

## Clarity Amidst Confusion

### How Christian Parents Can Respond To Ontario's New Sex Ed Curriculum

#### **INTRO:**

- Different signs for genders and sexuality
- 22 different sexual orientations people identify with, including: heterosexual, homosexual, bisexual, asexual, autosexual, demisexual, omnisexual, pansexual, polysexual, spectrasexual, etc
- Facebook has 58 gender options now
- = kids are growing up in a world of sexual and gender confusion

One part of the role of elders in a local church is to protect people.

1 Pet. 5:2 – *“Be shepherds of God’s flock that is under your care...”*

Acts 20:28 – *“Keep watch over yourselves and all the flock of which the Holy Spirit has made you overseers. Be shepherds of the church of God, which he bought with his own blood.”*

We at Island Bible Chapel are concerned for the protection of the innocence and moral teaching of the young in our church, and are seeking to give parents assistance and direction to help them as they care for their children in a world with much confusion.

#### Ground Rules for Tonight

- 1) We will be dealing primarily with the Gr. 1-8 curriculum
- 2) No bashing any particular political parties or leaders;
- 3) No airing of past grievances about teachers or the board of education
- 4) Be respectful to those we disagree with
- 5) Show love and compassion to all
- 6) Speak the truth in love (Eph. 4:14-15)

Quote from Rick Warren: *“Our culture has accepted two huge lies. The first is that if you disagree with someone’s lifestyle, you must fear or hate them. The second is that to love someone means you agree with everything they believe or do. Both are nonsense. You don’t have to compromise convictions to be compassionate.”*

-quote from Toronto Star – parents who are opposed to the new sex ed curriculum characterized as being “fearmongering, intolerant, often homophobic fringe”

(<https://www.thestar.com/news/insight/2015/02/27/why-do-ontario-tories-tolerate-anti-sex-ed-fringe-keenan.html>)

-My qualifications as a former elementary Phys. Ed teacher and someone who has read the new curriculum...perspective as both a teacher and a parent

## Part 1: What's in the new curriculum

**First the Positives:** It's not all bad...some is good (and needed):

- 1) A recognition of parents as first educators: *“Studies show that students perform better in school if their parents are involved in their education....**Parents are the primary educators of their children** with respect to learning about values, appropriate behavior, and ethnocultural, **spiritual, and personal beliefs** and traditions, and they are their children's first role models. It is therefore important for schools and parents to work together to ensure that home and school provide a mutually supportive framework for young people's education.”* (pg. 13)
- 2) Generally promotes a child's well being through physical activity, healthy eating, personal safety and injury prevention, and resisting substance use and abuse.
- 3) Improved awareness and education of mental health issues (ie. Gr. 8)
- 4) Recognition of issues related the use of technology in the area of sexuality (ie. Sexting – Gr. 7), cyber-bullying (Gr. 4), etc)...although woefully inadequate in addressing the area of pornography
- 5) Abstinence is mentioned in a positive way – *“making a choice to delay sexual activity and establishing personal limits”* ( Gr. 8)

### General Concerns:

- 1) Lack of consultation with parents and teachers
- 2) Based on a pro-LGBTQ morality:
- 3) Addresses sexuality apart from morality, and apart from relationship  
-Word Use Analysis: Gender Identity: 43; Sexual orientation: 40; HIV: 36; Pregnancy: 21; STIs: 15; Condom use: 12; Gender expression: 11; Same sex: 10; Gay: 10; Intimacy: 10; AIDS: 9; Transgender: 8; Contraception: 7; Sexual pleasure: 6; Homophobic: 6; Intersex: 5; Bisexual: 5; Homophobia: 4; Lesbian: 4; Anal intercourse: 3; Vaginal intercourse: 3; Oral-genital sex: 2; Two-spirited: 2; Unwanted pregnancies: 1; Heterosexual: 1; Partner: 1; Love: 0; Self-control: 0; Responsibility: 0; Marriage: 0; Husband: 0; Wife: 0
- 4) Lip service only to “both sides of the issue”, but little follow-through - *“Some topics within the Healthy Living strand need to be approached with additional sensitivity, care, and awareness because of their personal nature and their connection to family values, religious beliefs, or other social or cultural norms. These topics can include but are not limited to ... gender identity, sexual orientation ... When addressing all topics, but especially ones that can be challenging to talk about, it is important **to give students an opportunity to explore all sides of the issue** to promote understanding.”* (pg. 36)
- 5) Redefinition of the term homophobic

