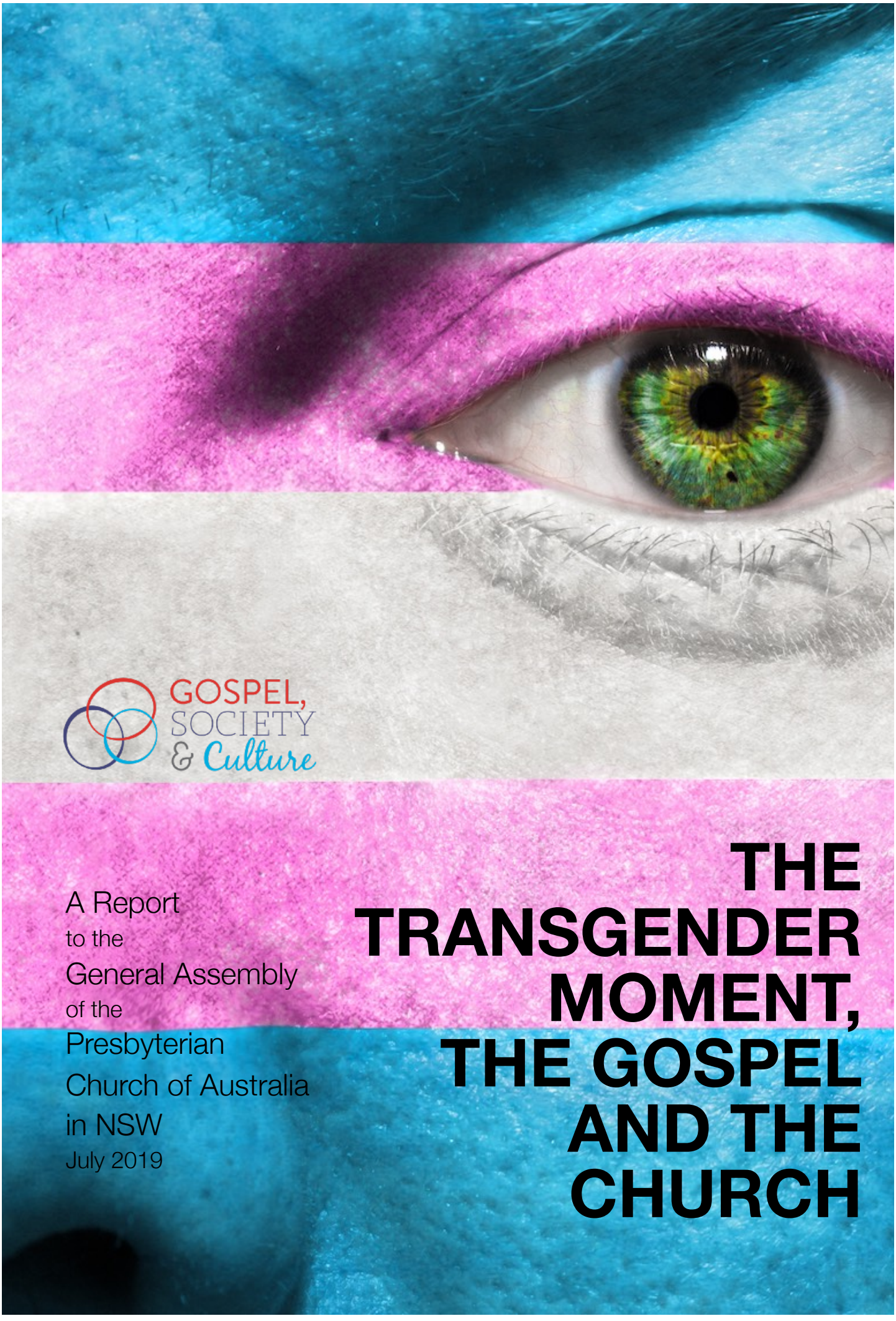

GOSPEL, SOCIETY & Culture

THE TRANSGENDER MOMENT, THE GOSPEL AND THE CHURCH

A Report
to the
General Assembly
of the
Presbyterian
Church of Australia
in NSW
July 2019

THE TRANSGENDER MOMENT, THE GOSPEL AND THE CHURCH

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Committee website: http://gsandc.org.au/

Enquiries email: contact@gsandc.org.au

The Gospel, Society and Culture is a committee of the Presbyterian Church of Australia in NSW and the ACT. Its task is to assist the Church to proclaim the gospel and live faithfully for Christ, especially as it seeks to engage the wider society and culture.

1 Introduction: The transgender moment

At the 1974 Olympics in Munich, Bruce Jenner won the gold medal for men's decathlon — taking the title that is traditionally recognised as "the world's best men's athlete". In 2015, he had become 'she' and appeared on the cover of *Vanity Fair* magazine as a woman declaring "Call me Caitlyn" (Jenner had gender reassignment surgery in 2017). This has been identified by some as the 'transgender tipping point'.[1]

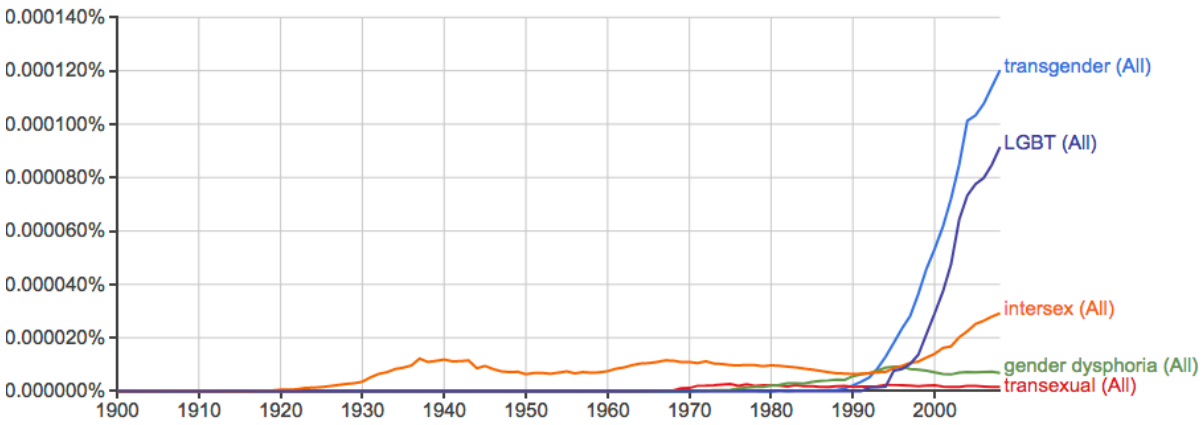
Caitlyn Jenner is one very public example of the impact of a trend in Western culture toward challenging traditional views of sex and gender. Western culture now asks if there are two distinct genders, and whether gender is related to biological sex. It asserts that it is good for people to be able to adopt a range of gender expressions and to be able to transition between genders by changing dress and behaviour, as well by undergoing hormone therapy and sex-change surgery.

As Christians, we expect our beliefs to be out of step with contemporary culture. But here is one belief which Christianity has had in common with most cultures throughout history and throughout the world: that humanity is composed of two sexes, 'male' and 'female'. Suddenly, Christians are being challenged not to take this binary view of humanity for granted. Our belief and assertion that humanity is binary-sexed is derided as evil and oppressive. This derision is, in fact, directed at *anyone* who holds a view of gender as binary. When second-wave feminist Germaine Greer – no friend of Christianity or religion – stated that transsexual women are not really women, opponents accused her of "hate speech", and said she should be given "no platform".[2]

The cultural development is illustrated in the graph below, which traces the occurrence of words in all books found in the Google Books library. It shows that the term transgender was extremely rare until about the mid-1990's. From that point it has become increasingly common, and interestingly has tracked a similar path to the acronym LGBT.

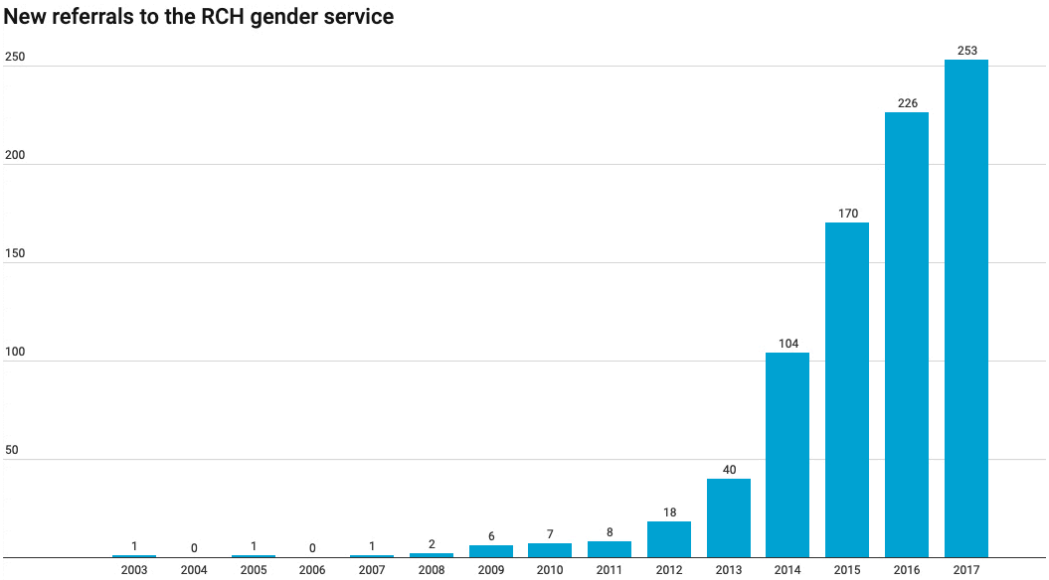
[1] Buzz Bissinger and Annie Leibovitz, "Call me Caitlyn", *Vanity Fair,* June 2015; see Katy Steinmetz, "The Transgender Tipping Point", *Time*, 29 May 2014, accessed 1 May 2017, http://time.com/135480/transgender-tipping-point/. Earlier, *Time* magazine released an issue titled "The Transgender Tipping Point" in May 2014, focussing on Laverne Cox, a transgender actor starring in the TV show *Orange is the New Black*. The author Katy Steinmetz wrote that "another civil rights movement is poised to challenge long-held cultural norms and beliefs," due to a "new transparency" that transgender people were exhibiting after "emerging from the margins to fight for an equal place in society."

[2] BBC News, "Germaine Greer defends trans comments in wake of petition", 24 Oct 2015, http://www.bbc.com/news/uk-wales-south-east-wales-34626450; Claire Lehmann, "Germaine Greer and the scourge of 'no-platforming' ", ABC The Drum Online, 27 Oct 2015, http://www.abc.net.au/news/2015-10-27/lehmann-greer-and-the-no-platforming-scourge/6887576; Alle McMahon, "Germaine Greer defends views on transgender issues amid calls for cancellation of feminism lecture", ABC News Online, 25 Oct 2015, http://www.abc.net.au/news/2015-10-25/germaine-greer-defends-views-on-transgender-issues/6883132; all accessed 1 May 2017.



Frequency of words in all works on Google books (1900-2018)

It is widely reported that the number of transgender people in the community is increasing.[3] The Melbourne's Royal Children's Hospital Gender Service went from treating one patient in 2003 to about 250 per annum by 2017.[4] Similarly, the Monash Medical Centre has seen adult transgender patient numbers increase from 50 in 1992 to around 300 in 2015.[5] James Palmer, the medical director for specialised services for the National Health Service in England had reported an unprecedented increase in demand for gender dysphoria clinics with a 240% increase in referrals over the past five years.[6]



Patient numbers at Melbourne's Royal Children's Hospital Gender Service

[3] https://www.rch.org.au/adolescent-medicine/gender-service/The_Gender_Service_background,_funding_and_program_logic/#new-referrals-to-rch-gs-by-year
[4] https://www.abc.net.au/news/2018-09-20/childhood-demand-for-biological-sex-change-surges-to-record/10240480
[5] "Transgender children: what's behind the spike in numbers?" *The Australian* July 18, 2015 https://www.theaustralian.com.au/life/weekend-australian-magazine/transgender-children-whats-behind-the-spike-in-numbers/news-story/10ccc515ef67b73a76e4e01aad92e54a
[6] I. Torjesen, "Trans health needs more and better services: increasing capacity, expertise, and integration" *BMJ* 2018; 362, https://www.bmj.com/content/362/bmj.k3371

Anecdotally, churches have increased pastoral contact with transgender people and with their families.

This cultural development raises a host of questions for churches and Christians. Here are just some:

How do transgender views relate to biblical teaching?

How should the church treat transgender people who profess to be believers?

Is being transgender a sin? Should someone be expected to ‘repent’ of it?

How should Christian professionals, especially those working in medicine, psychology and social work, deal with transgender people in their work?

What should the church teach about gender?

What should parents do if their child is transgender?

How should the church relate to someone who has undergone gender transition, or who has a queer non-binary gender identity?

How should Christians relate to friends, family members, workmates and others who have transitioned or have a queer non-binary gender identity? Do we, for instance, use their new name and gender pronoun?

How do Christians relate to the wider society on issues of gender identity? How should we respond to school curricula which promote transgender identity?

2 A Biblical theology of sex and gender

Issues of gender and transgender are not addressed directly by the Bible. Furthermore, the Christian tradition has hardly spoken to the issue.[7] This does not mean that the church has no basis for thinking about gender and acting on the issues raised by changes in our culture. The Bible is a sufficient guide for all areas of life and faith (WCF 1.6). As in several areas of contemporary ethics, it is a matter of seeking to wisely apply biblical principles, rather than being able to point to texts which directly address the issue. Christians must develop a careful biblical understanding of the foundational issues about the character of sex and gender in God's purposes, and then seek to carefully apply this understanding to contemporary issues.

It is common in recent discussion to differentiate between 'sex' as a biological phenomenon and 'gender' as a matter of self-understanding and social presentation. This paper uses the terminology and recognises that it is possible to differentiate conceptually between physical sex and a person's experience and self-presentation. It is also the case that some people experience themselves as having a gender which is not aligned with their sex. The paper argues that in God's order the two align, and gender is determined by sex. The conceptual differentiation does not make disjunction between the two valid. Nevertheless, it is not possible to discuss the issues addressed in this paper without making the conceptual distinction and using the terminology of sex and gender.[8]

Christian thinking about transgender issues will involve an appeal to the "light of nature".[9] The WCF asserts that humans may know something of God and their responsibility to him from "the light of nature" (WCF 1.1; 21.1) and that moral duties may be understood from the same source (WCF 1.6; 10.4; 20.4 cf.19.4). The most significant reference is in the discussion of Christian liberty, in which the Confession states the Church and the State may hold people accountable for "publishing of such opinions, or maintaining of such practices, as are contrary to the light of nature" (20.4). This is a clear indication that the Westminster Assembly shared the common Reformed view that the moral law is a natural law, as well as being expressed in the positive law of the Bible.[10]

Although natural law has been out of fashion in recent Reformed thought, it has been an important part of Christian (and Reformed) moral reasoning. It has an obvious biblical basis in Paul's comment about the law written on the hearts of the Gentiles (Romans 2:14-15); and was part of early church and medieval theology and was assumed by the magisterial Reformers and

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[7] S.E. Stiegemeyer, "How Do You Know Whether You Are a Man or a Woman?" *CTQ* 79 (2015):19-48, notes Aquinas' opposition to mutilation of the body.

