

Northern Ireland RSE survey: Additional briefing

Approach of schools to areas of disagreement

Where there are different views on a topic, teaching should not be promoting a single perspective, but presenting children with different views and helping them to examine them critically.¹ Where children are too young to critically compare different views, the topic should be reserved until they are older. There should never be a situation where a teacher is compelled to **promote** a viewpoint with which they disagree.

Bodily autonomy

The NSPCC Pantosaurus programme includes the message: *“Your body belongs to you. No one should ever make you do things that make you feel embarrassed or uncomfortable. If someone asks to see, or tries to touch you, underneath your underwear, say ‘NO’ – and tell someone you trust and like to speak to. No one has the right to make you do anything that makes you feel uncomfortable. If somebody does make you do something, it is never your fault. Even if the person who has made you feel uncomfortable, has told you it is your fault.”*²

Christians might wish this was phrased differently, but we can nevertheless recognise the intention of this teaching, and its potential to prevent harm. This does not mean, however, that primary school children should be exposed to age-inappropriate materials.

Cass Review

This is a review commissioned by NHS England of its gender services for children, carried out by Dr Hilary Cass. Although its main focus is on psychological, medical and surgical treatment, it states:

“the importance of what happens in school cannot be underestimated”

and

*“it is important that school guidance is able to utilise some of the principles and evidence from the Review.”*³

It points out that the social transition of a child before puberty i.e. a boy living ‘in stealth’ as if they are a girl, or vice versa, creates stress and anxiety, and drives a sense of urgency to access puberty-blocking drugs as puberty approaches and threatens to make their actual sex obvious.⁴ Dr Cass also draws attention to concern based on other research that the gender identity a child is raised in seems to have some influence on eventual gender outcome.⁵ Consequently, it recommends caution, keeping options open and that specialist clinical professionals should be involved as early as possible if social transition is being considered before puberty. It follows therefore that teachers cannot make these decisions.⁶

CCEA RSE Hub

These are free materials and a scheme of work schools can choose to use to support their teaching of RSE.⁷ There is no requirement for schools to use them. The Hub has been revamped and added to over the last year.

It includes materials on transgender issues, which promote the view that gender is innate, fixed and independent of sex, and that the right approach is always social transition and affirming the child with the ‘correct’ name and pronoun.

Unit 4 of LGBTQ+ Matters at Key Stage 3/4 includes an activity where pupils sort statements about people into male and female characteristics. These include statements like: ‘Good with children’, ‘Emotional’, ‘Likes fashion’, ‘Caring’, ‘Sensitive’, ‘Romantic’, ‘Loves Sport’, ‘Cries Easily’. Some of these are clearly mere stereotypes. They are then told: “Everyone is assigned a gender identity at birth that is based on their sex” and that sometimes “a person’s genetically assigned sex does not correspond to their gender identity”.⁸ This makes little sense because a person’s genetics are not assigned at birth; they are determined at conception, as is their sex. Although not spelt out in the lesson, the implication is that a person’s gender identity is determined not by their biological sex, but by their ‘male or female characteristics’ as discussed in the previous activity. This risks encouraging those who feel they fit better with interests associated with the opposite sex to think their true gender identity must be in conflict with their sex, which could lead them to pursue transition. This could involve irreversible changes to their body that they may later regret and is associated with multiple health risks. See, for example, the story of Keira Bell, who describes herself as a ‘classic tomboy’.⁹

CCEA RSE materials continue to suggest The Rainbow Project as a helpful organisation for schools to refer pupils to.¹⁰ This could be a safeguarding issue: see ‘Puberty Blockers’ below.

Unit 5, Activity E then goes on to present ‘Choose the correct pronouns’ as a way to ‘support transgender people’. This lacks impartiality. It also presents a safeguarding risk as it could encourage children to pursue treatment that will cause irreversible changes and damage to their bodies that they may later regret. The Cass Review reported that there is no evidence social transition, at the core of which are names and pronouns, has a positive impact on children and young people’s mental health, but did identify risks associated with it, particularly in pre-pubertal children.

