

The Borders of Sexuality: Immigration Policy and Sexual Education in Canada

by

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Abstract

Comprehensive sexual education (CSE) is defined by the United Nations Educational, Scientific, and Cultural Organization as “a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality” (2018, p. 16). Given the social and cultural aspects of sexual education, my research posits that newcomer access to comprehensive sexual education could be crucial to settlement and inclusion processes in Canada. Thus, my research asks: where does immigration and settlement policy intersect with sexual education policy in Canada? How does newcomer and immigrant community access to sexual education impact immigration and settlement processes?

To investigate the ways in which the policy areas of immigration and settlement and sexual education overlap, I examine how sexual education is delivered in Edmonton, Alberta, a city that has one of the most robust and multifaceted settlement frameworks in Canada. A key data source for this research includes interviews with settlement workers and others who administer social integration programming, to assess whether or not they think sexual education is integral to settlement and integration, what barriers might exist in providing these services, and relationships between organizations who work in these fields. Before engaging with interview findings, however, this thesis will first provide several contextual chapters. This includes discussion of how access to sexual education and sexual health for newcomers and immigrant communities are part of the landscapes of biopolitics and sexual citizenship in Canada, the multijurisdictional nature of immigration and settlement policy, the terrain of sexual education policy in Canada, and the capacity of comprehensive sexual education to engage in anti-racist approaches.

This thesis establishes that sexual education does in fact overlap with immigration and settlement policy, as norms around sex and gender are woven into the immigration process. Although issues related to sexual education do arise in a settlement context, there are both structural and cultural barriers that hinder a more fulsome engagement with sexual education in the services and programs provided by settlement agencies. However, these barriers have been challenged by service providers with strategies that emphasize integrative and relational approaches to sexual education with clients, as well as framing sexual educational content around individual and family wellness. These strategies relate to approaches outlined by UNESCO for effective implementation of CSE, suggesting that settlement work can be conducive to CSE.

This thesis also identifies key service gaps in the provision of settlement services at large, and thus sexual education in this context. The research also highlights service gaps from organizations invested in the implementation of CSE in serving newcomer and immigrant communities. The research culminates in recommendations to address these gaps and further areas of research to be pursued.

Preface

This thesis is an original work by Iliana Turner. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “The Borders of Sexuality: Immigration Policy and Sexual Education in Canada,” No. Pro00105006, January 19, 2021.

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Introduction

Introduction

Sexual education goes well beyond safe sex practices and risk prevention; it educates about the sexual norms of the society in which newcomers will be living. The United Nations Educational, Scientific, and Cultural Organization (UNESCO) defines comprehensive sexual education as “a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality” (2018, p. 16). My research thus starts from the notion that newcomer access to comprehensive sexual information could be crucial to their inclusion in Canadian society. Hence, my research asks: where does immigration and settlement policy intersect with sexual education policy in Canada? How does newcomer and immigrant community access to sexual education impact immigration and settlement processes?

Sexual norms permeate both political discourse and immigration policy. Scholars of sexual citizenship in Canada have highlighted that consummation remains a central criterion in determining the “genuine marriages” that qualify for family sponsorship of a spouse or partner (Challborn & Harder, 2019). This demonstrates that there are sexual and gendered norms in expectations around marital intimacy embedded in immigration policy (Gaucher, 2018). Further, spousal sponsorships are assessed for their “genuineness” based on their ability to meet norms around intercultural relationships, age differences, and sexual orientation (Gaucher, 2018). Even though cultural difference is supposed to be considered when assessing applications, scholars have found that the process of assessing applications serves to position applicants as the racialized “other,” in comparison to white, heteronormative, nuclear families in Canada (Challborn & Harder, 2019; Satzewich, 2015). This is also demonstrated in the *Zero Tolerance*

for Barbaric Cultural Practices Act (2015), which was motivated in part due to a perceived crisis in culturally sanctioned violence against women and girls in the form of polygamy, child marriages, and honour killings (Powers, 2015). Additionally, discourse around the implementation of an “anti-Canadian values test” for immigrants, including intolerance towards LGBTQ+ people and misogynistic behavior, surfaced in the 2016 Conservative Party leadership race (Wherry, 2016), and in the platform of the People’s Party in the 2019 General Election (Potter, 2019). These “values” signal that there are norms around gender and sexuality that immigrants in Canada are expected to follow. Although these policies and discourses have been consistently challenged, they remain embedded in immigration law or continue to re-emerge in political discourse.

Though immigrant inclusion in Canada has been considered in the context of job skills (Creese & Wiebe, 2012), language learning (Derwing & Waugh, 2012), and economic access (Fuller, 2011; Brickner & Straehle, 2017), access to sexual education has not been considered as a factor in facilitating participation in society. This indicates a gap in understanding how newcomers are able or unable to participate in Canadian society. Further, it suggests that more focus has been paid to the ways in which newcomers and immigrant communities can be productive in society, rather than assessing the ways in which newcomers and immigrant communities facilitate processes of belonging. An additional aspect of newcomer participation that is relevant to this research, is that under the “Canadian Model” of immigrant settlement service delivery, non-governmental organizations (NGOs) and non-profit organizations are funded by various levels of government to facilitate inclusion through integration programs and services (Richmond & Shields, 2005). NGO’s and non-profits are vital in determining what kinds of settlement services are essential for immigrants, and how they are delivered.

Immigration is thus a multi-jurisdictional policy area in which, as we will see, municipalities have played an increasingly important role (Tolley & Young, 2011).

Methodology

To determine the ways in which the policy areas of immigration and settlement and sexual education overlap, I examine how sexual education is delivered in Edmonton, Alberta, a city that has one of the most robust and multifaceted settlement frameworks in Canada. It is also one of the only cities that has both settlement agencies with social integration programming, and organizations that have sexual education programming for newcomers and immigrant communities. A key data source for this research included interviews with settlement workers and others who administer these programs, to assess whether or not they think sexual education is integral to settlement and integration, what barriers might exist in providing these services, and the relationship between the organizations.

Before turning to my interview findings, however, my thesis will first provide several contextual chapters in order to set up the analysis. The first chapter provides the theoretical groundwork for understanding how access to sexual education and sexual health for newcomers and immigrant communities are part of the landscapes of biopolitics, sexual citizenship, and the borders of belonging in Canada. Chapters two and three outline the multijurisdictional nature of immigration and settlement policy and the landscape of sexual education policy in Canada. The fourth chapter situates these two policy areas in the context of Edmonton. The final chapter analyzes interviews that were held with people from organizations that work with newcomers and immigrant communities in Edmonton. These findings include identifying barriers to providing sexual education programming, policy gaps in this area, and strategies to overcome

them. To conclude the thesis, I provide a list of recommendations for best practices and policy changes needed to move toward better meeting the sexual educational needs of newcomers and immigrant communities. I also discuss further areas of research.

Interviews

I conducted semi-structured virtual interviews with six different people from organizations that work with newcomers and immigrant communities in Edmonton. Interviews were held over a period of 5 months, from February to June 2021. Potential participants were identified through contact information provided on each organization's website and approached through an initial letter. I was often referred to someone's colleague or to a different organization. Snowball sampling was then used to identify the most appropriate, or most interested, participants in the research. In some cases, this referral included an e-introduction and in others I was simply referred to people doing work that was more relevant to my research than their own.

An interview guide was developed at the beginning of the research process, and was provided to participants before the scheduled interview (see appendix). As previously mentioned, interview questions were primarily concerned with where, when, and how issues of sexual education came up in their work, their capacity to handle these conversations if they did, and the practice of referral and relationships with other organizations. Interview questions also addressed barriers to discussing sexual education or providing sexual education programming, and possible solutions or best practices to overcome them.

Of the participants, there were three settlement counsellors from two different settlement agencies (identified as SC 1, SC 2, and SC 3), and two people from other organizations that work with newcomers and immigrant communities on issues related to sexual education and sexual

health. One of these interviewees works as a consent educator (identified as ED), and the other in multicultural healthcare and community development (identified as HC). The last participant is a researcher for an organization that focuses on issues of race and culture (identified as RE). This means that five out of the six interviewees work in public-facing roles as service providers, while the other works with the public in the production of research.

Limitations

This research has several limitations in terms of the interview data. Firstly, this is a small sample size. Over thirty people were initially contacted as potential participants, with various types of responses. Firstly, there were the people who were immediately willing to participate, including three of the six participants. Then, there were the people who did not feel their work was sufficiently relevant to my research, and who subsequently suggested an alternative contact. This was the case for one participant. The remaining two interview participants were identified through general contact information for the organization and were forwarded my initial letter by their administrative services team. Lastly, there were many people who did not respond, even after a follow-up request.

I think there are several reasons for the lack of uptake for this research. The people contacted as potential participants were all likely to be busy with their regular responsibilities, an assumption I draw from the research presented in chapter two and three regarding the high demands of work in these fields. I had expected that the initial contact letter would often get lost in the flood of emails in people's inboxes. I attempted to counter this by following up, to remind people who may be interested, but had perhaps lost track of the initial contact letter. Secondly, many potential participants seemed to have certain assumptions about the research based on the

initial contact letter, which made them think their work, or their organization, was not relevant to the research. For instance, the initial contact letter refers specifically to the role of sexual education in integration processes for newcomers, which several people took to mean I was specifically interested in LGBTQ+ newcomers. There did not appear to be a general sense that issues related to sexual education were woven into immigration and settlement policies, as will be discussed more in chapters one and five. Thus, the participants for this research self-selected, based on the fact that they did consider sexual education to be relevant to their work, and wanted more attention to be paid to this issue.

However, this small sample size does mean that there are some key organizations missing from this research. In particular, I was unable to secure interviews with representatives of organizations that offer sexual education programming and services for newcomers and immigrant communities. However, these organizations did come up in the interviews I was able to conduct, discussed more in chapter five. Additionally, the infrastructure of policies, organizations, and services relating to immigration and settlement policy and sexual education policy in Edmonton are outlined in detail in chapter four. Despite the small sample size, I was still able to identify major themes, best practices, and key policy gaps within settlement processes in Edmonton that if addressed could facilitate improved access to sexual education for newcomers.

There are also limitations for this research in terms of scope. Most notably, this research does not involve speaking with newcomers and immigrant community members directly. There are a few reasons for this. Primarily, for this research, I am focused on how the three levels of government interact with local non-governmental and non-profit organizations in these policy areas. Therefore, this research is concerned with the experiences of service providers, at an

organizational level, in how they have encountered sexual education in their work, rather than the experiences of newcomers and immigrant community members as clients accessing these services. Future research will need to include the perspectives of newcomers and immigrant community members in order to properly address their needs in terms of access to sexual education services that work for them, which is addressed further in the conclusion.

This approach also made the most sense to me as a researcher, given my positionality and the capacity of this project. I was not sure how willing people would be to talk about their experiences with issues related to sexual education, especially considering my positionality as a white, queer, non-immigrant settler. I also did not have any contacts or pre-existing relationships that could help me connect with potential participants in Edmonton. Thus, I lack a significant level of insider research knowledge that I felt could impact the success of a project focusing on the client perspective. Within the capacity of this project, it made more sense to reach out to potential participants to discuss the research from their professional experience. Further, this research scope was partly informed by my experiences growing up volunteering in settlement agencies, where my mother worked as a manager of settlement services for a significant portion of my youth. Thus, I felt much more familiar with the structure of settlement agencies, and better positioned to take on the research topic from an organizational standpoint.

Research Assumptions

It is also necessary to address some of the assumptions inherent to this research. Firstly, this research does not assume that newcomers and immigrant communities are ignorant of issues related to sexual education. In fact, assumed ignorance of issues like gender equality and LGBTQ+ rights function to perpetuate colonial and homonationalist dynamics, wherein Canada

is positioned as a liberal utopia in comparison to the intolerant “developing world,” discussed more in chapter one. Rather, this research understands that sexuality, and all practices and behaviours associated with it, are contextual (this discussed more in chapter three). Therefore, it is important to ensure that those living in a new context have access to education that outlines the norms and understandings of their new surroundings. Highlighting the lack of attention and resources paid to this issue serves to demonstrate that what governments value in terms of integration and inclusion, is productivity rather than social belonging. In chapter three I also discuss the state of sexual education in Canada, and Alberta more specifically. Here I argue that a significant portion of the Canadian population lacks adequate sexual education, evident from the lack of policy attention paid to this area. This means that researching the potential of sexual education to better prepare newcomers and immigrant communities for life in Canada is not motivated by the idea of assimilating people into an existing society that values sexual education broadly. Instead, this research aims to identify where the policy areas of immigration and settlement and sexual education overlap for organizations that provide services for newcomers and immigrant communities, to find potential barriers and strategies to overcome them.

Chapter One: Biopolitics & Sexual Citizenship in Canada

Introduction

This first chapter lays the theoretical groundwork for understanding how access to sexual education and sexual health care for newcomers are part of the landscape of biopolitics, sexual citizenship, and the borders of belonging in Canada. Discussions of hierarchies of sexuality, and spousal sponsorship and sexual minority refugee claims will help unpack the distribution of care and knowledge of sexual health, and what that tells us about the borders of life in Canada.

To begin this process, I will turn to two examples that help map out this landscape as it operates in Canada. One example follows the experience of a gay Cree man navigating the healthcare system, and another is a major campaign from a prominent sexual health and rights organization in Canada. These examples will help us better understand the foundations of these structures, and how they can be applied to newcomers and immigrant communities.

Biopolitics, Sexual Citizenship, & Sexual Education

Billy-Ray Belcourt is a writer and scholar from the Driftpile Cree Nation. His writing focuses on queer utopia and Indigenous futurity, which includes what happens after the end of “Canada,” as a settler state, a nation, an idea. In the chapter titled “Loneliness in the Age of Grindr,” from his memoir in essays *A History of My Brief Body* (2020), he discusses a situation in which someone he had sex with put him at risk for exposure to a sexually transmitted infection (STI) (p. 80). In the aftermath, Belcourt ended up at an STI clinic, where he was then shuffled to the emergency room, and then back to another STI clinic (p. 81-83). While navigating the crisis of possibly contracting an STI like HIV, which has marked and stigmatized the gay community for decades,

he was also navigating the “enemy territory” of hospitals and the health care system as an Indigenous person,

hospitals have always been enemy territory. My body, too brown to be innocent, enflames the nurses’ racialized curiosities. For them, there’s always the possibility that my pain is illusory, dreamt up in order to get my next fix. Or maybe I just want somewhere warm to sleep because the world is too hard on an NDN like me (p. 80).

Being shuffled from clinic to clinic was the result of nurses and doctors being ignorant of post-exposure prophylaxes, or PEP¹, and Belcourt encountering barriers in the healthcare system to accessing his treatment. In reflecting on this incident, he states “my story, I now understand from a distance, was one of the unequal distribution of public knowledge around sexual health. I was being conscripted into a culture of fear that makes STIs such as HIV into public enemies.

Without care, there is no room for harm reduction” (p. 83). He continues,

since, I’ve been fixated on the loneliness of being denied care where it is said to be expected to be integral to a social operation. From the deleterious way men vie for sex to the room for disregard in the medical world, care is withheld or obliterated in an existential way...Jill Stauffer gets at something like this with her concept of “ethical loneliness,” which for her is “the isolation one feels when one, as a violated person or as one member of a persecuted group, has been abandoned by humanity, or by those who have power over one’s life’s possibilities.” It’s during moments where the self is negotiated with others- in sex, in medicine and public health- that one is prone to being pulled off course and thrown into a crisis of ontological proportions (p. 84).

Similarly, something you will find all over the social media platforms of Action Canada, an organization at the forefront of sexual health and rights nationally and globally, is the slogan #SexEdSavesLives. It is one of their major campaigns, and is described on their website as,

sex-ed saves lives. This is not an exaggeration. Sex-ed done right is life changing and supports health and safety. Quality sex-ed WILL work to promote consent, reduce STIs, create LGBTQ+ visibility and inclusion and generally make young people HAPPIER, HEALTHIER and SAFER! (Action Canada for Sexual Health and Rights, n.d.)

¹ PEP is a combination of three HIV medications that an HIV-negative person takes as soon as possible after possible exposure to HIV, and continues to take for four weeks after (Arkell, 2019).

These two examples demonstrate how access to sexual education and sexual health services are part of the biopolitical and sexual citizenship structure of Canada. The concept of biopolitics is attributed to Michel Foucault, who described it as a form of power centered upon the life of a population. He argued that sexuality is integral to this concept, as it is the precise point where the body and the population meet, the point where disciplinary power over bodies and regulation of populations are articulated with and through each other (Foucault, 2003, p. 249-253; Lenon, 2015, p. 91). Thus, we can interpret Belcourt's denial of sexual education and services, and Action Canada's assertion that sexual education saves lives, as examples of how the unequal distribution of sexual health knowledge to certain (queer, Indigenous, etc.) populations is an exercise in disciplinary power. Those who do not operate within normative sexualities (straight, cis, white, able bodied, etc.) are regulated through a denial in access to knowledge and health services (like PEP) that are life affirming, life changing, and lifesaving. Biopolitics thus marks certain populations for life, and some for death.

In Belcourt's discussion of the concept of "ethical loneliness," we see the affective response of encountering a biopolitical border. Specifically, the isolation of being abandoned by those who have power over one's life possibilities (Belcourt, 2020, p. 84). In this case, being denied care by the state through the health care system when access to that care is expected as part of being a citizen. However, as both a gay and an Indigenous person, there are limits to the care that the state will provide. Without care, there is no room for measures like harm reduction, which significantly increase the wellbeing of affected communities. This is also seen in Action Canada's assertion that access to sexual education will increase health, safety, and happiness. Who is granted access to sexual education therefore demonstrates who is deemed worthy of health, safety, and happiness.

Sexual Citizenship

Sexual citizenship is another way in which biopolitics is formalized in the apparatus of the state. Citizenship, on a very basic level, can be understood as the rights and duties afforded to citizens through their contract with the state. Scholars of sexual citizenship have pointed to the fact that citizenship is inextricably tied to sexual politics, as “citizenship is inseparable from identity, and sexuality is central to identity” (Bell & Binnie, 2000, p. 33; Gaucher, 2018, p. 29). As citizens, we are constantly subjected to legal and legislative measures that “sex” us. This includes age of consent laws, conjugal rights and responsibilities, family tax credits, and the prohibition of non-monogamous sexual practices and marital laws (Gaucher, 2018, p. 29). These legal and legislative measures allow the state to regulate (and discipline) the bodies of its citizens, thus producing a normalized narrative of sexual responsibility. Those deemed responsible in their sexual endeavors represent desirable sexual citizens (Gaucher, 2018, p. 30).

This idea is exemplified in the writing of Gayle Rubin, who discussed a hierarchy of sexuality in her essay “Thinking Sex” (1984, 2012). She argued that social groups (whether patriarchal or feminist) have value systems of sexuality that define some sexual behaviours as good/natural and others as bad/unnatural. The ideological basis for this binary in dominant western culture is sex negativity, which perceives sex as a dangerous and destructive force. If marriage, reproduction, or love are not involved, almost all sexual behaviour is considered bad. To explain this, she introduced the idea of the “charmed circle” of sexuality, where sexuality that was privileged by society was inside of the circle, while unsanctioned sexuality was outside or in opposition to it. The binaries of the “charmed circle” included monogamous/non-monogamous or promiscuous, casual/in a relationship, for procreation/not for procreation, and heterosexual/homosexual (Rubin, 2012, p.152).

Since the state exercises control over the sexual practices of its members in the name of their protection and upholding “national values,” sexual citizenship can therefore become a tool of nation building. The narrative of sexual responsibility permits states to both discipline sexual behaviour and enforce a particular conceptualization of national identity. The creation of “good” and “bad” sexual citizens is significant, as it results in unequal access to claims for citizenship rights (like sexual education and sexual health), thus shaping sexual identities through processes of membership and exclusion (Gaucher, 2018, p. 30).

Sexual Citizenship & the Emerging Nation-State

These processes of membership and exclusion go back to the very formation of Canada as a settler colony; a (white) nation-state². With regard to the sexual citizenship of settlers, the examples of Asian exclusion laws, war brides and limited support for “illegitimate” children of Canadian servicemen, demonstrate that processes of exclusion and inclusion based on sexuality and race are part of the contours of Canadian nation-building. These examples are also important to examine as their legacies reverberate in current immigration and citizenship law.

In the 1880s, the Chinese immigrant community was considered “helpful” to the Canadian settler project, as their labour allowed for an expansion of industry, primarily a national railroad to join the British North American Colonies, and were considered to be a

² Within the context of sexual citizenship and national formation in Canada, it is also necessary to highlight the role of the *Indian Act* (1876) in targeting Indigenous women. When first introduced, this Act subsumed a number of pre-existing colonial laws intended to eradicate Indigenous peoples, cultures, societies, systems of governance, and ways of being in favour of assimilation. It is thus a primary piece of legislation in the architecture of settler colonialism in Canada (Day, 2019, p. 175). The Act has always discriminated against Indigenous women in particular, by forcibly implementing a patrilineal system of recognized legal status. This meant that Indigenous women with status who married someone without status lost their status, and could not pass it on to their children. Men with status who married someone without status, however, did not lose their status and could pass it on to their children. Amendments have been made to address this inequality, notably Bill C-31 in 1985 and Bill S-3 in 2019. Although many had their status rights reinstated because of these amendments, the Act continues to discriminate against Indigenous women by privileging male lines of descent (Day, 2019, p. 174).

generally “industrious” people (Henry, Tator, & Rees, 2010, p. 60; Dua, 2007, p. 447). At the same time, white Canadians were threatened by the presence of Chinese immigrants (and their continued immigration) for fear that the newly enshrined white nation-state would be “overrun,” and white people would become the minority (Dua, 2007, p. 447). In trying to balance the desire for Chinese labourers (on behalf of the federal government and railway builders) and fear of racial contamination (on behalf of trade unions and a vocal contingent of white settlers, particularly in British Columbia), the federal government introduced the Act to Restrict Chinese Immigration in 1885 (amended in 1887). This act included measures like the Chinese Head Tax, to discourage immigration outright for non-laborers or merchants, and especially family settlement (Henry, Tator, & Rees, 2010, p. 61; Dua, 2007, p. 452).

The impetus behind excluding Asian women from immigration was to ensure that Asian men would only be temporary residents. However, these legal measures attracted immigration from a large number of single men working as labourers, which posed its own kind of threat. The potential sexuality of single Asian men represented a danger to the white national body politic, as it could encourage mixed-race sexuality and miscegenation, leading to a “mongrel race” (and permanent settlement) that would “endanger” Canadian society (Dua, 2007, p. 455). This led to a small contingent of politicians and community members arguing for the inclusion of Asian women in immigration, so as to prevent any further “damage” to the white nation-state (Dua, 2007, p. 445).

The Act to Restrict Chinese Immigration (1887) was followed in 1908 with the “continuous journey regulation,” which attempted to prevent entry to people arriving from India by requiring that admission to Canada was only available to those who travelled directly from their country of citizenship. As British subjects, south Asian migrants posed a particular

challenge to the white settler designs of Canadian Parliamentarians. The Komagata Maru Incident gives us a clear example of this challenge. In 1913, the British Columbia Court of Appeal had struck down the continuous journey provision. Immediately after, the federal government began revising and passed a new order in council restricting travel for migrants from India while the Komagata Maru was at sea (Mawani, 2018, p. 4). The Komagata Maru was a British made and Japanese owned ship chartered by Gurdit Singh in 1914. The ship arrived in Vancouver across the pacific after six weeks at sea carrying 379 Punjabi migrants, almost all of whom were men, with a few women and children on board (Mawani, 2018, p. 4). The passengers were also mostly Sikh, with a few Hindu and Muslim passengers as well. When they arrived in the Vancouver Harbour on May 23, 1914, only twenty passengers were allowed to disembark. The remaining passengers were detained on board for two months in deplorable conditions with limited supplies of food and water, while being guarded by local police.

