From Opt Out to Inclusive Design

Guiding Through the Sex Ed Confusion

Ontario Parent Support Guide

August 2019
Equipping faith communities to empower youth with the knowledge and life skills required to delay sexual activity, contributing toward successful, stable futures and families.

For more information go to [www.peaceontario.com](http://www.peaceontario.com)

This document was edited for use by Ontario parents. Questions from Ontario parents should be directed to PEACE Ontario. Email: info@peaceontario.com

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From Accommodation to Inclusive Design  
A Guide for Parents, Faith Communities, and Community Leaders

For many years, lesson content in public schools has become increasingly sensitive for faith families. Of particular concern is the Comprehensive Sex Education / CSE (also known as Sexual Risk Reduction) Ontario’s first step into CSE happened in 1998 when the Ministry of Education decided that because some students will be sexually active, all students need to be instructed in condom use and non-reproductive sexual activities. Since then CSE has expanded to include consent, information about sexual acts, affirming all sexual choices/orientations, sexual pleasure, healthy sexual relationships, and affirming that the child will know when they are ready to have sex.

In August, 2019, the Ontario government released the new 2019 Health and Physical Education curriculum. The sexual health education content in the document continues to be in alignment with CSE.

By contrast, research proves that students who avoid sexual activity, ideally until marriage, have better family relationships throughout life, better academic achievement, increased earning, better physical health and longevity, better mental and emotional health, reduced incidence of depression and suicide, and less exposure to crime. Our students need curricula that emphasizes the negative consequences of teen sexual activity and develops the skills to resist negative peer pressure. This is the foundation of Sexual Risk Avoidance – an international program that is gaining interest.

Sexual health instruction is important. Considering our children’s learning needs (experience – not sexually active, interests – not interested in being sexually active, faith families whose values are in alignment with sexual risk avoidance) they would benefit from SRA based programs. How do we get our children into SRA based programs?

The Ontario government has mandated that school boards must develop simple, non-intimidating Opt Out processes. This is good news, and we should use it to do more than just Opt Out. Opting Out provides an opportunity for parents to communicate the learning needs of their child(ren) and recommend alternative Sexual Risk Avoidance programs that could be incorporated into an inclusive solution – offering a dual program approach that would meet the different learning needs of students.

The Mission of PEACE (and this book) is to equip parents and the church to:

1) Take responsibility for providing the needed SRA instruction for their children and youth.
2) Empower children/youth to protect their future (education, income, mental, physical, emotional and spiritual health) by delaying sexual activity, ideally until marriage
3) Effectively communicate with the school the learning needs of students, opt out of sensitive curriculum, and be accommodated with SRA based programs at home, church or school (if possible)
4) Support the adoption by schools of medically accurate, evidence based, sexual risk avoidance programs (improved abstinence) as part of an inclusive design, sexual health education solution/option.

We sincerely hope this resource is useful to you as you advocate for your children/youth and influence within your community.

Sincerely,

PEACE Board of Directors

Phil Lees  
Founder

Rev. Bruce Mann  
President

Pastor Dana Hanna  
Secretary

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Director

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Treasurer

Dedicated to making it easier for families in public education.
# Table of Contents

From Accommodation to Inclusive Design  
A Guide for Parents, Faith Communities, and Community Leaders

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary - Responding to Sensitive Curriculum</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Overview of The PEACE Engagement Process</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>SECTION 1 – ENGAGE: The Facts</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>a. Intro - Two Approaches to Sex Education – Comprehensive Sex Education (CSE) &amp; Sexual Risk Avoidance (New Abstinence)</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>b. Comprehensive Sex Education – the philosophy driving sex education</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>a) What is CSE?</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>b) Goal of CSE</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>c) Rationale of CSE?</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>d) Concerns with CSE?</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>e) Do CSE Programs Work?</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>f) Application to Ontario</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>• 2019 Ontario Health and Physical Education Curriculum – Ministry Changes Will Advance CSE</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>• Grade by Grade – Concerns with CSE &amp; Ontario Curriculum</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>• Conclusion</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>c. A Better Option - Sexual Risk Avoidance</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>a) Background – Public Health Three Tier Prevention Model</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>b) Sexual Risk Avoidance – The Primary Prevention</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>c) Rationale for Sexual Risk Avoidance</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>i) Consistent with Public Health Model</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>ii) Support for SRA - Differentiated Instruction</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>iii) Applying Differentiated Learning Lens to Sexual Health Instruction</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>d) Conclusion - Differentiated Learning indicates we need both programs</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>e) Effective SRA Programming</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>f) Public Schools Need a Dual Program Approach</td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>d. The Plan - Accommodation Until Inclusive Design</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>a) Intro</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>b) Strong Case for HK</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>c) But We Need Both Programs (SRA &amp; CSE)</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>d) The Plan - From Accommodation to Inclusive Design</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>e) Conclusion – A Winning Strategy</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>e. Wrap UP: Engage Our Schools and Influence Society</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>SECTION 2 – ENGAGE The PEACE-ful Process</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>SECTION 3 – ENGAGE Your Children</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>a) Background</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>b) Seminars, Training Programs, Conferences, Book Resources</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Toward A Culture of Sexual Integrity</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Building Family Connections</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Heritage Keepers</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Stand Firm, Love True Conference</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>God’s Design for Sex</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>SECTION 4 – ENGAGE Your School - Communicate with Your School</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>a. Background</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>b. Can we have the right to Opt Out?</td>
<td></td>
<td>43</td>
</tr>
</tbody>
</table>
c. Ministry of Education Guidelines for Schools Regarding Accommodations

Parent Communication Letters
i) General Sensitive Curriculum Letter
ii) Sex Ed Opt-Out / Accommodation Letters
   • Opt-Out Request – with explanation
   • Reluctantly Agree – with explanation
   • Accommodation Solution – Wonderfully Made (Optional)

SECTION 5 – ENGAGE Others

APPENDIX 1 Parent Communication
  a) Sensitive Curriculum Letter
     Sensitive Curriculum Letter – Instructions
     Sensitive Curriculum Letter
     Explanatory Notes – What We Believe and Why
     Discussion Points for Meeting with Principal/Teacher
  b) Gr. 5 – 8 … OPT OUT COMMUNICATION OPPORTUNITY
     i) Opt Out Communication
        • Instructions: Opt Out Letter – Instructions
        • Letter: Opt Out Letter
        • Explanatory Notes – What We Believe and Why
     ii) Letter “Reluctantly Agree to Attend Sex Ed…” Communication
        • Instructions: Agree to Attend Sex Ed, BUT…”
        • Letter Agree to Attend Sex Ed, BUT…” Letter – Instructions
        • Explanatory Notes – What We Believe and Why

APPENDIX 2
2015 Health and Physical Education Curriculum
Healthy Living – Key Topic Chart

APPENDIX 3
Frequently Asked Questions
  a) W.H.O. is Driving CSE
  b) General Effect of CSE on Lesson Content
  c) What can it look like in the classroom?
  d) Is this happening in all classrooms?
  e) Do parents have a choices
Executive Summary - Responding to Sensitive Curriculum

... From Opt Out to Inclusive Design

August 21, 2019, the Ontario provincial government released the 2019 Health and Physical Education Curriculum. Many anticipated an improved sexual health strand that would have more emphasis on teaching youth about the negative consequences of teen sexual activity and develop the skills to resist negative peer pressure. Unfortunately, the curriculum is still based on Comprehensive Sex Education (CSE), a sexual rights approach to sex ed. Groups had attempted to influence system change using petitions, protests and even research – but to no avail.

For many years, sexual health education has become increasingly sensitive for faith families. Unfortunately, most parents feel ill-equipped to discuss this controversial curriculum in a manner that leads to practical results that meet the varied learning needs. Our goal is two-fold:

1. Equip faith communities (families, and church leaders) to inform & empower youth with the knowledge and life skills needed to delay sexual activity; contributing toward successful, stable futures and families.
2. Equip parents to effectively communicate with the school the sexual health learning needs of their child. If accommodations are allowed, learning can then be most effective.

What is Comprehensive Sex Education (CSE)?
CSE is a sexual rights approach to human sexuality education that seeks to provide children and youth with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality, emotionally and physically, individually and in relationship.

CSE works to accomplish this by:
• presenting sexuality positively, affirming all activities and orientations (including abstinence), that are entered into with respect, inclusion, non-discrimination, equality, empathy, responsibility and reciprocity.1 (mutually satisfying)
• reducing discrimination based on sexual orientation by affirming all sexual relationships and activities that are entered into with respect, inclusion, non-discrimination, equality, empathy, responsibility and reciprocity.2 (mutually satisfying)
• affirm strategies to reduce the risk of teen sexual activity (condoms, non-reproductive sexual activity (anal, oral, self and mutual masturbation, etc) (NOTE also known as Sexual Risk Reduction (SRR) approach.

Concerns with a One-Size-Fits-All CSE Program
In most communities, CSE is the primary strategy for presenting sexuality education. There are many concerns with such an approach that are explained later in this manual. Below is a summary list:
• Does not meet the learning needs of most students who are not sexually active
  (92%+ students in Gr. 6 – 8; 62% - 88% of students in Gr. 9 – 12)
• Too much information, too soon - To achieve the stated goals the curriculum needs to be so graphic and explicit that it reduces modesty.
• CSE does not provide the true in-human-use failure rates of condoms (eg. only 50% effective at preventing chlamydia, 30% effective at preventing herpes, 70% effective at preventing HIV)
• Does not instruct students that STIs can be transmitted via skin to skin contact (eg. from mutual masturbation)
• Program affirms the child knows when they are ready for sex. This is in conflict with the following:
  a. The teachings of home and church. Hence it will lead to confusion in the minds of children about what is right or wrong for them.
  b. Brain development research proves the section of the brain responsible for rationale thinking is not fully developed until mid 20’s
• Negative Impact of Teen Sex is Not Emphasized: Whether or not a pregnancy or STI occurs, sexual initiation has been associated with poorer educational achievement, lower earning potential, reduced physical, mental and emotional health, lower self-esteem, regret of sexual activity sexual activity, depression, and suicide, as well as a higher likelihood of experiencing sexual exploitation, dating violence, and unwanted or forced intercourse/rape3

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• Although CSE instruction does acknowledge the best way to avoid pregnancy and an STI is to not engage, little time is invested in understanding of the negative impact of teen sex (as above), setting boundaries, and developing effective refusal skills.
• Growing research indicates CSE programs do not work and may even lead to negative results.4

Better Alternative for Many Students - Sexual Risk Avoidance / SRA (Improved Abstinence)
SRA is in alignment with public health primary-prevention-based approach (see p. 32) that inspires youth to delay sexual activity, ideally until marriage. SRA:
• Instructs youth on the negative impact teen sexual activity has on achieving life goals. (eg. lower academic achievement; reduced earning potential; negative impact on physical, emotional and mental health; family relationships; and the connection to drugs and crime)
• Helps youth to establish boundaries and develop refusal skills to resist negative peer pressure.
• Helps develop and rehearse the refusal skills to resist negative peer pressure.
• Includes a cessation intervention approach for school-aged youth who are sexually active, offering the hope, encouragement and skills to return to an optimally healthy lifestyle free from all sexual risk.
• Is NOT discriminating of any orientation because the benefits of delaying sex, ideally until marriage, apply to all students, all orientations.
• The SRA student program used by PEACE has been tested and proven to reduce teen sexual activity by 67%.

Ontario Curriculum is CSE Based! How Do We Help Our Kids?
The 2019 Ontario Health and Physical Education Curriculum is comprehensive sex education based - See detailed, grade by grade examination of the curriculum expectations pages 18 – 31.

One positive result, the Ontario government recently mandated all school boards to make opting out of sexual health curriculum less intimidating. This creates the perfect opportunity for faith parents to communicate the learning needs of our children.

Many parents are uncomfortable Opting Out because they fear their students will be ostracized by peers. A better, more inclusive solution is needed – perhaps a dual program approach. Even the Ontario Human Rights Commission recognizes opting out / accommodation is not a good solution to sensitive curriculum, and recommends schools develop inclusive design solutions - solutions that meet the varied needs within a pluralistic system. An inclusive design solution would see schools offering both programs (SRA and CSE) based on the varied learning needs of students and families.

How Should Parents / Church Respond?

Step 1 – Provide Children/Youth with SRA Instruction from Parents & Church
SRA programming is not available through the school, yet our students need this information and skills. First priority must be to seek alternative ways to provide our students with SRA instruction/programs. Therefore, it must be offered through alternative means - parents and/or churches need to instruct children/youth. PEACE has the resources to equip the church and parents.

Step 2 … Opt-Out Until Inclusive Design – Parents, whether you opt out or not, Communicate Learning Needs at the School Level
The school will not respond to our needs unless parents begin to communicate the learning needs of their children to the school, and plant the seeds, and the evidence, for SRA alternative programs. Below is a summary of the steps to achieve these goals.

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iii) New Brunswick (2004 – 2010) implemented CSE in 2004/05 school year. Between 2006 and 2010 there was a 40% increase in teen pregnancy and sexually transmitted infections. (Source: https://www.imfcanada.org/sites/default/files/making%20sex%20education%20work.pdf)
School Opt Out Letter – At least 20 days before sex ed classes, schools send home a letter explaining sex ed will be taught and parents may choose to Opt Out of the instruction. This is the perfect opportunity for parents to communicate the need for alternative SRA programs. Programs that meet the learning needs of your child and many students.

To assist parents and students to communicate effectively, PEACE has the following tools/letters:

a) “Sensitive Curriculum Information Letter”
This letter, along with a meeting with the teacher will help the teacher to understand the learning needs of your child. The letter outlines all sensitive curriculum (including sex ed). It requests the teacher inform parents when sensitive topics are part of planned instruction. When informed the parent can decide if learning accommodations / opt out are needed.

b) “CSE Opt-Out Letter”:
This letter communicates the learning needs of the child, and how CSE based programs do not meet the need. The concept of SRA curricula, inclusive design, and dual program approach are introduced.

c) “Agree to Attend CSE – BUT…” Letter:
If you decide to have your child remain in the CSE program, send the permission form back with a letter that explains the following:

• You would prefer to Opt Out, but due to concern the child will be ostracized, you are allowing him/her to participate.
• The learning needs of your child would be better met through Sexual Risk Avoidance programs
• The difference between CSE and SRA & the varied learning needs of students
• A dual program approach within public education would better meet the needs of all students

Summary: Engage Our Schools and Influence Society

Fifty years ago, when the culture was more homogenous, there was far more agreement on values, and sensitive instruction in school was rare. Today we live in a pluralistic society, and public education systems are required to reflect that pluralism. For the learning needs of the faith community student to be accepted and understood, the faith community must be involved.

Considering the pluralistic societal context, it is very difficult for the faith community to advocate for a one-size-fits-all abstinence program. We would be criticized as imposing faith values. Hence, we must operate as a group within the pluralistic education system.

Should our efforts be focused at the system level or the school level? Our experience is that it is far easier to get a successful response/accommodation at the school/classroom level than the system. At the school level, the teachers and administrators see you often. You build relationship and trust with them, and when they hear your concerns, it is far easier for them to respond, than it is for an entire system to respond. Over time, if parents in a number of schools communicate the same message, understanding across the system improves, and a system change becomes a possible reality.

This is a great opportunity to successfully communicate the learning needs of our children and influence within the pluralistic education system to create relevant learning solutions. To accomplish this, faith communities need to:

• Provide our children/youth with SRA-based, alternative learning resources
  (classes in churches, independent study, online programs, etc)
• build positive relationships with their local educators,
• partner with the local school (volunteer, adopt-a-school, etc)
• learn the operating principles, policies and regulations of the pluralistic system
• communicate the differentiated learning needs of children in sexual health education, and work to provide relevant choice within the system - tested and proven SRA and CSE programs.

Influencing society for the kingdom will take prayer for God’s direction and favour, and many people in different communities willing to learn and engage on this important issue.
**PEACE ENGAGEMENT PROCESS**
A Step-by-Step Process For Communicating

When parents follow the PEACE Engage Process, they successfully communicate the learning needs, are understood, and learning is accommodated.

We will follow this process as we explain the Accommodation To Inclusive Design Process.

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**Engage the Facts**
- Understand the facts about Comprehensive Sexuality Education
  - What is it? / Rationale / Concerns
  - Understanding the Facts about Sexual Risk Avoidance
  - Meet different student learning needs
  - Support in Education for a Dual Program approach = school board policies, public health, differentiated learning theory and practice, Ontario Human Rights Commission, and science and medicine

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**Engage the PEACE-ful Process**
- Build positive relationship with your child’s teacher and school staff so you will be listened to when you need to discuss difficult issues

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**Engage Your Kids**
- Ensure your child gets accurate SRA based information about sex, negative impact of teen sexual activity, healthy relationships, develops the refusal skills to resist negative peer pressure, and makes decisions that are healthy, and in alignment with the teachings of the faith.
- Can be provided through church or parents
- PEACE has the resources

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**Engage School**
- Communicate the learning needs of your child regarding sex ed
  - Opt out of sensitive instruction, (or reluctantly agree and explain why)
  - Plant seeds that will lead to schools wanting to offer sexual risk avoidance programs
  - PEACE has the tools to help

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**Engage Others**
- Help other families to do the same.
1. Intro - Two Approaches to Sex Education – Comprehensive Sex Education (CSE) & Sexual Risk Avoidance (New Abstinence)

2. Comprehensive Sex Education – the philosophy driving sex education
   a) What is CSE?
   b) Rationale & Goals of CSE?
   c) Concerns with CSE?
   d) Do CSE Programs Work?
   e) Input from Teens
   f) Application to Ontario - 2019 Ontario Health and Physical Education Curriculum
      Ministry Announced Changes Will Advance CSE

   a) Background – Public Health Three Tier Prevention Model
   b) Sexual Risk Avoidance – The Primary Prevention
   c) Rationale for Sexual Risk Avoidance
      i) Consistent with Public Health Model
      ii) Support for SRA - Differentiated Instruction
      iii) Applying Differentiated Learning Lens to Sexual Health Instruction
   d) Conclusion - Differentiated Learning indicates we need both programs

4. The Plan - Accommodation Until Inclusive Design
   a) Intro
   b) Strong Case for HK
   c) But We Need Both Programs (SRA & CSE)
   d) The Plan - From Accommodation to Inclusive Design
   e) Conclusion – A Winning Strategy

5. Wrap UP: Engage Our Schools and Influence Society

6. Frequently Asked Questions
   a) W.H.O. is Driving CSE
   b) Effect on Lesson Content
   c) What can it look like in the classroom?
   d) Is this happening in all classrooms?
   e) Do parents have a choice?
a) Intro - Two Approaches to Sexual Health Education

As described earlier, there are 2, often opposing, approaches to instructing on Sexual Health:

- **Comprehensive Sex Education** – affirm all sexual activity that is engaged respectfully, with consent and mutually satisfying; instructin ways to reduce the risk if youth choose to engage
- **Sexual Risk Avoidance** – inform students of the negative impact of teen sexual activity, and the establishment of boundaries to prevent tempting circumstances, and refusal skills to resist negative peer pressure.

The approach driving sexual health instruction in society and schools is Comprehensive Sex Education (CSE), which is also known as Sexual Risk Reduction (SRR). Let’s first look at CSE in detail.

b) Comprehensive Sexuality Education / CSE(Sexual Risk Reduction / SRR) The Philosophy Driving Sex Education

**What is CSE?**

In the past sex education focused on puberty and reproduction. Today it is generally referred to as “sexuality education”. ‘Sexuality’ education focuses on sexual attitudes, activities/practices, orientations, and the capacity for sexual feelings - not on physiology or anatomy.⁵

There are many different descriptions offered for CSE. The following definition is the clearest that I have found.⁶⁷ (please note the highlighted words that are defined below):

**Highlighted words defined:**

| **Sexuality** | understanding of sexual orientations, sexual activities, and capacity for sexual feelings⁸ |
| **Rights-Based** | World Health Organization International Standards for Human Sexuality state that students need to be informed of their sexual rights as determined by Planned Parenthood International. |
| **Skills** | investigating sexual preferences through self-investigation (masturbation), use of consent – discussion of sexual preferences with someone who is more than just a friend, use of contraceptives, etc |
| **Values** | acceptance of all consensual sexual choices and activities, engaged in respectfully and mutually satisfying. |
| **Determine their sexuality** | encourage and support children and youth to determine their gender and sexual orientation, sexual activity preferences, and their capacity for sexual feelings |
| **Relationship** | – not limited to heterosexual or one partner as this would be discriminatory. |

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**Goal of CSE/SRR**

The overall goal of CSE is to change the gender and sexual norms of society and to establish rights for children as sexually autonomous beings. This 2 minute video at the following link demonstrates what this change will look like in our youth.


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⁵ https://courses.lumenlearning.com/sociology/chapter/sex-and-sexuality/
⁶ http://www.ippf.org/resource/ippf-framework-comprehensive-sexuality-education/
⁸ https://www.yourdictionary.com/sexuality
Rationale - The rationale for CSE can be organized into 3 categories.

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<thead>
<tr>
<th>Practical Medical Rationale</th>
<th>Social Values Rationale</th>
<th>Satisfying Sexual Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE advocates rationalize that some children/youth will be sexually engaged. Because sexual activity can result in pregnancy and/or sexually transmitted infections, all children should be provided with information on ways to reduce the risks including:</td>
<td>Be Inclusive and reduce discrimination by • accepting and affirming all methods of sexual expression and sexual orientations that are entered into consensually • affirming and instructing on sexual orientations &amp; gender identity so that children and youth may consider how this applies to them • present sexuality positively, emphasizing values such as respect, inclusion, non-discrimination, equality, empathy, responsibility and reciprocity.(^9)</td>
<td>Youth surveys indicate some youth want to know about relational and emotional aspects of sexuality • healthy sexual relationships &amp; orientations; • communication and negotiation regarding sexual activity, • sexual pleasure, • how to end a relationship(^{10})</td>
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<td>• be instructed in the use of condoms and other contraceptives • non-reproductive methods of sexual expression (anal, oral, self and mutual masturbation, etc.) • seeking testing and medication to monitor their sexual health and control symptoms</td>
<td></td>
<td>Hence content on pleasure, sexual activity, communicating consent, etc., is included.(^{11})</td>
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<td>Public Health Prevention Model: CSE is consistent with the Secondary and Tertiary levels of Public Health model.</td>
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<td>Consent for sexual activity is seen as a primary strategy toward healthy sexual relationships and the concept of communicating consent begins to be taught in primary grades.</td>
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\(^{10}\) 2017, The Ontario Sexual Health Education Update: Perspectives from the Toronto Teen Survey (TTS) Youth

\(^{11}\) Larkin, Flicker; The Ontario Sexual Health Education Update: Perspectives from the Toronto Teen Survey (TTS) Youth); P. 10; ©2017 Canadian Society for the Study of Education/
Concerns with Comprehensive Sexuality Education (CSE)

There is no other subject that is so values-laden. In a pluralistic society, where there are so many worldviews, achieving agreement on sexuality values is impossible. However, the ultimate goal of CSE is to force a change in the sexual and gender norms of society — through a one-size-fits-all program. Because of this, many express concern ‘CSE is one of the greatest assaults on the health and innocence of children’.  

**Video Resources Explaining Concerns with CSE**

- **Stop the War on Children**  
  This video resource from Family Watch International provides a detailed look at CSE around the world.  
  Resource Link: Stop the War on Children  
  https://www.youtube.com/watch?v=xhb0GKlqF4E

- **10 Reasons Parents Should be Concerned About the New Sex Ed**  
  This Video, produced by the Institute for Marriage and Family Canada looks at the Ontario Sex Ed curriculum.  
  https://www.youtube.com/watch?v=m9TAE_RFOhk

- **Mommy Mommy, I don’t Want to Be A Boy**  
  This video produced by the CBN outlines the instruction in SOGI (sexual orientation and Gender Identity) in Canadian Schools.  

