexual orientation is “straight” (Rich, 1980) they fight against what Robert McRuer (2006) calls “compulsory able-bodied”:

> despite the fact that homosexuality and disability clearly share a pathologized past, and despite a growing awareness of the intersection between queer and disability studies, little notice has been taken of the connection between heterosexuality and able-bodied identity. Able-bodiedness, even more than heterosexuality, still largely masquerades as a non-identity, as the natural order of things. (McRuer, 2006, p. 1)

However, this is not to say that all that identify as Crip or who study/theorise about Crip or disability theory, much like Queer/LGBT2SQ, are themselves disabled. Because the “term crip has expanded to include not only those with physical impairments but those with sensory or mental impairments as well,” Carrie Sandahl (2003) believes it is possible for “a nondisabled person [to] seriously claim to be crip [as the] fluidity of both terms makes it likely that their boundaries will dissolve” (p. 27). Alison Kafer (2013) states that “Claiming crip … can be a way of acknowledging that we all have bodies and minds with shifting abilities, and wrestling with the political meanings and histories of such shifts” (p. 13). This is different, Kafer adds, than the old adage ‘we are all temporarily able-bodied’ in that such adage,

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\(^9\) There is also the reference towards the ‘crip’ street gang, but that has no relevance here.
obscures ... and [conflates] all experiences of physical, mental, or sensory limitation without regard to structural inequality or patterns of exclusion and discrimination ... To claim crip critically is to recognize the ethical, epistemic, and political responsibilities behind such claims; deconstructing the binary between disabled and able-bodied/able-minded requires more attention to how different bodies/minds are treated differently, not less. (emphasis in original, p. 13)

Those that assume or claim a Queer or Crip identity without being “LGBT2SQ” or “disabled” do so with a knowingness of privilege that comes from not having those identities. Thus, when looking at the difference between Crip theory and Disability Studies, Crip theory not only questions the social aspect of disability within our world, it “questions—or takes a sledgehammer to—that which has been concretized; it might, consequently, be comprehended as a curb cut into disability studies, and into critical theory more generally” (McRuer, 2006, p. 35).

Queer and crip pedagogy.

As was mentioned earlier, LGBT2SQ studies or at least the addition of anti-homophobia education is becoming fairly widespread within North American classrooms (Drazenovich, 2015). Students are now learning that there are more to (sexual/romantic) relationships than just (one) man and (one) woman. They are learning that some people have two mommies or two daddies and that some people move around using wheel-chairs and others walk with crutches or a limp; they are learning that people are different, but because we are all human we are all the same, and it is all normal. This process of normalising the previously abnormal can be viewed in two ways: it can be seen as an indicator of Western civilisations growing
tolerance and acceptance towards non-hetero/cis/able individuals. Or it can be viewed as an attempt to calm angry voices of marginalised people by masquerading “normal” as “acceptance”.

Queer pedagogy\textsuperscript{10} calls into question that aspect of normality (Kumashiro, 2003): not, necessarily, a denouncement of content but, rather, a refusal of universalising discourse (Britzman, 1995). Although still a relatively “new” field within Queer Studies, Queer pedagogy or Queer Theory within educational discourses has already produced a vast amount of literature (Shlasko, 2005). J. Halberstam (2003) discusses Queer pedagogy as a “need to take queer studies beyond the university and into public arenas ... queer public intellectuals are committed to multiplying the sites within which queer studies happens” (p. 363). So if queer studies can be viewed (in part) as troubling, then perhaps Kevin Kumashiro’s (2003) “Queer Ideals in Education” could set the stage for enacting queer practices within school spaces, as he states that “There is something significantly disruptive about those educational practices that some in society want to silence” (p. 366). Talking about “taboo” topics in everyday conversations and especially in schools opens opportunities for deeper learning and familiarising of unknown topics, which is one of the foundations of anti-homophobia and social justice education. They theory or hope is that talking about “taboo” or “controversial/sensitive” topics more frequently and without hesitation can erase the stigma that surrounds them and may even familiarise them to the point of “normalcy”. However, it also has the possibility to

\textsuperscript{10} And Queer politics in general
normalise topics that never wanted and that actively fought against assimilation (Leckey & Brooks, 2010), which is a common tension between LGBT2SQ and Queer Rights movements.

This could be true of the integration of LGBT2SQ into everyday life. Being able to “see yourself” in the media is a freeing notion, especially when, only years ago, media representation of LGBT2SQ people were primarily limited to independent films and “late night” television which is not exactly accessible to the mass public. Because of this changing environment and the consumerism of (gay) culture, Drazenovich (2015) argues for a deconstruction of “sexual identities through a critical educational process that provides students with a means of interpreting sexual identity more fluidly and broadly sensitive to media misrepresentation” (p. 4) in relation to identity formation sections within health and sex education curricula. Crath (2010) does something similar in his chapter of Fanon & Education: Thinking Through Pedagogical Possibilities where he queries the way racialized difference are utilised, imagined, and discursively practiced within Toronto’s Triangle School Program\(^\text{11}\) and “how these spatialised politics might function to enable or dis-enable the movement of racialised/nonracialised youth (and teachers) in relationship to themselves and others” (p. 123).

The normalisation of ‘LGBT2SQ spaces’ or ‘LGBT2SQ subject matter’ also has the potential to normativise “whiteness through a discourse of normative sexuality” (p. 134).

The normalisation of specific types of bodies has been the work of inclusive education initiatives since their inception; maintaining that every child, regardless of physical or mental “capacity,” has the right to the same education as any non-disabled child (Inclusive Education, \(^\text{11}\) Canada’s only LGBT2SQ only high school.)
The question of whether or not integration or “mainstreaming” of disabled children is the right thing to do is moot; but the opportunities or possibilities to queer or to crip classroom dynamics with the (in)visibility of disability is of importance. Disability pedagogy, according to Nocella (2008) “critiques repressive systems such as capitalism, corporate media, and normalcy and also provides space for the experience of having disabilities in an educational setting to be heard and acknowledged” (p. 85). R. C. Anderson’s (2006) piece on teaching (with) disability displays how easily the desire to crip or queer (or even more simply to ‘unsettle’) can revert back to “progressive” ideals of identity, as it looks at the ways in which teaching with one’s disability allows for growth and erudition of voices that had otherwise been silenced, because “disabled bodies disrupt ‘normal’ educational settings” (p. 369). This is not always a given, “‘normal’ educational settings” do not (necessarily) automatically become queered with the presence of a queer individual, the same is true with crippled and racialized bodies.

So perhaps there is a distinction, as there is between LGBT2SQ inclusion/studies and Queer Theory/Pedagogy, between Disability Studies/Pedagogy and Crip Theory/Pedagogy. Ann M. Fox (2010) crippled her undergraduate classroom not only through the introduction of plays and dramatic literature that either involved or revolved around disability or that used disability as symbolism, but also how to read, research, and “otherwise [approach] and [engage] an individual discipline, its core ideas and subject matter, introducing or framing them instead with a disability perspective” (p. 40).

Neoliberalism and citizenship.
Canada represents itself as a multicultural nation (Canadian Multiculturalism: An Inclusive Citizenship, 2012) and is proud of the multicultural and diversity education it promotes
in schools (Ontario's Ministry of Education, 2009), but, as Jones and Calafell (2012) point out, the use of multiculturalism is often more about neoliberal politics than it is about diversity, to which “queer politics can easily work with the logics of multiculturalism by positioning gays and lesbians as an equality-seeking minority ... that desire inclusion in and recognition from the state” (Jackman & Upadhyay, 2014, p. 204). Detailing the use of personal narrative as critical/queer pedagogy, Jones and Calafell explore allyship “between marginalized people12 working in and through higher education” while “interrogating the ways in which ideologies of neoliberalism work to maintain hierarchy through the legitimation of othering” (p. 957). Even though diversity or multicultural education is foregrounded as an inclusive practice, to which all forms of identities are acknowledged and celebrated, the process of legitimising always already decrees those that are deemed marginalised are other, and the voices of neoliberal diversity do not allow for any critique as to why this can be harmful, for as Jones and Calafell state:

When we, as critical educators, question these assumptions, we invite the charge ... that we are politicizing what should be a neutral space. Although we know the classroom is not a neutral space, we must still deal with the practicalities of the effects of such resistance on our pedagogical goals. (Fassett & Warren, 2007; hooks, 1994, cited in Jones and Calafell, 2012, p. 966)

If the ultimate goal is to normalise or diversify normalcy, then neoliberal legitimisation is the foundation that allows for the integration of non-hetero and cis identities into the 2015 H&PE curriculum.

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12 Racialized and queer identities
Neoliberal legitimisation and othering are also found within the “It Gets Better” (IGB) campaign which attempts to ‘inspire’ queer (re: gay) youth to not kill themselves, but to look forward to the future when there will(should) be opportunities for happiness. Grzanka and Mann (2014) investigated how IGB videos “work to engender a neoliberal form of sympathetic affect that shapes the content and boundaries of contemporary queer identities” (p. 372). Sad/depressed and/or dead individuals, regardless of sexual orientation, gender identity, ability, cultural or ethnic background, etc., are not useful in regards to productivity and citizenship, for, as Grzanka and Mann state: “the affective dynamics of the instructions [of the IGB videos] also cohere into a neoliberal narrative of personal responsibility that renders agency to the burden of the suffering” (p. 379) and “serve to reinscribe heteronormative ideology about sexual (and gender) identity and mental health, which emerge co-constitutively” (p. 372). While relaying messages of hope, IGB videos are shaming the viewers into believing that what they are feeling is not worth their time and that they need to change (if only slightly) so that they too can (eventually) “have it all.” The solidarity that these videos proclaim to produce actually perpetuates further isolation as

neoliberalism effectively conceals [identity-based systems of inequality, such as racism and heterosexism] through rhetorics of multiculturalism, post-identity politics, and individual empowerment, which are the most salient tactics in IGB discourse. (Grzanka & Mann, 2014, p. 380)

The 2015 Ontario H&PE documents work in a similar way as they too reinforce, through the guise of mental health awareness, that feelings of sadness and/or depression (for all youths,
although there seems to be a focus on youths who identify as LGBT2SQ), although normal, are issues that need to be dealt with in a timely manner and with an air of positivity.

The production and use of IGB videos at once validate the ‘gay’ or ‘queer’ subject while at the same time pressurising them into a place of conformity, as the ‘gay subject’ often dissolves into a homonormative subject, [that] supports logics of White and/or Western supremacy, and how a homo-normative ‘gay subject’ can be complicit in silencing and taming political issues and debate. (Sykes, 2011, p. 424).