The rationale of the journey, as stated by the charterer, was to test the professed liberal sentiments advocated by the British Empire in its assertion of the equality of all its subjects. Gurdit Singh's defence of the ship's violation of Canada's restrictions rested on rights of British subjects to travel and settle anywhere in the empire. In claiming their rights as subjects of the empire, the passengers asserted their identities as imperial subjects (Roy & Sahoo, 2016, p. 89; Mawani, 2018, p. 5). This moment of exclusion for the passengers of the Komagata Maru reveals the meaning of citizenship and belonging for Canada as part of the British Empire. As a nation that received a large number of immigrants from Europe between 1867 and 1914, the arrival of the ship challenged ideas of national identity, as an immigrant-receiving nation, sovereignty, and state control as the basis of citizenship and belonging in Canada (Roy & Sahoo, 2016, p. 89). Canada's assertion of civic citizenship based on rights and a universalist, voluntary political

membership at this time would in principle have technically offered immigrants a greater chance of inclusion, but the implicit exclusion of South Asian immigrants without overt reference to race conveys the reality of a white Canada and citizenship based in exclusion/inclusionary practices.

Later in the 20th century, another significant moment of nation-building provides us with additional examples of exclusion/inclusion and sexual citizenship: World War II. Four months into Canada's involvement in the war, the first wedding between a Canadian soldier and an English bride occurred. Most war brides were British (44,885), with a smaller contingency of marriages between Canadian soldiers and women of other nationalities (2, 674) (Stacey & Wilson, 1987, p. 136 & 140; Harder, 2021, p. 8). The British war brides, in particular, were welcomed as desired members to be folded into the Canadian nation-state, as they provided an ancestral connection to the imperial motherland, thus cementing the racial and sexual continuity of the increasingly independent nation. However, there were still many restrictions and regulations that soldiers and their prospective brides had to navigate in order to get married. This included parental permission for soldiers under nineteen and women under twenty-one, a declaration from the prospective groom of his current marital status and ability to sustain a family after discharge, and a responsible citizen to vouch for the good character of a prospective bride (Harder, 2021, p. 9). As the war progressed and Canadian troops were engaged in battle on the continent, the restrictions became harsher. Marriages were now governed by the Canadian Army North West European Routine Order No 788, which instructed commanding officers to dissuade marriages in foreign lands, especially when "differences of race, religion, and customs" left them "open to obvious risks of future happiness" (Wolgrin & Bloemraad, 2010, p. 56; Harder, 2021, p. 9).

The restrictions on marriage, as well as the concentration of young people and social disorder, led to many thousands of “illegitimate” children (and subsequent claims to the Dependant’s Allowance Board). It was a sufficiently serious issue to gain the attention of Canada’s High Commissioner to the United Kingdom, senior military officials, and the Minister of Defense (Stacey & Wilson, 1987, p. 168; Harder, 2021, p. 10). Canadian officials readily agreed to the offer from the Toronto Evening Telegram to use the remaining money in its British war victims’ fund to support the immediate relief of the children “legitimate or otherwise” of Canadians who had served in Britain (Stacey & Wilson, 1987, p. 168; Harder, 2021, p. 10). The Department of Veterans Affairs was assigned the task of administering the aid, and with that arrangement made, Canada systematically absolved itself of any future responsibility for the “illegitimate” children of Canadian soldiers (Harder, 2021, p. 10). Requests to locate discharged men with respect to paternity claims were refused as early as 1946, as by that time, the veterans were once more private citizens, and thus “entitled to protection” (Keshen, 2004, p. 234; Harder, 2021, p. 10). This refusal of responsibility continued to play out in Canadian citizenship law until the 2014 amendments to the Citizenship Act (Keshen, 2004, p. 234; Harder, 2021, p. 10).

Additional challenges to the social and legal structure of citizenship in Canada arose when war brides came to Canada at the end of the war in 1946. War brides were welcomed by the federal government who sought to solidify the Canadian gene pool with British stock, and ensure the continuation of British cultural traditions and emotional ties (Jarrat, 2007, p. 32; Harder, 2021, p. 11). Sixty years after their arrival, the federal government officially honoured these women’s war work and reconstruction efforts by commemorating “The Year of the War Bride,” with ceremonies at Halifax’s Pier 21 in 2006 (Matrix, 2007, p. 67). Despite this discursive and symbolic welcoming into the nation-state, achieving legal citizenship proved to be

more difficult. Sidney Eve Matrix's (2007) study of war brides, citizenship, and the fictions of naturalization examines how war brides were caught in citizenship limbo between 1946 and 2006, as immigration and naturalization legislation was redrafted, resulting in many of their claims to citizenship being challenged (p. 68).

As feminist scholars of nationalism have argued, projects of national articulation rely heavily on women's cultural and reproductive labour to ensure the intergenerational transmission of preferred political identities and to mark the boundaries of belonging (Yuval-Davis, 2011, p. 95; Harder, 2021, p. 11). In the case of the Asian exclusion laws, debates around the inclusion or exclusion of Asian immigrant women revealed the boundaries of belonging to the white nation-state. Legal measures based in exclusion were designed to prohibit the threat of the cultural and reproductive labour, and intergenerational transmission, of Asian immigrant women within the borders of the nation. Debates around inclusion were similarly driven by the desire to mitigate contamination to the racial purity of the nation. Although war brides were newcomers, their national heritage and ties to the imperial motherland reinforced Canada's preferred origin story, which maintained the constancy of the nation while embarking on a more independent future (Harder, 2021, p. 11). Yet, the war brides still had to struggle to achieve full legal enfranchisement. These examples demonstrate that sexual citizenship and race are essential to the nation-building of Canada, and provide useful context when unpacking current immigration policies.

Homonormativity & Settler Homonationalism

To return to the current context, there are two additional concepts that can help us better understand how biopolitics and sexual citizenship operate in Canada. It is important to note that

although the language of rights usually focuses on the rights and responsibilities of individual citizens, there are sexual citizenship rights that are granted on the basis of relationships. This includes the right to consent to sexual practice, to freely choose one's sexual partners, and to have public recognition of one's sexual relationships (Gaucher, 2018, p. 30). This category of sexual citizenship rights has been of particular importance to LGBTQ+ politics in fights for equality, including enacting measures like same-sex marriage. However, scholars of sexual citizenship argue that this agenda of equality in the context of the settler Canadian state has been pursued within a politics of homonormativity.

Homonormativity is a concept that originated in the work of Lisa Duggan (2002) and has evolved in the literature on sexual citizenship overtime, but can now be used to unpack who the accepted queer citizen is, or who has been conditionally "folded into life" (Puar, 2007; Dryden, 2015, p. 122), and how it is used to mark difference in racialized subjects. Homonormativity rests on the promise that those who adhere to the normative values of sex and sexual practice (as described by Rubin's "charmed circle") will eventually be granted state acceptance and support, whereas those who cannot or will not adhere are denied acceptance. It is within this context that mainstream (LGBTQ+) activists' attentions are often directed towards making appeals for official acceptance from the state through the language of liberal rights.

With this activist focus, certain segments of sexually marginalized populations are drawn into this narrative of acceptance and continue to propagate it (De Szegheo-Lang, 2015, p. 71). Members of marginalized communities must consistently negotiate tensions between making precarious lives more liveable and participating in state projects that continue to leave the most vulnerable at the bottom of the priority pool, notably people who are racialized or Indigenous, and/or those who engage in sex work. This "trickle down" approach rewards those who are

willing and able to successfully keep their “private” activities separate from their public and working lives, and penalize all others (De Szegheo-Lang, 2015, p. 71).

In a hierarchy of belonging in the state, white, middle class, able bodied, cis gender gay men and lesbians have been able to carve out this space of acceptance, as their only “undesirable” characteristic is their sexual orientation. Through their ability to climb the ladder of sexual belonging, they have moved into the center of the “charmed circle,” where they fit into sexual behaviours associated with dominant heterosexuality (coupled, married, monogamous). They thus fit into a narrative of sexual responsibility that makes them desired sexual citizens, and are afforded the corresponding rights and privileges. States like Canada are also able to use their acceptance of lesbian and gay families as a sign of the liberalism of western democracies. Rather than undermining national identity, the recognition of gay and lesbian rights is thus a means to shore it up.

This leads us back to our discussion of sexual citizenship, as it points to the tension present in the social construction of the ideal neo-liberal subject. The “proper” and “acceptable” citizen is expected to keep sex acts (especially when non-normative) contained in the private sphere. However, recognition as a full citizen also requires public visibility and active participation in public domains. Dominant ideas of citizenship therefore demand and are dependent on being granted access to the state in a way that is necessarily and exclusively normative, and thus mostly desexualized. These regulations of citizenship are then exacerbated and further solidified in heteronormative and homonationalist spaces, where any dissent is positioned as anti-national, dangerous, and often as terrorist (de Szengheo-Lang, 2015, p. 71). As we will see, this has particular ramifications in immigration policy.

Along with the conditional rights and privileges afforded to sexual citizens, there is an investment in aligning with the heteronormative and nationalist interests of the state. Lisa Duggan (2002) first introduced the concept of homonormativity to describe this phenomenon. Her work discussed the stance of gay right-wing men in the United States who asserted that gay couples were the same as heterosexual couples in every way, aside from their sexual orientation. Through this stance, gay men were understood to express their citizenship as part of the United States' privatized consumer culture (Duggan in Smith, 2019, p. 68). The same-sex marriage movement in Canada has also been critiqued for engaging in this line of citizenship articulation; specifically, in how white same-sex couples were at the forefront of the litigation process, and relied on a depiction of sameness (wherein whiteness is the norm) to gain access to the rights of sexual citizenship. In essence, the politics of homonormativity does not challenge heteronormative assumptions and institutions, but rather upholds and sustains them, while promising a depoliticized queer culture rooted in consumption and domesticity (Duggan, 2003; Murray, 2014; p. 25)

The concept of homonationalism also helps us understand how LGBTQ+ rights operate within the landscape of sexual citizenship in Canada. The concept of homonationalism first emerged in Jasbir Puar's analysis of sexual identity politics in post 9/11 America (2007). It has since become a catchall term for activist strategies and government policies that boast the acceptance of LGBTQ+ citizens, largely through rights recognition, at the expense of racialized others (Smith, 2019, p. 69). At the time of her analysis, Puar was particularly concerned with how the Muslim "other" was constructed in the civilizational discourse of the Bush administration's "war on terror." The Muslim "other" was constructed as a homophobic, intolerant, monstrous, uncivilized, immigrant racialized other, that "tolerant" and "civilized"

American's needed to be protected from, thus justifying heightened security and militarization of United States borders (Murray, 2014, p. 27). By contrast, America was represented as sexually tolerant, inclusive and liberal, despite the Bush administration's support for the Federal Marriage Amendment, a constitutional amendment that would limit marriage to heterosexual couples exclusively (Burger, 2014, July).

Homonationalism has also been taken up by scholars of settler colonialism to further articulate the ways in which settler LGBTQIA+ activist strategies and movements operate to uphold structures of settler colonialism and white supremacy in Canada. In this context, the concept is referred to as settler homonationalism (Morgensen, 2010; Morgensen 2012; Sykes, 2016; Greensmith & Giwa, 2013, Dryden & Lenon, 2015). Scott Morgensen (2010) first articulated how settler homonationalism signals the biopolitics of settler colonialism and its accompanying logic of elimination. Understanding settler colonialism as a structure rather than an event (Wolfe, 2008, p. 105), suggests that modern queer subjects and politics continues to naturalize the settlement of the white supremacist Canadian nation-state through the desire for and claim to sexual citizenship and belonging. Morgensen argues that these claims are deeply embedded in the notion of settler sovereignty and in the concurrent legal and political severing of Indigenous relationships to land, language, and community (2010, p. 108; Dryden & Lenon, 2015, p. 7). Thus, by pursuing a politics that seeks to fold them into the state as "desired" sexual citizens, queer settlers are also participating in the biopolitics of elimination by seeking to belong to the settler state.

Immigration: Spousal/Common-Law Sponsorship

Legacies of colonial and neocolonial systems insist on clearly (often falsely) delineated categories with the aim of management and control. This biopolitical project consistently plays out through bodies, which come to stand in for the nation and national borders. Access to “private” and “public” experiences are necessarily bound up in the state regulation of bodily movement, sexuality, and affective deployments (de Szengheo-Lang, 2015, p. 73). I argue that this assertion rings particularly true in the case of Canadian immigration policy. Through an emphasis on “genuineness” and “authenticity” in spousal sponsorships and the sexual minority refugee claims process, the state regulates particularly delineated categories of gender and sexuality in order to control entrance and acceptance into the national body politic.

One of the main inquiries from scholars in the field of sexual citizenship and immigration policy is unpacking the ways in which conjugality remains a central criterion in determining the “genuine marriages” that qualify for family sponsorship of a spouse or partner (Challborn and Harder, 2019; Gaucher, 2018). The continued emphasis on conjugality within the immigration process is demonstrated in sponsorship for a common-law partner versus a spouse. Although spouses have to prove that their relationship is not a marriage of convenience (or “genuine”), having a marriage certificate as a starting point when going through the immigration process means that the “monogamous, exclusive, and conjugal” aspects of the relationship are assumed. Common-law couples, by contrast, have to prove that their relationship is “genuine,” as well as monogamous, exclusive, and conjugal (Gaucher, 2018, p. 107).

For common-law couples with Canadian citizenship, “conjugal cohabitation” for at least a year is the standard for proving that the relationship is “genuine.” However, proof of conjugality is generally not needed to receive the benefits of conjugality. For common-law

couples seeking sponsorship, cohabitation and the desire to reunify is not considered proof in itself of conjugality. Common-law couples in the immigration system are thus required to prove the conjugality of their relationship in order to establish its “genuineness” (Gaucher, 2018, p. 103).

The lack of a wedding, which is a key element in assessing spousal sponsorships, also means that common-law applicants have to navigate how to justify their choice not to get married without suggesting an aversion to the institution of marriage. Common-law partnerships therefore come across as a transitional period between singledom and marriage, rather than a choice in itself. This leaves common-law applicants with two choices; either to defend their choice to be in a common-law relationship over marriage and potentially risk their chances of being approved, or provide a misconstrued reason for why marriage has yet to take place, and plans to be married in the future. Citing the financial cost of a wedding as reasoning for why it has yet to take place has proved effective, even though the capacity to be financially responsible for the sponsored spouse/partner is also important to the success of an application (Gaucher, 2018, p. 110). This demonstrates that there is a different standard for common-law couples with citizenship and those without. In the immigration process, common-law is held up to the standard of marriage as being the norm, and eventual end point of a “genuine” relationship, whereas domestically, common-law couples are afforded many rights and protections to be considered a legitimate end point.

When it comes to spousal sponsorships, there is no single standard formula for a spousal sponsorship application. Immigrant officers are given guidelines for evaluation; however, it is up to the assigned officer to determine the amount of evidence required. In the name of bureaucratic efficiency, immigration officers cannot afford to approach every application as a blank slate.

Rather, they often triage applications according to a series of macro and micro level forces (understandings of migration and individual understandings of “normality” respectively), focusing on applications that come across as “less credible” (Satzewich, 2015, p. 140; Gaucher, 2018, p. 104). By zeroing in on these assumptions of “normality,” we can see how spousal relationships are assessed by Immigration and Citizenship Canada also demonstrate that there are sexual and gender-based norms and expectations around marital intimacy embedded in immigration policy (Gaucher, 2014).

Spousal sponsorships are assessed for their “genuineness” based on their ability to meet norms around class compatibility, intercultural relationships, religion, age differences, and sexual orientation (Gaucher, 2018). Assumptions about compatibility are especially apparent in the assessment of appeal decisions. While initial assessments focus on the structural components of a relationship (like living arrangements, shared finances, and public perception), assessment of appeals evaluates the presence or absence of intimacy (sharing of personal information, knowledge of intimate details). The assumption here is that couples in genuine relationships should have more in common than seeking a successful sponsorship application (Gaucher, 2018, p. 125).

Megan Gaucher’s analysis of appeal decisions and interviews with immigration officers in her book *A Family Matter* (2018), demonstrates these assumptions in action. Regarding age difference, gaps ranging from 18 to 3 years were considered sufficient cause to deny applications, specifically in the case of younger women and older men (Gaucher, 2018, p. 125 & 130). When considering class, difference in educational background was used in one case to establish an apparent issue with compatibility, assuming that similar education levels translated to similar interests (Gaucher, 2018, p. 126).

In the case of religion, both positive and negative decisions reveal the depths of assumptions made about compatibility. In a positive decision about sponsorship of a spouse from Mexico, the fact that the couple was married in a Roman-Catholic Church in Mexico (as well as Canada), and both came from that religious background, was a “strong indicator” that their marriage was genuine, as divorce is not recognized by this church (Gaucher, 2018, p. 126). This also demonstrates how religious compatibility is conflated with cultural compatibility, as applicants are expected to produce a relationship narrative that the assigned officer will believe to be consistent with the (perceived) cultural norms in the applicant’s country of origin (Gaucher, 2018, p. 127). In this case, the centrality of Catholicism to Mexican culture provided the required evidence of genuineness.

Cultural compatibility is also conflated with ethnicity, where ethnic compatibility is expected to translate into actions from the couple that would correlate with religious and cultural norms associated with a particular group (Gaucher, 2018, p. 127). In a decision involving a sponsored spouse from India, the assigned officer refused the appeal on the grounds that the appellant and applicant had sexual relations prior to their marriage, contrary to the cultural customs and norms of their community. This suggests that either religious or ethnic compatibility only goes so far, as these have to line up with the officer’s expectations of cultural norms in the country of origin (Gaucher, 2018, p. 128).

Even though cultural difference is supposed to be considered when assessing applications, scholars have found that the process of assessing applications actually serves to position applicants as the racialized “other,” in comparison to the “standard” of white, heteronormative, nuclear families in Canada (Challborn & Harder 2019; Satzewich, 2015). As the case above demonstrates, cultural compatibility is still reliant on traditional and static cultural

norms (Gaucher, 2018, p. 128). It is troubling that in a self-declared multicultural society, sponsorship-seeking couples who were religiously, ethnically, and culturally compatible were deemed less suspicious than spouses that came from different backgrounds (Gaucher, 2018, p. 129). Further, this emphasis on religious, ethnic, and cultural similarity as compatibility is reminiscent of Canada's strict regulation of soldiers marrying abroad during World War II, and suggests an enduring legacy of suspicion of difference in marriages that would absorb an "other," but especially a potential burden, into the national body politic.

Immigration: The Sexual Minority Refugee Claims Process

The sexual minority refugee claims process also demonstrates how the concepts of sexual citizenship, homonormativity, and (settler) homonationalism are embedded in immigration policy. The Immigration and Refugee Board (IRB) presides over the claims process, wherein claimants are required to prove their identity as queer and/or trans, and prove that they were persecuted for it. To be considered an "authentic" sexual minority claim by the IRB, claimants are expected to embody dominant norms of what it is to be LGBTQ+ in Canada. This includes having previous queer relationships, being sexually active, and coming out to family and friends, in the very countries they are seeking asylum from for being queer and/or trans (Murray, 2014, p. 22; Gaucher, 2018, p. 76).

By deciding on the credibility of an individual claimant, the IRB is also providing judgement of the errors and strengths of the protection of rights from the country of origin. In the refugee determination process, adjudicators in receiving countries thus proclaim the failures of the state of origin without having to reflect on how the actions of the receiving state might be connected to those very abuses, or on how such representations might reproduce colonial

relations of power. In the case of Canada, the adjudication process for “authentic” queer and trans refugees serves to obscure the citizenship issues that Canadian queer and trans people face within in the frame of “gay rights” and liberal progress. Instead, homophobia is discursively located in the “developing” world. This project of receiving victims of homophobia and transphobia is important to Canada’s place in a liberal humanitarian tradition of democracy and freedom (Miller, 2005, p. 164; Awwad, 2015, p. 30). Within this positioning as a paragon for LGBTQ+ rights, refugees are expected to express their gratefulness to have the chance to live in a “civilized,” liberal country to escape their oppressive, intolerant, “uncivilized” home countries (Murray, 2014, p. 24).

Clear guidelines for determining refugee protection based on sexual orientation is also problematic, because it assumes a fixed identity. This creates a high possibility of misrecognition and bias with regard to the assessment of the country of origin, and once again, leaves it in the hands of the IRB to determine what is “safe/unsafe,” based on assumptions and expected norms. Scholars of sexual citizenship argue that the severity of this dynamic in the immigration system should not go overlooked, given the life and death nature of these claims (Gaucher, 2018, p. 31). This illuminates another biopolitical border in Canada, where the state regulates sexuality to allow only for “good” sexual citizens to be permitted entrance into the boundaries of the nation.

Like common-law and married couples seeking sponsorship, refugee claimants are also required to produce narratives of their persecution to prove the “authentic” nature of their claims. Katherine Fobear’s study of storytelling and oral history in the sexual minority refugee claims process argues that even though storytelling is a powerful tool for refugees and social justice activism, their stories can be misused and coopted to serve nationalist agendas and support systems of power that marginalize racialized and Indigenous queer people inside and outside of

Canada (2015, p. 104). Claimants are required to write out a narrative of their persecution and fear, and provide evidence to support their story. Minor inconsistencies in their story between the written and oral testimony are sufficient grounds for refusal. Additional grounds for refusal include not “looking gay” enough, not having a relationship with someone of the same sex, or not being comfortable talking about their sexuality (Fobear, 2015, p. 106). A settlement counsellor whose work involves supporting sexual minority claimants also expressed how the IRB adjudication process emphasizes assumptions around queerness that do not always translate.

let’s say a gay man who is really shy and really likes deep partnerships and hasn’t had the chance to do that back home because it wasn’t safe. And now is in front of the Immigration and Refugee Board, and they’re asking about previous relationships, and if they don’t have any [previous relationships] it’s like “well, how gay are you?” And that has nothing to do with who you are inside (SC 3).

The fact that there is a vast variation with regard to sexuality and gender that is culturally, socially, and location-specific is not taken into account by the IRB at refugee hearings. Thus, LGBTQ+ refugees have to act as cultural translators around sexuality and gender to the IRB, especially given that western sexual or gender identity categories and lifestyles do not exactly translate across cultural difference (Fobear, 2015, p. 106). This work is done while also molding their story to fit a narrative of trauma and persecution that is legible and expected by the IRB, while embodying the affect of someone who has endured this persecution, in order to be perceived as “authentic.”

However, in the process of sexual minority refugee claims, it is not just the IRB that acts as gatekeeper. In his work on homonationalism and the sexual minority refugee claims process, David Murray (2014) found that Canadian LGBTQIA+ volunteers running support groups for LGBTQIA+ refugees exacted the same suspicion of claimants if they did not fit into the normative definition of an “authentic” claimant. This included being suspicious of a claimant

being truly gay, because he had a very firm handshake, as well as a wife and kids in his home country (Murray, 2014, p. 25). Another example includes volunteers being suspicious of a contingent of Nigerian claimants, as they all had similar stories of being threatened with abuse or murder by a family member who discovered their gay relationships, causing the claimants to flee without funds, documentation, or a real plan. The suspicion was so great that IRB board members allegedly believed that they were being trained by an “agent” back in Nigeria, or were communicating with each other transnationally about “what works” to get through the Canadian immigration system (Murray, 2014, p. 25).

The lens of “genuineness” and “authenticity” present in spousal sponsorship and the sexual minority refugee claims process demonstrates how sexual and gender norms associated with “good” sexual citizenship present another border of belonging. Applicants and claimants who do not meet the standard of sexual and gender norms are viewed with suspicion and not deemed worthy of being allowed to cross the biopolitical boundary of belonging to the nation-state of Canada.³

Conclusion: Sexual Education & Immigration

In the discourse of Canadian multiculturalism as having an exceptional capacity for being tolerant of difference, it is often overlooked that this tolerance operates under the condition that racialized and gendered others “come out” and “come into” Canadian citizenship through their

³ To be clear, I am not contesting that there are cases of applicants and claimants not representing themselves truthfully. The purpose of this section is to highlight that the suspicion demonstrated by immigration officers, the IRB, and LGBTQ+ support groups is rooted in western understandings of relationship norms, and what it means to be LGBTQ+. Essentially, our criteria for “authentic” expressions of what it is to be LGBTQ+ rely on stereotypes and assumptions that are untrue of the Canadian population, let alone internationally. It also serves to obscure the realities of being LGBTQ+ for Canadians, as if gay men in Canada could not also have a firm hand shake or could not have a wife and children for fear of being out. Within the context of passing transnational judgement on other states as being intolerant of LGBTQ+ rights by accepting their refugees, failing to consider the ways in which queer and trans people have to survive, perpetuates the idea of Canada as a liberal haven for LGBTQ+ individuals.

compliance with the compulsory call to gender and sexual equality. These prescriptions, based on secular-humanist conceptions of settler citizenship, not only condition the integration of difference into the nation-state, but also mark other-national subjects who refuse western conceptions of gender and sexual equality as threatening (Wahab, 2015, p. 44). As we have seen, biopolitics and sexual citizenship in Canada also work to regulate and discipline citizens by granting knowledge and care to those who abide by the narrative of sexual responsibility as “good” sexual citizens. Operating within the context of settler colonialism, settler homonationalism, and homonormativity, this regulation extends to access to sexual education and immigration policy. The borders of belonging in Canada can thus be seen through who is marked by these overlapping structures for life, and who is marked for death.

