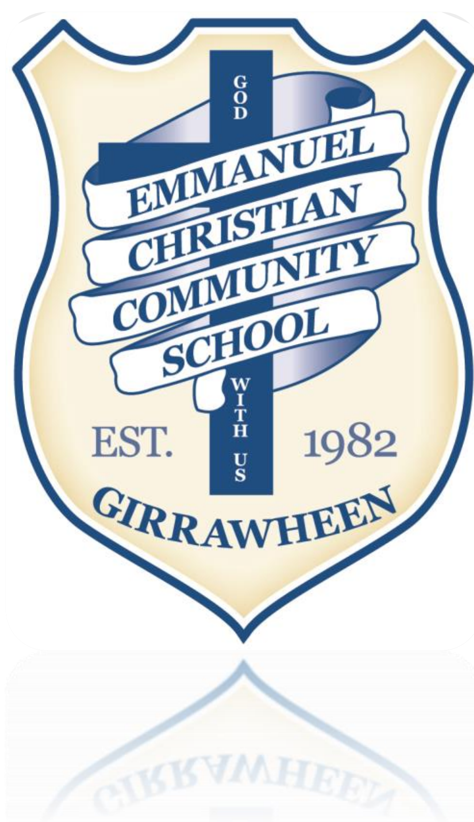
GENDER AND SEXUALITY MANAGEMENT GUIDELINES



(October 2019)

Emmanuel Christian Community School

GENDER AND SEXUALITY MANAGEMENT GUIDELINES

CONTENTS

1. Overview ... 4

2. Adoption and Review Cycle ... 4

3. Current Situation ... 4

3.1 Gender ... 4

3.2 Sexuality ... 5

4. Christian Response ... 6

5. Further Comments ... 7

5.1 Consistency and Candour ... 7

5.2 Shifting Cultural, Political and Legal Landscape ... 7

5.3 Potential for Media Engagement ... 8

5.4 Clear and Concise ... 8

5.5 Research and Underpinning Knowledge ... 8

6. Conclusion ... 9

7. Appendix 1: Gender and Sexuality Sample Statements ... 10

7.1 Written Public Statement ... 10

7.2 Verbal Public Statements ... 10

8. Appendix 2: Gender, Sexuality and Scripture ... 11

8.1 Gender and Scripture ... 11

8.2 Sexuality and Scripture ... 12

8.2.1 Sexuality and the Sin of Sodom and Gomorrah ... 12

8.2.2 Sexuality in Leviticus ... 14

8.2.3 Sexuality in the New Testament ... 15

9. Appendix 3: Gender, Sexuality and Society ... 20

10. Appendix 4: Gender, Sexuality and Science ... 24

10.1 Gender and Science ... 24

10.2 Sexuality and Science ... 41

10.2.1 What is Homosexuality? 41

10.2.2 Homosexuality and Nurture: Is Homosexuality Caused by Environmental Factors? 41

10.2.3 Homosexuality and Nature: Is Homosexuality Caused by Biology? 42

10.3 Deficiencies of Homosexuality 42

11. Appendix 5: Gender, Sexuality and Story 44

11.1 Understanding the Transgender Phenomenon 44

11.2 Sexuality and Story 49

12. Reference List 52

1. OVERVIEW

The sheer size of the shift that society and culture seems to be currently undergoing in relation to understandings of gender and sexuality is difficult to quantify. It is also difficult to determine just where this shift will settle and what implications it may have for different spheres of society, including education and schools.

With this in mind, these management guidelines have been prepared to provide leadership at Emmanuel Christian Community School with a philosophical framework in keeping with Scripture and the School's Christian worldview. They should be used to underpin policy development and set the standards and expectations for decision making in this area.

2. ADOPTION AND REVIEW CYCLE

These management guidelines and the accompanying Gender and Sexuality Policy were endorsed by the Board and its meeting of September 26 2019, and subsequently adopted by the Senior Leadership at its meeting of October 10 2019.

They are to be reviewed anually.

3. CURRENT SITUATION

3.1 Gender

In the 1960s, the word "gender" was coined to create language to distinguish "sex" as a biological category from "gender" as a set of traits or expectations that surround what it means to be male and female. In other words, "sex" was about biology and reproduction (what it means to be biologically make and female) whereas "gender" was about culture and society (what it means to be culturally masculine and feminine).[1]

In virtually every society, and throughout all of history, gender was directly connected to sex. In other words, if your sex was "male" then the culturally appropriate expression of masculinity – your gender – was also considered "male". But, since gender was culturally conditioned, its expression might differ from culture to culture. For example, Scottish culture deems it masculine for a man to wear a skirt in the form of a "kilt", whereas another culture may deem another form of dress to be appropriately masculine attire for a man (Walker 2017, Ch 3).

[1] Gender refers to the "attitudes, feelings, and behaviours that a given culture associates with a person's biological sex. Behaviour that is compatabile with cultural expectations is referred to as gender-normative; behaviours that are viewed as incompatible with these expectations constitute gender non-conformity" (American Psychological Association, 2017)

But recently a semantic shift has occurred, moving away from this understanding and usage. Professor Sarah Williams of Regent College, Vancouver, has researched this phenomenon (Williams 2017). New expressions have been introduced. We now hear and read of gender identity, gender fluidity, transgender, genderqueer, and so on. Further, existing meanings of words have undergone subtle and not so subtle changes.

Williams notes that, by the 1990s, the words “sex” and “gender” themselves began to morph and be used interchangeably. But now, over the last ten years in particular, the word “gender” has almost completely replaced the word “sex”.[2] Put another way, ideas of fluidity and changeability (normally associated with “gender” only) are now dominating discussions about biological “sex” as well.

This confusion means that we are losing the ability to talk meaningfully about what it means to be male/female and masculine/feminine.

It is therefore not surprising that we now find “sex” becoming detached from “gender”. In other words, though someone’s sex is biologically female, for example, their gender can be expressed in a whole range of ways, including the opposite gender of male.[3]

3.2 Sexuality

Sexuality is now one of the most widely-discussed and emotionally-charged issues in western society. There has also been a shift in tone, particularly in relation to homosexuality. For example, rather than desiring mere tolerance for homosexuality, there is now a demand for complete acceptance:

“We want the elimination of homophobia. We are seeking equality. Equality that is more than tolerance, compassion, understanding, acceptance, benevolence, for these still come from a place of implied superiority: favours granted to those less fortunate [….] The elimination of homophobia requires that homosexual identity be viewed as viable and legitimate and as a normal as heterosexual identity. It does not require tolerance; it requires equal footing” (Pharr 1988, 45).

Alongside this is the current change in the law in Australia in relation to same-sex marriage (SSM).
The Marriage Law Postal Survey was completed on 7 November 2017 and the survey results published on 7 November 2017.

---

[2] Profession David Haig, a biologist at Harvard University, surveyed over 30 million academic articles from 1945-2001 for the occurrence/use of the words “sex” and “gender” (Haig 2004). He found that latter use of “gender” (culturally conditioned) has begun expanding to encompass “sex” (biologically based). This development has continued to increase rapidly over the last ten years. Connected to this shift has been the influence of postmodernism which, among other things, argues that we acquire our selfhood through choices we make – we *image ourselves*. This has then led into discussions that sex/gender is arbitrary, constructed, chosen, multiform, and fluid.

[3] The list of possible genders has been given as 33 in the Australian Sex Survey conducted by Queensland University of Technology (Jager 2016). Other sources give gender options numbering into the 50s and 60s. Facebook now gives users the option to “customise” their gender (Goldman 2014).

In response to the question:
Should the law be changed to allow same-sex couples to marry?

Of the eligible Australians who expressed a view on this question, the majority indicated that the law should be changed to allow same-sex couples to marry, with 7,817,247 (61.6%) responding Yes and 4,873,987 (38.4%) responding No. Nearly 8 out of 10 eligible Australians (79.5%) expressed their view.
All states and territories recorded a majority Yes response. 133 of the 150 Federal Electoral Divisions recorded a majority Yes response, and 17 of the 150 Federal Electoral Divisions recorded a majority No response.

There is great uncertainty regarding what the implications would be of the current change in Australian marriage law to recognise same-sex marriage SSM. Certainly, the information from other nations around the world is not encouraging (see Appendix 3: Gender, Sexuality and Society – "What's Changed in Britain Since Same-Sex Marriage?").
The effect of this change in law on Religious Freedom is certainly one area that Christian Schools are closely monitoring. Currently Western Australia still has exemptions to the Equal Opportunity Act in relation to Religious Institutions.

4. CHRISTIAN RESPONSE

The concern a follower of Jesus feels when society moves in directions away from God's purposes is real. It is because we know that when this happens, it leads to a path that is diminishing, then damaging, and ultimately destructive for people, community, and society.

On occasion, the response of some to this has been marked by extremes – either aggressively imposing the Christian view or passively accepting the world's views. Put another way, some have embraced either coercion or compliance:

- an example of **coercion** would be the aggressive imposition of belief through the Inquisition in the 1200s-1500s;

- an example of **compliance** would be the passive acceptance of National Socialism by parts of the German Church in the 1930s/1940s.

But Scripture teaches neither imposing/coercing nor accepting/condoning. Rather, we find consistently in Scripture a call to both compassion and conviction – persuasive engagement with society marked by gentleness and respect (1 Peter 3:15-16). To use Jesus' words, we are to be both the "salt of the earth" (preserving influence) and the "light of the world" (illuminating presence). This approach believes that the

Christian worldview is inherently positive and enhancing for society and, by speaking and acting with both conviction and compassion, we seek to show society how this is the case.

Put another way, a "Gender and Sexuality Policy" adopted and affirmed by the School needs to strike a Biblical balance of "grace and truth". This approach reflects the way Jesus Himself is described – as being "full of grace and truth" (John 1:14, 17). As this marked Jesus, so it also ought to mark His followers. Indeed, holding this balance guards against extremes and ensures a balanced and discerning approach. For example:

- grace without truth can risk being condoning/affirming of sinful conduct;
- truth without grace can risk being condemning/accusing of sinful people.

But Jesus was neither condemning nor condoning. Indeed, an example of Jesus holding grace and truth together is when He spoke with the woman caught in adultery. His final words to her were, "Neither do I condemn you [not condemning – i.e. full of grace]; go, and from now sin no more [not condoning – i.e. full of truth]' (John 8:11)".

As the one "full of grace and truth" Jesus was neither condemning nor condoning but was both compassionate and clear – kind and candid – loving and truthful. As a consequence, the School's policy approach ought to seek to be and do the same.

5. FURTHER COMMENTS

5.1 Consistency and Candour

Detailed discussions with various educational leaders over recent months highlights the importance of consistency and candour in any adopted policy. Although many in society may not personally agree with the School's Christian stance on gender and sexuality, the fair-minded majority may have no issue with it so long as it is articulated candidly before, and applied consistently after, enrolment.

5.2 Shifting Cultural, Political and Legal Landscape

With the results now in for the Marriage Law Postal Survey and the subsequent change in the marriage law, many are expressing their view that a redefinition in the law of marriage will have far-reaching implications – including upon how gender is treated under law. Consequently, it is important to continue to monitor developments both politically and legally.

5.3 Potential for Media Engagement

It is important to acknowledge that the School's stance and policy on gender and sexuality may bring about a situation involving the media. This may take the form of interaction with and questioning by print, radio, or television media, or on a social media platform (e.g. Facebook, Twitter etc).

Consequently, in addition to the School policy on Gender and Sexuality, some public statements have been incorporated in these guidelines, both written and verbal, that may serve as a more simple and succinct but still faithful reflection of the policy (refer to Appendix 1: Gender, Sexuality and Statements).

5.4 Clear and Concise

Since it is an area of policy responding to a developing situation and so may require further development by the Board and school leadership, it is perhaps wise to keep any policy that is made public as clear but also as concise as possible. This will allow room for development and adjustment as the circumstance or situation warrants it.

5.5 Research and Underpinning Knowledge

As a further resource to assist in this, Haydn Nelson has produced four additional appendices that provide the underpinning knowledge for this policy. These appendices include:

- Appendix 2: Gender, Sexuality, and Scripture – providing the Biblical and theological framework supporting the policy.
- Appendix 3: Gender, Sexuality, and Society – demonstrating awareness of the contemporary debate and cultural change.
- Appendix 4: Gender, Sexuality, and Science – informing leadership regarding scientific knowledge regarding gender and sexuality.
- Appendix 5: Gender, Sexuality, and Story – reminding us that questions of gender and sexuality involve the stories of real people who are loved by God.

6. CONCLUSION

Finally, it appears clear that many Christian schools are only just beginning to grapple with these issues. Indeed, at the time of writing it was not clear that any schools have reached a conclusion regarding policy.

I wish to acknowledge and thank Craig Hunter, Deputy Principal and Mark Steyn, CEO of Rehoboth Christian College for their support in providing information for this document and the Gender and Sexuality policy.

Gary Harris
School Principal
24/10/2019

7. APPENDIX 1: GENDER AND SEXUALITY SAMPLE STATEMENTS

7.1 Written Public Statement

The purpose of the statements contained in section 4 of the Gender and Sexuality Policy is to compassionately and clearly outline the School's stance toward gender and sexuality. Therefore, if needed, it can serve in itself as a public statement in written form (e.g. on website, in email etc). However, if a more simple and succinct written statement was required, it might be:

> *We view every child as created by God in His image, and so we value every child. We acknowledge the significant discussions society is having about gender and sexuality. We believe we find God's best for us when we follow God's design of us. Jesus said that we are created male and female and that sex is best in a marriage between a man and a woman. As a Christian school, we seek to follow Jesus and show both the compassion and clarity that He showed about gender and sexuality.*

7.2 Verbal Public Statements

If there were verbal public statements needing to be made (e.g. TV doorstop interview etc), the previous written statement can be utilised and read out. However, it is also sometimes helpful to have brief statements prepared that not only accurately reflect the compassion and conviction of the School's policy but are also amenable to the typical TV news "sound bite". They need to be brief and memorable because TV news sound bites are 5-10 seconds long and often the only thing that is televised in a particular news story. Some possible verbal sound bite statements could include:

- *We believe every child finds God's best for them when they follow God's design of them.*
- *God loves every child and we want every child to know God's love and experience God's best.*
- *As a Christian school, we seek to follow Jesus, and He was compassionate and clear about God's heart for gender and sexuality.*
- *Jesus said that God created us as male and female and that sex is best in a marriage between a man and a woman.*

In all these contexts, it is always best to draw a clear link between Jesus and what He taught and the School and where it stands. This is still an "appeal to authority" but, because Jesus is broadly respected still by many in society, it will carry more weight than simply saying, "the Bible says".

8. APPENDIX 2: GENDER, SEXUALITY AND SCRIPTURE

8.1 Gender and Scripture

There are key Scriptural texts that address biological sex. A foundational text is:

> "So God created human beings in His own image. In the image of God He created them; male and female He created them" (Genesis 1:27 NLT)

The significance of this foundational text is further enhanced by its quotation and affirmation by Jesus Himself:

> "'Haven't you read the Scriptures?' Jesus replied. 'They record that from the beginning 'God made them male and female''" (Matthew 19:4 NLT)

> "But 'God made them male and female from the beginning of creation'" (Mark 10:6 NLT)

Every aspect of us – spiritual, intellectual, volitional, emotional, and physical – is created by God. To paraphrase New Testament theologian N. T. Wright, "we are wholes not just souls" (Wright 2008). Put another way, every aspect of us, including our bodies, is not arbitrary but intentional. God made all of us and that means our bodies matter. Since God is the Creator and we are the created, it matters what He says about His Creation.

