

# TRANS FORMED

A brief biblical and pastoral  
introduction to understanding  
transgender in a changing culture

evangelical alliance  
together making Jesus known



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# 1. Why this? Why now?

**“If you have met one transgender person you have met one transgender person. No two experiences are the same.”<sup>i</sup>**

Jesus loved people and debated issues. The gospels are full of stories of all sorts of people encountering and being encountered by Jesus. He sought out some of the most marginalised in society and made time for them. His love knew no boundaries, even though He didn't always agree with those He met.

It is important to remember that transgender is not simply an issue to be debated; it raises fundamental identity questions for people who, like all of us, need to be loved. All the groups spoken to in preparing this resource stressed their hope that the church would be a place of welcome, even if it did not yet know how to respond to all the questions being asked of it.

The term 'transgender' was not coined until 1971, and 'trans' (a British term) not until 1996.<sup>ii</sup> However, there are historical records of those identifying as a third gender, eunuchs or, in various ways, contravening gender boundaries. Despite this long history, in recent years the trans conversation has shifted quickly raising new issues and questions for Christians and others.

Trans rights for many years were on the fringes, reflected by the fact that it was identified with, and tagged onto the related but different issue of sexual attraction – hence the T in LGBT. However, transgender has now moved into the mainstream. In June 2015, Vanity Fair unveiled Caitlyn Jenner on its cover, as she came out as trans. The Danish Girl, a movie about Lili Elbe, one of the first people to have undergone gender reassignment, is another example of the issue moving mainstream. Legislators here and elsewhere are moving to change the law to allow people to self-identify when it comes to gender without the need for surgical transition or medical intervention.

This short introduction seeks to help Christians, as individuals and gathered communities, begin to understand and respond well to transgender individuals and the broader ideological movement. It is designed to help work out our Christian understanding of what it is to be human practically, compassionately and truthfully. The risk in attempting to be brief is that nuance is lost. To try to avoid this we signpost further resources at the end of this guide.



# Tim's story

**“I travelled to Brighton with a Da and came back with a new Ma.”**

Tim is the pastor of a thriving community church. In 2012, his Dad asked to have a conversation with him. It was clear it was serious; his Dad had been struggling with health issues which Tim understood to be stress related. He thought his Dad was going to tell him he was terminally ill.

As they sat across the kitchen table, his Dad looked Tim in the eye and said that all his life he had felt like a woman trapped in a man's body. He would no longer be living with Tim's

mother and he would be changing his name from Stephen to Stephanie (changed for anonymity). His Dad explained the process of living as a woman, taking cross-sex hormones, and that after 6-12 months he would pursue gender reassignment surgery. Tim had no sense this was coming and was shocked, but his immediate response was that he had to journey with his Dad – that he had to stick with him.

Tim discovered that his Mum had known for 34 years that his Dad had been cross-dressing. They had been supported by social and medical services for 19 years for mental health issues and trying, in their words, to find a cure. As Tim processed everything he felt angry – that the family had been let down, not only by their Dad, but also by the support services who had never engaged with those who would be massively impacted by the decision.



Tim's mum felt robbed of a life, having chosen to stick by him through everything, only for him to end up leaving her. She joked, "He left me for another woman – himself." But behind the humour her world was turned upside down as she grieved the loss of someone who wasn't dead, but was in many ways dead to her. She still doesn't go out very often, paralysed by fear and shame. Tim's sister refuses to talk about the matter or discuss it.

When we discuss names and pronouns, Tim smiles. "It's complicated. In order to honour Stephanie, if Stephanie were here now I would introduce Stephanie as Stephanie, but in the context of the three of us having a conversation, I would say Daddy, because primarily that is the foundation of our relationship. He is my Dad, but to honour where he or she is at I would always say this is Stephanie." Tim talks about the balance between honouring and affirming – he speaks of Stephanie, but generally uses male pronouns in our conversation.

Tim travelled to Brighton with his Dad for his surgery. His humour comes though as he reflects on the trip: "I travelled to Brighton with a Da and came back with a new Ma." His Dad now has a female birth certificate and passport. I ask Tim how comfortable his Dad is now after a number of operations and living as a woman for six years. "Nothing has changed," he says, "other than his physical appearance. The issues around identity and acceptance of who he is remain."

Tim continues to have a good relationship with his Dad. For Tim, the tension has been between grace and truth. There are moments when he has truth conversations and there are times when he leads with grace, holding his anger and emotions in check. He remains the constant in his Dad's life as family, friends and colleagues have rejected him. Very few of those who know him now, knew him as Stephen.

Stephanie has a faith and says that he asked God to take being trans away and when that didn't happen, he decided it must be for him. He has been involved in a number of faith communities and has engaged in different ways but has always struggled.

**“My desire is to present Jesus in a way that people would fall in love with Jesus, and in turn themselves.”**

Tim reflects, "I am convinced it is not God's plan, design or desire for anybody to go through a gender reassignment operation. I see this as self-harm at the highest level – emotionally and physically – changing the external in the hope that it will change the internal. My desire is to present Jesus in a way that people would fall in love with Jesus, and in turn themselves. Our identity is in Christ – until you discover that you will always be chasing your own tail."

Tim is hesitant to give advice – everyone's situation is different. Truth is important, but we must always provide a gracious welcome – "It's not that I have to change who I am, but I can't create a situation where my response breaks down the line of communication. Because once communication breaks down, that's it, and sometimes there is no way back."







# 2. Trans?

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There is no one trans experience. Instead, it is best understood as an umbrella term for those who experience their gender identity differently to their biological sex. However, there is a great deal of confusion and ambiguity in our culture. Firstly, it is helpful to distinguish between intersex and transgender experiences. Those born with intersex conditions are diagnosed and treated separately from transgender, and the two should not be conflated. Secondly, trans is used to describe those with a medical condition – gender dysphoria – and those who are part of a wider ideological movement. We need to distinguish good intentions from bad ideas.

**Gender dysphoria** is a rare medical condition previously called gender identity disorder. It is recognised by the NHS where “a person experiences discomfort or distress because there’s a mismatch between their biological sex and gender identity.”<sup>iii</sup> Despite various claims about ‘scientific evidence’, there is no agreed understanding as to how or why gender dysphoria occurs, nor are there clear diagnostic criteria. There is debate as to how many people are affected however; there are approximately 15,000 gender identity patients in the UK – this equates to 0.02 per cent of the population.<sup>iv</sup>

**Gender incongruence to a degree** could be a short phase or last much longer, but the incongruence or mismatch is not sufficient to cause the level of distress required for a diagnosis of gender dysphoria. The person could present as transgender or maintain their birth sex.

The **transgender ideological movement** is heavily influenced by queer theory and prior ideological commitments about the pliability of gender. One does not need to experience dysphoria or have any intention of permanently transitioning to call oneself trans. The movement is supported by people who are not trans, known as allies. The trans movement has fed into issues surrounding identity politics and led to the ‘no platforming’ of those who disagree.

As the movement grows it includes many contradictory ideas. For example, if a person has male genitalia but feels they are a woman, this mismatch only makes sense on a binary approach based on two distinct categories – male and female. However, a person who describes themselves as non-binary rejects the categories male and female and/or see gender as a spectrum. If gender is a spectrum, not a binary, then everyone is trans. Or alternatively, there are no trans people. There are those who identify as transgender who reject parts of the broader ideological movement.

The language used in trans conversations is incredibly important, it changes constantly, and the meaning varies and can be contested. We have brought together some of the key terms in a glossary on p 30.



# 3. What does the Bible say?

There are a limited number of Bible passages that touch on trans. Deuteronomy 22:5 and 1 Corinthians 6:9 speak of cross dressing and those who have made themselves effeminate to attract other men.

Matthew 19:12 talks about three different types of eunuchs, those born that way (intersex), those made that way (castrated) and those celibate for the kingdom. The wider context is a discussion about marriage in which Jesus reminds a questioner that we are made “male and female” in the image of God. The passage is an example of Jesus upholding the divine pattern while making space in our thinking for people and situations which do not fit neatly into that pattern.