Andrea Smith (2010) examines the use, or lack of use, of Native Studies within Queer theory and looks “at both the possibilities and limits of a postidentity analytic” (p. 45). Smith posits that the use of a subjectless critique which “establishes … a focus on a ‘wide field of normalization’ as the site of social violence” (Eng, Halberstam, & Muñoz, 2005) may in fact help Native studies escape the ethnographic entrapment by which Native peoples are rendered simply as objects of intellectual study and instead can foreground settler colonialism as a key logic that governs the United States [and Canada] today. (Smith, 2010, p. 44)

Canadian nationalism, and the claiming of land by nonindigenous peoples, is predicated on the fact that indigenous peoples are always already disappearing (Smith, 2010, p. 53; Jackman & Upadhyay, 2014, p. 203; Morgensen, 2010). Thus, one could argue that the “inclusion” of LGBT2SQ people in the 2015 H&PE documents is reliant on the fact that gay youths are always already dying.
Jackman and Upadhyay (2014) “seek to critically explore how certain queer praxes have worked to normalize and invisibilize settler colonialism in the Canadian context and to reproduce Canada as a progressive queer-friendly liberal state” (p. 195). Utilising discussions “over the participation of Queers Against Israeli Apartheid (QuAIA) in Pride Toronto (Pride) in 2010,” Jackman and Upadhyay state that while QuAIA “engages a queer perspective that is intersectional and contextualized by an analysis of colonialism, racism, Islamophobia, and heteropatriarchy” (p. 196) they question how (settler) queer politics is produced and maintained by settler colonialism as queer settlers are complicit in reimagining and reproducing the same nation-building narratives that the state produces and maintains. (p. 200)

Through the narrative of pinkwashing, which is the process the Israeli state (and the Canadian government) is using
to gloss over the ongoing settler colonialism of historic Palestine by redirecting international attention towards a comparison between ... gay rights in Israel and the ... state of life for LGBTQ Palestinians in Occupied Palestine, (Puar & Mikdashi, 2012)
and pinkwatching, which is the action and activism that takes place against pinkwashing campaigns (alqaws, 2013), Jackman and Upadhyay (2014) problematize the fact that there does not seem to be any similar solidarity within the colonial state of Canada:

Canada is guilty of pinkwashing itself by claiming to be one of the first countries to legalize homosexuality and same-sex marriage. Canada has successfully upheld an image
of itself as clean, nonviolent and queer friendly. Thus, pinkwashing is indeed the whitewashing of the Canadian past and ongoing colonialism. (p. 204)

Under the guise of ‘nationalist pride,’ and within the homonationalist project, (sexual) citizenship can only be prescribed to certain types of people. Although Diane Richardson (1998) formalises an argument that “claims to citizenship status, at least in the West, are closely associated with the institutionalisation of heterosexual as well as male privilege” she neglects the participation of settler ideologies (p. 88). One cannot be seen or valued as a “good” citizen if they do not also fall in line with “state-sponsored or liberal multiculturalism” (Jackman & Upadhyay, 2014, p. 204). Hence why the integration of LGBT2SQ peoples became so important; if one purpose of schooling is to create “active, responsible citizens” (Ontario's Ministry of Education, 2015) then all types of people must be incorporated into the curriculum in order to “count” as people worthy of being citizens.

Summary

The purpose of this literature review was to create a foundation on the work that has already been done in regards to health and sex education, and more particularly, the focus or lack of focus towards queer, trans, and disabled bodies. However, as is evidenced by the number of different categories that are held within, health and sex education is not just about creating or sustaining knowledge about what it means to have a healthy sexuality, it constructs and is impacted by our entire worldview. As a government run institution, curricula, and the schools and teachers that create and teach them, are not immune to influence, as neoliberal politics and the continued colonising of stolen land is ever present and evident within the Westernized world, so it is in what we teach.
My research hopes to expose this inconsistency by showcasing that even within a ‘progressive’ and ‘socially justice’ oriented curriculum, there are still shortcomings in regards to inclusivity, expectations, and overall design. The research shown here, in regards to health education, indicates that behind every ‘trend’ or ‘theme’ is the want and the need to create a certain type of person: the concept of abstinence\textsuperscript{13} has gone (in part) from guaranteeing the value and worthiness of a person (re: female purity) to the elongation of childhood and the valuing of innocence therein. Obesity and mental health concerns impact the neoliberal discourse that exists within North America; not being able to work or contribute because of an underlying health problem is problematic, as no one else is going to help you, your failures are your own and you are the only one that can change that (Grzanka & Mann, 2014). Some lives are more important than others – the lives of healthy, obedient, intelligent (white/settler, middle/upper class, male, cis, hetero) are of utter importance, which is why it is important to train children, as young as possible, to follow along this path as closely as possible (Grzanka & Mann, 2014; McCarthy, 2007).

I hope to further this research by indicating where the 2015 H&PE curricula is complacent with neoliberal discourse of individualism, hetero/homonormativity, cisnormativity, and ableism. Utilising Queer and Crip theories and pedagogical practices will allow me to look at the curriculum through a different lens – is it possible to queer or crip an elementary classroom? Although answering these types of questions, or looking towards the possibilities of such questions, is not the main goal of this research, it is yet another way that

\textsuperscript{13} In this I include teen pregnancy and STI/HIV prevention
this research could be taken up. LGBT2SQ/Queer activists can no long say that there is no
LGBT2SQ visibility within Ontario’s H&PE curriculum – but what can be asked is how it is being
taken up.
Research Methodology

The following section will dictate how and why I conducted the research the way I did. I will briefly discuss where I located my data sources, why I chose the methods that I did, and how I went about collecting and analysing the data therein.

Data Sources
My data sources are entirely comprised of previously made documents that are available to the public through the Government of Ontario Education website. Some of the older documents (grades 9-10 and 11-12) are no longer available through the government website, but can be found through search engines. I was able to attain the older documents through the government website, when they were no longer available I was able to locate them using Google. I chose to do an in-depth analyses of Ontario’s 2015 H&PE curricula documents (grades 1-8 and 9-12) because, as of right now, the Ontario H&PE documents are the newest H&PE curriculum documents in Canada and the content changes have spurred moral uprising from parental figures and other concerned citizens. Older versions of the same curricula were also used as they showcased the disparities that occurred towards sexual and gender minorities and those with disabilities.

Choosing a Method
This study follows a qualitative poststructuralist approach that utilises a mixture of critical discourse analysis and Foucauldian discourse analysis as its main methods. The theories of Foucault and Derrida I believe are most beneficial in this context because of the underlying notions of control, fear, and the erasure that operates just underneath many health and sex education curricula; for, by identifying the traces or analysing/looking into the history of a
subject, one is better able to locate and deconstruct that which was always already there, but may have been modified or excluded in order to fit the moral or governmental policies of the time.

**Critical and Foucauldian discourse analysis.**

I have chosen to utilise discourse analysis over content analysis because though content analysis is “used and developed to analyze social scientific data as derived from interviews and [premade] documents” (Prior, 2014), discourse analysis “is concerned with the way in which texts themselves have been constructed in terms of their social and historical ‘situatedness’” (Cheek, 2004, p. 1144). For, as Sacks (1996) points out, content analysis fails “to account for the insistence with which certain stories or explanations are put forth, take hold and shape images of [whatever is focused on]” (p. 59). The content may shape what we see or how we understand something, but what of that which lies underneath? Thus, I will be working with two definitions for the term discourse: 1) discourse is “assumed to be a central vehicle in the construction of social reality” (Weninger, 2008), and 2) discourse “refers to ways of thinking and speaking about aspects of reality” and “operate to order reality in certain ways” (Cheek, Foucauldian Discourse Analysis, 2008).

Because discourse analysis “is best seen as a cluster of related methods for studying language use and its role in social life” (Potter, 2008), I chose to combine both critical discourse analysis (CDA) and Foucauldian discourse analysis (FDA) because critical discourse analysis has been described as “a critical perspective that is geared toward examining the subtle ways in which unequal power relations are maintained and reproduced through language use” (Weninger, 2008) whereas
Foucauldian discourse analysis offers the potential to challenge ways of thinking about aspects of reality that have come to be viewed as being natural or normal and therefore tend to be taken for granted. It can enable us to explore how things have come to be the way they are, how it is that they remain that way, and how else they might have been or could be. (Cheek, Foucauldian Discourse Analysis, 2008)

Thus, as I understand it, critical discourse analysis focuses on social problems and the discourses that (re)produce them without much interaction or foresight into past documents or histories, which is where Foucauldian discourse analysis better exemplifies the need to look at what happened before in order to fully understand why something is happening now.

**Data Collection and Analysis**

To start off my investigation of the 2015 H&PE curriculum, I counted the number of times specific word(s), hereon known as themes (i.e. disabilit(ies), sexual orientation, gender identity, gender expression, and mental health), appeared throughout both the primary and secondary documents. I also calculated the number of times those same categories appeared in the older versions of the H&PE curricula (2010 excluded). I chose these themes because I felt as though they best reflected and signified my research. I understand that by only choosing specific themes I may not have captured the full breadth of some topics, such as disability, as within the documents they use a multitude of words used to describe or emphasis such points, however, I believe that by concentrating on these specific themes a picture of how these topics are being used can still be gleamed. Of course, simply counting the number of times specific words appear throughout a document does not necessarily tell you anything about those topics or
why they were mentioned in the first place\textsuperscript{14}. Thus, in order to find the purpose in those words, the context in which they were brought up was also noted and commonalities were highlighted.

I completed this task by conducting simple ‘word searches’ within each of the documents and taking detailed notes regarding the use, context, and placement of each. A limitation of this method I noticed after completing my initial search was that within the PDF reader I was utilising (Adobe Acrobat Reader DC), terms that contained more than one word (i.e. sexual orientation, gender identity, gender expression, mental health) were not being retrieved in my searches if the words were broken up between two lines. To rectify this, I went back and redid all my searches using only the first word in the term; this generated a lot of results, and by going through them one by one I was able to get a more accurate number of occurrences. I do also realise that the numbers may not be completely accurate due to my own error, but feel confident that my search modification accounted for those that were initially missed (see Table 1 and Table 2). And although my overall focus was the Human Development and Sexual Health sections of the documents, I made sure to document all relevant references to all themes. For example, a large portion of the references for disability and mental health were found within either the “Substance Use, Addictions, and Related Behaviours” and “Personal Safety and Injury Prevention”; and when it came to the older grades (9-12), the scope expanded outside of the “Healthy Living” section completely, specifically when looking at the grades 11 and 12 preparatory courses for university and college.

