

VALUES QUIZ

Before discussing sexuality with your clients, it is important to reflect on your own values, beliefs and biases. This exercise will help you to become more aware of your sexuality values and beliefs and how they can potentially influence your interactions with clients.

Instructions: Please respond to each statement by checking the box that represents how you feel. Information regarding each question will follow.

Question	Agree	Unsure	Disagree
1. I am conscious of my own attitudes and beliefs when discussing sexuality with others.			
2. I am uncomfortable raising certain sexuality topics with youth.			
3. I do not make assumptions regarding the sexual orientation or gender identity of my clients or the people I work with.			
4. The more youth know about sexuality, the more likely they are to experiment.			
5. Youth always have a choice regarding whether or not they participate in sexual activity.			
6. Sexual health professionals are more appropriate than I am to address sexuality issues with my clients.			

1. I am conscious of my own attitudes and beliefs when discussing sexuality with others.

Values are a personal inventory of what we consider being most important, and can be influenced by many factors such as family, peers, culture, religion, the media and personal experience. A person's values and beliefs will influence discussions regarding sexuality. Examining your own values and beliefs about sexual health before addressing clients is an essential part of addressing sensitive topics.

Assumptions to avoid:

- All youth are heterosexual
- All youth are sexually active
- All youths' sexual involvement is consensual
- All youth who are sexually active are having intercourse
- All youth have the same knowledge base
- All youth have the same cultural and religious beliefs
- All youth want to avoid pregnancy

2. I am uncomfortable raising certain sexuality topics with youth.

Sexuality can be a difficult topic for anyone to discuss. Acknowledging your own awkwardness can make everyone feel more comfortable. Knowing where to look for information is an important part of feeling comfortable. If you are unsure about a question, be sure to find the correct answer and get back to the client. No one knows all the answers.

3. I do not make assumptions regarding the sexual orientation or gender identity of my clients or the people I work with.

According to recent research, it is estimated that 2-10% of Canadians self-identify as non-heterosexual or LGBT (lesbian, gay, bisexual, or transgendered) (Public Health Agency of Canada [PHAC], 2008). When we make assumptions regarding orientation, we may unknowingly marginalize sexual minorities. Furthermore, factors inhibiting youth from accessing health services include discrimination from service providers, heterosexist cultures, or service providers not supportive of sexual minorities (Marshall, 2008).

To create LBGT friendly environments, service providers can

- Listen to how clients describe their gender, identity and relationships and use the clients' choice of words.
- Not make assumptions regarding a client's sexual orientation or gender identity, by using terms that are gender neutral such as "partner".
- Display a statement that indicates non-discriminatory services are offered.
- Display a statement that indicates there is a zero tolerance for homophobic language.
- Display LGBT information and posters (Prism, 2008).

4. The more youth know about sexuality, the more likely they are to experiment.

Comprehensive sexuality education programs are designed to give young people the skills to make responsible sexual decisions. Programs that teach young people about contraception and safer sex do not lead to earlier onset or higher frequency of intercourse. In fact, programs that teach about both abstinence and safer sex can help young people to postpone having intercourse (Sex Information and Education Council of Canada [SIECCAN], 2010). Evaluations of comprehensive sexual health education programs have led to the conclusion that they result in postponement of first sexual intercourse, decreases in the number of partners, and increases in condom use (SIECCAN, 2010).

5. Youth always have a choice regarding whether or not they participate in sexual activity.

Some youth may not feel that participation in sexual activity is always a choice. For some youth, obtaining food and shelter or feeding their addiction to cigarettes, drugs and alcohol is the greatest priority, and therefore they participate in survival strategies such as trading sex or obligatory sex (PHAC, 2006). One Canadian study indicated that 35.6% of street youth participants reported trading sex for money, shelter, or cigarettes, drugs and/or alcohol. Additionally, 18.5% felt obligated to have sex after receiving shelter, money, food, or cigarettes, drugs and/or alcohol (PHAC, 2006).

6. Sexual health professionals are more appropriate than I am to address sexuality issues with youth.

Although sexual health professionals have extensive knowledge and comfort addressing sexuality, service providers working directly with youth are an extremely valuable resource for sexual health. Supportive individuals who *know* the youth can play an important role in providing relevant sexual health education. Youth can be influenced by a person who offers consistent and caring support; this might be an outreach worker, staff at a youth-serving agency, or a teacher (Caputo et al., 1997).

References:

Caputo, Y., Weiler, R., & Anderson, J. (1997). *The street lifestyle study*. Ottawa, ON: Health Canada.

Marshall, B.D.L. (2008). The contextual determinants of sexually transmissible infections among street-involved youth in North America. *Culture, Health & Society*, 10(8), 787-799.

Prism. (2008). How to be LGBT friendly: 30 practical ways to create a welcoming environment for lesbian, gay, bisexual and transgender people. Retrieved November 24, 2010, from http://www2.wlv.ac.uk/equalopps/how_to_be_lgbt_friendly.pdf

Public Health Agency of Canada (PHAC). (2008). *Canadian guidelines for sexual health education*. Retrieved November 24, 2010, from <http://www.phac-aspc.gc.ca/publicat/cgshe-ldhemss/index-eng.php>

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