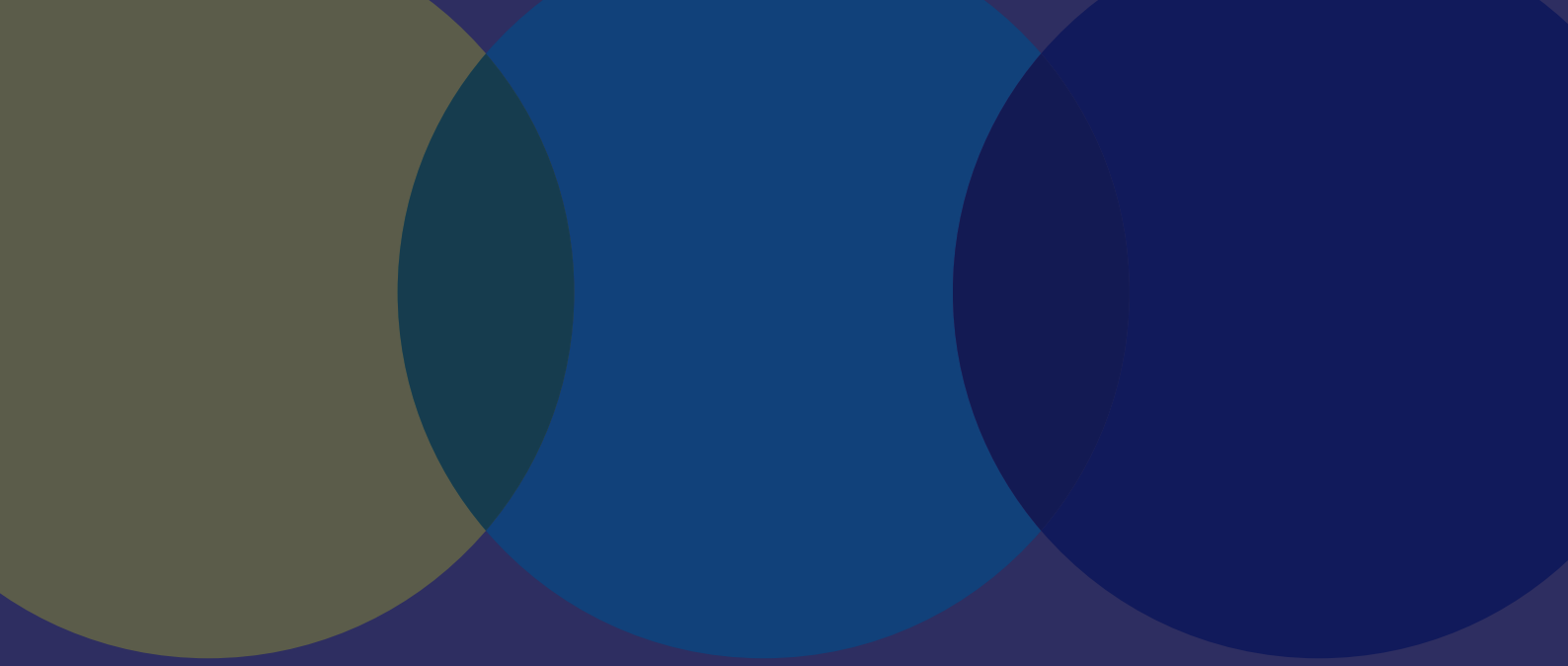
Philip’s encounter with the Ethiopian eunuch in Act 8 is an important story on the inclusion of the marginalised in the fulfilment of the great commission. The man is described as Ethiopian, probably a gentile, and a person who did not fit within a binary understanding of gender. He was returning from the temple, where he was unlikely to have been welcomed to worship for any of the above reasons. However, he (the text identifies him as a ‘he’) encounters God on the way home.

Isaiah 56:4-5 talks about eunuchs and is another example of the outsider being welcomed in, encouraging churches today to make room for the marginalised, whilst encouraging obedience.

## The big story

In *Transgender*, Vaughan Roberts applies a classic biblical structure to the complex trans questions of our day. The **creation** narrative speaks of two distinct and compatible biological sexes. Cross-gender identification is a concern because it distorts the creational order of male and female. We live in a **fallen** world where not every biological or psychological experience is a reflection of God’s will. Within this narrative, gender dysphoria is understood as a result of living in a fallen world, not a result of personal moral choice.

We have been offered the gift of **redemption** through the death, resurrection and ascension of Jesus. The bodily nature of the resurrection affirms the importance of the human body. As we continue to live in a fallen world we will struggle between our desires and the will of God. God does not rescue us from suffering but redeems us through it. In the new heavens and the new earth we will enjoy the **restoration** of our bodies and minds. As Oliver O’Donovan notes, “maleness and femaleness forever defines an important aspect of the relationship Christ has to all of us, His church.”<sup>v</sup> He goes on to note that “how our individual



gender identities will play out in the eschaton is not revealed, but God wants us to forever think of our relationship with Jesus through a monogamous, male/female relational analogy.”<sup>vi</sup>

Within this larger structure there are some key ideas to be considered with respect to transgender.

**The Body** - The body has great significance in the biblical text and Christian understanding from creation, through incarnation to the resurrection and ascension. The biblical text affirms the physical differences of the man and the woman as each is created differently. Bodies are not simply things we inhabit, but an integral part of our ‘being in the world’, of who we are. As Christians, our bodies are temples of the Holy Spirit (1 Corinthians 6:19).

**Sex/Gender** - The very first reference to humankind differentiates male and female. We are persons, but not merely persons. At a fundamental level, we are men and women.

**So God created mankind in his own image, in the image of God he created them; male and female he created them. (Genesis 1:27).**

The binary ‘male’ and ‘female’ of Genesis 1 is developed into the nouns ‘man’ (*’ish*) and ‘woman’ (*’ishshah*), as these are applied to Adam and Eve in Genesis 2:23. Throughout the Bible, biological sex is binary and integral to personhood - biological sex should reveal and determine gender.

[As Andrew Sloane notes in *Marriage, Family and Relationships*, “Intersex should probably be seen as an inscription of a fallen world’s brokenness on particular human bodies and therefore a *disability*, given the ways it complicates the biology of reproduction.”<sup>vii</sup>]

While our sense of ‘gender’ is also socially shaped, it is not a mere social construct. God depicts the existence of a man and a woman as essential to His creational plan. The division into male and female is a signifier both of fundamental reality (as our maleness and femaleness play a part in reflecting God’s image) and our future destiny (when the marriage of Christ and His bride, the church, will take place).<sup>viii</sup> See Ephesians 5:21–33.

**Cultural v biblical norms** - While some in our culture challenge the very notion of what it is to be a man or a woman, there is also helpful critique of some gender stereotypes. We need to understand what the Bible means when it says we are made ‘male and female’ and not unwittingly accept society’s stereotypes about sex and gender. Being a boy has little to do with going out to play and adventure, and being a girl is not dependant on whether she stays safe inside playing with dolls.



**Individualism and ideology** - We live in a profoundly individualistic culture, which has its roots in the Enlightenment. Individualism, combined with a desire for authenticity, is a strong stream in the transgender movement. The end goal for many is simple; we should be free to define ourselves as we want, not even nature or our bodies can stop us. The question has moved from “Who am I?” to “What do I identify as?” This way of putting things emphasises chosenness over givenness and changeability over stability.<sup>ix</sup>

**Gnosticism** - Gnosticism is an ancient idea with its roots in far eastern mysticism. It is a complex concept claiming special access based on secret knowledge, but it fundamentally sees matter and bodies as fallen and inferior. We can see this idea reflected in statements from transgender people around the idea of a ‘real me’ trapped inside the wrong body - the view that the inner self is paramount and one is free to shape their body to reflect their inner self.

Paul addressed the consequences of Gnosticism in his day. These included sexual licence – if the body is unimportant I am free to do with it as I please; and asceticism – if the body is unimportant I should treat it harshly. Instead, Paul clearly set out in 1 Corinthians 6 that the body is the “temple of the Holy Spirit” and so we should “honour God with [our] body”.

Any form of Christianity that devalues the body and the physical creation in general is deeply problematic. These ideas have more to do with Gnosticism, or ancient Greek Platonism, than following Jesus. While we must all wrestle with the resurgence of these ancient ideas in contemporary culture, they will raise particular issues for those seeking to live biblically with gender dysphoria.