Also, in both Old Testament and New Testament there are references made to appropriate expressions of masculinity and femininity in alignment with God's creation as male and female:

> "A woman must not put on men's clothing, and a man must not wear women's clothing. Anyone who does this is detestable in the sight of the Lord your God" (Deuteronomy 22:5 NLT)

> "Judge for yourselves. Is it right for a woman to pray to God in public without covering her head? Isn't it obvious that it's disgraceful for a man to have long hair? And isn't long hair a woman's pride and joy? For it has been given to her as a covering. But if anyone wants to argue about this, I simply say that we have no other custom than this, and neither do God's other churches" (1 Corinthians 11:13-16 NLT)

A. T. Walker comments: "Being creatures means that our highest calling and greatest pleasure is found in living in line with how God designed us. That is not to say that how God designed us is the easiest or most

popular way to live. Being creatures means that we cannot re-create ourselves in any fashion or form that we desire by a simple act of the will or the complex work of a surgeon. When we as creatures reject the Creator's blueprint, we are both rebelling against the natural order of how things objectively are, and (though it may not seem like it) we are rejecting the life that is going to be the highest good for us" (Wright 2017 Ch 5).

8.2 Sexuality and Scripture

There are many texts that address sexual expression directly. Here are some:

> "This explains why a man leaves his father and mother and is joined to his wife, and the two are united into one" (Genesis 2:24 NLT)

> "'Haven't you read the Scriptures?' Jesus replied. 'They record that from the beginning 'God made them male and female.'' And he said, 'This explains why a man leaves his father and mother and is joined to his wife, and the two are united into one. Since they are no longer two but one, let no one split apart what God has joined together'" (Matthew 19:4-6 NLT)

> "As the Scriptures say, 'A man leaves his father and mother and is joined to his wife, and the two are united into one.' This is a great mystery, but it is an illustration of the way Christ and the church are one. So again I say, each man must love his wife as he loves himself, and the wife must respect her husband" (Ephesians 5:31-33 NLT)

> "So an elder must be a man whose life is above reproach. He must be faithful to his wife. He must exercise self-control, live wisely, and have a good reputation. He must enjoy having guests in his home, and he must be able to teach" (1 Timothy 3:2 NLT)

> "Give honour to marriage, and remain faithful to one another in marriage. God will surely judge people who are immoral and those who commit adultery" (Hebrews 13:4 NLT)

Similarly, there are a number of passages that appear to address homosexuality explicitly:

8.2.1 Sexuality and the Sin of Sodom and Gomorrah

> "They shouted to Lot, 'Where are the men who came to spend the night with you? Bring them out to us so we can have sex with them!' So Lot stepped outside to talk to them, shutting the door behind him" (Genesis 19:5-6 – refer to Genesis 19:1-11 NLT)

The sin of Sodom has traditionally been understood to be homosexuality (Feinberg and Feinberg 1993, 189). Against this, some revisionist theologians have argued that:

a) **The sin was not homosexuality – it was not showing hospitality.** These theologians prefer to translate "get to know" as in "become acquainted with" and that this breached their privacy and the hospitality they were being shown by Lot. Revisionists argue that the Hebrew word ידע (*yada* – "to know") is rarely used of sexual conduct, i.e. it appears 943 times in the Old Testament and in only 15 of those occasions does it refer to sexual conduct (heterosexuality). However, this view does not fit the context of its use here:
   i. Lot's offer of women gives the passage a sexual connotation. 19:8 says that Lot's daughters had not "known a man" – this surely means more than being acquainted with a man (after all, they were acquainted with their father);
   ii. of the 15 occurrences of *yada* that refer to sexual conduct, 6 appear in Genesis and are all sexual;
   iii. the rape and murder of a woman in Judges 19 uses "know" and is clearly sexual;
   iv. Lot's description of what is intended as a "wicked thing" (19:7) is strong for a mere cultural *faux pas*.

b) **The sin was not homosexuality – it was rape.**
   i. However, while it certainly appears to be rape as depicted in the passage, it is also clearly homosexual rape.
   ii. In the context of the Pentateuch, both homosexuality and rape were sins. It was not a case of either/or but both/and.

c) **Sodom's sins mentioned elsewhere do not include homosexuality.**
   i. However, other passages do mention hypocrisy, injustice, etc. (Isaiah 1:10-17; Jeremiah 23:14), but also use language that would easily be understood as referring to sexuality gone wrong (Ezekiel 16:49-50).

      "Now this was the sin of your sister Sodom: She and her daughters were arrogant, overfed, and unconcerned; they did not help the poor and needy. They were haughty and did detestable things before me [Hebrew "abomination" – the same word used in Levituc 18:22 and 20:13]. Therefore I did away with them as you have seen" (Ezekiel 16:49-50)

      Jude 7 states that, "In a similar way, Sodom and Gomorrah and the surrounding towns gave themselves up to sexual immorality and perversion [literally, "pursued other flesh". The ESV

translate this phrase as “pursued unnatural desire”]. They serve as an example of those who suffer the punishment of eternal fire.”

d) **Jesus doesn’t mention homosexuality when He refers to Sodom.**

   i. However, Jesus says a lot about how sexuality ought to be expressed (quoting Genesis 2:24 and God’s purpose for marriage).
   ii. Other 1st Century Jewish writers such as Philo and Josephus both interpreted Genesis 19:1-11 as referring explicitly to homosexual acts. Philo (a Jew from Alexandria, Egypt) and Josephus (who lived in Israel for the first 30 years of his life and thereafter in Rome) also cite other sins such as arrogance, inhospitality, gluttony, drunkenness, adultery – all due to the extreme wealth of these cities – but include homosexuality along with these other sins.
   iii. Jesus was speaking to 1st Century Jews – Jews like Philo and Josephus – who all knew what Sodom’s sins were and that they included homosexuality.

What makes most sense of all the evidence is that homosexual conduct was simply a sexual example of a wider range of sinful conduct – that Sodom’s sins of pride, inhospitality, and social injustice were other examples alongside homosexual conduct.

As we reject God, we begin to reject God’s image in others and ourselves.

8.2.2 Sexuality in Leviticus

> “Do not practice homosexuality, having sex with another man as with a woman. It is a detestable sin” (Leviticus 18:22 NLT)

The Hebrew word תועבה (*to’evah* – “detestable sin” or “abomination”) is used almost invariably to describe moral offences (idolatry, including magic and child sacrifice; sexual offences; economic exploitation of the poor) and not ritual offences. Again, both Philo and Josephus understood this to be homosexual acts. For example, Josephus writes that “The law recognises only sexual intercourse that is according to nature, that which is with a woman, and that only for procreation of children. But it abhors the intercourse of males with males” (*Ag. Ap*. 2.199).

> “If a man practices homosexuality, having sex with another man as with a woman, both men have committed a detestable act. They must both be put to death, for they are guilty of a capital offense” (Leviticus 20:33 NLT)

"Sex in Leviticus: It's Part of a Much Broader Teaching in Scripture"
Christopher J. H. Wright
***Christianity Today*, July/August 2017**

NB: *This article appeared as a sidebar to Wright's "Learning to Love Leviticus," part of Christianity Today's July/August cover story on Grappling with the God of the Two Testaments.*

The law in Leviticus prohibiting sexual intercourse between men (18:22) comes in the same book that contains laws prohibiting foods that Israelites were to consider unclean (Ch 11). We eat shellfish today without any moral problems, so why should we treat this sex law as morally binding? Haven't we outgrown all of that Levitical law anyway? Christians who insist on the sexual laws of the Bible are being inconsistent in not keeping all the other laws too. So goes one line of argument in modern debates about homosexuality. To this, three things must be said.

First, as I note in "Learning to Love Leviticus," we no longer keep the food laws because the separation they symbolised (between Israelites and Gentiles in the Old Testament) is no longer relevant in Christ. But the ethical principles embodied in Old Testament laws on sexual relations (positive and negative) remain constant and are reaffirmed by Jesus and Paul in the New Testament.

Second, the argument would reduce the Bible to absurdity. The Ten Commandments come in the same book that commanded Israel not to climb the mountain. If we are told that we cannot with consistency disapprove of same-sex activity unless we also stop eating shellfish, then we should not condemn theft and murder unless we also ban mountaineering.

Third, and most important, the Biblical discussion of homosexual behaviour begins not in Leviticus, as if the whole argument depends on how we interpret a single Old Testament law. When Jesus was asked about divorce, He would not let the argument get stuck around the interpretation of the law. Instead He took the issue back to Genesis. That is where we find the foundational Biblical teaching about God's purpose in creating human sexual complementarity – and it is very rich. It reflects God – male and female together being made in God's image – and it provides the necessary togetherness and equality in the task of procreating and ruling the earth. This God-given complementarity is so important that God explains how it is to be joyfully celebrated and exercised – the union of marriage that is heterosexual, monogamous, non-incestuous, socially visible and affirmed, physical, and permanent (Genesis 2:24, endorsed by Jesus).

On that foundation, the rest of the Bible – in the laws and narratives, in the prophets and wisdom literature, in the Gospels and Epistles – consistently teaches that any other kind of sexual intercourse falls short of God's best will and plan for human flourishing. (And we should note that the Bible has far more to say about all forms of disordered heterosexual sexual activity, including non-marital and extramarital, than its prohibition of same-sex intercourse).

The law in Leviticus, then, must not be isolated, stuck alongside shellfish, and mocked into irrelevance. It is one small piece of a much larger and consistent pattern of whole-Bible teaching about the gift and joy and purpose and disciplines of our sexuality.

8.2.3 Sexuality in the New Testament

"But God shows His anger from heaven against all sinful, wicked people who suppress the truth by their wickedness. They know the truth about God because He has made it obvious to them. For ever since the world was created, people have seen the earth and

> sky. Through everything God made, they can clearly see his invisible qualities – His eternal power and divine nature. So they have no excuse for not knowing God.
>
> Yes, they knew God, but they wouldn't worship Him as God or even give Him thanks. And they began to think up foolish ideas of what God was like. As a result, their minds became dark and confused. Claiming to be wise, they instead became utter fools. And instead of worshiping the glorious, ever-living God, they worshiped idols made to look like mere people and birds and animals and reptiles.
>
> So God abandoned them to do whatever shameful things their hearts desired. As a result, they did vile and degrading things with each other's bodies. They traded the truth about God for a lie. So they worshiped and served the things God created instead of the Creator himself, who is worthy of eternal praise! Amen. That is why God abandoned them to their shameful desires. Even the women turned against the natural way to have sex and instead indulged in sex with each other. And the men, instead of having normal sexual relations with women, burned with lust for each other. Men did shameful things with other men, and as a result of this sin, they suffered within themselves the penalty they deserved" (Romans 1:18-27 NLT)

Paul speaks of idolatry (worship of Creator/created inverted) and then gives homosexuality as a particular example of how that inversion is seen in sexuality (sex of male/female inverted). He means that a wrong relationship between God/humans leads to a wrong relationship between humans, and goes on to list other examples: strife, envy, murder, deceit, gossip, ruthlessness, pride (Romans 1:29-32). Paul uses the Greek expression *para phusin* – "against or contrary to nature", which has the same meaning in all Hellenistic philosophy and literature, including Hellenistic Jewish writers like Josephus and Philo who used it to categorise homosexual practice as worthy of condemnation.[4]

This expression meant that humans cannot reject God from their lives or community without profoundly affecting other individuals and the rest of community. "When we are out of touch with God, we fall out of touch with each other and with ourselves" (Green, Holloway and Watson 1980, 24). Diminish → Damage → Destruction.

Revisionists argue that the neither the Old Testament or New Testament had a concept of sexual orientation, or understandings of loving, committed, covenantal same-sex unions. That is, Moses and Paul are writing about something else (for example, see Vines 2014). The primary issue with this position is that it is an argument from silence, and goes against the available historical evidence:

[4] Paul's use of *para phusin* in Romans 11:24 to refer to God's activities in grafting gentile believers, as wild olive branches, into God's cultivated olive tree presents us from saying that this expression *always* refers to immoral activity. It is the context that decides the matter, but it is precisely the context of Romans 1:26 that leads us to conclude that homosexual behaviour is immoral.

- The Old Testament says nothing about pederasty or exploitation or temple prostitution – it does not qualify these activities at all, but simply says it is wrong when men do with men what should be done with women (and vice versa). Paul does the same in Romans 1.

- The source material of ancient Greco-Roman society on homosexuality is available. It shows that every kind of homosexual relationship was known in the 1st Century – from lesbianism, orgiastic behaviour, gender-bending "marriage", lifelong same-sex companionship, as well as ideas of orientation and so on (e.g. Plato's satire *Symposium*) (Hubbard 2003). Any classicist knows that homosexuality was exceedingly common in 1st Century society.

- N. T. Wright – a classicist – writes that when he reads Plato or other accounts of homosexuality, "it seems to me they knew just as much about it as we do. In particular, a point which is often missed, they knew a great deal about what people today would regard as longer-term, reasonably stable relations between two people of the same gender. This is not a modern invention, it's already there in Plato. The idea that in Paul's day it was always a matter of exploitation of younger men by older men or whatever […] of course there was plenty of that then, as there is today, but it was by no means the only thing. They knew about the whole range of options there" (Wright, quoted in Allen Jr 2014).

Another New Testament passage that could be cited is found in 1 Corinthians 6:

> "Don't you realise that those who do wrong will not inherit the Kingdom of God? Don't fool yourselves. Those who indulge in sexual sin, or who worship idols, or commit adultery, or are male prostitutes, or practice homosexuality, or are thieves, or greedy people, or drunkards, or are abusive, or cheat people – none of these will inherit the Kingdom of God. Some of you were once like that. But you were cleansed; you were made holy; you were made right with God by calling on the name of the Lord Jesus Christ and by the Spirit of our God" (1 Corinthians 6:9-11 NLT)

Here, Paul starts to enunciate various forms of sexual immorality particularly relevant to the Corinthians:

- "indulge in sexual sin" – πορνό (*pornos* – "one who engages in sexual immorality, whether man or woman"). In some contexts, it is distinguished from an adulterer or adulteress – see verse 9 where it is contrasted with μοιχός (moichos – "adulterer").

- "Male prostitutes" – μαλακός (*malakos* – "soft to the touch", referring to effeminate males who play the sexual role of females). This is supported by use of the word by another 1st Century Jew, Philo. He

twice uses the word *malakia* in his description of the behaviour of passive homosexual partners (*hoi paschontes – On the Special Laws* 3.37-42).

- “practice homosexuality” – αρσενοκοίτης (*arsenokoites* – literally “male bedders” or “males who take other males to bed”). In some contexts it refers to males who play the male partner in homosexual intercourse, especially when contrasted with *malakos* as it is here.

- This is why the ESV translates the phrase as “those who practice homosexuality’ (the ESV also includes the footnote: “the Greek terms refer to the passive and active partners in consensual homosexual acts”).

> “We know that the law is good when used correctly. For the law was not intended for people who do what is right. It is for people who are lawless and rebellious, who are ungodly and sinful, who consider nothing sacred and defile what is holy, who kill their father or mother or commit other murders. The law is for people who are sexually immoral, or who practice homosexuality, or are slave traders, liars, promise breakers, or who do anything else that contradicts the wholesome teaching that comes from the glorious Good News entrusted to me by our blessed God” (1 Timothy 1:8-11 NLT)

In this passage:

- “sexually immoral” (verse 10) – πόρνοις (*pornois*).