Activity 6, Resource E labels a link between abortion and long-term health problems as a ‘myth’, but there is credible scientific research that has found links between induced abortion and early preterm birth in subsequent

pregnancies. In 2013, a review of induced abortion and early preterm birth found “...a significant increase in the risk of preterm delivery in women with a history of previous induced abortion”. Women who had one prior abortion were 45% more likely to have premature births by 32 weeks, 71% more likely by 28 weeks, and more than twice as likely to have premature births by 26 weeks.¹¹ It is also widely recognised that carrying a first pregnancy to birth is protective against breast cancer.¹² Studies have also shown that abortion is significantly associated with an increased risk of breast cancer by as much as 44% after one abortion and even higher as the number of abortions increases.¹³

Surgical abortions carry a similar risk of complications to other invasive procedures, but chemical abortions can also be harmful for women. A study of over 40,000 women in Finland found that one in five women who had chemical abortions (taking a combination of two pills) suffered complications such as haemorrhage and incomplete abortion.¹⁴ In fact, women are more likely to require medical help for bleeding and haemorrhaging after medical abortion than after surgical abortion.¹⁵

In terms of mental health, a meta-analysis published in the British Journal of Psychiatry found women who have had an abortion experience an 81% higher risk of mental health problems when compared with women who have not had an abortion, adjusted for confounding factors.¹⁶ Professor David Fergusson, who is pro-abortion, concluded that there is “no evidence” that supports authorising abortions on mental health grounds.¹⁷

Pupils should at least be advised that there is research to suggest that there can be physical and mental health consequences of having an abortion.

The reference to ‘removing a pregnancy’ (Slide 8) and the “pregnancy” being “passed out of the body” (**Resource E: Fact or Myth 4**) is a very unusual use of the word pregnancy which appears to have been chosen solely to reflect a pro-abortion perspective, rather than a scientifically accurate and dispassionate account of the facts. ‘Pregnancy’ in its normal use means the state of being pregnant, not the contents of the womb. A woman is described as ‘pregnant’ but not as ‘having a pregnancy inside her’. This is reflected in the definition given in medical and other dictionaries.¹⁸ It is the embryo or, after the first trimester, the foetus, which is removed or passes out of the body, along with associated tissues.

‘Comprehensive’ RSE

The word ‘comprehensive’ in relation to sex education has a technical meaning. Originally in research carried out in the US 15 years ago, it referred to sex education for teenagers that taught abstinence before marriage, but also included teaching on the use of contraception to prevent pregnancy if sexual intercourse took place outside of marriage.¹⁹ Contemporary sex education campaigns use the word more broadly to suggest coverage of a wide range of sexual practices.

Those calling most loudly for ‘comprehensive, scientifically accurate, age-appropriate sex education’ use it to refer to a particular kind of supposedly ‘progressive’ sex education which advances unscientific ideas about gender and sex that are scientifically

inaccurate. They seek to trump parents’ perceptions of what is age-appropriate with their own unevidenced beliefs, and use being ‘comprehensive’ to mean teaching on any and every sexual practice, based on an ideological belief that any constraints are harmful. This is derived from queer theory.

Education and Training Inspectorate (ETI) report

In 2023, ETI published a report on the Preventative Curriculum. It is a mixed report, drawing attention to some apparent real failings in RSE provision, such as teaching girls about menstruation but only at an age when most have already started their periods.²⁰ However, alongside stating the importance of impartiality, it makes highly partisan statements about gender which are not supported by evidence.²¹

Unlike those pushing this questionnaire, the ETI report does not support more prescription of RSE content:

“Additionally, the potential for a range of government strategies and policy areas, already developed or under development, to prescribe individually what must or needs to be taught, is likely to serve only to overwhelm schools/centres further, rather than improve the quality and extent of provision in these integral areas of the curriculum.”²²

Female Genital Mutilation (FGM)

This is an appalling practice carried out on girls in some countries, sometimes inaccurately referred to as female circumcision. It can involve radical and painful alteration of the genitals with life-long harmful consequences. Where data is available, it shows the practice to be most common in Somalia, Guinea, Djibouti, Mali, Egypt, Sudan, Sierra Leone, Eritrea and Gambia.²³ It is sometimes practised in communities in the UK which have origins in these countries.

