

**Family Life Education
Curriculum Advisory Committee
Recommendations to the School Board
2017 - 2018**

Fairfax County School Board



Department of Instructional Services

**School Board New Business: May 10, 2018
Community Review: May 10, 2018 - June 8, 2018
School Board Action: June 14, 2018**

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Introduction

The Family Life Education Curriculum Advisory Committee (FLECAC) met October 12, 2017, November 16, 2017, January 11, 2018, February 8, 2018, March 8, 2018, and April 12, 2018. Committee membership included thirty-three voting members and six non-voting members representing students, teachers, administrators, and community members (including School Board appointees, health professionals, and clergy). The committee was served by a parliamentarian. Committee membership and attendance is provided in *Appendix A*.

Committee members conducted a full review of the K-12 program lesson objections. Resources included a crosswalk of the Virginia Department of Education standards of learning for family life education objectives and descriptive statements and Fairfax County Public Schools learning objectives and descriptive statements. Members had access to all K-12 family life education lessons.

The 2017-2018 FLECAC recommendations that follow include media support and lesson objective revisions. There were no recommendations to changes to lesson objectives for grades K-7.

Summary of FLECAC 2017-2018 Recommendations:

The committee took the following actions, which represent its recommendations to the School Board.

- Grade 4
 - Media: *You Are in Charge of Your Body*
- Grades 8 and 9
 - Lesson objective revisions for the Emotional and Social Health and Human Growth and Development Units
- Grades 10
 - Lesson objective revisions for the Human Growth and Development Unit
- Grades 11 and 12
 - Lesson objective revisions
- Recommendation to the School Board for opioid/heroin prevention instruction

Recommended Media for Grade Four Emotional and Social Health

FLECAC recommends the following media that is currently used in grade 3 to also be used in grade 4. Description and corresponding objective is noted.

Media: *You Are in Charge of Your Body* (2014), Human Relations Media, 31 minutes

Part One: Recognizing Sexual Abuse

The concept of body boundaries is introduced and the difference between safe and unsafe touches is illustrated. Three examples of safe/unsafe touch are told using stylized animation.

Part Two: Stopping an Abuser

This program teaches students what to do if their body boundaries have been crossed. Using the same scenarios from Part One, students are taught NO and GO; how to say NO assertively and how to GO safely and quickly.

Part Three: Telling Someone

Part three teaches students how to create their personal safety network. It's a list of trusted adults to go to for help in an emergency including parents, teachers, and others. Viewers learn how to tell a trusted adult what happened using the real names of body parts. Acted out scenarios demonstrate exactly how to do this. Students are reassured that sexual abuse is never their fault or something to keep secret. If someone touches you inappropriately, tell a trusted adult.

To support:

4.3 Students will recognize threatening or uncomfortable situations and how to react to them.

Descriptive Statement: Situations will include, but are not limited to walking alone, opening doors to strangers, receiving obscene telephone calls or email, facing dangers in public places, and sexual abuse or incest. Ways of protecting oneself and recognizing and reporting such threats are stressed.

Approved by FLECAC by the following vote (23 voting members present):

Yes 19 No 4

Note: (HGD) refers to lesson objectives included in the FLE unit, Human Growth and Development and (ESH) refers to lesson objectives included in the FLE unit, Emotional and Social Health. For lesson objective revisions, underlines represent recommended additions and strikeouts represent recommended deletions to current lesson objectives.

Recommended Lesson Objective Changes for Grade Eight

FLECAC recommends moving grade 8 Emotional and Social Health unit objective 8.4 out of FLE to general health instruction.

8.4 (ESH) Students will demonstrate strategies for resolving conflicts that arise in families and peer groups.

Descriptive Statement: This includes learning effective communication and conflict resolution skills and applying them through role play to situations involving family and peer relationships. The importance of taking responsibility for resolving conflict in ways that show respect for self and others is emphasized.

Approved by FLECAC by the following vote (24 voting members present):

Yes 20 No 3

FLECAC recommends the following revisions to lesson objectives.

Change lesson objectives in grades 8, 9, and 10 to strike biological sex/gender and replace with sex assigned at birth.

8.5 (ESH) Students will identify that development of individual identity occurs over a lifetime and includes the component of sexual orientation and gender identity.

