



Society for the **Protection** of Unborn Children
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Submission of the SPUC Safe at School Campaign to the Department of Education consultation on: “Changes to the teaching of Sex and Relationship Education and PSHE” - 12th February 2018

Question 1. Thinking about relationships education in primary schools, what do you believe are the three most important subject areas that should be taught for different age groups/key stages and why. Please include any considerations or evidence which informed your choices.

1. Children absorb and imitate the relationships they see around them, not what they are taught, which is why it is very hard to teach 'relationships' in the same way as one would teach any other school subject. **Relationships Education at primary school should be underpinned by the value to society and to individuals of the natural family unit based on marriage between one man and one woman.** Whether or not a child is living in such a family, the evidence that the natural family is the best environment for the welfare of children should dictate that this model is at least implicitly promoted in discussions about relationships. If we want the best for our children we should be presenting them with the model which has been proved to best guarantee them physical, psychological and emotional well-being and fulfilment. It is well established that being married is associated with greater stability, health, well-being and longevity both for adults and their children. Research, for instance, undertaken by the Marriage Foundation shows that:
 - Marriage is a proven indicator of social mobility. British adults whose parents were married at the time of their birth are 16% less likely to ever receive benefits, 23% more likely to have been to university and 10% more likely to have got married themselves.¹
 - Reasons are likely rooted in the higher break-up rates of unmarried versus married families. Whereas 3 out of 4 parents who are married when their child is born will still be together by the time the child takes their GCSEs, not much more than 1 in 4 parents who don't marry will still be together. The Marriage Foundation suggests that “family breakdown affects children through lack of parental resources, reduced social capital, father absence, and how the children themselves interpret their parents' break-up”.²

- Family breakdown is the biggest factor behind the UK's child mental health crisis. More than a third (36%) of children whose parents have split up report poor mental health, compared to only a fifth (22%) with parents who were still together. 32% of children of unmarried parents exhibited problems compared to only 23% of married parents. Among parents who had no formal relationship – neither married nor cohabiting – 40% of children had problems.³

2. Teaching of relationships at primary school should reflect the benefits to children of being brought up by a mother and a father in a committed stable life-long relationship.

Story books promoting successful same-sex families, for example, are not borne out by research, which shows rather that children within such families are statistically more likely to fare worse on virtually every indicator of social outcome, health and well-being, compared to children raised by their married biological parents. Regenerus (2012) showed, for instance, that children raised by same-sex couples are:

- More likely to be the recipients of welfare payments during childhood (Lesbian 69%, gay 57% vs mum/dad 17%), and still be on some form public assistance as young adults (Lesbian 38%, gay 23% vs mum/dad 10%)
- More likely to be unemployed as young adults (lesbian 28%, gay 20% vs mum/dad 8%), and dramatically less likely to be *currently full-time employed* (lesbian 26%, gay 34% vs mum/dad 49%)
- More likely to suffer mental health issues, with statistics showing they are more likely to be recently/currently in therapy (lesbian 19%, gay 19% vs mum/dad 8%), and to have recently thought of suicide (lesbian 12%, gay 24% vs mum/dad 5%)
- More likely to have ever had an STI (lesbian 20%, gay 25% vs mum/dad 8%)
- More likely to be currently cohabiting rather than married (lesbian 36%, gay 35% vs mum/dad 9%). Cohabitation homes in turn are consistently shown to be markedly poorer in all measures of personal and relational health.⁴⁵

3. Relationships Education should affirm the existence of the two biological sexes and not disturb a child's sense that he or she is a boy or a girl. Despite the level of media coverage, in conjunction with the increasing imposition across society of transgender ideology, the number of children experiencing the phenomenon of 'gender dysphoria' is extremely small. Professor Gary Butler, clinical lead at the UK Gender Identity Development Service, has said that just "one child born in every 20,000" experiences transsexual feelings.⁶ Indeed, Bernadette Wren, consultant clinical psychologist at the Gender Identity Development Service (GIDS) clinic in London, has criticised the way

schools have now become over-eager of affirming children as being 'transgender' as soon as they express any degree of confusion.⁷

