

Draft specification for Junior Cycle SPHE

NCCA consultation

Draft specification for Junior Cycle SPHE - NCCA consultation

The NCCA is currently updating the Social, Personal and Health Education (SPHE) curriculum and as part of that work an updated junior cycle SPHE short course is now available for consultation. A key part of the consultation is feedback from individuals and groups who are interested in this area of young people's education.

The consultation will remain open until Friday, October 14th 2022. You can send us your feedback by using this template and sending it to SPHEdevelopments@ncca.ie

Before completing the template please read the draft junior cycle SPHE short course at this link: https://ncca.ie/en/updates-and-events/consultations/.

Extracts from this are provided below.

Date Protection Statement

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Any data from this will be further anonymized and aggregated and only made available after the final report is completed. Where a respondent selects 'yes' to the question *Are you willing to be listed as a contributor to the consultation*, respondents are consenting to having their name / organisation's name published with the list of written submission on www.ncca.ie

SPHE Short Course - Feedback

| Name: | |
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| & The Countess Schools and Safeguarding Team | |
| Are you contributing views as: | Yes/No |
| An organisation | Yes |
| Are you willing to be listed as a contributor to the consultation on the NCCA website? | Yes |
| Name of organisation | The Countess CLG |

Questions to consider:

Question 1.

The aim of the updated short course is 'to nurture students' self-awareness and positive self-worth and to develop the knowledge, understanding, skills, dispositions and values that will help them to create and maintain respectful and caring relationships and lead fulfilling and healthy lives.'

Please state whether you agree this aim summarises the purpose of SPHE for junior cycle and your reason for agreeing/disagreeing

The Countess is a group of progressive women from all walks of life including doctors, lawyers and students. We are volunteer-led, self-funded and not affiliated with any political party or religion.

The Countess has members all over Ireland, and in some EU member states. Since the launch of The Countess in September 2020, we have gained 15,000 followers across social media, hosted webinars to live audiences of a thousand, and been instrumental in shifting the discourse in Ireland. We advocate for, and centre women and children in our work. We have working groups on prisons, sport, legislation and schools & safeguarding.

Since launching our campaign to preserve single sex toilets in Irish schools we have received a wave of approaches and support from parents and concerned citizens who used our template letters to make their voices heard. They do not agree with the raft of radical laws and policies being pushed through at the behest of gender identity politics.

As such, we represent a growing constituency of people waking up to the impact of such measures (loosely terms 'inclusivity') on women and children. We are not interested in changing anyone's beliefs around transgender identity. We are simply calling for a wider lens when it comes to examining the impact of these laws and policies on society.

We are part of a growing number of people and grassroots groups worldwide, who are working together to raise awareness.

Insert response here:

Disagree.

The course cannot meet all its stated aims because it promotes an ideological standpoint that assumes all students, parents and teachers believe in gender identity ideology. Students cannot become self-aware or attain positive self-worth if they must police their thinking and deny the reality of sex. The SPHE short course requires pupils to deny their senses, their eyes and ears about who is male and who is female. This biological intelligence has been hardwired. Humans can determine the sex of another person with exquisite accuracy.

Acknowledging sex differences isn't saying that sex is all that matters but it recognises that it does matter and not naming it is harmful. (Sex Matters, <u>Schools Guidance</u>)

All reasonable adults want children and young people to receive age appropriate and accurate information about any topic that will influence their choices and quality of life. The Countess is committed to the ideal that children and young people should be respected and treated with dignity. The aim of this submission is not to denigrate or belittle the authors of the Draft specification for Junior Cycle SPHE. But it must be acknowledged that while some people believe that "transgirls are girls" and "transboys are boys", this is not a belief that is shared by everyone, and it is not reflected in law (for those without a GRC) or by material reality. A "transgirl" is a boy and a "transboy" is a girl. Gender questioning children have specific needs that those responsible for their care and welfare must address.

The draft course aims to develop 'understanding, skills, dispositions and values that will help them [students] to create and maintain respectful and caring relationships and lead fulfilling and healthy lives.'