- “who practice homosexuality” (verse 10) – αρσενοκοίτης (*arsenokoites* – “male partner in homosexual intercourse”, literally “male bedders” or “males who take other males to bed”). In some contexts it refers to the active male partner in homosexual intercourse in contrast with *malakos*, the passive partner (for example, 1 Corinthians 6:9 where both words appear).

Based on the evidence in Scripture, we can conclude that homosexuality is wrong in the same way that other sexual sins are wrong – they reject God’s purpose of “one man/one woman for keeps”. It is written into Creation (Genesis 2:24) and Redemption (Ephesians 5:31-32). Indeed, Paul brings them together in Ephesians 5:31:

> “As the Scriptures say, ‘A man leaves his father and mother and is joined to his wife, and the two are united into one.’ This is a great mystery, but it is an illustration of the way Christ and the church are one.”

God placed marriage as an image and a reality at the centre of Creation and Redemption; therefore, marriage, sexuality, and gender matter.

9. APPENDIX 3: GENDER, SEXUALITY AND SOCIETY

“Parents Remove Son from School in Pupil Gender Row”
***BBC Reality Check*, 11 September 2017**

The parents of a six-year-old boy have removed him from his primary school in a row over whether another pupil should be allowed to wear a dress.

Nigel and Sally Rowe said their son was confused as to why the child at the Church of England School on the Isle of Wight dressed as both a boy and a girl.

The Diocese of Portsmouth, under which the school falls, said it was required to "respect diversity of all kinds".

The couple believe the school should have consulted all parents.

Mrs Rowe told the BBC's Victoria Derbyshire programme that when they spoke with the school, which is not being identified, they were told "if a child wants to do that then we just have to accept it".

The couple said under the school's bullying policy their son faced being disciplined for misidentifying the gender of the six-year-old pupil.

Two years ago they removed their eldest son from the same school in a separate row about a different child with gender identity issues.

The Rowes say the suggestion that gender is fluid conflicts with their Christian beliefs and they are seeking a legal challenge against the school's actions.

The Christian Legal Centre, which is supporting Mr and Mrs Rowe, said the couple were being accused of "transphobic behaviour" because of their "refusal to acknowledge a transgender person's true gender".

Mr Rowe said: "I am shocked by the suggestion, especially from a church school, that just because we question the notion that a six-year-old boy can really become a girl, we are transphobic."

She added: "We believe he [the older boy] was under stress by the confusion that was caused by having a boy in his class that decided that they were going to have a girl's name and dress as a girl."

School Uniform – The Legal Position in the UK

There is no specific law dictating uniforms. Schools are free to set their own rules as long as they don't breach human rights and equality legislation; in other words, they cannot discriminate on the basis of gender, race, disability, sexual orientation or faith.

Under the Human Rights Act, schools must also make sure that no child is prevented from accessing education due to their uniform rules. It's more common for schools or employers to be challenged over dress codes when people are prevented from wearing something, for instance a hijab or a crucifix necklace, rather than because they have permitted something - in this case for a boy to wear the regulation girls' uniform.

This case is unusual because the parents taking legal action are protesting against a form of uniform being permitted rather than prohibited, and because their child is not the party being directly affected by the rules. This is likely to make their case harder to argue.

It will all come down to competing rights – for both children to freely access education and not to be discriminated against.

“What’s Changed in Britain Since Same-Sex Marriage?”
David Sergeant
***The Spectator Australia*, 17 September 2017**

Four years ago, amid much uncertainty, 400 British members of parliament voted to redefine marriage in the United Kingdom.

Then prime minister David Cameron announced that, despite having made no mention of the issue in his party’s pre-election manifesto, it would be MP’s who decided the fate of marriage.

Now, it’s Australia’s turn to choose. There’s one key difference. Unlike in Britain, it will be the people who decide.

Everyone agrees, whether they admit it or not. This is a decision of enormous significance.

Therefore, it seems sensible to analyse the consequences of the potential change, within nations in which redefinition has previously been carried out.

In the United Kingdom, it has become abundantly clear that redefinition has affected many people, across many spheres. At first glance, these spheres appeared distinct from marriage redefinition. However, subsequent changes, have proved that they are entirely intertwined.

Gender: Current Conservative Prime Minister, Theresa May, has revealed proposals to abolish the need for any medical consultation before gender reassignment. Simply filling out an official form will be sufficient. A “Ministry of Equalities” press release, explicitly announced, that the proposals were designed to: ‘build on the progress’ of same-sex marriage. Guardian journalist Roz Kaveney boasted that changing your gender is now: “Almost as simple as changing your name by statutory declaration”.

Manifestations of the “British gender revolution” are not difficult to find. Transport for London, have prohibited the use of the “heteronormative” words, such as ladies and gentlemen. Meanwhile, universities across the nation are threatening to “mark down” students, who continue to use the words “he” and “she”. Instead, “gender neutral pronouns” such as “ze”, must be uniformly applied.

Such gender-theory radicalism has delighted Stonewall, the UK’s largest LGBT lobby. Their Orwellian tagline: “Acceptance without exception”, can be seen plastered on posters and adverts. Politicians, attempt to ‘out-radical’ one another, in the race to be an original champion, in the next emancipatory front of “Trans-rights”.

Freedom of religion: Much was made in the UK, about supposed exemptions, designed to ensure that believers would always be allowed to stay true to their convictions.

Four years later, the very same people who made “heartfelt promises”, now work tirelessly to undermine them.

Equalities minister Justine Greening, has insisted that churches must be made to: “Keep up with modern attitudes”. Likewise, the Speaker of the House of Commons, a position supposedly defined by its political neutrality, had this to say: I feel we’ll only have proper equal marriage when you can bloody well get married in a church if you want to do so, without having to fight the church for the equality that should be your right’.

It became clear, during this year’s general election, just how militant the LGBT lobby have become, following marriage redefinition. The primary target was Tim Farron, leader of England’s third largest political party, the Liberal Democrats. High-profile journalists had heard that Farron was a practising Christian. In every single interview thereafter, they demanded to know. Did he personally believe homosexual sex to be a sin? He practically begged the commentariat, to allow him to keep

his personal faith and legislative convictions separate. For decades, he pointed out, he had out vocally and legislatively supported the LGBT Lobby. Likewise, he had long backed same-sex marriage, voting for it enthusiastically. This simply was no longer enough.

Shortly after the election campaign, Farron resigned. He stated that it was now impossible, for a believing Christian to hold a prominent position in British politics.

In a heartbreaking development and in spite of Britain’s “foster crisis”, aspiring foster parents who identify as religious, face interrogation. Those who are deemed unlikely to “celebrate” homosexuality, have had their dreams of parenthood scuppered. This month, Britain’s High Court, ruled that a Pentecostal couple were ineligible parents. While the court recognised their successful and loving record of adoption, they decreed that above all else: “The equality provisions concerning sexual orientation should take precedence”. How has Great Britain become so twisted? Practicing Jews, Muslims, Christians and Sikhs, who want to stay true to their religious teachings, can no longer adopt children.

Freedom of speech: In the lead-up to the Parliamentary vote, we witnessed almost incomprehensible bullying. David Burrows MP, a mild-mannered supporter of the “Coalition for Marriage”, had excrement thrown at his house. His children received death threats and their school address was published online. Similarly, “Conservative” broadcaster Iain Dale promised to, “publicly out” gay MPs, who did not vote for redefinition.

Many hardworking Brits have lost their jobs. Consider Adrian Smith, sacked by a Manchester Housing Trust, for suggesting that the state: “shouldn’t impose its rules on places of faith and conscience”. Or Richard Page, fired for gross misconduct after articulating, that children might enjoy better outcomes, were they to be adopted by heterosexual couples.

Simultaneously, contrary to “steadfast” government assurances, small businesses have been consistently targeted. Courts in Northern Ireland ruled that the Asher’s Family bakery had acted unlawfully. What crime committed by this tiny business? Politely declining to decorate a cake with a political message in support of same-sex marriage. The courts maintained that business owners must be compelled to promote the LGBT cause, irrespective of personal convictions.

Even the National Trust, a British institution with over 4.2 million members, has decided to join the bullying LGBT crusade. A message went out. Each of the Trust’s 62,000 volunteers, would be required to wear a compulsory same-sex rainbow badge. Those who said they’d rather not were told they would be ‘moved out of sight’until they were prepared to publicly demonstrate inclusive tolerance.

In retrospect, the silent majority in Britain remained silent for too long. Reflecting on redefinition, Ben Harris-Quinney, Chairman of the Bow Group think tank pondered that, “Same-sex marriage was promoted in the UK, as an issue of

supposed tolerance and equality. What we have seen, is the most unequal and intolerant outcomes of any political issue in recent history".

Children: Across the UK, "sex education" has been transformed and disfigured. TV programmes, aimed at children as young as three, promote "gender fluidity", as an enabler of thoughtfulness and individuality.

At the same time, Ministers have denied worried parents the right to withdraw their children from primary school classes. Meanwhile, "outside educators" teach children about sex positions, "satisfying" pornography consumption and how to masturbate. Concerns regarding STI's and Promiscuity, are derided as "old-fashioned".

Independent religious schools are under intense scrutiny. Dame Louise Casey, a senior government advisor, recently insisted that it is now: "Not OK for Catholic schools to be homophobic and anti-gay marriage". Ofsted, the body responsible for school-assessment, has been wildly politicised. In 2013, Prior to the redefinition of marriage, Ofsted visited Vishnitz Jewish Girls School. They passed the school with flying colours. In fact, they went out of their way to highlight the committed and attentive approach to student welfare and development. Four years later, Ofsted returned. This time, they failed the school on one issue alone. While again, noting that students were "confident in thinking for themselves", their report pointed

to the inadequate promotion of homosexuality and gender reassignment. As such, it was failing to ensure: "a full understanding of fundamental British values". It is one of an initial seven faith schools that face closure.

I mentioned that I was writing this article to a good friend in the Conservative Party, back at home. He expressed his genuine concern. Had I not considered the consequences? Did I not realise that what I said in Australia could be found when I returned to the UK? "LGBT progress is an unstoppable tide". He assured me, that it was ok for me to "privately" believe that marriage was between one man and one woman. He even *privately* agreed, that the stuff being taught in primary schools was too much.

But to say it out loud? To actually have it in print? It would blight my career and my personal relationships.

Good God. How much more important the institution of marriage and freedom of thought, religion and speech. How much more important the future of our children, than any naïve career ambitions I might harbour.

I urge every Aussie to examine the evidence, analysis the results and be clear about what you're voting for. If it was solely marriage, it would worth preserving.

It's infinitely more.

10. APPENDIX 4: GENDER, SEXUALITY AND SCIENCE

10.1 Gender and Science

A person's "sex" is biologically-based as male or female and their "gender" is culturally-constructed as masculine or feminine. What has changed is that today many now see gender as unattached to sex. Your sex may be female but that does not necessarily mean that you – as regards to your gender – are female. This leads us to the term: "gender identity" (Yarhouse 2015a 17). Gender identity is a person's self-perception of whether they are male or female, masculine or feminine. It is usually established by the age of 5 years and usually gender stereotyped by ages 7-11 years.

If someone experiences distress or inner anguish from sensing a conflict between their biological sex and their gender identity, this leads us to the term: "gender dysphoria". Gender dysphoria is a subjective sense of incongruity between birth sex and gender identity. It is a mismatch between one's biology and one's psychology – a male who feels female and vice versa.

Researchers do not yet know what causes gender dysphoria. The most popular hypothesis is brain-sex theory, which proposes that the brain maps toward male or female, which in nearly all cases corresponds with various biological indicators of sex – chromosomes, gonads, sex hormones. In rare instances, it is thought that the normal sex differentiation in utero goes in one direction (e.g. toward male) while the brain maps in another direction (e.g. toward female).

About 75% of those who experience gender dysphoria continue on to become gender-normative but about 25% become transgender. This final term, "transgender", means the state or condition of identifying or expressing a gender identity different from one's biological sex.

There can also be varying degrees of gender dysphoria, on a spectrum from mild to severe. Also, it may mean not identifying as one gender all the time (often termed "gender fluid") or not identifying as male or female at all (often termed "non-binary" or "agender"). It should also be noted that high numbers of those identifying as transgender exhibit serious mental health challenges with disproportionately higher rates of depression, suicide, and thoughts of suicide (Yarhouse 2015s Ch 3-5 – see also Yarhouse 2015b).

John Whitehall, Professor of Paediatrics at Western Sydney University, has written a lengthy, but deeply informative article detailing the lack of evidence for medical and surgical interventions with children experiencing some type of gender dysphoria. This is included below:

Gender Dysphoria and Surgical Abuse
John Whitehall
***Quadrant*, December 2016**

What astonishes me is the lack of evidence to support massive medical intervention aimed at "changing" a child's sex when such procedures are simply not necessary. The enthusiasm of ethics committees in hospitals, health regions and universities for such procedures is an ongoing mystery.

In recent years, the issue of transgender identity in children has leapt from the periphery of public consciousness to centre stage of a cultural drama played out in the media, courts, schools, hospitals, families, and in the minds and bodies of children. It is a kind of utopian religion with committed believers.

The drama is "gender dysphoria" and it is about children believing they belong to the opposite sex.[1] It is about parental anguish and commitment, court battles to instigate some therapies, laws to prevent others, cross-dressing, drugs that will block puberty, others that will transform an adolescent towards the opposite sex, pending feats of surgery that will castrate while turning a penis into an opening like a vagina, or producing a penis from a forearm in a foray into reproduction unrivalled since the days of eugenics. It is no wonder this drama is repeated on the media, especially as its players may be toddlers whose future is in the hands of the audience. Accept the pathways of "medicine", we are urged. Welcome transgender as but one hue in a natural rainbow. Or the children will kill themselves.[2]

But is this massive intrusion into the minds and bodies of children necessary? What will happen if parents do nothing but "watch and wait" while their child muses on its gender? Can the child grow out of it?

The answer astonishes. While proponents argue for massive intervention, scientific studies prove that the vast majority of transgender children will grow out of it through puberty if parents do little more than gently watch and wait. Studies vary but from 70 to 97.8 per cent of gender-dysphoric male and 50 to 88 per cent of gender-dysphoric female children have been reported to "desist" prior to the onset of puberty. This likelihood of "growing out of it" is declared in no less than the current, official Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association[3] (DSM-5), and is supported by a number of independent studies.[4] [5]

The Western medical profession boasts that it rests on "evidence-based medicine" but the tiny fraction involved with "affirmation" of gender identity in confused children is proceeding without supportive evidence for claims of high incidence, the need and safety of medical and surgical intervention, the avoidance of self-harm, and for the concept that the process will produce a happier human being in a happier society. Faith is needed for affirmation.

During a discussion on these matters, a leading endocrinologist declared to this writer, twice, that the issues of gender dysphoria are "utterly arbitrary … utterly arbitrary", and that his greatest fear was that a mistake would be made by intervention. If most gender-dysphoric children desist without treatment, the "utterly arbitrary" medical pathways are also utterly unnecessary.

How Common is Childhood Gender Dysphoria?