-Anti-Defamation League - *Homophobia is the hatred or fear of homosexuals - that is, lesbians and gay men - sometimes leading to acts of violence and expressions of hostility*

-New Ontario Curriculum - *A disparaging or hostile attitude or a negative bias, which may be overt or unspoken and which may exist at an individual and/or a systemic level, towards people who are lesbian, gay, bisexual, or transgender (LGBT).*

6) Some of the content related to sexuality is not age-appropriate.

### **Specific Concerns – by grade:**

**-Gr. 1&2 – C1.3 (Pg. 93) - *Identify body parts, including genitalia (e.g., penis, testicles, vagina, vulva) using correct terminology***

**-C1.4 (Pg. 108) - *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***

**Concerns:** Concern is not using proper terms or developmental stages...concern is how this will be taught, what diagrams and pictures might be used. How will teachers protect the innocence and modesty of students?

**-Gr. 3 – C3.2 (Pg. 124) - *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, gender identity, sexual orientation, family background, personal preferences, allergies and sensitivities) make each person unique, and identify ways of showing respect for differences in others***

#### **Concerns:**

-Dr. Kirk Durston – “It is patently absurd to be teaching Grade Three children to respect sexual orientation when most are not even at the stage of understanding sexual attraction, which is fundamental to the provided definition of sexual orientation.”

-Concerns about what is considered a sexual orientation – those pushing for pedophilia (American Psychological Association) and zoosexual (bestiality)

-Respecting a person should be clearly distinct from respecting all their differences and their actions

**Gr. 4 – C1.5 (Pg. 141) - *describe the physical changes that occur in males and females 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***

#### **Concerns:**

-How will this be taught in a way that protects the innocence and modesty of children?

**Gr. 5 – C1.3 (Pg. 156)** - *identify the parts of the reproductive system, and describe how the body changes during puberty*

**C1.4 (Pg. 156)** - *describe the processes of menstruation and spermatogenesis, and explain how these processes relate to reproduction and overall development*

**Concerns:**

-How will this be taught in a way that protects the innocence and modesty of children?  
Parents may wish to teach this to their children at home.

**Gr. 6 – C3.3 (Pg. 177)** - *assess the effects of stereotypes, including homophobia and assumptions regarding gender roles and expectations, sexual orientation, gender expression, race, ethnicity or culture, mental health, and abilities, on an individual's self-concept, social inclusion, and relationships with others, and propose appropriate ways of responding to and changing assumptions and stereotypes*

Teacher Prompt (Pg. 175) – *“Exploring one's body by touching or masturbating is something that many people do and find pleasurable. It is common and is not harmful and is one way of learning about your body.”*

**Concerns:**

-How the Ont. Curriculum defines homophobia (see above).

-The assumption that the curriculum makes about gender roles is that, aside from the genitalia a child may have, there are no differences between males and females.

-While it's only a teacher prompt and not an expectation that is mandated to be taught, the fact that it is written into the curriculum would give a teacher permission to say this to his/her class. Many Grade Six children may not have discovered masturbation and living blissfully innocent of this activity until they are instructed in how it can be done in this class. I consider it a serious moral offence to introduce an innocent child to a habit that has moral implications.

**Gr. 7 – C1.3 (Pg. 196)** - *‘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 having vaginal or anal intercourse; choosing to abstain from having oral-genital contact); the reasons for not engaging in sexual activity; the concept 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 the relationship.’*

**Concerns:**

The curriculum is devoid of any moral reasons for abstaining from sexual activity.