**General Concerns with CSE**

1) **It burdens kids with adult decisions**  
   “The new curriculum teaches the importance of consent. It doesn’t mention that the legal age of consent in Canada is sixteen. The message to kids is that it’s up to them to decide when they’re ready to have sex. Unfortunately, children are not equipped to make adult decisions. Modern neuroscience tells us that even the teenage brain is not fully developed in the area that evaluates risk. What kids need to hear is that they are not ready, and that they won’t be ready until they are adults.”

2) **It’s not age appropriate.**  
   “The new sex ed is not age appropriate because there is no such thing as age appropriate for every child. Parents know that their children – even siblings within the same family – mature at different rates. Information that’s fine for one child might be upsetting to another. The American Association of Child and Adolescent Psychiatry advises that, “Parents should respond to the needs and curiosity level of their individual child, offering no more or less information than their child is asking for and is able to understand.”

Kim John Payne, author of Simplicity Parenting, talks about the burden of too much knowledge. He explains that it can upset a child’s development to give them more information than they’re ready to handle.

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12 https://www.comprehensivesexualityeducation.org/what-is-cse/  
3) **Program Must be Highly Graphic to Achieve Goal of Reducing Risk**

If the curriculum supports students engaging in consensual, respectful, mutually satisfying sexual relations, there is a responsibility to provide all of the needed information to reduce risk.

To meet the goal of reducing the risks of STI transmission the program must be very explicit/graphic; providing information about all forms of sexual activity, the various STIs that are transferred through the different sexual activities, and techniques to reduce the risk.

Below is a chart of sexual activities, the STIs which may be transferred, and strategies to reduce the risks. This is what all children will need to be taught, if the goal of the program is to reduce the risk of transmitting STIs for youth who are sexually active.

If the program does not provide this kind of explicit detail, then it affirms sexual activity without providing the needed information.

The Following Chart was Created from information in the *Safer Sex Guide*\(^\text{18}\)

<table>
<thead>
<tr>
<th>Sexual Activity</th>
<th>STIs the Can Be Transferred</th>
<th>Ways to Reduce Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing</td>
<td>HSV 1 or 2, HPV, Syphilis, Gonorrhea, genital warts, chlamydia</td>
<td>Avoid kissing if you or your partners have sores on the lips or mouth, or if one of you has an active oral infection (such as a herpes outbreak).</td>
</tr>
<tr>
<td>Mutual Masturbation</td>
<td>Syphilis, Herpes, HPV, Hep B</td>
<td>Risk of infection increases when more fingers or whole hand are inside the vagina or anus, as this can cause small tears or trauma, which can cause atransmission. To prevent STI transmission, latex or nitrile gloves can be used. There is higher risk of infection if someone puts their fingers in their mouth or a partner’s mouth after touching the genitals or anus.</td>
</tr>
<tr>
<td>Oral Sex on Genitals</td>
<td>Chlamydia, Gonorrhea, HPV, Herpes (HSV), Syphilis, HIV, trichomoniasis</td>
<td>Infections can be passed from mouth to genitals, or vice versa. The female vagina should be covered with a barrier such as an oral dam or cut condom. The male partner’ssshould cover his penis with a condom.</td>
</tr>
<tr>
<td>Sharing Sex Toys</td>
<td>Chlamydia, Gonorrhea, Hep B, Hep C, Herpes (HSV), HIV, HPV, Syphilis</td>
<td>Wash sex toys thoroughly with soap or disinfectant before and after each use. Use a new condom on inserted toys for each partner. Make sure you change the condoms between partners. Place a condom or oral dam between a vibrator and the skin.</td>
</tr>
<tr>
<td>Oral Sex on Anus</td>
<td>Hep B, Herpes (HSV), HPV, Syphilis, Chlamydia, Gonorrhea</td>
<td>Infections can be passed from mouth to anus, or vice versa. Cover the anus with a barrier such as an oral dam or cut condom.</td>
</tr>
<tr>
<td>Penis – Vagina Intercourse</td>
<td>Chlamydia, Gonorrhea, Herpes (HSV), HIV, HPV, Syphilis, Hep C</td>
<td>Infections can be passed from penis to vagina or vice versa. Use a condom</td>
</tr>
<tr>
<td>Penis – Anus Intercourse</td>
<td>Chlamydia, Gonorrhea, Herpes (HSV), HIV, HPV, Syphilis, Hep C</td>
<td>Infections can be passed from penis to anus, or vice versa. Use a condom</td>
</tr>
</tbody>
</table>

4) **CSE does not meet the learning needs of most kids**

The reality is that in grades 6 to 8, more than 91% of youth have had no sexual experience\(^\text{19}\). In addition, research shows that the majority of youth who have engaged in sex regret they haveand did not have the refusal skills to resist.\(^\text{20}\)

Therefore, the vast majority of elementary school students would benefit from an improved abstinence (Sexual Risk Avoidance) program that emphasizes the negative effects of teen sexual activity and helps to develop the refusal skills to resist negative peer pressure.

5) **Little to no time Is Invested in Helping Students to Establish Boundaries and Refusal Skills:**

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\(^{20}\) TheNationalCampaign.org , With One Voice 2012, America’s Adults and Teens Sound off About Teen Pregnancy, Albert
The emphasis of the program is instruction on sexuality (orientation, activities and capacity for sexual feelings), so that students are able to decide what is right for them, including engaging in sex in whatever formats, as long as it is respectful, consensual, and mutually satisfying.

This does not address the learning needs of the majority of students who are abstinent. These students need assistance to identify and establish common boundaries and develop refusal skills to resist negative peer pressure. However, instruction and rehearsal in refusal skills by all students would be deemed discriminatory because that is being applied to all students.

6) *Epidemic increase in teen STI rates since 1998.*

<table>
<thead>
<tr>
<th>STI</th>
<th>1998 Mandates condom instruction.</th>
<th>2015</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>39 372 cases</td>
<td>117 499</td>
<td>+ 298.4 %</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>5 076 cases</td>
<td>18 645</td>
<td>+ 367.4 %</td>
</tr>
<tr>
<td>Syphilis</td>
<td>501 cases</td>
<td>4 551 cases</td>
<td>+ 908.4 %</td>
</tr>
</tbody>
</table>

- 15 – 24 year olds (only 12.3% of population) account for 67% of chlamydia cases.  
  Note: STIs contribute to serious, life-threatening complications including cancers, infertility, ectopic pregnancy, spontaneous abortions, stillbirth, low birth weight, neurologic damage, and death.
- HPV Throat & Oral Cancer … Between 2012 & 2015 – 350% increase in throat cancer due to oral sex. Oral Sex with 6 people or more result is an 8.6 times greater risk of getting throat cancer.

7) *Research proves that CSE programs do not work, and may even lead to negative results.*

8) Other Consequences
   Whether or not a pregnancy or STI occurs, teen sexual activity has been associated with:
   a. Poorer academic achievement
   b. Reduced earning potential
   c. Poorer physical, mental, and emotional health
   d. Increased depression and suicide rates
   e. regret of sexual activity sexual activity
   f. increased exposure to crime
   g. higher likelihood of experiencing sexual exploitation, dating violence, and unwanted or forced intercourse/rape.

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vi) New Brunswick (2004 – 2010) implemented CSE in 2004/05 school year. Between 2006 and 2010 there was a 40% increase in teen pregnancy and sexually transmitted infections. (Source: https://www.imfcanada.org/sites/default/files/making%20sex%20education%20work.pdf)
Do CSE Programs Work?

CSE proponents claim that its use in classrooms results in a reduction in the rate of sexually transmitted infections amongst teens and young adults. However, as you can see from the sources below, these claims are not only poorly substantiated, empirical evidence suggests the reverse is true.

Sex Education Does Not Reduce Teen STI Rates or Pregnancy – review shows
Published: November 10th, 2016 | Education, Family, Social

An international review has found that sex education does not reduce the rate of teenage pregnancy or incidences of sexually transmitted infections (STIs).

A comprehensive Cochrane review of studies from around the world combined the data from more than 55,000 young people, aged on average between 14 and 16.

The review follows a suggestion from Education Secretary Justine Greening in September, to make sex education mandatory in all schools.

Reviewed measurable outcomes
The review restricted its focus to studies featuring measurable biological outcomes, from records or tests of pregnancy and STIs. Data was collected from England, Scotland, South Africa, Chile, Kenya, Tanzania, Zimbabwe and Malawi.

Dr. Amanda Mason-Jones, a lead researcher at York University, commented: "Previous studies have focused on self-reported outcomes only - this is the first review and meta-analysis to look at only measurable biological outcomes."

'No effect'
But the study found that sex education was not helping to lower rates of pregnancy or STIs. "As they are currently designed, sex education programmes alone probably have no effect on the number of young people infected with HIV, other STIs or the number of pregnancies," Dr. Mason-Jones explained.

This challenges the widely held assumption that sex education does reduce rates of teenage pregnancy and incidences of STIs...

OTHER SOURCES provide the same Results


iii) New Brunswick (2004 – 2010) implemented CSE in 2004/05 school year. Between 2006 and 2010 there was a 40% increase in teen pregnancy and sexually transmitted infections. (Source: [https://www.imfcanada.org/sites/default/files/making%20sex%20education%20work.pdf](https://www.imfcanada.org/sites/default/files/making%20sex%20education%20work.pdf))

Application to Ontario
The Ontario Ministry of Education released the new 2019 Grades 1 – 8, Health and Physical Education expectations on Aug 21, 2019. This, after a long and expensive public education inquiry which the government is being criticized for.

PEACE has gone through and compared both the 2015 and the 2019 documents (over 550 pages) page by page and is developing a Grade by Grade response/critique.

The 2019 Health and Physical Education Curriculum is a large document – 2019 pages. There are 5 Strands and numerous sub-topics in each strand. The strand and subtopic involving sex education is the Human Development and Sexual Health subtopic within the Healthy Living strand.

General Overview
The foundation of the sex ed program is still Comprehensive Sexuality Education / CSE (also known as Sexual Risk Reduction / SRR) which has been proven to not improve the health of students.

When it comes to the sexual health instruction, all of the previous concerns still apply. The media and education academics interviewed after the release of the curriculum agreed, 'there has been little change in the sex ed curriculum'. We find that the changes that were made, actually reinforce the CSE messaging.

LET'S LOOK AT THE CONCERNS

Ministry Announced Changes to Address Concerns
The announced Ministry changes designed to reduce the negative response to the sex ed curriculum by parents are smoke and mirrors (PS – We do not believe the politicians realize this, but the curriculum developers do):

• Sexual Orientation and Gender Identity (SOGI) would Not be taught until later grades. SO would be taught in Gr. 5 and GI in Gr. 8.
• Online instruction for parents who want to teach their child at home
• Opt Out will be mandatory for all school boards.

Comment on the Ministry Changes
i) Moving SOGI to Gr. 5 and 8 – NOT AN IMPROVEMENT

The government announced that it would address the concerns of parents by moving Sexual Orientation and Gender Identity (SOGI) to Grades 5 and 8 respectively.

a) The Reality is that the 2015 summary chart of the Healthy Living Key Topics sexual orientation & gender identity (SOGI) were not listed as "Key Topics" Until Gr. 8. See "Healthy Living - Human Development and Sexual Health Key Topics chart in Appendix A.

Question: "If SOGI was not listed as a "key topic", why was it taught in the primary grades."

Answer: Teachers have the authority to bring into the classroom any instruction that they feel is relevant for student learning. Those who train teachers in sex ed, recommend supplementary content like SOGI be added to the lessons to address the inclusive curriculum goals. Commercially available lessons (often created by curriculum groups associated with Planned Parenthood) include SOGI content in the lessons. In addition, LGBT interest groups are often involved at the school level providing anti-bullying and alternative family support instruction.

Reality: There is nowhere in the curriculum document where teachers are instructed not to include SOGI until the Key Topic grades. Therefore, SOGI will continue to be part of lessons.

b) The terms sexual orientation and gender identity do not appear in the 2019 Curriculum, however, recommended teacher prompts and student responses include questioning designed to open the door on the topic and illicit responses from students that will lead to discussion on SOGI.
Example - Grade 3 Expectation – Visible and Invisible Differences

**EXPECTATION**: The student needs to describe how visible differences (e.g., skin, hair, and eye colour; facial features; body size and shape; physical aids or different physical abilities; clothing; possessions) and invisible differences (e.g., learning abilities, skills and talents, personal or cultural values and beliefs, mental illness, family background, personal preferences, allergies and sensitivities) make each person unique, and identify ways of showing respect for differences in others.

**TEACHER PROMPT**: “Sometimes we are different in ways you can see. Sometimes we are different in ways you cannot see –such as how we learn, what we think, who we love, and what we are able to do. Give me some examples of things that make each person unique.”

Note, “who we love” has been inserted into the Teacher Prompt for 2 reasons:

- Affirm to teachers that sexual orientation could be brought up as an example,
- Draw out of students’ sexual orientation examples

ii) **OPT OUT – The GOOD and the LIMITATIONS**
Opting Out is NOT new. School boards have always had to inform parents about sexual health instruction so they could opt out if needed, the process in school boards was not consistent and often intimidating.

**GOOD NEWS** – The government announced that **All school boards are to set up a process that is not intimidating.**

**LIMITATIONS** - On page 17 the document states, "Principals must follow their school board’s policy that allows for students to be exempted, at their parents’ request, from instruction related to the Grade 1 to 8 Human Development and Sexual Health expectations in Strand D."

Therefore, exemption is only required to instruction in ‘Human Development and Sexual Health’ topic - the specific sex education lessons. If sensitive topics are included in other subjects, or learning contexts, school boards will claim that parents may not be allowed to opt out.

- e.g Literature involving sexual orientation, or a song in music class celebrating gender identity.

**STILL GOOD NEWS**

- If it is easier for parents to Opt Out we should be able to get more families willing to communicate concern that CSE based instruction does not meet the learning needs of their children.
- Parents who build positive relationship with their teacher are often accommodated for sensitive lesson content outside of sex ed.

iii) **On-line Instruction**

A parent who wants to instruct their child from home makes that decision so that they can help the child to connect the learning in the classroom with the teachings and values of the home. Unfortunately, the online instruction will be created by the same people who created the CSE -based curriculum. Hence the online resources will also be CSE based.
<table>
<thead>
<tr>
<th>Curriculum Content found in Expectation, Teacher Prompt, or Student Response</th>
<th>Concerns &amp; Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ministry Announced:</strong> Grade 1 to 8 - Expanding Anti-bullying to all Grades</td>
<td>At first this appears to be a good step. Unfortunately, the anti-bullying context is the platform used for LGBT affirmative messaging, and often takes a significant proportion of the time. If this was to include all aspects of bullying, we would not have a problem, but LGBT issues tend to be the leading examples.</td>
</tr>
<tr>
<td><strong>Ministry Announced:</strong> Grade 2 to 8 - Consent expanded to Gr. 2 to 8</td>
<td>It is believed that instruction on consent will reduce sexual exploitation. Concern is that we are continuing to affirm with students that sexual activity is OK, at any age, if the person consents. This seems counter-productive to the ideal message that teen sexual activity has many negative impacts.</td>
</tr>
</tbody>
</table>

**Grade 1**

Label the genitalia, penis, testicles, vulva, vagina

Rationale for Instruction on Labelling Genitalia

1) The publicly communicated rationale used by SRR proponents is this instruction supports a child that has been injured or abused. In such a case the child would be able to accurately communicate where they hurt and/or what part of the body was touched.

Comments / Concerns

It is agreed that children who can identify their body parts using accurate titles rather than pet names are better able to communicate. The concern is that this instruction needs to be done in a way that maintains modesty. During classroom learning there is often large graphic images and in some cases there has been plush-toy genitalia that can be handled by children. Such experiences in large mixed-gender groups will reduce modesty. Teachers in districts where this has been taught, have reported that it has led to increased investigation on playground. Although this is not a scientific study on the effects, it needs to be noted.

Suggestions:

P. 43 of the 2019 Health and Curriculum document does state that, due to the sensitive nature of the material, there may be times when it is best to divide students into groups based on sex. To maintain the modesty, have a same-sex adult explain that we are in the same group to talk about important things that should not be discussed in a mixed group.

If the purpose is to communicate when they have been hurt or touched inappropriately, then it is only necessary that they learn to label the parts of their own sex.

Our suspicion is that this is pre-knowledge that supports discussion on sexual orientation, gender identity and pleasure.

Alternatively,

The Health and Physical Education Curriculum states "parents are the primary educators". If this is important then we should develop a way to have parents teach their kids at home.

**Grade 2**

**EXPECTATION D1.4; P. 125 ... STAGES OF HUMAN DEVELOPMENT**

Outline the basic stages of human development (e.g., infant, child, adolescent, adult, older adult) and related bodily changes, and identify factors that are important for healthy growth and living throughout life.

**EXPECTATION D2.3 P. 128 ... CONSENT**

A) **STAGES OF HUMAN DEVELOPMENT**

The detail with respect to human development is not clear. This will be up to what the teacher deems to be age appropriate. Some teachers will go into details with respect to body change or emotional changes that are not necessary at this time.

Re: Teacher Prompt - Interesting to note that we can talk about native spirituality- 'cycles of birth', and 'ceremonies for native cultures' - but not about teachings of other faith cultures that are dominant in the community.

NOTE – the curriculum objectives state that children are to see themselves in the curriculum. This should also apply to the traditional faith cultures.

B) **CONSENT**
### Grade 3

**EXPECTATION D1.4; P. 146 ... HEALTHY RELATIONSHIPS, BULLYING, CONSENT**

Identify the characteristics of healthy relationships (e.g., accepting and respecting differences, avoiding assumptions, being inclusive, communicating openly, establishing and respecting personal boundaries, listening, showing mutual respect and caring, being honest) and describe ways of responding to bullying and other challenges (e.g., exclusion, discrimination, peer pressure, abuse) and of communicating consent in their interactions with others.

**EXPECTATION D3.3; P.151 VISIBLE & INVISIBLE DIFFERENCES**

Describe how visible differences (e.g., skin, hair, and eye colour; facial features; body size and shape; physical aids or different physical abilities; clothing; possessions) and invisible differences (e.g., learning abilities, skills and talents, personal or cultural values and beliefs, mental illness, family background, personal preferences, allergies and sensitivities) make each person unique, and identify ways of showing respect for differences in others.

**TEACHER PROMPT:** “Sometimes we are different in ways you can see. Sometimes we are different in ways you cannot see – such as how we learn, what we think, who we love, and what we are able to do. Give me some examples of things that make each

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Within the ‘Personal Safety and Injury Prevention’ strand instruction in consent has been added. The use of it in this strand is intended to be applied to broader situations not seeking consent for sexual activities. Do wish we could have called it something else (permission, compliance, authorization, agreement) rather than consent, because consent is strongly tied to the sexual activity expectations.

**OTHER CONCERNS**

C) SOGI - Teacher may include Sexual Orientation and Gender Identity as Supplementary Content - The government kept any reference to direct instruction related to sexual orientation and gender identity out of Grade 2. This is great news for teachers who did not want to include this in their programs. However, there is a history of SOGI instruction in many schools as part of health and physical education, and as integrated content into other subject areas (literature, music, math, anti-bullying days, etc). The curriculum does not prevent a teacher from including it as part of supplementary instruction.

**SUGGESTIONS FOR SCHOOLS & PARENTS**

Clearly communicate the depth of the stages of development. Assure parents that discussion about consent will be limited to non-sexual content.

Do not include SOGI instruction (direct or supplementary) before the identified grade levels (SO - Grade 5, GI – Grade 8). Inform parents if this is not the case.

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A) **EXPECTATION D1.4; P. 146 ... HEALTHY RELATIONSHIPS, BULLYING, **

**CONSENT**

Be cautious because bullying and consent be launch pads for instruction in more sensitive content (e.g. gender identity, sexual orientation, alternative families based on sexual orientation, etc)

Need to ensure that bullying because of SO/GI is not a focus of instruction, but only an example of the many types of bullying.

RE: CONSENT: The context presented is non-sexual and age appropriate. I do wish they could have used a synonym for “consent” (permission, compliance, authorization, agreement), because the term ‘consent’ is so strongly tied to the sexual activity expectations within the Comprehensive Sexual Education philosophy.

B) **EXPECTATION D3.3; P.151 VISIBLE & INVISIBLE DIFFERENCES**

**NOTE –** the teacher prompt “Sometimes we are different in ways you cannot see – such as how we learn, what we think, who we love...”

This is intended to prompt the discussion to include consideration of sexual orientation, gender identity, etc.

C) SOGI - Teacher may include Sexual Orientation and Gender Identity as Supplementary Content - The government kept any direct instruction related to sexual orientation and gender identity out of Grade 3. This is good news for teachers who did not want to include this in their programs. However, there is a history of SOGI instruction in many schools as part of health and physical education, and as integrated content into other subject areas (literature, music, math, anti-bullying days, etc). The curriculum does not prevent a teacher from including it as part of supplementary instruction and the Bullying and Consent contexts will be places a teacher could add sensitive content.

**SUGGESTIONS FOR SCHOOLS**

Assure parents that discussion about bullying and consent will be limited to non-sexual content.

Do not include SOGI instruction (direct or supplementary) before the identified grade levels (SO - Grade 5, GI – Grade 8). Inform parents if this is not the case.
Grade 4

**EXPECTATION D1.3 - BULLYING, ABUSE & NON-CONSENSUAL BEHAVIOUR**

Describe various types of bullying, abuse, and other non-consensual behaviour (e.g., social, emotional, physical, verbal), including cyberbullying (e.g., via social media, apps, e-mail, text messaging, chat rooms, websites), and identify the impacts they can have and appropriate ways of responding [A1.1 Emotions, 1.2 Coping]

**EXPECTATION D1.5 – PUBERTY: PHYSICAL CHANGES, EMOTIONAL AND SOCIAL IMPACTS**

describe the physical changes that occur at puberty (e.g., growth of body hair, breast development, changes in voice and body size, production of body odour, skin changes) and the emotional and social impacts that may result from these changes [A1.1 Emotions, 1.2 Coping, 1.4 Relationships]

Teacher prompt: “During puberty, our bodies undergo many changes. Everyone experiences these changes at different rates and at different times. Increases in weight and body fat are normal. Sometimes it is hard to get used to the changes that are happening so quickly. Feelings can be much more intense. What are some of the feelings you might have as you start to experience changes with puberty, and how can you manage them?”

********

Teacher prompt: “What can change socially as you start to develop physically?”

Student: “Relationships with friends can change, because sometimes people start being interested in different things at different times. Some people start ‘liking’ others. They want to be more than ‘just friends’ and become interested in going out. Sometimes people treat you as if you are older than you actually are because of how you look, but you should be treated in an age-appropriate and respectful way. Sometimes classmates, friends, or family make comments or tease you about the changes. That’s not okay.”

Parents – need opt-out of instruction or to introduce these topics before the school does.

**A) EXPECTATION D1.3 - BULLYING, ABUSE & NON-CONSENSUAL BEHAVIOUR**

In this section the teacher prompts and student responses deal with bullying and abuse. The abuse includes social, physical, verbal, and sexual.

Re: BULLYING

Parents should be cautious because the topic of bullying has been used as a context to instruct on SOGI (sexual orientation, gender identity). Engaging children in celebratory activities and role-playing is used to build empathy for SOGI individuals.

ABUSE

The teacher prompts indicate that discussion will include various types of abuse - physical, social, sexual, etc.