[8] See M. Davie, *Glorify God in your Body: Human identity and flourishing in marriage, singleness and friendship* (CEEC, 2018), 45-46; and see Abigail Favale, "The Eclipse of Sex by the Rise of Gender" *Church Life Journal* (March, 2019) http://churchlife.nd.edu/2019/03/01/the-eclipse-of-sex-by-the-rise-of-gender/?fbclid=IwAR3TqGYpZM-Q8YsBHr9Y84KTcq92PN6dShU1ZscXGamI4-oGksCRYa_OPd4 for a discussion of the rise of the concept of 'gender' and the problematic nature of distinguishing it from sex. She argues for the use of 'masculinity' and 'femininity' as opposed to discussions of gender. As attractive as this is for Christian alternative, this paper will retain the terminology of 'gender' since it seeks to engage with cultural developments which trade on that term and concept.

[9] "A biblical approach to sexual morality, therefore, is not simply grounded in specific Bible *passages* alone. It is grounded, first, in the truth of our nature as created beings ('natural law') as that is understood in Scripture". Gender Identity Disorder or Gender Dysphoria in Christian Perspective, (Lutheran Church—Missouri Synod, 2014), 7 available from https://www.lcms.org/docs/3012

[10] See D. Van Drunen, Natural Law and the Two Kingdoms: A Study in the Development of Reformed Social Thought (Eerdmans, 2010), 153-71.

their heirs. It was only in the early modern era that natural law lost its theological grounding and was then largely rejected in Enlightenment thought.

Along these lines then, careful thought about transgender issues requires reflection on both the biblical presentation of God's order of creation and the evidence of that order in the world which we may observe. We need to look carefully at the biological evidence and interpret it in the light of Scripture. The pattern of creation, fall and redemption is key for tracing the biblical presentation.

2.1 Creation

2.1.1 God's established order

God established the order of creation in which humans are male and female (Genesis 1:2-27). The text slides seamlessly from God creating humanity in his image (the Hebrew word is *adam*, 'man', used as a collective noun for 'humanity') to creating them as 'male' and 'female' in his image (*zakar* and *niqbah*, common Hebrews words for the two sexes). This implies two truths: humanity is fully expressed by male and female together, and each person images God as either a man or a woman.

In Genesis 2, the man cannot fulfil his function of tending the garden until he is complemented by the woman, who is the same kind of being as him – his own "flesh" and "bone" – but is no mere clone of him. The woman is a "helper suitable". What is more, humanity cannot fulfil the command to "fill the earth" apart from reproduction, and that is the reason for the biological differentiation of the two sexes. Men and women were designed to be able to conceive children together through sexual intercourse. The woman's body is designed to provide nutrition and shelter for the developing child and to feed it after birth. Men and women differ from one another in a range of other ways as well, and all these differences should be understood to serve the complementary partnership for which God created them.

Jesus affirms that humans were created male and female. In Matthew 19:4-5, he uses Genesis 1:27 — "the creator made them male and female" – to explain Genesis 2:24, "therefore a man shall leave his father and mother and be united to his wife". That means Jesus understood that God created humanity as two sexes. Jesus' interpretation of Genesis holds a final authority which defines the bounds of orthodox Christian belief (Matt 5:17).

It is sometimes suggested that eunuchs formed a third sex in biblical times and that this provides a close parallel to contemporary transgender people. A eunuch was usually a castrated male who was an official in a royal court and could serve the queen (2 Kgs. 9:30-32; Esth. 4:4-5; Acts 8:27) or the king's harem (Esth. 2:14-15). The term (*sārîs/eunuochos*) can also apply to a married official (e.g. Gen. 39:1). The Law excluded men with damaged genitals from the "Assembly of the Lord" (Deut. 23:1), from the gathering of Israel for worship (Dt 4:10; 9:10; 10:4; 18:16), and from the priesthood (Lev. 21:17-21).[11] Eunuchs are not presented as a 'third sex' or a 'third gender' but are always viewed as males who, by birth or human action, are unable to procreate or reproduce (Matt 19:12).[12]

The complementary nature of male and female sexual biology is one aspect of the binary nature of human gender. Though the Bible does not explicitly teach that the male and female sexual organs were designed to work together, it does affirm the goodness of sex and sexual

[11] F. Scott Spencer, "Eunuch", Eerdmans Dictionary of the Bible, (Eerdmans, 1987), 434-435.
[12] S. Rae, *Moral Choices* (Zondervan, 2018), 339

expression including the sexual organs (see Song of Songs; Prov 5:15-23; 1 Cor 12:22–24): reproduction and sexual expression in marriage are aspects of God's design for human life.

The complementary nature of the sexual organs is well established in medical science. When the male and female sexual organs operate in a healthy way, they give the lovers pleasure, bond the man and woman at a deep personal level, and bring new life through procreation.[13] This medically-demonstrable dimorphic and complementary sexual biology is consistent with the Biblical view of complementary binary-sexed humanity.

Mayer and McHugh make the simple and obvious point that "in biology, an organism is male or female if it is structured to perform one of the respective roles in reproduction". While some individuals may not be able to reproduce, that does not deny the fact that in almost all cases the purpose of the reproductive system is clear.[14] Similarly, the fact that some people are intersex and it is difficult to identify their sex at birth, does not mean that these individuals are neither male nor female, nor that their gender is fluid. We say more about the intersex condition below.

Mayer and McHugh refer to a study which followed up sixteen genetically male patients who suffered cloacal exstrophy resulting in a very small or absent penis. Fourteen of these patients were treated surgically soon after birth and were given a vagina and were identified socially and legally as females. Despite surgical and social assignment as female, the majority of the group came to identify as male and only five continued as female.[15] Mayer and McHugh comment that this research "indicates that gender is not arbitrary … a biological male (or female) will probably not come to identify as the opposite gender after having been altered physically and immersed into the corresponding gender-typical environment."

[13] Mercado, E., & Hibel, L. C., "I love you from the bottom of my hypothalamus: The role of stress physiology in romantic pair bond formation and maintenance", *Social and Personality Psychology Compass*, 11(2) (2017).
[14] L.S. Mayer and P.R. McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," *The New Atlantis* 50 (Fall 2016), 104: http://www.thenewatlantis.com/docLib/20160819_TNA50SexualityandGender.pdf.
[15] William G. Reiner, John P. Gearhart, "Discordant Sexual Identity in Some Genetic Males with Cloacal Exstrophy Assigned to Female Sex at Birth" *New England Journal of Medicine* vol. 350/4 (Jan, 2004), see Mayer and McHugh, 92.

Table 2. Sexual Identity of the 16 Subjects.

Subject No.	Age at Initial Assessment	Sex Assigned at Birth	Sex at Initial Assessment	Sex at Last Follow-up	Age at Last Follow-up	Duration of Follow-up
	yr				*yr*	*mo*
1	11	F	F	F	19	98
2	10	F	F	F	17	86
3	12	F	F	F	17	64
4	11	F	F	F	16	64
5	6	F	F	F	9	38
6	10	F	F	Would not discuss	14	38
7*†	9	F	Declared M	Unclear	16	84
8*†	9	F	Declared M	Unclear	14	59
9*	12	F	M	M	21	98
10*	7	F	F	M	11	38
11	7	F	F	M	10	39
12	5	F	F	M	8	36
13	7	F	F	M	10	35
14	12	F	F	M	20	98
15	16	M	M	M	19	34
16	5	M	M	M	12	83

* The subject spontaneously declared male sexual identity.
† The subject's parents rejected his declaration of male sex.

The research of Mayer and McHugh does not deal with cases of transgender, but it helps to illustrate that while there are complexities in sexual development, the biological evidence aligns with the biblical presentation — humans have a binary sex: they are male or female.

Similarly, Thomas and Saunders comment,

> "Genetically males have XY sex chromosomes and females XX; morphologically males have testes and females have ovaries. Biochemically, sex hormones such as testosterone (male) and oestrogen (female) trigger the appearance of secondary sex characteristics (e.g. voice, body hair distribution, menstruation). This observed 'binary' system fits with the biblical description of created humanity as male and female."[16]

Binary sex is essential to the way the Bible uses marriage as a metaphor for the relationship between God and his people. The Old Testament prophets spoke of the Lord taking Israel as his bride (e.g. Ezek 16, Hosea 1-3) and the New Testament applies the same imagery to Jesus and his church (Matt 9:15 & parallels, John 3:29, 2 Cor 11:2, Eph 5:32, etc.). These metaphors assume binary sex.[17]

[16] R.Thomas & P. Saunders, "Gender Dysphoria", CMF File 59 (Spring, 2016). Available at https://www.cmf.org.uk/resources/publications/content/?context=articleandid=264191
[17] D. Burk, *What is the meaning of sex?* (Wheaton: Crossway, 2013), 156-83; A. Köstenberger and M. Köstenberger, *God's design for man and woman : a biblical-theological survey* (Wheaton: Crossway,2014), 24-

The Christian view, from this biblical material, has been that binary sex is 'essential' to human existence, and that a person is either male or female (not withstanding occasional complex cases which we will consider below). Being male or female, a man or a woman, has been considered as something which is part of the essential makeup of a person and not open to change. This has often been a latent or implicit conviction, because debate about gender differences have been rare prior to the twentieth century.[18]

Given the developments in gender theory in recent years, it is no surprise that there are biblical scholars who question the conclusions outlined above and assert that transgender and intersex conditions should not be viewed as a defect but as a "positive and valuable" reflection of "difference and diversity in God".[19] These approaches permit contemporary cultural views to determine the interpretation of both scientific data and the Biblical text, rather than letting the Biblical message direct our understanding of nature and challenge contemporary cultural fashions.

2.1.2 Gender and harmony

The biblical vision is of men and women in their difference, living in love, supporting and helping each other.

God created male and female to be different — not for conflict, but to harmonise. In Song of Songs, the man and woman are attracted to each other (Song 1:15-16; 4:1; 5:10). The Apostle Paul teaches that for the married couple, each person's body belongs not to themselves, but to their spouse (1 Cor 7:4) – the two have become "one flesh" (Gen 2:24). This wonderful, joyful union does not negate the goodness of each partner's sexual identity but depends on it and fulfils it. The two sexes *complement* one another – they are different, but in such a way that the union of the differences does not cause conflict, but joyful harmony.

In contrast, modern Western culture offers two visions of peace which are in tension with one another and in conflict with the biblical vision. One is grounded in *uniformity* in which 'one size fits all'. This is apparent in the promotion of androgyny and the erasure of gender. The other is found in the promotion of *unrestrained diversity* in which 'anything goes'. The biblical picture is different to both of these visions. The biblical picture sees real peace found in an *ordered variety*, expressed in Paul's account of the church in which different gifts come from the same Spirit and are used to serve the same Lord for the common good (1 Cor 12:4–7). The one body of many parts is to be ruled by love.

With respect to gender, the biblical vision is that human harmony and flourishing is found through embracing binary sex and enjoying relationships as a man or a woman. While this is most obvious in marriage, harmony between men and women is found not only in that setting.[20] The same Apostle Paul, as a single man, worked closely with women, like his "beloved" Persis (Rom 16:12), and Rufus' mother (Rom 16:13). He instructed Timothy to treat older women as mothers, and younger women as sisters (1 Tim 5:1–2).

29; D.P. Hollinger, *The Meaning of Sex: Christian Ethics and the Moral Life* (Grand Rapids: Baker, 2009), 73-74.

[18] C.R. Roberts, *Creation and covenant: the significance of sexual difference in the moral theology of marriage* (New York: T&T Clark, 2007), 236.

[19] S. Cornwall, *Theology and Sexuality* (SCM, 2013) 54; see discussion at 47-55.

[20] For more on this, see our *Marriage Matters* resource paper: http://www.gsandc.org.au/wp-content/uploads/2016/09/Marriage_matters_Resource_paper.pdf; and *Marriage, God's Way* Bible studies: http://gsandc.org.au/wp-content/uploads/2016/10/Marriage-studies-flyer-final.pdf.

Binary sex is designed to create harmony with distinct differences. It grounds healthy human relationships. Knowing that you are a man or a woman is an important part of being able to engage in a variety of relationships — sexual and non-sexual — with other men and women.

This reflection on God's design is the basis of affirming that in creation, before the Fall, sex and gender were fully aligned. Adam had XY sex chromosomes, Eve had XX; each of them were identifiable as a man and woman from their primary sexual features (genitals and sex glands) and their secondary sexual features (e.g. breasts and pelvis formation for Eve; facial hair, deeper voice for Adam). When Adam delighted in Eve at her formation, he recognised the difference between them as well as their similarity (Gen 2:23). Aligned with physical features, Adam knew himself as a man, and Eve as a woman; their gender matched their sex. The Genesis narrative refers both to humanity as male and female, focussing primarily on biological sex which they share with the animals (Gen 1:27); and to humanity as man and woman, focussing on their gender roles, especially in marriage (Gen 2:7,22-25). Their roles in their marriage and in the human culture which they were to develop were based in their sex.

It is not possible to describe exactly the gender roles in creation, yet we can we affirm that they were distinct. Adam was to work and care for the garden (Gen 2:15), Eve was to help him (Gen 2:20). After their sin, the curse on Eve concerns childbirth and her relationship with her husband; Adam's curse focusses on his work (Gen 3:16-19). Throughout the rest of the Bible we see that men and women have different roles in family and church life (Eph 5:21-25; 1 Cor 11:2-16; 14:34-35; 1 Tim 2:11-15; 1 Pet 3:1-7).[21]

While recognising the real differences, biological and social, between men and women, we should not stress the differences too much. Distinction is not absolute difference. Adam's first reaction to Eve was not "she is different to me", but "this is bone of my bone and flesh of my flesh" (Gen 2.23). What men and women have in common with each other is far more than what sets them apart.

One of the important things that the Bible says about gender is that men and women are meant for partnership. In Genesis 2 God makes Eve to be for Adam a "helper as his partner" (NRSV). In 1 Corinthians 11, in which Paul discusses the differences in the way men and women should conduct themselves, he reminds us that "in the Lord woman is not independent of man or man independent of woman" (1 Cor 11:11).

2.1.3 Gender roles

Men and women are different to one another in a host of ways, and in all cultures men and women relate differently to one another and present themselves differently. Men and women usually dress differently and take on different social roles. The precise differences vary between cultures — but they are consistently present. We should not be surprised by these differences nor embarrassed by them since God has made humanity dimorphic: male and female.

This raises the question of whether it is possible, or desirable to describe an ideal 'masculinity' or 'femininity'. Men are often seen as strong, independent, unemotional, assertive; women as physically attractive, gentle, nurturing, dependent and receptive. Such role stereotyping has been increasingly criticised in both non-Christian and Christian literature.

[21] See C. Smith, *God's Good Design* (Matthias Media, 2012).

What follows are some reflections on this question. Although it is often debated, there are relatively few satisfactory discussions of the topic. It is an area which requires further work.