Descriptive Statement: Instruction will include factors that influence the development of individual identity such as capabilities; areas in need of personal growth; understanding and accepting oneself; and the effect of gender roles and expectations on individual choices and emphasizes that while attitudes about gender roles differ among families, cultures, religions, and individuals, stereotyping individuals based on gender can limit opportunities. Individual identity will also be described as having four parts – ~~biological gender~~ sex assigned at birth, gender identity (includes transgender), gender role, and sexual orientation (includes heterosexual, bisexual, and homosexual).

Approved by FLECAC by the following vote (24 voting members present):

Yes 18 No 4

Note: Term “sex assigned at birth” is used in lesson definitions in grades 7-10, but does not appear in grades 7, 9-10 lesson objective nor descriptive statements.

8.4 (HGD) (Sex Separate): Students will describe the consequences of teen sexual activity and explore the benefits of abstaining from sexual activity until marriage.

Descriptive Statement: Instruction includes exploring the reasons why some teenagers may become sexually active; discussing the physical, social, emotional, and financial impact of premarital sexual activity and teen pregnancy; and identifying positive alternatives to sexual activity. This includes making responsible decisions that are consistent with one's personal and family values and supportive of personal health and the well-being of others. Students will learn to set personal boundaries and respect the boundaries of others through means such as consent.

Approved by FLECAC by the following vote (24 voting members present):

Yes 20 No 0

Recommended Lesson Objective Changes for Grade Nine

9.1 (ESH) Student will identify the family as a basic unit of society and his or her responsibility as a member of the family.

Descriptive Statement: Topics may include the function of the family, different types of families, family strengths, family influences on society, identification of roles within a family, and how those roles change throughout life. Students will compare and contrast their roles now with their possible roles in the future.

Approved by FLECAC by the following vote (24 voting members present):

Yes 23 No 0

9.3 (ESH) Students will identify effects, prevention strategies, and appropriate resources for help and reporting for sexual abuse.

Descriptive Statement: Topics will include sexual assault, rape, intimate partner violence, incestuous behavior, molestation, gang sexual abuse, human (teen sex) trafficking, and incest. Instruction will include bystander awareness and intervention strategies. Resources for help and reporting for self and others include parents, school personnel, religious leaders, health care providers, and community resources.

Approved by FLECAC by the following vote (23 voting members present):

Yes 23 No 0

9.4 (ESH) The student will identify factors that contribute to healthy relationships in families, friendships, and dating.

Descriptive Statement: Topics may include communication skills, conflict resolution, ~~decision making~~, respect for ~~self and others'~~ decisions, identification of coercive behaviors, (establishing and maintaining personal boundaries), and ~~conflict resolution~~, and affirmative consent.

Approved by FLECAC by the following vote (23 voting members present):

Yes 16 No 2

9.3 (HGD) Students will identify sexual abstinence as the appropriate choice for adolescents and identify appropriate methods for expressing feelings and affection.

Descriptive Statement: Instruction will include benefits of choosing sexual abstinence, consequences of sexual activity, and appropriate methods for expressing feelings and affection. Students will learn that anyone who has been sexually active can make a new decision for premarital abstinence. Instruction will include effective strategies for abstinence, maintaining respect for self and others ~~promoting and maintaining self-worth and resisting peer pressure~~, such as communication, assertiveness, and ~~refusal skills~~ recognition of personal boundaries.

Adding “abstinence” approved by FLECAC by the following vote (23 voting members present):

Yes 15 No 4

Remaining additions/deletions approved by FLECAC by the following vote (24 voting members present):

Yes 20 No 1

9.4 (HGD) Students will examine methods of contraception.

Descriptive Statement: Instruction will include barrier, hormonal, and surgical contraceptive methods; identification of effectiveness for prevention of pregnancy and ~~disease prevention~~ minimizing risk of sexually transmitted infection; and misconceptions regarding contraception. Abstinence will be emphasized as the only 100% effective method for preventing pregnancy and the most effective method for preventing sexually transmitted infection disease.

Approved by FLECAC by the following vote (24 voting members present):

Yes 22 No 2

9.5 (HGD) Students will review information about bacterial, viral, and parasitic sexually transmitted infections to include prevention, transmission, diagnosis, and treatment.

Descriptive Statement: Instruction will include review of bacterial, viral, and parasitic STIs; and prevention, transmission, diagnosis, and treatment. Community resources for testing and treatment will be identified. Abstinence from sexual activity will be presented as the ~~only~~ 400% most effective method for prevention of sexually transmitted infections. Abstinence from intravenous drug use and use of condoms and use of pre-exposure prophylaxis (HIV prevention) as means of prevention will also be presented.