No one really knows because there is “an absence of formal prevalence studies”[6] [7] and estimates vary greatly. The leader of Toronto’s Transgender Youth Clinic at the Hospital for Sick Children, Dr Joey Bonifacio, says estimates based on adult dysphoria clinics range from 0.005 to 0.014 per cent for men convinced they are women and 0.002 to 0.003 per cent for women convinced they are men, but believes they are “likely modest underestimates”.[8] Bonifacio’s statistics are the same as those declared in the bible of psychiatry, DSM-5.[9]

In Australia, prominence has been given to a cross-sectional questionnaire distributed to 8500 adolescents in New Zealand (“Youth 12”) which reported 1.2 per cent answered “Yes” to the question, “Do you think you are transgender? This is a girl who feels like she should have been a boy, or a boy who feels like he should have been a girl”. 95 per cent denied being

transgender, 2.5 per cent replied they were “unsure”, and 1.7 per cent “did not understand” the question. The estimate of 1.2 per cent is promoted by leaders of the gender dysphoria service at Melbourne Children’s Hospital,[10] but the progenitors of the “Safe Schools” program appear to have inflated the figure to 4 per cent by adding the unsure 2.5 per cent.[11]

Results of such tick-in-the-box questionnaires are unreliable. According to DSM-5, childhood gender dysphoria can only be diagnosed if there is “a marked incongruence” between natal and perceived gender lasting “at least six months”, “manifested by at least six” features, including “a strong desire […] and insistence”, together with a “strong preference” for the company, clothing and toys of the opposite sex and its role in fantasy play, and associated with rejection of the stereotypes of its natal sex, including anatomy. Also, to comply with “dysphoria”, there should be “significant distress or impairment […] in functioning”.

The unreliability of such questionnaires is emphasised in the Journal of Homosexuality in its consideration of the prevalence of suicide in sexual minorities.[12] It warns that conclusions are limited because they are based on “retrospective” data, “do not effectively allow cause and effect relationships to be discerned” including “co-occurring mental disorders”, are “restricted” in the number of questions they can ask to elucidate facts and are weakened by the possibility of incomprehension of the questions.

Is it any surprise that reliability of responses from adolescents has been questioned?[13] In the New Zealand survey deemed authoritative by some in Australia, 36.5 per cent of adolescents in this land of the All Blacks declared they did not understand the question: have you ever been “hit or physically harmed by another person?”

It is false to claim 1.2 per cent of the population is transgender on the basis of the survey. That would make its prevalence rival the 1 to 3 per cent of mental retardation. It is wrong to conflate the figure to 4 per cent for the “Safe Schools” program. That would mean one in twenty-five of all children would be transgender.

A straw poll of twenty-eight generalist paediatricians with a cumulative postgraduate experience of 931 years conducted for this article reveals eight children to have been observed with gender dysphoria. Four were remembered to have had severe associated mental disorder, one associated attention deficit/hyperactivity, one had been investigated for neurological disease on the basis of strange fidgetiness, and two had suffered sustained sexual abuse. In reality, childhood gender dysphoria is a rare condition whose prevalence is unknown.

How Common are Associated Mental Problems?

There are at least four reasons why a child with gender dysphoria might have associated mental disorder. The first is that transgender is but a symptom of a general disturbance. The second is that mental disorder could be caused by gender

dysphoria. The third is it could be caused by external ostracism. The fourth would be a mixture of the above. Though studies reveal mental disorder, the cause remains elusive.

A study of Dutch children with dysphoria aged from four to eleven revealed associated psychiatric disease of at least one type in 52 per cent[14] with diagnoses including anxiety, phobias, mood disorders, depression, attention deficit and oppositional behaviour. A study by school teachers reported significant behavioural and emotional problems in about one third of 554 dysphoric Dutch and Canadian children under twelve.[15] At the first presentation to a US gender clinic of ninety-seven children with mean age of 14.8 years, 44.3 per cent had a history of psychiatric diagnoses, 37.1 per cent were

already on psychotropic medications and 21.6 per cent had a history of self-injurious behaviour.[16] In an Australian study of thirty-nine dysphoric children of mean age ten, behavioural disorders were observed in a quarter, and Asperger syndrome in one in seven.[17]

Proponents claim psychiatric problems are secondary to ostracism, but the American authors suggested gender dysphoria, itself, might be causal: “psychiatric symptoms might be secondary to a medical incongruence between mind and body”, because the symptoms tended to abate with hormone therapy.

The frequency of autism spectrum disorder in children with gender dysphoria, and the known indifference of those children to the opinion of others, would argue transgender was a symptom of an underlying disorder and not a result of ostracism. Autism has been found in 7.8 per cent of transgender children in a Dutch clinic,[18] around 13 per cent in London[19] and 14 per cent in Australia.

The answer to the question of whether dysphoria is primary or secondary is unknown and probably unknowable. This renders optimistic, if not delusional, the concept that massive intervention may secure happiness.

What is the Risk of Self-Harm and Suicide?

Risk of self-harm has been reported in gender-dysphoric children and is the argument for “treatment” and against inaction. Is self-harm another manifestation of an underlying disorder, or is it due to frustration from gender dysphoria alone, or due to ostracism? Proponents of affirmative treatment proclaim the latter and declare an “alarmingly high rate” of self-harm and suicide attempts, exemplified by highly publicised and tragic youth suicides in the US.[20]

As with most data related to gender dysphoria in children, studies are limited by lack of numbers and methodological bias, and the true rate of self-harm due to external ostracism is unknown. Other factors are very common and very important and seem neglected in the argument.

One London study retrospectively reviewed letters from referring doctors and its own notes regarding 218 gender-dysphoric children with mean age of fourteen. Of forty-one aged from five to eleven, it reported self harm in 14.6 per cent, suicidal ideation in 14.6 per cent and suicidal attempts in 2.4 per cent. Higher rates were reported in adolescents. A similar rate of ideation is reported from Canada,[21] though associated with a lower rate of self-harm or attempted suicide (17 per cent as against 6.2 per cent). As in London, rates increased with age. Neither study revealed features of self-harm and attempted suicide.

The study reported high associated rates of psychiatric co-morbidity in children under eleven: autism spectrum disorder from 12.2 to 17.1 per cent, attention deficit hyperactivity in 14.6 per cent, anxiety in 17.1 per cent, depression in 7.3 per cent and psychosis in 2.4 per cent with, on the whole, rates increasing with age. It reports bullying and abuse in almost half to two

thirds of all children but does not discuss whether it was provoked by transgender characteristics or those associated with autism, hyperactivity and psychosis.

Furthermore, though detailing living arrangements of the children, the authors do not comment on their influence, though the effect of family chaos on the mood of offspring is well known. The study found only 36.7 per cent were living with both biological parents, and 58.3 per cent "had parents who had separated". "Domestic violence was indicated" in 9.2 per cent, maternal depression in 19.3 per cent, paternal depression in 5 per cent; and parental alcohol or drug abuse in 7.3 per cent.

Nor does the study consider the significance of autism it found in 12.2 to 17.1 per cent of its children. Elsewhere, 14 per cent of children with autism aged from one to sixteen have been reported to experience suicidal ideation or attempts, suggesting a rate twenty-eight times greater than that for typical children (0.5 per cent).[22]

The New Zealand survey of adolescents ("Youth 12") deemed authoritative by some in Australia asked about "self-harm" in the previous year. Of non-transgenders 23.4 per cent replied "Yes", as did 45.5 per cent of "transgenders" but 23.7 per cent reckoned they did not understand the question. When asked about attempted suicide, 4.1 per cent of non-transgenders replied "Yes", as did 19.8 per cent of "transgenders", but 13.3 per cent declared incomprehension.

In other studies, between 19[23] and 29 per cent[24] of all adolescents are reported to have a history of suicidal ideation, and between 7 and 13 per cent to have attempted suicide; though what constitutes an attempt is not described in these studies, or in those above from London and New Zealand.

The question, then, is whether transitioning of transgender children will ultimately reduce self-harm. While Dutch experience concludes that "starting cross-sex hormones early […] followed by gender reassignment surgery […] can be effective and positive for general and mental functioning",[25] other centres report high rates of suicide in the years following reassignment.[26][27] To be fair, those reassigned in these studies did not have such a developed "pathway" for affirmation as in Holland. Nevertheless, suicide attempts after surgery have been reported to be more common than in the general population in Belgium (5.1 per cent as against 0.15 per cent)[28] and in Sweden.[29]

Conversely, regarding suicide by adolescent members of sexual minorities, the *Journal of Homosexuality* concludes that "very few suicide decedents [sic]" have been identified as having "minority sexual orientation" in studies in North America: three of 120 adolescent suicides in New York, and four of fifty-five in Quebec; and warns conclusions based on "small numbers […] must be regarded as tentative".

The conclusion of the *Journal of Homosexuality* is valid. Numbers are small and data is obscure. No one knows how often real suicide attempts occur or their relationship with internal and external factors in gender dysphoria. When I raised the issue with one experienced therapist, it was denounced as "bull****", merely a "weapon used by ideologues".

What are Personality Characteristics of Parents Bringing Children to Gender Dysphoria Clinics?

No studies are available on characteristics of parents despite numerous studies on their children. It is supposed that gender confusion in a child must deeply affect its parents, and the phrase common to those seen interviewed on television, "gut wrenching", is easy to accept. Perhaps, therefore, it is despair that is driving an increasing number of parents to start "social transition" of their child to the opposite gender before seeking medical help, under the guidance of websites and support groups and the encouragement of an enthusiastic media. Toronto's Dr Bonifacio says many have progressed far into transitioning before attending his clinic: parents are dressing and entertaining the child as the opposite sex, applying new pronouns and a new name. Such commitment, he explains, paves the way for further treatment.

A leading but nameless therapist agrees: about a third of children are already being "socialised". This therapist worries that they are at risk of being "conditioned" by parents who have become "enmeshed" to the degree of being "cheer leaders". This could lead to the child becoming "scripted" to repeat phrases that would convince therapists. One example is the declaration of a five-year-old that he was "transgender" when featuring with his mother in a recent documentary on childhood dysphoria by Louis Theroux shown on ABC television.

Becoming a "cheer leader" in therapy for a child is, of course, not uncommon. Many if not most parents become passionate for their children and are on the sidelines at soccer and in advocacy groups for advances in treatment of malignancy. But, unpleasant as it is to raise the matter, every paediatrician knows there is a tragic condition known as Munchausen syndrome in which symptoms are fabricated for some kind of benefit. In Munchausen's-by-proxy, the benefit accrues to the carer. I asked an experienced therapist whether this ever complicated gender dysphoria? Shoulders were shrugged: there are no studies. But, if mental illness affects 45.5 per cent of all Australians at some point in their lives and 20 per cent of those aged from sixteen to eighty-five will have experienced it in the previous year,[30] the relevance of Munchausen's-by-proxy in carers needs to be considered.

What is the Treatment for Childhood Gender Dysphoria?

There are three categories. The first, known as "conversion" or "reparative therapy", is the attempt to make the child more comfortable in its natal sex and to lead it away from identification with the opposite gender. In the process, the reasons for the gender dysphoria are explored with the child and its parents. The second may be called "waiting and watching" while making the child comfortable in its natal sex until it grows out of it. The third is called "affirmative therapy" and involves supporting transition to the opposite gender.[31]

"Conversion" or "reparative therapy", in which the child is orientated towards its natal sex, is anathema to transgender activists, and their political campaigns have caused it to be forbidden for minors in some states of North America. Evoking spectres of past brutal medical and societal treatment of transgender and homosexual adults, activists declare that anything less than affirmation in transgender children is inhumane, futile and may provoke suicide: transgender is fixed before and unchangeable after birth, and parents and society must accept the inevitable. The term "reparative therapy", therefore, has a pejorative, political ring to it. It is wielded more like a weapon than a description of a medical alternative.

The second involves keeping the child as happy as possible within its "own skin" or natal sex, in the expectation it will "grow out of it". It allows a child to dress and play with toys of the opposite gender but without encouragement and only in the home. It allows that a minority will "persist" into homosexuality but perceives life as a homosexual less complicated than that of transgender.

In practice, this middle option could swing towards dissuasion or affirmation. How much time should a child spend in his mother's clothes? How much effort into persuading a boy there are other interests than dolls? Depending on emphasis (or perceived emphasis as in the case of Dr Kenneth Zucker below) critics may decry "watchful waiting" as merely another form of "conversion" therapy, while others might fear too much affirmation amounts to "conditioning" towards a role from which the child may find it difficult to escape.

The third option, "affirmation" excludes the first two and commits to a "pathway" that begins with "social transitioning" and progresses to blocking puberty with drugs (Stage 1). Stage 2 follows with stimulation of cross-sex features with administered hormones, in preparation for the possibility of later surgical intervention (Stage 3).

Problems are obvious. How might a child escape the "pathway" when gender re-orientation occurs with puberty? Complications with "second transitioning" after a life as the opposite gender are easily imagined.[32] Worse, what if the child is

so intimidated by the fear of coming out again that acceptance of the “pathway” seems the only possibility? Or, what if the child has been so mentally programmed it has no idea how to live as the “opposite” sex? Tragic mistakes are possible.

Stage 1: The Blocking of Puberty

The induction of puberty begins deep in the brain where it is started by a biological clock and involves a cascade of hormones with various checks and balances. Where and how it starts are unknown, but chemical messengers ultimately

influence nerve cells in the hypothalamus to release hormones in pulsatile fashion to initiate a cascade of effects. They stimulate cells in the nearby pituitary gland to secrete other hormones that travel to stimulate the gonads to release yet other hormones that travel to evoke secondary sex characteristics.

The hormones that are secreted by the hypothalamus act on receptors on the surface of the cells in the pituitary. Their pulsatile secretion (every ninety minutes) allows time for the pituitary receptors to reset after they have fatigued themselves sending messages to the nuclei of their cells. If they are continuously stimulated the receptors become exhausted and puberty stalls. Drugs are now available that are similar to the hypothalamic hormones. If injected in slow-release form, these “puberty blockers” will exert a sustained effect, exhausting receptors and blocking puberty.

Since the 1980s these drugs have been used to block puberty when it has begun too early and, so far, no side-effects have been noted. It appears pituitary cells can recover from prolonged suppression and that hypothalamic and other upstream neurons are not damaged by their vain efforts. Activists declare that puberty blockage is “entirely reversible” (and Australian courts echo the conviction) but the international Endocrine Society is cautious, declaring passively that “prolonged pubertal suppression … should not prevent resumption” upon cessation.[33] The Society warns there are no data regarding how long it might take for active sperm and ova to appear after prolonged blockage.

Puberty is associated with psychological changes that reflect hormonal influences throughout the brain. Though used for an abnormal state since the 1980s, blockers have only been used in the presumably normal brain for gender dysphoria since the 1990s and, therefore, in neither case is the effect known in later years of life. The claim they are “completely reversible”, is not yet based on evidence. The trial is too short, the numbers too small, the effect not blinded, and there are no controls.

Puberty is blocked to “give the child more time to consider future options” and, according to Dutch pioneers in treatment of childhood gender dysphoria, should not be initiated before breasts have begun to appear in a girl around ten to eleven years of age, and testes to increase in volume in a boy a year or so later. Distress at the appearance of early signs of puberty is reckoned to indicate likelihood of “persistence” with gender dysphoria, thus aiding diagnosis and the later decision to administer cross-sex hormones. Dysphoria through puberty is believed likely to persist.

There are problems in this process: the blocked child will be left behind by its developing peers and this, by itself, may provoke distress. For example, it will be shorter. More seriously, the blocked child will be asked to approve progression to Stage 2, as if it can comprehend its massive implications. Stage 2 may have irreversible effects on fertility in both sexes, and the ability to breast-feed in a female. Is a blocked and scripted child competent to see that far into the future? Do children ever think differently when their hormones have begun to flow? This competence to understand the implications of treatment is known as Gillick Competence after the decision of an English court.[34] As it appears most children who start Stage 1 continue to Stage 2, the stakes are high for presumed Gillick Competence.

Stage 2: The Administration of Cross-Sex Hormones

Cross-sex hormone therapy means giving enough hormones of the opposite sex to evoke and sustain its characteristics. The hormones are given for life and must be monitored for side-effects including cardiovascular and thrombo-embolic disease, cancers of the opposite sex, and worsening of psychiatric disorder. By suppression of gonads, there is a slow process of chemical castration and the possibility of reproduction needs to be assisted by cryopreservation of ova and sperm.