The number of girls at risk in Northern Ireland will be very small and in the vast majority of schools, there will be no girls at all who are at risk. The largest ethnic group in Northern Ireland separately identified in the 2021 census with a cultural history of practising FGM are Indonesian people.²⁴ In Indonesia, when performed, it usually takes place before the age of eleven.²⁵

‘LGBTQIA+’

LGBTQIA+ is a political term, referring to an alliance of different groups which have always had different characteristics and sometimes different agendas. This has recently led to groups being established such as ‘get the L out’, The Lesbian Project and the LGB Alliance. These have distanced themselves from Stonewall and groups like the Rainbow Project, which continue to use ‘LGBT’ or ‘LGBTQIA+’. This reflects their different political agendas. Using the acronym LGBTQIA+ takes sides in an issue of contemporary debate. It aligns with groups that promote radical gender ideology, to the exclusion of those that believe in biological sex. This encourages schools to do the same. Political language should not be used in guidance on curriculum content.

Politicising the curriculum would turn schools from being institutions that educate children into political entities working for social change by attempting to indoctrinate the next generation into a particular viewpoint. This would undermine the educational

work of the school and its credibility in the eyes of parents. The education system must not allow itself to be co-opted into a political agenda. Where schools are state-funded, that is particularly important. The State pushing certain opinions through schools would be to undermine democracy, which rests on the freedom for people to have different opinions, not be pushed by the state towards a single, uniform political view.

In addition, the Q and the T of LGBTQIA+ raise particular concerns, including over safeguarding.

Q for Queer

Queer is not a synonym for Lesbian and Gay. Many who describe themselves as Lesbian or Gay seek to distance themselves from the term. It is derived from Queer Theory, a field of critical theory established by the academic and activist Gayle Rubin, who argued that social norms and accepted sexual morality have been constructed by powerful groups in society in order to marginalise others. According to Rubin, the brunt of this oppression has been borne by those who practise 'cross-generational sex'. She writes that "the notion that sex *per se* is harmful to the young has been chiseled into extensive social and legal structure designed to insulate minors from sexual knowledge and experience, and proposing 'develop[ing] radical perspectives on sexuality."²⁶

While few would now advocate for paedophilia, queer activism remains dedicated to removing social norms and moral boundaries around sexual conduct.

This is not appropriate in schools and is incompatible with safeguarding, which relies on clear boundaries.

T for Transgender

'T' refers to transgender: the idea that a child may be 'born in the wrong body' (e.g. a boy born in a girl's body). There is no scientific evidence that it is possible to have a 'male brain' in a female body, or vice versa. But there are serious concerns that teaching this to children could lead them to interpret the normal struggles of puberty, coming to terms with their changing body, or changes in the opposite sex's response to them, as signs that they are undergoing the 'wrong puberty'. This could lead them to seek medical treatment to change their body, which carries significant risks and cannot in fact change the sex of their body. It is also likely to involve changes that are irreversible and may later be regretted. The Christian Institute believes encouraging a child to pursue transition puts them at risk of harm and is therefore a safeguarding issue.

Marriage

There is currently no requirement to teach anything about marriage and confusingly, CCEA resources²⁷ mention abstinence from sexual relations without any reference to marriage. Abstinence prior to marriage signals that there will be a clear transition into a sexually active relationship as a result of an intentional decision and commitment.

Marriage is the primary sexual relationship in Northern Ireland and in most cultures across the world – now and throughout history. Omitting it from lessons on sexual relationships seems very hard to justify. Not teaching

marriage robs children of crucial information to inform some of the most important decisions in their life.

There is an abundance of evidence that shows the benefits of marriage to the married couple, to their children and to wider society. For example, married couples are twice as likely to stay together as cohabiting ones, which makes a profound difference for family stability and children's outcomes.²⁸ Children of married couples are less likely to be in poverty than children of unmarried parents²⁹ and are more likely to go to university.³⁰ In contrast, for example, adolescent children from fatherless homes are more likely to be incarcerated by the age of 30 than those from intact families.³¹ This issue clearly needs to be approached with great sensitivity as some pupils will not have married biological parents.