Revised statements with references to PrEP approved by FLECAC by the following vote (24 voting members present):

Yes 22 No 2

Accept wording in 9.5 as proposed to strike “only 100%” and replace with “most”

Approved by FLECAC by the following vote (24 voting members present):

Yes 22 No 0

9.6 (HGD) Students will recognize development of sexuality as a lifelong aspect of personality.

Descriptive Statement: Instruction will include that individuals are sexual beings from birth to death and that sexuality evolves from infancy to old age. Sexual orientation terms heterosexual,

homosexual, and bisexual; and the gender identity term transgender will be defined. Students with questions or concerned about their sexual orientation or gender identity will be advised to talk with a parent, ~~member of the clergy, or~~ trusted adult, ~~or counselor~~. Emphasis will be placed on tolerance and nondiscrimination of all people.

Approved by FLECAC by the following vote (24 voting members present):

Yes	19	No	4
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Recommended Lesson Objective Changes for Grade Ten

10.5 (HGD) Students will examine the most common bacterial, viral, and parasitic sexually transmitted infections (STIs).

Descriptive Statement: Instruction will include review of bacterial, viral, and parasitic infections; and prevention, transmission, diagnosis, health consequences, and treatment of STIs.

Abstinence from both sexual activity (including oral and anal sex) and intravenous drug use will be presented as the ~~only way to eliminate~~ most effective way to minimize the risk of contracting STIs. Use of condoms and use of pre-exposure prophylaxis (HIV prevention) as means of prevention will also be presented. Risk factors discussed will include the effects of alcohol and drug use on decision making. Community health resources for further information, assistance, and support will be identified.

Revised statements with references to PrEP approved by FLECAC by the following vote (24 voting members present):

Yes	22	No	2
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Strike “only way to eliminate” and add “most effective way to minimize” - *Approved by FLECAC by the following vote (24 voting members present):*

Yes	21	No	2
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10.6 (HGD) Students will recognize development of sexuality as an aspect of one’s total personality.

Descriptive Statement: Instruction will include how sexuality develops throughout a lifetime and how sexuality encompasses attitudes, values, and behaviors. Sexual orientation and gender identity terms will be discussed with focus on appreciation for individual differences. Students with questions or concerns about their sexual orientation or gender identity will be advised to talk with a parent or trusted adult.

Approved by FLECAC by the following vote (24 voting members present):

Yes	19	No	4
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10.7 (HGD) Students will examine teen dating relationships, teen dating violence, and human (teen sex) trafficking; and strategies for risk reduction, prevention, and available support services prevention and help.

Descriptive Statement: Instruction will include elements of healthy dating violence relationships including affirmative consent. Instruction will include elements of unhealthy and abusive dating relationships to include (verbal, physical, emotional, and sexual abuse, and sexual assault); Internet exploitation; sexual consent; and how coercive dating relationships may result in coerced sex and human (teen sex) trafficking. Instruction will include that abuse is never the fault of the victim and that responsibility for abuse lies with the person perpetrating abusive and coercive behaviors. Instruction will also include risk reduction strategies (establishing personal boundaries and being respectful of personal boundaries and the boundaries of others) and available resources for further information, assistance, and support. for prevention of sexual violence and abuse including and dealing with abuse, violence, and human (teen sex) trafficking will be discussed. Community health resources for further information, assistance, and support will be identified.

Adding “establishing personal boundaries and being respectful of personal boundaries and the boundaries of others” approved by FLECAC by the following vote (24 voting members present):

Yes	24	No	0
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Remaining additions and deletions approved by FLECAC by the following vote (23 voting members present):

Yes	16	No	2
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Recommended Lesson Objective Changes for Grade Eleven

11.1 Students will identify how sexually transmitted infections are contracted and how to prevent contraction.

Descriptive Statement: Topics include sexual and nonsexual high-risk behaviors that may cause contraction of bacterial STIs (gonorrhea, chlamydia, syphilis, trichomoniasis) and viral STIs (herpes, hepatitis, HPV, and HIV); signs and symptoms of infection; treatment methods; and prevention methods including abstinence from sexual activity, abstinence from intravenous drug use, ~~and the use of condoms,~~ and use of pre-exposure prophylaxis (HIV prevention).