According to international practice, cross-sex hormones may follow and then accompany blocking therapy, and be initiated around sixteen years of age. Some clinics, however, commence therapy as early as fourteen.[35]

This "earlier" trend obeys a certain logic: if the parents have already transitioned the child "socially" and, if the child might be distressed by the early signs of puberty and, if delaying puberty is likely to cause its own stress, why wait for early signs of natural puberty? Why not block that natural puberty before it appears and go straight to cross-sex hormones? Affirmation therapy is creeping earlier despite recommendations of the Endocrine Society: "Given the high rate of remission [of gender dysphoria] after the onset of puberty, we recommend against a complete social role change and hormone treatment in prepubertal children".[36]

Stage 3: Surgery

According to international guidelines, "sex realignment surgery" may be performed from eighteen years, though there are reports of it occurring earlier in private clinics.[37] Mastectomy, however, may be performed at a younger age if developing breasts increase dysphoria.

As the grandeur of realignment surgery may not be appreciated by a lay audience, it may be helpful to consider some details of the fate towards which children on affirmation therapy are headed. There are various components and not all patients progress to the final package, but the project will usually include relatively simple surgical procedures of castration, removal or augmentation of breast tissue, reduction in the size of the Adam's apple, and alteration of body hair.

Construction of alternate genitals is another matter. These surgeries are difficult, often multi-staged, fraught with complications, and limited in outcome.

Creating ersatz female genitals is easiest: an orifice is created in the perineum, lined with skin from a filleted penis and, sometimes, deepened by transplanted bowel. The scrotum forms labia. The glans is grafted above the orifice and the urethral tube is shortened.

Creating male genitals is harder. One surgeon declared that "the task assumes nearly Herculean dimensions"[38] but this underestimates the ingenuity and range of objectives while exaggerating results. Hercules was always successful: creation of a penis is not. Some patients settle for a clitoris enlarged by male hormones. Others aspire to a penetrative organ, or at least one that can deliver urine when its owner is standing. In these cases, a shaft may be attempted from tissue grafted from thigh or even forearm and stiffened with a length of bone. Reversing the biblical account of the origin of females, bone from a woman's rib may now turn her into someone with a male phallus. A glans may be fashioned from a graft of inner-skin and the tube that delivers urine may be lined with mucous membranes from the mouth. The appearance of a scrotum may be achieved by creating a sac from the labia and inserting two artificial testicles.

Though techniques are improving with practice, complications are protean. Grafts may die, holes fill in, tubes obstruct, openings appear, bones protrude, bowels perforate and germs invade but, all in all, the result may be "aesthetically and functionally pleasing" to the recipient.

What Does the Law Say in North America?

In California, in September 2012, a law was passed “to prohibit a mental health provider […] from engaging in sexual orientation change efforts […] with a patient under 18 years of age” which included “lesbian, gay, bisexual and transgender youth”. Such efforts included “efforts to change behaviours or gender expressions” which were deemed “unprofessional conduct and shall subject the provider to discipline”. The Bill cited various national organisations of paediatricians, psychologists and psychiatrists which described such activities as conversion or reparative therapies.[39]

Similar laws have been enacted in New Jersey, Illinois, Oregon and Washington and, in 2015, in Ontario, Canada. Known as “anti-reparative” and “anti-conversion” laws, they oppose any attempts to re-orientate sexuality and to suppress gender identity and expression in order “to save children’s lives”.

In effect, Barack Obama has joined the affirmation team. Responding to a petition for banning “dangerous […] conversion therapy” after a prominent suicide by a fifteen-year-old adolescent male who had sought to identify as a female and allegedly underwent “conversion” therapy at his parents’ church, the White House declared that the “Obama administration supports efforts” to ban conversion therapy for minors “because overwhelming evidence demonstrates” it “is neither medically nor ethically appropriate”.[40]

It is hard to gauge the effect of the laws. No charges have yet been laid but many therapists uncommitted to active affirmation are now reported to be unwilling to care for transgender children because they do not want the worry of the medico-legal risk. The result of their withdrawal in the face of increasing public demand is that children and their parents are funnelled towards those willing to continue or initiate the stages of transition.

One definite result of activists’ pressure and the expectation of the law in Ontario was the ultimate sacking of an international leader in management of gender dysphoria, Dr Kenneth Zucker (as discussed below) and the closure of his long-standing clinic in Toronto for allegedly practising “conversion” therapy. In turn, this sacking has brought immeasurable weight to the intimidatory effect of the law.

Ontario Bill 77 or the “Affirming Sexual Orientation and Gender Identity Act, 2015” was passed unanimously and in a “miraculously” short time according to its promoter, parliamentarian the Reverend Cheri DiNovo, who explained, “Bills may take up to years to pass but this one succeeded in only two months”. According to Wikipedia, DiNovo entered Parliament in March 2006, has been prominent in many issues including recognition of the Stalin-imposed famine on Ukraine as “genocide”, has “passed most LGBTQ legislation in Canada”, has conducted a weekly radio program, received literary awards, earned a masters degree in divinity and a doctorate in ministry from the University of Toronto, and has been a minister of the United Church since 1995. In 2001, she officiated over the first same-sex marriage in Canada.[41] Recitation of these educational achievements is relevant to some of the discussion we shared.

DiNovo is smart and at home in her conservative, stylish office in the Toronto parliament. Plainly, she could have been become the leader of her party had not ill-health intervened. Concisely, she declared the object of her law was not punitive but “instructional”: to save children’s lives, gender identity had to be affirmed. “Reparative or conversion” attempts should, therefore, be dissuaded and certainly not remunerated under the Health Insurance Act.

Moving to discussion of one of the clauses in the Act which declares the ban “does not apply if the person is capable with respect to the treatment and consents to the provision of the treatment”, DiNovo was strangely unclear. I asked at what age

a child would be deemed capable of consent to treatment. Up to what age would a child be incapable of consent and therefore at the mercy, as it were, of parents and affirmative therapists? DiNovo would not approximate, merely repeating, and now with many words, that the law was “instructional”.

More disturbing was the response of this educated lady to my question as to why active, affirmative, transitioning therapy should be applied when most affected children were going to “grow out of it”? “I did not know that,” she declared. I continued by presenting a book written by Dutch leaders in the field who attest to the majority desisting. She declared she had never heard of them! We went on to theological matters in which she declared her belief in the death and resurrection of Jesus Christ. I left perplexed. Could one so prominent not know most children would desist from transgender confusion? If she knew, could one so theological be so untruthful?

What Does the Law Say in Australia?

In February 2017, a Health Complaints Act will become law in Victoria in which complaints may be raised against fraudulent and negligent practices which will include, according to Health Minister Jill Hennessy, “conversion” therapy. She explained that the Act will:

> *provide the means to deal with those who profit from the abhorrent practice of “gay conversion therapy” […] which inflicts significant emotional trauma and damages the mental health of young members of our community. This bill will enable the new Commissioner to investigate and crack down on anyone making dangerous and unproven claims that they can “convert” gay people.*

Though she specified “gay people” and did not define age, Hennessy’s attributed declaration – “any attempts to make people uncomfortable with their own sexuality is completely unacceptable”[42] – suggests a broad intent for the law, in line with North American legislation.

More intimidating than the American laws, the Victorian Act will transfer the onus of proof to the accused, who will need “reasonable excuse” to avoid investigation after a complaint has been laid. In response to whether presumption of guilt would contravene human rights, Hennessy (tortuously) explained:

> *The reverse onus is required in relation to these offences as the “reasonable excuse” exception relates to matters which are particularly within an accused’s knowledge and introduce additional facts from the subject matter of the offence, which would be unduly onerous for a prosecution to investigate and disprove at first instance. Once the accused has pointed to evidence of a reasonable excuse, which they should have access to if the excuse is applicable, the burden shifts back to the prosecution who must prove the essential elements of the offence to a legal standard. I am of the view that there is a negligible risk that these provisions would allow an innocent person to be convicted of any of these offences. Accordingly, I am of the view that these offence provisions are compatible with the charter.*[43]

More broadly than Ontario Bill 77 which focuses on therapists receiving National Insurance funding, the Victorian Act will embrace any person or organisation beyond the classical health care providers that offer “general health services” to “maintain or improve … mental or psychological health or status”. Given the antagonism of transgender and other minority sexualities to the Christian church it can be prophesied that, sooner rather than later, a church leader advising “watchful waiting” of a transgender child will be asked for a “reasonable excuse”. The apparent suicide of seventeen-year-old Leelah Alcorn in Ohio in 2014 unleashed ferocity against the parents who had sought help in their Christian church, allegedly forcing their transgender son to undergo conversion therapy. There is the possibility of a similar backlash against pastors in Australia.

By passing these Acts, it is surprising that politicians should be aligning themselves, at least by default, with only one form of management of a medical problem. By banning "conversion/reparative therapy", they promote affirmative therapy as the single option, despite the fact children will "grow out of it".

Their punitive bias is not shared by the highest of international organisations. The international Endocrine Society acknowledges a middle path between "complete social role change and hormone treatment" on the "affirmative" end of the spectrum and punitive attempts to dissuade on the other. Implying that the large majority will desist if parents are patient, the Society recommends children should not "be entirely denied to show cross-gender behaviours or should be punished for exhibiting such behaviours". Given politicians cannot be expected to have full understanding of therapies (even DiNovo claims she has never heard the other side), their commitment must be credited to the lobbying of activists.

Success for Activists in Ontario

Transgender activists have had great success in Ontario. After sustained pressure and with Bill 77 in sight, a review was initiated of the management of child and adolescent gender dysphoria by Dr Kenneth Zucker and his colleagues at the Centre for Addiction and Mental Health (CAMH) in Toronto, who have been at the forefront of this discipline for almost four decades. The review was commissioned in February 2015, the law enacted in September, and Zucker and the unit were stood down in December. They were alleged to be performing "conversion-reparative" therapy and were presumed guilty because no evidence could be found that they were not practising in that way. In reality, Zucker was toppled and his unit closed because they were not practising affirmative therapy.

Bill 77 could not have been associated with the toppling of a therapist with greater standing. A psychologist, Zucker is Professor in the Department of Psychiatry at the University of Toronto and is internationally prominent in research, publications, experience and recognition since he began at CAMH in 1975. He has been the editor of Archives of Sexual Behavior since 2002, was a member of the American Psychological Association Task Force on Gender Identity, Gender Variance and Intersex Conditions in 2007 and, in 2008, Chair of the American Psychiatric Association Sexual and Gender Identity Disorders Work Group that developed DSM-5 from DSM-4 (on whose committee he had also served). Zucker was also a member of the committee that revised the standards of care of the World Professional Association for Transgender Health.[44] When he was dismissed, he had just been awarded a grant of close to a million dollars to study brain changes in gender-dysphoric adolescents receiving cross-sex hormones. Internationally, Zucker is almost unrivalled. Only the gender dysphoria clinic at the Vrije Universiteit Medical Center, in Amsterdam, has been as prominent as CAMH. Often, the two units have co-operated in research and publications.

For an Australian perspective on the dismissal of Zucker and his unit, consider a hypothetical sacking of the late cardiac surgeon Dr Victor Chang, and the closure of the Cardiac Unit at St Vincent's Hospital, Sydney.

Zucker was not available for discussion regarding how he and his clinic handled gender dysphoria but his concepts can be gleaned from his publications and statements attributed to him by his detractors. He described a Developmental, Biopsychosocial Model for treatment of gender dysphoria[45] based on the concept that gender identity was not "fixed" before birth but was "malleable" under the influences of external factors of varying strengths at varying stages of development. Biological factors would include innate chromosomal direction and the effects of antenatal hormones. Psychosocial factors would include attitudes and behaviour of siblings, parents, care-givers and other close associates. All the factors would combine to have particular relevance at varying ages. For example, a four-year-old girl might conclude she was a boy if she wore boys' clothing and played their games, because until seven years of age gender identity may be confused by "surface expression of gender behaviour".

Zucker and his colleagues argued that “co-occurring psychopathology” in the child and “psychodynamic mechanisms” in its family influenced gender identity, with the latter sometimes exerting an unrecognised “transfer of unresolved conflict and trauma-related experiences from parent to child”. Examples include “a girl observing her mother as bullied may self-identify as a male, while a boy observing his mother as depressed may self-identify as a female because subconsciously he wants to help his mother”. Conversely, “a mother with unresolved hostility toward men may encourage effeminacy in her son”[46]. Nevertheless, Zucker and his colleagues report that, despite external influences, most transgender children do not persist with that identity after puberty: only 12 per cent of transgender girls and 13.3 per cent of boys. They report:

> *It has been our experience that a sizable number of children and their families achieve a great deal of change. In these cases, the [gender dysphoria] resolves fully, and nothing in the children's behaviour or fantasy suggest that the gender identity issues remain problematic […] All things considered, we take the position that in such cases a clinician should be optimistic, not nihilistic, about the possibility of helping the children to become more secure in their gender identity.*[47]

Perhaps even more disturbing to transgender activists was Zucker's opinion that parents might be permitted to influence orientation of the child towards its natal gender. Declarations by Zucker that “if the parents are clear in their desire to have their child feel more comfortable in their own skin […] [and] would like to reduce their child's desire to be of the other gender, the therapeutic approach is organised around this goal”[48] became nails in his cross.

CAMH therapy included “open-ended play” to explore “underlying mechanisms” for which “surface behaviours” of gender dysphoria are symptoms, and “which can best be helped” if the reasons are understood. Limitations would be set on cross-sex play and dressing. For example, a boy might be permitted to wear at the home but persuaded against wearing them on trips to the mall. Same-sex “peer relationships” would be encouraged because they are “often the site of gender identity consolidation”. If the boy in question did not like “rough and tumble” play, less physical peers might be sought.

Zucker's management of childhood dysphoria might be summarised as “minimise stress and maximise comfort” in natal sex, in the expectation most will grow out of it. He fears labelling a child is part of “conditioning” to transgender from which return is more difficult. He cautioned parents to:

> *resist too much accommodation from [a child's] teachers. Don't let the school make him a poster child … don't let them parade him around for pink assemblies. This is his personal journey and we don't know where it is going to end up.*[49]

The latter advice is relevant for Australia. A spokesperson for the New South Wales Education Department has reported, “We have a four-year-old who is transitioning to kindergarten next year who has identified as transgender”.[50]

Zucker and his colleagues report that a number of children who “persist” with transgender identity emerge from puberty as homosexuals. They insist, “We have never advocated for the prevention of homosexuality as a treatment goal for [gender dysphoria] in children” and explain to parents, “it will be their job and ours to support the child” whatever the future holds. Some children would desist from gender dysphoria to emerge as bisexual or homosexual. Some would persist with transgender identity and pursue the pathway of hormonal and surgical intervention, but Zucker concludes this to be the least favourable option because “growing up transsexual or transgender may augur a more complicated life”.

Though not anti-gay, and involved in positive transitioning of adolescents to the opposite gender if transgender appeared inevitable, Zucker became Enemy Number One for transgender activists.[51] Their pressure and Bill 77 resulted in Zucker and his unit being dismissed for not being “in step with the latest thinking”.[52] Over 500 colleagues expressed their dismay in a petition of protest which cited Zucker's contribution to science and medical care. The signatories warned “any clinical

researcher who considers working at CAMH: in the event of a conflict with activists for a fashionable cause, CAMH might well sacrifice them [and their patients] for some real or imagined local political gain".