Köstenberger and Köstenberger state that "true masculinity and femininity are grounded in a man's or woman's underlying God-given purpose and roles". Yet they warn of the need for care "to avoid stereotypes … that owe more to cultural perceptions than to biblical guidelines".[22] Their discussion focusses on the roles of men and women in family life and church life. In the question of work and public life, they encourage Christians to think about what best serves their God-given role in marriage and family life. They offer no particular comment on the personal style or interests which are normative for men or women. Their approach focusses on relationships rather than seeking to define an essential or normative masculinity or femininity.

Alistair Roberts offers a way to think about gender in our contemporary culture, without being caught up in unproductive discussions about "roles". He calls for Christians to have greater confidence in nature, to be less concerned about ensuring men and women are distinct since that will occur anyway — it is written into nature. He argues that "the focus in the biblical teaching on sex is less upon gender roles and rules than it is upon the fact that men and women are created differently, for different purposes, with different strengths, and with different natural orientations". His view is that gender 'roles' will show up in human life; there is no great need to pursue "being man" or "being a woman". He argues that a focus on masculine and feminine 'roles' ironically shares with feminist and trans thought a view of gender as 'performative'.

Roberts proposes that in contrast to abstract questions about how to be "masculine" or "feminine" we should attend to particular relationships and responsibilities. A man is a husband, son, worker and a friend; he should seek to fulfil those roles in a godly way, following Christ. He will do so as a man (he can't help it). Similarly, a woman is a teacher, a daughter, a colleague and she should fulfil those in a godly way as a woman.

Roberts upholds the importance of the dimorphism of human life but warns against abstract discussions of normative gender types. Christians, he says, should respect God's design of humanity as male and female and reflect that by living as clearly identified as a man or woman. On the basis of scripture, Christians should recognise a normative pattern of relationships in family and church life, and seek to live these in a godly way.[23] Roberts' full work on this topic is not yet published, but his approach may move evangelical discussion of gender in a more productive direction.

God has made people with a wonderful variety. In Genesis 25:27 Esau may seem to conform to a far more 'masculine' stereotype than does Jacob, but the problem with both of them is in their sin. Jacob is deceptive and greedy, Esau is thoughtless and violent. The fact that Esau loved the fields and Jacob the tents is not the problem.

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[22] A.J. Köstenberger, M.E. Köstenberger, *God's Design for Man and Woman: A Biblical-Theological Survey* (Crossway, 2014), 285.

[23] See A. Roberts, "Natural Complementarians: Men, Women, and the Way Things Are" *The Calvinist International* (Sept, 2016) https://calvinistinternational.com/2016/09/13/natural-complementarians-men-women/ and see the video at https://youtu.be/BD3JNLFd4Y4. See further, "The Challenges of Gender in the 21st Century" https://www.youtube.com/watch?time_continue=52&v=1g6RShl5nxM . Roberts book, *Heirs Together: A Theology of the Sexes*, is due to be published by Crossway in 2019.

2.2 The fall and sin

2.2.1 The distortion of God's established order

The entry of human sin into God's good creation not only leaves us guilty, it means we are enslaved to sin, impacted by a society which rejects God, influenced by evil powers. We dwell in a created order which is disordered. All these aspects distort the good created pattern of binary sex and gender.

Men and women were meant to live in harmony and mutual love, but this is not what we see in the world around us (Gen 3:7,12,16; 4:19,23). They wound each other rather than serve each other. Men try to use women and dominate them, rather than treat them as partners (see 1 Peter 3:7). Women use their sexuality in a way that deceives men (see Proverbs 7:6-23). The Bible condemns homosexual sexual activity as a distortion of God's order for human sex (1 Corinthians 6:9, Romans 1:26-27). Christians are often outraged by these sexual sins, and we should be. We need to also remember that they are symptoms of a deep confusion about gender and sexuality.

A further distortion of God's good order is that men deny the value of women. This can be seen in some Christian thinkers. Aquinas conceded that woman was created as a helper for Adam, but added that "she was not fitted to be a help to man except in generation, because another man would prove more effective help in anything else".[24] John Calvin said the woman was created as an "inferior aid".[25] They were, of course, men of their age, but we must acknowledge that they fell short of the Biblical message of the equal value and mutual need of men and women.

Discussions about transgender must be understood against the background of a fallen world. This is relevant in three ways — the biological order is disrupted; some people have transgender experiences; and we live in a culture which has lost its bearings.

2.2.1.1 Disorders of Sex Development (DSD), Intersex

There are a small number of people who are born with conditions in which their physical sexual features do not reflect the regular binary structure (Disorders of Sex Development or intersex). The prevalence of DSD is difficult to determine, because it covers a wide range of conditions, some of which are not obvious until a person has a medical investigation. One landmark study claimed that up "approximately 1.7% of all live births do not conform to a Platonic ideal of absolute sex chromosome, gonadal, genital, and hormonal dimorphism".[26] That study offers the following visual representation of the research which suggests that there are significant numbers of people in the population whose sex do not fit the dimorphic 'ideal'.

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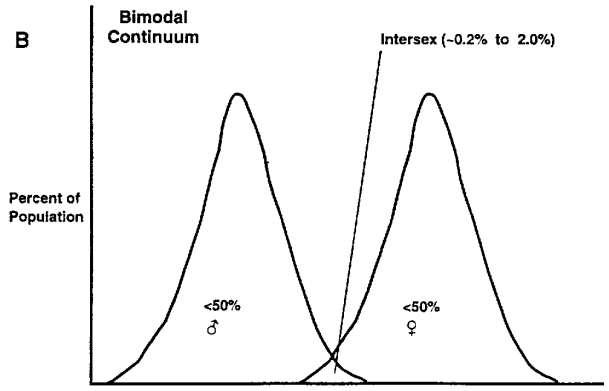
[24] Aquinas, *ST*, Pt. I. Q.98, art.2

[25] John Calvin, *Commentaries on the Epistles to Timothy, Titus and Philemon*, *Calvin's Commentaries (Complete)*, John King trans.; Accordance electronic ed. (Edinburgh: Calvin Translation Society, 1847), paragraph 92251.

[26] A. Fausto-Sterling *et al* "How Sexually Dimorphic Are We? Review and Synthesis" *Am. J. Hum. Biol.* 12 (2000):161. See discussion at http://www.isna.org/faq/frequency



However, as explained below, the number of children whose genitalia are ambiguous at birth is far smaller than the graph suggests. Conditions in which a person may have apparently female genitals, but male secondary sexual characteristics are even more rare.

Sexual differentiation is complex and not fully understood. The recent advancements in genetic and genomic studies, are providing new information on how sexual differentiation occurs in the embryo. The process of the development of sex organs has been described in four stages: (1) chromosome formation; (2) hormone production; (3) hormone reception; and (4) tissue development. Aberrations at, or within, any of these stages of development can lead to a person's biological sex not aligning to the traditional neat binary categories. Appendix 1 is an overview of the various disorders of sexual development as they relate to these four stages. [27]

2.2.1.2 DSD / 'Intersex'

People who experience a DSD are sometimes referred to as being intersex, though this term is contentious. The term DSD assumes that a 'healthy' order of intra-uterine sex development exists. The term 'intersex', in contrast, is often used to indicate a 'third sex', neither male nor female. Such usage implicitly denies the existence of a healthy order and instead advances the 'liquid' view of personal identity reviewed above. Nevertheless, intersex is the common and preferred term in most discussion and so will be used in this paper.

2.2.1.3 Therapy for Disorders of Sex Development (DSD), Intersex

There is no medical consensus on the treatment of many intersex conditions. The work of Johns Hopkins psychologist John Money (1921-2006) made the practice of early surgical intervention to establish a clear genital sex the standard practice in Western medical care. His theory was that the psyche (that is gender) is malleable and will follow whatever sex was given to the child — the so-called 'outside-in' approach. He advised that a child with DSD should be given surgical treatment as an infant and should not be told of their condition nor the treatment. He claimed that this brought very high satisfaction rates.

Money's approach was severely questioned after a documentary showed that his most famous case, that of David Reimer, had been anything but successful. Despite hormone treatment and further surgery, Reimer never identified as a female and at the age of 14 returned to a male gender identity. (He committed suicide in 2004).[28]

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[27] The Intersex Society of North America (ISNA) offers an overview of the variety of, and estimated occurrence level, of various DSDs: http://www.isna.org/faq/conditions.

[28] Erik Lenhart, *Intersex conditions and differences of sex development: Theology, ethics, and care*, Thesis for the S.T.L. Degree, Boston College School of Theology and Ministry (2015), 23-28; available https://dlib.bc.edu/islandora/object/bc-ir:105008/datastream/PDF/view

Contemporary medicine does not offer a consistent view of the treatment for this form of intersex: "given the complexity and heterogeneity of presentation there is no consensus regarding the indications, the timing, the procedure nor the evaluation of outcome of DSD surgery".[29] There is a growing trend to recommend against early surgery.[30]

Apart from some significant work by Catholic thinkers, there has been little Christian discussion of the treatment of intersex conditions.[31] We cannot recommend the work of Megan DeFranza or Susannah Cornwall.[32] Their work receives a short summary and response in J.A. Cox's *Intersex in Christ*.[33] Cox writes with compassion and a clear awareness of the pain and struggles of intersex people, with a clear theological approach focussing on redemption in Christ. Our hesitation is with her proposal that a Christian who is intersex and is unmarried does not have to choose a male or female gender and may also transition from one to the other.[34] (See further the discussion in 3.2.1. below).

This is an area in which more work is needed by Christian bio-ethicists, both to help families and medical professionals; and also because the questions raised by intersex conditions relate to discussions about transgender.

2.2.2 Transgender

A transgender person has a defined sex but experiences their gender identity to be at odds with that sex (sometimes called 'assigned sex'). Some transgender people operate within the binary model of 'male' or 'female' but are convinced they are the opposite sex to their body and want to modify their body to agree with their gender. Such people often identify as transsexuals. A male-to-female transsexual is someone whose sexual biology is male but who is convinced they are a female. Conversely, a female-to-male transsexual is someone whose sexual biology is female but who is convinced they are a male.

Some transgender people reject the traditional binary model and identify as another gender: neutrois, neutral or null gender; genderfluid; genderqueer; two-spirit; intergender; pangender; trigender. They too have a disjunction between their embodied sex and their internal, subjective convictions about their self.

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[29] Pierre D. E Mouriquand, *et al*, "Surgery in disorders of sex development (DSD) with a gender issue: If (why), when, and how?" *Journal of Pediatric Urology*. 12.3 (2016): 139.

[30] See Katrina Karkazis, *Fixing Sex: Intersex, Medical Authority, And Lived Experience* (Duke UP, 2008); Peter A Lee, *et al.* "Global Disorders of Sex Development Update since 2006: Perceptions, Approach and Care". *Horm Res Paediatr* 85.3 (2016):158–180; S.M. Creighton, *et al* "Childhood surgery for ambiguous genitalia: glimpses of practice changes or more of the same?" *Psychology & Sexuality*, 5:1 (2014): 34-43; Ellen Feder, *Making Sense of Intersex: Changing Ethical Perspectives in Biomedicine* (Bloomington: Indiana UP, 2014).

[31] Mark F. Schwartz, Albert Moraczewski, and James Monteleone, eds. *Sex and Gender: A Theological and Scientific Inquiry* (St. Louis: Pope John XXIII Medical-Moral Research and Education Center, 1983); Urbano Navarrete, "Transexualism and the Canonical Order" *The National Catholic Bioethics Quarterly* 14.1 (2014): 105-18; C, Gudorf, "The Erosion of Sexual Dimorphism: Challenges to Religion and Religious Ethics," *JAAR* 69.4, (2001), 863; Susan Ross, *Anthropology: Seeking Light and Beauty, Engaging Theology: Catholic Perspectives*, (Collegeville, MI: Liturgical Press, 2012); Patricia B. Jung & Aana Marie Vigen, eds. "Introduction" in *God, Science, Sex, and Gender: An Interdisciplinary Approach to Christian Ethics* (Chicago: University of Illinois Press, 2010).

[32] Megan DeFranza, *Sex Difference in Christian Theology: Male, Female, and Intersex in the Image of God* (Eerdmans, 2015); Susannah Cornwall, *Sex and Uncertainty in The Body of Christ: Intersex Conditions and Christian Theology* (Routledge, 2016).

[33] J.A. Cox, *Intersex in Christ: Ambiguous Biology and the Gospel* (Cascade, 2018), 133-35.

[34] For a full review see https://theologyinteralia.net/2019/04/22/intersex-in-christ/

This disjunction between a person's biology and their internal convictions may or may not be reported as having negative consequences for that person's mental health. Gender dysphoria (GD) is defined by DSM-V to be:

> A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration and associated with clinically significant distress or impairment in social, school/occupational, or other important areas of functioning.[35]

The variety of transgender experiences created some difficulty in estimating its prevalence. In a systematic review of 29 studies, the prevalence of transgender subjects ranged from 6:100,000 to 521:100,000 persons for male-to-female [MtF] individuals and from 2.5:100,000 to 256:100,000 for female-to-male [FtM] individuals, based on transgender-related diagnoses or self-identification, respectively.[36]

The causes of transgender identity have not been identified with confidence. Various theories have been proposed — including that it arises from brain structure or from socialisation. One study has claimed to find that genetically male transsexuals have a female structure in a part of the brain related to sexual behaviour (the central subdivision of the bed nucleus of the stria terminals) and that gender identity develops as an interaction between the developing brain and sex hormones.[37] This study used only a very small sample and suffered from several methodological weaknesses. There does not seem to be, at present, any clear evidence of correlation of brain structure with transgender identity.[38] Similarly, there is no clear evidence that "nurture" or psychosocial factors are a cause of transgender identity. [39]

Gender identity development is most likely a reflection of complex interplays between biological, environmental, and cultural factors. It is still unclear to what extent gender identity is influenced by biological factors (nature), or life experiences (nurture). While some links have been identified, we do not know which relationships causal and which ones are non-casual associations.

Thomas and Saunders, after reviewing the lack of well-evidenced accounts of causation, add the important comment that clinical experience suggests that " 'true' gender dysphoria is not 'chosen'". "It is isolating and distressing and sometimes the dysphoria may be compounded by hostility from others or by social stigma". They also observe that as transgender identity has received greater attention, the number of people presenting as such "may be being supplemented by others who are confused or experimental". [40]

Over the last two years (2018 and 2019) there has been increased recognition that the inordinate growth in the numbers of children and teens reporting gender dysphoria requires

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[35] *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is one of the standard diagnostic guides for mental health professionals. The fifth and latest edition was published in 2013. DSM is the classification system used in the US and much of Australia; in Europe and in the United Kingdom the ICD classifications are used. The latest editions of both are seeking uniformity in their coding. Note that many Australian hospitals use ICD so they can include all diseases, not just mental illness, in their patient assessments.

[36] L. Collin, S.L. Reisner, V. Tangpricha, M. Goodman, "Prevalence of transgender depends on the case definition: a systematic review", *Journal of Sexual Medicine*, 13 (2016): 613-626

[37] JN Zhou, MA Hofman, LJ Gooren, DF.Swaab, "A sex difference in the human brain and its relation to transsexuality." *Nature* 378(6552) (Nov 2, 1995):68-70.