We owe it to young people to make them aware of these benefits for their own future decision-making about relationships. Whilst not all pupils will have parents who are married, and teachers will need to handle these lessons sensitively, nonetheless pupils should not be denied learning objectively about the advantages of marriage based on the evidence, as well as being able to participate in discussions about marriage.

You may also want to mention that RSE needs to address the fact that most pupils will go on to be parents and preparing them for parenthood should be a crucial aspect.

Puberty blockers

These are drugs used to prevent puberty. Though sometimes advocated as a means of 'putting puberty on pause' to allow more time for reflection about transition, in practice almost all children who take puberty blockers later move on to cross-sex hormones, which cause permanent changes to the body.³² Studies show that in up to 90% of cases, childhood confusion around sex and gender resolves without any medical intervention by the end of puberty.³³

There is no evidence puberty blockers improve the mental health of children and there are serious concerns about side effects.³⁴ Consequently, the health service has stopped prescribing them, and the Government has introduced an emergency legal ban on private prescriptions.

Nevertheless, puberty blockers continue to be available from providers now based abroad, most prominently GenderGP, established by two doctors who have both lost their licences to practise in the UK, and now operate from Singapore.³⁵ It has been criticised by the courts for endangering the lives of children.³⁶ It provides private prescriptions and its website suggests getting prescriptions made up in the name of someone over the age of 18, in order to evade the UK's ban.³⁷ Until October 2024, when raised by the NI Education Committee, The Rainbow Project's website was suggesting GenderGP as a popular choice for young people in Northern Ireland seeking medical transition in light of the Government ban on puberty-blocking drugs.³⁸ Although The Rainbow Project has now removed this reference from its website, it is opposed to the ban, criticises the meticulously researched and

evidence-based Cass Review and may well continue to signpost children to GenderGP privately.³⁹

RSE and child protection/safeguarding

There have been a handful of cases reported in the media where RSE teaching in school has led to a child saying that they were being sexually abused, and that abuse being dealt with by the police.⁴⁰ As these situations are highly sensitive, there may be more cases that are not in the public domain.

In Northern Ireland, many primary schools use the **NSPCC Pantosaurus** programme (see 'Bodily Autonomy').

Statutory requirements for RSE

Schedule 2 of the Education (Curriculum Minimum Content) Order (Northern Ireland) 2007

This legislation, amended in 2023, sets out what schools are required to teach. There are no requirements for RSE in primary schools. The following is required in post-primary schools:

Key Stage 3

Exploring Relationships provides opportunities to understand the importance of forming and maintaining relationships to physical and emotional/mental health throughout life.

Pupils should have opportunities to:

- Explore the qualities of relationships including friendship.
- Explore the qualities of a loving, respectful relationship.
- Develop coping strategies to deal with challenging relationship scenarios.
- Develop strategies to avoid and resolve conflict.

- Explore the implications of sexual maturation.
- Explore the emotional, social and moral implications of early sexual activity.
- Receive age-appropriate, comprehensive and scientifically accurate education on sexual and reproductive health and rights covering prevention of early pregnancy and access to abortion.

Key Stage 4

Personal Development

Pupils should be enabled to:

- develop an understanding of how to maximise and sustain their own health and well-being;
- reflect on, and respond to, their developing concept of self, including managing emotions and reactions to on-going life experiences;
- recognise, assess and manage risk in a range of real-life contexts;
- develop their understanding of relationships and sexuality and the responsibilities of healthy relationships;
- develop an understanding of the roles and responsibilities of parenting;
- develop further their competence as discerning consumers in preparation for independent living.
- Receive age-appropriate, comprehensive and scientifically accurate education on sexual and reproductive health and rights covering prevention of early pregnancy and access to abortion.
- Guidance from the Department of Education says all state-funded schools in Northern Ireland are required to have an "RSE policy and taught programme that has been developed based on the ethos of their school and in consultation with staff, governors, parents and pupils".⁴¹