Chapter Two: Immigration & Settlement Policy in Canada

Introduction

Having laid out the landscape of sexual citizenship in Canada, we now turn to immigration policy and settlement services. Outlining the context through which immigration and settlement happens for newcomers to Canada will help us understand where sexual education fits into this process. Immigration in Canada is a complex, multi-jurisdictional, and interconnected web of policy. This chapter serves to untangle some of these threads to discuss how federal, provincial, and municipal government policy and jurisdiction overlap and work with each other, as well as the role of non-profits as settlement service agencies. These agencies will receive consideration in subsequent chapters as well, as I will be analyzing how sexual education plays, or does not play, a role in settlement service delivery. This chapter provides the necessary background for understanding how these agencies fit into the context of immigration and settlement and Canada.

What are Settlement Services?

Settlement services are programs and supports designed to assist newcomers to begin the settlement process and to help them make the necessary adjustments for life in the receiving country. The goal of settlement services is to support newcomers' short and longer-term needs to make the transition toward being able to fully participate in the economy and society, and to have freedom of choice regarding their level of participation (Shield, Drolet, & Valenzuela, 2016, p. 2; Evans & Shields, 2014, p. 119). This means that there are no systemic barriers preventing newcomers from participating and there are mechanisms in place to positively facilitate this process (Shields, Drolet, & Valenzuela, 2016, p. 5).

The types of settlement services that are offered and funded in Canada at various levels are influenced by the three-stage process of settlement and immigration, as conceptualized in the literature on this topic. The first stage follows pre-arrival preparations and begins as soon as newcomers arrive at a national border and are processed and admitted into the country (Tossutti, 2012, p. 610). This stage of initial reception includes information and referral, language training, preparation to enter the labour market, and short-term housing, which fall mainly under the responsibility of Immigration, Refugee, and Citizenship Canada (IRCC) (Richmond & Shields, 2005, p. 515). The first stage is characterized by adjustment, which includes acclimatization and getting used to the new culture, language, people and environment, or support in coping with moving to a new country (Evans & Shields, 2014, p. 119).

The second stage involves securing long-term accommodation, access to appropriate employment and housing, education, health care providers and so forth for all family members. No single or lead federal department is responsible for this stage, nor is responsibility clearly assigned to a single provincial or municipal branch or grouping of government departments (Tossutti, 2012, p. 610; Richmond & Shields, 2014, p. 151). This stage is characterized by adaptation, which includes learning and managing the situation without a great deal of help or assistance (Evans & Shields, 2014, p. 119). These first two stages are what is considered to fall under settlement, whereas the third is considered to be integration or inclusion.

The integration stage is typically conceived as the long-term, multi-dimensional process through which a newcomer becomes a member of the receiving society. The social dimension of integration refers to immigrant participation in Canadian institutions, the process of learning about the host culture (including values and norms), the economic dimensions of finding a job and earning an income that matches one's education and experiential background, and political

integration through involvement in political and civic activities (Tossutti, 2012, p. 610; Evans & Shields, 2014, p. 119). This stage also includes the development of some sense of attachment or belonging in Canada, without giving up ethno-racial identities and ties to homelands. It is worth noting that this last stage is a unique feature in the Canadian context of multiculturalism, immigration, and settlement, for which Canada has been lauded internationally (Richmond & Shields, 2005, p. 515).⁴

Within the architecture of settlement and integration policy, there are overarching policies like Canadian multiculturalism and anti-racism policies, as well as formal programs that are offered and funded by various levels of government. These programs address the first two stages of settlement almost exclusively and focus on things like language training, immigrant settlement and adaptation programs (including employment, health, culture, recreational services, information about banking, shopping, household management, contact information for interpreters and translators, etc.), host programs (volunteer recruiting to provide one on one aid to newcomers and their families), and refugee programs and services (Shields, Drolet, & Valenzuela, 2016, p. 6). Settlement services specifically tend to focus on the areas of language acquisition and proficiency, employment and related services, housing, and information workshops and settlement counselling services (Evans & Shields, 2014, p. 119).

Despite the value placed on settlement services that fit into the first two stages of settlement, scholars and settlement workers have pointed to the long-term nature of settlement

⁴ This three-stage process is a somewhat simplistic rendering of the complex experience of navigating settlement, integration, and inclusion in Canada. For instance, even though norms and values are ascribed to the integration stage, as discussed in the previous chapter, newcomers engaged in the common law or spousal sponsorship process encounter a plethora of values, norms, and judgement about sexual citizenship, potentially before even having entered the country. However, this outline of the settlement and integration or inclusion process provides context for the delivery of these services, and what levels of government are involved.

and integration. As settlement services are about providing various forms of support and assistance to immigrant populations which help newcomers get established in their new country, addressing the core needs and requirements for their integration, and ultimately to become citizens of that country, settlement is not just about meeting immediate needs. It includes the long-term process of deeper integration of newcomer and immigrant communities (Shields, Drolet, & Valenzuela, 2016, p. 5). In fact, for newcomers to Canada, the settlement process is a lifelong journey. Some aspects of the process even continue into the second or third generation. For example, encountering barriers of systemic racism and anti-immigrant bias, issues of economic equity, and parenting in a different culture (Richmond & Shields, 2005, p. 515).

It is also important to note that settlement and integration policies are more than just administrative decisions. They are also established programs and practices that provide a general reflection of what the society believes should be the place of newcomers in their communities. Moreover, these policies point to the warmth of welcome the newcomers receive to their new country, and the policies provide something of a blueprint regarding how and by what paths newcomers will be supported on their journey toward accommodation, acceptance, and integration or inclusion (Evans & Shields, 2014, p. 119).

Federal & Provincial Jurisdiction

Under the Constitution Act (1867), the federal Parliament has authority over “naturalization and aliens” (s. 91). This includes the final selection and admission of immigrants (although this is an area where provinces have had some autonomy in, notably the case of Quebec), the determination of refugee status, and the final selection and admission of temporary residents, live-in caregivers, and international students (Tossutti, 2012, p. 608). The federal government’s

responsibility is housed in Immigration, Refugee, and Citizenship Canada (IRCC), which “facilitates the arrival of immigrants, provides protection to refugees, and offers programming to help newcomers settle in Canada. It also grants citizenship and issues travel documents (such as passports) to Canadians (Government of Canada, 2020, November 12).

However, the Constitution Act (1867, s. 95) also assigns concurrent legislative power over immigration to the federal and provincial governments, with the provinces limited in that any laws they pass must not be “repugnant to any act of the parliament of Canada” (Tossutti, 2012, p. 608). The Immigration and Refugee Protection Act (2001, s. 8) also authorizes the federal minister to sign agreements with the provinces to facilitate the coordination and implementation of immigration policies and programs. In practice, the federal government shares its authority with provincial and territorial governments in matters where immigrant and newcomer settlement and adaptation intersect with provincial powers (Tossutti, 2012, p. 609).

Although this is a shared policy area, the federal government has traditionally shouldered more of the responsibility. However, over the last two decades, the provinces have been taking on more responsibility for immigration and settlement policy, but unevenly. Within the context of neoliberal governance and devolving responsibilities, a confluence of provincial interest in acquiring more control over immigration and social policy and the Federal government’s desire to reduce spending has eroded their monopoly of policy making in the selection and settlement of newcomers (Evans & Shields, 2014, p. 118; Tossutti, 2012, p. 609).

IRCC now has a range of agreements with provinces and territories on how they share responsibility for immigration. Each agreement is negotiated separately with the province or territory to address unique needs and priorities, and are designed to ensure that settlement programs respond to the unique economic and social needs of each jurisdiction through

collaborative strategies for providing services to newcomers. Some provinces and territories have comprehensive agreements with IRCC that cover a wide range of immigration issues (all except the Northwest Territories and Newfoundland and Labrador). This includes agreements made with Manitoba and British Columbia that give them full responsibility and funding for delivering settlement services to newcomers, and a consultative role regarding immigration policy and targets (Rose & Preson, 2017, p. 31; Government of Canada, 2018, March 7; Tossutti, 2012, p. 610). Subsequent agreements with Alberta, Prince Edward Island, Saskatchewan, Ontario, and Nova Scotia provide for co-operation on recruitment and planning and settlement, although there is no funding for the latter. Other provinces and territories also have agreements that cover more specific issues, like provincial nominee agreements, which allow them to nominate immigrants to meet specific labour-market needs (all except Quebec and Nova Scotia) (Tossutti, 2012, p. 610; Government of Canada, 2018, March 7).

Municipalities

Municipalities and local governments have played an increasingly important, yet limited role, in immigration and settlement. This increased involvement has been facilitated through a political dimension of provincial-municipal relationships that permit some measure of local innovation in areas where laws or rules of procedure have been vague or nonexistent, the erosion of airtight jurisdictions of authority, and the paradigm shift from government to governance (Tossutti, 2012, p. 610; Rose & Preston, 2017, p. 30; Tolley & Young, 2011). However, this role is limited by the fact that municipalities are creatures of the provinces, with powers and responsibilities that are circumscribed by provincial legislation. The formal role of municipal governments in decision-making about immigration and settlement policies are thus limited by current

constitutional arrangements (Rose & Preston, 2017, p. 29). Further, municipal involvement in settlement services for newcomers can be limited by urban planning approaches that often overlook the ethnic and racial diversity of urban populations. By not recognizing the needs of specific residents, like newcomers, such planning approaches challenge municipal mandates to serve all residents (Tossutti, 2012, p. 610; Rose & Preston, 2017, p. 30).

An example of the increasing yet limited involvement of municipalities in immigration and settlement policy can be found in the 2005 Canada Ontario Immigration Agreement (COIA). This agreement was unique, because it included a tripartite Memorandum of Understanding (MOU) between federal, provincial, and municipal levels of government. The MOU, signed in 2006, marked one of the first times all three levels of government collaborated to address the needs of newcomers, and served to enhance the role of the City of Toronto in intergovernmental arrangements concerning immigration and settlement. Through the establishment of two consultation tables, one addressing language training and the second regarding settlement services, COIA increased municipal contact with decision makers from the federal and provincial governments (Rose & Preston, 2017, p. 31).

The MOU is different from other federal-provincial immigration agreements that call for municipal partnerships, but do not include municipal governments as partners to the agreements. For instance, Quebec has bilateral agreements with selected municipalities that provide provincial funds for services for newcomers. However, the municipalities are considered stakeholders rather than partners (Rose & Preston, 2017, p. 32). The MOU functions as a government-to-government agreement that recognizes how municipal governments' interests in immigration and settlement parallels that of the federal and provincial governments. However, despite the provisions of partnership, senior levels of government only committed to information

sharing and consultation. Through the MOU, the City of Toronto did not gain much access to additional resources for facilitating settlement (Rose & Preston, 2017, p. 32).

One settlement worker I interviewed identified how the role of social integration, in particular, often falls to municipalities,

The federal government has one goal, and that is for immigrants to integrate and contribute to taxes. Their view of integration is probably like “quick, quick, quick. Take a few classes here, learn English, go to work, pay tax.” So, you have to think about it that way with the federal government. The federal government wants workers, wants the population, wants people contributing also to the province, with these additional taxes and they’re contributing to the economy. So, a lot of the immigration policies really have a lot of economic focus, right. And then there’s the integration piece, which comes in kind of second, because part of it too is if you’re not integrating well into the community that you’re in, and you’re an outsider, then we get a lot of outsiders, and what happens? It creates tension. So, they want people to kind of integrate and be part of the community, volunteer in schools, and volunteer in the community, stuff like that. You feel like you’re part of the community, it’s good for the overall society, right... So, when you’re thinking about social integration, a lot of it falls under the municipal government (SC 2).

Municipal involvement in social integration then includes funding community development programs, like collective kitchens, taking newcomers out to experience winter, and arranging transportation so newcomers can attend community events, if needed (SC 2). Thus, newcomers selected by federal and provincial governments settle in Canadian cities that benefit when newcomers succeed, but deal with the fallout when they struggle to find jobs that match their qualifications, have difficulties locating affordable housing, and encounter challenges settling family members. Despite the significant role of municipalities in successful settlement, decision-making about services such as language training and mentoring that are intended to ease the transition process for newcomers, is largely the prerogative of the federal and provincial governments (Rose & Preston, 2017, p. 32).

Non-Profit Organizations & the “Canadian Model” of Settlement Service Delivery

Within these three layers of government, non-profits also play a significant and increasing role in settlement service provision (Shields, Drolet, & Valenzuela, 2016, p. 10). In Canada, this is facilitated under the “Canadian Model” of settlement service delivery, where non-profits are funded by various levels of government to provide settlement services and programs (Rose & Preston, 2017, p. 30; Richmond & Shields, 2005, p. 513). The “Canadian Model” of settlement services has generated considerable interest internationally, and has often been seen as an example of best practices. However, the reshaping of the non-profit-government relationship within the context of new public policy approaches, like New Public Management reforms and “roll-out neoliberalism,” have, in recent years, placed more strain on non-profits in this government partnership (Evans & Shields, 2014, p. 118).

The trend towards neoliberal policy directions in settlement and citizenship is seen throughout western countries. In western Europe and the United Kingdom, this neoliberal approach has been conceptualized as a turn to civic integration. Although not exactly the same, the example of this policy shift in western Europe will help frame our discussion of Canada’s policies. The civic integrationist turn usually refers to the stricter requirements for residence and citizenship that many states have implemented since the late 1990s (Fernandez & Jensen, 2017, p. 1). The articulation of citizenship found under neoliberal and civic integrationist policy approaches emphasizes the need to earn citizenship. Citizenship thus no longer becomes a *prima facie* right, but a prized possession that, if earned, can also be lost if not properly cultivated (van Houdt, Suvarierol, & Schinkel, 2011, p. 408).

Neoliberal policy contains the underlying moral image of the individual as one who is autonomous, free, rational, and a self-regulating citizen. Citizens thus become active parties

entering contracts between the state, society, markets, and other citizens. This means that citizens are called upon to assume responsibility in regulating themselves, their children, and their neighbourhoods (van Houdt, Suvarierol, & Schinkel, 2011, p. 411). In their path to citizenship, it is thus essential that newcomers do not constitute a burden on the welfare system. As such, they prove themselves to be self-sufficient individuals who “pay their way” into citizenship. Only when citizenship is earned do newcomers have full access to the benefits of the welfare system, such as social housing (van Houdt, Suvarierol, & Schinkel, 2011, p. 413). The process of earning citizenship is therefore one in which newcomers bear the responsibilities of citizenship and can only look forward to enjoying the full rights and benefits having succeeded in fulfilling the economic and cultural conditions of membership (van Houdt, Suvarierol, & Schinkel, 2011, p. 419).

Within neo-liberal restructuring and the marketization of the state/non-profit relationship, non-profits in Canada have been recast and assigned a key role as an agent of the state in the production and delivery of essential health and social services, including settlement services. The community-based service providers are deliberately underfunded, supposedly to allow the public to choose which services to support through their charitable giving and voluntary activities (Evans & Shields, 2014, p. 120; Richmond & Shields, 2005, p. 518). Underfunding is also governed by the state’s use of short-term contract financing of programs for which non-profit organizations are compelled to compete. The relationship between the state and non-profit service providers is thus reframed less around policy co-production and toward vertical control and accountabilities, which actually extends the government regulation of the sector (Evans & Shields, 2014, p. 120).

Specifically, Federal and Provincial governments retain control through the accountability and reporting requirements that accompany funding. For example, federally funded language training is only available to permanent residents before they become Canadian citizens and it is funded per student hour of class. Language training for citizens, temporary residents, and other newcomers must then be funded from provincial and other sources. Federal and provincial governments influence the activities of service providers and their municipal partners by specifying eligibility rules and the types and formats of services that will be funded. Despite their intimate knowledge of immigrants' needs, municipal governments and NGOs must comply with federal and provincial policies to receive funding (Rose & Preston, 2017, p. 30).

This shift towards neo-liberal policy in funding structures for settlement service delivery can also be found in immigration and multiculturalism policy more broadly. Specifically, the private-public partnership model characteristic of Canadian settlement services and multiculturalism policy was designed to make newcomers responsible (with government support) for "a portion of their own integration" (Shields, Drolet, & Valenzuela, 2016, p. 11). In terms of newcomer admittance, highly educated, skilled, and business class immigrants were considered on a number of fronts to be "ideal" immigrants. This is because they were considered to be newcomers who could readily contribute economically to the country without the receiving state having to heavily invest in their settlement, as they were classified as "labour market/economy ready" (Shields, Drolet, & Valenzuela, 2016, p. 12).

Newcomers in this category are also considered to be "ideal immigrants" in the sense that they are viewed as more adaptable and able to integrate into their new country with minimal investment in settlement. This shift has allowed support for settlement and integration to move slowly away from the responsibility of the host country onto newcomers themselves.

Additionally, social welfare policy increasingly requires newcomers to be autonomous, responsible, hard-working, and to avoid dependence on the state. As an interviewee who works in multicultural healthcare and community development pointed out,

while immigration policy actively attracts and recruits the *crème de la crème* from all over the world, we don't care for these talents when they arrive, they're on their own. Professional organizations, employees, universities, don't really recognize or don't truly recognize, without bias, existing competencies to tap into that strength. These two areas have not been well addressed across our nation; individual, systemic, and rational level (HC).

So, even though Canadian immigration is based on recruiting "ideal immigrants" who will present the least possible "burden" so the social welfare system, we also do not support the qualifications and talents of newcomers. However, this does not only apply to newcomers who enter through the economic or family sponsor class; the shift to attracting the "*crème de la crème*" of newcomers extends to the refugee class as well.

The ones who are most vulnerable, when we're talking about refugee families, even among them, generally, it's the most talented and most educated that are sourced through UNHCR. And then of course, there is also the commitment to bring in the most vulnerable from very rural areas, that might have encountered a lot of difficulties. That is true, but it's only makes up 4% of the three hundred thousand. So, it's a small number, but most people think it's a big number. The only exception was during the Syrian crisis (HC).

The neoliberal approach to public finance of newcomer support and newcomer integration is one that has shifted toward a minimalist orientation and a view of the newcomer as a one-dimensional economic object. Further, the idea of immigrant supports as necessary and useful investments in newcomers that will pay off in smoother settlement transitions and better long term social and economic integration, especially by central governments, has come to be viewed with increasing levels of skepticism (Shields, Drolet, & Valenzuela, 2016, p. 12).

The Consequences of This Model

Given that newcomers constitute a vulnerable population, especially since 70% are racialized, non-profits and other frontline agencies that service this population have a significant role to play in giving voice to newcomer concerns and interests to government policy makers (Evans & Shields, 2014, p. 119). However, are settlement service agencies given the space to voice these concerns and interests?

The way settlement services have devolved to non-profit organizations has had negative impacts on their ability to deliver settlement services. Under the current model, non-profits function as a government “partner,” which means they are expected to follow, or at least not stray far from, the current immigration discourse and government regulations. This can undermine the advocacy role for immigration reforms and work against the expansion of newcomer and immigrant rights. Further, contrary to government pronouncements, the “partnerships” between governments and non-profits for settlement service delivery does not grant non-profits significant status in negotiating immigration policies or to challenge the status quo (Shields, Drolet, & Valenzuela, 2016, p. 18). Settlement service providers often do not feel that their input is heard or valued, and that being brought into discussions with governments about immigration policy is not about collaboration, even when presented that way. Rather, from the perspective of service providers, immigration policy is pre-determined according to government objectives, regardless of what information settlement service providers have to offer (Evans & Shields, 2014, p. 122).

As discussed in the first section of this chapter, community-based settlement service providers have long maintained that successful newcomer settlement is a lifelong process. However, government funding available to these agencies has been mainly for the first and

second stages of settlement. As the settlement process has become more challenging, the funding for community-based agencies is increasingly limited, unstable, and restrictive (Richmond & Shields, 2005, p. 516). Additionally, the granting of government funding oftentimes requires non-profits to deviate from their original purposes and implement those programs that receive funding from the government, but do not necessarily address their clients' needs. Moreover, grant funding, and government budget allocation overall, is often insufficient to cover full programming costs, which leaves non-profit agencies covering the difference through donations and volunteering. In this way, non-profit resources can be directed to subsidize government determined settlement programming (Shields, Drolet, & Valenzuela, 2016, p. 18-19).

The current model of funding for non-profits in settlement services based on contract financing has created competitive quasi-markets for service delivery. While this has succeeded in restructuring the non-profit service sector along quasi-market lines, from a community perspective, many negative consequences have resulted, entailing unintended and undesirable outcomes (Evans & Shields, 2014, p. 120). Non-profits in the settlement service field now find themselves in a constant struggle between their accountability to their newcomer clients to represent their interests and deliver quality services, versus their accountability to government funders in the context where non-profits are in a never-ending quest to secure the next short-term funding grant their organization depends on for survival (Shields, Drolet, & Valenzuela, 2016, p. 16). Furthermore, increasingly onerous and arbitrary accountability requirements from government funders are creating major administrative burdens at the agency level, further limiting the resources available for service provision and policy planning (Richmond & Shields, 2005, p. 517). These administrative burdens include cumbersome managerial and accountancy activities that pull valuable personnel, capital, and time resources away from actual program

delivery, and the stifling of innovation, often negatively impacts the agency's service outcomes (Shields, Drolet, & Valenzuela, 2016, p. 16).

To compound these problems, community-based settlement providers now face increasing competition for limited settlement service dollars from a broad range of potential providers including public educational institutions and private sector providers (Richmond & Shields, 2005, p. 517). Additional impacts from this funding structure based on contract financing include the fragmentation of services, compromised ongoing viability of delivery organizations, and more monopolization on services rather than a diversity of services offered in order to qualify for narrow funding parameters. Further, the decentralization of settlement services creates disparities between the services offered to newcomers depending on their place of residence (Evans & Shields, 2014, p. 120; Richmond & Shields, 2005, p. 517; Shields, Drolet, & Venezuela, 2016, p. 18).

Conclusion: Context of Settlement Service Delivery

Although multi-jurisdictional, interconnected, and devolved, authority and decision-making for immigration policy in Canada lies with the federal and provincial governments. Municipal governments play a vital role in the settlement of newcomers, yet tripartite partnerships are limited to consultation and information sharing. The context for settlement service delivery, including possible sexual education programming, is characterized by constraint. Non-profits are confined by funding structures that rely on short term financing and the attached accountability and reporting measures that extend government control. Non-profits are thus torn between accountability to their clients in providing long-term services and advocacy, and government funding that is only concerned with the first and second stages of settlement.

Chapter Three: The Landscape of (Comprehensive) Sexual Education in Canada

Introduction

To better understand how settlement services interact with sexual education, we must turn to the landscape of sexual education policy in Canada. This policy context includes discussing the major reports and key organizations involved in sexual education, what comprehensive sexual education is and why it is important, as well as how it is delivered and by whom. This also includes discussion of the current state of access to sexual education for both newcomers and immigrant communities, as well as non-immigrants, and the capacity of comprehensive sex education to incorporate anti-racism into its curricula.