\textsuperscript{14} It does, however, prove interesting when comparing it to previously used and outdated document(s).
<table>
<thead>
<tr>
<th>2015 Curriculum</th>
<th>1-8</th>
<th>9-12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability/Disabilities</td>
<td>20</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>Mental health</td>
<td>82</td>
<td>97</td>
<td>179</td>
</tr>
<tr>
<td>Mental illness</td>
<td>13</td>
<td>31</td>
<td>44</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>39</td>
<td>34</td>
<td>73</td>
</tr>
<tr>
<td>Gay</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Lesbian</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Bisexual</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Gay-straight alliance</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Gender identity</td>
<td>48</td>
<td>41</td>
<td>89</td>
</tr>
<tr>
<td>Gender expression</td>
<td>11</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Transgender</td>
<td>8</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Transsexual</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Two-spirit</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Intersex</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

*Table 1: Number of times themes appeared in the 2015 H&PE Curricula*

Note for Table 1: Disability and disabilities are one theme but were counted separately because word searches for the singular version of the word (‘disability’) would not bring up results for its plural form (‘disabilities’).
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabilities</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Disability</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental health</td>
<td>0</td>
<td>2</td>
<td>17</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Mental illness</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sexuality</td>
<td>10</td>
<td>8</td>
<td>7</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Gender identity</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gender expression</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gender (roles)</td>
<td>3</td>
<td>0</td>
<td>(roles) 4</td>
<td>(representation) 1</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 2: Number of times themes appeared in older H&PE Curricula

Note for Table 2: Because there was no mention of the words “sexual orientation,” “gender identity,” or “gender expression” in the older documents, I went with the next best alternative – ‘sexuality’ and ‘gender’. ‘Gender’ was then slip up into three categories – gender, gender roles, and gender representation.
My initial data analysis consisted of contextualising how these themes were being used within both primary and secondary H&PE curricula. Utilising a simple table, and marking the themes, section/location, subject/content, and use for each occurrence throughout both documents, I began noticing overlapping similarities, not only throughout a single category, but amongst all the categories. Although some themes, specifically disability and mental illness, created more categories that did not align or conform to the other themes, overall, there were more similarities between all five themes than differences. The following are the categories that I found to be recurring throughout each use of the themes: Example, Special education needs and accommodations, Sensitivity and Controversy, Different and Diversity, Furthering a cause, Inclusion, and Identity and self-concept.

Table 3 (below) is a very small portion of the set up I used that aided in my determining what categories were created by the five themes (disability, sexual orientation, gender identity, gender expression, and mental health). As was mentioned, you can see that it is set up into four columns: theme, section, subject content, and use; under the column entitled “Theme” you can see ‘Disabilities’ with 7x below it in parenthesis, this number indicates that the word ‘disabilities’ (not ‘disability’) showed up seven times throughout the 1-8 curriculum. The ‘Section’ column indicates where the content was found within the document, in the first row below, you can see that the first time the word “disabilities” was used it was in the introductory portion of health topic under “Substance Use, Addictions, and Related Behaviours.” The “subject content” column houses the portion of the text that contains the theme word; initially I was only going to paraphrase the content that was found, but discovered that I gained better meaning from the content if I had the entire piece right in front of me. You will notice some
bolded portions of the text in the “subject content” column that indicate where the theme word was located and the context in which it was used. And finally, the “use” column is where I would muse and determine what the content was trying to do or what I believe it inevitably produced, regardless of what the intention of the curriculum designers might have been.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Section</th>
<th>Subject Content</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabilities (7x)</td>
<td>Introductory/description for “Substance Use, Addictions, and Related Behaviours” health topic</td>
<td>Smoking as “the primary cause of preventable illnesses, disabilities, and premature deaths in Canada” (p.38)</td>
<td>Disability used as “bad example” of what could happen if you choose “bad behaviour”</td>
</tr>
<tr>
<td></td>
<td>In section “Guidelines for Meeting Special Needs in Health and Physical Education”</td>
<td>Depending on the special education needs of the students, some additional considerations may be relevant for their instruction in health education. These considerations may apply to all health topics, but are particularly relevant to human development and sexual health. Some students with intellectual and physical disabilities or other challenges may be at greater risk of exploitation and abuse, and some may not have experienced acknowledgement of their healthy sexuality or their right to enjoy their sexuality. These students may also have had fewer formal and informal opportunities to participate in sexual health education. Teachers need to ensure that these students’ privacy and dignity are protected, and that the resources used are appropriate to their physical, intellectual, social, and emotional development and needs. Different kinds of accommodations and approaches will be required for different students, but it is important to ensure that all students have access to information and support regarding their sexual health. (p.61)</td>
<td>Disability seen as fragile state, does not outright refute a disabled person’s right to their own sexuality, but does not outright approve of it either</td>
</tr>
<tr>
<td>Grade 3</td>
<td>C1. Understanding Health Concepts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Human Development and Sexual Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C1.4 identify factors (e.g., sleep, food, physical activity, heredity, environment, support from a caring adult, sense of belonging, peer influence) that affect</td>
<td>Student: “I can stand up for someone who is being teased because they are different. I could try to learn more about people who do things differently than I do – such as learning about how some people who are deaf can talk using their hands, how some people with physical disabilities move with a wheelchair, or what someone who has a different religion from mine believes in.” (p.122)</td>
<td>“different than me” Different not necessarily bad, but other than. Odd, new</td>
</tr>
</tbody>
</table>
physical development (e.g., of hair, skin, teeth, body size and shape) and/or emotional development (e.g., of self-awareness, adaptive skills, social skills) [PS]

Table 3: Portion of table used to generate different categories.

After mapping out all five themes like in the table example above, table 4 (below) shows the chart I created to organise which passages (via their page number) I felt were the most relevant to my research. I analysed the “use” column and searched for overlap and consistencies between each theme and came up with the seven categories you can view in the table below in the far-left column. Table 4 is split up into seven rows which consist of the categories I developed, and five columns that consist of my five original themes; and each column is split into two sections to encompass the 1-8 and 9-12 curriculum documents respectively.

<table>
<thead>
<tr>
<th></th>
<th>Disability</th>
<th>Mental health</th>
<th>Sexual orientation</th>
<th>Gender identity</th>
<th>Gender expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Bad) example (consequences for bad or poor behaviour/actions, avoidance/minimising illness/injury)</td>
<td>p.38, 124</td>
<td>p.41, 142</td>
<td>p.215</td>
<td>p.142</td>
<td></td>
</tr>
<tr>
<td>Special education needs/ accommodations</td>
<td>p.60, 61</td>
<td>p.65, 66, 148, 183, 186</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity/Controversial (seen as fragile, extra precautions need to be put in place to ensure safety/comfort of all students)</td>
<td>p.61, 176, 215-216</td>
<td>p.66</td>
<td>p.35</td>
<td>p.39</td>
<td>p.36</td>
</tr>
</tbody>
</table>
Furthering a cause (bullying, stigma, stereotypes, etc.)


Inclusion (afterthought/exceptionality?)

| p.158-159, 215-216 | p.56, 67 | p.72, 104 | p.27, 54-55, 56, 67 | p.31, 72, 60 | p.54-55 | p.60 |

Identity and self-concept


Table 4: Table used to organise relevant page numbers and areas of overlap.

From here I created a word document for each of the seven categories where I inserted the relevant passages from all five themes that were charted in Table 4 in order to further analyse them; it was through this process that I narrowed down/determined which passages to use for my discourse analysis. Narrowing down the passages was a long and arduous process that consisted of me needing to constantly remind myself what it was I was trying to look for in these passages. As a way of, not only reminding myself, but encouraging myself that what I was doing/looking for was right, or at least on the right track, I wrote out several copies of my research question and other related portions of my thesis and posted them in front of me wherever I was working, be it at home or at my office. I did this not so much because I forgot what it was my project was about, but because there is so much information to be found within the curriculum documents that it was easy to stray off topic. Having the core principles of my
project posted around me (the wall of my workstation, on the desktop of my computers, in the
note books I was writing in), helped to keep me focused and inspired.

Each of these seven files contained the same information that was charted in Table 3,
but was formatted differently to give myself more space to write. Table 5 is a before picture of
what the “Inclusion” category document looked like before I began my thorough analysis
process. I wanted to keep all the same information as that from table 3 – subject content,
location, and use – as a reference point if I were to get stuck or couldn’t remember the context
of the highlighted passage. The actual process of analysing the passages, like that seen in Table
5, consisted of me printing hard copies of each of the seven categories and meticulously going
over ever passage and noting what I thought about each on the page. These conversations I
was having with my data consisted of me not only looking to explain why I felt that it had been
written the way it had, or why it may have been included in the first place, but it also became a
place for me to vent and express my anger, disgust, and sometimes even praise over what had
been written and included into the curriculum documents.
Disability

Student: “Things I can control include whether I have a positive or negative attitude about things, how I show respect for myself and others, whether I ask for help when I need it, whether I am involved in activities at school and in my community, actions I take, whether I am open to new ideas, and whether I make my own decisions about things or let myself be influenced by others. Things I cannot control include where I was born, who is in my family, how much money my family has, and personal characteristics such as my skin colour, hair colour, whether I am male or female, my gender identity, sexual orientation, and overall body shape and structure. I could have a learning disability, a physical disability, or a health issue. All of these things are a part of who I am. I cannot control these things, but I can control what I do and how I act.” (pp.158-159)

- Grade 5; C2. Making Healthy Choices; Human Development and Sexual Health; C2.4 describe emotional and interpersonal stresses related to puberty (e.g., questions about changing bodies and feelings, adjusting to changing relationships, crushes and more intense feelings, conflicts between personal desires and cultural teachings and practices), and identify strategies that they can apply to manage stress, build resilience, and enhance their mental health and emotional wellbeing (e.g., being active, writing feelings in a journal, accessing information about their concerns, taking action on a concern, talking to a trusted peer or adult, breathing deeply, meditating, seeking cultural advice from elders) [PS]
- I could have…. not necessarily an afterthought, but a disconnection. A possible impossibility

Table 5: Example of ‘Inclusion’ category in relation to the ‘Disability’ theme.

Summary

This section outlined how I went about finding my data sources, why I chose the methodologies for the study, and the ways in which I went about conducting this research. Both critical and Foucauldian discourse analysis were discussed as well as my rationale for choosing to combine these two types of analysis. This section also went into detail on exactly how I went about conducting my research; the process of how I found my data, how I organised it, and how I went about analysing it.
Research Findings

The following research question informed this study: how does hetero-cis-ableism operate in the Ontario H&PE curriculum to construct idealised versions of gender and sexual difference while erasing those that are less valuable? The analysis of this research question resulted in the acquisition several significant passages that aided in the creation of seven categories (example, special education/accommodations, sensitivity and controversy, diversity and difference, furthering a cause, inclusion, identity and self-concept) that fit within the five original themes (disability, sexual orientation, gender identity, gender expression, mental health).

Discourse Analysis

The following discourse analysis, split into the seven categorical sections, contains the passages that I felt best reflected my research question.

(bad) Example.

