

Question Submitted to the Panel at:  
Just the Facts: Ontario's Sex Ed Curriculum

Audience Questions

Question 1

Can you address the current situation in high schools in Ontario? Are students learning the 2015 or the 1998 curriculum? It is hard to find info on this after the repeal from Doug Ford.

The current curriculum is rolled back to the 2010 interim curriculum. The National Post (link below) also includes the official published curriculum for 1998, 2010 interim and the most recent 2015.

<https://nationalpost.com/news/canada/ontario-sex-ed-interim-2010-curriculum-versus-2015>

Question 2

What are the difference in transmitting HIV in 3 kinds of sexual intercoursess? Why it's not addressed in curriculum?

*DB:* Oral sex has been shown to have as close to zero possibility of transmission as one can get, except in circumstances where there might be blood to blood contact (ie, cuts in the mouth). Oral sex is not considered a risk factor for HIV (though it clearly is a risk factor for other STIs). Anal and vaginal sex are risk factors for HIV transmission. The mucosal lining of the vagina and anus allow for HIV to enter the bloodstream.

Question 3

Health and Physical Education has become a political football. Generally, we address fear though information and data but, for many, this not effective. How do we navigate our way through the misinformation when people shut out or do not trust information and data?

*DB:* Fear as a tactic to change behavior works only short term and only when an accessible option is provided. For instance, programs like "Scared Straight" where young juvenile offenders meet with lifetime serving "hard core" inmates in prison who attempt to scare them, can have the opposite effect if these youth feel like they have no other choices and their anxiety is increased. Fear may work for some, but overall, it is a failing strategy, that is rarely

used in public health campaign effectively anymore. Also, HIV and STIs are treatable, so what is supposed to bring out fear, anyway? There is ample evidence that young people, when given the correct information can make solid decisions if they know what the options are. Again, this has been shown with abstinence-only programs in the US that showed that those who received abstinence-only education had higher rates of unwanted pregnancies and STIs than those with comprehensive education. The science strongly backs this up.

#### Question 4

What happens after pregnancy? Why fetus developments are not addressed at all in curriculum? Why options after unwanted pregnancy were not discussed?

*LB:* Speaking for myself: I agree that it would be ideal for the curriculum to cover some more of this. I believe fetal development may be covered in other courses, e.g. biology or parenting. I believe the curriculum should cover emergency contraception and information about how to get health care and navigate options in the event of an unwanted pregnancy.

#### Question 5

Is childbirth part of Ontario's sex ed curriculum? Is midwifery part of the discussion?

Please watch event video to hear the panelists answer this question.

*LB Addition:* following the event, the Government of Ontario announced that it would be cutting its (modest) funding to the Association of Ontario Midwives for the first time in 25 years. <https://www.cbc.ca/news/canada/windsor/college-of-midwives-ontario-funding-cut-1.4946081> As someone who has benefited immensely from the unique care offered by midwives, I am very disappointed in this move. I would like childbirth and midwifery to appear on the curriculum in the later years, especially to provide students with the means to critique our society's medicalization of all human functions. If you are interested in how science supports the de-medicalization and de-hospitalization of (most) childbirth, you may be interested in this commentary I wrote for the Canadian Medical Association Journal: <http://cmajblogs.com/home-birth-dispatch-from-a-convert/#more-2116>

#### Question 6

In the realm of policy-making, how could parents and other stakeholders be better informed about the fact-value distribution [distinction?] and its implication on curriculum design?

Please watch the video of the event to hear the answer to this question.

## Question 7

You noted optional teacher prompts? Do you know how much of the curriculum is actually taught?

Unfortunately, we don't have an answer to this question.

## Question 8

This information (i.e. bullying) relates to sexual health - it could also be applied to Indigenous peoples. There is an active effort to not teach or make optional teachings about Indigenous history/social implications of reconciliation. To maintain the status quo? What do you think?

*DB:* I discussed this at the panel. I agree completely. Sexual Health for Indigenous people is not necessarily the same as it is for non-Indigenous people. We need to look to Indigenous communities to guide best practices for their communities. Part of reconciliation is considering the best practices for sexual health in Indigenous communities.