NON-CONSENSUAL BEHAVIOUR – Although consent for sexual activity is not directly stated as an expectation, when discussing bullying and sexual abuse, ‘non-consensual behaviour’ will include context of sexual activity.

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**EXPECTATION D1.5 – PUBERTY: PHYSICAL CHANGES, EMOTIONAL AND SOCIAL IMPACTS**

Discussions on social, emotional and impacts of puberty and “liking someone as more than just a friend” will often open the door on sexual orientation and gender identity discussions.

At this age, the child’s friend-group tends to be of the same biological gender. During puberty, as emotions and feelings change, emotional feelings of love, caring, and physical attraction begin to develop. The child’s friend group are all the same biological gender, and when these feelings begin to surface, the child wonders if they could be homosexual. This has always been a question that arises as students go through puberty.

**IN the past** when the students would ask, “Could I be homosexual?” teachers would respond…

“What you are feeling is very normal. Your friend group is all the same sex as you, and as you mature the feelings of caring, loving, and physical attraction start to develop. In a few years, your friend group will expand and include both sexes. At that time the feelings you have may apply to the other sex and you will better know if you are homosexual or heterosexual. I recommend you wait so that you can accurately tell.”

**2019 RESPONSE**

Today the answer will be more like, "What you are feeling is very normal. It is possible your feelings are accurate. There are many people who feel the same way you do. Here is a book about _______ (mentor, successful leader, etc). They were very successful and attracted to people of the same sex. You might want to read it. You may also be interested in joining our school’s GSA (Gay Straight Alliance) / Friendship Club.

As you can see the way teachers respond to this question has shifted with the culture to be politically correct. The 1995 response, although very accurate, would likely get you labelled as homophobic.

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C) SOGI - Teacher may include Sexual Orientation and Gender Identity as Supplementary Content - The government kept any statements about direct instruction related to sexual orientation and gender identity (SOGI) out of Grade 4. This is good news for teachers who did not want to include this in their programs. However, there is a history of SOGI instruction in many schools as part of health and physical education, and as integrated content into other subject areas (literature, music, math, anti-bullying days, etc). The curriculum does not prevent a teacher from including it as part of supplementary instruction, and the Bullying, Abuse, Consent topics are contexts where a teacher could add sensitive content.
Grade 5

EXPECTATION - identify the parts of the reproductive system, and describe how the body changes during puberty (A1.5 Self)

Teacher prompt: “Female body parts that mature and develop as a part of puberty include the vagina, cervix, uterus, fallopian tubes, ovaries, endometrium, and clitoris. Male body parts that mature and develop during puberty include the penis (with or without the foreskin), scrotum, urethra, testicles, prostate gland, seminal vesicles, and vas deferens. These changes occur as people become capable of reproduction. Not all bodies experience changes of the same kind, or at the same time. What are some physical changes that may happen during puberty?”

C2.4 FACTORS AFFECTING SELF CONCEPT – Sexual Orientation

identify intersecting factors that affect the development of a person’s self-concept, including their sexual orientation (e.g., self-awareness, self-acceptance, social environment, opinions of others who are important to them, influence of stereotypical thinking, awareness of their own strengths and needs, social competency, cultural identity, availability of support, body image, mental health and emotional well-being, physical abilities), and how these factors can support their personal health and well-being (A1.1 Emotions, 1.2 Coping, 1.5 Self)

D2.5 STRESSES IN PUBERTY

describe emotional and interpersonal stresses related to puberty (e.g., questions about changing bodies and

Parts of the Reproductive System

In previous curricula students would learn the reproductive process – parts of the reproductive system, conception, fetal development and birth.

This expectation reinforce the focus is on CSE (sexual activity, sexual pleasure, capacity for sexual feelings):

- students learn about the parts of the reproductive system and changes that take place during puberty
- absent is fetal development (which was in past curriculum) - this is nowhere to be found in the curriculum. An indication that the curriculum is focused on instruction related to SEXUAL ACTIVITY EDUCATION (CSE) rather than development within the reproduction process. It appears there is an intentional avoidance of this topic.
- interesting to note in past “clitoris” was never included in curriculum of reproductive parts. This reinforces that the focus of CSE is on sexual activity and pleasure.

D2.5 Stresses in Puberty

The expectations affirm that stresses can happen when your personal desires conflict with cultural teachings. This would include religious instruction. Will the instruction lead the child to believe that their personal desires, trumps religious instruction.

Teacher Prompts and Student Responses affirm:
feelings, adjusting to changing relationships, crushes and more intense feelings, conflicts between personal desires and cultural teachings and practices), recognize signs that could indicate mental health concerns, and identify strategies that they can apply to manage stress, build resilience, keep open communication with family members and caring adults, and enhance their mental health and emotional well-being (e.g., being active, writing feelings in a journal, accessing information about their concerns, taking action on a concern, talking to a trusted peer or adult, breathing deeply, meditating, seeking cultural advice from Elders, Métis Senators, knowledge keepers or knowledge h  

- sexual orientation is something a person cannot control.  
- deals with new kinds of relationships and new feelings that you have not had before and appropriate ways of sharing with someone that you care for them as more than just a friend. 
- consent (not touching without permission) and that you should not share private sexual photos with others

Curriculum does not seem to be helping to establish boundaries. Does the last point mean that, with permission, 10 year olds can touch sexually, with permission? Further there is no statement that naked photos of a friend is a boundary that should not be crossed.

*Increased confusion* in the minds of children – this is a very complex topic. (Dr. Miriam Grossman, MD, Psychiatrist).

**Placing Faith Children Above their God**

When faith children are told they get to choose their gender/orientation, we are affirming that they are above their God who determined their biology and gender via DNA.

**Lack of Contentedness** - Students are being told they do not need to learn to be “content with boundaries”. This has always been an important value. There is evidence that a lack of contentedness leads to increased mental health issues. We are concerned that the curriculum will lead to increased confusion/conflict that will result in increased lack of contentedness and negatively contribute to mental health issues.

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### Grade 6

**D1.3 PORNOGRAPHY**

demonstrate an understanding of the impacts of viewing sexually explicit media, including pornography (e.g., leads to a limited or distorted understanding of relationships; reinforces harmful gender norms; promotes an unrealistic or idealized body image)

Teacher prompt: “Sexually explicit material is easily accessible and can be found in a variety of media, including social media, online games, music videos, movies, and pornography. This content can portray people and relationships in ways that are misleading and inaccurate, and can promote harmful gender stereotypes. It may not show people behaving with respect for themselves or their

partners, or giving or respecting consent. What are some other ways in which viewing sexually explicit media can affect healthy development?”

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**D1.3 Pornography**

It is encouraging to see this added, however the instruction is limited. Students are told that a high percentage of porn presents distorted understanding of relationships; reinforces harmful gender norms; promotes an unrealistic or idealized body image. Based on the research this is correct of a high percentage of the video porn on the internet.23

This is leading to a classification system for pornography. The argument will be if pornographic videos show sexual activity where there is consent, partners are treated with respect and everyone is satisfied – then this kind of porn (it may not even be called porn) is acceptable.

What we are NOT telling the students is:

- that all types of pornography have negative impact on intimate relationships. Pornographic videos often becomes a substitute for intimacy with clos others. 
- The chance of divorce doubled for both men and women who started using porn after getting married24

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23 https://www.psychologytoday.com/intl/blog/experimentations/201803/4-ways-porn-use-causes-problems
24 https://www.psychologytoday.com/intl/blog/experimentations/201803/4-ways-porn-use-causes-problems
D2.5 Lay a Foundation for Healthy Relationships

describe how they can build confidence and lay a foundation for healthy relationships by acquiring a clearer understanding of the physical, social, and emotional changes that occur during adolescence (e.g., physical: voice changes, skin changes, body growth; social: changing social relationships, increasing influence of peers; emotional: increased intensity of feelings, new interest in relationships, confusion and questions about changes) [A1.1 Emotions, 1.4 Relationships, 1.5 Self]

D2.6 Respect for Self, Consent to Build Healthy Relationships

make informed decisions that demonstrate respect for themselves and others and an understanding of the concept of consent to help build healthier relationships, using a variety of social-emotional learning skills (e.g., self-awareness and identity skills; emotion management skills; critical and creative thinking skills; skills based on First Nations, Métis, and Inuit cultural teachings, such as medicine wheel teachings connected to the life cycle, the seven-grandfather teachings, or other cultural teachings) [A1.1 Emotions, 1.4 Relationships, 1.5 Self, 1.6 Thinking]

Masturbation

Within CSE masturbation is a strategy encouraged to investigate what an individual likes sexually so that it is possible to communicate and provide consent.

Within this expectation masturbation is a strategy that is encouraged to help a child “Lay a Foundation for Healthy Relationships”. The Teacher Prompt tells students, “Exploring one’s body by touching or masturbating is something that many people do because it feels good. It is common and is not harmful and is one way of learning about your body.”

Concern is there is no caution about how this can become an addiction, and the negative effects on school, work, and relationships in the future. Even Ask Men ezine and other webpages indicate that masturbation can become an addiction that can interfere with school, work, intimate relationships, etc.**

Edwina Reyese, Sexual Addictions Therapist, Hawaii, shared that as we affirm masturbation, more children will use this as a way of dealing with stress and this will lead to increased addictions.

*******

D2.6 Respect for Self, Consent to Build Healthy Relationships

Expectation -

Within this expectation the message is sexual activity engaged in at this age is affirmed if it is done with respect and consent. Emphasis is not being placed on setting boundaries of avoiding sex to protect the child’s future.

CONCERNS

Does not meet the learning needs of students.

Differentiated learning theory requires programs to be selected based on 3 criteria:
A) student experience; B) student interest; C) preferred learning methods

In Grade 6 more than 91% of students have not had any sexual experience. Based on differentiated instruction guidelines, Sexual Risk Avoidance programs best meet the learning needs of sexually non-experienced students.

Concern Consent

Emphasis is on Consent rather than developing refusal skills. Most students believe that most kids are having sex (even though that is not the case). When asked to engage, some will ‘consent’ because they think it is a normal choice (excessive instruction on consent reinforces this) and do not have the knowledge and skills to effectively refuse.

We need to focus on knowledge that most teens are not sexually active, and the negative impact of teen sex and skills to be able to deal with negative coercion.

Students need a strategy that is rehearsed to be able to effectively resist – this is not being provided. PEACE SRA programs have students use, and practice, the S.A.F.E. Strategy. See chart below.

S.A.F.E. Strategy – Refusal Skills

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**ca.askmen.com/dating/dzimmer_100/145_love_answers.html
Teacher prompt: “Why might people decide to get married?”

Student: “Many religions and cultures place importance on marriage. Marriage can be a healthy and loving committed partnership between two people who respect each other. Many religions and cultures affirm and celebrate marriage and family life as a fulfilling aspect of human life.”

Marriage

Teacher Prompt:
Teacher prompt: “Why do some people get married?”

Student Response indicates ‘that it is a done for religious/cultural reasons and it can be a loving committed partnership’. Research proves the benefits of children living in married family relationships. It is unfortunate that the fear of offending prevents providing accurate information about the benefit of marriage. Interesting to note, however that most children desire to end up in a married relationship.

Students are not told is that the repeated bonding / break-up cycle is a conditioning activity that reduces the natural effects of neurochemical bonding and leads to increased difficulties when people desire long-term relationships.

Concerns - Ending a Relationship
Teens who become sexually active will have different relationship partners over time. The reality is “breaking up is hard to do”. Hence this is a topic to be instructed on. However, students are not told about the most important factor in long term relationships.

When you do have sex with someone neurochemicals are released in the body resulting in strong feelings of bonding to the person. That bonding is an important factor for people to have long-term, committed relationships.

They are not told that the repeated bonding / break-up cycle is a conditioning activity that reduces the natural effects of neurochemical bonding and leads to increased difficulties when people desire long-term relationships.

Students are not told that it is a done for religious/cultural reasons and it can be a loving committed partnership.

Research proves the benefits of children living in married family relationships. It is unfortunate that the fear of offending prevents providing accurate information about the benefit of marriage. Interesting to note, however that most children desire to end up in a married relationship.

Keep in mind as a teacher prompt, it is not mandatory information to be discussed.

Grade 7

D1.3 Shared Understanding with a Partner
Partner

explain the importance of having a shared understanding with a partner about the following: delaying sexual activity until they are older (e.g., choosing to abstain from any genital contact; choosing to abstain from vaginal or anal intercourse; choosing to abstain from oral-genital contact); the reasons for not engaging in sexual activity; the concept of consent, the legal age of consent, and how consent is communicated; and, in general, the need to communicate clearly with each other when making decisions about sexual activity in a healthy, loving relationship.

D1.4 Identify Sexually Transmitted Infections & Symptoms

identify sexually transmitted and blood-borne infections (STBBIs), and describe their symptoms

D1.5 Contraception - Preventing Sexually Transmitted infections / Pregnancy

identify ways of preventing STBBIs and/or unplanned pregnancy, such as delaying first intercourse and other sexual activities until a person is older and using condoms and other forms of protection consistently [A1.2 Coping, 1.4 Relationships, 1.5 Self]

• This is affirming/encouraging sexual activity. Teen sex has serious negative consequences as already mentioned, but students are not learning this.

• This discussion will require equal consideration for all dating relationships, all sexual orientations.

• In an effort to be tolerant and accepting of all choices, and not be seen as imposing “a view” the presentation of the curriculum is so neutral about choices that students do not get the best information.

• Oral and anal sex are often justified as a “contraceptive method” because it does not lead to pregnancy. However, this has led increased STI rates.

D1.4 Identify Sexually Transmitted Infections / STBBIs

D1.5 - Contraception

Students are NOT told:

• Some STIs (such as HPV, genital warts, chlamydia, herpes simplex virus (HSV) 1 and/or 2, syphilis) can be transmitted through skin to skin contact (eg. on fingers during mutual masturbation).

In addition there is a higher risk of infection if someone puts their fingers in their mouth or a partner’s mouth after touching the genitals or anus. (Source: https://helloclue.com/articles/sex/stis-common-questions-and-misconceptions).

This is adding more explicit content, but if the goal is to reduce STI transmission, and we are not providing all information then we are misinforming. A better option would be to provide a dual program approach where students who need this information are able to get it, and students who need Sexual Risk Avoidance (new abstinence) messaging will get what they need.

• STDs and Kissing –

• some STDs (herpes simplex virus (HSV) 1 and 2 and syphilis) can be transmitted through kissing -Teena Chopra, MD, corporate medical director of infection prevention and hospital epidemiology at Detroit Medical Center and Wayne State University (Source: https://www.womenshealthmag.com/health/a21949851/can-you-get-std-from-kissing/)

• Although rare, HIV has been transmitted through deep, open-mouth kissing if both partners have sores or bleeding gums and blood from the HIV-positive partner gets into the bloodstream of the HIV-negative partner. HIV is not spread through saliva. Source: https://www.cdc.gov/hiv/basics/transmission.html

• Chlamydia, the most frequent reportable STI, has increased 300% in Canada - 1998 to 2015 cases rose from 39,372 cases per year to 117, 499 ... 300% increase (Source: https://globalnews.ca/news/3806635/sti-rates-teens-canada/).

• 15 – 24-year-olds (only 12.3% of the population) account for 52% of all STIs and 67% of Chlamydia cases

• Girls are more prone to STIs than boys because in young girls, the “transformation zone” of the cervix is only one cell thick and very prone to infection. If girls wait to have sex until 19/20 years of age, the cervix is 20-30 cells thick--much more likely to protect from infection (Dr. Miriam
• HPV – 70% of sexually active people will be infected…. Sore, itchy warts on genitals, thighs, anus, tongue, throat, thighs

• Oral Cancer: Between 2012 to 2015, there has been a 350% increase in throat cancer due to oral sex. Oral Sex with 6 people or more result is an 8.6 times greater risk of getting throat cancer. (Sources: https://www.macleans.ca/society/health/canada-sees-significant-increase-in-cases-of-hpv-related-oral-cancers http://www.cancer.ca/en/cancer-information/cancer-type/oral/statistics/?region=on)

• Within the men who have sex with men population there is a 4000% - 20 000% (depending on the study) increased risk of HIV infection

• HIV is increasing in heterosexual girls because they have been told they cannot get pregnant through anal sex, and are using this as a contraceptive method. (Dr. Nadine Nyhus, MD, https://soundcloud.com/user-568614934/peace-on-neil-boron-wdcx-995fm#t=0:00)

• STIs contribute to serious, life-threatening complications including cancers, infertility, ectopic pregnancy, spontaneous abortions, stillbirth, low birth weight, neurologic damage, and death.

• CSE programs create an unrealistic confidence in condoms Students are not accurately informed about the in-human-use failure rate of condoms. See CDC Condom Effectiveness Chart.

• The US Food and Drug Administration (USA) does not approve condoms for anal sex, but we tell students to be sure to wear a condom for protection.

• The increased risk of HIV infection during anal sex and increased risk of head and neck cancers (as a result of HPV of the throat) are not included in instruction.

• Dr. Nadine Nyhus MD and psychiatrist communicates the relationship between the increase in girls being infected with HIV and the increase in their acceptance of anal sex as an alternative method of sexual expression

Abstinence Has Been Redefined
1) Children are instructed to determine their definition of abstinence. To do so, they need to be aware of all methods of expressing sexually and decide which they choose to engage. Once again this affirms sexual activity for all children.

2) The advantages of abstaining from all sexual activity is not shared with students. For example, the Center for Disease Control study shows that virgin teens are much healthier (in all aspects of life) than their sexually active peers: CDC Report http://www.christianpost.com/news/cdc-report-virgin-teens-healthier-sexually-active-abstinence-171936/

Concern with Consent rather than Refusal Skills
Emphasis is on Consent rather than developing refusal skills. Students believe that most kids are having sex (even though that is not the case). When asked to engage, some will ‘consent’ because they think it is a normal choice (excessive instruction on consent reinforces this) and do not have the knowledge and skills
D2.4 Factors Affecting Sexual Health Decisions

demonstrate an understanding of physical, emotional, social, and cognitive factors that need to be considered when making decisions related to sexual health (e.g., sexually transmitted and blood-borne infections [STBBIs], possible side effects of contraceptives, pregnancy, protective value of vaccinations, social labelling, gender identity, gender expression, sexual orientation, self-concept issues, relationships, love, respect, desire, pleasure, cultural teachings) [A1.1 Emotions, 1.2 Coping, 1.4 Relationships, 1.5 Self]

We need to focus on developing knowledge of the negative impact of teen sex and skills to deal with negative coercion.

- Rationale for refusal skills:
  Understanding of the negative impact of teen sexual activity on:
  - Academic achievement; Earning potential; Achieving long term goals;
  - Family relations (even later in life as an adult); Physical, mental and emotional health; Increased depression & suicide rates; Increased exposure to crime (large portion of teen sex is related to underage drinking and drugs); Increased exposure to rape and sexual exploitation
  - Students need a strategy that is rehearsed to be able to effectively resist – this is not being provided. See Grade 6 for suggested strategy.

D2.4 Factors Affecting Sexual Health Decisions

CONCERNS
The teacher prompts and student responses encourage students to determine their sexual orientation, gender identity (GI is not supposed to be a topic until GR. 8) and what gives you pleasure.

Re: Sexual Orientation
At this age, the child's friend group tends to be of the same biological gender. During puberty emotional feelings of love, caring, and physical attraction begin to trigger. The child's friend group are all the same biological gender, and when these feelings begin to surface, the child wonders if they could be homosexual. This has always been a question that arises as students go through puberty. Let's look at how teacher's responses have evolved over the last 30 years.

Evolution of Responses to the Student Question “Could I be homosexual?”

Question: “I like someone as more than just a friend, but they are the same sex as me. Could I be homosexual?”

1995 Teachers Would Say:
“What you are feeling is very normal. Your friend group is all the same biological sex. As you mature the feelings of caring, loving and physical attraction start to develop. In a few years, your friend group will expand and include the opposite sex as well. At that time the feelings you have may apply to the opposite sex and you will better know if you are homosexual or heterosexual. I recommend you wait so that you can accurately tell.”

2019 Teachers Say
“What you are feeling is very normal. It is possible your feelings are accurate. There are many people who feel the same way you do. Here is a book/video about ______ (a mentor, successful leader, etc). They were very successful and attracted to people of the same sex. You might want to read/watch it. You should also be join our school’s Gay/Straight/Alliance club where your feelings will be supported.”

Question: Are we providing students with the right information. I am not opposed to accepting and respecting those who choose differently, but we are putting children in a position where we are expecting them to make life affecting decisions when their brains are not fully mature.
affect an individual’s decisions about sexual activity (e.g., previous thinking about reasons to wait, including making a choice to delay sexual activity and establishing personal limits; perceived personal readiness; peer pressure; desire; curiosity; self-concept; awareness and acceptance of gender identity and sexual orientation; physical or cognitive disabilities and possible associated assumptions; legal concerns such as the legal age of consent; awareness of the risk of sexually transmitted and blood-borne infections [STBBIs]; concerns about the risk of becoming a parent; use of alcohol or drugs; personal or family values; religious beliefs; cultural teachings; access to information; media messages), and identify sources of support regarding sexual health (e.g., a health professional [doctor, nurse, public health practitioner], a teacher, a guidance counselor, a religious leader, a parent or other trusted adult, a reputable website)

[A1.1 Emotions, 1.2 Coping, 1.5 Self]

D1.5 Gender Identity

demonstrate an understanding of gender identity (e.g., male, female, Two-Spirit, transgender), gender expression, and sexual orientation (e.g., heterosexual, gay, lesbian, bisexual, pansexual, asexual), and identify factors that can help individuals of all identities and orientations develop a positive self-concept [A1.2 Coping, 1.5 Self]*

This statement is an indication that the program will reach out to all student needs. However, the criticism of CSE is that not enough time is spent on abstinence / refusal skills to be effective.

See comments for Grade 7, Expectations D1.3, D1.4, D1.5 and D2.4 Many apply here.

Gender Identity

Concerns

1) **Increased confusion** in the minds of children – this is a very complex topic. (Dr. Miriam Grossman, MD, Psychiatrist).

2) **Placing Faith Children Above their God**

   Faith families believe that gender is determined by biology and is evidenced in the person’s DNA. When faith children are told they get to choose their gender, we are affirming that they are above their God who determined their biology and gender via DNA.

3) **Lack of Contentedness** - Students are being told they do not need to learn to be “content with boundaries” – an important value. There is evidence that a lack of contentedness leads to increased mental health issues.

4) **Artificial Increase in Gender Dysphoria**

   There has been an astronomical increase in children and youth being treated for gender dysphoria. Reasons for this may be more social conditioning than a true personal mis-alignment of biology and gender feelings – see graph and explanation below.

   **Referrals to the clinic**

   ![Graph showing referral trends](source)

   Source: [https://4thwavenow.com/2016/07/18/the-adolescent-trans-trend-10-influences/](https://4thwavenow.com/2016/07/18/the-adolescent-trans-trend-10-influences/)

   In 10 years, there has been a 14x increase in youth identifying as gender dysphoric. Many reports share a concern that there may be social factors at play. For example, the number of natal males transitioning to female has traditionally been more than 3 times greater than the number of natal females transitioning to males. However, recent studies show rates of transgender identity of natal female to male more than 4
times greater than natal male to female. There is also evidence that high proportions of youth experiencing gender dysphoria post-puberty, have been directly exposed to one or more peers who had recently “come out” as trans, and/or had exhibited a marked increase in social media consumption dealing with transgender issues. (Source: https://www.psychologytoday.com/ca/blog/culture-mind-and-brain/201811/why-is-transgender-identity-the-rise-among-teens)

**Alternative Suggestions**

There is merit in the concern that individuals who do not fit the typical stereotypical roles have suffered socially. However, rather than labelling a person a gender that is not consistent with their biology (effeminate males identify as female and tom-boy girls identify as males), a better solution may be to recognize and affirm that there is a spectrum of maleness and femaleness.