The ‘(bad) Example’ category was only seen within the disability and mental health themes and was primarily found within the personal safety and injury prevention and substance use, addictions, and related behaviours sections. The category was used in conjunction with human development and sexual health in that many sexual health discussions surround the use of contraception and abstinence with the clear point of avoiding or minimising the risk of illness and pregnancy in relation to sexual activity. In this instance to be an example, and almost always a bad example, is in direct connection to consequence(s) for bad or poor behaviour and/or actions of an individual.

Being safe and protecting yourself is a good thing; it is a natural instinct and it makes sense to have developments and lessons on the subject within health curricula. However, the
rhetoric of “doing bad things (smoking/drugs/drinking/sex/other risky behaviour) will lead to illness and injury and isn’t that something you should avoid?” is in direct contrast with language that consists of and insists on the “inclusion” and “integration” of disabled children (Ontario’s Ministry of Education, 2015, p. 60). The curriculum content that focuses solely on consequences of poor life choices or “acting without thinking” (all of which could leave the individual disabled, ill, or dead) counteract the positive narrative curriculum designers are trying to instil. This is not suggesting that we cease to warn children of the dangers and effects of smoking, drugs, or alcohol, or that wearing protective equipment, whether you are riding a bike or considering having sex, isn’t important. It is; but what is just as important is how and why we say it.

Figure 1: Grade 8 example of “dangerous behaviours” p.215 of the 2015 Ontario Grade 1-8 Health and Physical Education Curriculum

Figure 1, while accurate (in terms of a cause and effect rationality), and to the point, leaves a bad taste in my mouth regarding the negativity that is associated with the onset or potentiality of disability. While these are severe and dangerous situations that are being discussed, there is nothing following that states that having or acquiring a disability is not the death of life; the prompt simply ends with “may even lead to death” (see Figure 1). How these
types of situations are handled is not surprising, however, as Western society has been trained to look at difference with scrutiny and apprehension; difference in this case would be the acquisition of a spinal cord or heard injury. I acknowledge that these negative overtones were created to cause fear and to instil a disturbing and even nagging narrative in the students’ mind that would, hopefully, cause them to think twice before entering potentially dangerous situations, however, it does not consider the effect this narrative has on life with disability or the meaning of it as a whole and creates an attitude that disability is only created through thoughtlessness. As disability is already looked at as a negative and is always already linked to death, this message of doom reinforces the adage “better dead than disabled” and may present those already living with disabilities, regardless of how it was acquired, with a sense of helplessness and hopelessness in regards to their own futurity and longevity (Schaller, 2008; Shildrick, Death, debility and disability, 2015).

This works with instances of mental health as well as, and although mental health awareness is a key component of the 2015 H&PE curricula, the messages are never about mental illness (or disability) as a part of life, only as something that needs to be taken care of or as something that needs to be prevented. Although the above figure does not strictly relate to mental health, it does suggest that possible situations that may “lead to injury or death” could be related to “mental, physical, emotional, or social harm resulting from mental health and/or addition problems” and furthers this when it asks to “describe behaviours that can help to reduce risk” and three of the last examples are “using self-acceptance, coping, and help-seeking skills” (see Figure 1) suggests that possible reasonings for unsafe behaviours may be due to mental health concerns. It does not, however, pursue this any further within the teacher
prompt or student response. The concern for mental health and mental health awareness is apparent throughout the beginning of both 2015 H&PE curricula, however, the lack of attention throughout the documents, especially that dedicated to primary and middle grades, suggests that the conversations are viewed as unnecessary, overwrought, and just plain uncomfortable to have.

**Special Education Needs and Accommodations.**

Originally I had decided that the ‘Special Education Needs and Accommodations’ category was only found within the disability theme, but after further review I realised that this category also falls within the gender identity and gender expression themes. The language of accommodations and special education are often reserved for individuals that are disabled or “ill” in some way and that need ‘special’ or ‘extra’ attention, particularly in educational documents, but these words also fit with much of the language used to describe the needs of trans and gender non-conforming individuals. All three themes consist primarily of guidelines and modifications that may or should be executed in order for all students of all abilities to be able to participate in all activities. Overlap can be found within the inclusion category, as much of the work of accommodations and modifications is to create an inclusive environment.

**Disability.**

Within the disability theme, there are hints regarding accommodations and special education needs throughout the document, but most are found at the beginning under the “Planning Health and Physical Education Programs for Students with Special Education Needs” section. This section is split up into three parts: ‘Students Requiring Accommodations Only,’ ‘Students Requiring Modified Expectations,’ and ‘Guidelines for Meeting Special Needs in
Health and Physical Education.’ The final portion provides eleven guidelines that “can help teachers ensure that students with special education needs are able to participate as fully as possible in health and physical education activities” and consist of suggestions like “consult with the student about his or her needs and about choosing strategies that will help him or her feel comfortable and included” and to “be fair to all participants and avoid drawing attention to accommodations or modifications that are provided for individual students” (Ontario’s Ministry of Education, 2015, pp. 60-61) and ends with the portion that is seen in figure 2 (see Figure 2).

Figure 2: Except from “Guidelines for Meeting Special Needs in Health and Physical Education” p.61 of the 2015 Ontario Grade 1-8 Health and Physical Education Curriculum

The first paragraph in figure 2 demonstrates an attempt by curriculum designers to address long-standing myth that disabled people can’t, shouldn’t, or don’t want to have sex (Kaufman, Silverberg, & Odette, 2003) when it states that “...some [disabled individuals] may...
not have experienced acknowledgement of their healthy sexuality or their right to enjoy their sexuality” (see Figure 2). The overall attitude of this addition is positive in that it acknowledges people with disabilit(ies) are sexual beings and that that should be respected. The language, however, counteracts that proposal and reverts back too old and even eugenic views about disability. The quote I used above infers progressive attitudes about sex and disability but when read in full one is able to see that old standards are hard to dismiss: “Some students with intellectual and physical disabilities or other challenges may be at greater risk of exploitation and abuse, and some may not have experienced acknowledgement of their healthy sexuality or their right to enjoy their sexuality” (see Figure 2). The two parts are in relationship with each other as one has a direct influence on the other; as a lack of knowledge about one’s own sexuality is exactly what puts them at a higher risk of being sexually exploited or abused (Brown-Lavoie, Viecili, & Weiss, 2014; Campos, 2002; Kaufman, Silverberg, & Odette, 2003). The two halves of the whole work to produce “gestures that specifically inform neoliberal subjectivity and ideas of ideal political expression” (Zein, 2016) as it is being acknowledge that this is a problem that needs to be addressed, but the reader is still left with a sense of foreboding as the topic, and more specifically the subjects that are to be taught, are always already helpless and vulnerable (Shildrick, 2002). Beginning a sentence with the negative, the reader is left believing that disabled peoples need protection from those that are not disabled, and thus it is their ablebodied duty to teach and protect the less-than-abled from harm. So much so that teachers are instructed to take special care when teaching sexual health to disabled students and “to ensure that these students’ privacy and dignity are protected” (see Figure 2) when there is no such warning anywhere else in the text when the health curriculum
is being discussed. Why is the dignity and privacy of disabled students more so in need of protecting than ablebodied students?

The second paragraph of Figure 2 speaks more to the language and demonstrations that may be helpful when teaching health and sexual education to students with special education needs. Knowing that it is okay, and that you have a right to say ‘no’ is an integral part of any sexual health curriculum, but so is knowing that you have the right to say ‘yes’. While there are no specific/overall expectations or teacher prompts that outright state “go have sex,” they no longer completely dismiss it either. However, the second paragraph in Figure 2 states that “it is important … for information to be repeated and for skills such as refusal skills to be practised and reinforced … Students need to be taught about their right to refuse and about ways of showing affection appropriately and recognizing and respecting consent” (see Figure 2). Saying that students need to be taught indicates that they wouldn’t be taught this otherwise, when refusal skills is a fundamental part of the early year’s curriculum (Ontario’s Ministry of Education, 2015, p. 24). It also suggests that while you have the right to refuse (the emphasis being that you should refuse), it does not state that you have the right to consent. Most of the health and sex curriculum advocates that youth delay their first sexual encounter, but as was mentioned, it no longer out right condemns the choice, consequently the language here is left ambiguous and devoid of possibility of sexual encounters. Moreover, if you were to work solely off of stereotypical assumptions of sexuality and sexual aggressiveness, the language is extremely gendered as the right to refuse (seen as female) enacts the visualisation of either victimisation or perhaps even the feminist ideology of “no means no,” whereas the ability to read and understand consent (seen as male) suggests a taming of the sexual aggressor which is
almost always viewed as male (see Figure 2). While it states that those with disabilities have a right to their sexuality, it also insinuates that it is not okay for someone with a disability to have sex or to be sexual; they may have a right their sexuality, to know that it is okay and ‘natural’ to feel sexual, but not necessarily to act on those feelings. This language alludes that a disabled individual can only be sexual with another in two ways, as the abused or the (unknowing) abuser.

*Trans and gender-variant.*

The overall language that surrounds gender identity and gender expression through the 2015 H&PE curriculum is that of understanding and acceptance. Through those notions of understanding and acceptance, however, is difference, and difference usually requires accommodations or at least the possibility therein.

When planning instruction and considering class groupings, teachers should be aware of and consider the needs of students who may not identify as “male” or “female”, who are transgender, or who are gender-non-conforming. For more information about gender identity, gender expression, and human rights, see the website of the Ontario Human Rights Commission at [www.ohrc.on.ca/en/code_grounds/gender_identity](http://www.ohrc.on.ca/en/code_grounds/gender_identity).

Figure 3: Excerpt from “Co-educational and Same-Sex Classes” p.54 of the 2015 Ontario Grade 1-8 Health and Physical Education Curriculum

When considering students’ safety, including their physical safety, it is important to ensure that students feel comfortable physically, socially, emotionally, and psychologically. For example, teachers should be aware of student comfort and safety when students are changing their clothing for physical education, forming groups, demonstrating physical tasks, and discussing health topics. They should also ensure that all students – students of all social and cultural backgrounds, abilities, sexes, gender identities, and sexual orientations – feel included and recognized in all activities and discussions.