[38] J.A. Branch, *Affirming God's Image, Addressing the Transgender Question with Science and Scripture* (Belingham: Lexham, 2019), 73-77; and Thomas and Saunders, 2.

[39] Thomas and Saunders, 2.

[40] Thomas and Saunders, 2.

careful examination and assessment, and should not be taken at face value. We offer here a short summary of these developments.

In 2018, Lisa Littman, Assistant Professor of the Practice at the Brown University School of Public Health, published an article in which she identified a phenomenon she termed "Rapid-Onset Gender Dysphoria" (ROGD). She based her research on parent responses to a survey which she distributed through three websites on which parents had reported that their children had suddenly develop gender dysphoria.[41] While much earlier literature focussed on children who were gender dysphoric (or non-conforming) from a young age, Littman highlighted a different pattern of ROGD among adolescents who had no prior history.

Littman found that about two thirds of this group had been diagnosed with a mental health disorder or neurodevelopmental disability and/or a traumatic or stressful event prior to the occurrence of ROGD. Parents reported self-harm behaviour prior to onset of GD in nearly half the group. She also found that the young people experiencing in ROGD were predominantly natal female and white and were likely to be academically gifted from a home with highly educated parents and to be non-heterosexual. She notes that ROGD often occurred in clusters within friendship group and was often associated with increased use of social media. Littman also claimed that "the majority of parents were reasonably sure or certain that their child misrepresented or omitted key parts of their history to their therapists and physicians", though she acknowledged that this was not necessarily a conscious act.[42] She suggests two hypotheses: (1) that 'social contagion' is a key determinant of ROGD; and (2) that ROGD is a "maladaptive coping mechanism" for young people.

Littman suggests a very different way of viewing and treating gender dysphoria in adolescents and young adults. Her study has been controversial and widely disputed.[43]

Following Littman, an English scholar, Heather Brunskell-Evans, published a study arguing that "medicine and law construct the 'transgender child'" and that children with GD are routinely provided with treatment which they are not in a position to understand or assess.[44]

Kenneth Zucker has recently reviewed developments and offered interesting observations. He suggest that there are four factors which probably contribute to the remarkable increase of referrals to gender identity clinics: visibility of transgender issues in the media, information about gender dysphoria and treatment on the internet; the reduction of stigma of gender dysphoria and transgender identity and the availability of treatment.[45] He further suggests that while it is difficult to assess the true distribution of GD in relation to natal sex, natal females may feel less stigma in reporting and may already be more likely to show non-gender

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[41] L. Littman "Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports" PLoS ONE 13.8 (2018): e0202330. https://doi.org/10.1371/journal. pone.0202330

[42] Littman, 30-32.

[43] See A.J. Restar, "Methodological Critique of Littman's (2018) Parental-Respondents Accounts of "Rapid-Onset Gender Dysphoria". *Arch Sex Behav* (Arpil, 2019). https://doi.org/10.1007/s10508-019-1453-2; B. Tannehill, " 'Rapid Onset Gender Dysphoria' Is Biased Junk Science" *Advocate* (Feb 20, 2018), https://www.advocate.com/commentary/2018/2/20/rapid-onset-gender-dysphoria-biased-junk-science; and Lisa Marchiano, "Transgenderism and the Social Construction of Diagnosis" *Quillette* (March 1, 2018) https://quillette.com/2018/03/01/transgenderism-social-construction-diagnosis/

[44] Heather Brunskell-Evans, The Medico-Legal 'Making' of 'The Transgender Child', *Medical Law Review*, , fwz013, https://doi.org/10.1093/medlaw/fwz013

[45] K.J. Zucker, "Adolescents with Gender Dysphoria: Reflections on Some Contemporary Clinical and Research Issues", *Archives of Sexual Behavior* (published online, 18 July 2019). https://doi.org/10.1007/s10508-019-01518-8; p1.

conforming behaviour.[46] Zucker expresses the view that ROGD is "a new clinical phenomenon". He queries, though does not reject, Littman's suggestions that peer influence and social media play a key role in prompting ROGD, and that generic mental health issues are a preliminary to the development of ROGD. He calls for more specific and robust explanations of causation.[47]

2.2.2.1 Therapy for Transgender

Until relatively recently, it was assumed that people who did not conform to gender expectations which aligned with their biological sex required treatment to remedy this situation. Thus, the DSM-IV included a category of Gender Identity Disorder as "a strong and persistent cross-gender identification". As noted above, DSM-V now has the category "gender dysphoria". The implication is that it is the dysphoria which requires treatment, not the gender identity. In 2018 the World Health Organisation (WHO) released a new version of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-11) in which "Gender incongruence" is listed as a condition related to sexual health rather than as a condition related to mental health. The WHO publication explains that this change was made on the basis that the condition is not one of mental health and that re-categorising it would reduce stigma. It was retained in the ICD to encourage health services to provide for people with GI.[48]

2.2.2.1.1 Therapy for Transgender Children and Young People

The most recent advice on treatment for transgender children, published by the American Psychological Association, is described as *The Gender Affirmative Model*, and follows the approach pioneered by Dutch clinics in the 1990s. This approach "supports identity exploration and development without an a priori goal of any particular gender identity or expression" and aims for a child to "live in the gender that feels most authentic to the child".[49] Under this model a common pattern of treatment is to prescribe "puberty blockers", gonadotropin-releasing hormone agonists, as a child enters puberty. If the child continues to be transgender they are usually given "gender affirming hormones" at the age of about 16.[50] In Australia, it was once necessary to have Family Court authority for this treatment, but this requirement was removed by the Court in November 2017.[51]

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[46] Zucker (2019): 2.
[47] Zucker (2019): 5.
[48] See the explanation in https://www.youtube.com/watch?time_continue=2&v=kyCgz0z05Ik
[49] Quote from interview by Huffington Post, B. Tannehill, "6 Facts About Affirming Therapy for Trans And Gender Non-Conforming Youth", https://www.huffingtonpost.com/entry/six-facts-about-affirming-therapy-for-youth_us_588639e0e4b08f5134b62325; See Dr. Colt Keo-Meier Dr. Diane Ehrensaft, eds. *The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children* (APA, 2018).
[50] "We recognize that there may be compelling reasons to initiate sex hormone treatment prior to age 16 years, although there is minimal published experience treating prior to 13.5 to 14 years of age"; WC Hembree, *et al*, "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline" *J Clin Endocrinol Metab*. 2017 Nov 1;102(11):3869-3903. doi: 10.1210/jc.2017-01658.
[51] See the overview at https://www.landers.com.au/insights/publications/family-and-relationship-law/what-does-the-re-kelvin-full-court-of-the-family-court-decision-mean-for-young-people-who-experience-gender-dysphoria/

Surgery is usually offered for people once they are over 18.[52] In Australia, it was once necessary to have Family Court authority for gender reassignment surgery for someone under 18. This requirement was removed by a decision of the court in March 2018.[53]

A 2019 review of the treatment for gender dysphoria in children and adolescents concluded that there is insufficient evidence about the effect of puberty blockers and gender-affirming cross-sex hormone. It notes that the studies have small sample sizes and poor methodology. It comments that "treatments for under 18 gender dysphoric children and adolescents remain largely experimental". Unanswered questions "include the age at start, reversibility; adverse events, long term effects on mental health, quality of life, bone mineral density, osteoporosis in later life and cognition". The authors conclude that, "the current evidence base does not support informed decision making and safe practice in children".[54]

There has been a major debate about how commonly children with GI persist or desist. DSM-V reports that persistence ranges from 2.2% to 30% in natal males and 12% to 50% in natal females.[55] John Whitehall, a Sydney paediatrician, claims a "consensus … that up to 90 per cent of children who question their sexual identity will orientate to their natal sex by puberty".[56] A commonly quoted figure is that about 80% of children with GI desist by puberty.[57] This figure has been widely disputed.[58] It is difficult to assess the claims of the prevalence of persistence and desistance, since they are based on different theoretical stances and use a small number of studies with inconsistent methodologies.

One of the key figures in this debate is Kenneth Zucker, who led the Child Youth and Family Gender Identity Clinic (GIC) in Toronto. He and fellow clinicians are far more cautious than the 'Gender Affirmative' model. They take the view that gender identity is quite malleable in young children and is largely shaped by socialisation (though in complex ways). They recommend that young children with GID should be helped to be comfortable with their own bodies, and that in time most cases desist. One study from the group found that GID continued

[52] See overview and summary in J. Whitehall, "Childhood Gender Dysphoria and the Responsibility of the Courts", *Quadrant* (May 2017), 19.
[53] See the overview at https://www.landers.com.au/insights/publications/family-and-relationship-law/family-court-declares-stage-3-treatment-for-gender-dysphoria-therapeutic-in-decision-of-re-matthew/
[54] C. Heneghan, T. Jefferson "Gender-affirming hormone in children and adolescents", blog of *BMJ Evidence-based Medicine*, https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/ cited April 28, 2019.
[55] DSM-5, 455.
[56] J. Whitehall, "Childhood Gender Dysphoria and the Responsibility of the Courts", *Quadrant* May 2017, 18.; he gives no source for this figure.
[57] The commonly quoted source is TD Steensma, *et al*. "Desisting and persisting gender dysphoria after childhood: a qualitative follow-up study" *Clin Child Psychol Psychiatry,* 16.4 (2011 Oct):499-516. doi: 10.1177/1359104510378303.
[58] T.D. Steensma, "Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study", *J Am Acad Child Adolesc Psychiatry* 52.6(2013):582-90; Kristina R. Olson, et al, "Gender Cognition in Transgender Children" *Psychological Science* 26.4 (2015): 467 – 474. See a summary of the debate and an argument for assuming a high level of desistence in P. Dirks, "Is it a Myth that the Vast Majority of Gender Dysphoric Children Desist?" https://womanmeanssomething.com/is-it-a-myth-that-the-vast-majority-of-gender-dysphoric-children-desist/, cited 31st July 2019.

in only 3 of the 25 girls they treated.[59] At the end of 2015, the GIC was closed and Zucker was dismissed.[60] Zucker continues to argue that persistence of GID in children is a myth.[61]

Recently there have been growing expressions of concern about the treatment of children and young people who report GD.[62] Zucker comments that "an unknown percentage of parents of adolescents with ROGD are skeptical that biomedical treatment is the best way to address their child's gender dysphoria; indeed, many of them oppose it".[63] Various groups, including parent groups, have begun to express concerns about the impact of 'Gender Affirming' treatment children and young people e.g. Transgender trend in the UK (see https://www.transgendertrend.com), 4th Wave in the USA (https://4thwavenow.com/); and GHQ, Gender Health Query, a US based LGBT group (https://www.genderhq.org/).

2.2.2.1.2 Therapy for Transgender Adults

Adults who present with GD are usually given psychotherapy to "assist in clarifying their desire for, and commitment to, changes in gender expression and/or somatic treatments to minimize discordance with their experienced gender, and to ensure that they are aware of and have considered alternatives".[64]

Adults suffering from GD, or who are transgender but without GD, are often prescribed sex hormones. This is considered a medically necessary treatment for many suffers of GD. The treatment may be aimed at gender transition or at bringing relief of GD with "an androgynous presentation".[65]

Adults who suffer GD, or are gender incongruent, often receive gender reassignment surgery. For a male-to-female patient, this may involve: breast/chest surgery to create breasts, mammoplasty; genital surgery to remove penis and testes and create female genitals; and aesthetic procedures on face, buttocks and hair. For the female-to-male patient, surgery may include: breast/chest surgery with subcutaneous mastectomy and the creation of a male chest; abdominal and genital surgery — hysterectomy/ovariectomy, reconstruction of urethra,

[59] Kelley D. Drummond *et al.*, "A follow-up study of girls with gender identity disorder," *Developmental Psychology* 44.1 (2008): 34–45, http://dx.doi.org/10.1037/0012- 1649.44.1.34. see also Kenneth J. Zucker, "Children with gender identity disorder: Is there a best practice?," *Neuropsychiatrie de l'Enfance et de l'Adolescence* 56.6 (2008): 363, http://dx.doi. org/10.1016/j.neurenf.2008.06.003. Kenneth J. Zucker *et al.*, "A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder", *Journal of Homosexuality* 59.2 (2012), http://dx.doi.org/10.1080/00918369.2012.653309.

[60] See the detailed account of the debates in which Zucker was involved and the closure see J. Singal "How the Fight Over Transgender Kids Got a Leading Sex Researcher Fired" https://www.thecut.com/2016/02/fight-over-trans-kids-got-a-researcher-fired.html

[61] See J. Temple Newhook, *et al.* "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children", *International Journal of Transgenderism*, 19.2 (2018), doi:10.1080/15532739.2018.1456390; K. J. Zucker (2018): "The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non- conforming children" by Temple Newhook et al", *International Journal of Transgenderism*, (2018) DOI: 10.1080/15532739.2018.1468293; K. Winters, *at al* "Learning to listen to trans and gender diverse children: A Response to Zucker (2018) and Steensma and Cohen-Kettenis (2018)" *International Journal of Transgenderism*, 19:2, (2018): 246-250. See, Zucker (2019), where he outlines his views of treatment of transgender children and ROGD.

[62] On concerns in the UK see https://www.bioedge.org/bioethics/transgender-treatment-for-kids-finally-under-ethical-scrutiny/13152

[63] Zucker (2019), 6.

[64] W. Byne, *et al* Gender dysphoria in adults: an overview and primer for psychiatrists, *Transgender Health* 3:1 (2018): 63.

[65] Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People 7th version, (WPATH, 2011), 44.

vaginectomy, scrotoplasty, and implantation of erection and/or testicular prostheses; and aesthetic procedures such as liposuction, lipofilling, pectoral implants.[66]

There is a significant debate about the level of relief, or regret, experienced by people who undergo hormone treatment and gender realignment surgery. Byne *et al* argue that sex hormone therapy is "associated with improvement with respect to anxiety, mood, and mood stability, as well as overall satisfaction and quality of life", that surgery helps to alleviate GD and that postsurgical regret is rare.[67] On the other hand, Mayer and McHugh reviewed what they considered the best studies and came to "a skeptical view toward the claim that sex-reassignment procedures provide the hoped-for benefits or resolve the underlying issues that contribute to elevated mental health risks among the transgender population".[68]

Anderson provides six case studies of people who 'detransitioned', including extracts from the longer piece by Walt Heyer. [69] These help to illustrate the deep regret which can follow Gender Reassignment Surgery (GRS).