Major Reports & Key Organizations

There are three major reports and two key organizations that influence the architecture of sexual education policy and curricula in Canada. The first report is the *International Technical Guidance on Sexuality and Education: An Evidence-Informed Approach* (2018) by the United Nations Education, Scientific and Cultural Organization (UNESCO). First published in 2009 (and then revised in 2018) this report was part of the 2030 Agenda for Sustainable Development. The report is intended for “anyone involved in the design, delivery and evaluation of sexuality education programmes both in and out of school, including stakeholders working on quality education, sexual and reproductive health (SRH), adolescent health and/or gender equality, among other issues” (UNESCO, 2018, p. 12). This includes education ministers and their staff, including curriculum developers, school principals and teachers, NGOs, and youth workers and young people involved in advocacy (UNESCO, 2018, p. 12). The report also provides the most accepted and widely referenced definition of comprehensive sexual education (CSE), and

includes evidence-based information on the importance and efficacy of CSE and its importance for the health and well-being of young people. It also includes key concepts, topics, and learning objectives for CSE curricula, per age group, as well as best practices for its implementation.

Within Canada, there are two major reports that operate within the UNESCO framework for understanding sexual education and curricula. The first is the *Canadian Guidelines for Sexual Health Education* (2019) by the Sex and Information and Education Council of Canada (SIECCAN). These guidelines were first published in 1994 and subsequently revised in 2003 and 2008. The 2019 edition is an expansion and a revision that includes new content on the importance of CSE in Canada, a list of key educators and settings that are important for access to CSE, and benchmarks for providing STI prevention education and testing in schools (SIECCAN, 2019, p. 4-5). These guidelines are meant for educators (in schools and in NGOs), program planners, and policy makers involved in the development, implementation, and evaluation of CSE. This includes a framework for evaluating new and existing sexual health education activities and programs, policies, and related services available in Canada. Further, the guidelines offer a clear understanding of the goals, key components, and settings for CSE and best practices for curricula delivery (SIECCAN, 2019, p. 6).

The State of Sex-Ed Report (2020) by Action Canada for Sexual Health and Rights (Action Canada) combines the last major report and the first key organization I will discuss. Action Canada “works within Canada and globally to promote health, well-being, and rights related to sexuality and reproduction by directly providing support, referrals, and information; working with other groups and organizations on a range of campaigns using a collaborative, movement-building approach; and policy advocacy related to sexual and reproductive rights, including abortion access, gender, LGBTQI2S+ rights, comprehensive sexuality education, and

more” (2020, p. 3). This work includes producing educational resources (like their *Beyond the Basics* book for educators) and reports on sexual education in Canada, as well as engaging with policy makers and other NGOs on these issues. As an organization, they thus play a significant role in setting the agenda for sexual education in Canada.

Using frameworks and standards provided in the *International Technical Guidance on Sexuality and Education* (UNESCO, 2018) and the *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019), the *State of Sex-Ed Report* (Action Canada, 2020) presents findings on the state of sexual education across Canada and the ongoing impacts of sub-standard sexual education. These findings were gathered through a review and analysis of all provincial and territorial sexual education curricula and seeks to demonstrate why Canada should exercise federal leadership on this issue (Action Canada, 2020, p. 4). The report also includes information on CSE and what it means in the Canadian context, young people’s experiences of sexual education, who is and who should be teaching sexual education, and the (lack of) support educators receive from governments. Overall, the report found that the sexual education that Canadian students are receiving does not meet international standards or best practices, nor those found in the *Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019) (Action Canada, 2020, p. 5).

The last organization to highlight is the Native Youth Sexual Health Network (NYSHN). NYSHN is a grassroots organization by and for Indigenous youth that works in collaboration with a network of intergenerational relatives. They work across issues of sexual and reproductive health, and sexual health rights and justice on Turtle Island (what is now called Canada and the United States) (NYSHN, n.d. a). Some of their key areas of work include culturally safe sex education, media literacy, harm reduction, environmental justice, two spirit and LGBTQQA

advocacy and awareness, sex trade, sex industries and street economies, Indigenous feminisms and masculinities, and sexual self-esteem and empowerment (NYSHN, n.d. b).

Some ongoing projects of the NYSHN include the Sexy Health Carnival, which is an event that “works to break the barriers of fear, stigma and shame relating to issues that we face in our communities” (NYSHN, n.d. c). The event aims to create a safer environment that makes learning this information more accessible and more fun. This includes booths on a range of topics like suicide, consent, birth control, and masturbation, and also includes prizes and safer sex supplies, as well as interactive games like the wheel of sex trivia board and button making (NYSHN, n.d. c). Further, there is the Feminist Condom Cases and Beaded Condoms project, which aims to help Indigenous youth talk about and interact with safer sex materials in a culturally safe way, as well as the opportunity to push back against misrepresentations of Indigenous bodies (including those found in public health approaches to sexual health and education) and connect to the self-determination of reclaiming and restoring knowledge about bodies, sexualities, and gender identities (NYSHN, n.d., d). The organization has also produced a myriad of resources that includes a First Nations Sexual Health Toolkit, a Two-Spirit Resource Directory and Mentor Support Circle, and information on Indigenizing harm reduction (NYSHN, n.d. e) This organization is important to the work of decolonizing and Indigenizing sexual health and education in the context of settler colonial Canada, and will be discussed more later in the chapter when I analyze the anti-racist capacity of sexual education curricula.

What is Sexual Education & Why is it Important?

At the core of sexual education lies its understanding of sexuality. According to the *International Technical Guidance on Sexuality Education*,

sexuality may be understood as a core dimension of being human which includes: the understanding of, and relationship to, the human body; emotional attachment and love; sex; gender; gender identity; sexual orientation; sexual intimacy; pleasure and reproduction. Sexuality is complex and includes biological, social, psychological, spiritual, religious, political, legal, historic, ethical and cultural dimensions that evolve over a lifespan (UNESCO, 2018, p. 17).

Further, sexuality refers to the individual and social meanings of interpersonal and sexual relationships, in addition to biological aspects, meaning that it is a social construct understood within a range of beliefs, practices, behaviours and identities. Sexuality is linked to power, and the expectations that govern sexual behaviour differ widely across and within cultures. Finally, sexuality is present throughout life, manifesting in different ways and interacting with physical, emotional, and cognitive maturation (UNESCO, 2018, p. 17).

Thus, sexuality is understood to include many interlocking individual and social ideas, understandings, and contexts. This is also reflected in Action Canada's definition:

sexuality is the way people experience and express themselves sexually. It is a central aspect of being human. Our sexuality is the sex we want and/or have (if we are sexual) but it includes more than that. It also includes biological, erotic, physical, emotional, social, or spiritual feelings and behaviors. It is an important part of who we are. This means that our sexual health is key to our overall health. Knowing about our sexual and reproductive anatomy and learning how to take good care of ourselves is part of being sexually healthy (Action Canada, n.d.).

The *Canadian Guidelines* assert that the centrality of sexuality to our lives mean that sexual health and education are major determining factors “in the well-being of individuals, partners, families, and communities” in overall health, well-being, and quality of life (2020, p. 11).

As discussed in chapter one, access to sexual education has biopolitical implications for belonging in Canada. Lack of comprehensive sexual education can severely impact one's individual, and one's community, well-being and quality of life. These definitions of sexuality also indicate that in order to be effective, sexual education must be able to speak to all of these

different social, political, cultural, and historical contexts. As we will see, this is exactly what CSE strives to do.

As mentioned in the introduction, CSE is defined in the *International Technical Guidance on Sexuality and Education* as

a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives (UNESCO, 2018, p. 16).

It is also understood to be delivered in both formal and informal settings, and is scientifically accurate, incremental and age appropriate, based in gender equality, culturally relevant and context appropriate, and based in a human rights approach⁵ (UNESCO, 2018, p. 16). The *State of Sex-Ed Report* and the *Canadian Guidelines for Sexual Health Education* are similarly embedded in a human rights approach, and use the UNESCO definition for CSE (2020, p. 4 & 6; 2019, p. 24).

Although the UNESCO report sets the stage for discussing sexual education within these larger contexts, and are clear that they are inherent to a comprehensive approach to sexual education, they note the voluntary nature of the *International Technical Guidance* report. Specifically, the report “recognizes the diversity of different national contexts in which sexuality education is taking place, and the authority of the governments to determine the content of educational curricula in their country” (UNESCO, 2018, p. 13). In taking up the work of this

⁵ I want to point to the fact that this definition and understanding of sexual education is embedded in the context of a western liberal humanist understanding of rights, freedoms, and democracy that is found at the level of international politics in the United Nations. It is important to point this context out now, as it will become more relevant when discussing the possible limitations of sexual education in discussing issues of anti-racism and decolonization as part of its curricula.

report, SIECCAN and Action Canada are explicit about the structures of oppression that CSE interacts with in the Canadian context.

CSE in the Canadian Context

SIECCAN's report stipulates that CSE can "help raise awareness of the social, historical, and systemic factors that affect reproductive health. Reproductive choices and access to reproductive healthcare services and supports can be impacted by marginalization and oppression based on race, gender, class, sexuality, and ability" (2019, p. 14). Specifically, Indigenous women, women of colour, people with disabilities, and LGBTQ+ people have historically, and continue, to have their sexual health disproportionately impacted by laws and policies that limit their sexual and reproductive rights. This includes forced sterilization, the systemic removal of children, and lack of access to reproductive technology (SIECCAN, 2019, p. 14). Part of the motivation for the revision to the Guidelines was to ensure that sexual education curricula reflect these realities, and to ensure that changes in demographics are accurately reflected. For instance, our aging population, our increasing cultural and ethnic diversity, and ensuring that the needs of LGBTQ+ people are reflected and supported (SIECCAN, 2019, p. 7-8). Further, the report makes clear that sexual educators and their curricula need to be made aware of the intergenerational impacts of settler colonialism on the sexual health and well-being of Indigenous peoples (SIECCAN, 2019, p. 8).

Action Canada echoes this approach and extends it to issues of access. Their report asserts that CSE must be "accessible to all people inclusive of age, race, sex, gender identity, sexual orientation, STI status, geographic location, socio-economic status, cultural, or religious background, ability, or housing status" (Action Canada, 2020, p. 116). In addition, CSE must be

“inclusive of the identities and lived experiences of lesbian, gay, bisexual, transgender, queer, intersex, two-spirit, nonbinary and asexual people (LGBTQI2SNA+) and other emerging identities,” and should “include the critical evaluation of discriminatory attitudes and practices” (Action Canada, 2020, p. 117). Finally, sexual health education for Indigenous people must be culturally safe and embody community-specific values related to sexuality and sexual health” (Action Canada, 2020, p. 44). Further, a core principle of CSE, is that everyone should have access to it throughout their life, and this needs to be a factor in assessing if CSE programs are successful or not (SIECCAN, 2019, p. 23; Action Canada, 2020, p. 10).

An important aspect of CSE is that it does not engage in fear and risk-based approaches to sexual education (UNESCO, 2018, p. 18). This is pertinent to the UNESCO articulation of CSE, as these approaches are overrepresented in development politics at the international level. In development discourses, sexuality is represented as a source of hazard or harm, and sex is reduced to a risk-laden practice that is a cause of disease, overpopulation, and untimely death. Sexual rights activism has focused on the harms of discrimination, exclusion and violence, and sexuality educators on preventing adolescent pregnancies and mitigating the harms of the HIV epidemic (Cornwall & Hawkins, 2013, p. 5). This is rooted in racist ideas of what groups of people are “at risk” and locating sexual infection or disease in the “developing” world.

However, this also manifests domestically in sexual education curricula that emphasizes only the potentially negative outcomes or risks associated with sexual behaviour. This also includes an extension of how mitigating the HIV epidemic is discussed in a development context to “at-risk” populations like Indigenous peoples and/or trans people in Canada. For these peoples, sex and sexuality are presented as harmful, risk-laden, and a cause of disease, particularly by public health and school-based programming (Fink, 2015, p. 152; Neigh, 2021,

14:40). CSE is designed to provide a balanced approach that informs students of potential risks and negative outcomes, while it also provides space to discuss positive aspects of sexual health (UNESCO, 2018, p. 18).

Delivery of CSE was also discussed in the context of sexual violence in Canada. Both Action Canada and SIECCAN's reports emphasized the significant public health problem and human rights violation that sexual and gender-based violence represents in Canada. However, specific groups are disproportionately impacted by this violence. These groups include women and girls; Indigenous women, girls, and peoples; LGBTQ+ people; people living in northern, rural, and remote communities; people with disabilities; children, youth and seniors; and newcomers to Canada (2019, p. 16; 2020, p. 8). CSE is important because it helps create "safe learning environments for all people and shapes a culture of equality for women and girls, trans people, and non-binary people, and anyone who does not identify as heterosexual and cisgender" (SIECCAN, 2019, p. 17; Action Canada, 2020, p. 8). This means that CSE can help reduce homophobic and transphobic violence, sexual violence, and gender-based discrimination. For some students, this is immediately lifesaving, as calling trans youth by their names and pronouns can drastically reduce the chances of suicide (Action Canada, 2020, p. 8).

Given these articulations of what CSE encompasses and why it is important, the biopolitical implications of Action Canada's assertion that sexual education saves lives makes more sense. Briefly mentioned in chapter one, #SexEdSaves lives is one of their major campaigns, but also functions as a core principle in how the organization operates. In the *State of Sex Ed Report*, Action Canada asserts that CSE helps address and prevent the root causes of negative health outcomes, as demonstrated above. This is important to keep in mind while thinking about access to CSE in the case of newcomer and immigrant communities, as it

provides an indicator of quality of life and value afforded to a demographic that Canada derives so much of its identity from “welcoming” into its borders.

How is Sexual Education Delivered & By Whom?

Now that we have a sense of the broad orientation of comprehensive sexual education curricula, we will turn to where it is delivered, in what settings, and by whom. Formal education is a provincial or territorial responsibility in Canada, where sexual education is often a component of health and physical education in public schools. The role of the federal government in sexual education involves funding SIECCAN’s *Canadian Guidelines for Sexual Health Education* report through the Public Health Agency of Canada, as well as publishing their own resources (Whitten & Sethna, 2014, p. 416).

Most research and reports focus on sexual education in schools, as schools are the only formal educational institution to have meaningful contact with nearly every young person. They are in a unique position to provide children, adolescents, and young adults with the knowledge and skills they will need to make and act upon decisions that promote sexual health throughout their lives (Whitten & Sethna, 2014, p. 416; Action Canada, 2020, p. 10). Part of this unique positioning includes teachers who are skilled and trusted sources of information, long term programming opportunities, and the power of school authorities to regulate many aspects of the learning environment to make it protective and supportive. The meaningful contact with students that schools have also means that students spend a lot of time there. They are likely to go through puberty while at school, as well experiencing all kinds of relationships, and understandings of identity. This makes it important to have age-appropriate and phased education about rights, relationships, sexual education and health through a critical lens. Tertiary educational institutions

are also noted for the significant role they play in the delivery of CSE, as many students may be living away for the first time in their lives and continue to develop relationships (UNESCO, 2018, p. 19). However, research and reports focus primarily on educational institutions from elementary to secondary school, as they have the highest contact with students.

So, what does this look like in the Canadian context? The *State of Sex-Ed Report* found that the quality of sexual education students receive varies widely across the provinces, and overall, falls short of international and national standards. Provinces have different curricula that have all been updated at various intervals. There is no system in place to monitor the delivery, results, or needs of sexual education in schools. Educators receive little to no support to develop their ability to offer accurate, non-stigmatized, and comprehensive sexual education to their students. If lessons do take place, the experiences and needs of LGBTQ+ students are often overlooked, as well as the current realities that young people navigate in their sexual decision-making today. In essence, sexual education in Canada is not meeting the standards for CSE set out in the *International Technical Guidance on Sexuality and Education* (UNESCO) or the *Canadian Guidelines for Sexual Health Education* (SIECCAN). It is also outdated, not comprehensive, not monitored or evaluated to ensure high quality delivery, and is offered by educators who receive little to no support from provinces and educational systems (Action Canada, 2020, p. 5). Therefore, Canada does not currently engage in CSE.

As a step towards having CSE curricula implemented in Canada, Action Canada is calling for federal leadership on this issue. Although Canada has recently been working at the international level to advance progressive standards on CSE given its recognized importance for people's right to health and education, as well as the role it plays in the prevention of violence against women and girls, the federal government has not been meaningfully engaging with this

issue nationally. Canada has received many recommendations from human rights accountability mechanisms calling for immediate action to address young peoples' right to CSE (Action Canada, 2020, p. 10). In 2016, the Committee on the Elimination of Discrimination Against Women called for Canada to harmonize its sexual education curricula among provinces and territories, and allow the Federal Government to hold them accountable for implementing CSE guidelines and standards. In 2018, Canada received and accepted a recommendation as part of its United Nations Universal Periodic Review to take action to ensure equal access to CSE across provinces and territories. However, the federal government has yet to take meaningful steps to address these gaps in jurisdiction (Action Canada, 2020, p. 10).

Given the centrality of schools in the delivery of CSE, it follows that teachers must play a crucial role in young people's access to health information. While doing their best with the limited resources they have, sexual education is not being prioritized in many schools or boards. This results in a severe lack of financial and time investment in ensuring teachers are trained and supported to teach sexual education curricula. Currently, there is no training on core issues, no training to support educators in challenging their own internalized ideas related to sexuality, and no training to help them develop a positive and inclusive approach inherent to CSE (Action Canada, 2020, p. 57).

Part of the reason teachers are not receiving the support they need is because schools do not typically acknowledge that sexual education is a special subject that, unlike English or math, requires more finesse to teach effectively. Sexual education can be embarrassing and anxiety-provoking to teach, which is why support and capacity building to bolster their ability to tackle these topics are important, in addition to allocating resources for specialized educators to offer those lessons (Action Canada, 2020, p. 57). Even outside of specific sexual education lessons,

teachers are uniquely positioned to answer questions raised organically in class, address incidents to create important learning moments, establish class norms, benefit from their students' trust, and integrate important learning opportunities in other lessons. Regardless of being specifically tasked with the sexual health outcomes of the mandated curriculum, teachers should get the support they need to feel empowered to teach sexuality and health, and benefit from the support of administrators, unions, boards, parents, communities, and governments (Action Canada, 2020, p. 58; UNESCO, 2018, p. 87).

This is important, because while the content of CSE curricula matters, the delivery of sexual education lessons is critical in determining its quality. Even when good quality curricula on CSE exists, teachers often avoid or minimize topics that they are uncomfortable teaching. Many teachers lack expertise and experience in teaching sensitive and controversial topics, and are not offered access to targeted, professional learning opportunities focused on CSE. Quality professional learning that builds both teacher competency and comfort level with the subject matter is associated with an increased likelihood that teachers will deliver health and well-being education programmes with high fidelity and quality that is associated with positive impacts on health behaviours. Without resources in place to ensure the training of educators to deliver this high-quality sexual education, access to life-saving health information will continue to be compromised (Action Canada, 2020, p. 64; UNESCO, 2018, p. 18).

Thus far we have established that school is the predominant setting in which sexual education takes place, which means that teachers are implicated in its delivery. Even though the UNESCO report highlighted the importance of teachers in delivering effective CSE as trusted sources of information for parents and students, there are significant issues with solely relying on them for delivering these curricula. When surveying students as part of the *State of Sex-Ed*

Report, Action Canada found that teachers were generally regarded by young people as unsuitable to teach sexual education due to embarrassment, lack of training, and a blurring of boundaries. Students found that teachers seemed unable to discuss sex frankly and responded unsatisfactorily to questions, which compromised their credibility in delivering the curricula. It also gave students the impression that sex could not be discussed straightforwardly, which is antithetical to the goals of CSE (Action Canada, 2020, p. 58).

Even though the assumption is that teachers are well positioned to deliver CSE because of their relationship with their students, this very familiarity is what many students found inappropriate in learning CSE from their teachers. Some students described their embarrassment at discussing sexual and personal matters with teachers and found it awkward seeing teachers around school after the sexual education lessons (Action Canada, 2020, p. 58). Young people wanted privacy and for sexual education to take place in confidence and with trustworthy educators, but teachers were not always trusted to maintain confidentiality and some doubted their impartiality. Teachers were also perceived to be moralistic, to judge students according to different values, and to have difficulty accepting that students were sexuality active. Thus, clear roles and boundaries is also needed to effectively deliver CSE (Action Canada, 2020, p. 58).

Sexual health professionals are likely better positioned to deliver CSE. This includes sexual health educators who often work for sexual health centers and can partner with schools to provide CSE. Such partnership might occur through visiting a class to provide lessons, or through school visits to sexual health clinics and holding classes at a school-linked clinic. They can also support classroom teachers, offer professional development to education workers, take on more sensitive topics during their classroom presentations, and connect young people to health care services (Action Canada, 2020, p. 60). Action Canada's report demonstrated that

some of the advantages of having sexual health educators deliver CSE include that they were perceived as less judgemental by students, more informed and better qualified to provide this information, more enthusiastic, able to provide greater confidentiality, and less embarrassment due to their anonymity (Action Canada, 2020, p. 59). However, the report also noted that community-based sexual health educators like this are underfunded and stretched beyond their capacity (Action Canada, 2020, p. 5). To make CSE effective, it thus needs to be delivered by experts who maintain clear boundaries with students, schools need to acknowledge that it is a special subject with unique challenges, and support their teachers as needed.

Where else is CSE Delivered?

Sexual education thus seems to be delivered predominately in middle and secondary school. What about youth who arrive in Canada after their province's mandated curriculum? What about adults who immigrate to Canada from countries where sexual education is not delivered to youth? These are essential questions when investigating sexual education for newcomers, especially considering how Canada is obligated to provide sexual education throughout our lives. However, Canadian governments have continued the legacy of relying on schools to deliver this information, and have not made provisions for newcomer adults. This means that there are huge gaps for newcomer youth and adults, as well as immigrant communities in receiving sexual education (Maticka-Tyndale, E., Shirpak, K. R. & Chinichian, M, 2007).

As one might infer from this context, non-profits that work with newcomers and immigrant communities, as well as community-based sexual health centers, are vital in the delivery of sexual education. In their report, UNESCO points to how important non-formal settings are to the delivery of CSE. Exposure to community programming for CSE often

compliments and expands on content offered in schools. These settings can also be less restrictive in terms of content that is allowed to be discussed and longer format programming. CSE offered in non-formal and community lessons is also important as it offers opportunities to sensitize parents and community leaders and to establish stronger connections with sexual and reproductive health services (UNESCO, 2018, p. 20). As discussed above, local non-profits that function as sexual health centers serve as a valuable resource for schools and teachers to turn to for more information, or to invite as guest speakers to discuss topics that reinforce or compliment CSE curricula (UNESCO, 2018, p. 88).

This recognition of the importance of community-based sexual health centers and non-profits that work with newcomers and immigrant communities has also been noted in the Canadian context. Previous editions of the *Canadian Guidelines for Sexual Health Education* focused on sexual education in schools, but the 2019 edition adopted a broad approach that makes specific reference to the wide-range of settings in Canada that are appropriate for the delivery of sexual health education. This includes a new section that identifies key educators and settings that have important roles in ensuring equitable access to sexual education for all people in Canada (SIECCAN, 2019, p. 9). In addition to Action Canada's assertion that community-based sexual health educators play an important role in delivering CSE in schools and supporting teachers, they also note that community programming provides vital support for priority populations. This includes LGBTQI2S+ youth, Indigenous youth, newcomers, and people with cognitive and/or physical disabilities, among others. Community-based sexual education organizations are also able to facilitate intensive and long-term educational sessions with a focus on community participation and empowerment (Action Canada, 2020, p. 60). This is important when considering the fact that their evidence shows that sexual education has the most impact

when it is linked to youth friendly community-based health services (Action Canada, 2020, p. 63). In order for these community-based educators to continue doing their important work, they need to be valued and invested in as a qualified third party. Like non-profits working with newcomers and immigrant communities, these sexual health centers do not have consistent structural support (Action Canada, 2020, p. 60).