What Do the Courts Say in Australia?

Decisions of Australian courts have kept pace with the exponential phenomenon of gender dysphoria. As recently as 1992, in Marion's case, the High Court declared that sterilisation of a fourteen-year-old mentally retarded girl, incompetent to decide for herself, needed the court's approval as a safeguard because there was a significant risk of making the wrong decision regarding an intervention that was "non-therapeutic, irreversible, invasive and associated with grave consequences"; sterilisation should only be performed "as a last resort".[53] This conservative attitude was confirmed by the Family Court in 2004 in *Re Alex*[54] which determined that drug administration to effect transition to the opposite gender in the thirteen-year-old natal girl was a "special medical procedure" associated with "significant risks" of reversible and irreversible nature, and required the court's authorisation.

In 2013, in *Re Lucy*,[55] the court relinquished authority over Stage 1 therapy, determining it could be "appropriate" for "preventing, removing or ameliorating […] a psychiatric disorder" associated with gender dysphoria. Therefore, departmental guardians (and by inference, parents) could give consent to this therapy on behalf of the thirteen-year-old natal female who was competent to give informed consent with regard to transitioning to a male.

In that case, presiding Justice Murphy laid instructional ground by repeating with emphases the statement of an involved physician that:

> *It is important to state that the natural course of Gender Dysphoria, untreated, is that psychological stress increases over time, as the person becomes more and more disillusioned with their morphology which does not match their mindset of their assumed appropriate gender. Untreated Gender Dysphoria invariably progresses to immense disillusionment and then, to chronic depression which can often progress to major depression with significant suicidal risk.*

In both *Re Lucy* and the following *Re Sam and Terry*[56] cases the courts, however, determined their authorisation was needed for implementation of Stage 2 therapy because of the permanence of effects. Deliberation in *Re Sam and Terry* emphasised the necessary protective authority of the court for two unrelated sixteen-year-olds who were both "Gillick incompetent".

In 2013, in *Re Jamie*[57] the Full Court determined court authorisation would be needed for Stage 2 therapy if a child was Gillick incompetent but, if competent, a child could consent to Stage 2 therapy without the need for authorisation. The court declared, however, that a child's competence needed to be decided by the court "even where parents and treating doctors agree". These principles were confirmed in *Re Shane* later that year.[58]

In July this year, in *Re Quinn*[59], the Family Court extended its permission beyond the drug components of Stage 2 into the irreversible surgical components of Grade 3 by approving bilateral mastectomies in a fifteen-year-old natal female committed to male gender. Even more significantly, the court gave its authority despite the adolescent being Gillick incompetent because of associated Asperger syndrome.

Concerns with this symbiotic progress of courts and proponents of affirmation include:

The instructional declaration by Justice Murphy that untreated gender dysphoria invariably progresses to *immense* disillusion is not based on evidence.

Should courts be informed by only those committed to activist therapy?

Should courts rely on statements from a small group already involved with the transition of the patient? Is there no possibility of conflict of interest?

How can Gillick competence regarding future reproductive intent be assumed in an adolescent maintained in a pre-pubertal state? Do adolescents ever think differently when their own hormones flow?

How can irreversible, destructive surgery be permitted on an adolescent judged incompetent to understand the implications? Where is the line between transgender surgery and that for Body Identity Disorder in which the sufferer demands transformation of the physical state to satisfy the mental: for example, the removal of a normal leg in the false belief it is gangrenous?

The not-so-slow march of gender dysphoria through the judicial, medical and political institutions shows little evidence of obstruction. When will any authorisation by the court be declared unnecessary?

Obligation to consult the court rankles activists who consider it: "an expensive, time consuming and ultimately unnecessary intrusion into the complex decision making between the patient, their [sic] parents and the treating medical team [and] a form of institutional discrimination". The intervention of the court is considered unnecessary by leaders of the gender dysphoria clinic at the Royal Children's Hospital, Melbourne, because it "almost exclusively" relies on reports from the treating team regarding its client's competence.[60] They declare change is "urgently" needed given the "increasing acceptance of gender diversity being fuelled by social media and popular culture". They urge "equitable access" to all chemical blocking and cross-sex hormones and Medicare funding for "gender affirmation surgery".

Conclusion

The phenomenon of childhood gender dysphoria is exponential. Hundreds of children and their parents are reported to be consulting special clinics in Australia each year. How many undertake transitioning is unknown but the media provides regular confirmation, as do unofficial reports from schools. I attended Fort Street Boys' High, where at a recent reunion two current student leaders proclaimed the year's success to be the wearing of a dress to school by a boy, every day including graduation. A teacher from a school near my home reports five children to be undergoing transition.

Yet hardly any paediatricians recall any cases of gender dysphoria in almost 300 cumulative years of practice. Certainly, I have not seen one in fifty years of medicine. I accept cases must exist and consider them tragedies deserving as much compassion and medical care as the three cases of physical intersex I have encountered in my career.

What astonishes me is the lack of evidence to support massive medical intervention in the face of evidence that it is not necessary. I cannot help wonder how the intervention was approved by the various ethics committees in hospitals, health regions and universities when it took some students and me over a year to get approval for a study that merely asked

mothers when they introduced solid foods to their children. Ultimately, I had to give my personal phone number to all respondents of the questionnaire lest someone suffer anxiety in the middle of the night.

It is less astonishing these days that laws should be passed to ensure compliance with activists' wishes. My generation has read the books of George Orwell, and observed the imposition of utopian ideas. Orwell would appreciate many aspects of the phenomenon of gender dysphoria. In *Nineteen Eighty-Four* obedience was ensured by the watchfulness of Big Brother, whose intimidation continues.

In fifty years of medicine, I have not witnessed such reluctance to express an opinion among my colleagues. For this article, I conducted a straw poll of paediatricians whom I know. Many advised me to be very careful, to appear neutral, and not to quote them despite their strong concerns about the current "fad", hence my reference to anonymous therapists. One warned I should be prepared for him to "deny me thrice". When I reminded him that Peter went on to become a martyred follower of Jesus, there was no reply.

My motivation for writing an article is that of another physician, a leading endocrinologist, who declares evidence for intervention in gender dysphoria is "utterly arbitrary", and his great fear that mistakes would be made in consigning children to transition. I share those fears.

Lastly, I confess a family conundrum. I have a four-year-old grand-daughter who insistently, persistently and consistently declares she is a shark. Worse, she declares her name is "Bruce the Shark". Reference to DSM-5 dismays: she plays with model sharks, dresses in shark motifs, wears a shark headdress, will take herself to the corner to await fish, loves to sit before the shark ponds in aquaria and thrills to caress their tails in special ponds for children at SeaWorld in California. Not above deriving some benefit from the tragedy, her father coaxes her to finish her meals by suggesting she "eat her fish". But, dejected, he seeks my private advice: "When should we deliver her to the aquarium?"

John Whitehall is Professor of Paediatrics at Western Sydney University.

[1] Bonifacio HJ, Rosenthal SM. Gender variance and Dysphoria in Children and Adolescents. Pediatr Clin N Am. 2015. 62:1001-1016.

[2] Hiller L, Jones T, Monagle M et al. Writing themselves in 3: the third National Study on the sexual health and well being of Same Sex attracted and Gender Questioning Young People. Melbourne Australian Research Centre in Sex, Health and Society. La Trobe University. 2010 as quoted in Telfer M, Tollit M, Feldman D. Transformation of health-care and legal systems for the transgender population: The need for change. JPCH.2015. 51;1051-1053.

[3] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Fifth Edn 2013:451-459.

[4] Drummond KD, Bradley SJ, Peterson-Badali M and Zucker KJ. A follow up study of girls with gender identity disorder. Developmental Psychology. 2008;44:34-45.

[5] Wallien MS, Cohen-Kettenis PT. Psychosocial outcome of gender dysphoric children. J Am Acad Child Adolescent Psych. 2008; 47:1413-1423.

[6] Ristori J, Steensma TD. Gender dysphoria in childhood. Int Rev Psych. 2016;28 (1):13-20.

[7] Shumer D, Spack NP.Current management of gender identity disorder in childhood and adolescence: guidelines, barriers and areas of controversy. Current Opinion Endocrinology, diabetes and obesity. 2013;20(1):69-73.

[8] Bonifacio HJ, Rosenthal SM. Gender variance and Dysphoria in Children and Adolescents. Pediatr Clin N Am. 2015. 62:1001-1016.

[9] DSM-V. 2013:454.

[10] Telfer M, Tollit M, Feldman D. Transformation of health-care and legal systems for the transgender population: The need for change. JPCH.2015. 51;1051-1053.

[11] All of Us: 8.

[12] Haas A, Eliason M, Mays V et al. Suicide and Suicide Risk in Lesbian, Gay,
Bisexual, and Transgender Populations: Review and Recommendations. J Homosexual 2011;58:10-51.

[13] Fan X et al. An exploratory study about inaccuracy and invalidity in adolescent self-report surveys. Field Methods. Savon-Williams and Joyner. 2006;223: 33.

[14] Wallien MS ,Swaab H, Cohen-Kettenis PT. Psychiatric comorbidity among children with gender identity disorder. J Am Acad Child Adol Psych. 2007;46:1307-1314.

[15] Steensma TD, Zucker KJ, Kreukels BP et al. Behavioural and emotional problems on the Teacher's Report Form: a cross national, cross-clinic comparative analysis of gender dysphoric children and adolescents. J Abnorm child psycho 2014;42:635-647.

[16] Children and adolescents with gender identity disorder referred to a pediatriic medical center. Spack NP, Edwards-Leeper L, Feldman HA et al. Pediatrics. 2012;129 (3):418-425.

[17] Hewitt Jk, Paul C, Kassiannan P et al. Hormone treatment of gender identity disorder in a cohort of children and adolescents. MJA. 2012;196(9):578-581.

[18] De Vries AL, Noens IL, Cohen-Kettenis et al. Autism spectrum disorders in gender dysphoric children and adolescents. J Autiism Dev Dis. 2010;40:930-936.

[19] Holt V, Skagerberg E, Dunsford M. Young people with features of gender dyshoria: demographics and associated difficulties. Clin Child Psychol Psychiatry. 2016;164:108-118.

[20] Karasic D, Ehrensaft D. We must put an end to gender conversion therapy for kids. WIRED. 2015. Htp://www.wired.com/2015/07/must-out-an-end-gender-conversion-therapy-kids/ Accessed October 18, 2016.

[21] Aitken MA, VanderLaan DP, Wasserman MD et al. Self-harm and suicidality in children referred for Gender Dysphoria. J Am Acad Child Adol Psychiatry. 2016;55(6):513-520.

[22] Mayes SD, Gorman AA, Hillwig-Garcia J et al. Suicide ideation and attempts in children with autism. Res Autism Spec Dis. 2013;7(1):109-119.

[23] Lewinsohn PM, Rohde P, Seeley JR. Adolescent suicidal ideation and attempts: risk factors and clinical
implications. Clin Psychol Sci Pract. 1996;3:25–46.

[24] Faulkner AH, Cranston K. Correlates of same-sex sexual behavior in a random sample of Massachusetts
high school students. Am J Public Health. 1998;88:262–266.

[25] De Vries AL, Cohen-Kettenis PT. Clinical management of gender dsyphoria in children and adolescents: the Dutch approach. J Homosexuality. 2012; 59(3):301-320.

[26] Murad MH, Elamin MB, Garcia MZ, Mullan RJ, Murad A, et al. (2010)
Hormonal therapy and sex reassignment: a systematic review and meta-analysis
of quality of life and psychosocial outcomes. Clin Endocrinol (Oxf) 72: 214–231.

[27] Dhejne C, Lichtenstein P, Boman M et al. Long-Term Follow-Up of Transsexual Persons
Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. PLOS 1. 2011;6(2):e16885.

[28] De Cuypere, Elaut E, Heylens G et al. Long term follow up: psychosexual outcome of Belgian transsexuals after sex reassignment surgery. Sexologies. 2006;15:126-133.

[29] Dhejene C, Lichtenstein P, Boman M et al. Long term follow-up of transsexual persons undergoing sex reassignment surgery:Cohort study in Sweden. PLOS. 2011. http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885 Accessed. Nov 10, 16

[30] Department of Health, Australian Government. Prevalence of mental disorders in the Australian population. www. Health.gov.au/internet/publications/publishing.nsf

[31] Ristori J, Steensma TD. Gender dysphoria in childhood. Int Rev Psych. 2016;28 (1):13-20.

[32] Steensma TD, Cohen-Kettenis PT. Gender transitioning before puberty. Arch Sex Behav. 2011;40:649.

[33] Hembree WC, Cohen-Kettenis P, de Waal HA et al. Endocrine treatment of transsexual persons: an Endocrine Society Clinical Practice Guideline. 2009;94(9):3132-3154.
[34] Gillick v West Norfolk and Wisbech Area Health Authority (1986) AC 112.
[35] Shumer DE, Nokoff NJ, Spack NP. Advances in care of transgender children and adolescents. Advances in Pediatrics. 2016;63:79-102.
[36] Hembree WC et al 2009. ibid.
[37] Milrod C. How young is too young: Ethical concerns in genital surgery of the transgender MtF adolescent. J Sex Med. 2014;1:338-346.
[38] Rashid M, Tamimy M. Phalloplasty: the dream and the reality. Ind J Plastic Surgery. 2013;46(3):283-293.
[39] California Legislative Information. Senate Bill 1172. September, 2012. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120. Accessed October 18, 2016.
[40] http://www.abc.net.au/news/2015-04-09/obama-calls-for-end-to-conversion-therapy-for-lgbt-youth/6380424. Accessed Nov3, 2016.
[41] https://en.wikipedia.org/wiki/Cheri_DiNovo. Accessed October 19, 2016.
[42] Tomazin F. Zero tolerance:Andrews to crack down on gay “conversion” therapy. The Age Jan 24. 2016. http://.theage.com.au/action/printArrticle?id=1004994392. Accessed October 20, 2016.
[43] PARLIAMENTARY DEBATES (HANSARD) LEGISLATIVE ASSEMBLY FIFTY-EIGHTH PARLIAMENT FIRST SESSION Wednesday, 10 February 2016 page 94.
[44] WPATH. Standards of Care. 7th version
[45] Zucker K, Wood H, Singh D et al. Developmental, Biopsychosocial Model for treatment of children with gender identity disorder. J Homosexual. 2012;59:369-397.
[46] Long term Toronto gender identity clinic shuttered in clampdown on “reparative therapy’. https://www.lifesitenews.com/news/homosexual-activists-slam-canadian-therapist Dec 22,2015. Accessed 28/9/2016.
[47] The Bilerico Project. Daily Experiments in LGBTQ. http://bilerico.lgbtqnation.com/2015/meet_the_last_respectable_reparative_therapist. Accessed 29/9/2016.
[48] Fix Society Please Now. https://nowtoronto.com/news/leelah-alcorn-fix-society-not-trans-people/.
[49] The Globe and Mail. Gender identity debate swirls over CAMH psychologist, transgender program. Feb 14, 2016. http:licence.iccopyright.net/user. Accessed 28 September 2016.
[50] Greg Prior, Deputy Secretary of School Operations and Performance. Hansard, General Purpose Standing Committee No3 Legislative Council. 29 August 2016. P 13.
[51] Dr Kenneth’s war on transgenders. https://www.queerty.com/dr-kenneth-zuckers-war-on-transgenders. Accessed 29 September 2016.
[52] Anderssen A. Gender identity debate swirls over CAMH psychologist, transgender program. The Globe and Mail. February 14, 2016
[53] Department of Health and Community Services (NT) v JWB (Marion’s case) (1992) 175 CLR 218.
[54] Re Alex (2004) 31 Fam LR503.
[55] Re Lucy [2013] FamCA 518.
[56] Re Sam and Terry [2013] FamCA 563.
[57] Re Jamie. (2013) FamCACF 110. http://www.austlii.edu.au/au/cases/cth/FamCAFC/2013/110.html Accessed October 21/2016
[58] Re Shane [2013] FamCA 864
[59] Re Quinn (2016)FamCA617(29 July 2016)
[60] Telfer M, Tollit M, Feldman D. Transformation of health-care and legal systems for the transgender population: the need for change in Australia. JPCH.2015;51:1051-1053.