One recent Swedish study of patients who had male-to-female GRS indicates that they continue to experience a lower quality of life than the general population, and that despite surgery leading to improvement in well-being, quality of life decreased for the patients over time, in comparison with the population.[70]

Daniel Payne reports on a series of difficult-to-access reports about outcomes for transgender patients by a medical consultation company, Hayes, Inc. Published in 2014, these draw from peer-reviewed publications from the previous decade. They note some positive outcomes but conclude that the overall "quality of evidence" for outcomes for *every category of treatment* is "very low." He concludes that "there appears to be very little evidence to support the treatment plans proposed by the modern medical transgender zeitgeist".[71]

> As with most clinical issues related to transgender, there is insufficient information on which to base a confident conclusion about the value of surgery. Certainly, GRS does not guarantee relief from dysphoria. There are reasons to suspect that regret is more common than is reported in much of the mainstream literature. Given the serious and often irreversible

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[66] *SOC*, 57-58.
[67] Byne, *et al* , 65. See also *SOC,* 107-9.
[68] Mayer, McHugh, 112-13. They studies they summarise are: Jon K. Meyer and Donna J. Reter, "Sex Reassignment: Follow-up", *Archives of General Psychiatry* 36, no. 9 (1979): 1010–1015, http://dx.doi.org/10.1001/archpsyc .1979.01780090096010; Michael Fleming, Carol Steinman, and Gene Bocknek, "Methodological Problems in Assessing Sex-Reassignment Surgery: A Reply to Meyer and Reter", *Archives of Sexual Behavior* 9, no. 5 (1980): 451–456, http://dx.doi.org/10.1007/BF02115944; Cecilia Dhejne *et al.*, "Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden", *PLOS ONE* 6, no. 2 (2011): e16885, http://dx.doi.org/10.1371/journal.pone.0016885; Annette Kuhn *et al.*, "Quality of life 15 years after sex reassignment surgery for transsexualism", *Fertility and Sterility* 92, no. 5 (2009): 1685–1689, http://dx.doi. org/10.1016/j.fertnstert.2008.08.126; Mohammad Hassan Murad *et al.*, "Hormonal therapy and sex reassignment: a systematic review and meta-analysis of quality of life and psychosocial outcomes", *Clinical Endocrinology* 72 (2010): 214–231, http://dx.doi.org/10.1111/j.1365-2265.2009.03625.x.
[69] Anderson, *When Harry Became Sally*, ch 6 and see "I Was a Transgender Woman" *Public Discourse*, April 1, 2015
[70] Ebba K. Lindqvist *et al*, "Quality of life improves early after gender reassignment surgery in transgender women", *Eur J Plast Surg* 40 (2017):223–226 DOI 10.1007/s00238-016-1252-0
[71] Daniel Payne, "Casualties of a Social, Psychological, and Medical Fad: The Dangers of Transgender Ideology in Medicine", *Public Discourse* (January 31st, 2018), thepublicdiscourse.com/2018/01/20810/

effects of any form of treatment, it is shocking that it is offered so freely and confidently by medical professionals.

2.2.3 Gender transition and sin

For Christians, the primary question about gender transitions is not clinical but moral. If transgender identity is the result of the fall, then it is important to ask the question, does it count as sin?

It is important to distinguish between the *experience of a disjunction* between biology and internal convictions, and the *adoption of a transgender identity*. When a person feels their gender does not match their biological sex, this is a burden of the fall and should be viewed in the same way as many other disorders. "To feel that your body is one sex and your self is a different gender is not sinful" in itself; "[t]his experience is a sign that all of our selves are as broken by sin as the creation around us".[72] A person's internal emotional state is real – they truly feel what they are feeling. Yet, these real feelings do not define who the person 'really' is. Feelings do not determine identity.

For a person experiencing gender dysphoria, their experience brings an immediate temptation to adopt a gender identity which contradicts their biological sex. Gender transition can be social (using a different name and dressing and grooming in a way that expresses the opposite gender and attempts to be ambiguous), endocrine (hormone therapy), or surgical (gender reassignment surgery). In all forms, this contravenes God's will and is sin.

This assertion can be considered in two stages: first, that adopting a transgender identity is against God's will; and then, that it is sin.

The argument from creation, given above, is the basis for asserting that it is God's will that gender should align with sex. God has made humans as male and female and that is an aspect of who we are that should be accepted. Russell Moore argues that gender transition "is a root level rebellion against the Creator." For someone to recreate their body is to seek to establish themself as a god, seeking to determine the very structure of their existence.[73]

This claim is reinforced by three biblical passages which prohibit people appearing as the opposite sex. Deuteronomy 22:5 says that a woman appearing as a man, or a man dressing as a woman, are an "abomination" to the Lord.[74] Cross-dressing may have been associated with pagan worship or homosexuality or both. However, given the distinction of the sexes established in creation, and the other biblical prohibitions against cross-gender identity, then there is no reason to suppose that this law only prohibits acts related to worship or homosexuality.

In 1 Corinthians 6:9, in a list of sins, Paul includes two terms related to homosexual behaviour (*malakoi* and *arsenokoitai*). The second term describes the active male partner in homosexual intercourse; the first describes men who feminize themselves by being the passive

[72] Andrew T. Walker, *God and the Transgender Debate*, The Good Book Company 2017: 68; see Yarhouse, 142.

[73] Russell Moore, "Joan or John? An Ethical Dilemma", SBJT 13.2 (2009):52-56 http://equip.sbts.edu/wp-content/uploads/2015/10/0000-SBJT-V13-N.2_Moore.pdf

[74] Women are not to have men's "things"; men are not to wear women's clothes — the effect of the law is probably symmetrical though the wording is not, see Craigie, *Deuteronomy*, 287.

partner, or in order to be the passive partner. It seems that not only is homosexual intercourse wrong, but the transgender element involved in it is also wrong.

Third, in 1 Corinthians 11, Paul instructs women not to dress as men, nor men as women, in the context of prayer and prophecy. It is notoriously hard to determine what item of appearance is under discussion — is it hair or head covering? Whatever the answer, it is clear that men should be dressed and groomed as men, and women as women (1 Cor 11:4-5, 13-15).[75]

These three passages together support the conclusion that it is against God's will for men to make themselves into women, or women into men.

The next question is whether such an act is sinful. It might seem obvious that to act against God's will is sinful. Yet, Mark Yarhouse, a Christian psychologist, proposes that transgender experiences should be viewed primarily through a 'disability' lens. He argues that "the path forward in the context of extreme gender dysphoria is difficult to identify" and simplistic answers "may need to be thoughtfully and gently challenged".[76] Yarhouse wants evangelicals to recognise the complexity and difficulty of the transgender experience, and not to shame the sufferer and close down the possibility of caring for and supporting them. This is an important concern which will be addressed more fully below. At this point in the paper, it is important to clarify that a disability lens is not sufficient to offer biblical perspective on gender dysphoria.

The argument from creation and the biblical texts reviewed above affirm that everyone has a moral responsibility to understand themselves and present themselves as the gender which aligns with their sex. For some people, it is immensely difficult to meet this responsibility, and the struggle may be an unwanted burden. To this extent the condition may be something like a disability. Yet, unlike a disability, gender dysphoria includes a moral burden.

Furthermore, it is not necessary to view transgender experiences as a disability in order to offer compassionate care. There are many situations in which Christian pastoral care seeks to give sensitive support and care to someone while also helping them to recognise that they need seek change.

One particular concern is that for some individuals the experience of gender dysphoria may be so overwhelming that they are not culpable for their actions. As in at least some cases of suicide, a person may be driven to actions for which they are not morally responsible.[77] This may also be the case in some instances of gender dysphoria, though this will be difficult for an observer to discern. The possibility of such an extreme burden is not a sufficient basis for the conclusion that there is no moral responsibility to adopt the gender which aligns with one's sex. It is simply to acknowledge that there are instances when people are not culpable for certain actions which we would otherwise consider to be sin. Note, though, that gender transitioning usually involves a long-term settled pattern of behaviour and protracted planning,

[75] R. Smith, "Responding to the Transgender Revolution" (Trinity University, 2017) 18-19, 23 http://www.christoncampuscci.org/wp-content/uploads/2013/09/CCI-%E2%80%94-Responding-to-the-Transgender-Revolution.pdf; O. Strachan "The Clarity of Complementarity: Gender Dysphoria in Biblical Perspective" *JBMW* 21.2 (April 25, 2017): 41-42; *A Theology of Gender And Gender Identity* (A report from the Sydney Diocesan Doctrine Commission), 8.
[76] Yarhouse, 142.
[77] B. Harris, "Suicide", *New Dictionary of Ethics and Pastoral Care* (IVP, 1995), 825.

making it less likely that the person has no opportunity to have some insight into and responsibility for their actions.

2.2.4 Cultural developments

While a transgender experience is a deeply personal one, it takes place in a cultural setting. In recent decades Western culture has moved in directions which lead it to accept and celebrate gender fluidity and diversity. The rise in the number of people who identify as transgender and the significance of transgender identities in cultural and political discussion has to be understood against this background.

These cultural developments can be analysed both at a general level and in terms of specific gender and queer theory.

In general, Western culture values autonomy, diversity, liquidity and hedonism. People are assumed to be 'autonomous' — they have to determine their own stance to life and find their own meaning in life. This can be traced back at least to the existentialism of the early 20th century which has run through much modern thought. In this view, the authentic human life demands each person find their own identity. If modernity stressed the importance of establishing and following rules, postmodernity embraces play and experimentation.

Alongside this, contemporary society celebrates diversity. We are increasingly aware of the wide range of cultures and subcultures which exist both globally and locally. We accept that there are always different perspectives and approaches, and that there is often little common ground between them. If modernity promoted uniformity and 'one size fits all'; postmodernity embraces a fractured, diverse reality.

Western society operates on a 'liquid' view of the self, where our selves have no inherent structure or purpose. This is the result of the rejection of metaphysics and notions of 'essence'. We dismiss the idea that the biological order of our bodies has any meaning or purpose. 'Liquid selfhood' prejudices people towards creating a positive obligation to permit, even celebrate, gender fluidity, and a parallel obligation to censure any ethical system which restricts gender identification to binary categories. We view our bodies as malleable to suit our preferences. If they restrict us from expressing our desires – if our biology does not fit with our feelings – the right thing to do is change our bodies just as we change restrictive, uncomfortable clothes for new outfits that make us feel good.

Modern culture is dominated by the pleasure principle. This can be traced back to the utilitarianism of the 19th century which held that the right action is the one which promoted the greatest pleasure or happiness and least pain of the greatest number. This thinking has guided much public policy debate for several generations; it has also become a guiding principle in the culture. Arguments about physician-assisted suicide, abortion and many other issues presume that the relief of pain should be primary. We are a hedonistic society, committed to comfort.

This combination of autonomy, diversity, liquidity and hedonism is a heady mix. It promotes a view of life in which people should be as free as possible to express their desires and establish their identities, especially to the extent that this promotes their comfort. The idea that social convention or even biology should limit this expression is viewed as oppressive and offensive. Autonomy, some argue, allows a wide range of forms of life — and that diversity is, itself, a cause for celebration.

Specific gender and queer theories resonate with this cultural milieu, and largely develop from it. This philosophical movement has intellectual roots in the works of Michel Foucault, especially *The History of Sexuality* (1978), and in Judith Butler's work *Gender Trouble* (1990/2006). It was first embraced among gay and lesbian communities, but is now far broader than issues of sexuality.

Queer ideology is at its core an anarchic, revolutionary impulse which constantly seeks to break boundaries. To 'queer' things means to mess them up, to pull apart the straightness of the social world and encourage more playful and diverse ways of living pleasurable lives.[78] Queer ideology constantly seeks to supersede socially-acceptable versions of sexual activity with more extreme, challenging versions. By its nature, it cannot accept the status quo, because the established norm always needs to be 'queered' – destroyed, dismantled, advanced upon. Therefore, queer ideology disparages stability, and promotes a constant search for novelty instead.

It is not just that queer ideology promotes the view that external authorities should not be imposed on people, but that it says there is a virtue in overturning all conventions, especially in relation to sex and gender. It is not hard to see how queer theology heightens the trends of autonomy, diversity, liquidity and hedonism.

This social acceptability of an experimental attitude to sexuality was fostered by the sexual revolution of the 1960s. Sexual activity was divorced from procreation, and could be engaged in purely for personal pleasure, without regard for the possibility of conceiving a child. The next boundary to be crossed was the expectation that sex was only valid between a man and a woman – hence the legitimisation of homosexuality. Once homosexuality became socially valid, the next sexual limit to be broken was binary gender. The recent popularising of transgender identity, and its aggressive promotion in media, pop culture, and school programs, represents the next step in the progress of this ideology. Once binary sexuality has been successfully deconstructed, queer ideology will turn its attention to some other currently taken-for-granted sexual limitation, and attack that.[79] For example, there is an increasing push for paedophilia, 'chronophilia' (sexual preference for individuals of a particular age) and 'zoophilia' (sexual preference for animals) to be accepted as a 'sexual orientation' rather than a fetish or a form of deviant behaviour.[80] Polyamory (consensual non-monogamous sexual intimacy) is also being discussed as an acceptable sexual orientation.[81]

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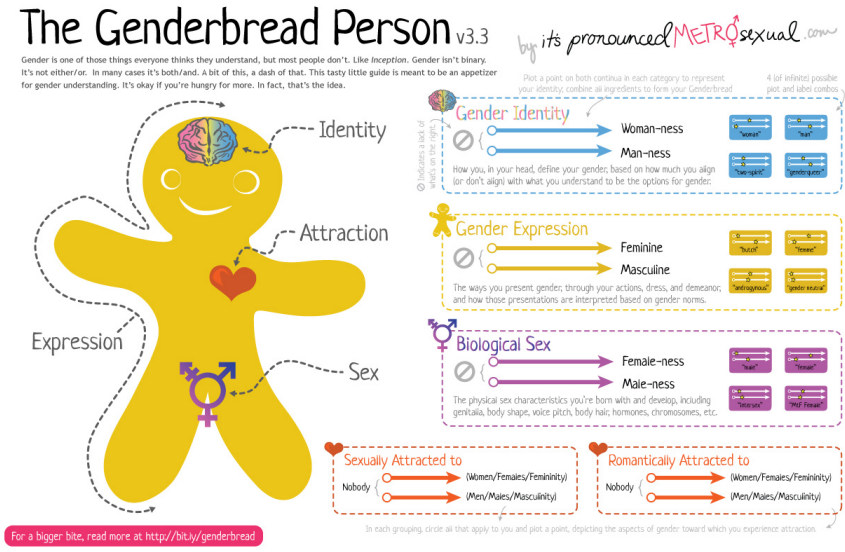
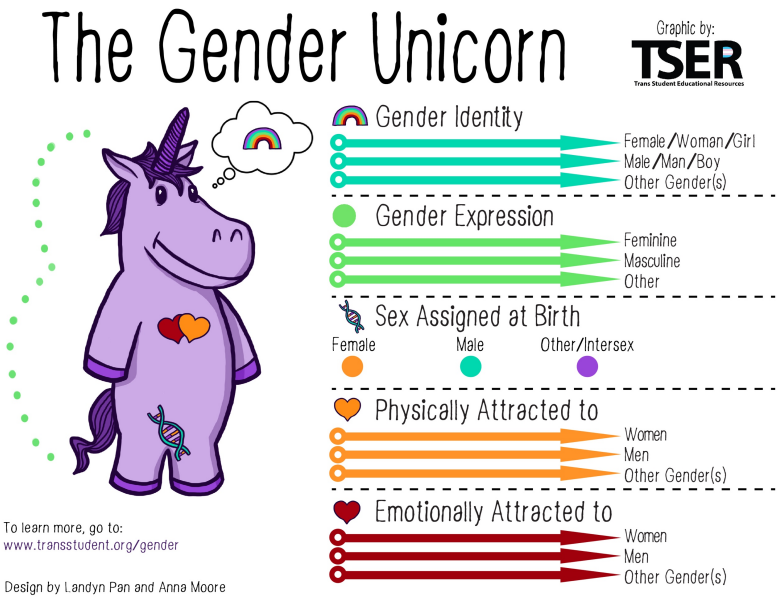
[78] Mary Holmes, *Gender and Everyday Life* (London: Routledge, 2009): 121, quoted in Peter Sanlon, *Plastic People: How Queer Theory is Changing Us* (London: Latimer Trust, 2010), Kindle Locations 154-155.
[79] For a more detailed account of the public success of queer ideology, see Michael L. Brown, *A Queer Thing Happened to America: And What a Long, Strange Trip It's Been* (Concord, North Carolina: EqualTime Books, 2011); Peter Sanlon, *Plastic People*; Mark D. Thompson (ed.), *Human Sexuality and the 'Same Sex Marriage' Debate* (Sydney South: Anglican Youthworks, 2015).
[80] Seto, Michael C., "Is Pedophilia a Sexual Orientation?", *Archives of Sexual Behavior*, 41.1 (2012): 231-236; Seto, Michael C., "The Puzzle of Male Chronophilias", *Archives of Sexual Behavior* 46.1 (2017): 3-22; Miletski, Hani, "Zoophilia: Another Sexual Orientation?", *Archives of Sexual Behavior* 46.1 (2017): 39-42. *Archives of Sexual Behavior* is no fringe publication; it is probably the most respected international journal for the academic study of sexuality.
[81] C. Klesse, "Polyamory: Intimate Practice, Identity or Sexual Orientation?", *Sexualities*, 17.1-2 (2014): 81-99; Tauriq Moosa, "Why you shouldn't (and should) be monogamous", *The Big Think*, 13 May 2013, online at http://bigthink.com/against-the-new-taboo/why-you-shouldnt-and-should-be-monogamous; Elf Lyons, "A new way to love: in praise of polyamory", *The Guardian*, 23 July 2017, online at https://www.theguardian.com/lifeandstyle/2017/jul/23/polyamory-new-way-to-love-men-women-sex-relationships-elf-lyons; both accessed 24 April 2018.