As part of their *Guidelines*, SIECCAN asserts that CSE should be provided in and through a range of relevant settings to ensure that it is accessible to all people in Canada. They note that this necessitates individuals and groups working in these relevant settings be provided with resources and training opportunities to increase their capacity to deliver CSE. These settings include community-based organizations serving ethnocultural minorities, newcomers, and immigrant communities (SIECCAN, 2019, p. 71). SIECCAN identifies these organizations as playing an important role in providing CSE, as “ethnocultural identity shapes sexuality and sexual health attitudes and behaviours” (2019, p. 78). This includes attitudes towards marriage, gender identity and expression, sexual orientation, sexual health education, and sexual relationships. As a result, it is important that ethnocultural minorities, newcomers, and immigrant communities receive culturally competent sexual health education that is inclusive of diverse individual and community needs (SIECCAN, 2019, p. 78). The *Guidelines* report argues that in-person and online community organizations serving these groups are well-placed to provide CSE, which needs to be recognized by policy makers. This recognition includes ensuring that workers have the adequate resources and training opportunities to do so. Specifically, personnel working in these organizations should be properly trained to connect individual to appropriate services (SIECCAN, 2019, p. 78)

This last point is important, as it demonstrates how non-profits that work with newcomers and immigrant communities, like settlement service agencies, could benefit from partnering with community-based sexual health educators. Although these community organizations play an important role in ensuring that everyone has equal access to CSE, like schools, those working in these organizations may not always be best suited or trained to deliver CSE. Thus, having relationships with sexual health centers or other non-profits that engage with sexual education could be integral in ensuring newcomers and immigrant community members have access to CSE that considers their needs.

Newcomer & Immigrant Community Access to Sexual Education

So, are newcomers accessing sexual education? There is not much information on access for newcomers and immigrant communities for sexual education in Canada. One study conducted by researchers and the Toronto Teen Survey team (a survey outreach team run by Planned Parenthood Toronto), found that despite the importance of sexual education, racialized newcomer youth in Toronto encounter barriers to timely and appropriate access to this information (Salehi, Flicker, & Toronto Teen Survey Team, 2010, p. 9). Schools, particularly elementary and secondary, were found to be where most youth had access to sexual education. For newcomer youth in particular, who may have limited knowledge or access to other community programs, school is a crucial point of contact. However, given the inconsistent character of sexual education in schools, the study noted that there is a significant problem in newcomer youth arriving after their province may have delivered sexual education programming (Salehi, Flicker, & Toronto Teen Survey Team, 2010, p. 16). In the case of Ontario (in the current context), this would impact newcomer youth who have arrived to Canada in their later

high school years, as the bulk of the province's sex education curriculum appears to be programmed up until grade nine (Action Canada, 2020, p. 19).

Community facilities were a secondary source of sexual education, particularly community youth groups. This suggests that there may be a different experience of sexual education in these settings, which may cover needs and issues that are not always addressed in schools (Salehi, Flicker, & Toronto Teen Survey Team, 2010, p. 16). However, the study also found that there were many reasons to believe that newcomer youth may be less likely to access sexual education in community settings, not only because of not knowing of their existence, but also because services may not be available in a language they are most comfortable with, parents might be hesitant to allow them to participate in activities that are not mandatory, and their non-school time may be taken up with supporting their family in ways like caring for their siblings⁶ (Salehi, Flicker, & Toronto Teen Survey Team, 2010, p. 10 & 16).

Anti-Racism in Sexual Education

When analyzing the role of sexual education for newcomers in integration and inclusion processes, it is also necessary to assess whether or not sexual education curricula actually have the capacity to address issues of anti-racism. Although the three major reports that provide the framework for CSE curricula in Canada are attentive to issues of race, ethnicity, and settler colonialism it is important to investigate how far this recognition goes. However, we must begin with a definition of anti-racism and why it is important in the context of sexual education.

⁶ Issues that newcomers face in accessing sexual education at the community level, as well as in schools, will be addressed more thoroughly in chapter five. For now, my intent is to provide context for newcomer access to sexual education more broadly.

Anti-racism is understood to have three broad goals. First, it examines race and social differences as issues related to power and social equity, rather than as issues of cultural and ethnic variety. Second, it must incorporate an analysis of intersecting social oppressions to understand and expose how perceptions of race and their related effects do not occur in a vacuum, but are related to gender, class, religion, sexuality, ability, geography, and other social oppressions. Third, anti-racism must apply this analysis to the study of individual, social and systemic practice through which these oppressions, including race and racialization, operate. It is thus theoretically and practically linked to critical race theory and intersectionality (Whitten & Sethna, 2014, p. 417). Anti-racism clearly works to challenge society and social institutions to address persistent and pervasive effects of racism and interlocking social oppressions. This includes educational institutions, where students are seen as more than neutral, context-free youth, and to expose the ways education shaped and continues to shape race, class, and gender of all students. This focus overlaps with sexual education curricula, as it crucially impacts young people as part of their education. This overlap is important, as race and racialization touch all aspects of society, historically, and currently shaping important aspects of sexuality and sexual health. This includes issues of childcare, sexual violence, contraception, and HIV (Whitten & Sethna, 2014, p. 415).

A study conducted in 2014 on how race is discussed in sexual education curricula in Canada found that although there is an increase in information about sexual diversity and queer identities, explicit discussions of anti-racism are lacking (Whitten & Sethna, p. 414). Rather, curricula and national frameworks emphasized a liberal multicultural and “culturally sensitive” approach. In particular, the 2003 version of the *Canadian Guidelines for Sexual Health Education* used “culturally sensitive” in the context of sexual education as a euphemism for

“ethnic” or “racial” diversity and inclusivity. This framing can be problematic because it often relies on ethnic and racial stereotypes of groups, portraying racialized peoples as monolithic, static, and decontextualizes their experiences from a history of colonization, racialization, and persistent inequality. Culturally sensitive programs often obscure the differences in sexual health and behaviours due to access and social inequalities to merely the absence of factual sexual health information⁷ (Whitten & Sethna, 2014, p. 416).

This approach is tied to multiculturalism in Canada, which recasts difference as language and culture instead of race or ethnicity. The ideology and intended goals and practices of multicultural education are intrinsically different than those of anti-racist education. Multicultural education started from a liberal understanding of racism, while antiracist education comes from the work of racial minorities struggling against imperialist, colonial and neo-colonial experiences (Whitten & Sethna, 2014, p. 419). The central assumption of multicultural education is that being made aware of and celebrating surface differences amongst different races and ethnicities can counteract racially prejudiced attitudes amongst Canadians. Multiculturalism celebrates the superficial or enjoyable aspects of culture, such as dress, dance and food, while avoiding painful discussions of resistance, colonialism or imperialism (Whitten & Sethna, 2014, p. 419).

Although this study predates the three reports that provide the current frameworks for sexual education in Canada discussed so far, these critiques are important to consider as they highlight the legacy that the current understanding of CSE has developed from, and what CSE needs to push against in order to adequately address issues of race and racialization. From

⁷ This critique would not apply to the culturally sensitive approach and programming offered by NYSHN, as the organization is by Indigenous youth for Indigenous youth, in direct opposition to the ways in which settler colonialism has and continues to impact the sexual health of Indigenous peoples.

discussions earlier in this chapter, it is evident that the three reports attend to issues of structural and systemic oppression like settler colonialism, and other intersections of social oppressions that impact the sexual and reproductive health of racialized people in particular. They are also all clear that an intersectional understanding of social and structural oppression is a core component of CSE curricula. However, the language of anti-racism is never used explicitly, and language around cultural and ethnic difference is the default when discussing sexual education for newcomers and immigrant communities. These reports thus seem engaged in the fundamental approaches outlined in anti-racist education, but possibly rely on multicultural understandings of difference. There is no expectation that CSE curricula could ever achieve perfection in its ability to discuss issues of intersecting oppressions, however its potential limitations are important to acknowledge so there is an understanding of what it can and cannot achieve. This allows us to understand how it can best be used as a tool to achieve the goal of having comprehensive, anti-racist sexual education made available to newcomers and immigrant communities. Exposing these potential shortcomings also lets us see what other kinds of organizations and resources need to be prioritized.

The Potential Limits of CSE

One potential limitation of CSE comes from the context in which it was conceptualized. As it began in the context of the United Nations, it is unsurprisingly embedded in a human rights approach, which is also taken up in the reports operating at the national level. It seems odd to characterize an emphasis on human rights as a potential limitation, until we recall earlier discussions found in this thesis. As discussed in chapter one, Canada's identity of being an immigrant receiving country, particularly for victims of homophobia and transphobia, is part of

how it inserts itself into the liberal humanist tradition of democracy and freedom, so articulated at the level of the United Nations. This positioning is significant, as it allows Canada to locate homophobia and transphobia in the non-west or the “developing” world, and thus ascribe it to a failure in democracy, in contrast to the mighty liberal progress found at home (Miller, 2005, p. 164; Awwad, 2015, p. 30). Leaning into the human rights approach can be effective, particularly for Action Canada as a non-profit organization with policy influence, as they can point to the fact that Canada is failing to meet the international agreements it has signed to uphold the right to CSE for all peoples (2020, p. 9). It also provides legitimacy for a type of education that is often maligned and resisted based on certain articulations of morality and fear.

However, it is worth considering how CSE could also be a part of this liberal humanist project that positions Canada as an arbiter of progress in contrast to the failures of democracy in the “developing” world, much in the same way that it does with rights for LGBTQ+ people. Like the sexual minority refugee claims process, CSE could also be another moment of transnational judgement and adjudication where failures of the state of origin for newcomers are proclaimed without reflection on how Canada might be connected or be part of a reproduction of colonial relations of power (Miller, 2005, p. 164; Awwad, 2015, p. 30). This is pertinent, especially considering how (settler) colonialism and legacies of imperialism have and continue to shape understandings and behaviours around sexuality.

The national reports on CSE are clearly aware of this dynamic, but the liberal democratic nature of them might lead to falling back on assumptions of ignorance and stereotypes when discussing “cultural difference.” For instance, the motivation to ensure newcomers and immigrant communities have access to sexual education should not come from a place of assumed ignorance, but an understanding that sexuality, and everything associated, is contextual.

Therefore, it is important to ensure that those living in a new context have access to education that outlines the norms and understandings of their current environment. Highlighting the lack of attention and resources paid to this issue serves to demonstrate what governments value in terms of integration and inclusion, as being about productivity rather than social belonging. If not understood this way, discussions of cultural difference could rely on stereotypes and static colonial perceptions of newcomer sexualities.

Through the *State of Sex-Ed Report*, Action Canada has demonstrated that CSE has not been implemented in Canada. This means that we do not yet know how its anti-racist theoretical approach interacts with its potential underlying liberal multiculturalism. The point of this detour of inquiry is to suggest that CSE should not necessarily be regarded as the be all end all of sexual education. Rather, it presents an incredibly helpful standard that is worth working towards, keeping its potential limitations in mind.

Is an Anti-Racist CSE Enough?

As an organization itself, Action Canada is invested in anti-racist approaches to sexual education and reproductive health. For their 2021 Sexual and Reproductive Health Awareness Week campaign, they chose the theme “youth friendly care: it’s your right!” with a particular focus on what this means to centre Black, Indigenous, racialized, and migrant youth in questions of sexual health and rights. Their campaign materials included information on the connections between anti-Black racism, police violence and sexual health; the high rates of maternal mortality for Black mothers; how white women have benefited from medical racism in the testing of birth control on racialized women; and the need to dismantle white supremacy in order for everyone to

be able to realize their right to sexual and reproductive health (Action Canada, 2021, February 4).

As part of this campaign, Action Canada highlighted an episode of the podcast Talking Radical Radio, where the host (Scott Neigh) interviewed Sarah Edo of Nuance and pihêsiw of the Native Youth Sexual Health Network about the theme of the 2021 Sexual and Reproductive Health Awareness Week. Delving into this podcast episode gives us a chance to understand why the work these organizations do is so vital for sexual health and education in the settler colonial context of Canada. According to their website, “Nuance was created in response to a lack of representation of (im)migrant voices in popular sex and sexual health media and has grown to become a platform for underrepresented voices. We exist to diversify and expand the sexual health conversation through the power of multimedia story-telling. Our pieces include cultural and spiritual perspectives and explore how sexual health affects not only our physical, but also mental and emotional well-being” (Nuance Media, 2017, July 25). As the founder of Nuance, Edo stated that the writing platform the organization created uses story telling as a delivery model for sexual health education and information to counter act the top-down approach found in public health models of sexual education (Neigh, 2021, 13:45).

Nuance was also created to resist the profoundly western approach to sexual education found in formal settings and in media representations in Canada. The exclusion of histories of slavery and colonialism, and their impact on understandings of sexuality and gender, create huge gaps in formal sexual education that leave racialized and im(migrant) youth looking for different models of being with sexuality and gendering systems. “Inauthenticity and denial of history compounded can make for a very dysfunctional understanding of sexual and intimate life” as Edo stated (Neigh, 2021, 17:30).

In discussing the work that they do at NYSHN, pihêsiw, a full spectrum birth worker, brings us back to the earlier mentioned example of the Sexy Health Carnival. pihêsiw reiterated that this event is intended to counter the fear and risk-based approaches to sexual health and education Indigenous Peoples on reserves and rural areas experience from Alberta Health (Neigh, 2021, 14:40). pihêsiw also emphasized how settler colonialism is intricately tied with sexual health and education for Indigenous peoples by stating that “violence on the land is violence on the body...what happens to the land happens to us” (Neigh, 2021, 6:35). This points to the necessity of practicing body sovereignty in sexual health and education for Indigenous peoples. Erin Konsmo, media arts and project coordinator for NYSHN has similarly stated that “our bodies are a space where we can actively resist colonization and do cultural resurgence. In many of the similar ways we do with the land” (quoted in Fink, 2015, p. 154). Drawing connections between colonialism, survival, and sexual health, Konsmo links health activism to decolonization: “we are taking back control of our bodies as a process for rebuilding our nations” (Fink, 2015, p. 154).

This is demonstrated in the artwork and poster campaigns from NYSHN that draw direct links between settler colonialism, incarceration, sexualization, and violence in the lives of Two-Spirit and all Indigenous people. These poster campaigns work to address the ways that sexual health is necessarily tied to a knowledge of Indigenous histories and how public institutions have attempted to erase these histories and cultures. The online #HeartOurParts campaign describes its central processes as being rooted in self-determination and the creation of culturally safe reproductive sexual health materials that are distributed online or otherwise. Poster slogans, including “Indigenous sovereignty Starts in This Body” and “My Favourite Condom Flavour

Is...Frybread,” frame the production of artistic materials addressing sexual health as “a way of community survival” (Fink, 2015, p. 153).

NYSHN does the vital work of contesting purely biomedical approaches to health, and demonstrates the importance of cultural production in sexual education. Cultural production contests narratives that fabricate national belonging by omitting those who are HIV-positive, disabled, racialized, Indigenous, undocumented, or impoverished. Community-based organizations working in sexual health and education have recognized that telling queer and trans youth to use condoms and practice safer sex remains a hollow message if such materials fail to represent and affirm the identities of those dually excluded from queer and national movements (Fink, 2015, p. 152). More than sexual behaviour and acts, sexual health educators have shown that sexual education requires understanding desire and sexuality as linked to experiences of racism, migration, colonization, diaspora, cissexism, poverty, and other complex facets of identity that converge to render sexuality and sexual desire far more complex than what people do or do not do in bed (Fink, 2015, p. 152).

These examples of the work done by Nuance and NYSHN affirm that racialized, newcomers, and im(migrant) communities need access to informal sexual education that is better prepared to discuss ongoing legacies of racism, slavery, and (settler) colonialism in a context that is by them and for them. Support for this kind of work should continue to be prioritized in working towards implementing CSE in Canada and ensuring access to sexual education for newcomers and immigrant communities.

Conclusion

This survey of the sexual education policy landscape in Canada has revealed that sexual education does indeed interact with settlement services and integration/inclusion processes for newcomers and immigrant communities. Organizations that work with newcomers and immigrant communities, like settlement service agencies, are identified by the three major reports on CSE as being vital to ensuring equal access to CSE for everyone. Although these organizations may have valuable insight into how to deliver CSE in a way that is the most effective for the communities they work with, the case of school teachers demonstrated that there are complications in delivering CSE when untrained as a sexual health professional. Therefore, it will be important to consider the relationship between these organizations and community-based sexual health educators, as although it is important for newcomers and immigrant communities to be able to discuss sexual education in these settings, increasing access to CSE also means that those in this field feel comfortable referring their clients.

Chapter Four: Immigration, Settlement, & Sexual Education Policy in Edmonton

Introduction

Having investigated both settlement policy and sexual education in Canada, we arrive at the question: what is the landscape for these policies in Edmonton? This short chapter lays out the context for relevant policies and organizations in Edmonton, including where they overlap and work with each other. This will establish the groundwork for the analysis found in the next chapter, discussing how organizations that work with newcomers and immigrant communities in Edmonton encounter issues related to sexual education. However, before beginning with setting the stage for Edmonton's policy context, it is worth pausing briefly to survey what we now know about both settlement services and sexual education in Canada. This will help frame the discussion to see where these policies and services are intertwined, perhaps more so than one might initially presume.

Settlement Services & Sexual Education

Chapters two and three have provided context for the policy areas of immigration and sexual education in Canada, revealing their similarities. Organizations that work in these two areas provide vital services that interact with various levels of government and other non-profit organizations. Access to both kinds of services are also necessary for full participation and citizenship. Integration and inclusion are characterized by a lack of systemic barriers to participate in society as much as one wishes, and active steps being taken to facilitate this. Sexual education is an essential component in realizing and understanding sexual citizenship. Not having adequate access to sexual education could thus be a systemic barrier in participation

and citizenship, and thus also for integration and inclusion for newcomers and immigrant communities.

Settlement services and sexual education both need to be made available throughout our lives, and yet are not consistently or adequately funded. Public funding emphasizes a specific stage of life, rather than seeing these services as a necessary long-term investment. For settlement services, funding exists primarily for the first and second stages of integration, which covers the most essential needs. For sexual education, the emphasis is on primary to secondary school. This leaves a huge swath of newcomers who arrive as adults, or young people who arrive after the sexual education curriculum is covered in their provincial school curriculum, without access at the school level. This is one of the reasons community-based sexual education services are so integral, whether through sexual health centers or settlement service agencies.

As we have seen, organizations that provide these two services also overlap. Organizations that work with newcomers and immigrant communities have been identified as having an important role in ensuring equitable access to CSE. Proper implementation of CSE includes having an understanding of the audience for whom the curriculum is being designed or adapted. These assertions indicate that settlement workers and others in adjacent roles play an integral role in the facilitation of CSE, as they are best positioned to reach out to newcomer and immigrant communities. However, this does not mean that they are in a position to actually deliver CSE, and it is unfair to require them to be sex educators when it is not what they are trained to do and their capacity is already stretched so thin. The importance of this role in delivering CSE is related to whether settlement workers and those in adjacent positions feel comfortable discussing issues related to sexual education when they come up, including being given training and support on how to do so, as well as being able to refer to organizations that

provide sexual education as needed. This also means that relationships between organizations that work with newcomers and immigrant communities and community-based sexual health educators must be kept in mind, and will be investigated more closely in subsequent chapters.

Edmonton: Settlement Infrastructure

Like most provinces and territories, Alberta has various agreements with the federal government on immigration and settlement. These agreements with the federal government date back to 2003 with a memorandum of understanding on information sharing, followed by the Agreement for Canada-Alberta Cooperation on Immigration (2007), which includes provisions for Alberta's provincial nominee program (the Alberta Immigrant Nominee Program) and Temporary Foreign Worker's program (Government of Canada, 2018, March 9). The settlement policy infrastructure of the province includes support programs for refugees and settlement support programs for immigrants. These programs are facilitated through grants for which eligible applicants apply to create services and initiatives that help newcomers settle and integrate in Alberta. This includes the Alberta Settlement and Integration Program; Settlement, Integration and Language Projects Grants; and Innovation Fund Project Grants. Eligible applicants for this funding include non-profit, non-governmental, and immigrant-serving organizations, as well as post-secondary institutions, registered training companies (like business owners or consultancy firms), and employers (Alberta Government, n.d. a). This demonstrates that, as discussed in chapter two, non-profit organizations, like settlement service agencies, are having to compete with other institutions and sectors to secure funding.

Although not explicitly intended for settlement services, another funding avenue for settlement service agencies and other organizations that work with newcomers is the Family and Community Support Services Program (FCSS). The FCSS program is an 80/20 funding

partnership between the province and participating municipalities or Métis Settlements. It receives its mandate from the *Family and Community Support Services Act* (2002) and the *Family and Community Support Services Regulation* (2017). The program is based on a shared understanding that municipalities and Métis Settlements are in the best position to assess community needs and set priorities, and support individuals, families, and communities through preventative social programs and services (Alberta Government, n.d. b). Some of the things the programs and services must do include building awareness of social needs, supporting people in developing skills to have healthy relationships with others, and providing supports that help people participate in the community. Allocation of FCSS funding either goes through the municipality or Métis Settlement directly, or through the provision of FCSS grants to community agencies to deliver the proposed programs and services (Alberta Government, n.d. b).

As Edmonton is a participating municipality, non-profit and non-governmental organizations that work with newcomers and immigrant communities are able to apply for this funding for programs and services that could help with inclusion and integration (City of Edmonton, n.d. a). This also directs us to the role that the City of Edmonton plays in immigration and settlement policy. Toronto, Calgary, and Edmonton are the only cities in Canada that have formalized their involvement in the immigration and settlement policy field (Tossutti, 2012, p. 617). In 2007, Edmonton became the second municipality to adopt a formal immigration and settlement policy that is modelled on Toronto's policy framework (the tripartite MOU as part of the Canada Ontario Immigration Agreement), and addresses nearly identical service and program areas (Corporate Services, 2007). The fact that Edmonton as a destination for newcomers was lagging behind Calgary was a motivation for adopting this policy direction. However, social justice considerations were also instrumental, as there were concerns about the ability of

newcomers to access services and goods without a formal settlement policy and about possible stereotyping, discrimination, and racist behaviour on the part of well-established groups afraid of change (Tossutti, 2012, p. 617). To emphasize this, the strategic plan identified “embracing a wealth of cultures and creating a city that is welcoming to newcomers” as municipal responsibilities that should direct all departmental and agency plans over the next decade (Tossutti, 2012, p. 617).

The Office of Diversity and Inclusion (ODI) is a key node in the implementation of the city’s immigration and settlement policy. The ODI’s functions include building a workforce that reflects the city’s communities, developing policies that recognize the diversity of city customers and citizens, providing staff training programs that value diversity and inclusion, and developing working relationships with senior governments and external organizations (Tossutti, 2012, p. 620). The office also supports the bureaucracy on diversity, inclusion, equal opportunities, and human rights issues, and works with a cross-departmental diversity and inclusion committee to develop department plans rooted in the Diversity and Inclusion Framework and Implementation Plan (Tossutti, 2012, p. 620). The City Policy on Diversity and Inclusion (Office of Diversity and Inclusion & Deputy City Manager’s Office, 2008) also highlights the identification and removal of barriers to participation, and barriers to service access, within the city as part of its approach to diversity and inclusion. Additionally, the policy stipulates that diversity and inclusion is part of the City’s “unwavering commitment to cultural, economic, social and political excellence” (Office of Diversity and Inclusion & Deputy City Manager’s Office, 2008). This policy is reinforced by the Toolkit for Inclusion, meant to be used by agencies and organizations that provide programs and services for Edmontonians, and is produced in

partnership with the Center for Race and Culture and Zenev and Associates, Diversity and Inclusion Consultants (City of Edmonton, 2016).

In 2018, the city passed the Access to Municipal Services Without Fear Policy, which is motivated by the recognition that residents with precarious or undocumented status may be reluctant to access city services. The policy outlines how documentation, immigration, or citizenship status should not be a barrier to accessing municipal services and programs, and ultimately full participation and integration in the city (Citizen Services, 2018). Edmonton has also published recruitment materials highlighting community diversity, established recruitment and internship programs for immigrants and has provided cultural diversity training and language programs to city units with labour shortages or where immigrants have expressed concerns about accessing jobs. This included employment access program that works with local partners to deliver job skill and language training (Tossutti, 2012, p. 623). The Emerging Immigrant and Refugee Community Grant Program was also established to further the city's interest in supporting immigrant and refugee community members who are new to Edmonton and in the process of settling and integrating. The grants provide assistance to rent space, host community events, strengthen cultural identity and pride, and partner and collaborate with other community non-profit organizations to address gaps in existing programs and services (City of Edmonton, 2020). The city has also produced a newcomer guide to help residents settle in Edmonton (City of Edmonton, 2018, January), and hosts various new residents programs (City of Edmonton, n.d. b). The city also facilitates inclusion through Multicultural Relations Services. The work of this team is to provide training and education for city staff to build an inclusive and supportive culture, support communities to reduce isolation, and connect newcomers to the city with organizations that provide welcoming spaces (City of Edmonton, n.d. c).