How can students be supported to develop skills and values that help them maintain a respectful and caring relationships if they are asked to accept beliefs they may not hold? It is neither respectful nor caring to impose beliefs on others. Children and teachers have the right not to be discriminated against and this includes the right not to believe and the right not to be discriminated against on the basis of their gender (male or female). Gender as set out in the Equal Status Acts 2005 -2015 means to be male or female. (F5['Gender Goods and Services Directive' means Council Directive 2004/113/EC of 13 December 20041 implementing the principle of equal treatment between men and women in the access to and supply of goods and services.] Also, Article 9 of the European Convention on Human Rights (ECHR) states that

everyone has the right to freedom of thought, conscience and religion; this right includes freedom to manifest his religion or belief, in worship, teaching, practice and observance. While Article 10 of the ECHR states that freedom of expression includes 'freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers'. Teaching of gender ideology as fact in Irish schools may contradict those basic human rights of both pupils and teachers.

Question 2.

The course is structured around four strands and three crosscutting elements (see specification pp 9-16). Having considered these please give us your feedback on the proposed course outline.

Specifically, please comment on whether you think the learning outcomes provide *clarity* on expectations for learning in junior cycle SPHE and whether you consider the learning outcomes to be *relevant* to the lives, interests and needs of 12-15 year olds today.

Insert response here:

Clarity is impossible if we cannot speak plainly, truthfully and without promoting any ideological stance.

The SPHE draft specification sets out it's ideological commitment to gender identity in Strand 1 - 1.4. This section asks that students should be able to 'appreciate that sexual orientation, gender identity and gender expression are core parts of human identity and that each is experienced along a spectrum'.

No distinction is made between sex (biology) and gender identity or expression (socially constructed psychology). They must be clearly differentiated as separate and distinct explorations, to enable children to develop clarity about their own sense of self.

To help children achieve clarity about sex and relationships, we need to speak and write clearly about the basic tenets of human biology. It is important for every student to understand the relevance of biology, of being female or male, to their lives, and to their general and reproductive health. For example, heart attacks manifest themselves differently in men and women, women are the vast majority of those affected by breast cancer. To fail to acknowledge the differences in sex is to fail to acknowledge that female and male bodies sometimes manifest illness differently. Children's learning must be grounded in this biological reality. Males and females undergo different biological developmental trajectories that are hard wired unlike the concepts of 'gender', 'gender identification', 'gender expression', which are social and psychological constructs.

Relevance and context

The course would have greater relevance if it contextualised gender identity ideology. Gender identity is an unfalsifiable belief, a belief that holds that everyone is in possession of a 'gendered soul'. It is an article of faith and can be neither proven nor disproved. It is not wrong to hold that belief but it is wrong to use the curriculum to promote the acceptance of ideological assumptions. People are not assigned a sex at birth. A baby's sex is observed and recorded. Some people may believe their sex was incorrectly observed and recorded but this is a matter for them. It is not appropriate to tell pupils that their sex is a matter of subjective interpretation. Schools should teach children it is acceptable not to believe in gender ideology, just as they are taught that it is acceptable not to believe in God, or follow a certain religion, but respect those people that do.

Clarity and relevance can only be achieved when we agree about the meaning of words. The glossary of key terms for SPHE defines 28 terms but does not define 'sex' or 'gender'. The draft curriculum often uses the terms 'sex' and 'gender' synonymously. This will lead to confusion and potential harm. Most people tend to understand the distinction between 'sex' and 'gender' in a way that places sex in the realm of nature and gender in the realm of the cultural. This short course must be concordant with other subjects within the curriculum. The Junior Certificate science syllabus and Leaving Certificate Biology syllabus make no reference to gender but refer to the dimorphic sex categories of male and female and address human reproduction. For reasons of continuity and clarity it is essential that the draft curriculum defines both terms.

Without a definition of 'gender' what do the terms 'gender identity' and 'gender expression' mean? Without a definition of 'sex' what does 'sexism' or 'sexual harassment' mean?

Failure to be clear about what these terms mean will potentially lead to errors in the application of the Child First Act 2015 and the Equal Status Acts (ESA) 2000 – 2015.

Section 11 of the Child First Act 2015 states that relevant service providers must produce a child safety statement and risk assessments to comply with the Act. Failing to understand the differences between 'sex' and 'gender' or failing to define 'sex' and 'gender' undermines children's safety. By telling pupils they are behaving in an exclusionary or bigoted manner for expecting or wanting to retain single sex provision teachers undermine their safety. What reasonable educator would teach young people that to support female only or male only provision is exclusionary and phobic?

Everyone in the school population must know that they are welcome and included but that it is not 'transphobic' to state that everyone has a sex. This is crucial for equality, safeguarding and sex and relationship education.