## Question 9

Do we need to change the law regarding marriage to accommodate bi-sexual orientation?

*LB:* I don't understand this question. Bisexual people are free to marry.

*DB:* I also do not understand what is being asked. Bisexual people are allowed to marry. If there is an assumption here that bisexual people are not capable of monogamy, this is a bias, not a fact. Some bisexual people (just like gay people or heterosexual people) have more than one partner. However, bisexual people are allowed to marry a partner just like heterosexual or gay people.

## Question 10

Is risks associated with multiple sexual partner been introduced?

*LB:* I don't know if this is related to the previous question. To be clear, bisexual people do not necessarily have any more partners (at a time, or sequentially) than people who identify as heterosexual or gay. Promiscuity has nothing to do with orientation.

*DB:* It is also important to note that having multiple partners in and of itself is not necessarily an increased risk. If one has multiple partners and uses all the tools at their disposal to reduce the

possibility of HIV and STI transmission, then their increase in risk is minimal. I do not know if or where this might be introduced in the curriculum.

## Question 11

Puberty may start earlier, the development of the dorsolateral prefrontal cortex, which is the important part in decision-making ability doesn't complete until near 20 years old. The curriculum teaches "consent" at Grade 6. Do you think they can fully understand "consent" and give out "consent"? And at Grade 8, they can discuss sex plan with their partners?

*LB:* "Consent" is not only about sex! Kids need to learn that their bodies are their own and that other people's bodies are their own. Whether or not kids have the full maturity to examine consent in all contexts, they should be introduced to the ethics of consent at a young age.

Kids in Grade 6 are also often starting to experiment with dating and physical relationships. Many kids in Grade 8 are already sexually active. The question is not whether they can "fully understand" consent. (Arguably no adults even fully understand consent!) They are engaged in sexual activities whether we like it or not. Introducing them to consent as it applies to all relationships will better equip them to make respectful choices as they enter the turbulent adolescent period.

Grade 8 does not tell students to discuss a "sex plan". It gives them some language to start exploring and communicating about their boundaries. For many students, this information will not apply immediately. For some, it will. Regardless, this can be a pivotal conversation for promoting healthier decision-making and preventing sexual violence. Girls in particular are extremely susceptible to being pressured to engage past their personal boundaries, or being outright assaulted. All young people need to learn that they are entitled to their own boundaries, and that physical or sexual intimacy requires respect and communication - whatever the age of initiation.

The 2015 curriculum also repeatedly prioritizes abstinence or delaying sexual activity, while recognizing the reality that not all students will do so. It gives students countless reasons to pause and assess the risks before becoming sexually active. It also repeatedly mentions diversity in sexual values and the role of family and religion in making personal decisions.

This is an excerpt from an optional prompt in Grade 7:

"Student: "It's best to wait until you are older to have sex because you need to be emotionally ready, which includes being able to talk with your partner about how you feel, being prepared to talk about and use protection against STIs or pregnancy, and being prepared to handle the emotional ups and downs of a relationship, including the ending of a relationship, which can hurt a lot. Personal values, family values, and religious beliefs can influence how you

think about sexuality and sexual activity. A person should not have sex if their partner is not ready or has not given consent, if they are feeling pressured, if they are unsure, or if they are under the influence of drugs or alcohol.”” (2015 Curriculum Grades 1-8, p. 196)

This kind of education does not expedite or increase sexual intimacy; on the contrary, a number of studies show that comprehensive sexuality education with an emphasis on consent and self-determination actually delays sexual activity better than abstinence-focused education. In any event, waiting until kids are 20 and their pre-frontal cortices have developed is obviously putting them at risk. Like it or not, the average onset of sexual activity is when students are in high school (younger depending on the sex act), and only 5% of people actually wait until marriage before having sex.

An outstanding source of evidence-based guidelines for sexuality education is provided by UNESCO and can be found here:

[http://www.unaids.org/sites/default/files/media\\_asset/ITGSE\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf)

## Question 12

For David: According to a recent development of gender identity theory, the gender category is a spectrum. Do you agree? How is the gender categorized? What is the scientific basis?