10.2 Sexuality and Science

The reality is that no single marker has yet been found that adequately explains how or what causes homosexuality. Even the researchers themselves are often wary of attempts to draw sweeping conclusions from their work. Although there may be genetic or hormonal factors connected with homosexuality, no one knows if they cause it. To give one example: does brain structure or homosexuality come first? Does one, and which one, cause the other?

The cause(s) of homosexuality appear to be multifactorial: "There is a general consensus today that no one theory of homosexuality can explain such a diverse phenomenon [….] There is no single genetic, hormonal, or psychological cause of homosexual orientation. There appears to be a variety of factors which provide a 'push' in the direction of homosexuality for some persons" (Coleman 1995 54). Below are some of the more prominent theories over recent decades.

10.2.1 What is Homosexuality?

In the entry on "Homosexuality: Ethical Aspects" in the Encyclopedia of Bioethics Vol. 2 (Kanoti and Kosnik 1978 671) a person may be considered homosexual when they sustain a, "predominate, persistent, and exclusive psychosexual attraction toward members of the same sex […] feels sexual desire for and a sexual responsiveness to persons of the same sex and who seeks or would like to seek actual sexual fulfilment of this desire by sexual acts with a person of the same sex".

There are many fluid definitions which emphasise homosexuality as a political statement, as a psychological orientation, as sexual activity only etc.

10.2.2 Homosexuality and Nurture: Is Homosexuality Caused by Environmental Factors?

This is sometimes known as the "Constructionist" viewpoint. The American Psychiatric Association removed homosexuality from its list of psychopathological disorders in 1973. Yet, a survey four years later found that 69% of psychiatrists still considered it to be a pathological adaptation in human development.

a) Family dysfunction as a cause:
    i. Arrested Development: Some consider homosexuality to be an example of "arrested development" – the therapist must assist the person to transition through to heterosexuality (Grenz 1998 16).
    ii. Relational Deficit: Some locate this arrested development in some deficit of relationship with the parent of the same sex. "One constant underlying principle suggests itself: that the homosexual – whether man or woman – has suffered from some deficit in the relationship with

the parent of the same sex; and that there is a corresponding drive to make good this deficit – through the medium of same-sex, or 'homosexual,' relationships" (Moberly 1983 2).

iii. Parental Dysfunction: Others locate it in a combination of dysfunction with both parents – the parent of the opposite sex being dominant and the parent of the same sex being passive. The classic statement being: "A dominant, aggressive, hostile, binding, but hypercritical mother […] combined with a passive, ineffectual, rejecting, indifferent father" (Schmidt 1995 92-93).

b) Some argue that homosexuality is caused by cultural or societal dysfunction. How does society view and value maleness and femaleness? Are some actions generally perceived as "sissy" or "tomboyish"? Does the male have to "win" or display "machismo"?

10.2.3 Homosexuality and Nature: Is Homosexuality Caused by Biology?

This is sometimes known as the "Essentialist" viewpoint.

a) Some argue that homosexuality derives from genetics:

i. Siblings: Some studies showed that homosexual persons are 2.5 times more likely to have homosexual siblings than heterosexuals (Pillard and Weinrich 1986; Bailey and Benishay 1993)

ii. Twins: Some studies showed that homosexuality occurred more often between fraternal twins than non-twin siblings or adopted siblings (Bailey and Pillard 1991). Another study disputed this (King and McDonald 1992).

iii. DNA: Some see causes in DNA markers in chromosomes (Hamer et al 1993).

b) Some argue that homosexuality derives from hormones:

i. Decreased testosterone: Some see this in a decreased level of testosterone during the critical period of prenatal development resulting in a "feminization" of the brain. Female homosexuality is seen as resulting from an overexposure to testosterone during the same period (McCormick and Witelson 1994)

ii. Brain structure: Others note that the anterior hypothalamus (the section of the brain that controls sexual behaviour) in homosexual men appears to resemble the anatomical form usually found in women (LeVay 1991).

10.3 Deficiencies of Homosexuality

The deficiencies of homosexuality can be argued from a common-sense perspective:

a) **Non-complementary:** The unity involved in two becoming one in marriage is reflected in the biological complementarity of male and female. In same-sex intercourse, some other body part (finger, artificial penis, mouth, anus) substitutes for the sexual organ that the other partner cannot provide. Hence, the body part that each brings to the union does not represent their unique contribution to the union – for they bring the same part.

   Even the apostle Paul in the 1st Century saw this: "Given the meaning of 'contrary to nature' (*para phusin*) and comparable expressions used by Jewish writers of the period to describe same-sex intercourse, the meaning of the phrase in Paul is clear. Minimally, Paul is referring to the anatomical and procreative complementarity of male and female. Put in more crude terms, Paul in effect argues that even pagans who have no access to the book of Leviticus should know that same-sex eroticism is 'contrary to nature' because the primary sex organs fit male to female, not female to female or male to male. Again, by fittedness I mean not only the glove-like physical fit of the penis and vagina but also clues to complementarity provided by procreative capacity and the capacity for mutual and pleasurable stimulation. These clues make clear that neither the anus, the orifice for excreting waste products, nor the mouth, the orifice for taking in food, are complementary orifices for the male member. For Paul it was a simple matter of common sense observation of human anatomy and procreative function that even pagans, otherwise oblivious to God's direct revelation in the Bible, had no excuse for not knowing" (Gagnon 2001 254-256).

b) **Non-exclusive:** By its very nature, heterosexual intercourse involves and can only involve two persons, a male and a female. It is a strong symbol of the monogamous and exclusive nature of the relationship. However, homosexual intercourse, by its very nature, is not necessarily limited to the involvement of two only. It simply cannot ritualise exclusivity.

c) **Non-procreative:** Heterosexual intercourse may bring children into being, who symbolise the union of the male and female. Homosexuality is not a union of one with another who is truly "other" and cannot bring into being children (Grenz 1998).

11. APPENDIX 5: GENDER, SEXUALITY AND STORY

11.1 Understanding the Transgender Phenomenon

Understanding the Transgender Phenomenon
Mark A. Yarhouse
Christianity Today, 8 June 2015

I still recall one of my first meetings with Sara. Sara is a Christian who was born male and named Sawyer by her parents. As an adult, Sawyer transitioned to female.

Sara would say transitioning – adopting a cross-gender identity – took 25 years. It began with facing the conflict she experienced between her biology and anatomy as male, and her inward experience as female. While still Sawyer, she would grow her hair out, wear light makeup, and dress in feminine attire from time to time. She also met with what seemed like countless mental-health professionals as well as several pastors. For Sawyer, now Sara, transitioning eventually meant using hormones and undergoing sex reassignment surgery.

Sara would say she knew at a young age – around 5 – that she was really a girl. Her parents didn't know what to do. They hoped their son was just different from most other boys. Then they hoped it was a phase Sawyer would get through. Later, two pastors told them that their son's gender identity conflicts were a sign of wilful disobedience. They tried to discipline their son, to no avail.

Sara opened our first meeting by saying, "I may have sinned in the decisions I made; I'm not sure I did the right thing. At the time, I felt excruciating distress. I thought I would take my life. What would you have me do?" The exchange was disarming.

I have worked with people like Sara for more than 16 years. Although most of my published research and clinical practice is in the area of sexual identity, I regularly receive referrals to meet with people who experience conflicts like Sara's. The research institute I direct, housed at Regent University in Virginia, published the first study of its kind on transgender Christians a few years ago. My experiences counselling children, adolescents, and adults have all compelled me to further study gender dysphoria.

From this research and counselling background, I hope to offer the Christian community a distinctly Christian response to gender dysphoria.

Defining the Terms

First, let's define our terms. "Gender identity" is simply how people experience themselves as male or female, including how masculine or feminine they feel. "Gender dysphoria" refers to deep and abiding discomfort over the incongruence between one's biological sex and one's psychological and emotional experience of gender. Sara would say she lived much of her life as a woman trapped inside a man's body. When a person reports gender identity concerns that cause significant distress, he or she may meet criteria for a gender dysphoria diagnosis.

The previous version of the American Psychiatric Association's diagnostic manual included the diagnosis "gender identity disorder." It highlighted cross-gender identity as the point of concern. The newest version refers instead to "gender

dysphoria," moving the discussion away from identity and toward the experience of distress. A lack of congruence between one's biological sex and gender identity exists on a continuum, so when diagnosing gender dysphoria, mental-health professionals look at the amount of distress as well as the amount of impairment at work or in social settings.

It is hard to know exactly how many people experience gender dysphoria. Most of the research has been on "transsexuality." The term refers to a person like Sara who wishes to or has identified with the opposite sex, often through hormonal treatment or surgery. The American Psychiatric Association estimates the number of transsexual adults as low as 0.005 to 0.014 percent of men and 0.002 to 0.003 percent of women. But these are likely underestimates, as they are based on the number of people who visit specialty clinics.

The highest prevalence estimates come from more recent surveys that include "transgender" as an option. "Transgender" is an umbrella term for the many ways people experience a mismatch between their gender identity and their biological sex. So not everyone who is transgender experiences significant gender dysphoria. Some people say their gender resides along a continuum in between male and female or is fluid. They do not tend to report as much distress. Prevalence here has ranged from 1 in 215 to 1 in 300.

This means that transgender people are much more common than those formally diagnosed with gender dysphoria, but not nearly as common as those who identity as gay or lesbian, which is 2 to 4 percent of the US population.

While on the topic of homosexuality, let me clarify that gender dysphoria and transgender issues are not about having sex or attraction to the same sex; they are about an experiential mismatch between one's psychology and one's biology. People often confuse the two, likely due to transgender being a part of the larger lesbian, gay, bisexual, and transgender (LGBT) discussion.

Psychologists and researchers don't know what causes gender dysphoria. The most popular theory among those who publish on this topic is the brain-sex theory. It proposes that the brain maps toward male or female, which in nearly all cases corresponds with various biological indicators of sex: chromosomes, gonads, and sex hormones. In rare instances, the normal sex differentiation that occurs in utero occurs in one direction (differentiating toward male, for example), while the brain maps in the other direction (toward female). Several gaps remain in the research behind this theory, but it nonetheless compels many professionals.

Recently a mother came to me, worried about her 7-year-old son. "What can we do?" she asked. "Just last week a woman at the park said something. I couldn't believe she had the nerve. I'm afraid the kids at school might do worse."

The mother noted that her son's voice inflection seemed more like a girl's and that he pretended he had long hair. Over the past weekend, he had grabbed a towel and put it around his waist and said, "Look, Mom, I'm wearing a dress just like you!"

Whether and how to intervene when a child is acting in ways typical of the opposite sex is a controversial topic, to say the least. It's important to remember that in about three of four of these cases, the gender identity conflict resolves on its own, lessening or ceasing entirely. However, about three-fourths of children who experience a lessening or resolution go on as adults to identify as gay, lesbian, or bisexual—a fact that psychologists don't fully understand at this time.

What happens to children when their gender identity conflict continues into adulthood? Psychiatrist Richard Carroll proposes that they face four outcomes: (1) live in accordance with one's biological sex and gender role; (2) engage in cross-gender behaviour intermittently; (3) adopt a cross-gender role through sex reassignment surgery; or (4) unresolved (the clinician has lost contact with the person and doesn't know what happened).

Sara pursued the third outcome. Bert pursued the second. He's a biological male who for years has engaged in cross-gender behaviour from time to time to "manage" his gender dysphoria. He wears feminine undergarments that no one apart from his wife knows about. He has grown his hair out and may wear light makeup, and this has been enough to manage his dysphoria.

Crystal pursued the first option. She has experienced gender dysphoria since childhood. It has ebbed and flowed throughout her life, but she's able to cope with it. She presents as a woman and has been married to a man for 12 years. He is aware of her dysphoria.

Few studies have shown that therapy successfully helps an adult with gender dysphoria resolve with their biological sex. This may be one reason professionals generally support some cross-gender identification in therapy.

As someone with gender dysphoria considers different ways to cope, what might the Christian community distinctly offer them?

Three Lenses

To answer this question, let me first describe three cultural lenses through which people tend to "see" gender dysphoria.

Lens #1: Integrity. The integrity lens views sex and gender and, therefore, gender identity in terms of what theologian Robert Gagnon refers to as "the sacred integrity of maleness or femaleness stamped on one's body." Cross-gender identification is a concern because it threatens to dishonour the creational order of male and female. Specific biblical passages, such as Deuteronomy 22:5 or 23:1, bolster this view. Even if we concede that some of the Old Testament prohibitions were related to avoiding pagan practices, nonetheless, from beginning to end, Scripture reflects the importance of male-female complementarity set forth in creation (Genesis 2:21–24).

The theological foundation of the integrity lens raises the same kind of concerns about cross-gender identification as it raises about homosexuality. Same-sex sexual behaviour is sin in part because it doesn't "merge or join two persons into an integrated sexual whole," writes Gagnon. "Essential maleness" and "essential femaleness" are not brought together as intended from creation. When extended to transsexuality and cross-gender identification, the theological concerns rest in what Gagnon calls the "denial of the integrity of one's own sex and an overt attempt at marring the sacred image of maleness or femaleness formed by God."

The integrity lens most clearly reflects the biblical witness about sex and gender. While it may be challenging to identify a "line" in thought, behaviour, and manner that reflects cross-gender identification, people who see through the integrity lens are concerned that cross-gender identification moves against the integrity of one's biological sex—an essential aspect of personhood.

It should be noted that some Christians do not put gender dysphoria in the same category as homosexuality. They may have reservations about more invasive procedures; however, they do put gender dysphoria or trying to manage dysphoria in the same class of behaviours that Scripture deems immoral.

Lens #2: Disability. This lens views gender dysphoria as a result of living in a fallen world, but not a direct result of moral choice. Whether we accept brain-sex theory or another account of the origins of the phenomenon, if the various aspects of sex and gender are not aligning, then it's one more human experience that is "not the way it's supposed to be," to borrow a phrase from theologian Cornelius Plantinga Jr.

When we care for someone suffering from depression or anxiety, we do not discuss their emotional state as a moral choice. Rather, the person simply contends with a condition that comes in light of the Fall. The person may have choices to make in response to the condition, and those choices have moral and ethical dimensions. But the person is not culpable for having the condition as such. Here, the parallel to people with gender dysphoria should be clear.

Those who use this lens seek to learn as much as they can from two key sources: special revelation (scriptural teachings on sex and gender) and general revelation (research on causes, prevention, and intervention, as well the lives of persons navigating gender dysphoria). This lens leads to the question: How should we respond to a condition with reference to the goodness of Creation, the reality of the Fall, and the hope of restoration?

Those drawn to the disability lens may value the sacredness of male and female differences; this is implied in calling gender dysphoria a disability. But the disability lens also makes room for supportive care and interventions that allow for cross-gender identification in a way the integrity lens does not.