Figure 4: Excerpt from “Health and Safety in Health and Physical Education” p.56 of the 2015 Ontario Grade 1-8 Health and Physical Education Curriculum

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15 Although I see and understand gender expression and gender identity as two separate themes, for the purpose of this category they will be combined as they are generally seen in conjunction with each other, not because they are the same.
Figures 3 and 4 indicate the level to which teachers should be aware of the growing recognition of trans and gender-variant youth. They are reminded to pay special consideration or at least to be hyper aware that adaptations may need to be made in order to ensure the comfort and safety of all students. They are not, however, given any instructions on how to maintain or even obtain such comfort. Figure 3 indicates that teachers should be aware that some of their students may not identify within the male/female binary that rules most of Western society and provides a link to the Ontario Human Rights Commission. Figure 4 notes that teachers should be cognizant of the fact that accommodations may be required for some students if their comfort and/or safety is at risk. The link provided in figure 3, however, has little to do with accommodations and more to do with preventing discrimination and harassment based on gender identity and gender expression, and is not specific to primary and secondary school settings. The Ontario Human Rights Commission is a good start when wanting to learn more as to why changes have occurred to the Ontario Human Rights Code, but most of the discussions therein have to do with policy changes and addressing, primarily, issues of harassment for trans adults. Understanding that this is a provincial curriculum guide and is not specific to any particular district, it may not be appropriate to single out any one district that already has a guidebook in place\(^\text{16}\), but when there were so many documents created before this document went into production, not to mention that the Canadian Teacher’s Federation produced a document in 2012, would it not make sense to include some sort of reference list of pre-

\(^{16}\) Please see Appendix A for a list of documents.
existing documents to aid those that may not understand why it is imperative that trans students are supported?

**Sensitivity and Controversy.**

The ‘Sensitivity and Controversy’ category can be seen from two different angles: the first which primarily deals with disability and mental health, wherein individuals who find themselves in these themes may be viewed as fragile or weak, and that extra precautions need to be put in place to ensure their safety and privacy, especially when it comes to details involving sexual health. The other side employs that fine line of comfort of all students, staff, parental guardianships, and inclusion for all people.

Figure 2 is an excellent example of the former part of this category. As was previously mentioned, figure 2 states that “Teachers need to ensure that these students’ [disabled/special education needs] privacy and dignity are protected, and that the resources used are appropriate to their physical, intellectual, social, and emotional development and needs” (see Figure 2, emphasis added). This quote indicates that the emotional component to teaching health and sex education is doubled when teaching students with special education needs; that there are more issues, more sensitivities, regarding the protection of students with special education needs. It suggests that their dignity and privacy are a significant concern in that they can be more affected than students without special education needs because they are assumed to not be physically, emotionally, intellectually capable of taking care of themselves and may not be able to understand the importance of what is being taught. Another way of looking at this portion of figure 2 could be as a warning to the educators, especially when it states that ‘these students’ “may be at greater risk of exploitation and abuse, and some may not have
experienced acknowledgement of their healthy sexuality or their right to enjoy their sexuality” (see Figure 2). The threat of exploitation does not seem to rest solely on the students, the educators need to understand how to handle themselves as well.

Some topics within the Healthy Living strand need to be approached with additional sensitivity, care, and awareness because of their personal nature and their connection to family values, religious beliefs, or other social or cultural norms. These topics can include but are not limited to human development and sexual health, mental health, body image, substance abuse, addictions, violence, harassment, child abuse, gender identity, sexual orientation, illness (including HIV/AIDS), and poverty. It is important that both teachers and learners have a comfort level with these topics so that information can be discussed openly, honestly, and in an atmosphere of mutual respect. 

Figure 5: Excerpt from “Strand C – Healthy Living” p.36 of the 2015 Ontario Grade 1-8 Health and Physical Education Curriculum

Figure 5 showcases the latter part of this category in which curriculum designers are forewarning the presence of what could be viewed as controversial content, the list of which consists of practically all aspects of the human development and sexual health curriculum. Figure 5 states that sensitivity and care need to be used because of the “personal nature and their connection to family values, religious beliefs, or other social or cultural norms” (see Figure 5). Indicating that that which will be taught either goes against “traditional teachings\textsuperscript{17}” or are topics that should not be taught or spoken about outside the family, or that they shouldn’t be talked about at all. The very nature of this disclaimer indicates that there is something to be feared and unnatural within the health curriculum and only feeds into the belief that it is improper to teach sexual/health content in schools.

Educating and taking individuals outside their comfort zones and getting whomever is being taught to “see things differently” is a core principle of social justice education (Boler, 1999); in relation to this, Megan Boler’s “pedagogy of discomfort” asks: “What do we—

\textsuperscript{17} Whatever that may look like.
educators and students—stand to gain by engaging in the discomforting process of questioning cherished beliefs and assumptions” (p. 176)? Conversing about uncomfortable subject matter is how we grow as individuals, regardless of whether one’s interests or ideals change, having an open and honest conversation about them is the first step. The last sentence in figure 5 states that it is “important that both teachers and learners have a comfort level with these topics so that information can be discussed openly, honestly, and in an atmosphere of mutual respect” (see Figure 5). What does it mean to be comfortable with “these topics,” as the curriculum puts it? Does comfort imply or include knowledge, experience, or familiarity (personal or academic) with the subject matter? Does comfort guarantee “an atmosphere of mutual respect”?

This quote provides both an ethical and practical conundrum in that it posits that the teachers (not to mention the students) are already comfortable (not necessarily knowledgeable) with the ‘controversial subject matter’ that is to be taught and that they are willing and capable to teach it. This pedagogy of comfort belittles what I believe the curriculum designers are attempting to do, which is to bring attention to and maybe even dispel the myths that health and sex education topics are controversial in nature. The process of including discussions around ‘controversial’ or ‘taboo’ subjects is an attempt to demystify them; to make them subjects that can be talked about without getting flustered or embarrassed. In other words, it is an attempt to make them more normal.

**Difference and Diversity.**

Viewed as the causation of stigma, discrimination, and stereotypes, the ‘Difference and Diversity’ category uses concept of difference and diversity to engage student appreciation to a ‘new normal’. Highlighting visible and invisible differences, the category encourages students to
see themselves as *different* but emphasises *uniqueness* and *equality* within that difference. This category can be found within all themes but is highlighted more often within the early year’s curriculum, and ties in closely with the *inclusion* and *furthering a cause* category. In an attempt to portray ‘difference as normal,’ curriculum designers have called upon “Sociological and political theories of difference [that] highlight dynamics of privilege” (Coleman-Fountain, 2016, p. 2), for “Contesting relations of privilege that frame differences in terms of deviance allows those differences to be reclaimed outside dominant accounts” (p. 3). The reclamation of one’s difference, it would seem, is being designed as a tool for (personal) power, for if no one is *truly* different, if no one was to care about the differences between people, then privileged (human) hierarchies, in theory, cannot exist.

Figure 6: Grade 3 example of “difference” p.124 of the 2015 Ontario Grade 1-8 Health and Physical Education Curriculum

Figure 6 is an example of how difference is highlighted within the 2015 H&PE curriculum: there are differences we can see (visible) and differences we cannot see (invisible). The specific expectation C3.3 indicates that those differences are what “make each person unique” and at the end of the first teacher prompt students are asked to “Give ... examples of
things that make each person unique” (see Figure 6) – the shifting of language from *different* too *unique* and back to *different* again point towards a deeper meaning than just to emphasise the individuality within all students. It suggests that the differences, while important to one’s individuality, no longer matter; that within the differences is a singularity, or a normality within difference. The first student response states: “we all...” and “we may...” and “we also...” The repeated use of the pronoun ‘we’ suggests a unification of all students, of all people, regardless of the difference that follows the “we.” ‘*We* may be different, but *we* are all the same’ it seems to say; not making an attempt to *erase* difference, but to blur the edges of it in an attempt to pacify the power of privileged differentiations.

In figure 7, the second teacher prompt exemplifies that in order to be “different” there has to be an expected “norm” when it asks “How can you show acceptance or understanding of students who may be different in some way – in shape and size, ability, background, family, or the way they do things – from others around them?” (see Figure 7). *Students who may be different in some way*, the possibilities are endless, but the immediate go to response in the
prompt is to single out visible disability. For this lesson to work, difference needs to be made object-like; thus, in this sense, disability can never be seen as the “norm” as it is always already in the process of being Othered.

Furthering a cause.

Usually directed towards ending or bringing attention too different ‘causes’ such as bullying, stigma (primarily attached to mental health), and stereotypes, the ‘Furthering a Cause’ category can be found within all themes and can be further viewed as an attempt to ‘stretch’ or ‘expand’ the concept of normality. Going one step further than difference and diversity, to further a cause one must first figure out what is wrong and what, if anything, needs and can be changed. Following along with many of the changes and additions to the 2015 curriculum, furthering a cause has to do with “eradicating” injustices that had otherwise been ignored or just not covered in past editions such as gender inequality, sexual orientations, and gender identity and expression.
Figure 8 begins the process of “eradicating injustices” through a discussion of assumptions about male and female gender roles, stating that assumptions like these are usually untrue, and they can be harmful. They can make people who do not fit into the expected norms feel confused or bad about themselves, damaging their self-concept, and they can cause people to discriminate against and exclude those who are seen as ‘different’. (see Figure 8)

However, the forced binary of male and female already sets a tone for what can be included. “Assumptions are often made about what is ‘normal’ or expected for males and females” (see
Figure 8, emphasis added), the statement is already positing a gendered assumption: that there is *nothing beyond* males and females. It goes on in the student response to say that

“Stereotypes are usually formed when we do not have enough information. We can get rid of a lot of stereotypes just by finding out more about people who seem different” (see Figure 8). There again we have that aspect of *difference*, not in a bad or negative way, just a statement that indicates that *difference* simply means an expansion of knowledge is required – they are not *actually different*, no different than you, they simply do things *differently*. Different in this case no longer means *odd or unusual*, it simply implies a lack of understanding or education on a particular subject matter; the student response continues: “We can understand people’s sexual orientations better, for example, by reading books that describe various types of families and relationships” (see Figure 8). The concept of *furthering a cause* does not have to be anything evocative or grandeur, according to this example, it simply just has to expand someone’s thinking beyond what is seen as ‘normal’; in other words, there must be a construction of a *new normal*, or an expanded normalcy that extends to all those that had otherwise been viewed as ‘outsiders,’ ‘strange,’ and ‘different’. Figure 9 further extends this issue and how it can be looked at, at the grade 12 level.
Figure 9 further illustrates this by asking students to “analyse the portrayal of different relationships in the media” – acknowledging that, although relationships do come in a variety of ways, there is often a biased or skewed ideal that follows them, especially that which is portrayed to the public. The student response highlights the ways that “different” relationships are often portrayed within the media, however the omissions of some types of relationships once again speaks volumes towards what is still valued and seen as “acceptable” in Western society. For example, there is no mention of non-monogamous or polyamorous relationships,
which could suggest that there is still a hierarchy on the types of relationships that are seen as “normal” and “appropriate,” at least for youth.