# 4. How can the church respond pastorally?

Any response offered to someone wrestling with issues surrounding transgender and faith should be rooted theologically, but orientated pastorally. For many struggling with transgender identity and faith, there are issues of shame, isolation and rejection. Often the key questions are; who am I and where do I belong? The church has an opportunity to offer support and friendship to those struggling in a world that typically offers confusion, marginalisation and often loneliness. Sometimes, in trying to provide the 'correct' theological answer, the church can miss the opportunity to be a welcoming community. Difficulties can arise when a theological/ideological response is given in a personal/pastoral situation and vice versa.

## Mark Yarhouse

Mark Yarhouse<sup>x</sup>, a clinical psychologist and a Christian, describes three different lenses through which to view gender identity concerns:

### 1. The *integrity framework*

This view emphasises the sacred integrity of maleness and femaleness in creation, and the importance of their compatibility. One's biological sex is an essential aspect of one's personhood and to tamper with it is a denial of something sacred. The concern is around a "denial of the integrity of one's own sex and an overt attempt at marring the sacred image of maleness and femaleness formed by God."<sup>xi</sup>

### 2. The *disability framework*

This view asserts that gender dysphoria is a non-moral, mental health disability in which sex and gender are not in alignment and are therefore to be addressed with compassion. The analogy is made with someone suffering from depression or anxiety; we do not discuss their emotional state as a moral choice, but a condition that manifests as a result of the fall. A person may make choices in response to the symptoms or an overall treatment approach which may have ethical or moral dimensions, but they did not choose their condition and they are not morally culpable for it.

### 3. The *diversity framework*

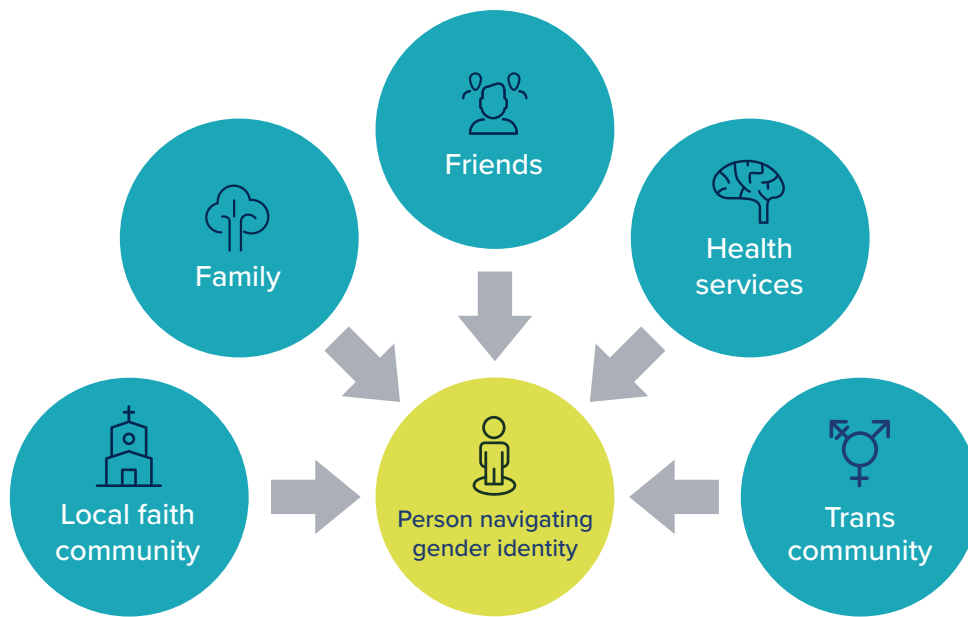
On this view transgender issues are seen as something to be celebrated and honoured as part of normal human diversity. It answers the identity and community questions for many trans people, helping them feel accepted. In its strongest form, proponents of this framework seek to completely deconstruct sex and gender. However, weaker forms can help validate a person's experience, providing meaning and community.

Amongst health professionals and in broader culture, the diversity framework is becoming dominant and is increasingly driving public policy agendas. As a step towards the development of a nuanced Christian response to inform practice, pastoral care

and public policy engagement, Yarhouse suggests an **integrated framework** for understanding gender dysphoria to avoid speaking past one another, acknowledge complexity, draw on the best each framework offers, and offer distinctly Christian resources. The integrated framework encourages church leaders and others to:

- Maintain respect for the integrity of sex differences and encourage caution when considering the most invasive procedures; where possible seek wisdom and maturity in light of a Christian view of sex and gender.

- Respond with empathy and compassion in the management of gender dysphoria identity – try to consider the least invasive ways to manage dysphoria.
- Offer meaning-making opportunities for identity within community – help locate the person within a broader community of support, a kinship network that affirms the person’s worth, and assists the person by navigating this terrain together.



Our role is to be one of a range of voices speaking into a trans person’s life. If you are meeting pastorally with a trans person, it will be important to understand who those other voices are and who you can refer to. Some of these are noted in the diagram below. For example, a voice from the health services could be CAMHS, which covers a range of services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. It is a good idea to take notes and records of meetings in case concerns are raised later, and ensure other services are involved as appropriate.

**Q: What sort of support would you have liked to see from the church?**

**A: “...someone to cry with me, rather than just denounce me. Hey, it is scary to see God not rescue someone from cancer or schizophrenia or [gender identity disorder]...but learn to allow your compassion to overcome your fear and repulsion.”<sup>xii</sup>**





## Jesus at the well

John 4, which details the amazing encounter between Jesus and the woman at the well, models a way of meeting with, and ministering to, those who feel marginalised.

**Compassion** - Jesus is compassionate in His encounter with the woman at the well, meeting her at her point of need. Compassion will lead us to meet people at their point of need, respecting their chosen identity without necessarily agreeing with it. It will acknowledge the complexity of gender confusion and offer what Christian psychologist Mark Yarhouse calls a 'relationally thick' response that walks alongside those who are suffering.

**Integrity** - At the well, there is also a truth encounter – a moment of divine revelation – around the woman's marital status. Jesus says, "The fact is, you have had five husbands, and the man you now have is not your husband. What you have just said is quite **true**." Jesus moves quickly from compassion to integrity, gently challenging the woman about her life; a journey that may take us much longer.

**Redemption** - In a relationship with a transgender person we should seek to rise above the sex and gender culture wars, drawing the individual to the transformative work and power of Jesus and the Holy Spirit. The encounter in John 4 ultimately leads to redeemed relationships; the woman is transformed and runs off to tell the whole town about Jesus.

## Discipleship

"...the transgender revolution represents one of the most difficult pastoral challenges this generation of Christians will face".

Dr R. Albert Mohler<sup>xiii</sup>

We have highlighted the importance of the church providing a welcome to transgender people, but what does the journey of discipleship look like for the person and the whole church?



Sarah experienced gender dysphoria at a very young age – her biological sex and her gender experience were out of sync. Sarah was born biologically male. She had transitioned and used cross-sex hormones. You meet Sarah and she says, as a Christian, I may have sinned in what I did, all I know is that at the time I felt such distress. Then she asks you – what would you have me do now?<sup>xiv</sup>

## Love

In *God and the Transgender Debate*, Andrew Walker highlights the importance of seeing transgender people as our neighbours and loving them.<sup>xv</sup> Love promotes dignity, seeing everyone as a divine image-bearer. This means we must stand up and defend those being bullied or abused for being different. It does not matter whether we agree with someone's way of life; we must defend every human's intrinsic worth.

Love requires empathy and compassion – listening and understanding the otherness and challenge to someone else's identity. Groups such as Living Out<sup>xvi</sup> help the church understand and minister to those who experience same-sex attraction. It will be important to see similar groups formed to help lead in the area of trans. Love is truthful and will lead to difficult conversations given the importance that the Bible places on sex and the body. But love is also patient and kind.

Andrew Walker puts it like this, "Though it may bring new conversations and experiences many of us will not understand, ministry to those with gender dysphoria means walking with each precious soul through what could be years of psychological valleys ...Only Christians humble enough to recognise their own brokenness will be capable of walking with people through struggles that seem very different from their own."<sup>xvii</sup>

When the Evangelical Alliance first looked at this area in 2000, our report concluded that it is not possible to change a person's sex.<sup>xviii</sup> Gender reassignment surgery was not seen as a normal, valid option for people experiencing gender dysphoria. The report also highlighted the lack of long-term research in terms of outcomes – a situation that remains today.