Edmonton has a network of different non-profit and non-governmental organizations related to immigration and settlement. There are various settlement service agencies, both with larger capacities (like the Edmonton Mennonite Center for Newcomers and Catholic Social Services) and smaller ones (like ASSIST, Changing Together, and Edmonton Immigration Services Association). There are also community-specific organizations like the Indo-Canadian Women's Association and the Filipino Society for Growth and Change. Organizations like the Center for Race and Culture and the Action Coalition on Human Trafficking often do research and offer resources that are relevant to immigration and settlement, as well as work with the city and other organizations working with newcomers and immigrant communities. Lastly, health services for newcomers and immigrant communities can be found through the Multicultural Health Brokers Co-op.

So far, we can see that the city of Edmonton's immigration and settlement infrastructure follows many of the same policy trends outlined in chapter two. We can see the trend towards more municipal involvement and provincial recognition that municipal governments play a central role in the social integration and inclusion of newcomers and immigrant communities. This is demonstrated particularly with the FCSS grant. Further, the shift to short term, contract-based, and competitive funding is demonstrated in the grants offered by the provincial government, and the number of organizations that qualify to apply.

Edmonton: Sexual Education

In terms of the provincially mandated curriculum, the sexual education curriculum that is currently taught in Alberta was last updated in 2002. It is located within the Health and Life Skills curriculum for kindergarten to grade nine, and the Career and Life Management curricula for grades ten to twelve. Most sexual health topics are located within a subsection of these

curricula called Human Sexuality Education, but there are outcomes located in other sections of the curricula that relate to sexual health, like healthy relationships (Action Canada, 2020, p. 16). Although both curricula are mandatory, it is made clear throughout the curricula that parents can opt out of the Human Sexuality Education component.⁸ Some important aspects of sexual education were included as part of the curricula for certain grades. This includes consent (grade seven), safer sex (grades eight and nine), and preventing gender-based violence (grades seven and eight). Categories that were entirely missing from the curricula include pleasure and other positive aspects of sexuality, sexual orientation, gender identity and expression, and health information that is relevant to people who have a diversity of identities, experiences, and bodies (Action Canada, 2020, p. 16).

There are some resources to help support teachers in delivering the provincial sexual education curricula. Alberta Health Services developed the Teaching Sexual Health Initiative to support teachers, educators, and parents in teaching sexual health to children and youth. The online resource includes a portal for both teachers and parents. The teacher portal includes information, lesson plans, and teaching strategies for teachers and educators to increase their knowledge, comfort and capacity to teach the human sexuality curriculum. The portal is authorized as a resource by Alberta Education and offers free online teacher workshops four times a year (Albert Health Services, n.d.).

Another aspect of Alberta's sexual education curricula is that it is one of the five provinces and territories that has taxpayer funded Catholic school boards. Catholic schools form

⁸ In fact, the ability of parents to opt out for their children is part of the policy structure of sexual education in Alberta. Passed in 2009, the *Human Rights, Citizenship and Multiculturalism Amendment Act* (also known as Bill 44) sought to enshrine the rights of sexual minorities in the province. However, one clause served to undermine these rights by stipulating that schools must inform parents about any upcoming subject matter dealing explicitly with sexuality, sexual orientation, or religion, and the option to opt their children out of these lessons (Long, 2019, February 7).

the single largest system in Canada offering education with a religious component. Although these schools must teach the provincially mandated curricula, many of them concurrently teach their own sexual education curricula. Many Catholic schools also refuse to teach topics that contradict the religion's stance on issues like pregnancy options or gender and sexuality, and often offer health information filtered and editorialized through a Catholic moral lens (Action Canada, 2020, p. 28). Students in Catholic schools are taught the Fully Alive curriculum, a Family Life Education program sponsored by regional Assemblies of Catholic Bishops in Canada (Action Canada, 2020, p. 28). The curriculum that is sponsored by the Catholic Bishops of Alberta is called Christian Family Life and Human Sexuality. This curriculum is meant to support the teaching of the provincially mandated curricula and emphasizes respectful social relationships, abstinence, and pro-life core principles. The curriculum was first implemented in 2015 and was revised in January of 2021 (Greater St. Albert Roman Catholic Separate School Division, 2021, January 19).

In 2017, the NDP provincial government began the process of re-writing the kindergarten to grade twelve sexual education curricula. Anticipating future sexual education lessons that could be “problematic,” the Alberta Catholic school superintendents attempted to develop their own human sexuality curriculum they hoped the province would accept (Huncar, 2017, October 23; French, 2017, October 23). Potential “problematic” aspects of a new sexual education curriculum included education about sexual orientation, gender identity, and consent that acknowledged sex outside of the confines of marriage. This proposed curriculum was rejected by the province (Huncar, 2017, October 23; French, 2017, October 23). The current United Conservative Party has continued the curriculum reform initiative, although with a different approach from its NDP predecessor, and has announced a new draft curriculum that includes

various updates to the kindergarten to grade six curricula, including covering sexual consent. Little has been said about this specific revision, however there has been much negative criticism about other areas of curriculum reform. Specifically, the regressive approach to discussing issues of settler colonialism in Canada and world history do not bode well for a comprehensive approach to sexual education (Johnson, 2021, March 29).

There are a few organizations in Edmonton that offer sexual health and education services including the Alberta Sex Positive Education and Community Center and Women's Health Options. Other organizations that work in this field include the Sexual Assault Center of Edmonton as well as HIV Edmonton, both of which have specific programming for newcomers and immigrant communities. An organization that played an important role in the landscape of sexual health and settlement in Edmonton was the Compass Center for Sexual Wellness (Compass Center). Previously known as Options Sexual Health and originally founded as Planned Parenthood, the Compass Center provided sexual health education and counselling services in Edmonton and surrounding communities for fifty-five years. Their services included a multicultural program, which worked "directly with ethnocultural communities to provide education and support on sexual health promotion" (Compass Center, n.d. a). Their mandate expanded in the Action for Healthy Sexuality Project, which worked "to increase the knowledge of sexual health issues among newcomers, healthcare professions and multicultural communities" (Compass Center, n.d. b). Through training workshops, participation in community events and other public awareness activities, the project aimed to create culturally appropriate ways to provide sexual health education to promote healthy sexuality and relationships in Edmonton newcomer and immigrant communities. The project partnered with settlement service organizations like the Edmonton Mennonite Center for Newcomers (EMCN),

the Multicultural Health Care Brokers Co-op, and the Edmonton Multicultural Coalition. The project was also funded by both the municipal and provincial governments (Compass Center, n.d. b).

In July 2019, Compass Center announced that they would be shutting down their daily operations and that their programming and staff would move to the Young Women's Christian Association Edmonton (YWCA) to carry on the work of the organization. The Executive Director of Compass Center, Erin Bilawchuk, was clear that this choice was not made out of desperation. Rather, as demand for sexual health programs and education increases, the organization wanted to find better ways to serve the community across the client's lifespan. The choice was thus framed as a way for the organization to have the opportunity to grow within the increased capacity of the YWCA (Bilawchuk, 2019, July 30; Allen, 2019, July 19). In August of 2019, the YWCA began delivering the sexual health support and education programs previously offered at Compass Center. This includes education for community groups around sexual health, healthy sexual relationships, and consent; support for individuals around sexual health, STIs, pregnancy testing, and reproductive rights; and multicultural community outreach (Allen, 2019, July 19).

Similar to Compass Center, the YWCA's Multicultural Program works directly with ethnocultural communities to provide education and support on the promotion of sexual health through information sessions and workshops tailored to fit the needs of diverse individuals and communities at an appropriate English level (YWCA, n.d.). The goals for these sessions are to create awareness, build capacity for addressing sexual health issues in multicultural communities, and to help members of multicultural communities make informed decisions on sexual health issues. Some of the topics covered in the sessions include STIs (and which ones are

common in Canada), gender and sexuality diversity, healthy relationships, consent and boundary setting, sexual development in youth (including how to support parents and guardians in having related discussions with children) and birth control and pregnancy options (YWCA, n.d.).

Although the province provides some support for teachers for sexual education, the provincial curricula has been found to be lacking and nowhere near a CSE standard. Specifically missing from the existing curricula were any discussions of diversity as related to sexual orientation, gender identity, or race. This indicates that even if newcomer and immigrant youth access sexual education through school, it likely will not speak directly to their experience or will exacerbate issues of exclusion, rather than facilitate their knowledge. This means that organizations that work in settlement and sexual education are vital. Thankfully, there are several organizations working in the field of sexual education and health that already have programming for newcomer and immigrant communities. The programming and curricula also seem to fall in line with the goals of CSE in their approach, content, and assertion that sexual education needs to be available for a lifelong process of learning and support. Additionally, there is evidence of relationships between these networks of organizations.

Conclusion

This survey of Edmonton's policy landscape has revealed that there are overlapping networks of organizations working with newcomers and immigrant communities, as well as with sexual health and education. However, this still leaves us with many more questions about what this looks like for both workers and clients. How and when does sexual education come up in settlement work? Are there barriers for integrating sexual education into settlement services? How do settlement workers approach these issues when they arise? What connections do

settlement service and other organizations in this field have with sexual health educators? These are questions that continue to guide this research, and will be taken up in the next chapter.

Chapter Five: Sexual Education in the Context of Settlement Services

“I just think that we should be talking about sexuality all the time, it’s not just the bedroom, it’s who we are” (SC 3).

Introduction

This chapter features analysis of interviews that were held with six different people from organizations that work with newcomers and immigrant communities in Edmonton. This includes three settlement counsellors from two different settlement agencies (SC 1, SC 2, SC 3), and two people from organizations that work with newcomers and immigrant communities on issues related to sexual education and sexual health. One of these interviewees works as a consent educator (ED) and the other in multicultural healthcare and community development (HC). Lastly, there is a researcher for an organization that focuses on issues of race and culture (RE). These interviews will also be supplemented with findings from three other studies related to newcomer and immigrant community member experiences with accessing sexual education and sexual health services. The analysis for these interviews focuses on the capacity of settlement counsellors to handle issues of sexual education if they come up, the practice of referral and relationships with other organizations, and what issues related to sexual education come up for all the service providers in their work. Further, the analysis also addresses barriers to discussing or providing sexual education, as well as strategies to overcome these barriers.

Training & Referring

If issues related to sexual education and/or sexual health do come up in a settlement context, are settlement counsellors prepared to handle those conversations? Are they aware of organizations and services to which they can refer clients? Do they have relationships with these

organizations? Interviewees expressed that they had received some training related to sexual education, sexual violence, and/or sexual orientation and gender identity (SOGI) throughout their careers, whether formal or informal, and that these issues were embraced at higher levels of the settlement agency. Here are several quotes from different interviewees detailing their experiences.

We do, as frontline workers, we do attend some trainings about sexual violence, or maybe how to give some community resources on sexual abuse (SC 1).

We used to work with Options for sexual health, then they changed their name to Compass, but we worked closely with them. The last few years I don't know what happened with them, but there was a project maybe around three years ago, and then that ended and I haven't really heard from them. But a lot of the staff took those trainings. So, part of the training covers sexual health and how you approach family planning or how to talk about sexuality. Those are part of the conversations that were led by Options, but we also were working with Calgary... is it called Calgary Sexual Health? We worked with them for this whole SOGI training. Most of the organization went through that and how to talk about LGBTQ issues (SC 2).

We provide that information to staff, and then the staff can pass that on, gently, down to the clients (SC 2).

I mean I'm not an expert in these matters, so yes and no. I think that on the one hand, I have my personal experience, and also experience with my clients, and observations obviously. I think there's been like an informal kind of exposure education (SC 3).

I personally feel like there has been a shift in awareness and attitudes, and ability to serve clients. So, not necessarily...we haven't specifically done targeted trainings ourselves, but as we become more comfortable with pronouns and get used to seeing people who might dress in more different ways, and then just seeing our interactions with them and the easiness of those interactions being replicated over time. But at the same time, like I said leadership has been really supportive of bringing in...or making our services more LGBTQ friendly. So, there have been trainings on the topic for all staff. They started a SOGI audit of the organization (SC 3).

However, given the amount of work that settlement counsellors do with limited resources (Evans & Shields, 2014, p. 120), there is only so much training they have time for.

Especially with LGBTQ issues, we would really like to go deep into it, it's just that you know there's only so much you can do at any one time! (SC 2).

Despite some level of training and familiarity with topics that may arise in a settlement context, the settlement counsellors were clear that they did not feel comfortable taking on the role of a sexual educator.

We're settlement workers, we're not sexual health educators. So, that's why it's better for us to use people that are actually actively in those areas. So, mostly we partner, we don't take on that role. I don't want to be providing sexual health! (SC 2).

I don't think that I'm necessarily the person to educate, like I don't want to have the responsibility of being the client serving employee and also having the responsibility of sexual education. Because I don't think that's necessarily my strength (SC 3).

This reflects the assertion made in chapter three that by noting the importance of settlement counsellors in the equitable distribution of CSE, the intention is not to make settlement counsellors responsible for sexual education. Rather, the purpose is to highlight the important role settlement counsellors play in connecting newcomers and immigrant communities with resources and services. It's also important however, to be reminded of the limitations of this research. This is a small sample of settlement counsellors who self-selected into this research, and this recognition of the importance of sexual education in settlement is not necessarily the case for other settlement agencies in Edmonton.

This brings us to the discussion of referring and relationships between settlement agencies and organizations that provide services, programming, and resources related to sexual education for newcomers and immigrant communities. Interviewees communicated that referring and being aware of community resources is necessary practice as a settlement counsellor (SC 2 & SC 3).

I think as a settlement counsellor, one of the requirements that you need is to be aware of lots of community resources, so you can guide your client to deal with their issues. You are not doing everything for them, because you cannot (SC 1).

Some of the organization's interviewees had worked with included Compass, HIV Edmonton, and the provincial government.

Years ago, when I was running community programs, I used to bring them in when they were called Options. There were two facilitators who were wonderful, I think one of them had an immigrant background. I would bring them for our youth group (SC 2).

We work with HIV Edmonton, and they have...they're really good with cross-cultural stuff. They actually have programming for newcomers with HIV, so that's been an important connection. And yeah, I mean we work sometimes with Alberta Health services to provide, to do focus groups or information specifically for the LGBTQ newcomer group, and to provide feedback from an LGBTQ perspective, refugee health research (SC 3).

The organizations who provide resources and programming related to sexual education and sexual health also indicated that they had relationships with many organizations working in their field. An interviewee working in multicultural healthcare and community development stated that in her organization "we navigate a really massive network of relationships within the sector that we belong to" (HC). Another interviewee, who provides consent education for newcomers and immigrant communities, discussed how relationships with other organizations are essential to address gaps in this population from accessing sexual assault services and education.

Relationship building would be one of the main strategies. So, being out in the community, at least pre-COVID, where there's already existing relationships with a specific population who are marginalized. So, supporting maybe the service providers, or being there with those organizations who support the population (ED).

One settlement counsellor also highlighted how working with other organizations, including being trained by them in areas like sexual education, helps settlement counsellors to better refer clients in the future.

We are open to collaborate with other organizations, even though we are working as a settlement counsellor, that doesn't mean we know everything. We invite experts to help us do the presentation. I think that's before the internal training as well, because that's where we can get this knowledge from. Working with others and then learning from them, and then when we get those responses in the future, and then we can do the referral (SC 1).

It's also important to note that in terms of relationships with other organizations, it's a mutual practice of referral.

Sometimes we'll get a referral from HIV Edmonton, we haven't gotten a referral from Compass, but it depends on where those referrals come from. In the past, we would get them from ACT, that's the organization that deals with trafficking, human trafficking (SC 2).

As discussed in chapter four, Compass played a crucial role in delivering sexual education for newcomers and immigrant communities. However, since their multicultural sexual education programming folded into the YWCA, it does not seem to have maintained this role. The settlement workers who were interviewed had either not heard of their programming (SC 1), or had previously worked or had contact with Compass, but did not know that it absorbed into the YWCA to continue offering their services (SC 2 & SC 3).

I kind of figured out that there must something be going on, because it's just like quiet. Where we were constantly working with them and doing different things with them, and there's so much talent. I thought maybe its COVID (SC 2).

This suggests that the relationships fostered under Compass have not translated in their move to the YWCA. Despite this potential gap, this section reveals that the settlement counsellors who were interviewed have received some measure of training regarding sexual education, consider referring to be an essential part of settlement work, and have mutually reinforcing relationships with organizations who provide programming and resources around sexual education and sexual health.

When does Sexual Education Come Up?

Even though settlement counsellors have training and familiarity with issues related to sexual education, do newcomers and immigrant community members as clients feel comfortable raising

these issues in this context? One settlement counsellor stated that she had never had a client bring up these issues, “just based on my experience, when newcomers come to meet us, they never mention anything about sexual education needs” (SC 1). Another settlement counsellor had encountered various issues related to sexual education in her settlement work.

When you have teen pregnancies, it comes up maybe if there’s cases of sexual abuse or whatever. If the family comes from these culture challenges with the teenage years. It comes in different ways, family planning, sexuality. So, we kind of touch on them in different ways (SC 2).

Another issue that came up frequently was talking to parents about their children getting the Human Papillomavirus Vaccine (HPV).

The thing that comes up all the time is the vaccine that the children get in schools [HPV] that’s the one thing that comes up all the time. And you’re trying to explain why the kids need that, and its “my kid’s not going to have sex” (SC 2).

She also specified that although these issues do come up in regular settlement settings, they come up even more when working specifically with youth.

So, the settlement group that deals with a lot of the immigration issues in the space of settlement, might come across some of those issues, but the people at the front who really see that are the youth workers in the complex cases (SC 2).

Another settlement worker found that issues related to sexual education came up in settlement in a broader context.

Say if somebody’s in a [LGBTQ] common law relationship, if they don’t disclose that in a settlement appointment, they might file their taxes incorrectly. So, there can be very tangible consequences for people (SC 3).

So, if they have more than one partner, or more than one wife or spouse, they have to select one to migrate with. Which kind of ruptures family structures and cultural practices, and then maybe all of the children from different spouses might come under one, now one mother. And there can be some really kind of interesting family dynamics that play out (SC 3).

Queer newcomers deciding whether or not they feel comfortable disclosing their relationships to their settlement counsellors and polygamous newcomers dealing with the ramifications of a

ruptured family structure, both relate to issues brought up in the first chapter. Specifically, in having to navigate the ways in which sex and gender norms are interwoven into Canadian understandings of citizenship. These examples indicate that issues of sexual citizenship are integrated into settlement work, and settlement agencies are an important point of contact in these processes.

However, all three settlement counsellors encountered issues related to sexual education in their experiences with community programming. One settlement worker was also working as an outreach worker responding to family violence in the Chinese community.

We provide direct support to the victims of family violence to do safety planning with them, and also to just help them go through those law processes. If they lay charges to the husband or someone, and then as a victim, they also need to know the legal system (SC 1).

In this position, the settlement counsellor works with her clients largely around issues of consent.

One thing I will talk about with my clients, because when I do the assessment about the family violence, we mention what kind of abuse they are experiencing, including financially or physically, and also sexually. So, at a point I will ask them, “do you think you have this concern? Does your husband force you to do so even though you say no?” (SC 1).

Another settlement counsellor brought in Compass to provide sexual education for a youth group of newcomers when she worked in community development, as previously mentioned. The last settlement counsellor works closely with issues related to sexual education in her work with a group of LGBTQ newcomers and refugees. In this work, the settlement counsellor talks with her clients about things like dating safety, in general and during the pandemic, dating apps and hook up culture, how to get condoms in a way that feels comfortable for them, and sexual health in terms of how and where to get STI testing (SC 3). This relates to assertions made in chapter three about the importance of community programming for newcomer youth, adults, and immigrant communities in being able to access sexual education in spaces that were created for them.

The other two service providing organizations also found that particular issues related to sexual education come up in their work. The consent educator found that there was a lot of interest from newcomers and immigrant community members who attended her sessions on learning more about child sexual abuse.

There is a lot of interest to learn about child sexual abuse. It's something that is not spoken about and very hidden. There's also a lot of myths about it. We know that 95% of child sexual abuse happens with someone who knew the child and their family, and had existing trust relationships. So, especially with people who work with newcomer families, they want to learn more about the signs, about how to report, about the definition. This is all new, also because in other countries it might be differently criminalized and addressed. So, a lot of interest in that (ED).

The interviewee who works in multicultural healthcare and community development works with her clients on issues of sexual education in a few ways. As her organization was founded to provide infant and maternal health for newcomers and the immigrant community, reproductive healthcare around pregnancy and birth was always part of the organization's work. However, as their clients transitioned into parents, they found that the scope of their work began to expand.

Very early the women [who founded the organization] still first started in perinatal health, maternal health. But, right away, after the mom has given birth to her baby, she wanted to consider spacing the next child. Sometimes culturally and faith wise, they feel like they don't have a lot of control over that. Originally, we enter through reproductive health agency, but as the children grow older, we begin to see the need to support the parents (HC).

Besides expanding the scope of reproductive agency and healthcare, one of the ways that the organization supports parents is through navigating sexual education with their children in the school system and cross-cultural parenting.

Once children are in the school system, they are asked to join health comm, and to sign consent. Parents are very torn, like "this is too early for our children to be encountering that." So, then we started to see within the context of parenting, "how could we support our parents?" And then of course, as children grow a bit older into preteen and teenhood, this is such a natural and prominent area. Because there's their own changes, and then some children also have identity, cultural identity, more than ethnocultural identity issues (HC).

Hesitancy from newcomers and immigrant community members about children receiving sexual education in schools is also echoed in other studies. In a study done on Iranian newcomer experiences of sexual education and sexual health in Canada, researchers found that although newcomers criticized their own lack of sexual education as adolescents and acknowledged the constructive role of this kind of education in adulthood and marital relationships, some interviewees were worried about their children experiencing sexual education so early in their schooling. Specifically, parents were concerned that this was part of the early initiating into sexual activity of Canadian youth (Maticka-Tyndale, Shirpak, & Chinichian, 2007b, p. 121). This concern about sexual education is one that is also shared by non-immigrant Canadian parents, and is noted as a key hesitancy about which CSE providers need to inform parents and other relevant parties (Action Canada, 2020, p. 6).

Why Does Sexual Education Not Come Up More?

Although most interviewees indicated that issues related to sexual education do come up in their work, they also noted that there are still barriers they encounter in being able to discuss these issues more, or to be able to offer more related programming. These barriers are both structural and cultural.

Structurally, there are things about the settlement process that make it difficult for clients to bring up issues related to sexual education and sexual health so that settlement counsellors can help refer clients as needed. For instance, in a regular settlement context, clients often only see their settlement counsellors a handful of times, and are thus not likely to bring up issues of sexual education or health in that context.

I think actually one of the more complicated things about touching on more trickier topics like sexuality for settlement workers, is most of the time in a settlement appointment, you

might only see a client once or twice. Where say in our program [the LGBTQ group for newcomers and refugees], we're generally developing ongoing relationships (SC 3).

Another structural issue arises from IRCC funding for settlement. The IRCC has a list of newcomer immediate settlement needs for newcomers for which it will fund settlement agencies to address. In the case of one settlement counsellor, her work included providing information and orientation sessions for newcomers based on the list provided by the IRCC.

I provide one on one information and orientation sessions to newcomers. Also, I do some information sessions. So, we focus on the settlement issues, such as life in Canada, community resources, and also some benefits, housing, employment. We do have a list provided by IRCC. So, because we are funded by IRCC, we have a list to show us what are the needs of newcomers and needs assessment to identify their immediate needs. So, to focus on their needs we provide information sessions. We provide guidance and also some interpretation and translation support for them, in order to reach their goals (SC 1).