**Examples**

*Jacob and Esau*

In scripture recognize individuals that represent the spectrum of maleness. For example Jacob and Esau. Jacob was the effeminate brother who stole Esau’s birthright, but was recognized by God and became the Patriarch of the Israelites.

Esau was the masculine of the two. He made some poor choices that disappointed his family, and may have been the reason for his mother supporting Jacob in the lie to award Esau’s birthright to Jacob. In retribution he married a Canaanite woman and founded the Edomites, an enemy of Israel.

Interesting that although both brothers became successful, it was the effeminate brother who was favoured by God.

*Jael*

Jael in scripture is a woman who may not have expressed typical femininity. She is mentioned in the Book of Judges, as the heroine who killed Sisera by driving a tent stake through his temple, delivering Israel from the troops of King Jabin.

**Conclusion**

Ontario is a very pluralistic province with a broad spectrum of worldviews. There is no other subject that is so values-laden than human sexuality. Comprehensive Sex Education (Sexual Risk Reduction), is a one-size-fits-all approach where ALL children are taught the same program and this does not meet the varied learning needs of many students.

If the government truly wanted to effectively respect all families, two approaches to sexual health instruction should be provided – sexual risk avoidance and comprehensive sex education – and allow the parents/students to choose the approach that is best for them.

**c. A Better Option - Sexual Risk Avoidance (New Abstinence)**

**a) Public Health Model for Sexual Health**
The Medical Institute for Sexual Health, and other public health groups, advocate a three-tier Risk Avoidance method of teaching sexual health.

i) Primary Prevention
Primary prevention aims to PREVENT disease or injury before it ever occurs. MOST teenagers are NOT sexually active (66% of boys and 70% of girls aged 15 to 17 years have not engaged in sexual intercourse), so the primary message given needs to be one of abstinence from all sexual activity to avoid the consequences or risk. This is the message of RISK AVOIDANCE.

ii) Secondary Level
The second level would only involve those adolescents who are engaging in sexual behaviours. This level of secondary prevention would include:

- Discussion of contraception and the limitations.
- Screening tests for STIs and treatment to prevent the spread of infection and worse consequences, such as PID.
- Discussion of the lack of effectiveness of condoms.
- Encouragement to return to a lifestyle of sexual abstinence, which is the ONLY risk avoidance lifestyle.

iii) Tertiary Level
The Tertiary Level aims to soften the impact of an ongoing illness or injury that has lasting effects. An example would be ongoing medication to keep HIV from becoming AIDS. Another example would be psychological counselling for the emotional impact of early sexual behaviours.

Primary Prevention approach is the approach needed for the majority of children and youth who are not sexually active. It is in alignment with the faith teachings and is the focus of Sexual Risk Avoidance – encourage not to engage in sexual activity before marriage.

Secondary Level is consistent with Comprehensive Sex Education (Sexual Risk Reduction) – CSE is a one-size-fits-all approach where ALL children are taught from a secondary and tertiary level – but lacks instruction about the “lack of effectiveness of condoms” and returning to abstinence.

Note, even the Center for Disease Control states: “The most reliable way to avoid transmission of STDs is to abstain from oral, vaginal, and anal sex or to be in a long-term, mutually monogamous relationship with a partner known to be uninfected.”
b) Sexual Risk Avoidance – The Primary Prevention Strategy

In recent years the abstinence, or Primary Prevention proponents, have refined the abstinence-based programs and re-defined their programs as Sexual Risk Avoidance programs. Below is a chart comparing CSE/SRR with Sexual Risk Avoidance (SRA).

<table>
<thead>
<tr>
<th><strong>Sexual Risk Reduction (SRR)</strong></th>
<th><strong>Comprehensive Sex Education (CSE)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description / Definition</strong></td>
<td>CSE is consistent with the Secondary and Tertiary levels of Public Health model.</td>
</tr>
<tr>
<td></td>
<td>CSE/SRR is a <strong>rights-based</strong> approach that seeks to equip children with the knowledge, <strong>skills</strong>, attitudes and <strong>values</strong> needed to <strong>determine and enjoy their sexuality</strong>, physically and emotionally, individually and in <strong>relationship</strong>.</td>
</tr>
<tr>
<td><strong>Sources</strong></td>
<td>(Planned Parenthood, World Health Organization, United Nations)</td>
</tr>
<tr>
<td><strong>Rationale:</strong></td>
<td><strong>1)</strong> Some youth will be sexually active. To reduce the risk of pregnancy and contracting a sexual transmitted infection all students should be instructed in condom use and, non-reproductive methods of sexual expression (anal, oral, self and mutual masturbation, cyber-sex, etc.)</td>
</tr>
<tr>
<td></td>
<td><strong>2)</strong> Youth surveys indicate youth want to know about relational and emotional aspects of sexuality (e.g., healthy relationships, communication about sex, and sexual pleasure, how to end a relationship, etc.). Hence content on pleasure, sexual activity, communicating consent, etc., is included.</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td><strong>1)</strong> Reduce the risk of pregnancy and STIs</td>
</tr>
<tr>
<td></td>
<td><strong>2)</strong> Be inclusive of all sexual orientations</td>
</tr>
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<td></td>
<td><strong>3)</strong> Empower youth who choose to be sexually active to have satisfying, sexually fulfilling relationships</td>
</tr>
<tr>
<td><strong>NOTE:</strong></td>
<td>#3 is not <strong>directly communicated in official school curriculum</strong>, however, as demonstrated in the source above, public health academics claim this needs to be a goal of the CSE curriculum.</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Sexual Risk Avoidance (SRA)</strong></th>
<th><strong>(new abstinence)</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>The SRA approach is consistent with the Public Health Primary Prevention level. It instils a desire in students for optimal medical/sexual health, and to determine and protect their personal values and goals by abstaining from sexual activity until married/life-long partner.</td>
</tr>
<tr>
<td></td>
<td>Builds an understanding of the negative effect teen sexual activity has on academic achievement; earning potential; physical, emotional &amp; mental health; connection to drugs and crime; and family relationships.</td>
</tr>
<tr>
<td><strong>Rationale:</strong></td>
<td><strong>1)</strong> Majority of youth are not sexually experienced and therefore need a program that is in alignment with their experience level and needs.</td>
</tr>
<tr>
<td></td>
<td>• Gr. 6, 7, &amp; 8 – 91% have not had sexual intercourse</td>
</tr>
<tr>
<td></td>
<td>• Gr. 9 – 79% have not had sexual intercourse</td>
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<tr>
<td></td>
<td>• Gr. 11 – 57% have not had sexual intercourse</td>
</tr>
<tr>
<td></td>
<td><strong>2)</strong> Most sexually experienced youth report they wish they had waited (i.e. needed refusal skills)</td>
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<tr>
<td></td>
<td>• 12 – 14 yr olds - 78% wish they had waited</td>
</tr>
<tr>
<td></td>
<td>• 15 – 19 yr olds - 63% wish they had waited</td>
</tr>
<tr>
<td></td>
<td><strong>3)</strong> Students who follow success sequencing (delay sexual activity until married /life-long partner) complete more education, have better earning potential, are more likely to achieve their life goals, have better family relations, and have better physical, mental and emotional health.</td>
</tr>
<tr>
<td></td>
<td><strong>4)</strong> Abstaining from sexual activity until married/life-long relationship is the only 100% effective way to avoid teen pregnancy and sexually transmitted infections.</td>
</tr>
<tr>
<td><strong>Goal:</strong></td>
<td><strong>inform and guide young people toward relationship and sexual choices that lead to optimal sexual health, stable family life, and positive life outcomes.</strong></td>
</tr>
</tbody>
</table>

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26https://www.ippf.org/resource/ippf-framework-comprehensive-sexuality-education/
28Larkin, Flicker; The Ontario Sexual Health Education Update: Perspectives from the Toronto Teen Survey (TTS) Youth; P. 10; ©2017 Canadian Society for the Study of Education/
32The National Campaign.org, With One Voice 2012, America’s Adults and Teens Sound Off About Teen Pregnancy, Albert (author)
33The National Campaign.org, With One Voice 2012, America’s Adults and Teens Sound Off About Teen Pregnancy, Albert (author)
34http://www.americanvalues.org/catalog/pdfs/wmm3-30-conclusions.pdf
Primary Strategies – Risk Reduction

- Contraceptives
- Affirming abstaining from all sexual activity is the only 100% way of avoiding pregnancy or an STI
- Affirming alternative ways to express oneself sexually, which may be less risky e.g., oral sex, anal sex, internet sex, self-masturbation, mutual masturbation, etc
- Consent for sex - in an effort to reduce abuse, students need to be able to communicate their sexual activity preferences
- Rx - testing for STIs, and medication to control

Child will accept all sexual choices and choose to express sexually in ways that “are satisfying, respects others, and reduces risk”

Primary Strategies / Content of Risk Avoidance

In addition to the typical sex ed content (reproduction, puberty, sexually transmitted infections) the program also includes life skills training to help students …

- identify their personal goals,
- Instruct on the negative impact early teen sexual activity can have on achieving goals; completing education; earning potential; mental, physical and emotional health, etc
- develop skills to resist negative peer pressure by setting protective boundaries and developing refusal skills
- understand the value of mutual monogamy

This is accomplished in an atmosphere where students also learn to respect that others may make different choices.

Chart Source – Phil Lees, SRAS (Sexual Risk Avoidance Specialist. PEACE - Education Services)

C) Rationale for Sexual Risk Avoidance

i) **SRA is in alignment with the Primary Prevention strategy of the public health model.**

ii) **Most Teens Support SRA**

- Most teens choose to wait for sex.
  Data reveals that 70% of 15 – 17 year olds high have never had sexual intercourse.\(^\text{35}\) The data punctuates the fact that SRA resonates with teens and that it is indeed a realistic approach. The data also begs the questions: “Why doesn’t provincial sex education policy prioritize messages that encourage these numbers upwards? Shouldn’t teens receive reinforcement for the healthy decision they are making?”
- Most teens support waiting for sex until marriage. In general and for themselves: 62% say that it is against their values to have sex before marriage; 75% believe that having sex would make life difficult; 84% oppose sex at their age; 69% oppose sex while in high school. (p. 61)\(^\text{36}\)
- Many sexually experienced youth wish they had waited. Up to 78% of sexually experienced teens express regrets about having sex so soon.\(^\text{37}\) These statistics indicate that sexually experienced teens are open to a different choice in the future. Changing direction by re-committing to abstinence and building relationships without sex can resonate with many sexually experienced teens.

iii) **Differentiated Instruction**

Differentiation is an educational philosophy that means tailoring instruction to meet the learning needs of the students. Whether we are selecting resources, planning programs for individual students or a group of students with common learning needs, effective learning outcomes require consideration of the learning needs of the students.

The process of differentiating instruction to meet the learning needs of students requires an assessment of three student criteria/characteristics: \(^\text{38}\)

- the student’s readiness level, or past experiences;
- the student’s interests; and
- the student’s learning preferences.

Teachers then use this information to select appropriate resources, vary the instruction, and/or modify the learning environment and assessment so that maximum achievement is the result.

\(^{35}\)https://www150.statcan.gc.ca/n1/pub/82-003-x/2012001/article/11632-eng.htm
\(^{36}\)http://www.lifeissues.net/writers/mah/mah_01abstineneceteens.html
\(^{37}\)TheNationalCampaign.org , With One Voice 2012, America’s Adults and Teens Sound off About Teen Pregnancy, Albert (author)
\(^{38}\)http://www.edugains.ca/resourcesDI/Brochures/DIBrochureOct08.pdf
When it comes to sexual health education and students, there are at least 2 groups of students with different learning needs based upon their experiential background, and interests:

- Those with no or very limited sexual experience and little desire to engage sexually
- Those who are sexually active and believing sex is an important part of relationships.

**Applying Differentiated Learning Lens to Sexual Health Instruction**

If we consider the students' experience, and their interests, is CSE/SRR the best choice for a system-wide, one-size-fits-all program? To determine this, we need to examine the experiential level, and interests of the students. The chart below breaks down the experience/readiness level of students which is based on the sexual activity levels of our students as reported by their engagement in sexual intercourse.

<table>
<thead>
<tr>
<th>Age / Level of Students</th>
<th>Canadian Statistics</th>
<th>Sexual Risk Avoidance</th>
<th>Sexual Risk Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jr High School Gr. 7 &amp; 8 (age 12 – 14)</td>
<td>9% of students have had intercourse (^{39}) at least once. Multiple partners – no data</td>
<td>91% of students have no sexual experience. Risk Avoidance would be the program in alignment with the experience and mindset of at least 91% of students.</td>
<td>SRR may be the better program for less than 9% of students, based on available statistics. NOTE - Could be much less if we had more data with respect to multiple partners, and if there were students desiring to re-commit to abstinence.</td>
</tr>
<tr>
<td>High School Gr. 9 – 12</td>
<td>38% - intercourse at least once (^{39}) 62% have never had intercourse; 32% of those who have had (^{41}) intercourse have had multiple partners. 32% x 38% = 12%... Therefore • only 12% of high school students have had more than one partner. And • 26% have had intercourse only once or with only one partner (monogamous)</td>
<td>SRA is the ideal program for students who have never had intercourse, have had intercourse only once and regret, or more than once with the same partner and would like to re-commit to abstinence. That would be 62% + 26% = 88% of the high school population.</td>
<td>SRR would likely be the desired program for the 12% of students who have had multiple partners and are not interested in abstaining.</td>
</tr>
</tbody>
</table>

iv) **Avoiding sex is the healthiest choice for adolescents and this should be the central focus of any responsible sex education program.**

Teens have the right to know the truth that only waiting for sex – hopefully until marriage - completely eliminates the risks of teen sex. No matter what precautions are taken, teens can still get pregnant, contract an STD, or experience negative emotional consequences, even with the use of contraception. Any of these results can jeopardize a teen’s health and future. SRA programs provide valuable life and decision-making skills that lay the foundation for personal responsibility and a successful future.

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D) Summary - Support for a SRA

It would appear that public health officials (three-tier approach) and educators (differentiated learning), the Ontario Human Rights Commission (Inclusive Design) would agree that both programs need to be offered.

If 12% of high school students are sexually active, and not open to re-committing to abstinence, then they need the information found in the CSE/SRR programs to reduce the risk of engaging in sexual activity as much as possible – actually they likely need even more.

Similarly, 88% of students who are either abstinence, and/or have a preference to remain abstinent, need the information and skill-development offered through Sexual Risk Avoidance.

E) Effective SRA Programming ...

PEACE has the resources to equip the church and parents.

To instruct youth, PEACE has a tested and proven sexual risk avoidance (new abstinence) sexual health curriculum (Heritage Keepers) that is medically accurate, teaches the negative consequences of teen sexual activity and develops the skills to resist negative peer pressure so that teens will abstain from sexual activity, thus protecting their futures.

Heritage Keepers was developed, tested and taught to more than 400,000 youth in churches and public schools in the USA. Large public-school studies prove that 12 months after the course, program students engage in sex at a rate of 67% less than their peers.

PEACE has 19 Canadian instructors trained and certified in HK, and the program has been successfully piloted in churches in Durham Region, Winnipeg and Hamilton.

Strong Case for HK in Churches and Schools

HK meets the learning needs of many youth, not just faith kids. The reality is the majority of students in schools are not sexually experienced (Gr. 6 to 8, more than 92% have not had sex; Gr. 9 – 12, 62% remain abstinent). SRA programs meet their learning needs.

F) Public Schools Need a Dual Program Approach - SRA and CSE

It must be remembered that there are sexually experienced youth, who are interested in sex as part of relationships. Many are supported by their parents, who would find Comprehensive Sex Education programs are best for their children.

If we push for a one-size-fits-all SRA program, the criticism will be we are pushing our values on everyone – I agree we can argue that is what is currently happening with CSE. That said, we must be wise and do have a responsibility to provide sexually active students with the knowledge and skills to help them to optimize their sexual health based upon the decisions they are making. Yes, we should sensitively provide them with the knowledge of the negative impact of teen sexual acidity, and invite them to consider dedicating to abstinence, but if that does not happen, these kids need to know the details of how to reduce risk as much as possible.

Educational Theory and practice supports, offering both SRA and CSE programs. Differentiated learning theory encourages teachers to choose learning resources based upon three categories: a) the child’s past experience, b) the child’s interests, and c) preferred learning skills. When we consider this, there are 2 groups of youth with varied learning needs - sexually active and not sexually active.
Ideally, both approaches need to be made available in schools so that parents and youth may choose. This would eliminate the need to “Opt Out”.

Even the Ontario Human Rights Commission recognizes that “Opting Out” or “Accommodations” are not the ideal situation. In its ‘Policy Statement on Religious Accommodation in Schools’ the OHRC identifies that inclusive design as a much better approach.

"Rather than removing barriers, after they become apparent, or making “on-off” accommodations, inclusive design enables accessibility and inclusivity from the start, proactively meeting the needs of many people, and minimizes the need for people to ask for individual accommodations."
(Source: http://www.ohrc.on.ca/en/policy-statement-religious-accommodation-schools)

Under an inclusive design approach, both programs would be offered and parents (or youth) could select which best meets their learning needs. Under such a system;

• Inclusivity is integrated into the system – demonstrating acceptance and respect for all concerned groups
• parents, are recognized as the primary educators and allowed to select the program that best fits the learning needs of their child(ren)
• differentiated programing is part of an inclusive system
• discomfort with the subject will be significantly reduced
• the varied choices of society (abstain until married/life long partner, and sexual freedom) are affirmed
• teachers would not have the added responsibility to provide alternative learning
g) The Plan - From Opt Out to Inclusive Design

Working Toward a Better Option than Opting Out - ‘Inclusive Design Dual Program Approach’

Many parents are uncomfortable with Opting Out because they feel ill-equipped to discuss the topic. They also fear their students will be ostracized by their peers. We need to work toward a better, more inclusive solution – a dual program approach where schools would offer both programs (SRA and CSE) to meet the varied needs of students and families.

How Should Parents Respond?
The first priority must be to provide SRA programs to empower youth to protect their future and delay sexual activity. Second, parents need communicate the learning needs of their children to teachers, administrators and elected trustees. Below is a summary of the steps to achieve these goals:

Step 1 – Provide Children/Youth with SRA Instruction from Parents & Church

SRA programming is not available through the school, so it is necessary to offer the programs through alternative means. Parents and/or churches can guide children/youth with SRA materials and programs. PEACE has the resources to equip the church and parents. These are as follows:

Building Family Connections (BFC): A 10 hour training program empowering parents to begin the ongoing conversation with youth about sex and healthy relationships. More Details at: https://peaceontario.com/family-connections/

Heritage Keepers (HK): A Sexual Risk Avoidance (abstinence outside of marriage) sexual health curriculum for youth (Grades 6 – 12) that is evidence-based, medically accurate, proven effective, leading to sexual decisions that are biblically aligned. This program is being used in churches and some schools (USA). Independent testing proves this program leads to a 67% reduction in teen sexual activity. More Info: https://peaceontario.com/heritage-keepers/

Licenced and certified SRA instructors are available to teach these tested and proven programs to parents and youth in your churches. In addition, PEACE offers training in HK & BFC so that youth and family leaders can be trained and certified to provide consistent ongoing instruction within their faith communities.

Step 2 … Parents, Use the Opt Out of CSE Opportunity to Communicate Learning Needs, SRA Alternative, and Inclusive Design

Currently, the only option being offered to parents who do not want their child influenced by controversial CSE instruction is to Opt Out of class, and have the learning accommodated with an alternative learning activity. The government has instructed school boards to make the Opt Out process easy. Let’s use this to our advantage.
Schools send home permission letters explaining when sex ed will be taught, and provide opportunity for parents to Opt Out. This is the perfect opportunity for parents to communicate the need for alternative SRA programs that that meet the learning needs of so many students.

To assist parents and students to communicate effectively, PEACE has the following tools/letters:

a) “Sensitive Curriculum Information Letter”
This letter, along with a meeting with the teacher will help the teacher to understand the learning needs of your child. The letter outlines all sensitive curriculum (including sex ed). It requests the teacher inform parents when sensitive topics are part of planned instruction. When informed the parent can decide if learning accommodations/ opt out are needed.

b) “CSE Opt-Out Letter”:
This letter communicates your decision to opt out of the school-based sex ed program. It further explains:
- the learning needs of the child are better met through SRA programs
- The difference between CSE and SRA; the varied learning needs of students
- A dual program approach within public education would better meet the needs of all students

c) “I Reluctantly Agree to Have My Child Attend” Letter:
If you choose to not Opt Out, send the permission form back with this letter that explains the following:
- You would prefer to Opt Out, but because of concern the child will be ostracized, you are allowing him/her to participate.
- The learning needs of your child would be better met through are Sexual Risk Avoidance programs
- The difference between CSE and SRA; the varied learning needs of students
- A dual program approach within public education would better meet the needs of all students

Step 3 – Guest Speakers in Schools, Programs in Private Schools
Over time, as we build positive results with SRA instruction of students in the church, SRA student instructors will be invited to speak at schools. After a number of positive presentations, we will be in a position to offer alternative, SRA-based learning, as part of a dual-program inclusive design, sexual health curriculum that meets the varied student needs. Parents would then be able to choose which program best fits the learning needs and values of the home. they would want their child enrolled in.

A Winning Strategy
Inclusive design, and a dual program sexual health curriculum, is not yet the reality in schools. Until then, we need to provide SRA instruction to our youth in other ways, and use the opt out process to our advantage.

PEACE has the resources to support SRA instruction of youth, the Opt Out / Accommodation request, and efforts to plant the seeds of inclusive design as a desirable alternative.

Using these resources, instead of communicating opposition to current curriculum, parents will communicate the learning needs of their students and possible ‘inclusive design SRA-based solutions’ as part of their request. The communication will be consistent with and supported by the following common ground policies, operating principles, research, educational theories and practice:
- 2019 Ontario Health and Physical Education Curriculum expectations
  (e.g. The curriculum uses the term refusal skills – but this needs to be expanded on)
- Easy Opt Out policies
- School board policy
- Scientific and medical research
- Public Health Three Tier Prevention Strategy
- Ministry of Education Policy
- Educational learning theory and practice (Differentiated Learning)
h) Wrap UP: Engage Our Schools and Influence Society

Fifty years ago, when the culture was more homogenous, there was far more agreement on faith and values. Sensitive instruction in school was not an issue. Today we live in a pluralistic culture, and education systems are required to reflect that pluralism, and the rules have changed.

Within a pluralistic society context, it is very difficult for the faith community to advocate for a one-size-fits-all sexual health, abstinence program – Sexual Risk Avoidance. It is understood that many in the faith community identify the LGBT opposition of doing exactly that – imposing values on the rest of society. The reality is the faith community would be criticized as imposing faith values and our requests would be denied. It is important for us to model how to work within a pluralistic culture, gain respect and success, and then challenge others be held to the same account.

A better approach is to follow the relational building guidelines taught by Christ in Luke 10. Christ sent out the 72 as lambs to the wolves to set the stage for his ministry. These disciples were told to speak peace, build relationship, meet people’s needs, and once they had built trust, then share the truth. This approach is explained further in “Engage the PEACE-ful Process”.

By following Christ’s relational approach (and that may mean listening to the needs of those we may not agree with) over time we will gain their trust and there will be opportunities to influence. Once the dual program is in place, results can be tracked, and everyone will learn from it.