The second portion of figure 9 has the teacher asking “How can the media and popular culture play a positive role in challenging stereotypes and raising awareness of equity and social justice issues?” (see Figure 9) to which the student responds: by “portraying society more realistically and reflecting its diversity more accurately” (see Figure 9). What it doesn’t say is what this looks like; and it may not say what this looks like because there is no real answer. As unrealistic as TV and movie portrayals of couples may be, the alternative may just not make for good entertainment, as the first student response of figure 9 states:

Stereotypes and biases persist for several reasons, but one reason is that the mass entertainment media tend to reflect established attitudes rather than lead the way by changing attitudes. That may be because they are afraid of upsetting their audience or their sponsors. (see Figure 9)

So perhaps that question shouldn’t be “if portraying relationships as primarily heterosexual, as a single race, that are able-bodied, and highly sexualised women and ‘gay couples’ is not realistic or accurate, why is that what is being shown”? Perhaps the question should be “why are ‘realistic’ or ‘accurate’ couples not entertaining”? Although those are questions for another time, they do provide a purpose in regards to the category of *furthering a cause* in that it sets up for the last teacher prompt/student response:

*Teacher:* “How could you persuade media producers to change the way they portray relationships?”
**Student:** “I could use my influence as a consumer, by choosing not to buy, read, or listen to material that presents unrealistic and harmful messages. I could also write to the companies that produce such material to express my opinion. I could raise awareness within the school by having discussions, putting up posters, or giving presentations about media stereotyping and its harmful effects. To reach even more people, I could use blogs and social media to get my message online. (see Figure 9)

To *further a cause* in this case does take a bit more grandiosity than it did in figure 8 as the instructions are no longer aimed at just *one person*, but at a collective group of people; in this instance, entertainment companies and mass media organizations. Although there may not be a clear-cut picture of what ‘realistic’ couples look like, the fact that *something needs to change* is very apparent.

**Inclusion.**

The ‘Inclusion’ category has overlapping qualities with many others, but I felt that it deserved its own section because the concept is so heavily influenced throughout the entire 2015 curricula. Found throughout all themes except mental health (although there are aspects of inclusive type practices), the concept of inclusion has positive and negative aspects found within it. The ideal of inclusion is to make *all* individuals feel as if they belong and are recognised, however, it can sometimes come off as an afterthought or even an exceptionality to the ‘norm’. Continuing with the sociological and political theories of difference is the concept of *inclusion* and *sameness*. If being seen as different is no longer a mode for exclusion and segregation, then the movement towards *inclusion*, meaning that *everyone* is represented or involved in some way, is a logical next step. And while the desire to be ‘like everyone else’ is
something that most people want, at least at one point in their life, one should also ask how “seeking to be ‘like everybody else’ is shaped by a privileging of narrow ways of being” (Slater, 2015, p.120, as referenced by Coleman-Fountain, 2016, p.4). Coleman-Fountain’s (2016) article “Youthful Stories of Normality and Difference” analyses the “the gap between [the] politics of belonging and sociological and political theories of difference” and discusses “the theme of sameness (and its relationship to inclusion) which is at times framed as trapping people within singular modes of being, doing and belonging” (p. 4). His analysis is useful as I believe the same is happening in the 2015 H&PE documents, as they seem to be playing off of the notion that everybody, especially youth, just want to ‘fit in.’

In an environment based on the principles of inclusive education, all students, parents, caregivers, and other members of the school community – regardless of ancestry, culture, ethnicity, sex, physical or intellectual ability, race, religion, gender identity, sexual orientation, socio-economic status, or other factors – are welcomed, included, treated fairly, and respected. Diversity is valued, and all members of the school community feel safe, comfortable, and accepted. Every student is supported and inspired to succeed in a culture of high expectations for learning. In an inclusive education system, all students see themselves reflected in the curriculum, their physical surroundings, and the broader environment, so that they can feel engaged in and empowered by their learning experiences.

The implementation of antidiscrimination principles in education influences all aspects of school life. It promotes a school climate that encourages all students to work to high levels of achievement, affirms the worth of all students, and helps students strengthen their sense of identity and develop a positive self-image. It encourages staff and students alike to value and show respect for diversity in the school and the broader society. Antidiscrimination education promotes fairness, healthy relationships, and active, responsible citizenship.

Teachers can give students a variety of opportunities to learn about diversity and diverse perspectives. By drawing attention to the contributions of women, the perspectives of various ethnocultural, religious, and racial communities, and the beliefs and practices of First Nations, Métis, and Inuit peoples, teachers enable students from a wide range of backgrounds to see themselves reflected in the curriculum. It is essential that learning activities and materials used to support the curriculum reflect the diversity of Ontario society. In addition, teachers should differentiate instruction and assessment strategies to take into account the background and experiences, as well as the interests, aptitudes, and learning needs, of all students.

Figure 10: Except from “Equity and Inclusive Education in Health and Physical Education” p.67 of the 2015 Ontario Grade 1-8 Health and Physical Education Curriculum
Figure 10 demonstrates how the curriculum sets up the incentive to inclusive education, and can be found in all the newer Ontario curricula documents. The ideal that all individuals that enter the school, regardless of who they are\(^{18}\), are to be welcomed and supported is just that, an ideal. Not only is it something that would be impossible to enforce at all times, the curriculum doesn’t entirely support it, although they try. Case in point, the last paragraph in figure 10 states that

By drawing attention to the contributions of women, the perspectives of various ethnocultural, religious, and racial communities, and the beliefs and practices of First Nations, Métis, and Inuit peoples, teachers enable students from a wide range of backgrounds to see themselves reflected in the curriculum. (see Figure 10)

But not all degrees of people are being represented, as they have already left out two groups that, elsewhere, the curriculum designers have tried so hard to include: disabled and LGBT2SQ individuals. And while this may in part be related to the controversial nature that is assumed to surround ‘LGBT2SQ individuals,’ an assumption can also be made that the curriculum designers, at least on some level, do not believe that full integration is possible. Consequently, LGBT2SQ individuals may be welcomed into the school environment, and may even be represented in school paraphernalia, but there is no guarantee that that will come across in school content.

Which is in contrast to the way that figure 10 is written as it speaks in the present tense — “Diversity is valued, and all members of the school community feel safe, comfortable, and accepted” (see Figure 10, emphasis added). This mode of speaking is provocative as it not only

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\(^{18}\) Specifically: “regardless of ancestry, culture, ethnicity, sex, physical or intellectual ability, race, religion, gender identity, sexual orientation, socio-economic status, or other factors” (p.67)
suggests that these things will happen, but that they are happening. It is saying that this is the culture that the new H&PE curricula are stepping into, not that they are creating.

**C1.4** identify and explain factors that can affect an individual’s decisions about sexual activity (e.g., previous thinking about reasons to wait, including making a choice to delay sexual activity and establishing personal limits; perceived personal readiness; peer pressure; desire; curiosity; self-concept; awareness and acceptance of gender identity and sexual orientation; physical or cognitive disabilities and possible associated assumptions; legal concerns; awareness of health risks, including risk of STIs and blood-borne infections; concerns about risk of pregnancy; use of alcohol or drugs; personal or family values; religious beliefs; cultural teachings; access to information; media messages), and identify sources of support regarding sexual health (e.g., a health professional [doctor, nurse, public health practitioner], a community elder, a teacher, a religious leader, a parent or other trusted adult, a reputable website) [PS]

*Teacher prompt:* "How would thinking about your personal limits and making a personal plan influence decisions you may choose to make about sexual activity?"

*Student:* "Thinking in advance about what I value and what my personal limits are would help me to respond and make decisions that I felt comfortable with in different situations. I would be able to approach a situation with more confidence and stick to what I had planned. I would be less likely to be caught off guard and have to react without having thought through the options and possible consequences."

.......

*Teacher prompt:* "Why is it important to get information from a credible source before making a decision about being sexually active? Why is this important for all students – including those with physical or cognitive disabilities?"

*Students:* "Having more information – and information that you can trust – helps you make better decisions for yourself. Taking time to get more information also gives you more time to think. Teens who consult a health professional before being sexually active are more likely to use protection, such as condoms, if they choose to be sexually active. Teens with physical or cognitive disabilities still need information about sexual health, just like everybody else. They may be dealing with different issues, like adapting sexual health information to their particular needs, or with variations on the same issues, like privacy and self-image."

Figure 11: Grade 8 example of “inclusive” p.215-216 of the 2015 Ontario Grade 1-8 Health and Physical Education Curriculum

The specific expectation C1.4 seen in figure 11 asks to “identify and explain factors that can affect an individual’s decisions about sexual activity” and two possibilities the expectation provides are “awareness and acceptance of gender identity and sexual orientation; physical or cognitive disabilities and possible associated assumptions” (see Figure 11, emphasis in original). Specifying these as examples may suggest that not only are disability, sexual orientation and gender identity a hindrance to one’s ability to developing a positive self-concept, but it is a huge obstacle in regards to even thinking about having sex. This is significant because, more
often than not, when disabled individuals are mentioned within the curriculum it is when there are accommodations that may need to be made, they are being used as an example of what not to do, or when they intentionally try to include them. The second teacher prompt in figure 11 is an example of the latter; the very act of writing “— including those with physical or cognitive disabilities” comes from a good place. It comes from a mindset of creating an inclusive environment, a place of wanting to make sure that everyone is accounted for, but the very fact that you would need to make sure that disabled individuals are included, that you would need to even consider adding any particular group in at the end like an afterthought or an exceptionality, speaks to the level that the disabled community has been written as non-sexual in the first place.

Identity and Self-concept.

Seen in all themes except disability, the ‘Identity and Self-concept’ category often revolves around the discussions of sexual activity; in particular, knowing who you are and what you want in regards to a student’s level of readiness to engage in sexual activity. Using figure 11 as another example, the perception of needing to “have it all together” is a huge part of being able to identify if you are ready to engage in sexual activity, and part of that resolves around, not only knowing who you are in regards to your gender identity and sexual orientation, but needing to be one hundred percent sure about it. This is defined even further as it doesn’t just state that you should know or be comfortable with your sexual orientation or gender identity, but “awareness and acceptance of gender identity and sexual orientation” (see Figure 11) is or should be required before thinking about sexual activity with another person. However, it is important to understand that the point of these types of specific outcomes all come from a
place of wanting students to make the decision to delay sexual activity on their own, providing students with justifications for why it is okay not to have sex, as opposed to just telling them not to have sex.

Figure 12: Grade 8 example of “identity and self-concept” p.216 of the 2015 Ontario Grade 1-8 Health and Physical Education Curriculum

The development of one’s identity and self-concept is also closely related to how the curriculum designers regulated and justified the inclusion of LGBT2SQ issues. Figure 12 is an example that asks to

demonstrate an understanding of gender identity (e.g., male, female, two-spirited, transgender, transsexual, intersex), gender expression, and sexual orientation (e.g., heterosexual, gay, lesbian, bisexual), and identify factors that can help individuals of all
identities and orientations develop a positive self-concept.” (see Figure 12, emphasis in original)

Beyond the initial introduction to the specific expectation and the beginning of the teacher prompt, it is never actually said which types of gender or sexual identities are being spoken about. While the neutral language is not a bad thing, as it works with the inclusive atmosphere that the curriculum is trying to create, it is hard to imagine that a masculine presenting, heterosexual, cis-male would be their target audience for this particular outcome, especially when the teacher prompt goes on to say that

It is harder to develop a positive self-concept ... if the way a person feels or identifies does not meet perceived or real societal norms and expectations or is not what they want, or if they do not feel supported by their family, friends, school, or community.