¹ *Lautsi v Italy* [2012], 54 EHRR 3

² 'Let's talk PANTS with Pantosaurus!', NSPCC, see <https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/pants-under-wear-rule/> as at 7 November 2024

³ *Cass Review: Independent review of gender identity services for children and young people*, April 2024, para. 12.6

⁴ *Ibid*, para. 12.12

⁵ *Ibid*, paras 12.25 and 12.34

⁶ *Ibid*, April 2024, Recommendation 4, page 32

⁷ 'Relationships and Sexuality Education (RSE)', CCEA, see <https://ccea.org.uk/learning-resources/relationships-and-sexuality-education-rse> as at 7 November 2024

⁸ *LGBTQ+ Matters: Gender identity*, CCEA, 2022

⁹ 'Keira Bell: My Story', *Persuasion*, see <https://www.persuasion.community/p/keira-bell-my-story> as at 7 November 2024

¹⁰ *Post-Primary Links: LGBTQ+*, CCEA

¹¹ Hardy, G, Benjamin, A and Abenheim, H A, 'Effect of Induced Abortions on Early Preterm Births and Adverse Perinatal Outcomes', *Journal of Obstetrics and Gynaecology Canada*, February 2013, 35(2), pages 138-143

¹² Verlinden, I, Güngör, N, Wouters, K et al, 'Parity-induced changes in global gene expression in the human mammary gland', *European Journal of Cancer Prevention*, April 2005, 14(2), pages 129-137; Russo, I H and Russo, J, 'Pregnancy-Induced Changes in Breast Cancer Risk', *Journal of Mammary Gland Biology and Neoplasia*, July 2011, 16(3), pages 221-233

¹³ Huang, Y, Zhang, X, Li, W et al, 'A meta-analysis of the association between induced abortion and breast cancer risk among Chinese females', *Cancer Causes Control*, 2014, 25, pages 227-236

¹⁴ Niinimäki, M, Pouta, A, Bloigu, A et al, 'Immediate Complications After Medical Compared With Surgical Termination of Pregnancy', *Obstetrics and Gynaecology*, vol. 114, No. 4, October 2009, pages 795-804

¹⁵ *The Care of Women Requesting Induced Abortion: Evidence-based Clinical Guideline Number 7*, *Royal College of Obstetricians and Gynaecologists*, November 2011, page 40

¹⁶ Coleman, P K, 'Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009', *British Journal of Psychiatry*, 199(3), 2011, pages 180-186

¹⁷ Fergusson, D M, Horwood, L J and Boden J M, 'Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A re-appraisal of the evidence', *Australian and New Zealand Journal of Psychiatry*, 47(9), 2013, pages 819-827

¹⁸ 'Pregnancy', *Oxford Reference*, see <https://www.oxfordreference.com/display/10.1093/oi/authority.20110803100342941#> as at 4 November 2024. See also https://dictionary.cambridge.org/dictionary/english/pregnant#google_vignette and <https://www.dictionary.com/browse/pregnant> as at 4 November 2024

¹⁹ Kirby, D B, 'The impact of abstinence and comprehensive sex and STD/HIV education programs in adolescent behavior', *Sexual Research and Social Policy*, 5(3), 2008

²⁰ *The Preventative Curriculum in Schools and Education Other Than at School (EOTAS) Centres*, Education and Training Inspectorate, April 2023, page 6

²¹ *Ibid*, pages 39 and 43

²² *Ibid*, page 8

²³ *Female genital mutilation: A Global Concern*, Unicef, March 2024

²⁴ *Census 2021: MS-B02: Ethnic group – full detail [notes 1,2]*, Northern Ireland Statistics and Research Agency

²⁵ *INDONESIA: Statistical Profile on Female Genital Mutilation*, Unicef, 2019

²⁶ Rubin, G S, *Thinking Sex*, first published in Vance, C S (ed.), *Pleasure and Danger: Exploring Female Sexuality*, 1984

²⁷ For example, Slide 6, Activity 2 talks about abstinence but needs to include a subsection on abstinence before marriage. In the absence of clear reference to marriage, it could sound like a commitment to celibacy which is misleading for pupils. The reasons for abstinence outside of marriage are also not explored: "a decision linked to religious, ethical or marital beliefs" is essentially meaningless, as all decisions made by all people in this area are in some way linked to beliefs about sexual conduct or individual liberty.