Approved by FLECAC by the following vote (24 voting members present):

Yes	22	No	2
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11.2 Students will identify methods of contraception.

Descriptive Statement: Instruction will include review of barrier, hormonal, and surgical methods; identification of effectiveness for prevention of pregnancy and disease minimizing risk of sexually transmitted infection; how to obtain various methods, and misconceptions regarding contraception. Abstinence will be emphasized as the only 100% effective method for preventing pregnancy and the most effective method for preventing sexually transmitted infection disease.

Approved by FLECAC by the following vote (24 voting members present):

Yes	22	No	2
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11.3 Students will examine healthy and unhealthy relationships, dating violence, and strategies for risk reduction, prevention, and available support services ~~prevention and help.~~

Descriptive Statement: Instruction will include identification of controlling behaviors, and coerced sexual activity including human (teen sex) trafficking, sexual assault, and digital/social media abuse human (teen sex) trafficking, coercion, and sexual consent. Instruction will also include establishing and reinforcing personal boundaries regarding sexual activity including affirmative consent and risk reduction strategies to help prevent abuse including. ~~Refusal and prevention strategies will be discussed.~~ Discussion will include the risks associated with substance use and ~~emphasize the value of sexual abstinence in healthy relationships.~~ Family, trusted adult, member of the clergy, and community health resources for further information, assistance, and support will be identified.

Approved by FLECAC by the following vote (23 voting members present):

Yes	16	No	2
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Recommended Lesson Objective Changes for Grade Twelve

12.2 Students will explain prevention and transmission of sexually transmitted infections. Students will be able to describe the physical, emotional, and social impacts of sexually transmitted infections on self and others.

Descriptive Statement: Topics will include local and national statistics, high risk behaviors, abstinence from sexual activity and intravenous drug use, use of condoms and pre-exposure prophylaxis, and the effects of substance use on decision making and the developing brain. Instruction will include considerations for current and future settings (high school, college, work environments).

Approved by FLECAC by the following vote (24 voting members present):

Yes	22	No	2
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12.3 Students will identify factors that influence use of contraceptives.

Descriptive Statement: Instruction will include review of methods and effectiveness of contraceptives for pregnancy and ~~disease prevention~~ minimizing risk of sexually transmitted infection. Students will explore considerations for choosing contraception to include how the method is used, partner's opinion, availability and cost, and personal values/beliefs. Abstinence will be emphasized as the only 100% effective method for preventing pregnancy and the most effective method for preventing sexually transmitted infection disease.

Approved by FLECAC by the following vote (24 voting members present):

Yes	22	No	2
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FLECAC Recommendation to the School Board

FLECAC recommends that the School Board support implementation of instruction for grades 11 and 12 students about opioid/heroin use prevention that is outside of Family Life Education instruction conducted in Social Studies so that all students may benefit from the instruction. Suggested lesson objectives are provided.

Approved by FLECAC by the following vote (23 voting members present):

Yes	22	No	0
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Grade 11

Students will identify how use of opioid drugs may impact their future.

Descriptive statement: Instruction will include review of the short- and long-term effects of opioids on the body. Emphasis will be placed on a message of hope for the future with support and treatment for substance use disorder. Instruction will include strategies for self-advocacy when discussing medical care and prescription medications with health care providers. Resources for help will be shared.

Grade 12

Students will identify Virginia laws related to opioid/heroin possession and distribution.

Descriptive statement: Instruction will include the use of and access to Narcan/Naloxone. Discussion will include impact of substance use disorder and addiction and resources for help now and post-secondary.