SPHE Toolkit and Resources

The draft SPHE short course refers teachers to the <u>SPHE Toolkit</u> as a source for teaching resource. Teachers are then directed to <u>Relationships and Sexuality</u> <u>Education Unit 1</u>. This is produced by the HSE in association with BeLonGTo. This unit suggests three activities relating to;

- 1. Gender and Gender Identity
- 2. Sexual Orientation
- 3. Changes in Puberty.

The sections relating to *Gender and Gender Identity* and *Sexual Orientation* are contradictory, homophobic and offensive to people with Differences of Sex Development referred to in the document as 'intersex' conditions.

Gender and Gender Identity Pg 15 Activity 3

The following definitions, provided in the toolkit resources, are neither factual nor neutral. It should be noted that while this definition of sex below is provided by an external resource provider the NCCA short course provides no definition of either 'sex' nor 'gender'.

Definition of sex provided by the 'toolkit' is incorrect.

Sex refers to the biological and physiological characteristics that are defined as being male and female. Therefore, when children are born, their sex is largely decided or 'assigned' on the basis of their external genitalia, which generally – but do not always – reflect their internal hormonal and chromosomal make-up (see Teacher's note in activity 1, What is RSE?, for an explanation of 'intersex')

Sex is not decided or 'assigned 'at birth. It is observed and recorded. The definition of sex provided by the toolkit is grounded in gender identity ideology. It is not neutral. It is not factual. Sex refers to the primary and secondary characteristics of a male or female person. Identifying someone's sex relies on what can be objectively observed not what is subjectively interpreted.

The use of the word 'intersex' in the 'toolkit' is inaccurate

The term 'Intersex' is controversial and is not universally accepted by those living with Differences in Sex Development (DSD). When the NCCA uses the term 'intersex' is it referring to people without a DSD who choose to identify as intersex or those with a DSD, who may not use or even like the term?

People born with DSDs are not 'between sexes'. Their complex health conditions are sex specific. There is no third sex. If there was the biology curriculum would refer to the third gamete. It does not. If teachers are going to address this subject the information provided has to be accurate and based in biology. <u>Advocacy groups</u> for

DSD do not believe the term 'Intersex' is neutral. The term has expanded to include those suffering with polycystic ovary syndrome (PCOS). This condition only affects females and results in the production of excess androgens – higher than usual levels of testosterone and androstenedione hormones in the female body, which may cause physical signs such as excess facial or body hair. The production of excess androgens does not mean a female child was 'assigned' the wrong sex at birth or that they are somehow more male because their bodies produce a higher amount of testosterone and androstenedione. This idea reinforces any sense that young girls may have that their body is 'wrong' because they experience PCOS. Women experiencing the menopause also experience a loss of estrogen and progesterone, commonly referred to as female sex hormones. The reduction of these hormones does not make menopausal women more 'male'. There are various pathologies that may lead to higher levels of sex specific hormones in a person's body this does not mean they have changed sex.

Definition of 'gender identity' provided by the 'toolkit' is misleading.

Gender identity refers to how people feel about themselves in relation to gender. Most people identify as cisgender. The prefix 'cis' means 'same as', so cisgender people have a gender identity which is the same as the sex they were assigned at birth – that is, their biological and physiological characteristics match their internal identity.

This definition implies that all people have a gender identity that may or may not match their biological sex. This is not true. Some people may believe they have a gender identity, but it is a personal belief and must not be presented to pupils as fact.

Gender identity relies on stereotypes to operate. A boy who does not play football is not a girl, a girl who likes to skateboard is not a boy. But gender identity teaches that these non-stereotype behaviours are indications that a child may be 'born in the wrong' body. This is a profoundly limiting and reductive view of human expression. A person who expresses themselves in ways which do not conform to sexual stereotypes is a non-conformist. This is to be celebrated not pathologised. The resources used to teach gender identity directly contradict earlier recourses used to teach about sex stereotypes. Teachers cannot, on the one hand, teach children that liking pink makes you a girl and on the other that it is sexist to say that all girls like pink. This is illogical.

Many people find the prefix "cis" to be a pejorative. Woman is the universal understanding of the adult female of the human species. Man is the universal understanding of the adult male of the human species. Neither are a subcategory of its own sex. The introduction of "cis" relegates the fact of being a man or a woman to a feeling.

Names and Pronouns Pg 18

This section directs teachers to a video produced by BeLonGTo that tells students they can show respect to others by using preferred pronouns. Pronouns are words that other people use to refer to a person (he/him, she/her). Pupils may request that teachers and peers use 'preferred pronouns' for them but this cannot be insisted upon. Insisting that preferred pronouns are used is not a neutral act. To do so is to compel the use of speech. This is contrary to the teachers' and students' right to freedom of expression and belief.