²⁸ *Family Structure Still Matters*, The Centre for Social Justice, August 2020, page 12

²⁹ *Ibid*, page 9

³⁰ *The long term effect of marriage on social mobility*, Marriage Foundation, January 2018

³¹ Harper, C and McLanahan, S, 'Father Absence and Youth Incarceration', *Journal of Research on Adolescence*, 2004, 14(3), pages 369-397

³² Carmichael, P, Butler, G, Masic, U, et al, 'Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK', *PLoS ONE*, 16(2), February 2021

³³ Carmichael, P, Phillott, S, Dunsford, M et al, 'Gender Dysphoria In Younger Children: Support And Care In An Evolving Context', *WPATH*, 2016 [no longer available online]; Ristori, J, and Steensma, T D, 'Gender dysphoria in childhood', *International Review of Psychiatry*, 28(1), 2016, pages 13-20; Wallien, M S C and Cohen-Kettenis, P T, 'Psychosexual Outcome of Gender-Dysphoric Children', *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(12), December 2008, pages 1413-1423

³⁴ Taylor, J, Hall, R, Langton, T et al, 'Care pathways of children and adolescents referred to specialist gender services: a systematic review', *Archives of Disease in Childhood*, 2024, 109, pages 57-64

³⁵ *The Times online*, 19 July 2024, see <https://www.thetimes.com/uk/healthcare/article/doctor-who-gives-puberty-blockers-to-trans-children-loses-licence-gj5633j09> as at 7 November 2024; *The Times online*, 10 May 2024, see <https://www.thetimes.com/uk/healthcare/article/profile-gendergp-founders-chased-bailiffs-moving-abroad-dcj9gh5qw> as at 7 November 2024

³⁶ *Re J (Transgender: Puberty Blocker and Hormone Replacement Therapy) EF and LM and J (acting through his Children's Guardian, Sarah Gwynne)* [2024] EWHC 922 (Fam), at paras 3, 38, 39, 58.

³⁷ 'My Child's Puberty Blocker Is Running Out; What Are My Options?', *GenderGP*, see <https://www.gendergp.com/my-childs-puberty-blocker-is-running-out-what-are-my-options/> as at 7 November 2024

³⁸ *The Rainbow Project*, see <https://www.rainbow-project.org/trans-healthcare-nhs-and-private/> as at 7 November 2024

³⁹ *News Letter online*, 16 October 2024, see <https://www.newsletter.co.uk/news/politics/sinn-fein-and-alliance-party-block-dup-on-northern-ireland-education-committee-from-reporting-puberty-blocker-fraud-concerns-transgender-transitioning-drugs-4827433> as at 7 November 2024; Northern Ireland Assembly, *Committee for Education meeting*, 16 October 2024, from 1 hour 26 mins to 1 hour 35 mins; 'The Rainbow Project's Statement on the Cass Review', *The Rainbow Project*, see <https://www.rainbow-project.org/cass-review/> as at 7 November 2024

⁴⁰ 'Child abuse survivor who saw grandfather jailed speaks out – as recorded cases hit new high', *Safeguarding and Child Protection Association*, see <https://www.sacpa.org.uk/2023/07/31/child-abuse-survivor-who-saw-grandfather-jailed-speaks-out-as-recorded-cases-hit-new-high/> as at 7 November 2024; *Mirror online*, 20 May 2024, see <https://www.mirror.co.uk/news/uk-news/schoolgirl-came-home-told-mum-32852851> as at 7 November 2024; *Manchester Evening News online*, 20 October 2021, see <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/paedophile-snared-after-sex-education-21840077> as at 7 November 2024; *Chronicle Live*, 10 June 2022, see https://www.chroniclive.co.uk/news/north-east-news/sex-education-lesson-school-made-24186096?int_source=nba as at 7 November 2024

⁴¹ *Circular 2024/1: Guidance on Amendments to the Relationships and Sexuality Education (RSE) Curriculum Content*, Department of Education, 2024