As people of faith we need to find the opportunities to influence through relationship. There is great opportunity where there is common ground. We must understand, learn to use, and request accommodations based on the common ground that exists.

For this to be successful, we need everyone to join together and…

• build positive relationships with educators,
• be seen as a partner in the system
• learn the common ground - operating principles, policies and regulations of the pluralistic system
• communicate the learning needs of our students and work co-operatively to provide relevant, reasonable solutions.

Influencing society for the kingdom will take prayer for God’s direction and favour, and many people in different communities willing to learn and engage on this important issue.

If we can be of help, please connect.

Phil Lees, President & Founder, PEACE

A pluralistic system includes and considers the needs of the many different types of people with different beliefs, opinions and needs.
The PEACE approach to communication is positive, relational, and based upon Biblical principles of social influence described in the Book of Luke, Chapter 10:1-9. Recent case studies have shown that a positive, winsome approach to this issue is most effective for building understanding between parents, teachers, and school staff.

A Relational Approach
Luke 10:1-9. When Jesus sent the 72 out (as lambs to the wolves) to be ambassadors of the kingdom, He said:

✓ Speak blessings — “speak peace to this house” 10:5
✓ Build relationships — “stay there, eat what they give you” 10:7
Eating a meal together was one of the highest signs of fellowship in Jewish culture.
✓ Meet their needs — “heal the sick” 10:9
✓ Proclaim God’s truth — “share truth (and your needs) after you have built relationship” 10:9

A Positive, WINSOME Manner

PEACE parents seek to bless our teachers and to become an asset to our schools. (i.e. bless, praise, volunteer, meet needs in the school, and assist by providing alternative learning materials that help our children to meet government expectations in a way that also affirms their faith).

We live in a pluralistic, multi-worldview society and the school is expected to respect, accept and assist all people - this is a difficult job. When it comes to sensitive lesson content, we must seek to communicate the Christian needs of our children in a positive and winsome way.

Teachers, just like any other person, will be interested in listening to you if you have a positive relationship and you sincerely care. Make every effort to be positive, caring, and winsome.

ACTION ITEM
Begin to bless your child’s teacher:
1) Thank the teacher for his/her great work – when your child tells you something he/she enjoyed in class, send a note telling the teacher and thanking him/her for making school interesting.
2) When dropping your child off at school:
   a. Make positive conversation.
   b. Send a small token of appreciation – could be as simple as a coffee or tea.

See the next page for a list of ways to bless and serve.
Some Ways to Bless Your School

This is a sample list of ways to bless and serve your school; this is by no means exhaustive.

Due to work commitments, etc., some may not be available during the school day. Others may be available. Often blessing can happen incidentally. As children are dropped off at school and you cross paths with staff, make an effort to be polite, sincere, encouraging, and caring.

**Pray (and start up a prayer team for the school)**
- For favour, open doors, and success for PEACE in your school.
- Prayer walk your campus weekly.
- For unity among pastors and the Church of your community/city.

**Bless and serve the school**
- Ask the Principal what the needs of the school/teachers are and how you can help. This has been the single most important means of establishing trust, building influence, becoming an asset because it involves actually listening and starting with the needs of the school instead of your own needs/goals.
- Volunteer at school events—fun fair, fitness meet, movie night, fundraisers, etc.
- Become a volunteer handyman.
- Become a Parent Advisory Council member.
- Become a School Board member.
- At the beginning of the semester, bless the administrators, teachers and support staff with baked goods and a note of encouragement.

**Bless and serve the teachers**
- Pray for teachers by name. Pray for their classrooms.
- As you walk the campus, thank, bless and encourage teachers.
- Most schools pass out a classroom wish list of specific supplies desired by each teacher for the school year. Find some you can fulfill.
- Throw an ice cream social for teachers/staff at the end of the quarter.
- Have a Teacher Appreciation Sunday at your church. Invite the Christian (or receptive) teachers/staff and pray over them.

**Bless and serve the students**
- Pray for students by name. Acquire a yearbook (even from last year) and pray for students/teachers.
- Tutor.
- Offer after-school activities/club—sport, chess, science, technology, robotics, health and wellness, etc.
- Learn from the principal what the needs of low-income students are and meet them.
- Read in classrooms. Kindergartners are great. They learn to love reading and they get to know you.

Encourage and mobilize other parents to be involved in the above
The most effective agent of influence over a child’s sexual decision making are parents and churches that are equipped to instruct on the subject. When parents teach their children accurately about sexual issues, the relationship between parent and child becomes stronger, and the parent becomes the trusted source of information on this important topic.

Unfortunately, parents and the church tell us they feel ill-equipped and tend to default authority to other sources. When parents and the church have not built trust on the subject and a child has questions, the research shows that many will seek out answers through internet video porn.

Whether you’re looking for a little help or a lot, PEACE has resources to help parents become their child’s primary educator on this issue. PEACE has a number of different resources to support parents and the church:

**Seminars, Training Programs, Conference**
1) **Toward a Culture of Sexual Integrity** - a 90 min overview seminar on the issue
2) **Guiding Through the Sex Ed Confusion** – (can be a 90 min seminar or a multi-week program) A parallel support to this document. Why sexedinschoolsisagrowinginternationalconcern. HowtopositivelyengagewiththeschooltoOptOut,andinfluencecurriculumthatmeetsyourchild'slearningneeds.
3) **Building Family Connections (BFC)**: This 10-hour training program empowers parents to begin an ongoing conversation with youth about sex and healthy relationships. The program is developed by the Medical Institute for Sexual Health and endorsed by World Vision.

More Details at: [https://peaceontario.com/family-connections/](https://peaceontario.com/family-connections/)

4) **Heritage Keepers (HK)**: A 7 ½ hr, Sexual Risk Avoidance (abstinence outside of marriage) sexual health curriculum for youth (Grades 6 – 12) that is evidence based, medically accurate, proven effective, and is biblically aligned. This program is being used in churches and some schools (USA). Independent testing proves this program leads to a 67% reduction in teen sexual activity. More Info: [https://peaceontario.com/heritage-keepers/](https://peaceontario.com/heritage-keepers/)

5) **Stand Firm Love True** – Friday night / Saturday conference
Parenting adults receive the BFC program, and youth complete the HK curriculum. At the end of the conference adults and youth come together, share what they have learned, conversations start, and leave with a prayer of impartation.

**Book Resources**
6) **God’s Design for Sex** – a set of resources, authored by Stan and Brenna Jones, for parents and the church that may be purchased.
7) **Wonderfully Made – Gr. 6, 7, & 8** independent study alternative program. Parents have asked the school to allow the child to complete instead of going to sex ed class.
a) Toward A Culture of Sexual Integrity
This community forum provides an update on sex ed and introduces a systematic plan for the church and parents to:

- Engage the Facts
  - Biblical vision for sex
  - What is in the school curriculum
- Positively navigate this difficult issue in our culture
- Empower our children to make healthy, biblically aligned choices
- Protect our generational & spiritual heritage

b) Guiding Through the Sex Ed Confusion – Expands on the Toward a Culture seminar. This is a customizable program that can be as short as a 90 min or a multi-week program for parents. A parallel support to this document is provided. Topics Covered Include:
  b. Concerns with CSE
  c. Sexual Risk Avoidance, a better option for faith families
  d. Building Relationship and Understanding with the school.
  e. Effectively communicating the learning needs of your child
  f. Advocating for a dual program approach in sex education.

c) Building Family Connections – Program and Certification
Building Family Connections – is a 10 hour training program offered to parenting adults. It provides a toolkit to begin the lifelong conversation about healthy sexuality with their children & youth. Whether you are a parent, aunt, uncle, grandparent, guardian or a mentor to children/youth/young adults, this program is for you.

The 10-hour curriculum empowers parents and parenting adults with medically accurate sexual health information, skills on effective communication, and decision-making strategies to help youth grow up safe, smart, and strong.

Content

| • Biblical Vision of Sex | • HIV & Sexuality Transmitted Infections |
| • Great Parenting Strategies | • Healthy & Unhealthy Relationships |
| • Effective Communication Techniques | • Compare and contrast healthy and unhealthy relationships |
| • Adolescent Development; physical, intellectual, emotional, social, spiritual | • Sexual Risk Avoidance vs Sexual Risk Reduction |
| • Teen Pregnancy | • Supporting abstinence - family & community |
| • Contraception |

Why is it important? Research proves that for a child to make the right decisions, and feel comfortable with their decisions, they need to hear a consistent message from multiple sources: Church, parents, school; and the most effective influencer is the parent.

Certification – In addition to offering BFC as a program for parents, PEACE does offer certification training programs where pastors, educators, social workers can become licensed to use the BFC program.

What is Heritage Keepers? Heritage Keepers Abstinence Education is a classroom-based curriculum for youth ages 11 to 18, that teaches students the benefits of practicing sexual abstinence and the risks that can be associated with sexual activity outside of marriage. Students learn resistance skills and tactics to help them practice abstinence and build relationships without having sex. The program also provides information about male and female reproductive systems, as well as sexually transmitted diseases.

Youth need the knowledge, attitudes and skills to be able to resist the sexual pressures from media, peers, etc. The instruction is based upon medical, science and social science evidence, and leads to decisions that are biblically aligned.

Why Is This Important?
Research demonstrates that the three most powerful influences affecting a child’s decision on sexual activity are parents, the church, and school. Yet parents and the church tell us they feel ill-equipped to guide their children on human sexuality. If faith parents and the church are not providing the instruction to this sensitive issue how are our children going to get a healthy biblically aligned message?

There is hope. In the public-school setting, Heritage Keepers has been tested and proven to reduce youth sexual activity by 67%. All children need the knowledge, attitudes and skills to be able to resist the sexual pressures from media, peers, etc. The instruction is based upon medical, science and social science evidence, and leads to decisions that are biblically aligned.

Content

- Identifying your goals and values
- Understand reproduction
- Understand sexually transmitted diseases
- Develop a strong sense of personal identity
- Set protective boundaries & Resist negative peer pressure
- Determine and protect personal values and goals
- Develop and rehearse refusal skills
- Make sexual decisions that are healthy, medically accurate & biblically aligned

Certification Training - In addition to offering programs for youth, PEACE does offer certification in Heritage Keepers for youth pastors, educators, youth leaders, etc.

e) Stand Firm Love True Conference

The BFC and HK programs are often delivered in a Friday night / Saturday Family Conference format. See the accompanying program from one of the events. If this is of interest, contact us.
With Special Guests

Pastor Dave Willweber is the senior pastor of Mauka-Makai Ministries (Hawaii) and co-founder of PEACE Global Hawaii. His passion is equipping parents to disciple their children and youth—especially on the Biblical vision for sexuality. There is no other tool being used by Satan more aggressively to undermine God’s people than sexuality. However, once we embrace God’s vision, we are empowered to disciple our children to be heritage keepers!

Phil Leees is a married, father of 3 and grandfather to 5. During his 30 years as an educator (teacher & curriculum consultant) he became aware of the conflicting sex ed curriculum and the need for parents to be the primary educators of their children on this important issue. To assist families, he founded PEACE Education Services & PEACE Global.

Youth Break-Out Sessions

Heritage Keepers is a medically accurate, evidence-based sexuality training designed to empower youth to:

- Develop a strong sense of personal identity and worth
- Determine and protect personal values and goals
- Set high standards for themselves
- Resist negative peer pressure
- Understand sexually transmitted infections/diseases (symptoms, treatment and care)
- Make healthy, medically accurate, & Biblically aligned sexual decisions

“I wish I had this information long ago; even before high school.”
Gr. 12 Student

HK is:

- Based on a sexual risk avoidance model that trains attendees to avoid activities that can compromise health—e.g. rehearsing refusal skills
- Sensitive to Various Experiences: HK educators are trained to address the varying levels of sexual experience, including sensitivity to those who have been sexually abused
- Proven to reduce teen sexual activity by 67%

Parenting-Adult Break-out...

BFC is an 8-hour training that equips parenting adults with medically accurate sexual health information, effective communication skills & strategies to:

- Begin the lifelong conversation about Sex and Healthy Relationships with their children & youth
- Help youth grow up... Safe, Smart & Strong

Content:

- Biblical Vision of Sex
- Great Parenting Strategies
- Effective Communication
- Decision Making and Your Child
- Adolescent Development
- Teen Pregnancy
- Contraception Effectiveness
- HIV & Sexually Transmitted Infections
- Healthy & Unhealthy Relationships
- Sexual Risk Avoidance & ways to support abstinence

BFC Certified Instructors Team

Sonya Braun lives in the North End with her husband and three teen/pre-teen kids. She has a passion to advocate in the school system, see prayer for schools rise up, and help parents grow their kids with strong roots in God. Her desire is to be full of grace and truth.

Virginia Gonzales is a Site Pastor of the International Worship Centre. She serves as Board/Council Secretary & Christian Education Director. She is responsible for training & development and is actively involved in missions, develops strategic plans and manages church operations in HR, financial stewardship, discipleship, and evangelism. Virginia has completed Graduate Studies in Master of Public Administration (University of Manitoba) & Health Systems Leadership (Royal Roads University).

Scott Heak is married to Julie and they raise their four young children in Elm Creek, where Scott is the Youth Pastor at Elm Creek MB Church. Knowing that parents are the primary teachers and influencers in their children’s life, it is Scott’s hope to better equip parents on this journey.

Developed By Medical Institute for Sexual Health
With Funds From CDC
Endorsed By World Vision
f) God’s Design for Sex

Book 1 – The Story Of Me  (Ages 3 – 5)
By: Stan & Brenna Jones   Publisher: Tyndale.com
“It’s never too young to begin giving your child a practical understanding of his or her unique, beautiful body and why God designed it to be exactly the way it is. The Story of Me is the first book in the God’s Design for Sex series, written to be read to children ages 3 – 5. With candid age-appropriate language and realistic illustrations, the Story of Me explains:

- God’s love and the goodness of all He has made
- The nurturing family as God’s context for love
- Why God wants each baby to have both a mommy and daddy
- The specialness of being made a boy or girl
- Proper names for private body parts”

(list is from the back cover of The Story of Me)

Book 2 – Before I Was Born(Ages 5 – 8)
By: Carolyn Nystrom   Publisher: Tyndale.com
“Before I was Born is the second book in the God’s Design for Sex series, written to be read with children ages 5 – 8. With age-appropriate, straightforward text, and informative illustrations, Before I was Born explains sex as a special gift God gives to a husband and wife and covers such topics as:

- Why God made boys’ and girls’ bodies different
- God’s plan for loving marriages and families
- The basic facts about intercourse, presented in the context of marital love and intimacy
- Conception and fetal development
- Childbirth and breastfeeding

Created to answer the questions asked by young children, Before I was Born will help you give your child a vital head start in understanding God’s intended purpose for procreation and sex.”

(list is from the back cover of Before I was Born)

Book 3 – What’s The Big Deal?  (Ages 8 – 11)
By: Stan & Brenna Jones   Publisher: Tyndale.com
At this age, your child probably knows what sex is. They have heard other kids talking about it, and maybe they have heard it talked about on TV and the Internet. But TV doesn’t tell them everything and they probably will have some questions. What’s the Big Deal? was written to help kids ages 8 to 11 find the answers they need. This book explains the basic facts about sex and related issues such as:

- Why God made adults so they want to have sex
- Why God designed sex to be shared only within marriage
- What God actually says in the Bible about sex
- The amazing changes ahead of you during puberty
- How to respond when you feel sexual pressure from friends, TV shows, movies, and magazines

We suggest parents read this book with their child or discuss it with them as they read it on their own. Parents can answer questions, help children understand what a beautiful and exciting gift from God their sexuality is meant to be. (list is adapted from the back cover of What’s The Big Deal?)

ENGAGE Your Child
Book 4 – Facing The Facts (Ages 11 – 14)
By: Stan & Brenna Jones   Publisher: Tyndale.com
More changes occur in your child’s body and brain during puberty than during any other time in life. Puberty marks the beginning of big changes in relationships between the child and their parents, and with the opposite sex. It’s a wonderful and exhilarating time because your child is becoming an adult, but it can be a stressful and overwhelming time, too. If your child does not understand what’s happening, or why, ages 11 – 14 can be downright scary.

Facing the Facts was written to give children all of the information needed to understand exactly what is happening to their body during the years ahead, and why God planned it to happen just that way. With this resource your child will learn about:

- The role of puberty in the development of sexuality
- How girls’ and boys’ bodies change, both inside and out
- Exactly how a woman gets pregnant and gives birth
- Why God wants you to save sex for marriage
- Love, dating, and how relationships mature
- Tough answers to some tough questions

Your child’s body and its sexual nature are beautiful and exciting gifts from God that He wants him/her to understand. Reading Facing the Facts and talking about it with you will help your child to be ready for the coming physical changes, equipped to handle the sexual pressures they will encounter throughout life, and provide a better understanding of God’s perfect design for sex.
(list is adapted from the back cover of Facing the Facts)
Background
If you have spent time on steps 1 – 3 of the PEACE Engage Process, you are well prepared to begin to communicate with the school.

Remember:
- **Step 1** - Engage the Facts - You learned the facts about the curriculum and can speak calmly and accurately.
- **Step 2** - Engage the PEACE-ful Process - You have begun building positive relationship with your child’s teacher.
- **Step 3** - Engage your Child - You have begun to take responsibility for teaching this sensitive topic and are able to speak from experience.

Can We Opt-Out or Request Learning Accommodations?

We live in a pluralistic society, and our worldview, although not embraced by the entire culture, is legally accepted. In such an environment, education systems almost always have policies supporting equality and equity. Faith groups need to learn how to use these effectively as we seek understanding and accommodation and work to positively influence toward inclusive design that meets our needs.

The Ontario Ministry of Education provides the following template policy for all school boards in the province:

> Freedom of religion is an individual right and a collective responsibility. The Board commits to work with the community it serves to foster an inclusive learning environment that promotes acceptance and protects religious freedom for all individuals. While the Board and its staff will take all reasonable steps to ensure freedom of religion and religious practices consistent with the Ontario Human Rights Code (the Code), it is expected that students and their families will help the Board to understand their religious needs and will work with the Board and its schools to determine appropriate and reasonable accommodations.
>
>(Ontario Education Services Corporation)

Belonging, inclusion, and diversity depend on communication, therefore, it is our responsibility to shareso that our child’s learning needs are understood. To assist parents, PEACE has created three letters:
- Sensitive Curriculum Letter
- Opt Out of Sex Ed Letter
- Reluctantly Agree to send for Sex Ed
- Letter requesting student opt out of the school sex ed program, and be allowed to complete an independent study, sexual risk avoidance based program called – Wonderfully Made

Ministry of Education Guidelines for Schools Regarding Accommodations
As we plan our approach to making requests it is helpful to know the guidelines schools must follow. Knowing these will ensure that our requests are Realistic and Achievable.

That said, we have had many people accommodated beyond the limits of the Religious Accommodation Guidelines because they had built positive relationship with the teacher, presented their requests in a non-condemning manner, offering to assist in the accommodation.
The following guidelines have been taken from the Ontario Ministry of Education, RELIGIOUS ACCOMMODATION GUIDELINE ENGLISH PUBLIC VERSION.

1) **When Should the Request Be Made?** The person requesting accommodation should advise the administration at the beginning of the school year - *to the extent possible.* If September notice is not feasible, the person should make the request as early as possible.

2) **How Are Requests Made?** Students/Parents must present written notice from their parents/guardians specifying their accommodation needs.

3) **In what areas will the School Accommodate?** For many students and staff of the Board, there are a number of areas where the practice of their religion will result in a request for accommodation on the part of the school and/or the Board. These areas include, but are not limited to the following:
   a. School opening and closing exercises;
   b. Leave of Absence for Religious Holy Days;
   c. Prayer;
   d. Dietary requirements;
   e. Fasting;
   f. Religious dress;
   g. Modesty requirements in physical education; and
   h. Participation in daily activities *and curriculum.* (emphasis added) *NOTE ADDED – For the purpose of this document, we are seeking curriculum accommodations, leading to an Inclusive Design solution.*

4) **Participation in Curriculum** Where academic accommodation is requested, the school is recommended to have an informed discussion with the student’s parents/guardians to understand the nature and extent of the conflict. During the discussion, the school/principal is required to make the following clear…
   - The school’s role is to protect students and staff from harassment and discrimination because of their religion and cultural practices
   - Where religion and cultural practices conflict with the school curriculum, the school should consider accommodation.
   - It cannot, however, accommodate religious values and beliefs that clearly conflict with mandated Ministry of Education and Board policies. *(NOTE ADDED – sometimes this is misinterpreted by the teacher/principal to mean that they cannot accommodate your request to opt out of instruction about sexual orientation because that would be deemed as discriminatory by some other people.)*
   - When someone requests an accommodation related to the curriculum, the accommodation applies to the individual in question and not to the whole class or to classroom practices in general. *(NOTE ADDED: Parents cannot request the classroom program be changed. You can however explain why the curriculum/lesson is sensitive/offensive/discriminatory. PEACE strongly recommends that you provide scientific and medical evidence to support your faith positions and any “inclusive design” alternative learning you may request.)*
   - The Ministry of Education recommends substitutions when there are exemptions requested related to specific curriculum (Ontario Secondary Schools, Grades 9-12, Program and Diploma Requirements).

**LIMITATIONS TO RELIGIOUS ACCOMMODATION**
Accommodations will be granted to the point of “undue hardship.” The Ontario Human Rights Code lists only three considerations when assessing whether an accommodation would cause undue hardship:
   i. Cost (Does the request add additional costs?)
   ii. Outside sources of funding, if any; and/or
   iii. Health and safety requirements, if any.

***No other factors can be properly considered. For example, business inconvenience, employee morale, third-party preferences, *etc.* are not valid factors in assessing whether an accommodation causes undue hardship.***
Parent Communication Letters

The school will not respond unless, parents begin to communicate the learning needs of their children to the school and plant the seeds for SRA alternative programs. To assist parents and students to communicate effectively, PEACE has the following tools/letters:

a) General “Sensitive Curriculum Information Letter”
   This is a general letter that parents use near the beginning of the school year, along with a meeting with the teacher. It helps the teacher to understand the learning needs of your child. The letter outlines all sensitive curriculum areas (including sex ed). It requests the teacher inform parents when sensitive topics are part of planned instruction. When you are informed the parent can decide if learning accommodations / opt out are needed.

b) Sex Ed Opt-Out / Accommodation Letters
   The Ontario government recently mandated school boards to make opting out of sexual health curriculum less intimidating. This creates the perfect opportunity for faith parents to communicate the learning needs of our children.

   Many parents are uncomfortable Opting Out because they fear their students will be ostracized by peers. A better, more inclusive solution is needed – perhaps a dual program approach to address the varied learning needs.

   Even the Ontario Human Rights Commission recognizes that opting out / accommodation is not a good solution to sensitive curriculum, and recommends schools develop inclusive design solutions - solutions that meet the varied needs within a pluralistic system. Inclusive design could happen in different ways:
   • offering both programs (SRA and CSE) based on the varied learning needs of students and families and families choose the program that best fits their child’s needs
   • the teacher modify the lesson based on the communication of parents
   • allowing the child to do sex ed on independent study using and alternative SRA program (PEACE has such a program – Wonderfully Made for Gr. 6, 7, & 8.