**Gr. 8 – C1.4 (Pg. 215)** ‘identify and explain factors that can affect an individual’s decisions about sexual activity (e.g., previous thinking about reasons to wait, including making a choice to delay sexual activity and establishing personal limits; perceived personal readiness; peer pressure; desire; curiosity; self-concept; awareness and acceptance of gender identity and sexual orientation; physical or cognitive disabilities and possible associated assumptions; legal concerns; awareness of health risks; including risk of STIs and blood-borne infections; concerns about risk of pregnancy; use of alcohol or drugs; personal or family values; religious beliefs; cultural teachings; access to information; media messages), and identify sources of support regarding sexual health (e.g., a health professional [doctor, nurse, public health practitioner], a community elder, a teacher, a religious leader, a parent or other trusted adult, a reputable website)

C1.5 (Pg. 216) - *‘Demonstrate an understanding of gender identity (e.g., male, female, two-spirited, transgender, transsexual, intersex), gender expression, and sexual orientation (e.g., heterosexual, gay, lesbian, bisexual), and identify factors that can help individuals of all identities and orientations develop a positive self concept*

**Concerns:** The assumption being made by the curriculum that when it comes to sexual orientations and gender identities, there is no such thing as dysfunctional behavior, psychological disorders or moral constraints on sexual practices; everything is to be ‘accepted’ and ‘positively’ portrayed.

## **Part 2: Clarity Amidst Confusion...Is Pro-LGBTQ Morality Scientifically Sound?**

-The pro-LGBTQ message of morality:

-homosexuality, bisexuality, transsexuality are all morally acceptable alternatives to heterosexuality

-you are born with your sexual orientation

-Because you are born this way, don’t try to change...embrace who you are

-Morality of the Bible – homosexuality is condemned (Romans 1:21-31, 1 Cor. 6:9-11), gender identity is clarified (Gen. 2) heterosexuality within marriage is upheld (Matt. 19)

-Homosexuality....the research you won’t hear about...health issues...promoting an unhealthy lifestyle

- **From the Harvard LGBTQ Policy Journal (2011):** *“There is currently little conclusive evidence that sexuality is genetically or hormonally induced.”*

-**Even the pro-gay American Psychiatric Association states that,** *“to date there are no replicated scientific studies supporting any specific biological etiology for homosexuality.”*

**-Lesbian author Camille Paglia says bluntly,** *“No one is born gay. The idea is ridiculous.”*

**-Gay gene researcher and American geneticist, Dean Hamer:** *“From twin studies, we already know that half or more of the variability in sexual orientation is not inherited. Our studies try to pinpoint the genetic factors...not negate the psychosocial factors.”*

**National Health and Social Life Survey (1992):** *“Without any intervention whatsoever, three out of four boys who think they are gay at sixteen don’t think they are gay by the age of twenty-five.”*

**The University of North Carolina’s National Longitudinal Study of Adolescent Health (2008)** surveyed 10000 teenagers and found that *“the vast majority of sixteen-year olds who reported only same-sex sexual attractions reported only opposite-sex sexual attractions one year later.”*

### **Health Impact of the LGBTQ Lifestyle:**

#### **-According to the rainbowhealthontario.ca:**

-studies show that LGBT people suffer from depression, anxiety and suicide at higher rates than the general population

-Research indicates that LGBT people are more likely to use alcohol and other drugs compared to the general population

-While 16% of the Ontario population smokes, a 2007 Toronto study showed that 36% of LGBT people were current smokers

-The increased risk of HIV infection is well known in the gay community

**-According to the Journal of the American Medical Association,** the risk of anal cancer increases 4000 percent among those who engage in anal intercourse

#### **-According to The Mayo Clinic:**

-Gay men are more likely to experience body image problems and eating disorders, such as anorexia and bulimia nervosa than their straight counterparts

#### **-According to The Journal of Social Study Research:**

-the incidence of domestic violence among gay men is nearly double that in the heterosexual population

#### **-According to a published study from the U. of Texas:**

-children raised by homosexual parents are dramatically more likely than peers raised by married heterosexual parents to suffer from depression and thoughts of suicide; need mental health therapy; identify themselves as homosexual; choose cohabitation; be unfaithful to partners; contract sexually transmitted diseases; be sexually molested; have lower income levels; drink to get drunk; and smoke tobacco and marijuana.