## Naming

One of the most contentious issues can be what to call a transgender person and which personal pronouns to use. Naming is a hugely important act in the Bible and our culture continues to recognise the power of names. In the trans community names are an important part of identity, for example, deadnaming is the term for calling someone who has changed names by their former name.

It can be helpful to recognise a distinction between names and pronouns. Many people have a different name they are known by and a person can legally change their name for any number of reasons. Whereas pronouns have a much clearer association with gender. The insistence by some trans people on being referred to by 'ze' 'zir' or 'they' can further compound the issue. There is also a growing recognition of the free speech implications of 'compelling' someone to use a particular pronoun.<sup>xix</sup>

Christians disagree on this matter. For some, the balance of grace and truth is struck by using the person's preferred name but not pronouns. For others, courtesy leads them to use the name and preferred pronoun of a transgender person. Finally, integrity means that some find any use of preferred names or

pronouns leads to confusion and ultimately results in their participation in, and perpetuation of, deception.

When considering whether to use a person's preferred name or personal pronoun there are four issues worth reflecting on:

- 1. Context** - The age of the person and the nature of the relationship may influence your approach. The parent of a five-year old child may want to push back and guide a child who is trying out new ideas. Whereas someone meeting a post-operative trans person for the first time is unlikely to know anything of the history of the person, including their previous name and may not even know they are trans.
- 2. The law** - If you are in a public role, eg a teacher or doctor, you may be in breach of workplace policies or guilty of discrimination if you fail to address a person by their new name. Also, a person can legally change their 'known as' name as long as it is not their intention to defraud. A person can also change their name via Deed Poll, making their new name legal.
- 3. Relationship** - Failing to use someone's preferred name will make further conversation difficult, if not impossible.
- 4. Consistency** - If we decline to use a trans person's name, we should be consistent in refusing to use other names that reference a worldview, religion or ideology we may disagree with - eg using Cassius Clay rather than Muhammad Ali, the name the boxer changed to as a sign of his freedom and allegiance to Islam.<sup>xx</sup>







## Identity and ideology

Problems can arise when people try to respond pastorally to ideological arguments or respond theologically and in the abstract to a person standing in front of them who needs a pastoral response. We need to think carefully about how we respond pastorally to the person in front of us, failing to meet the person where they are at will almost certainly limit further conversation. However, this does not preclude thinking and debating more generally the role of language. Given the importance of language, and its power and influence, attempts to control it are problematic. It is one thing to rightly limit hate speech, it is another to proscribe how someone must talk about another person. (The issue of free speech is dealt with further in section six).

## Baptism and liturgy

Churches will have to come to their own conclusions on matters surrounding baptisms and specific liturgies. The Church of England has recently discussed providing a liturgy to mark a person's transition. Those seeking the change want to respond to "the need of transgender people to be affirmed following their long, distressing and often complex process of transition".<sup>xxi</sup> Given the theological reflections above, this would be deeply problematic. However, it is worth thinking ahead how to respond to a request for baptism from someone who is transgender. While many churches will want to offer a

place of welcome, baptising a person in(to) their trans identity will be seen as an act of affirmation and/or confirmation. It can be wise to have agreed a policy in advance rather than beginning to draft one in response to an individual request.

## Practical steps

Providing **toilets** that are clearly accessible to trans people will be an important part of the welcome provided by churches and charities. Placing a 'Toilet – Access for all' sign on an individual disabled toilet was considered helpful by a number of the trans groups consulted. There is no single accepted solution and it is important to note that if signage is being applied to a disabled toilet, the disabled labelling should still be clear.

In relation to **changing facilities and residentials**, the best advice is to discuss the matter with those concerned. Young people who have not transitioned, are on puberty blockers, or those who are in the process of transitioning may feel more comfortable with a private room, or at least a private bathroom. Often accommodations can be reached that work for everyone. (The law does allow organisations to differentiate on the grounds of sex in relation to bathrooms and accommodation, so an organisation can insist that only biological females can use the female toilets.)



# 5. Science, statistics, medicine and therapeutic interventions



Trans identity is a complex field in which research is still in its infancy and there are limited reliable statistics. There is also significant debate surrounding the scientific and medical understanding of gender.

A first principle of medical ethics is to ‘first do no harm’ – that is, we must ensure that any ‘treatments’ or interventions do not have unforeseen or unintended side-issues that risk doing more harm than good. Lord Winston, who is a medical doctor and professor, expressed concerns during a Radio 4 interview about the ‘horrendous’ results experienced by many people who change gender.<sup>xxii</sup> He noted that the ‘fundamentals’ of why people were transgender were not well-enough understood – we do not yet know enough about what happens in the cognitive development of children to cause their gender discomfort.

Further, we do not have enough reliable data to risk exposing increasing numbers of children to untried and untested interventions such as hormones that delay or ‘block’ puberty. A recent scientific review of the “extremely limited evidence” concluded that on their own hormone blocking agents given to pre-

pubertal children “do not appear to alleviate gender dysphoria”.<sup>xxiii</sup> The review also highlighted the lack of long-term data on the effects and implications of these interventions or their psychosocial impact on a young person’s development.

Richard Horton, editor-in-chief of the Lancet, has critiqued the state of scientific research generally saying, “The case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness.”<sup>xxiv</sup> Given the poverty of research in this specific area, backed by the intensity of passion on the part of campaigners on all sides, everyone needs to be alert to the scope for spurious assertions based on dubious science.

## Intersex

It is important again to distinguish those who are diagnosed as intersex. A tiny proportion of the population are born with an intersex condition – that

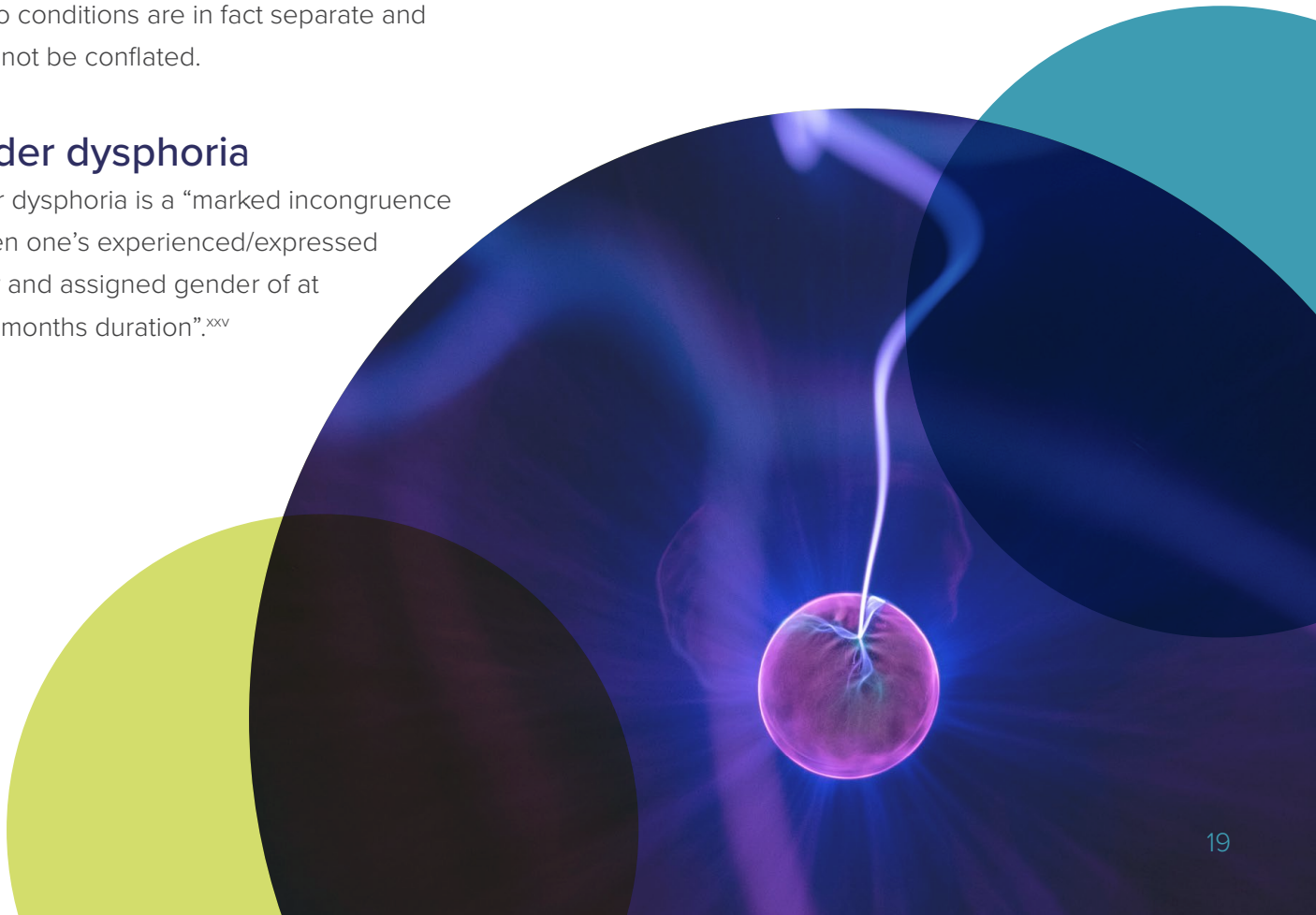
is with ambiguous chromosomes, gonads or genitalia – and therefore cannot be easily identified as male or female. Some have tried to inflate the numbers of people with intersex to try to prove that sex is on some kind of spectrum, by adding in any anomaly of sexual development, regardless of whether there is any ambiguity about the sex of the person.