The Genderbread Person is a dramatic illustration of gender theory. It was created as an educational "appetizer" for "understanding" that "[g]ender isn't binary".[82] The latest version fragments sexed identity into five aspects: gender identity; gender expression; biological sex; sexual attraction; and romantic attraction. It seems to express the fluid view of gender quite strongly (see illustration below).



Yet, the Genderbread Person has been criticised by Trans Student Educational Resources (TSER). The criticisms include the fact that the image is too much like a straight, cisgender man and that the explanation uses the term "biological sex". The TSER hold that even *including* sexual biology as one, non-binding consideration of a person's identity is "harmful".[83] It uses a Gender Unicorn – a mythological being, who is not even human, and has no basis in reality whatsoever (see illustration below).[84]

[82] Sam Killerman, "The Genderbread Person", version 3.3, http://itspronouncedmetrosexual.com/genderbread-person, accessed 23 April 2018.
[83] Trans Student Educational Resources, "The Gender Unicorn", http://www.transstudent.org/gender, accessed 23 April 2018.
[84] Trans Student Educational Resources, "The Gender Unicorn", http://www.transstudent.org/gender, accessed 23 April 2018.



This prejudice against sexual order is reinforced by the invention and deployment of new terminology which insulates transgender identity from any form of analysis and critique. Terms such as 'cisgenderism' and 'transphobia' are used to censure any form of thought, speech, and behaviour that assumes, or attempts to make, binary gender normative for human beings, and to insist upon unqualified, universal transgender affirmation instead.

These are 'soft' rather than 'hard' censures—they connect binary-gender-normative forms of thought, speech, and behaviour with 'racism' and 'sexism', and thus with uncomfortable social memories of how Western society, in the comparatively recent past, denied significant groups of people access to social privileges. They also connect transgender affirmation with positive social memories of historically-successful socially-progressive movements of race and gender equality – emancipation and feminism. The rhetoric of 'cisgenderism' and 'transphobia' therefore inculcates an instinctive revulsion against being *that* kind of 'hate-monger', and a desire to be *this* kind of upright citizen who unqualifiedly accepts transgendered people.

These theories have been popularised through the media and applied in medicine, psychology and education.

2.2.4.1 Media/popular culture

Transgender people and issues have become increasingly prominent in the media and popular culture. What follows is not an attempt to give a comprehensive account of this, but simply notes some of the prominent developments.[85]

One of the first transgender figures with a high profile in Australian media was "Carlotta", the stage identity of Carol Spencer (born Richard Byron 1943). "Carlotta" was part of Les Girls in the 1960's and underwent a publicised sex change operation in the early 1970s, later

[85] See, Gillig, Traci K., Erica L. Rosenthal, Sheila T. Murphy, and Langrall Folb Kate. "More than a Media Moment: The Influence of Televised Storylines on Viewers' Attitudes Toward Transgender People and Policies", *Sex Roles* 78, no. 7-8 (04, 2018): 515-27, for a study into the power of

appearing in Number 96, and as a guest on Beauty and the Beast and Studio 10. The telemovie *Carlotta* was produced in 2014.

The 1994 hit movie *The Adventures of Priscilla, Queen of the Desert* featured two drag queens and a transgender woman travelling the Australian outback. It was featured in the Closing Ceremony of the Sydney Olympics and provided the basis for a successful musical.

Catherine McGregor, formerly Malcolm McGregor, has become a high profile journalist and cricket writer. Since transitioning in 2013, McGregor has been a frequent commentator on transgender issues, as well as other matters and was the 2015 Queenslander of the Year (and thus a finalist for 2016 Australian of the Year).

In the media in the US, Janet Mock has been a particularly prominent transgender rights activist, appearing in numerous magazine stories and on talk shows including Oprah Winfrey's *Super Soul Sessions.* Mock was a producer for "The Trans List" aired on HBO and the 2018 FX series *Pose*, which features many trans characters.[86]

The January 2017 edition of National Geographic was a special issue on the Gender Revolution. There is also a range of recent books which present the stories of trans people, including: C N Lester, *Trans Like Me: a Journey for All of Us* (Virago); Amy Ellis Nutt *Becoming Nicole: the Extraordinary Transformation of an Ordinary Family* (Atlantic Books); Caitlyn Jenner *The Secrets of My Life* (Trapeze); Thomas Page McBee *Man Alive: a True Story of Violence, Forgiveness and Becoming a Man* (Canongate).

2.2.4.2 Education

Transgender issues are increasingly prominent in education in Australia. The Australian Education Union's *Sexual Orientation, Gender Identity and Intersex Policy* (2015) is largely couched in terms of preventing bullying and discrimination against gay, lesbian, intersex and transgender students, but it also includes calls for the national curriculum to be "inclusive and supportive of gender identity and sexual diversity" at all age levels.[87]

The Safe Schools Coalition proposes a teaching resource titled *All Of Us*.[88] It describes sexual attraction as being on a "spectrum" (page 24); it denies gender to be "as simple as

[86] K. Fallon, "Pose' Isn't Just Great TV. It's Making Trans History" *The Daily Beast*; 01 June 2018.
[87] For a far more extensive example see C. Bartholomaeus, D.W. Riggs, *Transgender People and Education* (Springer, 2017).
[88] Chris Bush, Joel Radcliffe, Roz Ward, Micah Scott and Matthew Parsons, All Of Us Health and Physical Education Resource Understanding Gender Diversity, Sexual Diversity and Intersex Topics for Years 7 and 8, Safe Schools Coalition, La Trobe University, accessed 1 May 2017, https://minus18.org.au/index.php/resource-packs/all-of-us.

whether you're 'male' or 'female'" (page 33); and it asserts that gender identity is "up to the individual" (page 33).

2.2.4.3 Medicine

As documented above, most medical and psychological approaches to transgender are presented as 'gender affirming'. A recent study summaries the common conclusions: "attempts to engage individuals in psychotherapy to change their gender identity or expression are currently not considered fruitful by the mental health professionals with the most experience working in this area", so "mental health professionals must fully appreciate that the focus of treatment for GD is on the dysphoria, not the gender identity."[89] Julian Vigo has recently reported on the distorting effect of ideologically-driven transgender advocacy on medical practice, especially in paediatrics.[90]

2.2.4.4 Social Impact

The propagation of queer views of gender identity has already had a serious impact on our society. Young people, and others, who are vulnerable and insecure in their identity, are attracted to a transgender identity. This, in itself, further increases their confusion. It can also lead them to receive treatments which make their alternative gender identity more permanent, only increasing confusion more.

More generally, since binary gender is God's plan for humanity, it is no blessing to allow our culture to become increasingly confused about that. Although only a small number of people may be directly affected by transgender ideology to the extent that they adopt a transgender identity, the more subtle impact of the movement is far more widespread.[91]

The rise of transgender ideology, or queer thought, is part of a wider move in Western culture that tends to undermine the structures which have given much of the shape to our society and which Christians have considered to be grounded in God's creation pattern. These include the importance of marriage and family based on heterosexuality, as well as the place of work and rest, protection of human life and private property, and the role and limitation of government.

Carl Trueman warns,

> Transgenderism is set to change everything—our understanding of sex, of identity, of relationships, of the significance of the body. And it does this because it demands a revised metaphysics of personhood, a project with profound and comprehensive social and political implications.[92]

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[89] W. Byne, D. H. Karasic, E. Coleman, A. E. Eyler, J.D. Kidd, H. Meyer-Bahlburg, R.R. Pleak, and J. Pula. "Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists", *Transgender Health* 3.1 (05, 2018): 62-63, 67. http://online.liebertpub.com/doi/10.1089/trgh.2017.0053

[90] Julian Vigo, "The Myth of the 'Desistance Myth' ", *Public Discourse* (July 2, 2018), thepublicdiscourse.com/2018/07/21972/

[91] For a discussion of the detrimental impact of the loss of gender distinctions on the culture as a whole, see Ryan T. Anderson, *When Harry Became Sally: Responding to the Transgender Moment* (Encounter Books, 2017, Kindle ed.), loc. 3274-3602.

[92] Carl R. Trueman, "The Travails of Lieutenant Marty, The U.S. Military, Transgenderism, and the Logic of Psychological Man" *First Things*, Nov. 2016. https://www.firstthings.com/blogs/firstthoughts/2016/11/the-travails-of-lieutenant-marty.

2.2.5 Stereotypes

Before turning to the Christian response to the transgender moment, it is important to note one other aspect of the cultural trends which have fed into it — gender stereotypes.

At the cultural level, one driver of gender non-conformity is a reaction to strong stereotypes and the sexualisation of young women and men. For some individuals, a belief that they do not fit a narrow cultural expectation for their sex has reinforced their sense that they are transgender. Indeed, as Favale points out, one of the terrible ironies of the recent developments about 'gender' is that "unmoored from the body altogether, gender is defined by the very cultural stereotypes that feminism sought to undo".[93] Once personal identity (i.e. gender) is not defined by sex, then it is located in a person's self-understanding and presentation as this interacts with social perception. This tends to reinforce stereotypes, rather than offering freedom.

Mayer and McHugh argue that the definition of Gender Identity Disorder in DSM-V is flawed because it uses "behaviors that are stereotypically associated with the opposite gender" as diagnostic criteria.[94] The DSM lists some of the criteria for diagnosing GID in children as: "a strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender; a strong preference for playmates of the other gender; in boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities". It is deeply ironic that a clinical description which aims to 'liberate' people from restrictive views of gender, in fact assumes stereotypical gender behaviour. There is no reason to assume that when a boy prefers to play with girls or avoids rough and tumble games that this may be a sign of GID.

Mayer and McHugh's observation about DSM-V applies to the wider culture as well. If there are narrow ranges of behaviours and interests which are deemed to be appropriate for boys and girls, or men and women, then it is likely that some people who will wonder if they do not really belong to the 'gender' given that they do not fit the stereotype. Ryan Anderson, a trenchant critic of the transgender movement argues that "we need a culture that cultivates a sound understanding of gender and how it is rooted in biology, a culture that respects our differences without imposing restrictive stereotypes",[95]

2.3 Redeemed in Christ

As Christians think about the transgender moment, we need first to be very clear about God's love for intersex and transgender people. Like all humans, they are made in God's image and have the dignity and worth equal of all other image-bearers. They should not be mocked, hated, bullied or denied human rights. More than that, we should make every effort to seek to understand the experience of transgender people and not dismiss it. Even as we affirm that gender transitioning is not an appropriate solution, we must recognise that gender dysphoria is an excruciating experience, which makes a person unsure of their identity, uncomfortable with their body and anxious about their relationships with others.

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[93] See Favale (2019).
[94] "Sexuality and Gender" *New Atlantis* 50 (Fall 2016): http://www.thenewatlantis.com/.
[95] Ryan T. Anderson, *When Harry Became Sally: Responding to the Transgender Moment* (Encounter Books, 2017, Kindle ed.), loc. 2988;

Churches need to communicate this message very clearly. Transgender people, especially, are likely to assume that churches which affirm a biblical view of gender have closed their doors to them. We need to go out of our way to show this is not the case.

We should also recognise that many people who are transgender do not endorse all aspects of the ideology which deconstructs gender. Yarhouse comments that:

> most transgender people I have known are not in favor of a genderless society. Quite the opposite: they favor a gendered society, but they long for a sense of congruence in which their body and their mind align. This is especially true for those who identify as transsexual. Most are not meaning to participate in a culture war; most are casualties of the culture war.[96]

Opposition to destructive ideologies should not lead to rejection of those who have been caught up in the ideologies. Carl Trueman calls for Christians to clearly distinguish between pastoral responses which care for people, and resistance to "the larger social ambitions of a movement that has a vested interest in denying any distinction between the personal and the political."[97] This call is important in both directions. It is important that we resist a false ideology and it is equally important that we care for people. We must not allow our commitment to one of these to become an excuse to ignore the other.

The gospel of Christ is the good news of redemption to all people. The whole human race, and each individual, is guilty of sin and enslaved by it. Every one of us is in desperate need of redemption in Christ.

2.3.1 A new culture

Redemption in Christ calls his people to live in a way no longer shaped by the culture of autonomy, diversity, liquidity and hedonism.

Becoming a disciple means leaving the pretence of 'autonomy' to accept Jesus as Lord and submit to him. Paul's words to the Corinthians are highly relevant to everyone who lives in Western culture: "Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honour God with your bodies." (1 Cor 6:19–20). We belong to the Lord, not to ourselves and our bodies are for him.

In Christ there is diversity, but the ordered diversity of a body with members (1 Cor 12:12-27). Jews or Gentiles, slave or free (and of course men and women) all share in the same Spirit, baptised into the one body of Christ and given different gifts for mutual service in the body. Life in Christ is not monotonous uniformity, but the rich diversity of a body in which "God has placed the parts … every one of them, just as he wanted them to be" (1 Cor 12:18).