APPENDIX A

FAMILY LIFE EDUCATION CURRICULUM ADVISORY COMMITTEE

Membership and Attendance 2017-2018

Representing	Name	Oct 12 2017	Nov 16 2017	Jan 11 2018	Feb 8 2018	Mar 8 2018	Apr 12 2018
SCHOOL BOARD APPOINTEES							
Braddock District	Shellii Roach	X	X	X	X		X
Dranesville District	Laurie Plishker		X	X	X		X
Hunter Mill District	Michael Fruitman	X			X	X	X
Lee District	Lisa Bevenour	X	X	X	X	X	
Mason District	Ann King		X	X	X	X	X
Mount Vernon District	Sherry Dana		X	X	X	X	X
Providence District	Alexandra Dixon	X	X	X	X	X	X
Springfield District	Laura Murphy	X	X	X	X	X	X
Sully District	Jim Zanotti	X	X	X	X	X	X
At Large - McElveen	Joan Daly	X	X	X	X		X
At Large - Moon	Catherine Carroll					X	X
At Large -	Laura Hanford	X	X	X			
At Large – Keys-Gamarra	Daniel M. Press				X	X	X
Student - Senior	Paola Henriquez	X	X		X	X	
Student - Junior	Mithra Dhinakararan	X	X	X	X	X	
Student – Sophomore	Sonika Vuyyuru	X	X				X
Student – Freshman	Nishitha Vattikonda	X		X		X	X
COMMUNITY							
Health Department	Arin Barker	X		X		X	X
Health Department	Brian Hochstrasser	X	X		X		
Fairfax County Clergy and Leadership Council	Jay Bhandari				X		
Faith Communities in Action Children and Youth Committee	Shari Zamarra					X	X
FCCPTA	Risa May	X	X	X	X	X	X
SCHOOL-BASED (Administrators/Teachers)							
Elementary School Administrator	Kathy Lott, AP	X		X	X		
Middle School Administrator	Greg Hall, AP	X	X		X	X	X
High School Administrator	Paul Stansbery, DSS		X	X			X
High School Teacher	Andrew Freeman	X	X	X	X	X	X

High School Teacher	Carl Jones	X	X	X		X	X
High School Teacher	Barry Potoker	X	X	X	X		X
Middle School Teacher	Laura Bellis				X	X	X
Middle School Teacher	Patricia Larsen	X	X		X	X	X
Elementary Teacher	Kristine Wooten	X		X		X	
Elementary Teacher	David Hartzell	X	X	X	X	X	X
Elementary Teacher	Roni Campbell						
Elementary Teacher	Andie Millonig		X	X	X	X	X
NON-VOTING							
Coordinator, HPE/FLE Instructional Services	Elizabeth Payne	X	X	X	X	X	X
Parliamentarian	Jason Morgan		X	X	X	X	X
Director PreK-12 Curriculum and Instruction Instructional Services	Noël Klimenko	X	X	X	X	X	X
Elementary HPE/FLE Specialist Instructional Services	Becky Howery	X	X				X
Middle School HPE/FLE Resource Teacher Instructional Services	Sean P. Mignano			X	X	X	X
High School HPE/FLE Specialist Instructional Services	Carrie Reynolds				X	X	X

APPENDIX B

ADDITIONAL STATEMENT FROM MEMBERS OF THE COMMITTEE DISSENTING FROM THE RECOMMENDATIONS

FLECAC Dissenting Opinion – 2017-2018

We are grateful for the privilege we have had this year to serve on FLECAC and to work with FLE staff and colleagues on many issues. We also appreciate this opportunity to share our views with the School Board.

We have deep concerns about a number of this year's FLECAC recommendations supported by our fellow committee members, and about actions these members took to prevent other recommendations and—in some cases—to block the consideration of essential viewpoints. The airing of different viewpoints and diversity of perspective is absolutely vital to ensuring that the Family Life Education (FLE) curriculum is based on truly informed decisions that consider the interests of everyone in the FCPS community: teachers and staff, parents, and **all** students.

The Virginia Code and Board of Education (BOE) guidelines require “evidence of broad-based community involvement” in FLECAC, with a repeated emphasis on parental participation, and that all curriculum be “designed to promote parental involvement.”¹ FCPS guidelines require that the “religious, cultural and ethnic diversity” of the community be represented. We believe both the composition of FLECAC this year, and many of the measures passed, failed to meet these standards, and so we respectfully ask that the School Board not accept the majority recommendations where this is the case, as detailed below.

The concerns that we have go far beyond mere differences of opinion. For the multiple years we have served, we have accepted that some of our views are unlikely to attract majority support within FLECAC. Frankly, though, under its current configuration, FLECAC is broken. The following serious problems with FLECAC's composition and the processes it followed this year undermined the integrity and legitimacy of the committee's deliberations, and will continue to do so if not fixed for next year:

- **Silencing of viewpoints.** This year was the first time FLECAC had an opportunity to review, at the direction of the Board, the lesson scripts prepared by FCPS staff for the LGBT curriculum approved by the Board in 2015. When one of us, Laura Hanford, proposed motions at the January meeting that would improve the medical accuracy of some of these new lessons,² her amendments were tabled by the majority, and the Board promptly replaced Ms. Hanford. In the last decade and a half no other committee member has had their tenure summarily curtailed mid-term in this manner.³ At the next meeting in February, the FLECAC majority used parliamentary procedures to suppress all debate on these motions, as well as on a motion by Ms. Laura Murphy to ensure medical accuracy in teaching about contraceptives.⁴ The willingness of the FLECAC majority to completely silence earnest deliberation on certain viewpoints, or even a vote on the merits, is of tremendous concern, and raises questions about how members might have voted differently had there been a more open process.
- **Underrepresentation of parents.** Based on FLECAC's current membership, it is clear that the voices of parents who have children in the FCPS system are greatly underrepresented. We are extremely confident that a much higher proportion of county voters would support our positions on various issues than FLECAC votes reflect.

If there is no forum for open deliberation within FLECAC that more accurately represents the electorate, there is no outlet within the FCPS system for large groups to be heard, if they don't command a majority on this sole FLE advisory committee. We believe that a very large percentage of parents with children in FCPS (perhaps most) would oppose many of FLECAC's actions this year. These parents recognize that a number of questions still exist on various controversial subjects dealing with sexuality and family life, and oppose efforts to ideologically whitewash the curriculum by withholding important information from

¹ VA Code § 22.1-207.1. Family life education. C. ***All such instruction shall be designed to promote parental involvement...***

² Using the medically accurate term “sex” rather than the ideological “sex assigned at birth” and adding instruction about the risks of medical reassignment; see Feb. 8 Agenda <https://www.fcps.edu/sites/default/files/media/pdf/FLECACAgendaFeb82018.pdf>.

³ FLECAC is the only advisory committee with its own regulation. Reg. 1708 supersedes Policy 1710 (governing other advisory committees) in all respects and practice, and provides for a 2-year term without regard for an election replacing the appointing Board Member (as was the case for Ms. Hanford). Yet Policy 1710 was selectively invoked to terminate Ms. Hanford's tenure.

⁴ See minutes from the Feb. 8, 2018 meeting.

students. We are deeply concerned that this suppression of community viewpoints and medical information undermines the validity of the curriculum and the trust of the FCPS community.

After the February meeting, FCPS staff commendably forged a consensus allowing open discussion for the remaining FLECAC meetings. But the February meeting's decisions remain compromised, and there are no formalities protecting the integrity of the process for future years. Going forward, we respectfully urge the Board to formally amend the governing regulations or bylaws to require open discussion on each question for a reasonable period of time. We also recommend reviewing the composition and governing policies of FLECAC to conform to the Virginia code and BOE guidelines, both of which emphasize parental and community engagement. The proportion of parents (other than FCPS employees) who have children in FCPS should significantly increase.

Based on a full curriculum review, our greatest concerns are the following majority recommendations.

Omitting key facts about medical decisions related to sexuality (Objectives ESH 7.1, ESH 8.2, HGD 9.6, HGD 10.6). The February meeting silenced discussion on proposals to consider relatively minor additions to Grades 7-8 LGBT lessons: using the proper medical terminology, and adding a discussion of the possible risks and side effects of medical interventions for sex reassignment involving hormonal therapy or surgical treatments. Virtually all studies of transgender individuals, from youth to adults, show that this is a highly vulnerable population. However, as of today, there is no FDA approval of hormonal therapy for gender reassignment in children, nor do long-term studies exist demonstrating the safety of hormonal and surgical reassignment interventions in children. The latest guidelines of the Endocrine Society cite potential adverse outcomes for hormone therapy ranging from sex-specific cancers to bone density, cardiovascular conditions, mental health events and permanent sterility.⁵ The largest studies available show persisting higher rates of adverse psychiatric events and suicidality in transgender individuals, even those having undergone reassignment in supportive environments.⁶ The multi-center US STRONG study of 6,456 transgender individuals concluded in November 2017 that “there are sufficient numbers of events in the TF [trans female] and TM [trans male] cohorts to further examine mental health status, cardiovascular events, diabetes, HIV and most common cancers.”⁷ As stated by a group of leading pediatricians in June 2017, the lack of a proper study documenting “the alleged benefits and potential harms to gender-dysphoric children from pubertal suppression and decades of cross-sex hormone use...should give everyone pause.”⁸

And yet, the majority of FLECAC voted repeatedly not only to suppress all discussion of such risks in committee, but to withhold all such information from students in the curriculum, in any place where discussion of transgender issues or transition occurs. Later in the year, the majority rejected even modest proposals to have the Grade 8-10 curriculum (1) acknowledge that such risks and side effects may exist; or (2) encourage students to discuss related medical and emotional issues with parents or trusted adults.