The management of the rare condition of intersex is often difficult and complex, and people with intersex must be understood, welcomed and supported in Christian churches. Doctors, in conjunction with the parents, often make a decision as to the most likely or best sex for the child to be raised, but the circumstances are often complex and painful for the individuals concerned. Surgical intervention is kept to a minimum at a young age, though there may need to be corrective surgery as the person matures. Most intersex people do not consider themselves transgender, and the vast majority of transgender people are not born with ambiguous genitalia or any other ambiguity regarding their biological sex. The two conditions are in fact separate and should not be conflated.

## Gender dysphoria

Gender dysphoria is a “marked incongruence between one’s experienced/expressed gender and assigned gender of at least 6 months duration”.<sup>xxv</sup>

- Studies suggest that approximately 1 in 10,000 males and 1 in 30,000 females experience gender dysphoria.<sup>xxvi</sup>
- Children become aware of their gender identity between 2 and 4 years of age and so gender dysphoria can develop at a relatively young age.
- There is no agreement as to the causes of dysphoria, but genetic, neurodevelopmental, and psychosocial factors may all contribute.
- The clinical experience of Mark Yarhouse, a leading Christian psychologist, suggests that true gender dysphoria is not a choice. Those who experience it generally find it distressing and often isolating, as it is not well understood.
- Comments by James Barrett, one of the UK’s leading consultants in gender dysphoria, in 2011 show just how quickly the field is changing. He observed that rates of gender dysphoria seemed to be stable and constant. He described treatment as “drastic and irreversible” and noted that, “the least certain diagnosis is that made by the patient, made as it is without any training or objectivity.”<sup>xxvii</sup> There has been a significant shift since Barrett published his article, with referral rates rising rapidly, the view of the person being seen as central, and gender reassignment surgery increasing.



## Therapeutic interventions

There are three broad interventions being explored:

1. Give preference to a person's gender identity altering their body to conform to that identity through hormones, breast binders or surgery.
2. Give preference to a person's biological sex encouraging psychological treatment or counselling aimed at altering their sense of gender identity.
3. Support the person through their experience of conflicting emotions.

An NHS publication on gender identity clinics noted that "There are currently no agreed measures of success or patient outcome measures. This makes determining good patient care...very difficult."<sup>xxviii</sup>

Concerns have been raised that a trans person can register with a GP under their new gender without any note indicating their birth gender. This could lead to patients not being part of automatic screening programmes related to biological sex (eg. cervical smear tests) with significant negative consequences.

For adults, Yarhouse prioritises helping gender dysphoric patients reconcile with their birth sex if possible. If that fails, he recommends the least invasive course of action.

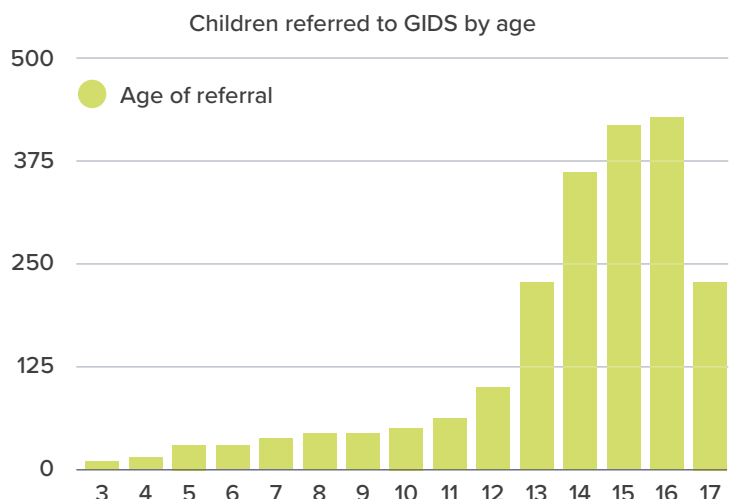
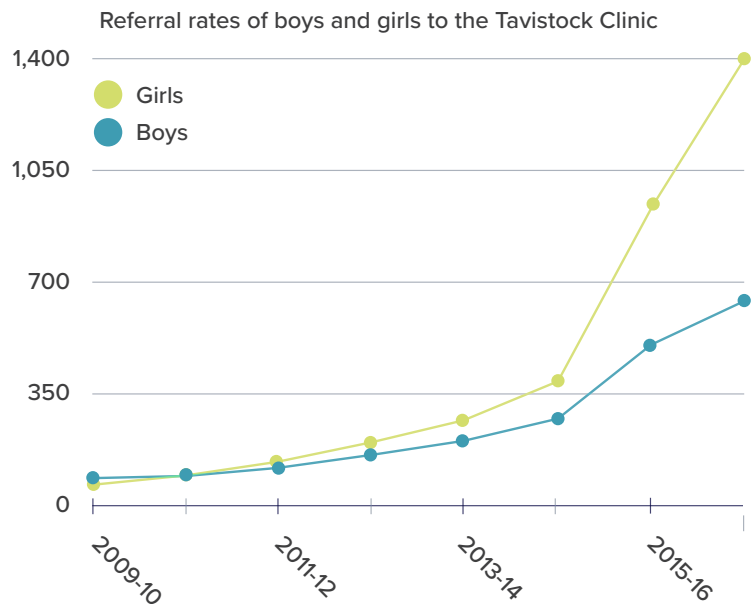
## Children and young people

There are two major trends worth noting. Firstly, there has been a nearly 1,000 per cent increase in children referred to the Tavistock child and adolescent gender clinic over the past six years.

Secondly, while historically children diagnosed with gender dysphoria were predominantly male (58 per cent in 2009-10),

nearly 70 per cent of referrals in 2016-17 were born female.<sup>xxix</sup> However, overall referral numbers remain low.

The majority of children referred to the gender identity clinic at the Tavistock Centre in 2016-17 were over 13 years old, with the most common ages being 15 and 16 years old. There is no available information on how many of these were diagnosed with gender dysphoria. Some professionals have noted a new presentation of gender dysphoria which appears after the start of puberty with no previous indication of gender confusion or unhappiness. This recent development has been termed Rapid Onset Gender Dysphoria and it affects mostly teenage girls. This is a new and contested area but one study indicates a high incidence of internet and peer-group influence where a number of teenage girls within a friendship group 'come out' together as transgender.<sup>xxx</sup> The trans community rejects the suggestion of social or cultural factors which undermine the notion of innateness making it harder to justify medical intervention.





## Interventions in children

Intervention requires a correct diagnosis and at a young age this can be hard to determine. It is notable that children and adolescents on the autism spectrum are seven times more likely than other young people to be gender nonconforming.<sup>xxxix</sup> Further research is being undertaken to understand this link.

*The Times* interviewed Dr Polly Carmichael, the consultant clinical psychologist who leads the Gender Identity Development Services. The article notes, “About 80 per cent of the children who come to Tavistock before adolescence eventually change their minds. Many decide that they are gay, or bisexual. Conversely, for those who come during adolescence, the figures are reversed and about 80 per cent pursue sex reassignment.”<sup>xxxix</sup>

Following the trans-affirmative approach, a child is to be treated following a four-step process; social transition, puberty blockers, cross-sex hormones, and surgery.<sup>xxxix</sup> Each of these steps raises questions.