   School boards are required to inform parents when sex ed is being taught. This is the perfect opportunity for parents to communicate the the learning needs of the child. To assist, PEACE has created 2 letters to communicate specifically about sex ed:

   i) “Sex Ed Opt-Out Letter”:
   This letter communicates the learning needs of the child, and how CSE based programs do not meet the need. The concept of SRA curricula, inclusive design, and dual program approach are introduced.

   ii) “Reluctantly Agree to Attend Sex Ed” Letter:
   If you decide to have your child remain in the CSE program, send the permission form back with a letter that explains the following:
   • You would prefer to Opt Out, but due to concern the child will be ostracized, you are allowing him/her to participate.
   • The learning needs of your child would be better met through Sexual Risk Avoidance programs
   • The difference between CSE and SRA & the varied learning needs of students
   • A dual program approach within public education would better meet the needs of all students

   iii) “Wonderfully Made program letter”
   This is an option for Grade 6, 7, or 8. The letter, which is in the Wonderfully Made program booklets, requests that the child opt out of sex ed and do the independent study alternative program Wonderfully Made.
When parents request a lesson accommodation or exemption, the school is often required to provide an alternative assignment which can be an extra burden for the teacher. Instead of burdening the teacher with this extra work, PEACE has created an independent-study learning unit that helps the child to meet the government expectations, and connect their life experiences (including faith teachings) with the learning. Educators say that the most effective learning happens when “Children see themselves in the curriculum.”

Sex education is important. To help faith children connect the learning to the teachings of the home and church (i.e. “see themselves in the curriculum”), PEACE has developed alternative, independent study units for Gr. 6, 7, & 8. Instead of the child sitting in the hall doing nothing and subject to peer pressure, parents request the child work independently on this independent study unit. If other children ask the teacher why the child is not in class, the teacher is encouraged to say, “They have chosen to do this unit on independent study.”

Each unit includes a letter parents may use to communicate with the school to request that their child complete the alternative unit, instead of being in class. The unit work will begin in the home, and then students are often allowed to complete the work in the library, during sex education instruction time. Whether the teaching is happening in a classroom, church, or in your home, the learning expectations are met, while respecting the values of your family.

PEACE is proud to partner with the creators of the God’s Design for Sex series. The Grade 6 unit uses Book 3 – What’s the Big Deal? The Grades 7 & 8 units use Book 4 – Facing the Facts. These books should be ordered along with the respective units.

**Step 5 - ENGAGE Others**

**Share your success** with others.

While these steps can lead to success, one of the best motivators for others is seeing someone just like them do it successfully and openly. Tell other parents and church leaders about your success. Consider how you might expand this message to other members of your church, school, or community.

**Tell PEACE** about your experience so that we may encourage others, refine our materials and address any gaps in the process. These challenges are being felt around the world. Do not underestimate the impact that your story can have.
Appendix 1 - Parent Communication

a) Sensitive Curriculum Letter
   - Instructions
   - Letter
   - Explanatory Notes – Why We Believe What We Believe
   - Guideline for Meeting with the Teacher or Principal

b) Gr. 5 – 8 Letters Re Sex Ed:
   i) Opt Out of Sex Ed Letter
   ii) Reluctantly Agree to Send for Sex Ed
   iii) Explanatory Notes to support i) & ii)
**Sensitive Curriculum Letter**

1) Instructions: Complete the Parent Communication Form.

2) Parent Communication Form

3) Explanatory Notes – Why We Believe What We Believe

4) Guideline for Meeting with the Teacher or Principal
INSTRUCTIONS: Sensitive Curriculum Letter
Request to be Informed of Sensitive Lesson Content (e.g. Sex Ed)
Please Note: This is a not a request to Opt Out

General “Sensitive Curriculum Information Letter”
This is a general letter that parents use near the beginning of the school year, along with a meeting with the teacher. It helps the teacher to understand the learning needs of your child. The letter outlines all sensitive curriculum areas (including sex ed). It requests the teacher inform parents when sensitive topics are part of planned instruction. When you are informed the parent can decide if learning accommodations / opt out are needed.

Step 1) Complete The Sensitive Curriculum Letter

- Complete one form for each child
- Complete the front and back pages of the document.
- Check off all the learning issues and topics you would like to be informed about (many people check off all items)
- Sign both pages and include your child’s name, school, and grade.
- Make a duplicate copy of the Parent Communication Letter to keep at home.

Step 2) Schedule An Appointment With The Teacher or Principal
The meeting can be done individually or as a group – if there are other parents with the same concern.

✓ Call the teacher and ask for an appointment. Explain that you would like to meet to discuss information that could help with your child’s learning.
  ✓ Be sure that you have prepared yourself by becoming very familiar with the Sensitive Curriculum Letter and the Parent Talking Points.
  ✓ Apply the PEACE Building Relationship Strategies and bring a treat for the meeting. Remember, the teacher is taking extra time to meet with you, and it would be gracious to bring along a thank-you refreshment.
  ✓ Communicate in a calm, polite, Christ-like manner. This can be an emotional issue, but it is most important to remain calm and courteous.

✓ Bring along 2 copies of the Sensitive Curriculum Letter (or your version of the form) and Explanatory Notes. Provide one for the teacher/principal and keep one for yourself.
✓ Use the Sensitive Curriculum Letter and Parent Talking Points as a guideline for the discussion.

Submit as Part of a Group – there is often comfort in numbers
Some parents do not feel comfortable engaging one on one in a discussion with school officials about these issues. Often parents find comfort working with other like-minded parents.

In your school, there will be other like-minded parents. Find out who these are, share the PEACE materials with them, and build a small team of parents who can work together. If you or your group have questions or would like assistance, please contact PEACE at info@peaceontario.com.
Dear Principal(s) / Teacher(s):

Thank you for your commitment to partner with parents in the education of my/our child.

The Ontario Ministry of Education, in the Religious Accommodation Guideline, agrees that respect for religious diversity is a shared responsibility.

As a family, we adhere to a set of values based on traditional Christian principles. To assist the school, we have included a description of content that our faith could find sensitive, and could lead to confusion with my/our child, and from which I/we may be required to abstain.

I am/We are requesting to be informed about sensitive learning prior to planned instruction. This request applies to all aspects of planned instruction:

- Curriculum content – topics and expectations in provincial curriculum
- Supplementary learning – materials or concepts that are not listed in curriculum documents but may be added to the curriculum at the discretion of the teacher/school/visiting agent or organization, etc.
- Context of learning – expectations found in most subjects (music, math, language, science, etc.) may not be sensitive, but the context of learning (themes within songs, dramatizations, novels, etc.) may result in learning contexts that are sensitive.

Understanding of the content and/or the context of the learning will assist in a decision of what is the best accommodation (if any) for the child.

Most often, accommodation will be as simple as a parental discussion about how this information applies to a person of faith living in a pluralistic world. If planned learning includes content from which our faith requires us to abstain, exemption or a learning accommodation may be necessary. I/We will work with the school to seek reasonable, relevant and realistic accommodations. Any accommodation should not draw negative attention to the child from peers, nor impose an undue hardship upon teaching staff in the form of extra work to create and assess alternative assignments.

We appreciate our teachers! Thank you for your support,

First and last name of parent(s) legal guardian(s) please print

Signature – parent(s) legal guardian(s) Date

Phone Email

Mailing address

Freedom of religion is an individual right and a collective responsibility. The Board commits to work with the community it serves to foster an inclusive learning environment that promotes acceptance and protects religious freedom for all individuals. While the Board and its staff will take all reasonable steps to ensure freedom of religion and religious practices consistent with the Ontario Human Rights Code (the Code), it is expected that students and their families will help the Board to understand their religious needs and will work with the Board and its schools to determine appropriate and reasonable accommodations.

(Ontario Education Services Corporation)
Sensitive Issues in Education

I/We request to be advised prior to any planned instruction containing the following checked ( ) learning issues and topics. This request applies to content that is derived directly from curriculum documents and the context of learning (e.g. themes within novels, songs, dramatizations, etc.), including from supplementary lesson materials.

A. Values/Religious Instruction
1. ____ Macro evolution – when presented as fact and not theory (i.e. as evidence of a purely materialistic universe and/or something that disproves the existence of God)
2. ____ Values neutral education – instruction of students in moral relativism and principles of situational ethics related to the religion of Secular Humanism
3. ____ Universe/Earth worship – worship of the cosmos, Mother Earth (Gaia), plants, animals, etc.
4. ____ Occult principles and practices – witchcraft, black magic, spirit guides, Satanism, wizardry, New Age, astrology, horoscopes, psychic powers and other such practices
5. ____ Religious practices – required student participation in prayers, chants, meditations, postures, etc.,

B. Family Life & Sex Education
1. ____ Instruction in sex education
4. ____ Instruction about, or provision of, birth control drugs and devices
5. ____ Instruction that provides information with regard to the effectiveness of condoms in preventing the spread of sexually transmitted diseases
6. ____ Teaching that abortion is a method of birth control and/or that life does not begin at conception
7. ____ Instruction or activities associated with sexual activity (i.e. anal sex, oral sex, sadism, masochism, fetishes, bondage, etc.)
8. ____ Instruction or activities celebrating alternative sexual orientations, gender identities, and alternative family situations.
9. ____ Encouraging the acceptance of infanticide or euthanasia

C. ____ Other (please explain)
___________________________________________________

In addition, I am/we are requesting the following…
1. As long as I/we remain liable to provide support to my/our child, that all employees and agents of the school refrain from counselling, treating, or referring my/our child for non-emergency treatment or admission to a care facility, or providing birth control materials without my/our knowledge and prior consent.
2. My/our child will not be approached for his/her consent to participate in any of the above activities, with the intent to nullify this communication.
3. This document be made available in my/our child’s permanent student record.
4. All teachers who will be in contact with my/our child be informed about this communication

In the event that a controversial issue arises in class, I/we will accept responsibility to either:
   a. speak with my/our child to help him/her better understand how this information applies to him/her as a person of faith, OR …
   b. work with the school to seek reasonable, relevant, and realistic accommodations.

With sincere thanks,

___________________________________________      _______
Signature – parent(s) legal guardian(s)                Date

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PO Box 306, Binbrook, Ontario, Canada L0R1C0    email: info@peaceontario.com    Ph: 905 869 6334
EXPLANATORY NOTES

Dear Principal(s) and Teacher(s):

In an effort to promote understanding, please find below explanatory notes about the issues listed that could lead to conflict.

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**Family Life and Sex Education**

1) There are 2 approaches to sexual health education:
   a) Comprehensive sex Education (Sexual Risk Reduction)
   b) Sexual Risk Avoidance
   An explanation of SRA vs CSE is found below.

School curriculum most often aligns with Comprehensive Sex Education. Our family chooses to teach our child from a Primary Prevention level (Sexual Risk Avoidance). This decision is based on scientific and medical information, accepted Public Health Models, and differentiated learning practices, which support the teaching in our home, and our faith.

**Reasons for our Position**

i) SRA builds an understanding of the negative impact teen sexual activity has on academic achievement, earning potential, physical, emotional & mental health, family relationships; increased risk of sexual abuse and rape; and the strong connection to drugs and crime.

ii) The SRA approach instills a desire in students for optimal medical/sexual health, and to determine and protect their personal values and goals by abstaining from sexual activity until married/life-long partner.

iii) The SRA approach develops in youth the skills to establish boundaries, and the refusal skills to reject negative peer pressure.

iv) SRA is in alignment with the Public Health risk avoidance model that emphasizes prevention. Even the secondary levels of treatment attempt to inform about the negative effects and bring people back to prevention.

v) SRA is in alignment with the learning needs of my child who has not had sexual experience. Based upon differentiated learning models this is the approach which best addresses his/her experience and interests.

vi) SRA supports accurate instruction in the efficacy of condoms - as reported below.

vii) To achieve the goal of Risk Reduction, SRR/CSE programs need to be overtly graphic, providing details on various sexual activities, the type of STIs that are possible to transmit during different activities, and the strategies to reduce the risk. This is not consistent with my child’s level of interest or preferential learning.
2) **Sex Education Models of Delivery** Comparing SRA and SRR

There are 2 approaches to instructing on Sexual Health

<table>
<thead>
<tr>
<th>Sexual Risk Reduction (SRR)</th>
<th>Sexual Risk Avoidance (SRA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Sex Education (CSE)</strong> (Dominant Approach in Sex Education Programs)</td>
<td>(new abstinence)</td>
</tr>
<tr>
<td><strong>Description / Definition</strong></td>
<td>e.g. Heritage Keepers</td>
</tr>
<tr>
<td>CSE is consistent with the Secondary and Tertiary levels of Public Health model. CSE/SRR is a rights-based approach that seeks to equip children with the knowledge, skills, attitudes and values needed to determine and enjoy their sexuality, physically and emotionally, individually and in relationship. <em>(Planned Parenthood, World Health Organization, United Nations)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Sources</strong></td>
<td></td>
</tr>
<tr>
<td>Rationale:</td>
<td></td>
</tr>
<tr>
<td>3) Some youth will be sexually active. To reduce the risk of pregnancy and contracting a sexual transmitted infection all students should be instructed in condom use and, non-reproductive methods of sexual expression (anal, oral, self and mutual masturbation, cyber-sex, etc.)</td>
<td>5) Majority of youth are not sexually experienced and therefore need a program that is in alignment with their experience level and needs.</td>
</tr>
<tr>
<td>4) Youth surveys indicate youth want to know about relational and emotional aspects of sexuality (e.g., healthy relationships, communication about sex, and sexual pleasure, how to end a relationship, etc). Hence content on pleasure, sexual activity, communicating consent, etc., is included.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td></td>
</tr>
<tr>
<td>1) Reduce the risk of pregnancy and STIs</td>
<td></td>
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<tr>
<td>2) Be inclusive of all sexual orientations</td>
<td></td>
</tr>
<tr>
<td>3) Empower youth who choose to be sexually active to have satisfying, sexually fulfilling relationships</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> #3 is not directly communicated in official school curriculum, however, as demonstrated in the source above, public health academics claim this needs to be a goal of the CSE curriculum.</td>
<td></td>
</tr>
</tbody>
</table>

**Sources**

42. https://www.ippf.org/resource/ippf-framework-comprehensive-sexuality-education/


44. Larkin, Flicker; The Ontario Sexual Health Education Update: Perspectives from the Toronto Teen Survey (TTS) Youth); P. 10; ©2017 Canadian Society for the Study of Education/


48. TheNationalCampaign.org, With One Voice 2012, America’s Adults and Teens Sound off About Teen Pregnancy, Albert (author)

49. TheNationalCampaign.org, With One Voice 2012, America’s Adults and Teens Sound off About Teen Pregnancy, Albert (author)

### Primary Strategies – Risk Reduction

- **Contraceptives**
- **Affirming abstaining from all sexual activity is the only 100% way of avoiding pregnancy or an STI**
- **Affirming alternative ways to express oneself sexually, which may be less risky e.g., oral sex, anal sex, internet sex, self-masturbation, mutual masturbation, etc**
- **Consent for sex - in an effort to reduce abuse, students need to be able to communicate their sexual activity preferences**
- **Rx - testing for STIs, and medication to control**

Child will accept all sexual choices and choose to express sexually in ways that "are satisfying, respects others, and reduces risk".

### Primary Strategies / Content of Risk Avoidance

In addition to the typical sex ed content (reproduction, puberty, sexually transmitted infections) the program also includes life skills training to help students…

- identify their personal goals,
- instruct on the negative impact early teen sexual activity can have on achieving goals; completing education; earning potential; mental, physical and emotional health, etc
- develop skills to resist negative peer pressure by setting protective boundaries and developing refusal skills
- understand the value of mutual monogamy

This is accomplished in an atmosphere where students also learn to respect that others may make different choices.

### 3) How Do CSE and SRA fit Within the Public Health Prevention Model?

**Public Health Model- Three Levels**

Public Health groups advocate a three-tier Risk Avoidance method of teaching sexual health.

**Primary prevention** - Primary prevention aims to PREVENT disease or injury before it ever occurs. MOST students in Grades 6 through 12 are NOT sexually active so the primary message given needs to be one of abstinence from all sexual activity to avoid the consequences or risk. This is the message of SEXUAL RISK AVOIDANCE.

**Secondary Level** - The second level would only involve those adolescents who are engaging in sexual behaviours. This level of secondary prevention would include:

1. Discussion of contraception and the limitations.
2. Screening tests for STIs and treatment to prevent the spread of infection and worse consequences, such as PID.
3. Discussion of the lack of effectiveness of condoms.
4. Encouragement to return to a lifestyle of sexual abstinence, which is the ONLY risk avoidance lifestyle.

(Author Note: #3 & 4 do not happen in most CSE based programs.)

**Tertiary Level**: aims to soften the impact of an ongoing illness or injury that has lasting effects. An example would be ongoing medication to keep HIV from becoming AIDS. Another example would be psychological counselling for the emotional impact of early sexual behaviours.

### 4) Differentiated Learning Supports Our Decision

Differentiation is an educational philosophy that means tailoring instruction to meet the learning needs of the students. There are 3 criteria to examine when differentiating for student learning…

- experience/readiness of students,
- their interests, and

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51 Medical Institute for Sexual Health, Building Family Connections Instructor Guideline, p. 217
Whether we are selecting resources, planning programs for individual students or a group of students with common learning needs, effective learning outcomes require consideration of the learning needs of the students.

The process of differentiating instruction to meet the learning needs of students requires an assessment of where students are in the three criteria/characteristics: the students readiness level, or past experiences; their interests; and their learning preferences. Teachers then use this information to select appropriate resources, vary the instruction, and/or modify the learning environment and assessment so that maximum achievement is the result.

When it comes to sexual health education and students, there are at least 2 groups of students with different learning needs based upon their experiential background, interests and preferences;

- Those with no or very limited sexual experience and little desire to engage sexually
- Those who are sexually active and refusing to change.

### Applying the Differentiated Learning Lens to Sexual Health Instruction

The chart below breaks down the experience/readiness level of students which is based on the sexual activity levels of our students as reported by their engagement in sexual intercourse.

<table>
<thead>
<tr>
<th>Age / Level of Students</th>
<th>Canadian Statistics</th>
<th>Sexual Risk Avoidance</th>
<th>Sexual Risk Reduction</th>
</tr>
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<tbody>
<tr>
<td>Jr High School Gr. 7 &amp; 8 (age 12 – 14)</td>
<td>9% of students have had intercourse at least once. Multiple partners – no data</td>
<td>91% of students have no sexual experience. Risk Avoidance would be the program in alignment with the experience and mindset of at least 91% of students.</td>
<td>SRR may be the better program for less than 9% of students, based on available statistics. NOTE - Could be much less if we had more data with respect to multiple partners, and if there were students desiring to re-commit to abstinence.</td>
</tr>
<tr>
<td>High School Gr 9 – 12</td>
<td>38% - intercourse at least once. 62% have never had intercourse; 32% of those who have had intercourse have had multiple partners. 32% x 38% = 12%. Therefore: only 12% of high school students have had more than one partner. And 26% have had intercourse only once or with only one partner (monogamous)</td>
<td>SRA is the ideal program for students who have never had intercourse, have had intercourse only once and regret, or more than once with the same partner and would like to re-commit to abstinence. That would be 62% + 26% = 88% of the high school population.</td>
<td>SRR would likely be the desired program for the 12% of students who have had multiple partners and are not interested in abstaining.</td>
</tr>
</tbody>
</table>

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52 [http://www.edugains.ca/resourcesDI/Brochures/DIBrochureOct08.pdf](http://www.edugains.ca/resourcesDI/Brochures/DIBrochureOct08.pdf)
5) **Notable Quotes**

a) **Douglas Kirby**, the former leading Sexual Risk Reduction (SRR) “comprehensive” sex education researcher stated in his published research of Reducing the Risk, a comprehensive sex education program:

“...it may actually be easier to delay the onset of intercourse than to increase contraceptive practice.”

b) **House Energy and Commerce Committee**, the committee of jurisdiction for sex education in the USA.

“When it comes to preventing high-risk behavior among teens, the evidence is clear: risk avoidance is the most effective strategy. This is true of successful public health campaigns to reduce teenage smoking, drinking, and reckless driving, and it is also true of sex education curricula.

**Sexually Transmitted Diseases & Condoms**

Curriculum instructs youth to use a condom if they choose to be sexually active. This has led to a false sense of security because the failure rate of condoms (see chart) and other consequences of sexual activity are not emphasized.

Students need to be informed about the consequences of teen sexual activity, including STIs and pregnancy. For example:

1) **Chlamydia Rate (most frequent STI)**
   - a. between 1998 and 2015 cases rose from 39,372 cases per year to 117,499 - 300% increase (3)
   - b. 15 – 24-year-olds (only 12.3% of population) account for 67% of chlamydia cases (4)

2) **STIs contribute to serious, life-threatening complications including cancers, infertility, ectopic pregnancy, spontaneous abortions, stillbirth, low birth weight, neurologic damage, and death.**

3) **HPV Throat & Oral Cancer** ... Between 2012 & 2015 there was a 350% increase in throat cancer due to oral sex. Oral Sex with 6 people or more results in an 8.6 times greater risk of getting throat cancer. (5)

4) Whether or not a pregnancy or STI occurs, sexual initiation has been associated with poorer emotional health for adolescents, including lower self-esteem, regret of sexual activity sexual activity, depression, and suicide (3x increase in females and 8x increase in males), as well as a higher likelihood of experiencing sexual exploitation, dating violence, and unwanted or forced intercourse.

**Gay, Lesbian, Bisexual & Transgender Issues**: We believe that people do have the right to engage in any lifestyle, and value system, so long as it is not leading to hate of another group; however, messaging that goes beyond respecting and accepting people who live in alternative sexual lifestyles (e.g. celebrating or modelling alternative orientations) is in opposition to families adhering to Judeo-Christian spiritual values. Our values are based upon the teaching in scripture about how to live a healthy (including physical) life. To reduce spiritual conflict within the child, it would be beneficial for the learning to positively connect to the child's life experiences and spiritual understandings and should take place only when the child has developed beyond a certain level of spiritual maturity and confidence.

**Gender Identity & Gender Fluidity**: Instruction in gender identity and gender fluidity is based on a theory that gender is a social construct, and has little to do with the physical anatomy and more to do with the feelings, the

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clothes worn, and the activities participated in. Children, in some classrooms, are encouraged to consider whether they want to be a boy or a girl, and that gender is not based upon their anatomy, but on their feelings.

Placing Faith Children Above their God
Faith families believe that gender is determined by biology and is evidenced in the person’s DNA. Gender identity instruction has led to discussions in classrooms and even rationalization within some faith circles that “God makes mistakes” and this can be corrected. This is very difficult for us because it tells our child that they are above their God.

Lack of Contentedness - Students are being told they do not need to learn to be “content with boundaries” – an important value. An important component of a satisfactory life includes contentedness – being happy with who you are. Discussions about gender issues can interfere with contentedness. The issue of lack of contentedness has been connected to mental health concerns. (Dr. Miriam Grossman, You’re Teaching My Child What?)

Artificial Increase in Gender Dysphoria: Gender dysphoria is a complex issue; difficult for even adults to understand. The concern is that instruction in gender identity theory will lead to confusion in the minds of children and will be in conflict with our beliefs as people of faith. There has been an astronomical increase in children and youth being treated for gender dysphoria. Reasons for this may be more social conditioning than a true personal mis-alignment of biology and gender feelings – see graph and explanation below.

Alternative Suggestions (guidelines for faith families)
There is merit in the concern that individuals who do not fit the typical stereotypical roles have suffered socially. However, rather than labelling a person a gender that is not consistent with their biology (effeminate males identify as female, and tom-boy girls identify as males), a better solution may be to recognize and affirm that there is a spectrum of maleness and femaleness.

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6) Abortion: The acceptance of abortion by society is a value consistent with secular humanism, which accepts that our present physical life is the only life of which we have any knowledge (i.e. there is no life after death). Thus, in public education and other public arenas where humanism is considered the dominant value system, the rationalization that “I should have control over my body and be able to make decisions about it,” takes priority. This information and approach fails, however, to connect with our child’s life experiences and spiritual understandings of the following: life after death; the importance of making decisions that are consistent with the teachings of their Lord; that decisions made in this life affect their relationship with their Lord, possibly for eternity; human life as a gift of the Creator; and the value of human life.