Increasing evidence also demonstrates the dangers of denying basic biology and attempting the impossible of 'transitioning' from one sex to another. Along with the hazardous consequences of mutilating an otherwise healthy body with unnecessary drugs and surgery, transgender individuals experience a range of other documented risk factors:

- While we currently don't have any extensive, long-term studies of children placed on puberty blockers for gender dysphoria, evidence is emerging of such side effects as decreased bone mineralization and increased risk of bone fractures as young adults, potential increased risk of obesity and testicular cancer in boys, and a possible impact upon psychological and cognitive development.⁸
- Studies on adults have shown that the risks of cross-sex hormones include cardiac disease, high blood pressure, blood clots, strokes, diabetes, and cancers⁹.
- Research shows that undergoing 'gender reassignment' treatment makes the mental health of transgender individuals, if anything, substantially even worse. A 2011 Swedish study, for instance, concluded that there are "substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts, and psychiatric hospitalisations in sex-reassigned transsexual individuals compared to a healthy control population'. The study reports that people who have had sex-reassignment surgery are 19 times more likely to die by suicide than those of the general population.¹⁰

It is therefore highly irresponsible and dangerous deliberately to draw the attention of children to this largely manufactured issue of transgenderism, especially considering the immense harm that can be done by these kinds of pseudo-medical attacks against the human body. The rare cases of gender dysphoria should be dealt with individually in an appropriate way, and with support and treatment which helps the person accept and find fulfilment in their biological sex. Subjecting all children to transgender ideology risks seriously confusing them and creating psychological problems in some where there were none.¹¹

Question 2. Thinking about relationships and sex education in secondary schools, what do you believe are the three most important subject areas that should be taught for different age groups/key stages and why. Please include any considerations or evidence which informed your choices.

1. Relationships and Sex Education (RSE) should affirm the unique and complimentary nature of the sexes, because the health risks to teenagers of promoting and facilitating homosexuality, as well as transgenderism (see above), are well documented:

- Practices common to the homosexual lifestyle are intrinsically injurious to health, as the human body is not naturally capable of accommodating them. Anal intercourse, for instance, which has long been a staple of male homosexual practice, is medically risky even with a single partner.¹² This is due to the fragile physiology of the anus and rectum when compared to the vagina, which, as well as their potential for physical damage as a result of intercourse, are also much more susceptible to disease. Combined with the promiscuity often associated with homosexuality, this has resulted, amongst other problems, in substantially greater rates of sexually transmitted infection.¹³ For example, according to the most recent UK statistics (2016), around 46% of those living with HIV are ‘men-who-have-sex-men’ (MSM), despite such men (those identifying as gay/bisexual) making up only 1.1% of the population. Despite representing such a tiny fraction of the population this group also represented 12.5% of all new reported STIs in the same year, including 49% of new Gonorrhoea and a staggering 81% of new syphilis cases in England.¹⁴

2. RSE should send positive messages to young people that their teenage years can be happy and fulfilling by recognising the natural purpose of human sexuality and saving sex for marriage. The dangers of normalising under-age illegal sexual activity have been well-documented and can be seen in the serious case reports from child sexual exploitation cases around the country.¹⁵

3. Natural marriage should underpin the teaching of relationships because of the well documented benefits to society:

- Research shows that around 27% of couples that were cohabiting when their child was born have separated by the time the child is aged 5, compared with 9% of couples that were married when their child was born.¹⁶
- The annual financial cost of family breakdown, calculated by Relationships Foundation, is revealed to have now reached an all-time high of £51 billion. The figure, which has risen from £37 billion ten years ago, takes into account the cost to the taxpayer of families splitting up across areas including tax, benefits, housing, health, social care, civil and criminal justice and education.¹⁷

Question 3. Are there important aspects of ensuring safe online relationships that would not otherwise be covered in wider Relationships Education and Relationships and Sex Education, or as part of the computing curriculum?

Schools can only be effective in ensuring safe online relationships if they involve parents in the ongoing vigilance that is required to protect children from online dangers. Schools need to help give parents the confidence to monitor their children's devices and to exert discipline in this area. This can involve, for instance, workshops or online tutorials.