### **% of the population that is LGBTQ (from Stats Can 2014 study):**

- **1.7%** — The percentage of Canadians aged 18 to 59 who reported in 2014 that they consider themselves to be homosexual (gay or lesbian).
- **1.3%** — The percentage of Canadians aged 18 to 59 who reported in 2014 that they consider themselves to be bisexual

## **Transgender**

*-Dr. Paul R. McHugh, the former psychiatrist-in-chief for Johns Hopkins Hospital and its current Distinguished Service Professor of Psychiatry. He is the author of six books and at least 125 peer-reviewed medical articles. He recently wrote an article in the Wall Street Journal on transgenderism. Dr. Paul R. McHugh said that transgenderism is a “mental disorder” that merits treatment, that sex change is “biologically impossible,” and that people who promote sexual reassignment surgery are collaborating with and promoting a mental disorder. “transgenderism is a disorder of assumption...policy makers and the media are doing no favors either to the public or the transgendered by treating their confusions as a right in need of defending rather than as a mental disorder that deserves understanding, treatment and prevention”*

-Inconsistency – Matt Walsh - “Moreover, “transgender theory” and “gender is a social construct” theory contradict each other, anyway. Progressives tell us that “gender” is a societal invention which imposes certain expectations of behavior and appearance on men and women. Society, we’re informed, oppresses the human person by forcing it to act and look a certain way based solely on its anatomy...But progressives defeat their own point by next telling us that when a man acts like a woman, he actually is one, which is odd considering they just got through telling us there’s no such thing as “acting like a woman.” They went from insisting that “social constructs” prevent men from wearing skirts to informing us that if a man wears a skirt he’s now a woman. They’ve not only reinforced gender stereotypes, but given them a power not even the most ardent gender traditionalist would have ever conceived of.”

-The hypocrisy of only accepting transgender and not transabled, trans-species, and transracial

## **Part 3: How Can Christian Parents Respond?**

1. Pray
2. Talk to your kids about sex! (FOTF – By 10 yrs old to talk about reproduction)
3. Talk to your teachers...respectfully
4. Communicate with the school board...respectfully, but remember that they have no real say anymore...they’re just implementing the curriculum their being given
5. Respond according to your conscience: continuum...from do nothing to withdrawing kids from school permanently...we chose to remove them from the Gr. 3 and 5 sex ed lessons we had concerns about...and we taught those lessons from a biblical perspective...we taught our kids about sexual morality...choosing not to respond is a response

6. Generally speak the truth in love on this issue...and show the love of Jesus to people. It's not just an issue...there are people involved here who need Jesus
7. Be courageous and stand firm...the world we live in is not so very different than the one in the 1<sup>st</sup> century
8. Be encouraged – The gospel has the power to change lives! 1 Cor. 6:9-11 - Do you not know that the wicked will not inherit the kingdom of God? Do not be deceived: Neither the **sexually immoral** nor idolaters nor **adulterers** nor male **prostitutes** nor **homosexual offenders** nor thieves nor the greedy nor drunkards nor slanderers nor swindlers will inherit the kingdom of God. **And that is what some of you were. But you were washed, you were sanctified**, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God.

## Resources

Ontario Health Curriculum:

<http://www.edu.gov.on.ca/eng/curriculum/elementary/health1to8.pdf>

Dr. Kirk Durston's Review of the curriculum:

Part 1 - <https://drive.google.com/file/d/0B4rudgxj2FmpTGxhS0dNZTM0WWc/view>

Part 2 - <https://drive.google.com/file/d/0B4rudgxj2FmpbFF2S1dma0ljUVU/view>

Note: Dr. Kirk Durston granted permission to quote from and promote his reviews of Ontario's new health curriculum.