BeLongTo advises teachers to evade answering parents about the use of pronouns by a student. The handbook supplied to deliver their Universal LGBT+ awareness and skills training, advises professionals working with young people in community or education settings to not;

'Out them to their parents. Ensure you use whatever pronouns they wish you to use if you are communicating with their parents about or with the young person.' Pg. 23

This is a breach of trust and promotes child/parent alienation. Teachers are in breach of their child safeguarding obligations if they deliberately conceal the use of preferred pronouns by a student from the child's parents or if they use pronouns without the parents' consent.

Activity 4 - Sexual orientation Pg 19

Definition of sexual orientation is illogical.

Sexual orientation describes who a person is attracted to in terms of that person's sex or gender identity. The phrase 'sexual orientation' is often used just to refer to non-heterosexual orientations, but it is important that students understand that everyone has a sexual orientation and that this is an important part of their sexuality and its expression.

• Sexual orientation describes who we are attracted to – how we feel about other people. • Gender identity describes how we feel inside about ourselves – who we are as a man, woman, neither or both.

This definition is illogical. A person's sexual orientation is based on sex not gender. If sexual orientation is based on an individual's perception of themselves this gives license for a male person to describe themselves as lesbian because they have a female gender identity and a female person to describe themselves as a gay man because they have a male gender identity. This is a logical fallacy.

Describing sexual orientation as dependent of how one feels about one's sex as opposed to what one's sex actually is, is homophobic. This definition of sexual orientation denies that the physical body, the sexed body, has any part to play in attraction. Is a lesbian who does not wish to add a trans identifying male into her dating pool guilty of transphobia? That a boy or man identifies as a girl or woman does not change the empirical fact of their male body. This homophobic attitude is compounded in the Teacher's Note section where Lesbians are ONLY attracted to women. If they were attracted to men, they would be bisexual. Encouraging lesbian pupils to see their sexuality as gender related as opposed to sex related exposes them to abuse and harm.

A heterosexual person is described as 'someone who is attracted to people whose gender is different from their own'. What does gender mean in this context? Does it mean the social construct of sex roles or the biological definition of sex? Using this

definition would a heterosexual boy or man be guilty of transphobia for not wishing to include transwomen in his dating pool?

Heteronormative is described as 'a belief that heterosexuality is the norm or default sexual orientation'. Coined in 1991 by Michael Warner, a social critic, the term heteronormativity refers to pervasive and invisible norms of heterosexuality (sexual desire exclusively for the opposite sex) embedded as a normative principle in social institutions and theory; those who fall outside this standard are devalued." The Irish electorate emphatically rejected the concept of heteronormativity in 2015 with the passing of the Marriage Equality Act. Heteronormativity, in western culture at least, should now be discussed as a historical artefact. How is it helpful to young gay, lesbian and gender confused people to tell them that they are the most marginalised, most despised, most hated groups in society? The actions of the Irish people in 2015 demonstrated this not to be the case.

Heterosexuality is the default sexual orientation as dictated by evolution for the survival of the human species. It is not a belief that most of the population are heterosexual. Being heterosexual is not a cause for shame. No one should feel they have a privilege because of who they are attracted to. Nor should they feel shame for not being attracted to someone on the basis of sex. It is not a belief that heterosexuality is the norm or default sexual orientation, it is a fact that confers no judgement or superiority.

Question 3.

Students will complete one Classroom-Based Assessment (CBA) as part of their learning in the SPHE short course. The proposed CBA for the updated short course is a portfolio of learning and is summarised as follows:

Students will choose three pieces of work, completed over time and linked to different strands of

learning within the short course, and present these accompanied by a reflection on why each piece was chosen and how it marked important learning for the student in SPHE.

Do you think this is a suitable CBA for the updated SPHE short course? Please explain your answer.

Insert response here:

Will students be allowed freedom of conscience and freedom of speech to express their knowledge that sex is binary and immutable? Will students be marked down if they do not conform to the tenets set out in the Section 1/1.4 of the draft course and in the toolkit resources that teach gender identity as fact?

Question 4.

Any further suggestions for how the draft updated SPHE course could be improved?