To come to Christ is to return to the Creator and to embrace his created order, not to embrace a liquidity with no definition or structure. Redemption in Christ is not freedom from the created order (that is no real liberation for created beings), it is a return to the created order: including the alignment of sex and gender.

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[96] Yarhouse, 42.

[97] Carl Trueman , "The Language of Love", *First Things* (May 24, 2016), https://www.firstthings.com/blogs/firstthoughts/2016/05/the-language-of-love

There is, of course, real and genuine blessing offered in Christ (Matt 5:3-11; Eph 1:3-14), but in this age this is are often found in the midst of suffering. As Christians follow the suffering servant, comfort and pleasure are not our immediate goals.

Living as disciples, instead of being shaped by our culture, means resisting the assumptions of the consumer mindset, in which everything is assessed by the standard of personal preference; and everything, including relationships and even life, are disposable if they are no longer convenient. That touches every part of life. It calls for a commitment to relationships in family, friendships and at church. It calls us to cultivate contentment, instead of being swept up in dissatisfaction. It promotes a quiet persistence in doing good, rather than seeking celebrity. It also means embracing our identity in Christ.

2.3.2 Identity in Christ

Christ gives his people a real and secure identity in him. Much of modern culture, including the 'trans' movement is concerned with identity and the desire and demand to create our own identity. In a culture in which there is no fixed basis for identity there seems to be no alternative but self-definition. The transgender phenomenon is another side of our culture's obsession with image and self-definition. The turn to self-invention is the response of a society which has lost its roots in genuine connection to an objective reality and thinks that the self is the source of meaning and significance. Our society, which is so desperately seeking identity, needs to hear that no one finds their 'real self' by molding their body nor by morphing their identity.

True human identity is found in Christ. It is not found through self-invention and constant reinvention. It is not found in redefining gender, nor in embracing and emphasising one's natal sex. Rather, God is making a new humanity in Christ. God the Son has taken on our plight, our sin and guilt, slavery, corruption, suffering — and renewed and redeemed us; so in him we are able to be what we are meant to be: restored to love, to worship and to obey God; restored to one another; restored to live in God's world. Genuine and secure personal identity is found in being more like Jesus not in re-invention. This includes affirming gender in accord with the sex that one has been given in God's providence. Is not that identity flows from a gender aligned with sex, rather a secure gender identity comes from knowing the Creator in Christ.

Redemption in Christ includes discovering our created gender/sex which is based in God's creation pattern. Christ is the one through whom this world was made, who sustains the world. The whole world was made for him and he will return to make it his kingdom. This means that, while gender identity is not the basis of secure identity, redemption in Christ returns us to our Creator and enables us to recognise the givenness and goodness of the created order. Knowing Christ should include an affirmation of the grounding of our identity in his created order.

Every Christian is called in Christ to put off the old person and "put on the new self, created to be like God in true righteousness and holiness" (Eph 4:24). This will require repentance in many areas of life. The section of Ephesians which follows the call to put to death the old person and put on the new is specific about this in the areas of language; anger, feuds and forgiveness; possessions and generosity; sex, purity and desire; family and work (Eph 4:25-6:9).

2.3.3 Discipleships for Intersex People

Intersex people who are followers of Jesus Christ should embrace their biological sex insofar as it may be known. Like other conditions, this is not a result of particular sin, but an effect of overall human sin. Those who suffer from DSD face a particular consequence from the impact of sin. Jesus embraced and healed people who experienced different kinds of bodily

imperfections and rebuked those who marginalised them (e.g. Mark 2:1-12; 3:1-6). Jesus' healing ministry recognised that there are conditions which are not what God intended and which should be corrected, if possible. People with intersex conditions should be supported to get the best possible medical care.

Cox records some of the heartbreak and pain associated with the condition for many intersex people. This has been exacerbated by the common practice in the late twentieth century of early, radical surgical intervention to 'assign' a sex to a baby with an intersex condition. A newer paradigm has emerged in which a medical team makes a careful and far slower assessment of the child. Cox rightly favours slower and more conservative interventions which would generally leave genital surgery till adulthood, unless there is a medically compelling reason to operate. (She notes the view of some intersex people, especially in non-Western nations, who would have preferred to have had surgery as infants).[98]

Cox also argues that a person with an intersex condition does not have to choose which sex they are. "The only definitive reason that would require an intersex person to adopt male or female is when entering marriage". She recognises that it is often easier for someone to live as male or female, but argues "the first choice may not be the best one" and that it can be right for a person to transition from one to another. [99] Her point is that where biological differentiation has gone wrong, leading to an intersex condition, a person may be content to present as intersex, without fitting the binary pattern.

On the basis that God's pattern is binary sex (as Cox agrees) it would be far better to seek to help a person determine which sex they are and to help them to live according to that sex. The process to reach this decision and the decision itself will vary from person to person, depending on the details of their condition and on their life history. Some intersex conditions may leave a person in a position in which they must simply choose — these are rare cases in which a person has a genotype with both XY and XX chromosomes, has both male and female sexual characteristics and has no clear leaning as to their gender. In the vast majority of cases the mix of genes, genitals, secondary characteristics, and personal history will be determinative.[100]

There are two general scenarios which need to be considered. The first is the child who at birth has ambiguous genitalia. The wise course here seems to be to allow time for the child to develop both physically and socially before considering any surgical intervention. Each child and family needs help to develop an appropriate response. The other scenario is where an adult (or teen) discovers that they are intersex. Sometimes this includes the discovery that they had sex assignment surgery as an infant.[101] In most cases, the wisest course is for them to continue to live as their assigned sex — though there may be some unusual cases where this is not the best course.

2.3.4 Repentance for transgender people

As a general principle, a Christian who has adopted a transgender identity is called by Christ to return to their natal sex. They stand in precisely the same situation as every other human — in need of redemption in Christ who welcomes them to find their true rest and real identity in

[98] Cox, 22-23.
[99] Cox, 89.
[100] See comments in M. Davie, *Glorify God in your Body: Human identity and flourishing in marriage, singleness and friendship* (CEEC, 2018), 117-18.
[101] See Sara Gillingham's story, "My intersex story" *Church Times* 22 February 2019 https://www.churchtimes.co.uk/articles/2019/22-february/features/features/my-intersex-story

him. Christ's "cross and empty tomb are enough to reconcile any sinner", including a transgender sinner, to God.[102] As they come to Christ, he calls them to live for him and put sin away — as he does for all his people.

Transgendered people who are followers of Jesus Christ should seek not to contradict their biological sex. This will usually be an ongoing and difficult process, yet, as with all Christians, their union with Christ through his Spirit will lead them to grow in grace. The particular details of what this involves will vary from case to case.

God in his grace redeems people who have already under gone gender transition, including GRS.[103] The 2017 documentary *Tranzformed* records the story of 15 ex-transgender people who have become Christians. The Evangelical Alliance in the UK records the story of Janette who grew up in the 1950s with GID and who has found redemption in Christ.[104] She speaks powerfully of finding her true identity in Christ and the cost that involved.

[102] Moore, "Joan or John?", 52-56.
[103] https://tranzformed.org/
[104] https://www.eauk.org/resources/what-we-offer/reports/transformed-understanding-transgender-in-a-changing-culture/transformed-jeanettes-story

3 Pastoral Response

3.1 Teaching

The transgender moment is part of a wider cultural trend which shapes views of sex and gender, but also bodies, personhood, and family (to name just some key issues). It is important that teaching in churches should address these issues. Ministers and other teachers need to invest time in understanding the biblical view of humanity, including sex and gender, and developing ways of effectively teaching on these matters. This will not safeguard a congregation from issues of gender confusion, but it will provide a basis from which to understand and negotiate issues.

Useful resources for this include:

Nancy Pearcey, *Love Thy Body: Answering Hard Questions about Life and Sexuality* Grand Rapids: Baker, 2018.

Glynn Harrison, *A Better Story: God, Sex And Human Flourishing*, London: IVP, 2016.

3.2 Pastoral care

There are a series of challenges involved in providing pastoral care for intersex and transgender people. These challenges include:

- ministers and others are unfamiliar with the conditions and lack information;
- sufferers are anxious about sharing their situation and struggles;
- the congregation is likely to need help to welcome intersex and transgender people;
- transgender and intersex people often have considerable emotional, psychological, social and spiritual needs;
- it may be very difficult to locate appropriate professionals who do not hold to a 'gender affirming' approach, but who will affirm or at least work within an orthodox Christian view of gender;
- there can be complex ethical questions about how a transgender or intersex person lives faithfully.

3.2.1 Pastoral care of Intersex People

Pastoral care of intersex people presents challenges similar to many other medical conditions. Intersex people and their families often experience great confusion about the condition and appropriate treatment. Given the important role of sex in establishing a person's identity, an intersex condition can confront a person and their family with enormous challenges in personal development. Intersex people are often subject to misunderstanding, unwanted public attention and mockery. They regularly suffer debilitating shame over their condition, and ongoing grief over lost opportunities for relationships and marriage and over infertility. They may also experience physical discomfort and pain from their condition and from treatment. While many intersex people are able to live rich and fulfilling lives, which can include marriage and children, the condition is a life-long disability.[105]

Thus, people with intersex conditions should receive careful, thoughtful, pastoral care. It is important that people offering pastoral care inform themselves about the condition of the

[105] Cox, ch 1.

person for whom they care (as far as the person is willing to divulge that). Intersex conditions are very varied and few generalisations can be made.

Cox shows clearly how the message of the gospel addresses intersex people. She emphasises that "all humans, however sexed, are created in the image of God" and "having a body is good". Intersex people are often ashamed of their bodies but can see them as God's good creation to be received with thanks, celebrated and enjoyed. Christ shares in the suffering of the human condition and offers forgiveness, salvation and a new identity to sinners, including those on the edges of society. He has opened the way into the new temple for all and healed broken human sexuality (Eph 5:25-27) in restoring us to God. His resurrection promises bodily redemption for all who are in him. In the resurrection, bodies are transformed — "our bodies will be bodies still, but bodies of a different kind … with a greater glory than anything we can presently imagine.[106] This is a basis for hope for everyone with a weak, limited, damaged body — that is all of us.[107] Good pastoral care will help an intersex person understand and rest in these gospel truths.

Pastoral care will also involve a range of practical support and will encourage intersex people and their families to access appropriate expert care. It may be necessary to advocate for them or support them as they ask for the kind of care that suits them.

As argued above, our view is that it is best for an intersex person to seek to determine which sex they are and to live according to that sex. It is important to acknowledge the difficulties involved and to recognise the need for compassion, caution and patience in making decision about sex and gender for intersex people. In that framework,

3.2.2 Pastoral care of transgender

Churches may encounter transgender issues in pastoral care in several ways. Some believers will struggle with gender dysphoria, some families will have children who report transgender experiences, and some believers will have transitioned gender. In all these cases it is important that pastoral care should be gentle, kind and thoughtful. There are often no easy answers, and the path of Christian discipleship can be very difficult in the face of the transgender burden. Good pastoral care will require a high degree of empathy and patience.

3.2.2.1 Gender dysphoria

Where a Christian experiences gender incongruity, it is important that they are given careful pastoral care. Carers need to listen carefully to the person, seek to understand their experience, and offer Christian support and love. Gender dysphoria is often accompanied by other emotional and psychological burdens, and a pastoral carer can help a sufferer to identify what else they may be struggling with.

At an appropriate point, it will be important to help a person understand the biblical view of sex and gender and understand their experience as both a burden and a temptation.

With an initial experience, it may be appropriate to encourage the person to simply trust God and bring the burden to him in prayer, while continuing to live a consistent Christian life. Repeated or extended experiences indicate the need for professional medical or psychological help. If the pastoral carer is able to, they should strive to place the person in contact with a doctor or psychologist who is committed to a biblical view of sex and gender (as outlined in

[106] Cox, 132.
[107] Cox, 43-147.

this paper). If this is not possible, they should at least seek a therapist who favours conservative treatment and does not subscribe to a "gender affirming model".

At the same time, it is important to ensure that church is a safe and accepting place where people find that others share their burdens and support them to face temptation. Given the complex issues involved in transgender experience, pastoral care should not include simplistic explanations or facile advice. Those involved in pastoral care should seek to be empathetic and to understand in depth the burdens and temptations faced by a transgender person. It is wise to identify a group of people who can commit to ongoing support and prayer. This group should be given relevant information and good support by the church leadership.

3.2.2.2 Transgender children

Church families may have children who have gender dysphoria, or suggest they have a different gender identity. In this situation, it is important to reassure parents that this often resolves itself. Parents and children will need careful wise pastoral support.

If it is at all possible, parents should be assisted to find appropriate psychological treatment which adopts a 'watchful waiting' approach and does not encourage gender transition.

The family may need support in working out how to communicate with the child's school as well as what to tell family and friends. Wherever possible, the child should be involved in deciding on these matters.

3.2.2.3 Discipling gender transitioned people

God in his grace redeems people who have already undergone gender transition, including GRS.[108] In this situation, the church has to give good pastoral care including wise advice. Vaughan Roberts' advice is apposite.

> The issues are complex, especially for those who have already transitioned and may have had surgery. We will hope that a Christian will want to accept their biological sex and live accordingly, but what that will look like may vary from person to person. And change will certainly not happen overnight, so we need to be patient in caring for one another and instructing one another. Some of our struggles are more obvious than others, but all of us are works in progress. So we need to support and encourage each other as we try and grow together into the likeness of Christ.[109]

Similarly, the Church of England Evangelical Council report comments that where people have undergone gender transition, either socially or surgically, "love means helping them to accept and live out their original, God given, sexual identity, whilst acknowledging the acute challenges doing this will raise, particularly for those who have undergone gender re-assignment surgery or formed families in their assumed identity".[110]

Russell Moore makes the point that there are no simple solutions to the struggles that a repentant transgender person will face in their walk with Christ. This walk will be slow and

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[108] The 2017 documentary records the story of 15 ex-transgender people who have become Christians. *Tranzformed* https://tranzformed.org/

[109] V. Roberts, *Transgender: Christian Compassion, Convictions and Wisdom for Today's Big Questions* (Epsom: The Good Book Company, 2016), loc. 592-596.

[110] Davie, 127-29.

painful, he says, but it will be a visible demonstration of what life in Christ looks like, and it will be worth it for the sake of the gospel.

Moore deals specifically with the pastoral issue of baptism and church membership. He argues that a person should have repented of their adoption of a transgender identity. Dealing with a case of a person who has made a male to female transition, he comments that "the issue … is honesty … he should present himself as what he is, a man created by God as such. This means he should identify himself as a man, and should start dressing in male clothing". He recognises the difficulty of this, and warns that "he will need his pastors and congregation to bear with him through all the stumbles and backsteps that will come along with this". Moore recognises that there are further complex questions which will need to be dealt with to help a person determine how to live consistently and honestly, especially in family relationships.[111]

Our view is that Moore's approach adopts the correct principle. Redemption in Christ involves recognition of the good order of creation and repentance includes living according to that order. So, it will usually be the case that a new Christian shows their repentance by starting to 'detransition' before they are baptised or received into church membership. While this is the appropriate principle, each person's situation needs to be understood carefully and ministers and elders need to make decisions case by case.