The list of immediate settlement needs also forms the basis of the needs assessment done by the client when they come to access settlement counselling services. In terms of what is listed on the needs assessment, the settlement counsellor recalled that there is language pertaining to conflict solutions or family violence, but that is the closest mention of anything related to sexual education.

Kind of like conflict solutions, including the family violence. But I don't think there's any words pertaining to sexual violence. Probably its included in those conflicts, or maybe included in family violence (SC 1).

In this settlement counsellor's experience, newcomers do not typically identify topics that lay outside of immediate needs, aside from those referred into her program addressing family violence, which impacts the settlement counsellors' approach to helping their clients.

They never do identify that they have these kinds of needs, and then they mostly they focus on life in Canada. Resources and finance, housing, employment, those are the most popular topics. It's just based on the need's assessment from the client. So, if the client didn't identify "I have that need," it means our focus is different (SC 1).

In terms of possibly offering orientations and information sessions related to sexual education, the settlement counsellor thought that there was a possibility of constraints due to IRCC's focus on immediate needs.

They do have some requirements when we are considering to do any workshops, we do send the flyer to the funder to let them approve. So, they will take a look at the topics of the workshop to see if it's appropriate, or if it's identified as an immediate settlement need. I remember before we were trying to do like seniors and wills. They don't know, like lots of senior interest about "in Canada do we need wills? How do we do it? What's that?" So, I remember we got feedback from the IRCC that they didn't identify that as an immediate need (SC 1).

Another settlement counsellor identified that the IRCC is unlikely to prioritize anything regarding health, or education beyond LINC, as it falls under provincial jurisdiction.

So, IRCC breaks services according to what the federal government can provide, and there's some other things that fall under provincial. So, health is provincial unless you're government sponsored refugees, the federal government covers health for the first year, then you move to provincial health. Everyone else that comes in under the other classes, like the economic class, goes directly under provincial health. So, that's why our settlement funding, which comes mostly from federal funding, they wouldn't even cover that [sexual education], that would not be an area of consideration. That would be pushed down to the province (SC 2).

Thus, although issues related to sexual education do come in settlement work, the funding structure for settlement counselling make it difficult to integrate these issues more fully into services and programming.

The most significant challenge that interviewees brought up however, was cultural barriers. Every interviewee mentioned, whether specific to their cultural background or in general, that discussing issues related to sex are often culturally taboo (SC 3, ED, RE).

I think there are huge, huge cultural barriers. Mostly my clients are Chinese, and we hesitate to talk about sex (SC 1).

Culturally it's so hard to navigate... I can tell you some of the parents have never had these conversations with their own families and they have their kids and they're not having these conversations either, and everything is like "don't even think about it." It's such a big taboo that it never comes out at any time (SC 2).

Culturally we don't talk about this aspect of our health and relationships very explicitly (HC).

In a settlement context, this means that even if there was programming or information sessions about issues related to sexual education, clients would be unlikely to attend those sessions.

As I mentioned, there's a cultural barrier. If we do have these kinds of topics, there would probably be really low registration (SC 1).

Other studies done concerning newcomer and immigrant community access to sexual education and health also found that cultural barriers were a significant impediment to service access. Even if newcomer sexual behaviors and attitudes changed after living in Canada, topics related to sex were generally viewed as "private," "embarrassing," and "hard to bring up" (Zhou, 2011, p. 94). Embarrassment and discomfort in speaking about sexual matters also led some newcomers to prefer private ways of obtaining information, counselling, and other services rather than classes or group sessions (Maticka-Tyndale, Shirpak, & Chinichian, 2007a, p. 185).

One way in which settlement counsellors have attempted to address this barrier is by discussing issues of sexual education within a context of legality. One settlement counsellor discussed how her settlement agency has a program on parenting in Canada that touches on issues of sexual education, but with regard to law rather than a social or cultural perspective.

They focus on the news, it's not like sexual education, but they talk specifically about these topics. They talk about the law, like "the law says you have to ask, like you have to agree to have sex with someone, otherwise it would be considered sexual abuse (SC 1).

She felt that discussing issues of sexual education through a legal lens was easier for many newcomers as it comes across as a more legitimate concern, given the anxiety newcomers may experience in wanting to ensure they do not anything that could impact their immigration status.

I think if you're new to Canada, one thing we are really scared of is that if we do something wrong, we will break the law and be kicked out from Canada. We will lose our status here, and then the law in different countries may be different (SC 1).

Her settlement team has thus had orientation sessions based around human rights and laws in Canada with some degree of success, but even those sessions are less popular than sessions centering on immediate needs. Aside from cultural barriers, this can also be attributed to the feeling that these topics are not of immediate importance, and thus clients can acquire this information later if needed.

We try to do some human rights workshops, the laws in Canada workshops, and some people attended. It feels like these are not like sensitive topics because that's not focused on those benefits or immediate needs. So sometimes people feel like "oh it's nothing urgent, I can get that information later, or maybe when I have those issues, I can bring it up to the [settlement] counsellor." So, sometimes the number of those participants is not that high (SC 1).

The consent educator also noted that immediate settlement needs often take priority over newcomers accessing the support and educational services her organization offers for sexual violence, and rightly so.⁹

In resettlement there are a lot of stressors and a lot of priorities before going for mental health support: employment, health, housing. Some who are refugees come from warzones and refugee camps, so there's lots of things going on that need to be addressed before mental health (ED).

Focusing on legality thus seems to be a good entry point into these discussions, but in the context of settlement, can only do so much given the justifiable priorities of newcomers and the IRCC as funders.

⁹ To be clear, I am in no way challenging the priorities of both the federal government and newcomers in emphasizing immediate settlement needs. Rather, this research is interested in where issues of sexual education do come up in the settlement process, the capacity to address issues as they arise, and where sexual education could be more integrated into the settlement process, and where it does not make sense to emphasize it.

Other Barriers

Interviewees identified several additional barriers that prevent or make it difficult to discuss sexual education in a settlement context. This includes barriers from the client's perspective in bringing up any related issues, as well as from the perspective of the service providers.

Funding

In general, interviewees reflected the funding situation as described in chapters two and three, which is characterized by short term, often unstable, funding from various sources (SC 1, SC 2, SC 3, HC, ED). For the settlement agencies, settlement programming was funded mostly through the IRCC, but other related community programming was funded at the provincial, municipal, or community level. For instance, the work done by the settlement counsellor for the family violence program is funded by the province, whereas her work as a settlement counsellor is funded by IRCC (SC 1). For the other service providers, even if they had some pockets of funding from the federal government, the majority of their funding came from the provincial or municipal level.

I think most of it is through the provincial government. I think we have some...so my program specifically, I think it's through, or used to be, through the crown and victim services. We had some provincial and some municipal funding (ED).

So, those are the key public institutions [the public health department, children's services, and the public-school board] that we have developed kind of a collaborative relationship with. And then we have pockets of funding from the federal government, at times from the municipal government, but very episodic and more project based (HC).

These organizations, which deal with responding to sexual violence and support services and multicultural healthcare, are in closer proximity to the municipal and provincial levels.

We do put a lot of energy into the municipal and provincial government. In terms of the federal government, we know how to smartly leverage resources when we need to. They're too far away. Of course, members of parliament, we try. But we don't put as much

emphasis on the federal government, even though immigration policy is set at that level (HC).

This proximity makes sense, given these governments' jurisdictions over these service areas. However, in the case of settlement agencies, we also see that anything that goes beyond more than immediate settlement needs are also funded at these levels. The community programming that was discussed previously, including the family violence program, the youth group, and the group for LGBTQ newcomers and refugees were all funded at the provincial, municipal, and/or community level (SC 1, SC 2, SC 3). This reflects the government funding structure outlined in chapter two, where programming and services that approach anything similar to long term, social, and community integration are devolved to the provincial and municipal levels.

As discussed earlier in this chapter, one settlement counsellor thought that offering information sessions related to sexual education as part of their settlement programming might not be possible given the IRCC's framing of immediate needs, while others did not think that their funding would impact their current, or any possible programming. The settlement counsellor working with the program for LGBTQ+ newcomers and refugees did not think funding would constrain the content of their programming because,

with us, it's a little bit different, because to me, sex education...I think people accept and recognize the relationship between sex and sexuality, and LGBTQ-ness a lot more (SC 3).

Another settlement counsellor highlighted that it was not a problem in her organization, because when offering sexual education in their youth group, they brought in another organization to support them in their work.

Apart from the LGBTQ stuff, supporting our LGBTQ clients, we haven't put anything...because there was another organization that was doing that. So, we would support Compass because that's their area, and so we have to be very careful that we're not dipping into someone else's pot of money that they need (SC 2).

Interviewees also emphasized that governments are only episodically interested in sexual education and sexual health, particularly within the context of immigration.

After twenty some years of watching government funding and all that, it's only episodically they've been interested in sexual education or sexual health. It's something government doesn't think about, interestingly enough. The most recent time the government provided funding around sexual health and sexual education was when, I think it was when the NDP government, who had short term funding called family and community safety. And so, areas that were explored using this funding, tied to sexual education and health is around family violence, or sexual violence, or to some degree, family safety and intergenerational understanding. That was the most recent time. Once the funding was done, in fact, all of the efforts kind of disappeared (HC).

This lack of sustained support from government for sexual education and sexual health can be detrimental to the settlement process, as one settlement counsellor articulated.

I think a lot of organizations, with funding cuts or whatever who knows what's going on, and all those issues that happened with the sexual health classes being...I mean that's not our focus area, we would consume that information to help our clients, but when something is cut out, and that organization is no longer there, it makes it really hard to navigate some of these challenges that you might come across in settlement (SC 2).

Thus, the funding environment also makes it difficult to consistently offer sexual education related programming. It is also being made clear that although inconsistent, the provincial, municipal, and community levels seem to have more possibilities in terms of offering sexual education services and programming.

Language

Most of the interviewees mentioned language proficiency as a significant factor in the integration process, with increased proficiency resulting in faster integration (SC 1, SC 2, SC 3, RE, HC).

This is demonstrated in the federal government's emphasis on language as one of the few services it consistently funds, as discussed in chapter two. However, a major barrier in being able to provide sexual education to newcomers and immigrant communities is the lack of language

accessible resources and services. The interviewee who provides consent-based sexual education for newcomers and immigrant communities found that language could be a barrier for clients accessing the sexual violence services her organization offers: “sometimes language and culture may be a barrier, because the majority of our counsellors provide English trauma counselling” (ED).

Even if issues related to sexual education come up, and the resources do exist, it may not be in a language that is accessible to the client.

But if the client has language barriers... even if the resources are available, but because they cannot read it or it might not be in a language that the client is used to (SC 1).

This is echoed in other research that has been done in the area of newcomer and immigrant community access to sexual education and health services, which found that newcomers and immigrant community members wanted “a confidential, linguistically and culturally friendly source of information,” such as a website in their language (Maticka-Tyndale, Shirpak, & Chinichian, 2007a, p. 183).

However, the issue of language barriers also includes unfamiliarity with specific language around sexual education.

Language, not only English, but the whole terminology of consent and trauma and counselling. All this is, I would say maybe a more western kind of terminology (ED).

It’s necessary to point out that this lack of literacy around issues of sexual education and sexual health includes Canadian service providers. In a study done on Iranian immigrant access to sexual health, researchers found that

The lack of mutual cultural literacy between Iranian patients and Canadian physicians left participants with unanswered questions and concerns or answers that were inappropriate to their needs, incomprehensible because they assumed knowledge that the participants did not have, or offensive because they assumed experiences that were taboo or reprehensible in the patients’ home culture (Maticka-Tyndale, Shirpak, & Chinichian, 2007a, p. 185).

This is a particularly relevant finding in regards to discussions found in chapters one and three about the need for anti-racist sexual education and health services. Assumptions about sex and gender norms from Canadian service providers about other countries and cultures reinforces homonormative and settler homonationalist attitudes about the sexuality of “others.”

Another interviewee, who works in multicultural healthcare and community development, additionally asserted that “the concept of consent is very culturally based” (HC). This interviewee also pointed to how the lack of language accessible resources for newcomers and immigrant communities in general is part of a larger issue in Canada.

First of all, there’s the obsessive need for ensuring English and French as the official languages and honouring the history. But our nation is so multilingual, so many people who came from another language are trying their best to learn the official languages. But in the meantime, for their health and wellbeing, there are no strong policies or resources to support those who are learning the language to continue to have true consent and true access, equitable access to information and services. Access is where we fail, number one (HC).

This lack of language accessible resources thus indicates a deeper issue of how newcomers and immigrant communities are valued and invested in, or not, as they go through processes of integration under neoliberal policy approaches, as discussed more in chapter two.

Interviewees also addressed inclusion and language in the context of dynamics found in English language classrooms. English language learning for newcomers is facilitated through the Language Instruction for Newcomers program (LINC), which offers free language training for eligible adult learners and is funded by the IRCC to be carried out in organizations like settlement agencies.¹⁰ As the federally funded English language program, it needs to be completed at a certain level of competency in order for newcomers to be eligible to apply for

¹⁰ It is important to note that English as a Learned Language (ELL) instructors are the ones who teach this curriculum, not settlement workers, but settlement workers do interact with clients who attend these classes.

citizenship (Settlement.org, 2020, April 30). One settlement worker brought up the issue of how LGBTQ+ newcomers and refugees have experienced exclusion in these classrooms.

In a LINC classroom for example, there can be a lot of different attitudes about LGBTQ issues. And if teachers are not equipped with how to address, or diffuse, or support people that are LGBTQ, that can very quickly lead to not feeling welcome in the classroom. So, a lot of LGBTQ people drop out of LINC classes. Which means, if you drop out of LINC, if you don't achieve that certain level of English benchmarks, you can't apply for citizenship (SC 3).

These classrooms thus represent another border of belonging in Canada, where exclusion based on sexuality and/or gender identity has serious implications for the lives of LGBTQ+ newcomers and refugees. Another settlement worker raised the issue of whether or not information related to sexual education could be part of LINC or other English as a Learned Language (ELL) curricula.

I wish they got this information in schools, by the time they get to language classes, I don't know if it's a big component. Sometimes with newcomer programming you have to be careful where you kind of stick it, right. You can't just stick it anywhere (SC 3).

These two examples demonstrate that there needs to be more attention paid to what happens in LINC classrooms as a site of possible exclusion that has serious impacts on immigration trajectories, and whether or not issues related to sexual education do come up in LINC classrooms. It may prove that ELL instructors, along with teachers and settlement workers, need to be included in guidelines and recommendations for equitable CSE implementation to effectively reach newcomer and immigrant communities.

Lack of Settlement Services Uptake

A barrier in providing or referring to sexual education services is the lack of uptake for settlement services in general. This was a worry for one settlement counsellor, who discussed the difference she witnessed in newcomers who access settlement services versus those who do not.

In our settlement information sessions and orientations, we can see the difference. Newcomers who have access to those sessions, compared to newcomers who never have access to those settlement services, there's a huge difference. They get lots of resources from our organization, all of the settlement services agencies. But if you don't know about these services, and you just come to Canada and you work on it yourself...I think those people are so kind of isolated, and they miss out on opportunities to ask for help (SC 1).

This settlement counsellor indicated that the IRCC was researching this lack of uptake because, "it takes lots of money to offer the services, so why aren't people coming to them, right?" (SC 1). Research by the IRCC and others has found that less than half of newcomers utilize settlement services in Canada (Government of Canada, 2017, November). An interviewee who is engaged in researching this issue locally, found that it came down to confusion about these services, including where to access them and who they were really for. Many people may not consider the fact that there would be centralized settlement services offered, and even though the information exists online, one has to know what to search for in order to find that information. If newcomers did know about these services, there was a common perception that they were only for refugees and those who were really struggling (RE).

Given the confusion about basic settlement services, this interviewee suggested that accessing services related to sexual education and/or sexual health is probably even more out of reach. Based on her research in this area, she was able to relay some key concerns that newcomers have about accessing services in general that can be applied to increasing service uptake for sexual education services. Firstly, it is important that newcomers know that services are reliable and are confident in their legitimacy. Within the predatory context in which immigration services are marketed, domestically and internationally, newcomers need to feel safe and comfortable in accessing any kind of settlement services (RE).

A second suggestion was to provide a welcoming package for newcomers upon arrival. Montreal and Toronto both often give out welcome packages to newcomers settling in the city

that contain information on how to open a bank account, how to set up a cell phone account, and available settlement services. The fact that this is not done in Edmonton resonated as a missed opportunity to the interviewee to be able help people with fundamental needs and to welcome them (RE). Such an initiative also provides the opportunity to include information about sexual education and sexual health services, along with settlement services information, creating an opportunity to be clearer about who settlement services are for, where and how to access them, and making people aware of the availability of sexual education and sexual health services.

In my own research, I discovered that the City of Edmonton does, in fact, have a newcomer guide that is available in seven other languages on the city's website under programs and services for new residents. The guide includes information about living in Edmonton, the history of the city, the three levels of government, and relevant organizations, including settlement agencies and other organizations that work with newcomers and immigrant communities (2018, January, p. 2). The list of settlement agencies also includes descriptions of the kinds of services and programming offered, at least for some of these organizations (City of Edmonton, 2018, January, p. 14). However, as this did not come up in the interviewee's research, there seems to be a gap in newcomers accessing this document.

Internal Exclusion

Interviewees found that there were two major sites of internal exclusion for LGBTQ+ newcomers and refugees. Firstly, LGBTQ+ newcomers and refugees experienced discrimination from within their own ethno-cultural and/or religious communities, or hesitated to reach out, because they "want to be able to be who they are culturally, but don't necessarily feel comfortable accessing their communities" (SC 3). The second site of exclusion came from within

the local LGBTQ+ community. Newcomers and refugees experienced unwelcoming and exclusionary attitudes in LGBTQ+ spaces like gay bars (RE).

Another way in which the local LGBTQ+ community exhibited unwelcoming and exclusionary tendencies was through resistance to discussing or acknowledging different realities of being queer and trans for people outside of a North American context.

I do think that especially in western culture we are so black and white, you know, even within our most open communities you see people react...LGBTQ, all newcomers, struggle with pronouns, in general. And so, we introduce this new concept of pronouns, but people take such offense, and have zero concept of what it's like to come from a different framework where maybe pronouns work differently. And take offense to this person, rather than being open to sharing an intercultural experience. People will think that they're so supportive of the LGBTQ refugees especially, but we hold these rights and wrongs in ways of expressing our values around gender and identity that can get very, very tricky (SC 3).

This "black and white" approach to discussing issues of identity makes sense, given the ways in which LGBTQ+ people in North America have had to fight to have their identities recognized, which are continually challenged by dominant heteronormative society and institutions.

However, in this case, it comes at the expense of being inclusionary of LGBTQ+ newcomers and refugees. There seems to be a lack of understanding that being supportive of LGBTQ+ newcomers and refugees includes being open to different articulations of queerness and transness that may challenge North American norms, and that these norms have come out of a particular history.

We have one person, he has come to identify as he and him, but identifies as a lesbian. And so, in western LGBTQ community, that doesn't work. But I love it! I'm like "yeah! Do whatever you want. Push those boundaries and make space for different ways of seeing the world" (SC 3).

These examples are important, because they demonstrate a larger issue of exclusion for LGBTQ+ newcomers and refugees in local LGBTQ+ focused services. Although referring clients to services and organizations that can better help them is common practice in settlement

agencies, it is worth questioning whether or not those services are actually able to address the needs of newcomers and immigrant communities. There were two examples of the ways in which organizations who provide services for the LGBTQ+ community fell short when it came to addressing the needs of LGBTQ+ newcomers and refugees. In her work on newcomer access to settlement services, one interviewee received feedback of negative experiences accessing the Pride Center, and found that newcomers felt it was great for Canadians, but not necessarily helpful or welcoming for newcomers (RE). Another settlement worker found that when referring LGBTQ+ clients for mental health services, LGBTQ+ serving organizations were not able to accommodate for the complexities of newcomer and refugee clients.

What I've noticed for our clients is when they're accessing mental health services...LGBTQ rooted services are not...they don't hold the complexity well enough for LGBTQ newcomers and refugees. So, sometimes people will say that they have gone to a counsellor or accessed therapy, but it didn't really help. Because I think that they often end up having to babysit that person in their experience, or explain themselves. What I love about the [settlement agency's therapists] is that they have accumulated a lot of experience working with that intersection of newcomers, LGBTQ and refugee claimants. So, they understand the immigration processes involved, they understand the trauma and triggering aspects of those things. They understand the differing cultural lenses that people might approach with around queerness, and they understand just the complexity of changing countries. So, it's a very multilayered understanding that not enough people have, and it means so much (SC 3).

Organizations like these that offer LGBTQ+ services are seen as a resource for LGBTQ+ newcomers and refugees, but if they lack an awareness of how LGBTQ+ and immigration intersect, they are less effective and can create exclusionary experiences for newcomers and refugees. This issue of capacity is important to discuss in the context of encouraging settlement workers to refer, because who are they supposed to refer clients to if there is a lack of adequate services? This indicates that there is a need for organizations to understand that providing LGBTQ+ services in itself is not enough to address the needs of newcomers and refugees. Rather, it is specific area that requires research and training.

Strategies

Interviewees discussed several different strategies they have used to overcome some of these barriers and challenges in providing resources and programming related to sexual education. In terms of having information sessions explicitly about sexual education, one settlement counsellor suggested a different framing might help encourage people to attend.

We would have to change the name of this title to say something like “healthy relationships” or something like that for the session. And then even if you have a small group, like a woman’s group, then sometimes maybe it’s okay, because they feel more comfortable. Not in like public with men together to talk about it (SC 1).

Others have found that this framing does in fact work and is central to their practice. Detailing the experience of when she partnered with Compass to have sexual education programming in a youth group, one settlement counsellor discussed how important it was to ease into conversations around sexual education, for both the youth and their parents.

So, years ago when I was running community programs, I used to bring them in when they were called Options. There were two facilitators who were wonderful, I think one of them had an immigrant background. I would bring them for our youth group and I remember the parents were like “oh what are you going to be talking to our kids about?” But we would talk about like positive body image and stuff like that. Like you don’t talk directly about sexual health, or call it sexual health, right! (SC 2).

This approach was in direct contrast to the training the staff received, however.

But I remember with our staff when Options, when it was under Compass, when they came and did the presentation and it was way out there, openly discussing things. Even I was like, “oh, I’m not going to say that! (SC 2).

This demonstrates that the programming offered for newcomer and immigrant youth was designed with these cautions in mind.

But it showed the way the previous team and Options approached the youth in such a good way that the parents were like “oh, god I really appreciate that someone else is having this conversation.” They could have had this conversation in a way that made them feel uncomfortable, but they gave the information in a way that the youth were comfortable, they understood what they were saying, without being... because culturally it’s so hard to navigate (SC 2).

Other strategies to deliver this programming included tailoring the content to the age group, separating the boys and girls when necessary.

A lot of our kids are Muslims and we have to kind of separate the boys and the girls. With the boys we talk about showing respect, whatever, blah, blah. Like you know, you warm things up until to you get to, into the point. But you also don't have the same conversation that you have with a ten-year-old that you have with a fourteen-year-old. We would separate according to age and tailor those sessions to the age group (SC 2).

These strategies reflect much of the CSE curricula guide featured in the reports from UNESCO (2018), SIECCAN (2019), and Action Canada (2020), which feature discussions of healthy relationships, respect for others, and positive body image for oneself and others as core components of curricula for youth to ease into these discussions in a graduated and age-appropriate way. The gratitude expressed by the parents also demonstrates how important it is to deliver this programming, so that if they do not feel comfortable or able to discuss these issues with their children, there are program supports in place to do it instead, or in conjunction with parents.

Another strategy that tackled both the issue of more approachable framing and language accessibility came from the interviewee who works in consent education for newcomers and immigrant communities.

We also created a booklet specifically for newcomers in Canada about “healthy relationships,” we call it. It’s called “Landed,” and it’s also...we really focus on accessible language, and explaining to people who are not born here everything that is related to consent in relationships and support services (ED).