Insert response here:

All reasonable adults want children and young people to receive age appropriate and accurate information about any topic that will influence their choices and quality of life. The Countess is committed to the ideal that children and young people should be respected and treated with dignity. The aim of this submission is not to denigrate or belittle the authors of the draft SPHE course. But it must be acknowledged that while some people believe that "transgirls are girls" and "transboys are boys", this is not a belief that is shared by everyone, and it is not reflected in law or by material reality. A "transgirl" is a boy and a "transboy" is a girl. Trans identifying children have specific and complex needs that those responsible for their care and welfare must address.

Rapid Onset Gender Dysphoria (ROGD)

Is the NCCA aware of the phenomenon of Rapid Onset Gender Dysphoria (ROGD) as described by Dr Lisa Litmann in her seminal paper 'Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria'. The paper reports that;

'Parents describe that the onset of gender dysphoria seemed to occur in the context of belonging to a peer group where one, multiple, or even all of the friends have become gender dysphoric and transgender-identified during the same timeframe. Parents also report that their children exhibited an increase in social media/internet use prior to disclosure of a transgender identity'.

The ideological tenor of this document will lead young people to the conclusion that it is possible to be born in the wrong body and that transitioning may be a way to alleviate their distress. Transitioning can be social and/or medical. If social transitioning is supported in schools, teachers must be aware that this is a powerful psychological intervention that teachers are not qualified to engage in. Teachers would not affirm a child who presented with an eating disorder. Why are they encouraged to affirm a child who is gender confused? Young people experiencing this condition require a multi-disciplinary team to address their needs, as suggested by the experts at the National Gender Service. Children experiencing anorexia, ASD, ADHD etc. will be supported by an expert multi-disciplinary team. Why is the same standard not applied to young people experiencing gender dysphoria?

Transition, Detranstion and Desisting

The SPHE toolkit refers teachers to <u>the Being LGBT In Schools</u> resource. In section 4.5.3 *Transition Plan* the document instructs teachers to do the following;

'When a student expresses the wish to attend school in his or her preferred gender it is advisable that a plan for **the transition process** is set out in line with the student's wishes, needs and concerns'.

If the NCCA promotes transitioning young people, it must demonstrate that it has comprehensively reviewed the research available and set out why it has come to the conclusion that social and medical transition is an appropriate response to gender dysphoria.

What is striking about <u>the Being LGBT In Schools</u> resource is its failure to refer to young people who desist or detransition.

Desistance or desisting is the process of reversing a transition which was only social (e.g. by reverting to an earlier name). Desistance typically implies that an individual who was once seeking medical transition is no longer doing so.

Detransition is the process of changing a person's gender presentation back to his or her biological sex, by seeking to reverse an earlier medical transition.

This is particularly worrying as research conducted by <u>statsforgender.org</u> shows that gender dysphoria recedes in <u>80%</u> of cases if not actively affirmed.

If resources and supports are in place to support transition, similar supports must be put in place to facilitate those who change their mind. Young people must be told that it is acceptable to desist and detransition and that they will be supported to do so.

Dr Lisa Litmann's paper 'Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100Detransitioners' describes a population of individuals who experienced gender dysphoria and chose to undergo medical and/or surgical transition and then detransitioned by discontinuing medications, having surgery to reverse the effects of transition, or both. Reasons for detransitioning were varied and included: experiencing discrimination (23.0%); becoming more comfortable identifying as their natal sex (60.0%); having concerns about potential medical complications from transitioning (49.0%); and coming to the view that their gender dysphoria was caused by something specific such as trauma, abuse, or a mental health condition (38.0%). Homophobia or difficulty accepting themselves as lesbian, gay, or bisexual was expressed by 23.0% as a reason for transition and subsequent detransition. The majority (55.0%) felt that they did not receive an adequate evaluation from a doctor or mental health professional before starting transition and only 24.0% of respondents informed their clinicians that they had detransitioned.

Safeguarding and Consent

In the context of sexual activity consent must be freely given, enthusiastic and ongoing. The absence of the word NO is not consent. Promoting the concept that boys can be girls and girls can be boys has particular consequences for young people. In the pervading ethos of this curriculum promoting the idea that people can change sex there is a significant risk that boys and girls who feel uncomfortable will say nothing for fear of being described as bigoted or transphobic. Social transitioning also poses safeguarding risks to other children, and

undermines their rights. Schools are obliged to provide single-sex toilet or stand-alone single occupancy facilities for children, as per the Equal Status Acts. This is necessary for children's privacy, dignity and safety. Lobby groups have misinterprested and misrepresented the law to schools. Some to extent that they believe that gender identity and gender expression are protected characteristic in addition to gender. They are not.