There should be a strong culture within the school, beyond the set lessons on RelEd or RSE, which is as intolerant of pornography as of smoking and drug abuse. There should be strong messages to pupils that pornography is dangerous and wrong. Schools should engage with parents to make sure that the same strong messages are delivered at home.

Question 4. How should schools effectively consult parents so they can make informed decisions that meet the needs of their child, including on the right to withdraw? For example, how often, on what issues and by what means?

1. Schools should set up school wide consultations (online or on paper) so that every parent has the clear opportunity to respond and give their views on what they feel is appropriate for their child and meets their child's spiritual and moral needs.
2. In order for parents to respond accurately to such school consultations about the best interests of their child, there must be full disclosure of any materials and resources which the school is planning to use.
3. Parents must feel that any consultation will result, if necessary, in the school changing either its policy or the teaching resources.
4. Consultation must be as accessible as possible for parents, including taking into account the language range and literacy levels of parents.
5. Consultations must take place periodically at least every two years.

Question 5. Thinking about PSHE in primary schools, what do you believe are the three most important subject areas that should be taught and why? Please include your reasons for choosing each subject area or evidence to support your suggestions.

Question 6. Thinking about PSHE in secondary schools, what do you believe are the three most important subject areas that should be taught and why?

In answering questions 5 and 6 together we would like to point out that schools should NOT be able to use PSHE lessons to:

- Undermine the faith values of students and their families
- Promote diverse sexual orientations
- Denigrate natural marriage
- Encourage children and teenagers to question their sexuality or gender
- Present sexually provocative materials in the classroom

Question 7. How much flexibility do you think schools should have to meet the needs of individual pupils and to reflect the diversity of local communities and wider society in the content of PSHE lessons in schools?

Schools should primarily aim to meet the needs of every pupil. To suggest that particular flexibility is needed to meet the needs of certain pupils could lead to a disproportionate response on the part of the school. For example, the presence of one pupil questioning his or her 'gender' or declaring his or her 'sexual orientation' should not give rise to the promotion of these issues to the whole class. While it is important that any young person facing difficulties with such personal matters should be properly cared for, we should question whether the correct pastoral care for such a person is to affirm and encourage harmful lifestyle choices. This can be troubling and potentially damaging for other young people in the class.

- 'Homophobic' bullying is routinely singled out as being particularly prevalent, despite the most credible studies showing that bullying on such grounds is comparatively rare. For instance, the 2016 Teacher Voice Omnibus survey reveals that the vast majority (81%) of all teaching staff say that they have never or very rarely 'seen or received reports' of any 'homophobic' bullying – (48% 'never' have and 33% 'rarely'), and 0% hear it 'very often'.¹⁸ According to a 2017 survey by the 'Ditch the Label' anti-bullying charity, 50% of those bullied say it involves attitudes to their appearance; 19% say it relates to them getting high grades, and 14% say it's because of household income. Only 4% report being bullied because of their sexuality.¹⁹

Measures to deal with alleged cases of such bullying risk excluding the majority of bullying. For example, pupils in school should be taught that all bullying is wrong and there should not be undue emphasis given, for instance, to 'homophobic bullying'²⁰. Therefore, we believe that additional 'flexibility' is not necessary as schools should be catering for the needs of every pupil, especially with regard to their academic needs.

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¹ Harry Benson & Spencer James, *The Long Term Effect of Marriage of Social Mobility* (Marriage Foundation, Jan 2018)

² Ibid.

³ Harry Benson & Stephen Mckay, *Family Breakdown & Teenage Mental Health* (Marriage Foundation, Nov 2017)

⁴ Mark Regenerus, 'How different are the adult children of parents who have same-sex relationships? Findings from the New Family Structures Study', *Social Science Research*, 41.4 (July 2012), pp.752-770.

⁵ Glenn T. Stanton, *The Ring Makes All The Difference: The Hidden Consequences of Cohabitation and the Strong Benefits of Marriage*, (Moody Publishers, 2011)

⁶ Speaking on BBC R4 Today programme, 01.11.17; quoted in 'Transgender people can end up 'badly damaged' says Lord Robert Winston', *The Telegraph*, 1 November 2017; available online at:

<http://www.telegraph.co.uk/news/2017/11/01/transgender-people-can-end-badly-damaged-says-lord-robert-winston/>

⁷ "Schools rushing 'on whisper' to label pupils as transgender", *The Times*, 21 Jan 2018; available online at <https://www.thetimes.co.uk/article/schools-rushing-on-whisper-to-label-pupils-as-transgender-0d8zm53qs>

⁸ *Paul W. Hruz, Lawrence S. Mayer, Paul R. McHugh*, Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria, *The New Atlantic*, Spring 2017.