By using the language of healthy relationships, the interviewee found that she could communicate issues related to consent in Canada, while also using language that is at least accessible in terms of terminology. This interviewee also discussed how framing is important when discussing issues of sexual education in the context of legality. As previously mentioned,

legality is often a context or framing for when issues related to sexual education are brought up in settlement, as this approach makes the issues seem more pertinent and less personal. However, even within this approach there are issues of framing that need to be considered.

The age of consent is another one that people...you know it needs to be framed in a way that people don't feel the government said "oh yes, you are sixteen you should have sex, between twelve and thirteen you can experiment, and then between fourteen and sixteen you can also experiment" and trying really not to say...like trying to really frame it as a recommendation, just to keep safety, because kids do experiment and it doesn't mean they have intercourse, but they might have some sexual contact. We don't want to criminalize them if it was consensual and in a specific age range (ED).

However, she also found discussing issues of sexual education solely in the context of legality is not fully effective.

I started with really saying, "this is what we need to do, this is the law here," and it was not successful. So, I started thinking of a way to navigate it. Of course, I have to cover what is the law in Canada, but I research and ask "what is the consent law in different countries?" We check the age of consent in different countries, we put up a map of the world with it. We try to find a way to navigate it, and to let people say it from their cultural, or from their country. It's never a punitive, disciplinary kind of approach (ED).

Thus, using the approach of discussing issues of sexual education from the context of legality can be an effective way of getting people to join sessions they might not be otherwise drawn to, but it is important to include discussions of culture in order for it to resonate.¹¹

On a larger scale, interviewees found that rooting their work in relational and integrated practices was essential in being able to discuss issues of sexual education and sexual health with their clients. As previously mentioned, the consent educator utilizes relationship building in the community as a key way to bridge the gap in newcomers accessing sexual violence support services (ED). She also provides consent education through her relationships with other

¹¹ It is important to note that consent-based education that focuses on legality has its limitations. Often this type of approach, especially when provided in professional environments, can be reduced to a Human Resources exercise devoid of social, political, and cultural context. These approaches clearly do not resonate with CSE. This example illustrates that using legality as an entryway into discussions around sexual education can be effective, but only become compelling when it is further embedded in discussions of social, political, and cultural contexts.

organizations and capitalizing on existing relationships (ED). In discussing her work with the LGBTQ+ newcomer and refugee group, we have also already seen how this settlement counsellor is able to discuss issues of sexual education, because it is part of an ongoing conversation built into the relationships with the group members, as opposed to a regular settlement counsellor structure (SC 3). Another way in which this settlement counsellor brought an integrative approach to her work was to include examples of STIs when asking about health needs.

Even when I'm meeting with refugees we ask "do you have any specific health needs you'd like to talk to us about?" And then we might list some examples that would include it [STIs]. So, we've really I think integrated it into our settlement needs assessment and programming" (SC 3).

Relational and integrated practices for sexual education and sexual health are at the very core of the organization working in multicultural healthcare and community development.

In our twenty some years of our career together with my workers, we've been engaged in half a dozen projects looking at sexual education and sexual health. We always tell our partners and colleagues "we have to be integrative in our work." We cannot go straight in and say "this is what we're going to explore, what do you think? Here's the information." It has to enter through, first of all relational-based practice. It has to be through us, we have a relationship with the families in a holistic way (HC).

Thus, her and her team members serve as the link between their clients and partners from other organizations who can provide sexual education services.

Maybe build up our capacity, be close by, so when the right moment comes, you can join us. Because we could lend you our trust that the family has with us. Until then, you can help us boost up the exploration, capacity, and knowledge around sexual health and relationships. That has always consistently been our approach, and it works, and if our colleagues who are partnering with us truly believe us, to be there when that moment came, then it works. Or stay in the background and be our support. Whenever we feel like "hey, this is beyond our capacity, please boost us up, what should we do? What kind of resources do you have? How can we link the youth to the right people, or in the context of sexual violence inside a marriage, as a form of domestic violence, what do you do? What do you suggest?" That's how we always encourage everybody to work in this area. It can never be explicit; it has to be integrated into the priorities of the community, which is often the family relationship, the marital relationship, the community relationship (HC).

The way sexual education and health is framed within their work is also part of the organization's integrative practice.

We frame sexual health within the context of family, women's health and family wellness (HC).

Thus, sexual education and health is holistically a part of the work that the organization does, without framing it an explicit way that might be challenging for newcomers and immigrant community members to engage with.

A final example of strategies to overcome barriers comes from one settlement counsellor's experience working in outreach for Syrian refugee resettlement.

A lot of people gave me advice that the Syrian community might not be ready to hear about LGBTQ topics, and I was doing outreach at that time. We would do home visits to welcome people, do needs assessment, provide information. And I had this little portfolio of different sheets of information and I would always, always, always share this one about the LGBTQ Newcomer group, whether or not the topic came up. That stayed in there because a) it's an introduction to this as being part of the conversation in Canada, and b) because someone might not feel comfortable to bring it up, but then later might approach me for more information, which happened several times. Overall, I found people were quite open to hearing about it within the Canadian context (SC 3).

Including the flyer in her information materials made space for conversations around sexual education to come up. She found that framing these discussions around the idea that in Canada both freedom of religion and LGBTQ+ people can coexist resonated with her clients.

How I would talk about it would be "in Canada for the same reason that...like in Canada we want people to be who they are. And so, at the same time that we have LGBTQ people and their freedom to be who they are, is what makes it that you can wear your hijab and to have your spirituality, and both are okay at the same time." So, it's not either or, but because one is possible, then the other is possible too.¹² And I think people really embrace that idea. That ended up being the way that I would talk about it, is this spectrum of openness and because one exists, the other can exist. I wouldn't call that sexual education, it's not from a curriculum, but it's kind of creating space for that conversation to be able to

¹² Although this was acknowledged to have limitations as a framing, given the earlier discussion of how polygamous family structures are necessarily ruptured in order to immigrate to Canada, demonstrating that there are limits on tolerance in Canada (SC 3).

come about in a more open way. I think it really represents the opportunity for including sex education in ways early on in the settlement trajectory (SC 3).

This example demonstrates the importance of both framing and creating space for conversations in order to integrate them into the settlement process.

Discussion

The interviews revealed that from the very beginning of the settlement process, there is a lack of awareness about settlement services for newcomers. This includes the fact that they even exist and who they are for. Given the role settlement agencies play in connecting newcomers and immigrant services with sexual education and health services, the lack of overall communication about settlement services could be impacting newcomer and immigrant community access.

However, interviewees provided examples and suggestions that could help address this issue.

One interviewee's (ED) idea of a welcome package from the city that includes relevant information about the basics of living in the city, including settlement services and organizations that provide sexual education and health services, could be an effective way to help people settle and raise awareness about these services. However, the city has already produced the Edmonton Newcomers Guide (2018). Therefore, more work needs to be done in addressing this gap between the resource and people accessing it. As the interviewee mentioned, it may be the case that even though the resource exists, because it is online, people may not come across it as they would not know to search for it (RE). Although the guide includes settlement agencies in Edmonton and some description of their work, it may be that there needs to be more explicit information about what settlement services are in general and who they are for.

Another interviewee's (SC 3) experience of including flyers related to her group for LGBTQ+ newcomers and refugees in a binder of information when doing home visits for

newcomers and refugees seems to support this idea. By including this information, whether or not it came up directly, she was able to raise awareness about the program for people to approach her later. It also allowed her to create space for conversations around gender, sexuality, and issues related to sexual education early on in the settlement process. Thus, there are achievable changes that can be made in order to both increase awareness of settlement services and make space for sexual education early on in the settlement process.

When it comes to settlement services, there are structural barriers that make it difficult to engage more with issues around sexual education. This is due to the fact that settlement services are structured largely around meeting immediate needs. This means that clients will often only see settlement counsellors a couple of times, and are concerned with issues related to housing, employment, and accessing language classes. Given the lack of familiarity with the settlement counsellor and the kinds of issues that are typically of concern, it probably does not feel like a setting in which it feels appropriate to raise issues related to sexual education and/or sexual health.

Further, as the funder of settlement services, the IRCC determines what constitutes immediate needs. They are concerned with meeting the minimum of what newcomers need to survive in Canada, and are unlikely to consider issues related to sexual education as pertinent, or even within their federal jurisdiction. This means that the needs assessment as the potential first point of contact between settlement services and clients, does not make space for these conversations to come up, aside from mentions of conflict resolution or family violence.

However, despite these barriers, sexual education does come up in the context of settlement services. UNESCO (2018), SIECCAN (2019), and Action Canada (2020) identified organizations working with newcomers and immigrant communities as being vital in equitably

implementing CSE for a reason. The interviews indicate that issues of sexual education and sexual citizenship are integrated into settlement work, including issues of sexual violence, teen pregnancy, sexuality, sexual health, and how people's relationships impact their paths to citizenship. Interviewees also expressed that they are trained and familiar with issues related to sexual education and sexual health enough to be able to help clients find resources and refer as needed. As this includes referring to community programs within the settlement agency, settlement counsellors are an important point of contact for newcomers and immigrant communities in accessing services and resources related to sexual education and health.

Even though settlement counsellors may be ready and able to handle issues of sexual education and health, there is still a gap for a lot of clients in being able to bring up these issues. Service providers found that there were several reasons for this. Aside from the short-term nature of settlement counsellor services, there is the priority to focus on immediate needs, and cultural norms in terms of not discussing issues related to sexual education openly, or in that context. For instance, some newcomers may be more used to discussing any questions or concerns related to sexual education and health with a health service provider, rather than with a non-medical professional (Maticka-Tyndale, Shirpak, & Chinichian, 2007a, p. 184). From the example of queer newcomers in common-law partnerships incorrectly filing their taxes based on the fact that they did not feel comfortable disclosing that information, we can see that this gap in discussing these issues in a settlement context has tangible consequences. This means that more work needs to be done in investigating how space can be made for conversations about sexual education in the settlement process.

The interviews also revealed that within the context of settlement agencies and other organizations who work with newcomers and immigrant communities, more attention needs to be paid to the possibilities for sexual education at the community programming level. Unlike settlement

services, these programs have less structural barriers in being able to provide this kind of programming. As they tend to be funded the province, the city, and/or the community, programs at this level are better positioned to deliver programming on issues of health, education, and anything related to long-term integration and inclusion, given the jurisdictions of the funders. Further, the long-term nature of this programming means that there is more of an opportunity to facilitate a relational approach to sexual education, and to make it part of an ongoing conversation with participants.

However, programs related to sexual education do face issues of short-term inconsistent funding and interest from the provincial, and therefore municipal, government. This resourcing challenge echoes assertions made in chapter two about the continued devolution of issues related to long-term and social integration and inclusion to the provincial, municipal, and community level. In Edmonton, this includes funding opportunities like the FCSS, which includes funding distributed between all three levels. A theme that emerged in the interviews was addressing the difficulties of parenting in an immigration context, which is something that I think could be explored more at this level of programming.

Also discussed in chapter two was the ways in which neoliberal shifts in immigration policy have impacted settlement and integration processes. The federal government has shifted to recruiting newcomers who can be more responsible for their own integration, in order to invest less in settlement services. This policy direction explains the IRCC's focus on immediate needs, as the federal government has moved more towards funding the minimum settlement services needed for basic survival in a new country. This neoliberal approach to settlement policy came through in the interviewees' observations when discussing language accessibility.

The general lack of resources available in languages other than English and French points to the ways in which newcomers and immigrant communities are not adequately supported in the process of settlement and integration. Language inaccessibility means that there are impediments to

equitable access to resources and services that are important in the settlement process. When it comes to sexual education however, this implicates more than just the three levels of government.

Organizations that provide resources for sexual education can also address the lack of accessible language resources. For instance, Action Canada provides a lot of information, resources, toolkits, and reports about CSE on their website, all of which are only available in English. Local organizations who provide resources on topics related to sexual education could also offer translated versions. However, this would most likely involve hiring translators, which would need to be factored into limited funding.

Another barrier related to language brought up by interviewees is the dynamics found in LINC classrooms. These classrooms are vital to immigration trajectories, as newcomers need to meet specific thresholds in the program in order to apply for citizenship. Thus, classroom dynamics that exclude LGBTQ+ newcomers and refugees need to be examined. In particular, ELL instructors who deliver the LINC program may need to be trained specifically on issues of SOGI, sexual education, and conflict resolution in order to ensure equitable access to citizenship pathways. Further, more research needs to be done on the curriculum itself to see how issues of gender and sexuality may be embedded in it.

The interviews also brought up issues that reverberated with discussions of homonationalism and homonormativity from the first chapter. The unwelcoming attitudes of the local LGBTQ+ community and unwillingness to engage with queer and transness from a context other than their own, signals that homonationalism and homonormativity are present in the integration process, as well as the immigration process, as discussed with spousal sponsorships and the sexual minority refugee claims process. The interviews further demonstrated that local LGBTQ+ service providers need to increase their capacity to serve newcomers, refugees, and immigrant community members adequately. This is especially important when discussing the

centrality of referring as part of settlement practice, as it means there is a significant gap in supporting LGBTQ+ clients in accessing services and community.

Regarding strategies to overcome these barriers, interviewees found that approaching sexual education with newcomers and immigrant communities in a way that is relational and integrative has been the most successful. This affirms discussions about CSE mentioned in chapter three about the importance of considering the needs of the demographic of who will be receiving the curricula and/or related programming, and approaching CSE in an age appropriate and graduated way. This also reiterates the necessity of mutually reinforcing relationships between organizations that work with newcomers and immigrant communities in offering sexual education programming. As various examples demonstrated, building on pre-existing relationships was vital in successfully delivering programming, whether it was bringing consent education to another organization, or organizations bringing in others to train staff or be there to help clients when the moment was right.

The example of the youth group receiving sexual education through one of Compass's multicultural programs also demonstrates how delivering sexual education from an approach that resonates with the core principles of CSE works in this context. Although some parents may have been hesitant about their children being exposed to sexual education both in schools and through organizations, in the one case they were grateful that someone else was able to talk to their children about these issues. As previously mentioned, parental hesitancy is certainly not limited to newcomers and immigrant communities. However, there may need to be different strategies put in place to explain what CSE actually is for them, in a way that recognizes the potential for cultural barriers. Such attentiveness is especially important given the importance of schools in delivering sexual education, as discussed in chapter three, and also extends to sexual

educators who need to be able to deliver sexual education from an anti-racist approach, without assuming experiences of gender and sexuality.

Conclusion

The interview data asserts that within the multijurisdictional and multilayered process of settlement and integration, sexual education does come up in various ways. This makes sense, given discussions in chapters one and three about how integral sex and gender are in our understandings of citizenship. In this case, settlement counsellors were trained sufficiently to help clients find resources or refer, and have mutually reinforcing relationships with other organizations doing important work in this field. The interviews also indicated that there are more areas to investigate in where sexual education could be emphasized, and what needs to be improved in to order to increase access. Further, approaches to sexual education that approximate what is found in CSE seem to work in this context.

Conclusion

Introduction

This research has demonstrated that immigration and sexual education policy intersect within the landscape of biopolitics, sexual citizenship, and borders of belonging in Canada. Norms around sex and gender are woven into the immigration process, past and present, and serve to reinforce settler articulations of power and governance. Access to sexual education and sexual health services thus become a prescient point of contact in the immigration and settlement process. However, when it comes to sexual education, Canada falls short of the CSE standard. Although schools are essential in delivering sexual education, the current system of relying on teachers without adequate support or training is not working. Thus, sexual educators who work for sexual health clinics and other organizations play an important role in sexual education delivery. More specifically, organizations that provide sexual education for Indigenous and newcomer, immigrant, and refugee youth are of great importance in the distribution of sexual education. Support for these organizations is vital to equitable access to sexual education, given the potential of CSE to reinforce multicultural understandings of difference, rather than engage with anti-racist approaches.

Within the multijurisdictional web of immigration and settlement policy, we see that settlement agencies navigate a precarious balance of funding and limited say in setting integration priorities. Although there are barriers to providing sexual education services in settlement agencies, issues around sexual education do arise. Interviews revealed that organizations that provide sexual education and health services, including community programming in settlement agencies, have implemented strategies to overcome these barriers. To conclude this research, I will provide a list of recommendations that help move toward better

meeting the needs of newcomers and immigrant communities with sexual education, as well as a discussion of further areas of research that need to be investigated. These recommendations are tailored specifically to settlement and integration service provision, as discussed in the previous chapter.

Recommendations

- 1) Increase language accessible resources relating to sexual education and sexual health for newcomers and immigrant communities.

Although national organizations like Action Canada and other local organizations provide free resources on their websites and social media platforms in language that is accessible in terms of terminology, there is a lack of resources provided in languages other than English or French. For a large organization like Action Canada, funding translations for resources should be less of an issue. However, local organizations are more constrained in their access to funding. This gap in service provision is thus something that provincial and municipal governments need to address, as it impacts the ability of those who work with newcomers and immigrant communities to support their clients. An increase in language accessibility could also impact uptake in settlement services more generally, which is of interest to the federal government.

- 2) Frame sexual education curricula and programming around individual and family wellness and health, as well as law.

As the interviews revealed, framing sexual education programming and information around individual and family wellness increased the likelihood of newcomers and immigrant communities engaging with the content and making it seem relevant, if not thought to be already. Legality proved to be a good entry point into these discussions, but

it needs to be delivered within a social and cultural context in order to be most effective.

Using this approach may thus have a better chance of increasing attendance to any possible sessions or programs.

- 3) Pursue relational and integrative approaches to sexual education at the community level for sexual education programming.

Sexual education programming and information was also best received when it was delivered in a setting that was relational and fostered ongoing discussions. Clearly, organizations relationships with each other are important in being able to bring in educators to support the service providers that have relationships with their clients. There was much more opportunity for this approach to take place at the community level, given the longer-term nature of this programming, and the policy jurisdiction of government funders. Supporting programming at this level more consistently is thus vital in the equitable distribution of sexual education.

Further Research

This research has revealed several other areas that need to be pursued in order to better understand the intersection of sexual education and settlement policy and practice. Firstly, more research needs to be done to look more closely at how sexual education can be included early on in the settlement process. This includes other ways in which space can be made for these conversations in the settlement context. More work needs to be done looking at the gap in newcomer's accessing the Edmonton Newcomers Guide (2018). For instance, how to address other ways for newcomers to be given this information, as they would need to know what to look for in order to come across this information online. Additionally, more specific information

about what settlement services are, who they are for, and what they can provide may be necessary to clarify the role of settlement counsellors, in order to address the miscommunications the researcher encountered (RE). Under the health section, there are also no references to reproductive health services or organizations that provide sexual education services.

Secondly, more research needs to be done addressing the LINC program, including classroom dynamics, ELL instructor training, and the curriculum itself. The program is unique, as attendance is mandatory in order to continue with citizenship pathways for those who do not already possess language proficiency. LINC is thus a key site in the settlement process. The LINC curriculum needs to be analyzed to see whether or not issues of gender and sexuality, are embedded in course materials. Further, more attention needs to be paid to how ELL instructors are trained, or not, in managing classroom dynamics, specifically as they pertain to issues of sexuality and gender. The consequences are significant for LGBTQ+ newcomer pathways to citizenship, and of particular concern, given discussions of how Canada projects itself as being receptive to LGBTQ+ newcomers and refugees, found in chapter one.

Thus, it may prove that LINC classrooms and ELL instructors need to be specifically included in discussions of implementing CSE equitably. Both this point and the one above suggests that in order to properly address newcomer and immigrant community access to CSE, organizations that are concerned with the implementation of CSE need to investigate how organizations that work with this population are specifically implicated in this process, and in what ways. Although UNESCO (2018), SIECCAN (2019), and Action Canada (2020) identified organizations that work with newcomers and immigrant communities as being key in equitable distribution in CSE, there is no further specific information provided. This research alone has identified three separate and overlapping sites where sexual education arises in the settlement

process: settlement services, LINC classrooms, and community programming in settlement agencies and other organizations that work with newcomers and immigrant communities.

National organizations that are invested in implementing CSE need to be aware of how sexual education interacts with the immigration and settlement process, in order to know where, when, and who they need to partner with in order to ensure information about CSE is equitably distributed.

Further research needs to be done on the capacity of LGBTQ+ organizations ability to adequately serve LGBTQ+ newcomers and refugees. Much like the example of LINC classroom dynamics, the gap in providing services for LGBTQ+ newcomers and refugees is distressing, given the image Canada projects, and benefits from, as being particularly welcoming to this group. This lack of adequate services also interrupts settlement counsellors' ability to refer their clients, as well as interrupting the distribution of sexual education and sexual health services. Similarly, more research needs to be done on how homonormative and homonationalist attitudes from Canadian LGBTQ+ communities is impacting LGBTQ+ newcomer and refugee settlement. These issues also point to the importance of continuing to support work that provides sexual education by newcomer and immigrant communities, for newcomer and immigrant communities, discussed in chapter three, as we move toward implementing CSE.

More attention needs also needs to be paid to the overall implementation of CSE in Canada, as well as its potential to be implemented in the immigration system. For instance, what could the implementation of CSE for border agents or the IRB look like? What impact could it have on the spousal/common-law sponsorship and sexual minority refugee claims processes as key points of sexual citizenship articulation in the immigration process?

As this research has limitations in terms of scope, location, and interview subjects, much more research needs to be done in the areas this research misses. More research needs to be done on a broader scope in terms of location and sample size, in order to have a better idea of how immigration and settlement policy and sexual education policy interact with each other in Canada. A broader scope will be important to further research in this area, given how multijurisdictional this policy intersection is, with potential variations in approach across cities and provinces. This research was also limited to focusing on analyzing these policies at an organizational level, by looking at how different levels of government and organizations interact with these two policy areas. Analysis is thus limited to the perspective of service providers, rather than newcomers and immigrant community members themselves. Furthering this research will require consulting newcomers and immigrant community members, in order to ensure that policy directions reflect their own experiences and needs.

Conclusion

By pulling on the threads of the multijurisdictional policy web of immigration, settlement, and sexual education, this research was able to identify places where these areas intersect and overlap. Further, the research was able to identify key service gaps in the distribution of sexual education for newcomers and immigrant communities, as well as possible solutions to address these issues. Although CSE is not currently implemented in Canada, programming that followed some of the core principles of CSE curricula appeared to be successful in a settlement context. However, concurrent support for programming that is definitively anti-racist is needed in moving towards equitable distribution of sexual education, to ensure that newcomers and immigrant communities have access to programming that is by them and for them.

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Appendix #1: List of Interviews

Settlement Counsellor Interviews:

SC 1, February 2021

SC 2, March 2021

SC 3, April 2021

Non-Profit Organization Worker Interviews:

HC, April 2021

ED, June 2021

Researcher Interview:

RE, May 2021

Appendix #2: Interview Guide

Role of Interviewee	Beginning Questions
<p>Settlement worker and/or program administrator for social integration programming at settlement agency</p>	<ol style="list-style-type: none"> 1. What considerations went into designing the social integration programming? <ol style="list-style-type: none"> a. What kinds of knowledge and skills were considered the most important for social integration? b. Have there ever been barriers to offering the kinds of programming you or your agency would like to implement? 2. Does your agency have a relationship with other organizations that offer social integration programming? <ol style="list-style-type: none"> a. Would you consider promoting or referring people to an organization that offers sexual education programming for newcomers? 3. Has the issue of sexual education as part of social integration programming ever come up among staff or clients? Is it something your agency would consider important to social integration? 4. What potential barriers could there be in including sexual education as part of social integration programming? Including working with sexual educators or other organizations that have this programming?

<p>Sexual health educator and/or program administrator for sexual education programs for immigrants</p>	<ol style="list-style-type: none"> 1. Why is access to sexual education important for newcomers? <ol style="list-style-type: none"> a. Why do you think there are so few organizations offering these services? Should sexual education be considered more important to social integration? b. What could prevent other organizations that provide social integration services from including sexual education in their programming? 2. Has your organization faced any barriers in delivering this kind of programming? 3. Does your organization have a relationship with any other settlement agencies in the city? Have you ever had another organization or agency refer people to your programs? 4. What considerations went into designing the curricula?
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