7) Medical Consent: The reason for this request is to be sure that such treatment, counselling, etc., is consistent with our spiritual value system.
Religious Instruction

8) **Moral Relativism and Situational Ethics**: Secular Humanism, the value system often assumed by public institutions as acceptable to everyone, has been identified as a religion in the courts. It has a set of doctrine outlined in the Humanist Manifestos (I & II) and the Declaration of Secular Humanism (1980). Teachings from the position of moral relativism and situational ethics, basic tenets of secular humanism, may be directly opposed to our family’s values and my/our child’s spiritual understandings of absolute rights and wrongs.

9) **Environmentalism**: Naturalism, which denies the existence of a Creator, is another foundational principle of the value system/religion of humanism. Humanist Manifesto II identifies the goal that the doctrines of humanism, including naturalism, must be taught through the public arena, including education. Our family’s faith-based spiritual understanding requires that we be responsible stewards of all that our Creator (God) has entrusted to us. As such, we do agree with many of the goals of conservation, however, these principles are often presented from a humanistic (for the benefit of man to live as long as possible) or naturalistic (deifying the Earth) worldview which is in conflict with our teachings. Our faith requires that we place nothing above God. Meeting expectations of conservation would be more successful for our children if connected to their spiritual understanding of being ‘responsible to their Creator.’

**IN THE EVENT A CONFLICT ARISES**

In the event that the teacher identifies that some materials or curriculum may be in conflict with the requests outlined, I/we (parents/guardians) would appreciate that the teacher contacts me/us for clarification.

In the event that I/we (parents/guardians) identify that a conflict has arisen, I/we will take the following steps to work with the school to dialogue, and address the issue:

1. Parents will communicate directly with the teacher to reach an understanding and resolution.
2. In the event that the issue cannot be resolved at the parent/teacher level, an interview will be requested with the principal.
3. If the issue is still not resolvable, a meeting will be requested with school board officials in an attempt to resolve the issues.

1 Section 2 of the Canadian Charter of Rights and Freedoms (Part 1 of the Constitution Act, 1982) states that “everyone has the: (a) freedom of conscience and religion; (b) freedom of thought, belief, opinion and expression; (c) freedom of peaceful assembly; and (d) freedom of association.”
Talking Points for Parent / Teacher Discussion

ACTION – Schedule An Appointment With The Teacher/Principal
✓ Call the teacher and ask for an appointment. Explain that you would like to meet to discuss information that could help with your child’s learning.
✓ Apply the PEACE Building Relationship Strategies and bring a treat for the meeting. Remember, the teacher is taking extra time to meet with you, and it would be gracious to bring along a thank-you refreshment.
✓ Bring along 2 copies of the “Sensitive Curriculum Information Letter” and ‘Explanatory Notes.’ Provide one for the teacher/principal and keep one for yourself.
✓ Use the PEACE Parent Communication Form and Parent Discussion Notes (below) as a guideline to help you guide the discussion.

Discussion Notes

- Thank the teacher for offering his/her time to meet
- Introduce why you are here
  o I have something to share that could have a positive impact on my child’s learning.
  o What I want to discuss, many families like us are concerned about. And the letter that I would like to share with you is a tool other parents have developed and are using in schools to help build understanding between the home and school. (Hand teacher letter.) I would like to use this to guide our discussion.
  o Teachers often say “children are supposed to be able to see themselves in the curriculum,” and I would like to share with you some of our family background which could help to meet the learning needs of my child.

- Paragraphs 1 – 3 - How this may affect learning
  We understand that we live in a multi-worldview, pluralistic society. We are grateful that the school system tries to be pluralistic and respectful of all. There may be times when lesson content must be included that affirms some families but may be sensitive to other families. One example of this is sex education content.

- Paragraph 4 - Explain Family Background
  As a family, we adhere to a set of values based on traditional Christian principles. To assist the school, we have included (see reverse side) a description of content that our faith could find sensitive, and from which we are often required to abstain.

- Paragraph 5 - What you are requesting
  I/We are not complaining, nor seeking to have you (teacher) change curricula – it is understood these are mandated by the province. I/We do understand that it is the role of the teacher to deliver instruction in a way that helps children to connect the learning to their life experiences. I am / We are requesting to work with the school to help my/our child to learn when these sensitive issues are part of planned instruction. It would be helpful to be informed about sensitive learning content prior to planned instruction. This request applies to planned instruction including curriculum expectations, lesson content and context. This request does not apply to times when a student may ask a question that is part of the sensitive issues content.

- Paragraph 6 - How this will assist the family to support the child’s learning
  Understanding the content and/or the context of the learning will assist me/us to decide what is the best way to deal with this for my child.
Addressing the sensitive learning content may be as simple as a family discussion to prepare the child for the lesson and develop an understanding of how this information applies to them as a person of faith living in a pluralistic world.

If planned learning includes content from which our faith requires us to abstain, exemption from the assignment or an alternative activity may be necessary.

- I/We will work with the school to seek reasonable, relevant and realistic accommodations – including exemption and an alternative activity.
- I/we will try to work with the school to include my/our child in classroom instruction whenever possible
- I/we will try to find alternative learning that helps to meet expectations and at the same time helps our child to connect the learning to his/her family and spiritual understandings.

**Paragraph 7 – Negative Attention and No Hardship**

- Whenever accommodation is necessary (exemption or alternative learning activity), it would be appreciated if it …
  - does not draw negative attention to the child from peers,
  - nor impose undue hardship upon teaching staff in the form of extra workload to create alternative assignments.

**Conclude with:**

- On the back is a list of topics that are considered sensitive. I have checked off items such as sex education, or lessons dealing with _(include one more from the list)_. When you are able, would you please look it over and if you have any questions, please call.

NOTE: If the teacher shares that none of the content listed is part of planned instruction, your response should be, “I am so glad to hear that, Thank you. I still would like this to be part of my child’s records so that other teachers can be informed.”

Before Leaving the Meeting - Ask if there is something you may be able to do to help the class/teacher.
Parent Communication – Sex Ed
Grade 5 - 8

Opt Out
Reluctantly Agree
Accommodations – Wonderfully Made
INSTRUCTIONS: Opt Out / Reluctantly Agree

Sex Ed Opt-Out / Reluctantly Agree / Accommodation Letters
The Ontario government recently mandated school boards to make opting out of sexual health curriculum less intimidating. This creates the perfect opportunity for faith parents to communicate the learning needs of our children.

School boards are required to inform parents when sex ed is being taught. This is the perfect opportunity for parents to communicate the learning needs of the child. Ideally communication should take place early in the school year, because sex ed content is often integrated into other subject areas. Alternatively, you could wait until you get the permission form.

Many parents are uncomfortable Opting Out because they fear their students will be ostracized by peers. To assist with parent communication, PEACE has created 2 letters to communicate specifically about sex ed:

i) “Sex Ed Opt-Out Letter”:
This letter communicates the learning needs of the child, and how CSE based programs do not meet the need. The concept of SRA curricula, inclusive design, and dual program approach are introduced.

ii) “Reluctantly Agree to Attend Sex Ed” Letter:
If you decide to have your child remain in the CSE program, send the permission form back with a letter that explains the following:
• You would prefer to Opt Out, but due to concern the child will be ostracized, you are allowing him/her to participate.
• The learning needs of your child would be better met through Sexual Risk Avoidance programs
• The difference between CSE and SRA & the varied learning needs of students
• A dual program approach within public education would better meet the needs of all students

Step 1) Complete The Letter That Applies to You
● Complete one for each child
● Make a duplicate copy to keep at home.

Step 2) Schedule An Appointment With The Teacher
✓ Call the teacher and ask for an appointment. Explain that you would like to meet to discuss information that could help with your child’s learning.

✓ Be sure that you have prepared yourself by becoming very familiar with the Letter and Explanatory Notes

✓ Apply the PEACE Building Relationship Strategies and bring a treat for the meeting. Remember, the teacher is taking extra time to meet with you, and it would be gracious to bring along a thank-you refreshment.

✓ Communicate in a calm, polite, Christ-like manner. The purpose of the meeting is not to condemn the sex ed curriculum, but to explain the learning needs of your child. Often parents find out that the teacher is not going to cover the most controversial content, or has created a way to address it so that it is less offensive.

✓ Bring along 2 copies of the Letter and Explanatory Notes. Provide one for the teacher/principal and keep one for yourself.

✓ Use the Letter and the Explanatory Notes as a guideline for the discussion.

Submit as Part of a Group – there is often comfort in numbers
Some parents do not feel comfortable engaging one on one in a discussion with school officials about these issues. Often parents find comfort working with other like-minded parents.

In your school, there will be other like-minded parents. Find out who these are, share the PEACE materials with them, and build a small team of parents who can work together. If you or your group have questions or would like assistance, please contact PEACE at info@peaceontario.com.

68
Re: Opt Out of Sex Education Curriculum (Gr. 5 – 8)

Dear ______________________________,

I am requesting that my child, ______________________________, opt out of the sexual health curriculum.

There are 2 basic approaches to sexual health instruction, Comprehensive Sex Education (CSE), and Sexual Risk Reduction. On the attached page is a detailed description of these approaches. The approach driving sexual health instruction in our schools is Comprehensive Sex Education (CSE), which is also known as Sexual Risk Reduction (SRR).

Sexual Risk Avoidance is an approach to sexual health that instructs youth in the negative impact of teen sexual activity (reduced academic achievement, reduced earning potential, poorer family relations throughout life, poorer physical mental and emotional health, increased depression and suicide, and increased exposure to crime and sexual exploitation) and helps the students to establish effective boundaries, and develop and rehearse refusal skills to needed to protect their future.

Sexual Health instruction is important and needs to be in alignment with the differentiated learning needs of the child. Differentiated learning theory requires education programs to be selected/modified based on three criteria: a) student experience, b) student interests and c) preferred learning modalities.

As our child is not sexually active and has not demonstrated an interest in being sexually active, SRA programming best meets their learning needs. In this subject area, it is likely that most students would have similar learning needs. It would be wonderful if such programing was available as an alternative/accommodation. An example of an SRA program for youth is Heritage Keepers. This program has been tested and proven to inform and empower youth to resist negative peer pressure and protect their future by remaining abstinent, ideally until marriage / life-long partner. In Canada this program is available from PEACE Education Services (www.peaceontario.com).

Attached please find further information that provides the scientific information, medical research, Public Health Models, differentiated learning, Ministry of Education Policy and Ontario Human Rights Commission guidelines that support our decision and our interest in providing SRA alternative programming.

Thank you for your concern about the learning needs of our child.

Sincerely,
Re: Reluctantly Agree to Sex Education Curriculum (Gr. 5 – 8)

Dear ____________________________;

Although the 2019 Health and Physical Education Curriculum, does not meet the learning needs of my child, I reluctantly agree to have my child participate in the sexual health education program. I would prefer to Opt Out but fear my child may be ostracized by peers.

There are 2 basic approaches to sexual health instruction; a) Comprehensive Sex Education (CSE), and b) Sexual Risk Avoidance. On the attached page is a detailed description of these approaches. The approach driving sexual health instruction in our Health and Physical Education Curriculum is Comprehensive Sex Education (CSE), which is also known as Sexual Risk Reduction (SRR). This approach does not meet the learning needs of my child.

Sexual Risk Avoidance best meets our child’s learning needs. SRA focuses on avoiding high risk activity. It instructs youth in the negative impact of teen sexual activity (reduced academic achievement, reduced earning potential, poorer family relations throughout life, poorer physical mental and emotional health, increased depression and suicide, and increased exposure to crime and sexual exploitation) and empowers students to establish effective boundaries, and rehearse the refusal skills needed to protect their future.

Sexual Health instruction is important but needs to be in alignment with the differentiated learning needs of the child. Differentiated learning theory requires education programs to be selected/modified based on three criteria: a) student experience, b) student interests and c) preferred learning modalities.

As our child is not sexually active and has not demonstrated an interest in being sexually active, SRA programming best meets their learning needs. It is likely that there are many students with the same learning needs, and it would be wonderful if SRA programing could be available as an alternative/ accommodation. An example of an SRA program for youth is Heritage Keepers. This program has been tested and proven to inform and empower youth to resist negative peer pressure and protect their future by remaining abstinent, ideally until marriage / life-long partner. In Canada this program is available through PEACE Education Services (www.peaceontario.com).

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Thank you for your concern about the learning needs of our child.

Sincerely,
Dear Principal(s) and Teacher(s):

Our goal in communicating with you is to build understanding of our position and the science, medicine and educational theory supporting the request.

If we were to investigate an accommodation, this information would be important to consider.

Family Life and Sex Education
There are 2 approaches to sexual health education:

- c) Comprehensive sex Education (Sexual Risk Reduction)
- d) Sexual Risk Avoidance

A Comparison of SRA vs CSE is found below.

Comparison of SRA and SRR

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<td>(new abstinence) e.g. Heritage Keepers</td>
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<td><strong>Description / Definition</strong></td>
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<td>CSE is consistent with the Secondary and Tertiary levels of Public Health model.</td>
<td>The SRA approach is consistent with the Public Health Primary Prevention level. It instils a desire in students for optimal medical/sexual health, and to determine and protect their personal values and goals by abstaining from sexual activity until married/life-long partner.</td>
</tr>
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<td>CSE/SRR is a rights-based approach that seeks to equip children with the knowledge, skills, attitudes and values needed to determine and enjoy their sexuality, physically and emotionally, individually and in relationship.</td>
<td>Builds an understanding of the negative effect teen sexual activity has on academic achievement; earning potential; physical, emotional &amp; mental health; connection to drugs and crime; and family relationships. NOTE: the above applies no matter the sexual orientation of the individual. and helps them to make the healthiest choice – to avoid sexual activity until married/life-long partner.</td>
</tr>
</tbody>
</table>

**Sources**

58https://www.ippf.org/resource/ippf-framework-comprehensive-sexuality-education/
60Larkin, Flicker; The Ontario Sexual Health Education Update: Perspectives from the Toronto Teen Survey (TTS) Youth); P. 10; ©2017 Canadian Society for the Study of Education/
64TheNationalCampaign.org , With One Voice 2012, America’s Adults and Teens Sound off About Teen Pregnancy, Albert
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Comparing SRA and SRR cont’d
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**Goal**
1) Reduce the risk of pregnancy and STIs
2) Be inclusive of all sexual orientations
3) Empower youth who choose to be sexually active to have satisfying, sexually fulfilling relationships

*NOTE:* #3 is not directly communicated in official school curriculum, however, as demonstrated in the source above, public health academics claim this needs to be a goal of the CSE curriculum.

**Primary Strategies – Risk Reduction**
- Contraceptives
- Affirming abstaining from all sexual activity is the only 100% way of avoiding pregnancy or an STI
- Affirming alternative ways to express oneself sexually, which may be less risky e.g., oral sex, anal sex, internet sex, self-masturbation, mutual masturbation, etc
- Consent for sex - in an effort to reduce abuse, students need to be able to communicate their sexual activity preferences
- Rx - testing for STIs, and medication to control

Child will accept all sexual choices and choose to express sexually in ways that "are satisfying, respects others, and reduces risk"

**Primary Strategies / Content of Risk Avoidance**

In addition to the typical sex ed content (reproduction, puberty, sexually transmitted infections) the program also includes life skills training to help students…
- identify their personal goals,
- Instruct on the negative impact early teen sexual activity can have on achieving goals; completing education; earning potential; mental, physical and emotional health, etc
- develop skills to resist negative peer pressure by setting protective boundaries and developing refusal skills
- understand the value of mutual monogamy

This is accomplished in an atmosphere where students also learn to respect that others may make different choices.

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**Our Family Position & Rationale**

Our family chooses to teach our child from a Primary Prevention level (Sexual Risk Avoidance). This decision is based on evidence based scientific and medical research, accepted Public Health Models, and differentiated learning practices, which support the teaching in our home, and our faith.

**Reasons for our Position**

- SRA builds an understanding of the negative impact teen sexual activity has on academic achievement, earning potential, physical, emotional & mental health, family relationships; increased risk of sexual abuse and rape; and the strong connection to drugs and crime.
- The SRA approach instills a desire in students for optimal medical/sexual health, and to determine and protect their personal values and goals by abstaining from sexual activity until married/life-long partner.
- The SRA approach develops in youth the skills to establish boundaries, and the refusal skills to reject negative peer pressure.
- SRA is in alignment with the Public Health risk avoidance model that emphasizes prevention. Even the secondary levels of treatment attempt to inform about the negative effects and bring people back to prevention.
- SRA is in alignment with the learning needs of my child who has not had sexual experience. Based upon differentiated learning models this is the approach which best addresses his/her experience and interests.
- SRA supports accurate instruction in the efficacy of condoms - as reported below.
- To achieve the goal of Risk Reduction, SRR/CSE programs need to be overtly graphic, providing details on various sexual activities, the type of STIs that are possible to transmit during different activities, and the strategies to reduce the risk. This is not consistent with my child’s level of interest or preferential learning.

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Our Position Is Supported by the Public Health Prevention Model

Public Health Model- Three Levels

Public Health groups advocate a three-tier Risk Avoidance method of teaching sexual health.

Primary prevention - Primary prevention aims to PREVENT disease or injury before it ever occurs. MOST students in Grades 6 through 12 are NOT sexually active so the primary message given needs to be one of abstinence from all sexual activity to avoid the consequences or risk. This is the message of SEXUAL RISK AVOIDANCE.

Secondary Level - The second level would only involve those adolescents who are engaging in sexual behaviours. This level of secondary prevention would include:
1. Discussion of contraception and the limitations.
2. Screening tests for STIs and treatment to prevent the spread of infection and worse consequences, such as PID.
3. Discussion of the lack of effectiveness of condoms.
4. Encouragement to return to a lifestyle of sexual abstinence, which is the ONLY risk avoidance lifestyle.

(Author Note: #3 & 4 do not happen in most CSE based programs.)

Tertiary Level: aims to soften the impact of an ongoing illness or injury that has lasting effects. An example would be ongoing medication to keep HIV from becoming AIDS. Another example would be psychological counselling for the emotional impact of early sexual behaviours.

Our Position is Supported by Differentiated Learning

Differentiation is an educational philosophy that means tailoring instruction to meet the learning needs of the students. There are 3 criteria to examine when differentiating for student learning...

- experience/readiness of students,
- their interests, and
- student learning preferences.

Whether we are selecting resources, planning programs for individual students or a group of students with common learning needs, effective learning outcomes require consideration of the learning needs of the students.

The process of differentiating instruction to meet the learning needs of students requires an assessment of where students are in the three criteria/characteristics: the students readiness level, or past experiences; their interests; and their learning preferences. Teachers then use this information to select appropriate resources, vary the instruction, and/or modify the learning environment and assessment so that maximum achievement is the result.

When it comes to sexual health education and students, there are at least 2 groups of students with different learning needs based upon their experiential background, interests and preferences;
- Those with no or very limited sexual experience and little desire to engage sexually
- Those who are sexually active and refusing to change.

Applying the Differentiated Learning Lens to Sexual Health Instruction

Medical Institute for Sexual Health, Building Family Connections Instructor Guideline, p. 217
http://www.edugains.ca/resourcesDI/Brochures/DIBrochureOct08.pdf
The chart below breaks down the experience/readiness level of students which is based on the sexual activity levels of our students as reported by their engagement in sexual intercourse.

### Identifying Learning Needs Based on Experience / Readiness

<table>
<thead>
<tr>
<th>Age / Level of Students</th>
<th>Canadian Statistics</th>
<th>Sexual Risk Avoidance</th>
<th>Sexual Risk Reduction</th>
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<tr>
<td>Jr High School Gr. 7 &amp; 8 (age 12 – 14)</td>
<td>9% of students have had intercourse 69% at least once. Multiple partners – no data</td>
<td>91% of students have no sexual experience. Risk Avoidance would be the program in alignment with the experience and mindset of at least 91% of students.</td>
<td>SRR may be the better program for less than 9% of students, based on available statistics.</td>
</tr>
<tr>
<td>High School Gr 9 – 12</td>
<td>38% - intercourse at least once70 62% have never had intercourse; 32% of those who have had intercourse have had multiple partners. 32% x 38% = 12%... Therefore • only 12% of high school students have had more than one partner. And • 26% have had intercourse only once or with only one partner (monogamous)</td>
<td>SRA is the ideal program for students who have never had intercourse, have had intercourse only once and regret, or more than once with the same partner and would like to re-commit to abstinence. That would be 62% + 26% = 88% of the high school population.</td>
<td>SRR would likely be the desired program for the 12% of students who have had multiple partners and are not interested in abstaining.</td>
</tr>
</tbody>
</table>

### Notable Quotes

**a) Douglas Kirby**, the former leading Sexual Risk Reduction (SRR) “comprehensive” sex education researcher stated in his published research of Reducing the Risk, a comprehensive sex education program: “...it may actually be easier to delay the onset of intercourse than to increase contraceptive practice.” 72

**b) House Energy and Commerce Committee**, the committee of jurisdiction for sex education in the USA: 73

“When it comes to preventing high-risk behavior among teens, the evidence is clear: risk avoidance is the most effective strategy. This is true of successful public health campaigns to reduce teenage smoking, drinking, and reckless driving, and it is also true of sex education curricula

### Sexually Transmitted Diseases & Condoms

Curriculum instructs youth to use a condom if they choose to be sexually active. This has led to a false sense of security because the failure rate of condoms (see chart) and other consequences of sexual activity are not emphasized.

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Students need to be informed about the consequences of teen sexual activity, including STIs and pregnancy. For example:

5) **Chlamydia Rate (most frequent STI)**
   a. between 1998 and 2015 cases rose from 39,372 cases per year to 117,499 - 300% increase (3)
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6) **STIs contribute to serious, life-threatening complications including cancers, infertility, ectopic pregnancy, spontaneous abortions, stillbirth, low birth weight, neurologic damage, and death.**

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**Gender Identity & Gender Fluidity:** Instruction in gender identity and gender fluidity is based on a theory that gender is a social construct, and has little to do with the physical anatomy and more to do with the feelings, the clothes worn, and the activities participated in. Children, in some classrooms, are encouraged to consider whether they want to be a boy or a girl, and that gender is not based upon their anatomy, but on their feelings.

*Placing Faith Children Above their God*

Faith families believe that gender is determined by biology and is evidenced in the person’s DNA. Gender identity instruction has led to discussions in classrooms and even rationalization within some faith circles that “God makes mistakes” and this can be corrected. This is very difficult for us because it tells our child that they are above their God.

**Lack of Contentedness** - Students are being told they do not need to learn to be "content with boundaries" – an important value. An important component of a satisfactory life includes contentedness – being happy with who you are. Discussions about gender issues can interfere with contentedness. The issue of lack of contentedness has been connected to mental health concerns. (Dr. Miriam Grossman, You’re Teaching My Child What?)

**Artificial Increase in Gender Dysphoria:** Gender dysphoria is a complex issue; difficult for even adults to understand. The concern is that instruction in gender identity theory will lead to confusion in the minds of children and will be in conflict with our beliefs as people of faith. There has been an astronomical increase in children and youth being treated for gender dysphoria. Reasons for this may be more social conditioning than a true personal mis-alignment of biology and gender feelings – see graph and explanation below.

