



Position statement: SOGI education in public schools

March 19, 2021

The stated aim of SOGI 123 is: "...[to] make schools inclusive and safe for students of all sexual orientations and gender identities (SOGI). At a SOGI-inclusive school, students' gender does not limit their interests and opportunities, and their sexual orientation and how they understand and express their gender are welcomed without discrimination." <https://www.sogieducation.org/>

GDAC is fully in favour of inclusivity, diversity, and anti-bullying. We believe that schools should be safe places for all children to receive quality education and socialization opportunities, regardless of their sexual orientation or gender expression. We are therefore aligned with SOGI 123's stated goal.

However, since the teaching materials haven't been made public, we have not viewed them, and SOGI 123 isn't a set curriculum. It gives wide leeway for individual teachers to choose how and what to teach children about gender identity. For example, one of our members reported that their 14-year-old daughter was taught about intersex conditions and that information was then used by the teacher to claim that there are "58 genders". There is also a pending human rights complaint about an Ontario teacher who told her class of 6-year-olds that "girls are not real, and boys are not real" which was confusing and upsetting for that girl. <https://www.jccf.ca/six-year-old-told-by-teacher-that-girls-are-not-real-case-to-proceed-to-a-full-hearing/>

We don't object to children being taught about transgender people, for the purpose of inclusivity, but we do believe it's highly important that the information being presented is evidence-based and delivered in ways that are age and development appropriate. Using intersex (DSDs) as evidence for a gender spectrum is not factual. Most intersex conditions are sex specific. The sex differentiation process is a mutually exclusive binary process, and most people with a DSD identify as male or female, not non-binary. <https://isna.org/>

There are two main evidence-based models of understanding gender dysphoria (GD): (1) psychological theories (Bailey, Blanchard, Zucker), and (2) Biomedical theories (Guillamon). These two models have not been fully reconciled with one another. There is currently no consensus on what GD is or what causes it. Since the early 1990s, the cultural narrative that has emerged about transsexualism is rooted in Queer Theory (Butler), a rhetorical, post-modern, literary discipline, not peer-reviewed evidence. As such, we do not feel it should be promoted in the public school system to children as fact. GDAC does not share the Queer Theory based understanding of our GD. For us, GD is a condition we have, which does not define our personhood as a separate classification.

Studies have shown that the vast majority (85%) of children with GD desist by or through puberty, and that most of those kids grow up to be gay/lesbian, not transgender (Steensma).

One of the key criticisms of the bio-medical studies is that most exclude homosexuals from their control groups. So while they found some differences in the transgender cohort, it's just as likely that they show

differences between homosexuals and heterosexuals, not transgender specific differences. This would in fact support the psychological theories that most people with GD are gay.

Further, labelling children with GD as “trans” and encouraging them to socially transition is thought to facilitate the consolidation and persistence of their GD, making later medical transition more likely (Zucker). For Zucker, social transition is a clinical intervention. Teachers should, therefore, be very cautious with how gender theory is presented, as it is likely to impact children’s long-term identity development. Encouraging children to be “transgender” as a result of childhood gender non-conformity could lead to life-long, invasive medical procedures which might have been avoided if children were instead supported through their natural developmental stages. Gender non-conformity is not itself a pathology that requires any medical intervention. SOGI educators should consult with developmental psychologists who have expertise in GD to develop a set curriculum which supports healthy identity development. Alternately, the curriculum could support anti-bullying and diversity without stating any theoretical view on what GD is.

We request that SOGI 123 implement these changes immediately.

References

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