(see Figure 12)

This is not to say that this young male may not need some help in regards to self-concept or identity development, or that there would be anything wrong or unusual if he did, but that the individuals that are at the heart of questions like this, the curriculum expectations “mode of address” would be anything other than a non-heterosexual or cisgender individual (Ellsworth, 1997). This is especially clueing when the teacher prompt finishes by asking: “What kind of support do people need to help them understand and accept their gender identity and sexual orientation?” and the response is: “Additional help can come from trusted adults, community organizations, and school support groups such as gay-straight alliances” (see Figure 12).
Summary
This research was conducted for the purpose of determining how and why LGBT2SQ and disabled students are used in Ontario’s 2015 H&PE curricula. A poststructuralist discourse analysis was conducted on selected passages for all seven categories in order to discover how hetero-cis-ableism was produced by or through these categories. Hetero-cis-ableism is produced through these seven categories through the very act of trying to “include”. What I mean by this, is that the use of “neutral” language, that being the lack of use of identifying markers such as gendered pronouns, constructs, rather than deconstructs, barriers that further segregate LGBT2SQ individuals from their non-LGBT2SQ classmates. The way I understood the decision to exclude all identity markers throughout the H&PE documents was an attempt to incorporate all students, regardless of gender identity, sexual orientation, ability, ethnicity, race, religion, class, etc., so that all students would feel as though they are a part of and reflected in the curriculum (Ontario's Ministry of Education, 2015, p. 67), and the best way the curriculum designers thought to do this was to remove all signifiers that could point to one or another unless it was deemed necessary and/or appropriate. Unfortunately, I believe this may have had the opposite effect then was wanted: for by not stating outright that LGBT2SQ individuals exist (in any capacity other than suffering or the construction of “families”) diminishes who LGBT2SQ individuals can be. The exclusion of identifying markers may create the appearance or illusion of inclusion, but it does not create an inclusive environment.

Although produced to create a better environment for marginalised people, specifically those that are gender or sexual minorities and/or disabled, these seven categories showcase how well intentioned attempts at inclusion are often a reflection of political intervention more so than
they are for the “betterment” of society. For by using minority status purely as the site of examples within the curriculum, only encourages the readers to think of them as other than.

The following chapter deals with the data resulting from said discourse analysis in regards to the use of LGBT2SQ and disabled students in Ontario’s H&PE curricula.
Discussion

This research was conducted to evaluate Ontario’s 2015 H&PE curricula to discover how and why LGBT2SQ and disabled individuals were used therein. To do this, I began by asking “how does hetero-cis-ableism operate in the Ontario H&PE curricula to construct idealised versions of gender and sexual differences while erasing those that are less valuable?” From there I conducted a poststructuralist discourse analysis on passages from both the early/middle and secondary grades curricula that dealt directly with instances of either gender and sexual minorities and/or disability. The following is a discussion of those results.

Through my analysis of the selected passages, and my readings of the “health” portions of the documents, I feel I can say with certainty that although the new Ontario H&PE curricula are a vast improvement to that which came before, I cannot say that it is in any way a ‘radical’ move on the part of the curriculum designers. The changes and additions, as well intentioned as they may have been, do nothing more than expand the language to fit within our current decade, which in turn allows the content to come across as more ‘inclusive.’ To become inclusive suggests that something needs to change, or it at least needs to make the appearance of change. So what, if anything, has changed in regards to the health and sexual education curriculum in Ontario? For anyone that has viewed the previous H&PE documents, my argument that not much has changed may be difficult to comprehend, as there are numerous stark differences between them, length and overall format being two of the most notable. However, what hasn’t changed is the prime purpose of the documents: to ready Ontario youths for life in the ‘real world.’ The Ontario H&PE curriculum needed to be updated because most of the content was no longer relevant and/or had no bearing to the world as it is known now. The
fact that the curriculum designers made additions to include LGBT2SQ identities into the
documents, stating that the addition was to make sure that youths felt safe and that they
belong and are an important part of the school environment, has more to do with diversifying
capitalist idealisms in that by including those that were once ignored (LGBT2SQ, racialized,
disabled, indigenous, etc.), governmental and commercial bodies have more leverage towards
‘acceptable’ exploitation in the name of societal contribution.

Equity and inclusive practices are a big part of the 2015 H&PE curricula, and all other
recently revised documents, because of the implementation of the Ontario Equity and Inclusive
Education strategy which

focuses on respecting diversity, promoting inclusive education, and identifying and
eliminating discriminatory biases, systemic barriers, and power dynamics that limit the
ability of students to learn, grow, and contribute to society. (Ontario's Ministry of
Education, 2015, p. 67)

This strategy, which was initiated in 2008 was to advance Ontario's Ministry of Education’s
“three core priorities” which were to improve “student achievement, reducing achievement
gaps, and increasing public confidence in our education system” (Ontario's Ministry of
Education, 2009, p. 10). As part of that mission, antidiscrimination education was integrated
into all revised curriculum documents as well as the

Safe Schools strategy [that] will help ensure that issues such as gender-based violence,
homophobia, sexual harassment, and inappropriate sexual behaviour are discussed and
addressed in [Ontario] schools and classrooms. (p. 15)
In 2012, Bill 13, also known as the Accepting Schools Act and the Anti-bullying bill, was passed into law to amend the (Ontario) Education Act with respect to bullying and other matters. Although the focus of the amendment is on preventing all bullying-type behaviours, this amendment was procured at a time of heightened public awareness of what became known as the “gay teen suicide epidemic” in late 2010 (McMinn, 2012). As such, a particular interest is paid to anti-bullying initiatives towards “gender-based violence and incidents based on homophobia, transphobia or biphobia” (Legislative Assembly of Ontario, 2012). Bill 13 also made it impossible for schools to refuse students who wanted to start a gay-straight alliance (GSA), which are “school-based groups that act as a safe haven for any student (or faculty/staff member) who does not conform to traditional notions of sexuality (i.e. heterosexuality) or gender identity/expression (i.e. cisgender/gender-conformist)” (McMinn, 2012, p. 6). LGBT2SQ youth, although not necessarily the prescribed demographic, reserve much of the focus of this bill and as such, I believe were the catalyst towards many of the changes that developed from the interim 2010 H&PE curriculum to the documents that were released in 2015.

Thus, the introduction of LGBT2SQ individuals in the 2015 H&PE curriculum created the required space to capitalise on neoliberal inclusive practices, and promoted Ontario schools as ‘inclusive’ and ‘safe spaces’ for everyone. This is also true in regards to the increased visibility of disabled individuals within the 2015 H&PE curriculum; for the institutionalisation of ‘ablenuationalism,’ which is the “use of disability by nations and multinational corporate/charity industries as a basis for promoting American [and Canadian] exceptionalism abroad” (Mitchell & Snyder, 2015, pp. 35-36), much like ‘pinkwashing,’ encourages the use of diversity and inclusion to further promote governmental tolerance. Inclusive practices, or inclusionism, are
often vailed attempts at circumventing previous injustices that are deemed ‘inappropriate’ in to-day’s terms. Mitchell and Snyder (2015) state that the rights-based models of inclusionism ... [takes] the integration of impaired [or queer] bodies (either through the granting of formerly withheld civic rights and/or prosthetic supplementation) as the foundational marker of inclusionism's critical accomplishment. The hope spurred by these misleading representational tactics signify the long overdue historical address of devalued embodiments pinning for love by nation states in which their lives have been excessively circumscribed, excluded, abused, neglected, as well as socially and materially eviscerated. (p. 36)

Thus, the (conscious or subconscious) use of hetero-cis-ableism has allowed curriculum designers to utilise Western societies growing ‘awareness’ and ‘acceptance’ of LGBT2SQ individuals in this way to further neoliberal beliefs by expanding the concept of what is considered ‘normal’ under the guise of ‘inclusive practices’. Although a controversial engagement between some LGBT2SQ and queer identified individuals, the concept of normality and sameness have been a large part of the gay (and lesbian) rights movement, especially in regards to marriage equality. The insistence that lesbian and gay people are “just like you,” meaning that they want the same things that any other (heterosexual) couple: to fall in love, get married, and have a family, has been the prime argument for generations of gay (and disability) rights movements. Although these objectives have not been explicitly stated in previous (1998/99/2000) or current (2010/15) versions of the H&PE curriculum, the essence of that objective is still there, as that objective is the foundation of health and sex education. Thus, those family values still drive how and why we view something as ‘normal.’
As was showcased in many of the figures provided in the previous section, the specific/overall expectations and teacher prompts/student responses have been designed to construct this idea of a ‘new normal’ that creates a larger space for those that had previously been indicted as ‘abnormal.’ For example, Figure 8 brings about issues surrounding the construction of assumptions and stereotypes and how that influences what is or isn’t viewed as ‘normal,’ especially for ‘males’ and ‘females.’ The teacher prompt states that:

Assumptions about different sexual orientations or about people with learning disabilities or mental illness or about people from other cultures are harmful in similar ways. Everyone needs to feel accepted in school and in the community. Why do you think these stereotyped assumptions occur? What can be done to change or challenge them? (see Figure 8)

The conversation isn’t exactly mapping out a way to eradicate difference or even assumptive thinking, it’s trying to create a new way of thinking about difference. This isn’t such a bad thing – it is turning difference into a positive aspect of one’s individuality. The concern is that not all types of difference are being highlighted as good or positive. If we continue to use Figure 8 as a reference, the student answers:

We can get rid of a lot of stereotypes just by finding out more about people who seem different. By being open-minded, observing and listening, asking questions, getting more information, and considering different perspectives, we can work to change stereotypes. We can understand people’s sexual orientations better, for example, by reading books that describe various types of families and relationships. (see Figure 8)
Although a great suggestion, we are once again left with the question of who would be visible in the books about difference? Although this prompt is for grade six, the student suggests that “by reading books that describe various types of families and relationships” (see Figure 8) we can further understand sexual orientation. When talking about books about ‘different’ kinds of families, I imagine picture books for students in younger grades, and if we were to look at LGBT2SQ themed picture books, most do surround the idea of a “happy family” that (usually) include two parents and child(ren). The same can be said for most young adult novels with LGBT2SQ themes; if they are not about the perils and (almost always) subsequent joys of “coming out” – the process of telling people that you are not straight/cisgender – then they follow a love story, where, in the end, the protagonist may not get the boy/girl (re: singular), but, more often than not, they find themselves along the way\(^{19}\). The goal in these types of books is to create a sense of ‘normality’ in being gay; that it is \textit{okay to be gay/lesbian/transgender}. There is an air of safety in the words, a familiarity that does its best to mimic similar stories revolving heterosexual/cisgender people, while at the same time representing themselves as wholly \textit{different}. The books create a need to be \textit{like everyone else} in that they highlight what mainstream attitudes think everyone wants: to belong, to have a sense of self, and to find love and spend the rest of your life with that \textit{one person}.