---

Source: [https://4thwavenow.com/2016/07/18/the-adolescent-trans-trend-10-influences/](https://4thwavenow.com/2016/07/18/the-adolescent-trans-trend-10-influences/)
In 10 years, there has been a 14x increase in youth identifying as gender dysphoric. Many reports share a concern that there may be social factors at play. For example, the number of natal males transitioning to female has traditionally been more than 3 times greater than the number of natal females transitioning to males. However, recent studies show rates of transgender identity of natal female to male more than 4 times greater than natal male to female. There is also evidence that high proportions of youth experiencing gender dysphoria post-puberty, have been directly exposed to one or more peers who had recently “come out” as trans, and/or had exhibited a marked increase in social media consumption dealing with transgender issues. (Source: https://www.psychologytoday.com/ca/blog/culture-mind-and-brain/201811/why-is-transgender-identity-the-rise-among-teens)

**Alternative Suggestions (guidelines for faith families)**

There is merit in the concern that individuals who do not fit the typical stereotypical roles have suffered socially. However, rather than labelling a person a gender that is not consistent with their biology (effeminate males identify as female, and tom-boy girls identify as males), a better solution may be to recognize and affirm that there is a spectrum of maleness and femaleness.

1 Section 2 of the Canadian Charter of Rights and Freedoms (Part 1 of the Constitution Act, 1982) states that “everyone has the: (a) freedom of conscience and religion; (b) freedom of thought, belief, opinion and expression; (c) freedom of peaceful assembly; and (d) freedom of association.”

____________________________
APPENDIX 2

2015 Ontario Health and Physical Education Curriculum
Healthy Living Key Topic Chart

NOTE – Sexual Orientation and Gender Identity not list until Grade 8.

2015 Ontario Health and Physical Education Curriculum
Healthy Living Key Topic Chart

NOTE – Sexual Orientation and Gender Identity not list till Grade 8 – see next page
## HEALTHY LIVING LEARNING SUMMARY: KEY TOPICS

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<td>C1.1 Food for healthy bodies</td>
<td>C2.1 Food groups, Canada’s Food Guide (CT)</td>
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<td>Personal Safety and Injury Prevention</td>
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<td>C3.2 Unhealthy habits, healthy alternatives (PS)</td>
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<td>C1.4 Senses and functions (PS)</td>
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<td>C1.5 Puberty – changes, emotional, social impact (PS)</td>
<td>C2.4 Puberty – personal hygiene and care (PS)</td>
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**Grade 1**

| Healthy Eating | | | |
| C1.1 Food origins, nutritional value and environmental impact (CT) | C2.1 Oral health, food choices (PS) | C3.1 Local and cultural foods, eating choices (CT) |
| Personal Safety and Injury Prevention | | | |
| C1.2 Impact of use of legal/illegal substances | C2.2 Safety guidelines outside of class (CT) | C3.2 Real and fictional violence (IS) |
| SubSTANCE USE, ADDICTIONS, AND RELATED BEHAVIOURS | | | |
| C1.3 Healthy relationships (IS) | C2.3 Decision making – substance use/behaviours (CT) | | |
| C1.4 Physical and emotional development (PS) | | | |
| Human Development and Sexual Health | | | |
| C1.5 Puberty – changes, emotional, social impact (PS) | C2.4 Puberty – personal hygiene and care (PS) | | |

**Grade 2**

| Healthy Eating | | | |
| C1.1 Food for healthy bodies | C2.1 Food groups, Canada’s Food Guide (CT) | C3.1 Potential risks at home, in the community, outdoors (PS, CT) |
| Personal Safety and Injury Prevention | | | |
| C1.2 Safe practices – personal safety (PS) | C2.2 Hunger and thirst cues (PS) | | |
| SubSTANCE USE, ADDICTIONS, AND RELATED BEHAVIOURS | | | |
| C1.3 Body parts (PS) | C2.3 Caring and exploitative behaviours and feelings (IS) | C3.2 Unhealthy habits, healthy alternatives (PS) |
| C1.4 Senses and functions (PS) | C2.4 Safety at school (PS) | | |
| Human Development and Sexual Health | | | |
| C1.5 Puberty – changes, emotional, social impact (PS) | C2.4 Puberty – personal hygiene and care (PS) | | |

**Grade 3**

| Healthy Eating | | | |
| C1.1 Food origins, nutritional value and environmental impact (CT) | C2.1 Oral health, food choices (PS) | C3.1 Local and cultural foods, eating choices (CT) |
| Personal Safety and Injury Prevention | | | |
| C1.2 Impact of use of legal/illegal substances | C2.2 Safety guidelines outside of class (CT) | C3.2 Real and fictional violence (IS) |
| SubSTANCE USE, ADDICTIONS, AND RELATED BEHAVIOURS | | | |
| C1.3 Healthy relationships (IS) | C2.3 Decision making – substance use/behaviours (CT) | | |
| C1.4 Physical and emotional development (PS) | | | |
| Human Development and Sexual Health | | | |
| C1.5 Puberty – changes, emotional, social impact (PS) | C2.4 Puberty – personal hygiene and care (PS) | | |

**Grade 4**

| Healthy Eating | | | |
| C1.1 Nutrients | C2.1 Food choices, healthy eating goals (CT) | C3.1 Food choices in various settings (CT) |
| Personal Safety and Injury Prevention | | | |
| C1.2 Safe use of technology (IS) | C2.2 Decision making – assessing risk (CT) | | |
| C1.3 Bullying and abuse (IS) | | | |
| SubSTANCE USE, ADDICTIONS, AND RELATED BEHAVIOURS | | | |
| C1.4 Tobacco | C2.3 Decisions about smoking (CT) | C3.2 Short- and long-term effects of smoke |
| C1.5 Puberty – changes, emotional, social impact (PS) | C2.4 Puberty – personal hygiene and care (PS) | | |
| Human Development and Sexual Health | | | |

*See page 221 for important information about the content, purpose, and design of this chart.*
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<td>C3.1 Benefits of healthy eating/active living [CT]</td>
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<td>C3.3 Stereotypes and assumptions – impacts and strategies for responding [PS, CT]</td>
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Sexual Orientation and Gender Identity not taught as Key Topic till Gr. 8
APPENDIX 3

ENGAGE The Facts – Continued

Frequently Asked Questions
Other Frequently Asked Questions

a) **W.H.O. is Driving This Curriculum Change**

We tend to blame the teacher, the school board, or the minister of education, but the reality is Comprehensive Sex Education (CSE) is being directed by Planned Parenthood, the World Health Organization, United Nations, and many other groups that have aligned with them. These organizations pressure for the implementation of CSE in all countries and all schools. Below, are some of the recommended expectations from the W.H.O.

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**World Health Organization Expectations for Sexual Health Instruction**


http://www.oif.ac.at/fileadmin/OEIF/andere_Publikationen/WHO_BZgA_Standards.pdf

**From birth to 4 years of age:**
- Informing children about the “enjoyment and pleasure when touching one’s own body, early childhood masturbation”.
- Telling children about “the right to explore gender identities”.

**From 4 to 6: (K – Gr. 1)**
- “Consolidate their gender identity”.
- Be informed about “different concepts of a family”.
- Accept “diversity”.

**From 6 to 9: (Gr. 1 – 3)**
- “Choices about parenthood and pregnancy, infertility, adoption, contraception.
- “Enjoyment and pleasure when touching one’s own body (masturbation/self-stimulation)”.
- “Sexual rights of children”.

**From ages 9 to 12: (Gr. 3 – 6)**
- Accept differences in bodies (size and shape of penis, breasts and vulva can vary significantly)”.
- Understand types of contraception and their use;
- Acquire skills on the “use condoms and contraceptives”.
- Be informed about:
  - “First sexual experiences.
  - Gender orientation.
  - Sexual behaviour of young people (variability of sexual behaviour).
  - Differences between gender identity and biological sex”.
  - “Pleasure, masturbation, orgasm”.
  - Respecting “diversity in sexuality and sexual orientation”.

**From 12 to 15: (Gr. 7 – 10)**
- Receive information about “contraceptive services” (condoms, morning after pill, abortion, etc)
- Learn about “pregnancy (also in same-sex couples)”. (NOTE – does not include fetal development)
- Acquire skills to “make a conscious choice of contraceptives”.
- Instructed in gender-identity and sexual orientation, including coming out/homosexuality
- Understand their “sexual rights as defined by International Planned Parenthood Federation (IPPF) and by World Association for Sexual Health (WAS)”.

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General Affect on Lesson Content – (NOTE not specific to a region)

As countries / educational jurisdictions adopt Comprehensive Sex Education / Sexual Risk Reduction, lesson content begins to align with the WHO directions. The following chart represents a summary of lesson content that can be expected. Lesson content will first appear as supplementary instruction (not part of official curriculum, but added to the classroom lessons at the discretion of the teacher). After many teachers are incorporating the supplementary content, the educational district will often mandate changes to curriculum.

<table>
<thead>
<tr>
<th>Curriculum Topic &amp; Rationale</th>
<th>Concerns &amp; Suggestions</th>
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<tr>
<td><strong>Primary Grades (pre-school to grade 3)</strong></td>
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| Label the genitalia, penis, testicles, vulva, vagina | **Concerns**  
It is agreed that children who can identify their body parts using accurate titles rather than pet names are better able to communicate. The concern is that this instruction needs to be done in a way that maintains modesty – ideally by a parent who is the primary sex educator of the child. The reality is that parents need to be equipped so that they can be the primary sex educator of the child.  
During classroom learning there is often large graphic images and in some cases there has been plush-toy genitalia that can be handled by children. Such experiences in large mixed-gender groups will reduce modesty. Teachers in districts where this has been taught, have reported that it has led to increased investigation on playground. Although this is not a scientific study on the effects, it needs to be noted.  
**Suggestions:**  
The Health and Physical Education Curriculum states “parents are the primary educators. If this is important

<table>
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<tr>
<th><strong>Rationale for Instruction on Labelling Genitalia</strong></th>
<th><strong>Instruction in Alternative Families</strong> (based on sexual relations)</th>
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| 2) Child can Accurately Communicate  
The publicly communicated rationale used by SRR proponents is this instruction supports a child that has been injured or abused. In such a case the child would be able to accurately communicate where they hurt and/or what part of the body was touched. | **Concerns**  
1) The faith community and others who embrace heterosexual families/relationships are concerned that they are not being adequately reflected in the curriculum, leading to confusion in the mind of the child about what is right or wrong for them.  
2) The secular-humanistic values position of affirming LGBT choices so as to overcome discrimination often prevents presentation of scientific facts regarding sexual choices if those facts are not “politically correct”. For example, in the later grades accurate information about HIV infection rates associated with anal sex are often not communicated because this is a preferred method of sexual expression for some sexual orientations.  

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<th><strong>Instruction in Alternative Families</strong></th>
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| **Concerns**  
1) We live in a pluralistic society and our public education system is to reflect and affirm all choices that are legal. Some children in our schools will be in families where there may be 2 parents of the same sex, or there may be multiple partners, etc. Since this is supported by the laws of the land, it is necessary for children in these home situations to see themselves in the curriculum.  
2) This is a strategy to overcome discrimination of LGBT alternative families / choices.  

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SOGI – Sexual Orientation and Gender Identity

a) Instruction in Gender Identity – Gender is treated as a changeable social construct: something that you have no control over; has to do with how you feel; not determined by your anatomy; there are more than 2 gender options; you choose your gender; it can change throughout life. See Gender Unicorn, Genderbread person, Gender Galaxy online).

Rationale:
To affirm all people, even those who do not fit gender stereo-types.

In the past the effeminate boy and the tom-boy girl have often not fitted into society and have been overtly criticized.

In an effort to reduce discrimination SRR proponents are instructing on gender identity.

Gender Identity – Concerns

5) Increased confusion in the minds of children – this is a very complex topic. (Dr. Miriam Grossman, MD, Psychiatrist). This indirectly tells faith kids

6) Placing Faith Children Above their God
Faith families believe that gender is determined by biology and is evidenced in the person’s DNA. When faith children are told they get to choose their gender, we are affirming that they are above their God who determined their biology and gender via DNA.

7) Lack of Contentedness - Students are being told they do not need to learn to be “content with boundaries” – an important value. There is evidence that a lack of contentedness leads to increased mental health issues.

8) Artificial Increase in Gender Dysphoria
There has been an astronomical increase in children and youth being treated for gender dysphoria. Reasons for this may be more social conditioning than a true personal mis-alignment of biology and gender feelings – see graph and explanation below.

Source: https://4thwavenow.com/2016/07/18/the-adolescent-trans-trend-10-influences/

In 10 years, there has been a 14x increase in youth identifying as gender dysphoric. Many reports share a concern that there may be social factors at play. For example, the number of natal males transitioning to female has traditionally been more than 3 times greater than the number of natal females transitioning to males. However, recent studies show rates of transgender identity of natal female to male more than 4 times greater than natal male to female. There is also evidence that high proportions of youth experiencing gender dysphoria post-puberty, have been directly exposed to one or more peers who had recently “come out” as trans, and/or had exhibited a marked increase in social media consumption dealing with transgender issues. (Source: https://www.psychologytoday.com/ca/blog/culture-mind-and-brain/201811/why-is-transgender-identity-the-rise-among-teens)

Alternative Suggestions
There is merit in the concern that individuals who do not fit the typical stereotypical roles have suffered socially. However, rather than labelling a person a gender that is not consistent with their biology (effeminate males identify as female and tomboy girls identify as males), a better solution may be to recognize and affirm that there is a spectrum of maleness and femaleness.

Examples
Jacob and Esau
In scripture recognize individuals that represent the spectrum of maleness. For example Jacob and Esau.
Jacob was the effeminate brother who stole Esau’s birthright, but was recognized by God and became the Patriarch of the Israelis.

Esau was the masculine of the two. He made some poor choices that disappointed his family, and may have been the reason for his mother supporting Jacob in the lie to award Esau’s birthright to Jacob. In retribution he married a Canaanite woman and founded the Edomites, an enemy of Israel.
### Sexual Orientation

#### Concerns:

1. In an effort to reduce discrimination of one group another is negatively affected. People of faith do need to accept others who live in alternative sexual relations - God does give us the right to choose, and we need to accept those choices. However, for children being raised in faith families, parents are concerned about instruction that could lead to confusion in the mind of the child about what is right or wrong for them.

#### To See What it Looks Like in a Classroom go to video at

![Image](image_url)

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### Consent for Sexual Activity

#### Concerns:

1. There is concern that Instruction in consent for sex is an affirmation / approval by ‘the system’ for sexual activity in children/teens.
expectations with your ‘more than just friend’.

Rationale
Instruction in consent is rationalized as a way to “prevent rape”.

Ending a relationship – students are encouraged to know how they will end a relationship before they even begin.

Rationale
Youth who are involved sexually will experience multiple partners, and emotional difficulties - especially when relationships end. It is therefore rationalized that they have strategies to do this effectively, with minimal emotional damage to both parties.

Stereotypes
- children are encouraged to NOT use gender-specific terms which are offensive. E.g. boy, girl, mom, dad, brother, sister, him, her, he, she.

Rationale – The goal is to create a non-discriminatory community. Gender specific terms are offensive to some who do not identify with the gender.

Intermediate – Grades 7, 8, 9

Anal, oral & vaginal sex
Instruction in the various ways one can express feelings for another person and express themselves sexually.

Rationale: Anal and oral sex
1) Affirming all sexual activity affirms all orientations as ways of expressing your feelings to a person.
2) Anal and oral are often rationalized as “contraceptive methods.”

Concerns
- There is concern that this is affirming/encouraging sexual activity that can lead to riskier forms of sexual activity.
- Oral and anal sex are often justified as a “contraceptive method” because it does not lead to pregnancy. However, there have been increased STI rates.
- The increased risk of HIV infection during anal sex and increased risk of head and neck cancers as a result of HPV of the throat are not included in instruction.
- Dr. Nadine Nyhus MD and psychiatrist communicates the relationship between the increase in girls being infected with HIV and the increase in their acceptance of anal sex as an alternative.
- Testing of CSE curriculum does not demonstrate reduced STI rates
- Some STIs are transmitted via skin to skin contact, and can be transferred via
3) Activities such as dry humping, sexting, and mutual masturbation are often affirmed as ways to express your sexuality safely – without exchanging body fluids.

Consent: The need to communicate clearly with each other when making decisions about sexual activity

Abstinence – Definition has been changed under CSE. Students are told that abstinence is their personal definition of the sexual activities they prefer not to engage in. e.g., Student can abste from vaginal sex because she does not want to get pregnant, but share her sexual feelings for someone through oral or anal sex, masturbation, etc.

Sexting – The problems with sexting are presented as ‘once your photos are on the internet they are there for good’ and if you receive a sext, be considerate and do not forward.

STIs and HIV
The school will teach about STIs and how they are contracted.

Rationale:
In the past, when STIs were taught the teacher would show graphic pictures of the disease in an effort to discourage sexual activity. Today, however, STIs are far more common and there is a fear of judging or discriminating against a person. Students are told the only 100% effective way to avoid STIs is to not engage in sex, but if they are to engage, make sure to use a condom and encouraging those who are sexually active to be tested.

Sexting – Boundaries are usually not recommended. Students are NOT told not to sext. They are taught the etiquette of sexting – e.g. “If someone has sent you a sext, be considerate, do not forward.”

Sexting, as well as other forms of cybersex, are often considered as safer methods of sexual expression because students are not exchanging body fluids, while other risks are ignored.

STIs & HIV Concerns
Students are not told:

• Some STIs (such as HPV, genital warts, chlamydia, herpes simplex virus (HSV) 1 and/or 2, syphilis) can be transmitted through skin to skin contact (eg. on fingers during mutual masturbation. In addition there is a higher risk of infection if someone puts their fingers in their mouth or a partner’s mouth after touching the genitals or anus. (Source: https://helloclue.com/articles/sex/stis-common-questions-and-misconceptions)

• STDs and Kissing - some STDs (herpes simplex virus (HSV) 1 and 2 and syphilis) can be transmitted through kissing - Teena Chopra, MD, corporate medical director of infection prevention and hospital epidemiology at Detroit Medical Center and Wayne State University (Source: https://www.womenshealthmag.com/health/a21949851/can-you-get-std-from-kissing/)

• Chlamydia (most frequent reportable STI) has increased 300% in Canada - 1998 to 2015 cases rose from 39,372 cases per year to 117, 499 ... 300% increase (Source:https://globalnews.ca/news/3806635/sti-rates-teens-canada/), and 67% of all diagnoses are in the age 15 – 24 age group.

• 15 – 24-year-olds (only 12.3% of the population) account for 52% of all STIs and 67% of Chlamydia cases

• Girls are more prone to STIs than boys because in young girls, the “transformation zone” of the cervix is only one cell thick and very prone to infection. If girls wait to have sex until 19/20 years of age, the cervix is 20-30 cells thick--much more likely to protect from infection (Dr. Miriam Grossman)

• HPV – 70% of sexually active people will be infected…. Sore, itchy warts on
• Oral Cancer… 2012 to 2015 – 350% increase in throat cancer due to oral sex. Oral Sex with 6 people or more result is an 8.6 times greater risk of getting throat cancer.  
(Source: 

• Within the men who have sex with men population there is a 4000% - 20000% (depending on the study) increased risk of HIV infection  
(Source: https://www.medinstitute.org/2016/02/update-on-hiv-from-cdc/?inf_contact_key=45d7772a2c6cbb0ae5ceeb5b1999dd49c7cc8f556f4128d8b3b78bdce33901&doing_wp_cron=1457968886.0063591003417968750000)

• STIs contribute to serious, life-threatening complications including cancers, infertility, ectopic pregnancy, spontaneous abortions, stillbirth, low birth weight, neurologic damage, and death.

• Whether or not a pregnancy or STI occurs, teen sexual activity has been associated with
  o lower educational achievement;
  o lower income (note 67% of teen girls who give birth end up living in poverty)
  o poorer physical, mental & emotional health; lower self-esteem, regret of sexual activity;
  o suicide (girls 3x, boys 8x),
  o higher likelihood of experiencing sexual exploitation, dating violence, and unwanted or forced intercourse/rape.

• The truth about the effectiveness of condoms. See CDC Condom Effectiveness Chart below.
• The US Food and Drug Administration (USA) does not approve condoms for anal sex.

Contraceptives
In grades 7 & 8, students are introduced to condoms as the primary contraceptive. Other contraceptives may be mentioned, but are usually taught in high school.

Rationale – In an effort to reduce the risks of sexual activity, students are told if they are going to be sexually active to use a condom.

Developing a Sexual Health Plan
Rationale – Students are to develop a sexual health plan so that if they are to be sexually active, they have made decisions and developed strategies to reduce the risk.

Sexual Health Plan – Concerns
The faith community could possibly agree with this goal, if their children could have all of the information (spiritual, sociological, medical, and scientific) that encourages abstinence / risk avoidance from all sexual activity. In addition the program would have the students:
• Identify their values and long term goals
• Understand the negative effects of non-marital sexual activity on optimizing personal health and life goals
• Understand the negative impact of STIs
• Develop and practise refusal strategies.

Would be most appropriate if all children could develop their sexual health plan with instruction based upon their worldview and accurate scientific/medical information.
c) Samples of Classroom Content

i) Pre-School & Primary Grades
Sensitive content about human sexuality may not be instructed directly as part of sexual health classes. It often comes into the classroom indirectly through literature, in the form of storybooks. These books lead to classroom discussions about alternative families, alternative sexual lifestyles, gender identity, gender fluidity, and gender expression. The prevalence of this kind of content will depend on the individual school division, school, and teacher.

Video: SOGI (Sexual Orientation and Gender Identity Instruction in Primary Grades)

Concerns
It is agreed that all children need to be affirmed, including those living in different kinds of families. Criticism from the faith community is that resources, such as storybooks, read aloud in class about traditional families attending church, etc., are not included in such instruction.

For many people of faith, gender is determined by the child’s DNA as designed by the Creator. Encouraging a child to choose whether they want to be a boy or a girl encourages them to put themselves above their Creator. As children’s minds are being developed, it is important to help them to understand that others will choose differently, and at the same time the worldview of the family is not to be undermined – this can be a very difficult task!

ii) Middle School – Sex Education
Sample Lesson
One common lesson that we have seen taught in curricula internationally, has children brainstorm “How Do People Express Their Sexual Feelings? What is Abstinence?”

Teachers are recommended to have an open discussion with the class about how to express their sexual feelings to themselves or other people.

Defining “Abstinence” in Comprehensive Sex Education?
Under CSE the definition of abstinence has changed. Within CSE programs, students are told that abstinence can mean different things to different people. There may be ways of expressing sexual feelings
with which you are comfortable, and others with which you are not. You need to determine what these are so that you can communicate to your partner what is acceptable and from which activities you abstain.

iii) CSE / SRR After 30 Years of Implementation
CSE can look very different from school to school. Some jurisdictions have had CSE programs for many years. For example, the state of Oregon has been using CSE in schools since 1984. In 2014, the following news report about an adolescent sexuality conference supported by the Oregon Department of Education was released showing what CSE program content can look like after years of implementation.

Sheriff ready to shut down inappropriate Oregon Adolescent Sexuality Conference

By H. Whisman    11/22/2014
COMMUNITY, NEWS|0 Comments

SEASIDE, Ore.—
For the past twenty years, students ages 11 to 18 attended the Oregon Adolescent Sexuality Conference in Seaside, Oregon. Recently, KOIN 6 News revealed that contrary to “preventing teen pregnancy, preventing STDs and developing healthy relationships,” as conference director Brad Victor promised, the conference promotes dangerous sexual activities for minors.

One workshop entitled “From Texting to Teledildonics: Is Technology Changing Sex?” led by keynote speaker Cory Silverberg teaches students about the advantages of phone sex, pornography, and teledildonics….

Numerous handouts were administered to students encouraging cyber and phone sex and suggesting ways students can engage in sexual activity without “going all the way.”