Please watch the video of the event to hear the answer to this question.

DB: I would like to point people to Dr. Bialystok’s excellent discussion of this area below the first audience comment.

## Question 13

For Lauren: Do you have a comment regarding an ethical approach to true question of what content is age-appropriate?

Please watch the video of the event to hear the answer to this question.

## Question 14

Other than sexual and menstrual health, will the curriculum cover bowel and bladder education as well? As a pelvic physiotherapist, I see bowel and bladder related conditions on a daily basis with my clients and there is a significant gap and lack of knowledge regarding bowel/bladder anatomy, function, proper care and what issues can arise. This is something that should be taught starting in elementary school (beyond just how to wash their hands).

LB: I do not disagree. I have no idea whether those responsible for implementing HPE curriculum have considered this.

## Audience Comments

### Comment 1:

~~According to Dr. Paul McHugh,~~ Children who experience gender dysphoria often end up identifying with their birth gender. Patrick Mitchell, a 10 y o Australian boy decided become trans at 12. Two years later, he regretted and wanted to change back. But the drugs have already cause problems to his body. Jenn Smith a 53 year old transgender male, claims to always be a male because every cell in his body is coded as male. These tragic may not have happened without introducing the concept of gender identity. These children with gender identity dysphoria usually accompanies with other mental problem. Experts should care for their hurting hearts instead of giving drugs. I appreciate your endeavors to bring up wellbeing of children. However, if the experts heard these personal experiences and continue to propaganda the ideology of sexual orientation to children they don't have genuine love to children. Their so called love is pseudo love.

*(DB: Please note that Dr. Paul McHugh's work is not considered scientific research by the vast majority of the scientific researchers who work in the areas of sex and gender. See my comments below about his work and that of Dr. Lawrence Mayer.)*

### Comment 2:

Thank you for your goodwill of bring up well-being of children. However, gender identity is a social and psychological concept that is not well defined. If you search in facebook, you can find 60-70 subtypes of gender identity. This is very confusing even to an adult. According to a recent

meta analysis research by Lawrence Mayer there is little scientific evidence that it is an innate fixed biological property.

## Responses to Comment 1 & 2:

*LB:* Gender identity is not made up. The fact that there are diverse understandings of the concept, or that terminology changes over time, in no way disproves the reality of gender identity. If gender identity were made up, you should be just as comfortable being told that you are a man (if you are a woman) or a woman (if you are a man) as having your identity validated. I highly doubt that would be your reaction. If gender identity were made up, trans people would not persist in their identification despite violent transphobia, “conversion” therapy, and the countless ways our world is set up to make life difficult for them. There have been gender-diverse people for all of human history and in every culture. We don’t notice gender identity in the case of cisgender (non-trans), heterosexual, gender-conforming people for the most part because of our norms and expectations, but everybody has a gender identity.

There is indeed scientific evidence that gender identity is correlated to certain hormonal and neurological patterns. But why does this matter? Why does something have to be an “innate fixed biological property” to be deserving of respect, or necessary to teach about? Race is made up (while correlated to “fixed biological properties,” just like sex) and we still consider it important to teach about race and insist on non-discrimination on the basis of race. There are certainly as many sub-types of racial identity in circulation as there are gender identity - and even racialized people disagree about them - but this doesn’t stop us from letting kids explore their racial identities and be taught anti-racist education.

I have heard the concern that teaching about gender diversity will “confuse” children, for example making happy girls question whether they might really be boys and vice versa. First, I see no evidence whatsoever to worry that this is the case. The main effect of this type of education for the vast majority of children is to sensitize them to difference and help reinforce the expectation that we treat people with respect. Second, supposing that some children might be temporarily “confused” - or even experiment with different aspects of gender, such as clothing - what is the harm in this? They will most likely be re-confirmed in their gender identities and develop a better appreciation for human diversity. Talking about the existence of trans people does not turn cisgender people trans. By contrast, if we erase and ignore gender diversity, we know for a fact that very real harms will come to some people who already know they’re trans or gender-diverse, or who need support to find their way through that personal process of gender identification. The dangers of erasure and prejudice are severe and include self-harm, bullying, depression, dropping out of school, and suicidal ideation -and, as Dr.