The new LGBT curriculum opens the door for our children to consider medical decisions related to sexuality, with potentially irreversible consequences for them, at a time of life when adolescent confusion and peer pressure⁹ can lead them to feel and act differently about their sexuality than they will as adults. In

⁵ *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869-3903, <https://doi.org/10.1210/jc.2017-01658> Published: 13 September 2017.

⁶ G. Heylens, E. Elaut et al., Psychiatric characteristics in transsexual individuals: multicentre study in four European countries, *The British Journal of Psychiatry*, Vol. 204, Issue 2, Feb. 2014 <https://doi.org/10.1192/bjp.bp.112.121954>. Dhejne, C., Lichtenstein, Paul et al. Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden Published: February 22, 2011 <https://doi.org/10.1371/journal.pone.0016885>. Conclusion: “Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism...”

⁷ Quinn VP, Nash R, Hunkeler E, et al. Cohort profile: Study of Transition, Outcomes and Gender (STRONG) to assess health status of transgender people. *BMJ Open* 2017;7:e018121. doi:10.1136/bmjopen-2017-018121.

⁸ <https://www.acped.org/the-college-speaks/position-statements/gender-dysphoria-in-children>.

⁹ Lisa Marchiano, “Outbreak: On Transgender Teens and Psychic Epidemics,” *Psychological Perspectives: A Quarterly Journal of Jungian Thought*, Volume 60, 2017, pp. 345-366; blog post at <https://4thwavenow.com/2016/09/25/layers-of-meaning-a-jungian-analyst-questions-the-identity-model-for-trans-identified-youth/>.

the vast majority of children, gender dysphoria resolves by young adulthood (a conservative estimate is 85%¹⁰). To portray such feelings as an escapable identity could encourage students to make life-altering and irreversible decisions they may later regret. We cannot afford to fail our student community by portraying transition as the logical outcome of gender dysphoria, or one that is risk-free, and yet it is currently the sole outcome specifically discussed in the curriculum.

The FLECAC majority's categorical rejection of even the most modest proposals on medical and emotional issues inexcusably deprives students of important information they need in weighing these possible decisions. We respectfully urge the Board to instruct FCPS staff to include information about the potential risks and side effects of medical treatment relating to transgender transitioning (in Emotional and Social Health objectives 7.1 and 8.5 and Human Growth and Development objectives 9.6 and 10.6). Doing so is vitally necessary to make the LGBT curriculum consistent with the FLE curriculum on other sensitive medical topics (contraceptives in Grade 10 and abortion) where risks and/or side effects are discussed.

Biological vs. ideological definition of sex (throughout FLE curriculum). Early in the school year, FLECAC reached informal consensus in recommending that FCPS change the term "biological gender" to "biological sex" throughout the curriculum where it appears. The consensus view was that the term "sex" describes an objective medical fact, whereas "gender" is a person's subjective view of their identity. Recently, however, the majority went beyond this consensus to replace all references to "biological sex" with "sex assigned at birth." This terminology is misleading and medically inaccurate. "Sex" and "biological sex" are used throughout medical research and literature around the world¹¹ and have a well-defined medical and legal meaning established over centuries. With the exception of very rare Disorders of Sexual Development (estimated 1 in 4500),¹² which may require sex to be assigned, biological sex is unambiguously determined by DNA, chromosomes and reproductive anatomy.¹³ To convey throughout the curriculum that ambiguity or choice exists in determining sex, when it does not, is doing a grave disservice to all students, including those struggling with questions of identity. Despite the claims of some of our FLECAC colleagues that "biological sex is meaningless" and should never be used, "biological sex" is in fact foundational to modern medicine and scientific research. The term "sex assigned at birth," contrary to assertions made in committee, is not universally used or recognized.¹⁴ It seeks to establish a controversial ideological premise of gender fluidity. FLE is not the place for such ideological advocacy, but for teaching biological fact. FLE curriculum should, therefore, use the universally understood and recognized scientific term "biological sex," rather than the ideologically charged term "sex assigned at birth." We respectfully urge the Board to adopt this earlier FLECAC informal consensus position using "biological sex" and not "sex assigned at birth" throughout the curriculum in Grades 7-10.