This has profound consequences for girls who are same sex attracted i.e., lesbian. They will face the prospect of heterosexual boys identifying as girls but remaining opposite sex attracted and claiming that they are lesbian. BeLongTo has set the groundwork to undermine lesbian boundaries by describing lesbians as people who are mainly attracted to women. This is nonsense. Lesbians are only attracted to women. The term "cotton ceiling" is sometimes used when discussing these issues, but it is controversial. It stems from "glass ceiling", which refers to an invisible barrier preventing women from climbing to the top of the career ladder. Cotton is a reference to women's underwear, with the phrase intended to represent the difficulty some transwomen (males who identify as women) feel they face when seeking relationships or sex. "Breaking the cotton ceiling" means trans identifying males being able to have sex with lesbians. The NCCA must consider whether supporting the idea that males can be lesbian erodes the sexual boundaries of same sex attracted girls.

BelongTo promote "chest binding" as part of its affirmation model, which can cause <u>significant</u> <u>physical harm to girls that practice it</u>. Schools must be aware that binders can cause shortness of breath, cracked ribs, heavy bruising among others, which in turn can affect children's ability to study and take part in PE activities.

<u>The Cass Review</u>, undertaken by leading child paediatrician Hilary Cass OBE, a consultant in paediatric disability and a former President of the Royal College of Paediatrics and Child Health, has found that gender distress, and body dysphoria, can be a response to a range of developmental, social and psychological factors, including developmental attachment trauma, child sexual abuse and difficulties with challenges of neurodiversity.

Has the NCCA assessed the safeguarding risks inherent in promoting 'gender identity' as a fact? Are teachers aware that by encouraging children to find a solution to their psychological distress in physical and social changes they are promoting 'social transitioning', the process of changing your name, asking people to use different pronouns to refer to you, or changing aspects of your appearance (such as your clothing or your hairstyle) in order to present as a different gender. Dr Cass stated that 'social transitioning' is not a 'neutral intervention', and can promotes serious psychological distress in those suffering from gender confusion. It is not the role of the school or teacher to engage in powerful psychological interventions. They are untrained and uninsured to do so. School management and teachers need to consider their duty of care and whether by promoting gender identity as fact, and without contextualisation, they are breaching that duty.

Additional Resources

It is also important to note that the additional resources for teachers and students only include those that support gender ideology. Can the NCCA provide a rationale for why these resources were included while other resources that provide a different point of view on gender identity were not? The following resources should at least be included as a reference:

<u>Transgender Trend</u> - Transgender Trend is the leading organisation in the call for evidence-based healthcare for children and young people suffering gender dysphoria and for factual, science-based teaching in schools.

<u>Genspect</u> - an international alliance of professionals, parent groups, trans people, detransitioners, and others who seek high-quality care for gender distressed young people. <u>DSD Families</u> - an information and peer support charity for families with DSD conditions

Key Points Made by The Countess

- 1. Sex is real. Children are born male or female. No child is "born in the wrong body". Not conforming to gender stereotypes does not mean a child is the wrong sex.
- 2. The SPHE curriculum must work coherently with the entire curricula. Teaching pupils that sex is dimorphic in the science and biology curricula but teaching that it is a social construct in SPHE is incoherent and untrue.
- 3. A child who identifies as a different gender to their sex has not legally changed sex.
- 4. Schools and teachers must understand that 'gender identity' and 'gender expression' are not protected characteristics in the Equal Status Acts. Gender is a protected characteristic and for the purpose of the Equal Status Acts gender means to be male or female.
- 5. Stereotypes damage girls and boys. Not conforming to sex-based stereotypes does not mean a child is confused about their gender. They are simply a non-conformist. Not conforming should be celebrated not erased.
- 6. Schools have an obligation to ensure all teaching materials, policies and external facilitators are appropriate and meet child safeguarding standards. See Department of Education Circular 2018/43
- 7. All bullying and harassment by any child/teacher, for any reason, should be tackled. This includes bullying of staff and students who do not believe in gender identity ideology.

- 8. Schools should make clear that everyone is included and valued. It is not "transphobic" to recognise that everyone has a sex, and to have sex-based rules were justified.
- 9. Gender Identity is a valid belief system but it must be contexualised as a belief some people hold but others do not. It is a subjective belief and must not be taught as fact in an educational setting.

The Countess, September 2022

Thank you for taking the time to share your views with us. Please email this document to SPHEdevelopments@ncca.ie before Friday, October 14th 2022