⁹ *Eva Moore; Amy Wisniewski; Adrian Dobs*, 'Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects', *The Journal of Clinical Endocrinology & Metabolism*, Volume 88, Issue 8, 1 August 2003, Pages 3467–3473, <https://doi.org/10.1210/jc.2002-021967>

¹⁰ Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Långström N, et al. (2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. *PLOS ONE* 6(2): e16885. <https://doi.org/10.1371/journal.pone.0016885>

¹¹ *The Telegraph* recently reported how 'the number of children being referred to gender identity clinics has quadrupled in the past five years'. Figures from the Gender Identity Development Service (GIDS) show that in 2016 'there were a total of 2,016 referrals for youngsters aged between three and 18, more than six times more than the 314 referrals five years previously'. The article quotes Chris McGovern, a former advisor to the Department for Education, as saying: "It has become an industry, people are making a career out of encouraging children to question gender at an age when they need to be left to be children. When teachers raise these issues children can become confused or unhappy and traumatised by it." *The Telegraph*, 8th July 2017; available online at:

<http://www.telegraph.co.uk/news/2017/07/08/number-children-referred-gender-identity-clinics-has-quadrupled/>

¹² According to findings from the *England Gay Men's Sex Survey 2014*, 91.1% of gay men in England had practised anal intercourse, with 71.7% practising in the last 6 months, 54.1% in last month, 34.6% in last week, and 10.2% in last 24 hours. Ford Hickson et al, *State of Play: Findings from the England Gay Men's Sex Survey, 2014* (Sigma Research, London School of Hygiene & Tropical Medicine, May 2016), p.19; available online at

<http://sigmaresearch.org.uk/files/GMSS-2014-State-of-Play.pdf>

For an overview of the dangers of this and other forms of homosexual practice see: John R. Diggs, Jr., MD, *The Health Risks of Gay Sex* (Corporate Research Council, 2002); available online at

<https://www.catholiceducation.org/en/marriage-and-family/sexuality/the-health-risks-of-gay-sex.html> .

¹³ According again to the England Gay Men's Sex Survey 2014, of gay men who have sex with another man in the last year, 61.7% had anal intercourse with at one or more casual (non-steady) partner in the 12 months, and 34.7% did not use a condom. *State of Play*, p.21.

¹⁴ Public Health England, 'Sexually Transmitted Infections and Chlamydia Screening in England, 2016', *Health Protection Report*, 11.20, 9 June 2017; available online at: <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

Public Health England, *HIV in the UK: 2016 Report*; available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/602942/HIV_in_the_UK_report.pdf

Office for National Statistics, *Statistical Bulletin: Sexual Identity, UK:2016*, ONS, 4 October 2017; available online at: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016>

Population figures taken from Office for National Statistics estimates for 2016:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates#datasets>

¹⁵ Norman Wells, *Unprotected 2017: How the Normalisation of Underage Sex is Exposing Children and Young People to the Risk of Sexual Exploitation*, Family Education Trust, 2017.

¹⁶ Harry Benson, *Married and Unmarried Family Breakdown: Key Statistics Explained* (Bristol Community Family Trust, 2009).

¹⁷ <http://marriagefoundation.org.uk/government-pressure-back-marriage-cost-family-breakdown-hits-51-billion/>

¹⁸ The National Foundation for Educational Research, *Teacher Voice Omnibus Data Table*, Department for Education, July 2017; available online at:

<https://www.gov.uk/government/publications/teacher-voice-omnibus-november-2016-survey-dfe-questions>

¹⁹ Ditch the Label, *The Anti-Bullying Survey 2017*; available online at: <https://www.ditchthelabel.org/wp-content/uploads/2017/07/The-Annual-Bullying-Survey-2017-1.pdf>