Not stating risks and side effects of contraceptives (Objectives HGD 9.4, 11.2, and 12.3) We strongly believe that students make better decisions when presented with full and accurate medical information, and that withholding instruction of potential risks is harmful. Advantages and disadvantages of contraceptives are currently communicated in Grade 10, Human Growth and Development, Lesson 2. For consistency and as best educational practice, that same comprehensive information (both pro and con) should also be included in the other grades where contraceptives are discussed.

Taking away parental opt-out right (Objective ESH 8.4). The FLECAC majority voted this year to recommend the transfer of Grade 8 Emotional and Social Health Objective 8.4 from FLE to health. This deprives parents of their right to decide whether they want the school to provide instruction on matters

¹⁰ Endocrine Society Guidelines, 2017.

¹¹ <https://orwh.od.nih.gov/research/sex-gender/methods-and-techniques>.

¹² S.F. Witchel, *Best Practice & Research Clinical Obstetrics and Gynaecology* 48 (2018) 90-102; I.A. Hughes et al, *Best Practice & Research Clinical Endocrinology & Metabolism* Vol. 21, No. 3, pp. 351-365, 200.

¹³ The National Academy of Sciences Committee on Understanding the Biology of Sex and Gender states that "sex begins in the womb" at "the moment of conception" followed by well-established processes of differentiation between the 2 sexes. Institute of Medicine (US) Committee on Understanding the Biology of Sex and Gender Differences; Wizemann TM, Pardue ML, editors. Washington (DC): National Academies Press (US); 2001.

¹⁴ The "STRONG" study of 6456 transgender individuals distinguishes "biological sex" from "gender identity" and uses the term "natal sex" throughout the study. Quinn VP, Nash R, Hunkeler E, et al. Many medical professionals recommend against using the term "sex assigned at birth" including the 19,000-member Christian Medical Association (www.cmda.org) and the American College of Pediatricians (www.acped.org).

touching on potentially sensitive family subjects. We respectfully urge the Board to use the same wisdom it used in a similar case from 2015 and disregard this year's FLECAC recommendation to transfer 8.4.

Not teaching abstinence as the only 100% effective method of preventing the sexual transmission of STIs (Objectives HGD 9.4, 9.5, 10.5, 11.2 and 12.3). We strongly urge the Board not to accept the majority recommendation to downgrade the 100% effectiveness of abstinence in sexual transmission of STIs. As clarified repeatedly by FCPS staff during FLECAC deliberations, emphasizing abstinence instruction is statutorily required in Virginia FLE.¹⁵

Removing "clergy" from the list of "trusted adults" (Objectives HGD 9.6 and 10.6). We strongly urge that clergy continue to be listed among the persons students are encouraged to consult.

Adding instruction on the use of PrEP (Pre-Exposure Prophylactic) to Grades 9-12 (Objectives HGD 9.5, 10.5, 11.1 and 12.2) Despite agreeing with the overall goal of reducing exposure to HIV, we recommend against adding instruction on PrEP to the curriculum for the following reasons: (1) PrEP is designed to be effective without a condom, and anti-HIV advocates fear it may contribute to a significant rise in unprotected sexual activity.¹⁶ Even at its best, it is only effective in the 90% range.¹⁷ (2) It has potentially significant side-effects, which are untested over the long term as PrEP has only been in use a few years.¹⁸ (3) It has not been studied in, nor is it FDA-approved for, children under 18,¹⁹ who constitute the majority of students in these grades. The potential harm to students, in our view, outweighs the possible benefits at this point.

Despite our differences with our colleagues, we appreciate them and the opportunities we had to find common cause on a number of other issues this year.

We thank you for your consideration of our views and concerns, and for your service to the community.

Laura Hanford, At-Large Board Member FLECAC Appointee (through January 2018)
Laura Murphy, Springfield District FLECAC Appointee
Jim Zanotti, Sully District FLECAC Appointee

¹⁵ VA Code § 22.1-207.1. Family life education.

¹⁶ <https://www.nytimes.com/roomfordebate/2014/06/17/is-prep-a-good-way-to-fight-hiv-infections/truvada-cant-make-us-let-our-guard-down>

¹⁷ <https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>

¹⁸ https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/021752s030lbl.pdf

¹⁹ CDC guidelines: <https://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>