1. Social transition involves changing clothes, a new name and pronouns and the child being treated as if they were of the opposite sex. However, the established approach is ‘watchful waiting’, which explores possible factors underlying a child’s belief that they are the opposite sex and attempts to help a child resolve the disconnect between mind and body. The new approach, which for many is driven by ideology rather than research, requires unquestioned affirmation of the child’s preferred gender.
2. As the child approaches puberty, the second step is to prescribe puberty blockers to prevent the normal process of maturation and development. This delays puberty and may even regress sex characteristics that have already developed. This is the only treatment recommended by the NHS for children under the age of 16. The drugs used were first licensed for use as end-stage prostate cancer

drugs and are now used ‘off-label’.<sup>xxxix</sup> There are issues around consent and the lack of research on long-term consequences and side-effects which include the risk of infertility.

3. The third stage is the administration of cross-sex hormones. Boys are given oestrogen and girls testosterone to mimic the process of puberty in the opposite sex. The NHS guidelines advise that they should be given to children who are 16 or over. A GP has been restricted from treating transgender patients unsupervised while the General Medical Council (GMC) investigates complaints about giving gender-change hormones to children as young as 12.<sup>xxxix</sup>
4. Finally, individuals may undergo sex reassignment surgery. This involves the removal or alteration of primary and secondary sex characteristics followed by plastic surgery to create new sex characteristics. Plastic surgery on the reproductive organs, no matter how realistic the result may appear, does not create the organs of the opposite sex.

However, a comprehensive review of a variety of studies found at the time of follow-up in adolescence or adulthood, that for 84 per cent of children the gender dysphoria desisted.<sup>xxxix</sup> Therefore, there should be no rush to facilitate early social transition or puberty suppression. Persistence rates in biological males are low, ranging from two to 30 per cent. Though they are slightly higher in females, overall the majority of those under 18 who identify as trans will return to their birth gender.

When treating children the NHS says, “Most treatments offered at this stage are psychological, rather than medical or surgical. This is because the majority of children with suspected gender dysphoria don’t have the condition once they reach puberty. Psychological support offers young people and their families the chance to discuss their thoughts and receive support to help them cope with the emotional distress of the condition, without rushing into more drastic treatments.”<sup>xxxix</sup>

## Detransitioning

There have been an increasing number of stories in the media of people detransitioning. Professor Miroslav Djordjevic is a world-leading genital reconstructive surgeon who was first asked to perform 'reversal' surgery five years ago.<sup>xxxviii</sup> Professor Djordjevic says those wishing to detransition have spoken about crippling waves of depression following their transition and in some cases have contemplated suicide. He performs about 100 surgeries a year and requires patients to undergo psychiatric evaluation for a minimum of between one and two years. He has expressed "real concerns about the level of psychiatric evaluation and counselling that people receive elsewhere before gender reassignment surgery takes place."<sup>xxxix</sup> Ryan Anderson dedicates an entire chapter of his book to stories of those who have detransitioned, many in their own words.<sup>xl</sup> He notes recurring issues around childhood bullying, conforming to gender stereotypes and the haste of some medical professionals to encourage transition.

Sadly, while attempted suicide rates for those who identify as trans are very high – 27 per cent for trans young people compared with 11 per cent for all young people<sup>xli</sup>. However it should be tragically noted that those who have had transition surgery are 19 times more likely than average to die by suicide.<sup>xlii</sup>





# 6. Law, education and free speech

The law on issues relating to trans in the UK is complex, often ambiguous and subject to change. As such, this introduction does not represent legal advice or guidance and should not be construed as doing so.

There are proposals to change the law across the UK to let people decide their own gender and to make any question about a person's sex voluntary in the next census. The proposals raise significant justice issues, particularly around medical treatment for children, limiting the role of parents, and the impact on a marriage when one spouse transitions gender.

Some feminists are critical of the proposals, seeing them as part of a growing trend to remove all mention of the biological female sex. Germaine Greer, writer and academic, said biological women were “losing out everywhere.” She added, “I’m sick and tired of this. We keep arguing that women have won everything they need to win. They haven’t even won the right to exist.”<sup>xliii</sup> Women’s rights become meaningless given the concept of ‘womanhood’ is so flexible and indeterminate in some trans and queer ideologies.

Some Christians have agreed with concerns being raised by women’s groups and others about the safety of women, but also more fundamentally that their very identity is being challenged. Allowing someone born a male but who self-identifies as a woman onto an all-woman shortlist, or to work in a shelter for women who have suffered from domestic violence, is proving very controversial. There are also concerns about women-only swimming sessions, changing rooms

and toilet use. Some of the proposals could also limit freedom of speech and religion in compelling people to use or avoid certain terminology.

## Law

The **Gender Recognition Act 2004** allows someone to acquire a Gender Recognition Certificate if they have been medically diagnosed with significant dysphoria and have been judged to have lived successfully for at least two years whilst presenting themselves in their acquired gender.

In December 2015, the **House of Commons Women and Equalities Committee** published its report, *Transgender Equality*. Westminster has followed the Scottish government in publishing proposals to change the GRC process to one solely based on self-declaration by the individual applicant for those as young as 16. It is also proposed that gender identity rather than sex or gender reassignment would become a protected characteristic. This would move legal protection to a subjective criteria and would be deeply problematic.

The **Equality Act 2010** made it unlawful to discriminate against those who have had gender reassignment (notably not transgender people generally). Under the **Data Protection Act 1998**, trans identity and gender reassignment would constitute ‘sensitive data’ for the purposes of the legislation. This remains the case under GDPR. More information can be found on the Information Commissioner’s website.





## Education

Education is an extremely important and complex area, which can only be addressed briefly in this resource. It is fundamental that schools provide a safe learning environment for all pupils. There is a need to protect those experiencing gender dysphoria and it is imperative that schools address all forms of bullying, including that suffered by trans pupils.

In many situations it will be appropriate to contact the Child and Adolescent Mental Health Service for advice as the school will not be the lead agency working with an individual child. At a policy level, it will be important for schools to consult with a variety of groups to ensure that any policy is balanced. The majority of transgender schools' guidelines are written by transgender organisations and LGBT groups which risks privileging a particular ideological view. Transgender Trend, a secular organisation concerned about the current trend to diagnose 'gender non-conforming' children as transgender, has produced a resource pack for schools which teachers may find useful.<sup>xiv</sup> Their educational resource challenges some of the prevailing transgender ideology.

Schools must provide learning environments that allow pupils to hold different beliefs. Children may be struggling with their gender identity and will need to be supported in this. Likewise, children may struggle to understand and respond to a pupil with gender dysphoria or who is experiencing gender incongruence to a degree. There are important freedom of conscience and freedom of speech issues in obliging a child or teacher to use another pupil's preferred pronoun or name. Bullying policies must be clearly defined to allow space for disagreement.

There is no legal definition of bullying. Bullying UK defines it as "repeated behaviour which is intended to hurt someone either emotionally or physically, and is often aimed at certain people because of their race, religion, gender or sexual orientation, or any other aspect such as appearance or disability."<sup>xiv</sup> Bullying is more than simply disagreeing with modern gender

theory. For example, should a young child be labelled transphobic for not using the pronoun another child or that child's parents prefer? The risk is that in seeking to protect one child, the rights and freedoms of speech, thought and conscience of another child are impinged. It is the very same freedom of expression that allows a child to choose their preferred gender, that allows another child not to have to say something they either don't understand or agree with, and to use language that they feel able to use with integrity, and without compulsion. These are difficult issues for policy makers at local and national level to wrestle with.

## Free speech

There are growing concerns about the implications of transgender ideology on free speech. Again, the distinction in section two of this resource is important between those experiencing gender dysphoria who require compassion and the wider ideology that will need to be challenged. Choosing to use a person's preferred name out of respect and relationship is very different from being obliged or compelled to use a particular pronoun by the state. Some people are also trying to prevent discussion and debate by redefining disagreement as hate speech, hate speech as violence, and violence as an act of terror. This shuts down the space to disagree and ultimately undermines our liberal democracy.

Any future legislation should specifically protect free speech. This should include protection to disagree about which personal pronouns are used. The freedom should extend to all employees including those under a public duty of equality. Failure to do so will lead to compelled speech – a person being forced to say something they profoundly disagree with.