This aspect of \textit{difference} is occurring within school systems because, not only are people coming out at younger and younger ages, LGBT2SQ families are becoming more prominent, which is forcing school communities to change and become (or at least appear) more inclusive

\(^{19}\) See Appendix B for a list of titles.
and understanding. The use of neutral language throughout the 2015 H&PE curricula, I have argued, is an attempt at inclusivity on the part of the curriculum designers. The intent being that, by not acknowledging anyone they are including everyone. There are multiple examples throughout the curriculum, but using Figure 12 it is seen that the curriculum designers did their best to be inclusive in regards to incorporating ‘diversity’ with respect to gender and sexual identity, while maintaining as neutral language as possible when it asks to

- demonstrate an understanding of gender identity (e.g., male, female, two-spirited, transgender, transsexual, intersex), gender expression, and sexual orientation (e.g., heterosexual, gay, lesbian, bisexual), and identify factors that can help individuals of all identities and orientations develop a positive self-concept. (see Figure 12, emphasis in original)

However, as was mentioned in the previous section, “demonstrating an understand of gender identity … gender expression … and sexual orientation” is one thing, as the (neutral) language suggests an open conversation about all identities20, but the suggestion that is paired with the teacher prompt asking “What kind of support do people need to help them understand and accept their gender identity and sexual orientation?” and the student response is

- Having role models that you can relate to – for example, people of similar ages or cultures – is important. So is having all gender identities and sexual orientations portrayed positively in the media, in literature, and in materials we use at school. Family, school, and community support are crucial. Additional help can come from trusted

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20 It also suggests a favouritism towards traditionally ‘normative’ identities as both of the examples start with the most ‘normative’ of identities, male/female and heterosexuality.
adults, community organizations, and school support groups such as gay-straight alliances” (see Figure 12, emphasis added)

Whether intended or not, the way in which the teacher prompt and student response are worded sets a very specific picture as to who the curriculum is talking to. The use of neutrality within this specific expectation seems to be an attempt at inclusive practices towards LGBT2SQ students while at the same time keeping it “open” for all students so as not to appear exclusionary or as if they are singling out any one “type” of person; however, the failing, especially in this example, is that it is obvious who they are trying to (not) talk about.

In trying (not) to talk about any one kind of person, the curriculum designers may be (in)advertently signalling out who they believe LGBT2SQ people to be, in that, for the most part, the inclusion of LGBT2SQ people within the 2015 H&PE curriculum has been restricted to specific ideologies – that of someone who is struggling/suffering with their non-normative (non-heterosexual/cisgender) identity and in turn is in need of constant support from outside sources, and as an architype of how (non-LGBT2SQ) youth can try to ‘change the world’ by making it more ‘tolerant’ and ‘inclusive’ (see Figure 12). Both forms of ideologies have a direct impact on a person’s sense of self: it describes one as in need of saving, and one that is the saviour. But it may be possible to use this as a way into a queer or crip classroom pedagogy, for, if “there is something significantly disruptive about … educational practices that some … want to silence” (Kumashiro, 2003, p. 366), then perhaps a discussion surrounding how LGBT2SQ and disabled individuals are used within classroom/school spaces can be the beginning.
Recommendations and Limitations of Study

The information obtained from my discourse analysis of Ontario’s 2015 H&PE curricula has provided valuable insight towards how and why LGBT2SQ and disabled individuals have been used within the updated documents. My aim was not to dismiss the efforts that went into the construction of the 2015 H&PE documents, but to evaluate how and why certain (minority) groups have been used, and subsequently abused, while attempting to be respectful and ‘inclusive’ to all people. Because my research was designed to rely entirely on premade documents and was not intended to include input from working teachers, administrators, curriculum designers, or students, this study relies heavily on theoretical interpretations and my own observations based on my knowledge of the subject, as well as my own experience with health and sex education as a student, an educator, and as a Queer identified individual.

If this study were to be taken up again, by myself or another researcher, it would benefit greatly by being able to witness how this curriculum is being implemented into school classrooms across all grade levels. This could be done in a multitude of ways, such as through survey data (from teachers, administrators, and students of various grade levels), field observation of lessons as they are taught, or by obtaining teacher or administrative designed lesson plans, which, ideally, would have been already been taught within the classroom. A combination of all three forms of data discovery would be even more advantageous. It would also be interesting to create workshops or focus groups of students, teachers/administrators, curriculum designers to try and implement some more queer/crip ideologies regarding the visibility of LGBT2SQ and disabled people within the 2015 H&PE curriculum.
**Conclusion**
The intent of my research inquiry has been to explore the 2015 Ontario H&PE curriculum in relation to how hetero-cis-ableism and neoliberalism are tied to the production of “good” LGBT2SQ and disabled people and the expulsion of “bad” queers and crips. The data gathered from this research indicates that, through what I am assuming were (primarily) positive intentions, curriculum designers have created a curriculum that outlines who and what (LGBT2SQ and disabled) people need to be. The updated material in the 2015 H&PE documents highlight how diversified Canadian culture contends itself to be, but it also mimics the narrowed view of neoliberal mentality. Individuality is highlighted, and being ‘normal’ no longer means being ‘the same as everyone else’. Normality is relative, it is diverse, and almost undefinable. And yet it is defined, if not in words then in actions and representations that exist in our everyday world. The implementation of a queer or crip pedagogy is no simple task, but perhaps now with the inclusion of LGBT2SQ people in the 2015 H&PE curriculum, troubling this ideology may become a possibility.
References

alqaws. (2013, 01 02). *From Pinkwashing to Pinkwatching*. Retrieved from alqaws:

http://alqaws.org/news/From-Pinkwashing-to-Pinkwatching


http://www.thenewcivilrightsmovement.com/septembers-anti-gay-bullying-suicides-there-were-a-lot-more-than-5/discrimination/2010/10/01/13297


http://www.cic.gc.ca/english/multiculturalism/citizenship.asp


Fisher, C. M. (2009). Queer Youth Experiences with Abstinence-Only-Until-Marriage Sexuality Education: “I can't get married so where does that leave me?”. *Journal of LGBT Youth, 6*(1), 61-79.


Inclusive Education. (n.d.). *What is Inclusive Education?* Retrieved 12 01, 2015, from Inclusive Education: http://inclusiveeducation.ca/about/what-is-ie/


Institute for Canadian Values. (n.d.). *All parents should have say in sex-ed changes: PCs.* Retrieved November 2015, from Institute for Canadian Values: http://canadianvalues.ca/ICV/stopcorruptingchildren/#!prettyPhoto


http://www.jadaliyya.com/pages/index/6774/pinkwatching-and-pinkwashing_interpenetration-and


The University of Texas Medical Branch Newsroom. (2014, October 6). *Teen hormones and cellphones.* Retrieved October 22, 2016, from The University of Texas Medical Branch Newsroom: https://www.utmb.edu/newsroom/article9957.aspx


Appendix A - List of School Board Guides for Transgender and Gender-variant Students and Staff

Ontario School Boards:

1. Trillium Lakehead District School Board
   a. “Creating a Positive Space: Supporting our Transgender Students” (2015-2016)

2. Toronto District School Board
   a. “TDSB Guidelines for the Accommodation of Transgender and Gender Non-Conforming Students and Staff” (2011)
      i. [http://www.tdsb.on.ca/Portals/0/AboutUs/Innovation/docs/tdsb%20transgender%20accommodation%20FINAL_1_.pdf](http://www.tdsb.on.ca/Portals/0/AboutUs/Innovation/docs/tdsb%20transgender%20accommodation%20FINAL_1_.pdf)

3. Simcoe County District School Board
      i. [https://www.scdsb.on.ca/AboutUs/AboutUs%20Documents/Equity_Inclusive_TransStudents.pdf](https://www.scdsb.on.ca/AboutUs/AboutUs%20Documents/Equity_Inclusive_TransStudents.pdf)

4. Thames Valley District School Board
   a. “TVDSB Guidelines for the Accommodation of Gender Diverse and Trans Students & Staff” (2013)

5. Durham District School Board
a. “Supporting our Transgender Students” (2012)

6. Ottawa-Carlton District School Board
   a. “Gender Identity and Gender Expression: Guide to Support our Students” (2016)

Canadian Teacher Federation:
Appendix B – LGBT2SQ Literature

LGBT2SQ Themed Picture Books about Families

- Heather Has Two Mommies. Written by Lesléa Newman, illus. by Laura Cornell. 2015. 32p. Candlewick. 3-7 yrs.
- Stella Brings the Family. Written by Miriam Schiffer; illus. by Holly Clifton-Brown. 2015. 36p. Chronicle. 3-7 yrs.
- Zak’s Safari. Written by Christy Tyner; illus. by Ciaee. 2014. 38p. CreateSpace Independent Publishing Platform. 3-7 yrs.
- In Our Mothers’ House. Written and illus. by Patricia Polacco. 2009. 48p. Philomel Books. 3-7 yrs.
- King and King. Written and illus. by Linda De Haan and Stern Nijland. 2003. 32p. Tricycle Press. 6-yrs and up.
- King and King and Family. Written and illus. by Linda De Haan and Stern Nijland. 2004. 32p. Tricycle Press. 6-yrs and up.
• All Families Are Special. Written by Norma Simon; illus. by Teresa Flavin. 2003. 32p. Albert Whitman & Company. 4-8yrs.

• A Tale of Two Daddies. Written by Vanita Oelschlager; illus. by Kristin Blackwood and Mike Blanc. 2010. 42p. Vanita Books. 4-8yrs.

• A Tale of Two Mommies. Written by Vanita Oelschlager; illus. by Mike Blanc. 2011. 40p. Vanita Books. 4-8yrs.

• And Tango Makes Three. Written by Peter Parnell and Justin Richardson; illus. by Henry Cole. 2005. 32p. Little Simon. 3-7yrs.


LGBT2SQ Themed YA Novels


• Simon vs. the Homo Sapiens Agenda. Written by Becky Albertalli. 2015. 320p. Balzer + Bray. Grade 8-up.


• More Happy Than Not. Written by Adam Silvera. 2015. 304p. Soho Teen. Grade 9-up.


• Kissing Kate. Written by Lauren Myracle. 2007. 208p. Speak. Grade 7-up.
• The God Box. Written by Alex Sanchez. 2007. 272p. Simon & Schuster Books for Young Readers. Grade 7-up.
• Insert Title Here. Written by T.M. Opperman. 2014. 252p. CreateSpace Independent Publishing Platform. Grade 9-up.