Brennan explained at the panel, these risks last a lifetime. We don't need to all agree on the number or names of gender sub-types to agree that these kids deserve recognition.

*DB:* I would like to address the issues of gender identity theory and the work of Dr. Lawrence Mayer brought up by the person to me after the talk and I assume this is their comment. Please note that Facebook is not a credible source of scientific information. The work you showed to me was written in a magazine that has no scholarly credibility and it is seen as a pseudo-scientific journal of the Ethics and Public Policy Centre, which is a well-known conservative think tank that is not respected by most scientists. In fact, much of Mayer's work has been called into question. (see [https://www.washingtonpost.com/national/health-science/long-shadow-cast-by-psychiatrist-on-transgender-issues-finally-recedes-at-johns-hopkins/2017/04/05/e851e56e-0d85-11e7-ab07-07d9f521f6b5\\_story.html?noredirect=on&utm\\_term=.51b3318379bc](https://www.washingtonpost.com/national/health-science/long-shadow-cast-by-psychiatrist-on-transgender-issues-finally-recedes-at-johns-hopkins/2017/04/05/e851e56e-0d85-11e7-ab07-07d9f521f6b5_story.html?noredirect=on&utm_term=.51b3318379bc)) . Prior to this publication, he had never published in the area of gender. He is not considered an expert. Dr. McHugh has a long history of blocking efforts to study issues for LGBT people. He is not seen as an expert in this area given his radical views.

An excellent critique of the Mayer and McHugh methods and theory was published by respected scientists here: <https://journals.sagepub.com/doi/pdf/10.1177/1529100616637616/> Please note that Mayer and McHugh failed to even mention one of the most conclusive studies ever conducted.

### Comment 3

Benjamin Levin - a former deputy education minister said in 2009 he was responsible for everything that they do and "implemented" the "new" approach (overseeing the curriculum issues). However Levin pleaded guilty to child-porn-related charges in 2015. So how could parents trust a sex-ed curriculum overseen by a child-porn offender. Especially it sexualizes kids at a very young age, teaching kids to consent to sex at 7 or 8 years.

### Response to Comment 3

*LB:* It is understandable why you would be concerned about this apparent overlap, but the fact is that Ben Levin's crimes have nothing to do with the curriculum. Here's why:

1. Benjamin Levin had no direct involvement in the development of the curriculum. The curriculum was written by civil servants in consultation with educational experts, psychologists, health organizations, etc. The Deputy Minister does not write curriculum. Some of the people who wrote the curriculum had never even heard of him.

2. Regardless of Levin's personal crimes, there is no indication that his policy leanings were in any way divergent from the norms in the Liberal Party, which include using the best evidence available to craft inclusive educational policy. There could be pedophiles or criminals of various types in every party, in every branch of government; indeed, if you look at the rates of sexual harassment and assault, there probably are (every party has had at least one scandal of this type). It is fallacious to draw conclusions about the validity of one party's policy on the basis of the crimes of one of its members.
3. This is key: If you wanted to make children more available to sexual predators, this is the LAST curriculum that you would endorse. It is because of predators such as Ben Levin that we need to teach consent, proper anatomy, and media literacy to children starting at a young age. Research shows that children are MORE vulnerable to predation when they lack this kind of education.

A further comment is also important to respond to:

4. The curriculum does not "sexualize" children. What does that even mean? Teaching children that they have a penis or a vagina is not "sexualization," especially since the sexual functions of these organs are not taught until much later. Teaching consent to 7- and 8-year-olds, where that consists in teaching respect for each other's bodies, words, and boundaries, has nothing explicit to do with sex. It has to do with preventing violence and fostering healthy relationships between all people. Hopefully, by the time those children start forming romantic or sexual attachments at an older age, we won't need to start the "consent" norm from scratch.