# 7. The cultural trends

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The current ideological trans debate did not appear out of nowhere. Andrew Walker, in *God and the Transgender Debate*, notes that “many streams flow into the transgender debate”, we did not arrive here by chance.<sup>xlvi</sup> While the speed of change has been surprising, it has come about as a variety of powerful cultural influences have merged. Below we look briefly at some of the key cultural trends.

**Relativism** says that meaning and truth are relative and that there is no ‘right’ way to understand the world or ourselves. In a world without absolutes, no-one has the authority to tell anyone else how to live.

**Post-Christendom** describes the fact that we in the West live in a society in which Christianity’s cultural influence is declining. However, as every society has a form of morality, some new framework is likely to dominate.

**Individualism** prioritises the dignity of each person, but in its more radical form everyone gets to write their own script. A focus on families and communities is replaced by an emphasis on the individuals bearing individual rights, free from all obligations.

**The sexual revolution** of the 1960s promised more sex and greater happiness, but failed to deliver on either. It detached sex from both marriage and procreation and taught people that their bodies are their own, to do with as they please.

**Gnosticism** sees the physical world of matter as bad and broken. It emphasises that a person’s self-awareness is different from and more important than a fallen, inferior form of being. It allows a person to seek and prefer an authentic inner self, separate from, and superior to the outer or bodily you.

**Dualism** - refers to certain forms of Enlightenment philosophy (eg those influenced by Descartes) that privilege rationalism, and the authority of the mind over the body, so that mental self-perception is taken to trump given biological status.

**Feminism** - includes parts of the feminist movement that have developed the distinction between sex and gender, with gender seen as a social construct or a performance. This created the space for the trans conversation to develop exponentially. However, other feminists have been very critical of the trans movement for stereotyping what a woman is and undermining the rights of biological females.

**Post-structuralism** - is championed by writers such as Derrida and Foucault, who recognised the power of language and sought to ‘deconstruct’ the ideological biases around race, gender, politics and culture that impact our understanding of history as well as religious and philosophical ‘truths’. Deconstructionists were not simply looking to point out or even reverse oppositions such as male and female or good and evil; they seek to deconstruct them altogether.

**Queer theory** - follows post-structuralism and aims to deconstruct 'heteronormativity', the normalising of practices and institutions that privilege heterosexuality. It argues that identities are not fixed and do not determine who we are.

**Cultural Marxism** - followed Marxism which championed the resistance of the workers against those who owned the means of production. Cultural Marxism is a contested term used to describe the fight of those oppressed by cultural norms – women, non-whites, and people who identify as transgender or gender fluid. Thinkers like Marcuse and Gramsci argued that to transform society, you need to transform culture, and in the West that meant decoupling it from Judeo-Christianity. They called for a “long march through the culture” to redefine family, church and civil society.

**Consumerism** - can extend beyond goods and services, to commodifying our own being and identity. This means the person we want to be is taken to be our true self – hence the slogan that we can “be whatever we choose to be.”

**Technology** - has increased the speed of change allowing ideas to spread quickly and enabling supportive communities to spring up quickly which some research suggests can lead to a social contagion.

“Justice  
is turned  
back, and  
righteousness  
stands at a  
distance; for  
truth stumbles  
in the public  
square, and  
uprightness  
cannot enter.”

Isaiah 59:14 (NRSV)



# 8. Conclusions

There is a great deal of cultural confusion around transgender and information and opinions are constantly changing. Christians have too often been on the back foot and slow to respond to the social changes concerning gender and gender dysphoria. It is necessary for each of us as individuals and part of gathered communities to understand, love and relate to transgender people and to engage with and challenge the wider movement.

The church must respond with **compassion**. The church can be, and often is, a place of welcome for everyone and in particular those who feel marginalised. If we want to understand those who are wrestling with gender dysphoria, we must start by listening to their stories. The condition itself is often painful and distressing, and those who experience it have disproportionately high levels of mental health problems. The journey to reconciliation between someone's body and their experience of their identity can often be long and painful, so we need to be prepared to offer them and their families long-term support and care. This does not negate the church's discipleship role, particularly among those engaged in the wider trans movement, which is often at odds with a biblical response.

The church must seek out **clarity** in this difficult area. Whilst we seek to support those struggling with gender dysphoria, we can resist and oppose forms of transgender ideology which offer alternative, radically secular ideas about what it means to be human. The Bible has much to say about what it is

to be human, about sex and gender, about the body and about life in a fallen world. Redemption, through life in Christ, brings hope for our hearts, minds and bodies, all of which have been affected by the fall and by ongoing sin. But, the church must be careful to respond pastorally to individuals, whilst recognising the challenges and complexities surrounding transgender.

Finally, the church should, with humility, give voice to some of its **concerns**. The church, like many others, will be cautious about invasive and non-reversible medication and procedures, particularly in children. Many Christians will also sympathise with the concerns being raised by women's groups about the safety of women, for example in women's refuges, but more fundamentally that their very identity is being challenged. There is an ever-present danger of being misheard in increasingly divisive public conversations and so we must seek to build good relationships and ensure we speak with grace and respect at all times.

John Stott, echoing Karl Barth, famously challenged Christians to have the Bible in one hand and the newspaper in the other. The newspaper reports on trans vary from paper to paper and change day by day as they seek to report on this difficult and fast-moving area. The Bible provides a consistent framework and engaging narrative to help engage with the diversity of people and situations each one of us faces. We hope this resource will help enable more compassionate conversations and transformative encounters.



# 9. Glossary

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## Broader context

It is important to understand the larger framework within which the trans discussion occurs.

**Sex (biological sex)** - The definition of a person as male or female based upon sex organs, reproductive capacity and chromosomes. Surgery (often called 'transitioning) or the use of hormones does not alter biological sex.

Sex = female – intersex – male

**Gender identity** - A person's perception of having a particular gender, which may or may not correspond with their birth sex.

Gender identity = woman – genderqueer/non binary – man

**Gender expression** - How a person expresses or publicly presents their subjective sense of gender.

Gender expression = feminine – androgynous – masculine

**Sexual attraction/orientation** - Relates to who a person is attracted to based on their sex/gender in relation to other persons.

Sexual orientation = heterosexual – bi/pan/ asexual – homosexual<sup>xlvii</sup>

## General terms

**Cisgender or Cis** - A contested term used to describe someone whose subjective sense of gender identity is the same as the sex they were at birth. The opposite of transgender. (cis = on the side of.)

**Gender** - This is becoming a more contested term and historically was often used interchangeably with sex. Today it is generally used to refer to the psychological, social and cultural aspects of being male or female and includes gender identity and expression. The World Health Organization defines it as "the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men."<sup>xlviii</sup>

**Gender dysphoria** - The discomfort or distress a person experiences due to a sense of 'mismatch' or incongruence between their gender identity and their biological sex.

**Gender fluidity** - Used by people who do not experience their sense of gender as fixed to either male or female but fluctuate on a continuum between the two.

**Gender Recognition Certificate** - A document allowing a person legal recognition under a new gender.

**Gender reassignment** - Medical intervention beginning with puberty blockers if appropriate and cross-sex hormones. Surgery can include complete hysterectomy, bilateral mastectomy, chest reconstruction or augmentation, genital reconstruction and certain facial plastic reconstruction.

**Genderqueer** - An umbrella term for gender identities which are not exclusively male or female. Other terms include non-binary, pan gender and polygender. In relation to this, Queer theory, as advanced since the early 1990s by Judith Butler and others, has emphasised the socially-constructed nature of both gender *and* sexual identities.

**Intersex** - Intersex conditions are diagnosed and treated **distinct** from transgender and the two should not be conflated. Intersex is a term that describes

conditions in which a person is born with ambiguous sex characteristics or anatomy – gonadal, genital or more rarely chromosomal – that do not allow clear identification as male or female sex.

**Non-binary** - an umbrella term used by those who don't identify as male or female.

**Transgender** - This is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were at birth. It is often shortened to 'trans'.



## Further resources and references

For more resources, articles and films by the Evangelical Alliance; visit [eauk.org/trans](http://eauk.org/trans)

There is a lack of provision in this area and limited services to signpost to. Those struggling with gender dysphoria should seek medical attention through their GP or their local Child and Adolescent Mental Health Service (CAMHS). There is a need for more active Christian support in this area. The following resources may also help.