The church will need to walk with people through the struggle of living with gender dysphoria. Mature Christian women can help a repentant transgender man discern what it means to be a faithful Christian woman. Likewise, mature Christian men can teach a repentant transgender woman what it means to live as a faithful Christian man. Moore recognises that, even for the mature Christian, this ministry will be difficult and awkward, but he says this: "So, what? It seems awkward for the Lord Jesus to spend time with drunkards, prostitutes, and Gentiles like us, but he did it, and does it even now."[112]

It is possible for people to "detransition", but this brings immense medical, psychological and social complexities. The prospects for reversing sex reassignment surgery are severely limited.[113]

Churches will need to provide highly sensitive pastoral care as individuals work through this process. Good pastoral care will usually require support from medical and psychological experts, who will need to hold a biblical view of gender.

[111] Moore, "Joan or John?", 54.
[112] Moore, "Joan or John?", 52-56.f
[113] L. Borreli, "Transgender Surgery: Regret Rates Highest in Male-to-Female Reassignment Operations" Newsweek, 10/3/17, https://www.newsweek.com/transgender-women-transgender-men-sex-change-sex-reassignment-surgery-676777

4 Institutional issues

The advice above deals with the pastoral care of believers and church families. There are also wider issues which may confront church institutions and congregations.

Church institutions and congregations which serve transgender people need to ensure dignity, privacy and safety of transgender people as well as other members of the community. Transgender people are bullied and face violence and exclusion, and it is important that they are protected from this.

4.1 Facilities

The provision of toilet facilities has become a hot spot in culture wars over transgender.[114] It is important, however, to distinguish between the political and ideological debate about the role of the government in determining views of gender and the need to care for and welcome transgender people. Churches and Christian organisation should seek ways to ensure that transgender people can access a toilet in which they feel safe and comfortable — perhaps providing single occupancy facilities with appropriate signage. Often arrangements can be worked out privately with the individuals involved.[115]

4.2 Names and pronouns

One issue which may confront congregations and institutions is that of which names and pronouns to use for people who have transitioned their gender. Refusing to use the terms preferred by the person involved is often called "misgendering".

Since gender transitioning is sin (as we have argued), this may seem to imply that it is wrong to use name and pronouns which refer to preferred gender at odds with a person's sex. Yet this is likely to make it almost impossible to develop a positive, let alone a trusting relationship with the person.

As outlined above, it is appropriate that a church member should live under their God-given sexual identity as part of their discipleship, and that will involve the use of appropriate names and pronouns. However, transgender people who are not church members but are visiting church or inquiring or are served by a church institution, present a different case. It will likely prove impossible to develop a relationship with a person while refusing to call them by their preferred name. It can be viewed as a matter of respect for the person to use their preferred name.

It is no surprise that conservative Christians who hold the same view on gender transition hold different views on whether they should use a transgendered person's preferred name or pronoun.[116] The UK Evangelical Alliance report *Transformed*, notes that Christians disagree

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[114] For a review of the US debates see B.S. Barnett, A.E. Nesbit, R.M. Sorrentino, "The Transgender Bathroom Debate at the Intersection of Politics, Law, Ethics, and Science", *Journal of the American Academy of Psychiatry and the Law* Online Jun 2018, 46 (2) 232-241; DOI: 10.29158/JAAPL.003761-18 and see R. Moore "The real meaning of transgender bathrooms" May 13, 2016. https://religionnews.com/2016/05/13/what-the-transgender-bathroom-debate-means-for-you/

[115] See, Anderson, Ryan T. *When Harry Became Sally: Responding to the Transgender Moment* (Encounter Books, 2018 Kindle Edition), loc. 3639-3648.; and P. Lynas, *Transformed* (London: Evangelical Alliance, 2018), 17 https://www.eauk.org/assets/files/downloads/Transformed.pdf

[116] See Steven D. West, Speaking Truth in Love: Should Christians Use Gender-Neutral Pronouns? https://ca.thegospelcoalition.org/article/speaking-truth-love-christians-use-gender-neutral-pronouns/ and Andrew T. Walker "He, She, Ze, Zir? Navigating pronouns while loving your transgender neighbour"

on this and suggests four important issues to take into account: context (parenting a child is very different to meeting an adult for the first time); legal requirements and the legal right to change one's name; the difficulty of engaging in relationships while refusing to use a person's chosen name and issues of consistency.[117]

https://erlc.com/resource-library/articles/he-she-ze-zir-navigating-pronouns-while-loving-your-transgender-neighbor

[117] Lynas, *Transformed*, 16.

5 Appendix — Disorders of Sexual Development

5.1 Chromosome formation

Present thinking acknowledges that SD is driven by mutually antagonistic genetic interactions of testis- and ovary-determining pathways. Until recently it was considered that male and female SD are regulated by a linear cascade of pro-male and pro-female genes, respectively. It has now become clear that male or female development is achieved through the repression of the alternative state i.e. a gene determining the formation of a testis may function to repress the female state and vice versa. This seems to be a mechanism unique to humans, in which SD is achieved by suppression of the alternate fate and is maintained through adulthood by a mutually antagonistic double-repressive pathway. Recently available genetic data generated through large-scale sequencing studies is changing the received view of how this system works. This includes the recently described recurrent NR5A1 p.R92W mutation associated with testis development in 46, XX children.[118] Such advances in medical science lead to the belief that mutations such as this are pathogenic and should not be considered part of the range of healthy human conditions. It is likely that an imminent new wave of genetic data will create opportunities to further clarify how human SD operates.

Biological sex is initiated by the chromosomal combination which occurs at fertilization. If a sperm carrying a 'Y' chromosome fertilises an ovum carrying an 'X' chromosome, a male 'XY' embryo results. Fertilisation with an 'X' carrying sperm results in a 'XX' female embryo.

At this very first stage of development, chromosomal mismatches, while rare, do occur.

Some people have only an X chromosome – designated XO. This is called Turner's syndrome. These individuals usually grow up to look like women and identify as women, but their female sex organs may not be properly developed, and they may be infertile.

Others can have XXY chromosomes. This is called Klinefelter's syndrome. The result is usually an individual who has male characteristics but whose male sex organs may not be properly developed, and may be infertile.

5.2 Hormone production

As a child develops in utero, they produce hormones which direct the development of sex organs.[119] If these hormones are not produced at the right time, or in the right amounts, this may result in a misalignment between a person's chromosomal sex and their internal and/or external genitalia. For example, a genetic female embryo (XX) exposed in utero to excessive androgens – male hormones – may become 'masculinised' to some degree, including forming underdeveloped male sexual organs. This is called Congenital Adrenal Hyperplasia (CAH). Women who are subject to this may behave in ways that are more stereotypically 'male'.

5.3 Hormone reception

Sex development requires the reception of these hormones. Improper reception of the hormones affect the development of a person's internal and/or external genitalia. Androgen Insensitivity Syndrome (AIS) occurs in genetic males (XY) where their tissues, including the brain, do not respond to androgens, the hormones which regulate the development and

[118] See https://ghr.nlm.nih.gov/condition/46xx-testicular-disorder-of-sex-development

[119] E.g. testis-determining factor (TDF or SrY protein) around weeks 6-7; testosterone, Mullerian inhibitor substance and 5-alpha-reductase enzyme around weeks 8-12.

maintenance of male characteristics. (Testosterone is the major androgen). AIS results from a range of genetic mutations which impair androgen reception to varying degrees.

People with complete AIS have the male chromosome and produce androgens, but develop external female genitalia, without a uterus. They usually identify as female, and tend to be sexually attracted towards males. They have undescended testes; their testosterone levels are more male-normal than female-normal; and their internal genitals are undeveloped (neither male nor female).

It is estimated that the prevalence of complete AIS (CAIS) is 1: 20,000 to 64,000 newborns (0.000025%). The prevalence of the partial syndrome (PAIS) is unknown.[120]

5.4 Tissue development

The tissues of a person's sexual organs may not develop properly, leading to various genital anomalies. Truly ambiguous genitalia have an estimated incidence of 1: 4,500– 5,500 births. More commonly, developmental anomalies of the external genitalia may exist in 1 in 300 newborn infants. These include undescended testes or anomalies of the opening of the urethra on the penis (hypospadias).

[120] Nicolás Mendoza & Miguel Angel Motos, "Androgen insensitivity syndrome", *Gynecological Endocrinology*, 29:1 (2013): 1-5, DOI: 10.3109/09513590.2012.705378

6 Glossary

This glossary is based on William Byne et al, "Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists" Transgender Health 3.1, (2018): 58.

Not all terms in this glossary are used in the paper. The listing has been adjusted where the paper consistently uses a different term to the one recommended by Byne and some terms have been added.

Assigned gender: the initial gender attributed to an individual after birth; for most individuals, this corresponds to the sex on their original birth certificate, aka assigned gender, birth sex.

Cisgender: a term for individuals whose experienced and expressed gender are congruent with their gender assigned at birth, that is, those who are not transgender.

Dimorphic: occurring in two distinct forms, in this case as male and female, see Gender binary.

Experienced gender: one's sense of belonging or not belonging to a particular gender, aka gender identity.

Expressed gender: how one expresses one's experienced gender.

Gender: a person's social status as male (boy/man) or female (girl/woman), or alternative category.

Gender reassignment surgery: surgical procedures intended to alter a person's body to affirm their experienced gender identity, aka sex reassignment surgery, gender-affirming surgery, and gender-confirming surgery.

Gender assignment: assignment of a gender to an individual. In typically developed newborns, the initial gender assignment (aka 'birth-assigned gender') is usually made on the basis of the appearance of the external genitalia.

Gender binary: a gender-categorisation system limited to the two options, male and female. Individuals who identify outside the gender binary may use a variety of gender identity labels, including genderqueer or nonbinary.

Gender dysphoria (not capitalised): distress caused by the discrepancy between one's experienced/expressed gender and one's assigned gender and/or primary or secondary sex characteristics.

Gender Dysphoria (GD) (capitalised): a diagnostic category in DSM-V, with specific diagnoses defined by age group-specific sets of criteria.

Gender identity: one's identity as belonging or not belonging to a particular gender, whether male, female, or a nonbinary alternative, aka experienced gender.

Gender Identity Disorder (GID): a diagnostic category in DSM-III and DSM-IV that was replaced in DSM-V by GD.

Gender incongruence (not capitalised): incongruence between experienced/expressed gender and assigned gender, and/or psychical gender characteristics.

Gender Incongruence (capitalised): a diagnostic category (analogous to GD in DSM-V) used in ICD-11.

Gender role: cultural/societal definition of the roles of males and females (or of alternative genders).

Gender transition: the process through which individuals alter their gender expression and/or sex characteristics to align with their sense of gender identity.

Gender variance: any variation of experienced or expressed gender from socially ascribed norms within the gender binary.

Gendered behaviour: behaviour in which males and females differ on average.

Genderqueer: an identity label used by some individuals whose experienced and/or expressed gender does/do not conform to the male/female binary or who reject the gender binary.

Heteronormativity: A pejorative term in the LGBTQ community and in academic discussion and popular literature for views which hold that heterosexual orientation and sexual relations are normative and that biological sex is either male or female.

Intersex conditions: a subset of the somatic conditions known as ‘disorders of sex development’ or ‘differences of sex development’ in which chromosomal sex is inconsistent with genital sex, or in which the genital or gonadal sex is not classifiable as either male or female. Some individuals who report their identity as ‘intersex’ do not have a verifiable intersex condition.

LGBTQI: a common version of an acronym which is used in several forms to indicate the group of people who ‘transgress’ heteronormative views, often termed a ‘community’. In this version the initials stand for lesbian, gay, bisexual, transgender, queer or questioning, and intersex. A longer version is LGBTTQQIAAP (lesbian, gay, bisexual, transgender, transsexual, queer, questioning, intersex, asexual, ally, pansexual).

Queer: An umbrella term for LGBTQI and non-heteronormative identities. It is a ‘reclaimed’ term which was a slur directed at homosexuals.

Sex: a person’s categorisation as biologically male or female, usually on the basis of the genitals and reproductive tract.

Sex assigned at birth: the sex or gender first assigned to an individual after birth. Also known as ‘natal gender’, ‘birth-assigned sex’ and ‘gender assigned at birth’.

Sexual orientation: a person’s pattern of sexual attraction and physiological arousal to others of the same, other, both, or neither sex.

Transgender: an umbrella term usually referring to persons whose experienced or expressed gender does not conform to normative social expectations based on the gender they were assigned at birth.

Transsexual: a term often reserved for the subset of transgender individuals who desire to modify, or have modified, their bodies through hormones or surgery to be more congruent with their experienced gender.

7 Recommended Reading

A Theology of Gender and Gender Identity (A report from the Sydney Diocesan Doctrine Commission) https://www.sds.asn.au/sites/default/files/ATheologyOfGenderAndGenderIdentity(SydDoctrineCommission).Aug2017.pdf?doc_id=NTQ3NjY=

Anderson, Ryan T., *When Harry Became Sally: Responding to the Transgender Moment* New York, Encounter Books, 2018

Branch, J.A. *Affirming God's Image, Addressing the Transgender Question with Science and Scripture* (Belingham: Lexham, 2019)

Cox, J.A. *Intersex in Christ: Ambiguous Biology and the Gospel*, Cascade, 2018

Davie, Martin *Glorify God in your Body: Human identity and flourishing in marriage, singleness and friendship* (CEEC, 2018)

Lynas, P. *Transformed* (London: Evangelical Alliance, 2018 https://www.eauk.org/assets/files/downloads/Transformed.pdf

Mayer, Lawrence S. and Paul R. McHugh. "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences." *The New Atlantis* 50 (Fall 2016): www.thenewatlantis.com/docLib/20160819_TNA50SexualityandGender.pdf

Moore, Russell "Joan or John? An Ethical Dilemma", SBJT 13.2 (2009):52-56 http://equip.sbts.edu/wp-content/uploads/2015/10/0000-SBJT-V13-N.2_Moore.pdf

Roberts, V. *Transgender: Christian Compassion, Convictions and Wisdom for Today's Big Questions* Epsom: The Good Book Company, 2016.

Smith, R. "Responding to the Transgender Revolution" (Trinity University, 2017) 18-19, 23 http://www.christoncampuscci.org/wp-content/uploads/2013/09/CCI-%E2%80%94-Responding-to-the-Transgender-Revolution.pdf

Strachan, O. "The Clarity of Complementarity: Gender Dysphoria in Biblical Perspective" *JBMW* 21.2 (April 25, 2017): 31-43.

Thomas, R. & P. Saunders, "Gender Dysphoria", CMF File 59 (Spring, 2016). Available at https://www.cmf.org.uk/resources/publications/content/?context=articleandid=26419

Walker, AT. *God and the Transgender Debate: What Does the Bible Actually Say About Gender Identity*. Epsom, The Good Book Company, 2017.

Yarhouse, M. *Understanding Gender Dysphoria: navigating transgender issues in a changing culture*, IVP, 2015.

Yarhouse, M.A. & Julia Sadusky, *Approaching Gender Dysphoria* Grove Books, 2018.