Anderson, Ryan T, *When Harry Became Sally: Responding to the Transgender Movement* (Encounter Books, 2018)

A comprehensive, readable, evidence-based case for questioning the assumptions of this transgender moment.

Grant, Jonathan, *Divine Sex: A Compelling Vision for Christian Relationships in a Hypersexualized Age* (Brazos Press, 2015)

Not specifically about transgender, but a very useful book on the wider context of sexuality and relationships which highlights the broader cultural currents.

Harrison, Glynn, *A Better Story: God, Sex and Human Flourishing* (IVP UK, 2017)

Not specifically about transgender, but urges Christians to tell a better story – a biblically rooted moral vision for sex and relationships.

Noble, Whittle and Johnston eds., *Marriage, Family and Relationships: Biblical, Doctrinal and Contemporary Perspectives* (IVP, 2017)

A volume of wide-ranging essays on sexuality, marriage, family life, singleness, same-sex relationships, violence against women, anthropology, gender and culture.

Roberts, Vaughan, *Transgender: Christian compassion, convictions and wisdom for today's big questions* (The Good Book Company, 2016)

Great introductory book setting out the Christian worldview and seeks to apply the principles to the many complex questions surrounding gender identity.

Thomas, Rick and Peter Saunders, 'Gender Dysphoria', CMF File 59 (2016). Available at <https://www.cmf.org.uk/resources/publications/content/?context=articleandid=26419>

A helpful article by Rick Thomas bringing together medical and biblical perspectives on the topic.

Townsend, Christopher, *Gender – Where next?* Jubilee Centre, 2016. Available at <http://www.jubilee-centre.org/gender-next-christopher-townsend/> (Accessed April 2018)

A brief survey of different understandings of gender, biblical reflections on the body, sex and gender, and the challenges facing Christians in the context of gender confusion.

Transgender Trend – <https://www.transgendertrend.com>

This website is run by a group of parents based in the UK, who are concerned about the current trend to diagnose 'gender non-conforming' children as transgender. They are a useful secular source questioning the current trans narrative.

True To Form (gender and sexuality), Primer Issue 3 (The Good Book Company, 2016)

Helpful essays from a variety of authors offering biblical and pastoral responses to questions about sexuality and gender.

Walker, Andrew, *God and the Transgender Debate: What does the Bible actually say about gender identity?* (The Good Book Company, 2017)

This book helps Christians understand what the Bible says about gender identity and to engage in a thoughtful way with one of the most explosive cultural discussions of our day.

Yarhouse, Mark, *Understanding Gender Dysphoria: Navigating Transgender Issues in a Changing Culture* (InterVarsity Press, 2015)

Yarhouse wrestles with the psychological and theological complexity of the trans issue offering a pastorally sensitive response.

Yarhouse, Mark, Q Ideas talk, *What is Gender Dysphoria?* Available at [https://www.youtube.com/watch?v=CMqjD\\_4KsIA](https://www.youtube.com/watch?v=CMqjD_4KsIA) (Accessed April 2018)

A short introductory talk on the latest research on gender dysphoria and a framework for how to think well about the conversation of identity.



# References

Unless otherwise stated, scripture quotations are from the Holy Bible, New International Version® Anglicized, NIV® Copyright © 1979, 1984, 2011 by Biblica, Inc.® Used by permission. All rights reserved worldwide.

<sup>i</sup> Stated by a participant in a conversation conducted by the author with a transgender support group.

<sup>ii</sup> <https://www.theguardian.com/lifeandstyle/2010/jun/02/brief-history-transgender-issues> (Accessed 30/08/18)

<sup>iii</sup> <https://www.nhs.uk/conditions/gender-dysphoria/> (Accessed 11/09/18)

<sup>iv</sup> <https://www.theguardian.com/society/2016/jul/10/transgender-clinic-waiting-times-patient-numbers-soar-gender-identity-services> (Accessed 01/11/17)

<sup>v</sup> O'Donovan, Oliver, *Resurrection and Moral Order: An Outline for Evangelical Ethics*, 2nd ed. (Eerdmans, 1994) p 5

<sup>vi</sup> *ibid*

<sup>vii</sup> Sloane, Andrew, 'Male and Female He Created them'? *Theological Reflections on Gender, Biology and Identity in Marriage, Family and Relationships: Biblical, doctrinal and contemporary perspectives*, edited by Noble, Whittle & Johnston, (IVP, 2017), p 233-4

<sup>viii</sup> Townsend, Christopher, *Gender - Where next?* Jubilee Centre, 2016. Available at <http://www.jubilee-centre.org/gender-next-christopher-townsend/> (Accessed 30/4/18)

<sup>ix</sup> Harrison, Glynn, *Who am I today? The modern crisis of identity*. Jubilee Centre, 2016. Available at <http://www.jubilee-centre.org/10178-2/> (Accessed 30/08/18)

<sup>x</sup> Yarhouse, Mark, *Understanding Gender Dysphoria: Navigating Transgender Issues in a Changing Culture*, (InterVarsity Press, 2015). Yarhouse has been critiqued by some Christians for failing to sufficiently engage trans ideology. There is concern that a therapeutic model of pastoral care, which listens to the experience of those being helped could allow that experience to unduly mould doctrine and theology.

<sup>xi</sup> Robert Gagnon, p 3, quoted in Yarhouse p 46

<sup>xii</sup> [https://go.efca.org/sites/default/files/resources/docs/2016/01/9\\_postconference\\_mark\\_yarhouse\\_notes.pdf](https://go.efca.org/sites/default/files/resources/docs/2016/01/9_postconference_mark_yarhouse_notes.pdf)

<sup>xiii</sup> Mohler, Albert, *We Cannot Be Silent* (Nelson Books, 2015) p 69

<sup>xiv</sup> Illustration from a Q Ideas podcast, Episode 039, The Transgender Conversation by Mark Yarhouse.

<sup>xv</sup> Walker, Andrew, *God and the Transgender Debate* (The Good Book Company, 2017) ch 8

<sup>xvi</sup> [www.livingout.org](http://www.livingout.org)

<sup>xvii</sup> <https://www.thegospelcoalition.org/article/the-christian-response-to-gender-dysphoria> (Accessed 30/08/2018)

<sup>xviii</sup> Evangelical Alliance Policy Commission, *transsexuality* (London: EA Policy Commission/Paternoster Press, 2000) p 84-85

<sup>xix</sup> Professor Jordan Peterson, a Canadian psychology professor at the University of Toronto, has brought this issue to prominence. "I don't recognise another person's right to determine what pronouns I use to address them... I think uttering those words makes me a tool of those motivations." <https://torontolife.com/city/u-t-professor-sparked-vicious-battle-gender-neutral-pronouns/> (Accessed 30/08/2018)

<sup>xx</sup> <https://www.independent.co.uk/news/people/muhammad-ali-death-cassius-clay-why-did-he-change-his-name-nation-of-islam-a7065256.html> (Accessed 18/10/18)

<sup>xxi</sup> <https://www.theguardian.com/world/2017/jul/09/anglican-church-vote-welcoming-transgender-people-general-synod> (Accessed 30/08/18)

<sup>xxii</sup> <http://www.telegraph.co.uk/news/2017/11/01/transgender-people-can-end-badly-damaged-says-lord-robert-winston/> (Accessed 30/04/18)

<sup>xxiii</sup> <https://digest.bps.org.uk/2018/07/23/systematic-review-puberty-suppressing-drugs-do-not-alleviate-gender-dysphoria/>

<sup>xxiv</sup> Horton, Richard, "Offline: What is medicine's 5 sigma?", *The Lancet*, Vol 385, Issue 9976, 11-17 April 2015, p 1380. Available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60696-1/fulltext#articleInformation](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60696-1/fulltext#articleInformation) (Accessed 18/10/18)

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- <sup>xliv</sup> <https://www.transgendertrend.com/wp-content/uploads/2018/02/Transgender-Trend-Resource-Pack-for-Schools.pdf> Transgender Trend is a group of parents based in the UK, who are concerned about the current trend to diagnose 'gender non-conforming' children as transgender. We would not endorse all of their report, however it is a useful counter narrative to the completely accepting approach of other resources.
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# TRANS FORMED

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