Lens #3: Diversity. This lens sees the reality of transgender persons as something to be celebrated, honoured, or revered. Our society is rapidly moving in this direction. Those drawn to this lens cite historical examples in which departures from a clear male-or-female presentation have been held in high esteem, such as the Fa'afafine of Samoan Polynesian culture.

Whereas the biological distinction between male and female is considered unchangeable, some wish to recast sex as just as socially constructed as gender. To evangelicals, those who want to deconstruct sex and gender norms represent a much more radical alternative to either the integrity or disability lens.

To be sure, not everyone drawn to the diversity lens wants to deconstruct sex and gender. What is perhaps most compelling about this lens is that it answers questions about identity—"Who am I?"—and community—"Of which community am I a part?" It answers the desire for persons with gender dysphoria to be accepted and to find purpose in their lives.

A Distinctly Christian Resource

I believe there are strengths in all three lenses. Because I am a psychologist who makes diagnoses and provides treatment to people experiencing gender dysphoria, I see value in a disability lens that sees gender dysphoria as a reflection of a fallen world in which the condition itself is not a moral choice. This helps me see the person facing gender identity confusion with empathy and compassion. I try to help the person manage his or her gender dysphoria.

Even as Christians affirm the disability lens, we should also let the integrity lens inform our pastoral care. That lens represents a genuine concern for the integrity of sex and gender, and the ways in which maleness and femaleness help us understand the nature of the church and even the gospel.

Yet we should reject the teaching that gender identity conflicts are the result of wilful disobedience or sinful choice. The church can be sensitive as questions arise about how best to manage gender dysphoria in light of the integrity lens. And we can recognize that we live in a specific cultural context, and that many gender roles vary from culture to culture. When I consider how best to counsel my clients to manage their gender dysphoria, however, I add the caveat: in the least invasive way possible.

Christians can also acknowledge how the diversity lens affirms the person by providing an identity not addressed by the other two lenses. The diversity lens emphasises the importance of belonging. We must remember that the transgender and broader LGBT community are attractive because they answer the bedrock question, "Where do I belong?" Most churches want to be a community where people suffering from any "dysphoria" will feel they belong, for the church is, after all, a community of broken people saved by grace.

A few years ago, my research team at the Institute for the Study of Sexual Identity conducted the first study of its kind on transgender Christians. We collected information on 32 biological males who to varying degrees had transitioned to or presented as women. We asked many questions about issues they faced in their home, workplace, and church, such as, "What kind of support would you have liked from the church?" One person answered, "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 dysphoria] ... but learn to allow your compassion to overcome your fear and repulsion."

When it comes to support, many evangelical communities may be tempted to respond to transgender persons by shouting "Integrity!" The integrity lens is important, but simply urging persons with gender dysphoria to act in accordance with their biological sex and ignore their extreme discomfort won't constitute pastoral care or a meaningful cultural witness.

The disability lens may lead us to shout, "Compassion!" and the diversity lens may lead us to shout "Celebrate!" But both of these lenses suggest that the creational goodness of maleness and femaleness can be discarded—or that no meaning is to be found in the marks of our suffering.

Most centrally, the Christian community is a witness to the message of redemption. We are witnesses to redemption through Jesus' presence in our lives. Redemption is not found by measuring how well a person's gender identity aligns with their biological sex, but by drawing them to the person and work of Jesus Christ, and to the power of the Holy Spirit to transform us into his image.

As Christians speak to this redemption, we will be tempted to join in the culture wars about sex and gender that fall closely on the heels of the wars about sexual behaviour and marriage. But in most cases, the church is called to rise above those wars and present a witness to redemption.

Let's say Sara walks into your church. She looks like a man dressed as a woman. One question she will be asking is, "Am I welcome here?" In the spirit of a redemptive witness, I hope to communicate to her through my actions: "Yes, you are in the right place. We want you here."

If I am drawn to a conversation or relationship with her, I hope to approach her not as a project, but as a person seeking real and sustained relationship, which is characterized by empathy as well as encouragement to walk faithfully with Christ. But I should not try to "fix" her, because unless I'm her professional therapist, I'm not privy to the best way to resolve her gender dysphoria. Rather, Christians are to foster the kinds of relationships that will help us know and love and obey Jesus better than we did yesterday. That is redemption.

If Sara shares her name with me, as a clinician and Christian, I use it. I do not use this moment to shout "Integrity!" by using her male name or pronoun, which clearly goes against that person's wishes. It is an act of respect, even if we disagree, to let the person determine what they want to be called. If we can't grant them that, it's going to be next to impossible to establish any sort of relationship with them.

The exception is that, as a counsellor, I defer to a parent's preference for their teenager's name and gender pronoun. Even here I talk with the parent about the benefits and drawbacks of what they want and what their teenager wants if the goal is to establish a sustained, meaningful relationship with their child.

Also, we can avoid gossip about Sara and her family. Gossip fuels the shame that drives people away from the church; gossip prevents whole families from receiving support.

Chapters in Redemption

In some church structures, the person's spiritual life is under the care of those tasked with leading a local congregation. In this case, we have to trust church leadership to do the hard work of shepherding everyone who accepts Christ as Lord and Saviour. We trust, too, that God is working in the lives of our leaders to guide them in wisdom and discernment. We trust that meaningful conversations are taking place, and we can add our prayers for any follower of Christ.

In other church settings, it might be us as laypeople who are called into a redemptive relationship with the transgender person. After all, Christians are to facilitate communities in which we are all challenged to grow as disciples of Christ. We can be sensitive, though, not to treat as synonymous management of gender dysphoria and faithfulness. Some may live a gender identity that reflects their biological sex, depending on their discomfort. Others may benefit from space to find ways to identify with aspects of the opposite sex, as a way to manage extreme discomfort. And of course, no matter the level of discomfort someone with gender dysphoria experiences (or the degree to which someone identifies with the opposite sex), the church will always encourage a personal relationship with Christ and faithfulness to grow in Christlikeness.

Certainly we can extend to a transgender person the grace and mercy we so readily count on in our own lives. We can remind ourselves that the book of redemption in a person's life has many chapters. You may be witness to an early chapter of this person's life or a later chapter. But Christians believe that God holds that person and each and every chapter in his hands, until that person arrives at their true end—when gender and soul are made well in the presence of God.

11.2 Sexuality and Story

To My Gay Brothers and Sisters: God Wants to Give You Something Better than a Homosexual Lifestyle"
Matt Moore
***Christian Post*, 21 April 2015**

What God Doesn't Command

Like most of the gay community, I used to equate becoming a Christian with becoming straight. From my perspective, based on everything that I'd heard from the church, to follow Jesus was to pray the gay away, snatch up a wife, pop out a few kids and live a quaint Republican life in the land of suburbia.

But I'd tried that for years – the whole pray the gay away thing – and to no avail. In high school I went through a church-going spurt. Every Wednesday night I'd walk into that sanctuary and close my eyes and raise my hands and get swept up into an emotional experience, guided by the soft music and dimming lights. Prayers for straightness shot straight from my heart up to the God I believed to be all-powerful. Week after week, I sung and wept and prayed.

It didn't work.

So I get it. To the gay or lesbian person perhaps begrudgingly reading this blog, I get it. I understand why you may be hesitant to look into Christianity because you doubt you could ever be able to feel legitimate, unforced, naturally flowing heterosexual desire for someone of the opposite gender. And if you've never heard this before, I want you to hear it from me today: Jesus does not require to you be heterosexual to follow him.

What God Does Command

Now, following Christ does necessitate a reorientation in our disposition toward the sin that indwells us. The Bible is unapologetically clear that homosexual behavior is sinful and therefore if a same-sex attracted person wants to be a Christian they must deny their ungodly same-sex desires – just as all Christians have to deny a wide variety of ungodly desires. But following Christ does not mean that same-sex desires, or any other sinful desires common to all mankind, will disappear while we still dwell in fallen bodies. In the age to come, when the fullness of Christ's redeeming work is applied to us and we receive glorified bodies, all of our sinful inclinations will be forever vanquished. But until then, Christians will continue to wrestle with the remaining sin that indwells them.

You might say, "So, Matt. You're saying that Jesus knows I didn't choose these feelings and he doesn't call me to be straight – that's great. But you're basically telling me he's calling me to not act out on my homosexual desires and just be celibate, instead? That doesn't sound like a much better option…"

Yes, that's basically what I'm saying. Romance and sex are only to be enjoyed in the context of a one man + one woman relationship and if that isn't possible for someone, the only other biblical option is singleness and celibacy. Personally, my sexuality is still 99.999999% homosexual and because of that, I have embraced singleness and celibacy for most of the past five years. And I'm fully aware that this may be the state of my life for the rest of my life.

You might respond to that with, "But Matt, even the Bible you believe in says it's not good for man to be alone" – and I would totally agree. It surely does say that. But why do people automatically equate singleness with loneliness? I have been single since 2010, yet I am far from alone. If there were ever a faith with a solid family dynamic designed into it, Christianity is it. I have felt less lonely and more embraced by others as a single Christian than I ever did as a dating non-Christian. Same-sex attracted person, if you decide to follow Jesus and obey his command to do that alongside a local church, you will not be alone. You will sleep alone, do laundry alone, and sometimes eat alone – but you will not be truly alone. If you will give yourself to the life of a local body of believers, God will provide Christians for you right and left to "do life" with.

You may also say, "But Matt, if I come follow Christ and never develop heterosexual feelings, I may never have sex again…" That's true, as well. But contrary to what our sex-crazed culture teaches us, sex is not a necessary component to living a full, healthy, and satisfied life. Life without sex is challenging, yes. I'm not going to pretend that some days aren't extremely difficult. But when push comes to shove, I can do without it. Lots of people throughout history have done without it – including Jesus. And to add, this current world and system in which we live is temporary. The renewed, perfect world that will be ushered in by King Jesus will be the lasting and eternal world and in that place there will be no marriage… and consequently, no sex. Sex is an incredible gift if practiced within biblical parameters, but at the end of the day it is a temporary reality. The day we die or the day Jesus returns – whichever comes first – will be the last day any of us will ever desire sex. So I urge you, same-sex attracted person, live for something bigger than sex.

The Gift of God

So why do it? Why follow Jesus when it costs so much? Why believe in a God who would demand that we sacrifice to such a degree? There are factions in western church culture where monogamous homosexual relationships are affirmed. Why not just embrace their revisionist theology and have it all – God and a gay relationship?

The answer is pretty simple: being in relationship with the true, living God of the Bible through his Son, Jesus Christ, is what you're made for. You aren't designed to find your sense of fulfilment or identity or purpose in anything or anyone else but God, himself. Your life is utterly broken – whether you want to admit it or not – because you've wilfully separated yourself from the only Source that brings wholeness and fullness to the human life. You are designed to find yourself, complete yourself, and lose yourself in God. Knowing him is the ultimately satisfying life. You may legitimately feel, in your hard heartedness and unbelief, that true satisfaction is found elsewhere. But I promise you that it's not. It is found in the very Person that you've been avoiding.

God wants to give same-sex attracted people what they need most and will enjoy most and that is not romance or heterosexuality, but God. God wants to give us God. The whole reason God the Son came to into our world to live and die in our stead was not merely to save us from hell, but to grant us the invaluable gift of knowing God. When we trust in the person and redeeming work of Jesus and are cleared of the rightful condemnation that hangs over our heads, God's Spirit immediately begins to work in the deadness of our souls to enable us to begin to see and feel the all-satisfying beauty that God is.

The Christian life can probably best be described, in my opinion, as a relentless and pleasurable chase after the person of God – empowered by the Spirit of God – that leaves us both deeply satisfied and yearning for more. We will chase after him, seeing more and more and more of his beauty and glory and awesomeness, for all of eternity. This may sound "boring" to the person that's yet to experience the life of God, but take my word for it: there is nothing more exhilarating than being in genuine relationship with the true God through Jesus Christ. And that, my friends, is exactly what he wants to give you. God wants to give you Himself. Will you let Him?

“This is the love of God: doing everything necessary, most painfully in the death of his Son, to enthral us with what is most deeply and durably satisfying – namely, himself” – John Piper.

12. REFERENCE LIST

Allen Jr., John L. "Interview with Anglican Bishop N. T. Wright of Durham, England". *National Catholic Reporter* 21 May. Available at http://www.nationalcatholicreporter.org/word/wright.htm (Last accessed 16 October 2017)

American Psychological Association (APA). 2017. "Definitions of Terms in APA Documents Related to Sexual Orientation and Gender Diversity" (PDF document). *APA LGBT Resources and Publications – General Audience Resources.* Available at http://www.apa.org/pi/lgbt/resources/ (Last accessed 16 October 2017).

Bailey, J. M. and D. S. Benishay. 1993. "Familial Aggregation of Female Sexual Orientation". *American Journal of Psychology* 150(2): 272-277.

Bailey, J. M. and R. C. Pillard. 1991. "A Genetic Study of Male Sexual Orientation". Archives of General Psychiatry 48(12): 1089-1096.

BBC Reality Check. 2017. "Parents Remove Son from School in Pupil Gender Row". *BBC News* 11 September. Available at http://www.bbc.com/news/uk-england-hampshire-41224146 (Last accessed 17 October 2017).

Coleman, G. D. 1995. *Homosexuality: Catholic Teaching and Pastoral Practice*. New York: Paulist Press.

Feinberg, John S. and Paul D Feinberg. 1993. *Ethics for a Brave New World*. Wheaton, ILL: Crossway.

Gagnon, Robert A. J. 2001. *The Bible and Homosexual Practice: Texts and Hermeneutics*. Nashville: Abingdon Press.

Goldman, Russell. 2014. "Here's a List of 58 Gender Options for Facebook Users". ABC News 13 February. Available at http://abcnews.go.com/blogs/headlines/2014/02/heres-a-list-of-58-gender-options-for-facebook-users/ (Last accessed 16 October 2017).

Green, M., D. Holloway and D. Watson. 1980. *The Church and Homosexuality: A Positive Answer to the Current Debate*. London: Hodder and Stoughton.

Grenz, Stanley J. 1998. *Welcoming but Not Affirming: An Evangelical Response to Homosexuality*. Louisville, KY: Westminster John Knox Press.

Haig, David. 2004. “The Inexorable Rise of Gender and the Decline of Sex: Social Change in Academic Titles, 1945-2001”. *Archives of Sexual Behaviour* April 33(2): 87-96. Available at https://www.ncbi.nlm.nih.gov/pubmed/15146141 (Last accessed 16 October 2017).

Hamer, C. H. et al. 1993. “Linkage between DNA Markers on the X Chromosome and Male Sexual Orientation”. *Science* 261: 321-327.

Hubbard, Thomas K (ed). *Homosexuality in Greece and Rome: A Sourcebook of Basic Documents*. Berkeley, CA: University of California Press.

Jager, Chris. 2016. “Explained: The 33 Gender Identities Recognised by the Australian Sex Survey”. *Lifehacker,* 29 July 12:45pm. Available at https://www.lifehacker.com.au/2016/07/explained-the-33-gender-identities-recognised-by-the-2016-australian-sex-survey/ (Last accessed 16 October 2017).

King, M. and E. McDonald. 1992. “Homosexuals Who Are Twins: A Study of Forty-Six Probands”. *British Journal of Psychiatry* 160: 407-409.

LeVay, S. 1991. “A Difference in Hypothalmic Structure between Heterosexual and Homosexual Men”. *Science* 253: 1034-1037.

McCormick, C. M. and S. F. Witelson. “Functional Cerebral Asymmetry and Sexual Orientation in Men and Women”. *Behavioural Neuroscience* 108(3): 525-531.

Moberly, Elizabeth R. 1983. *Homosexuality: A New Christian Ethic*. Cambridge: James Clarke and Co.

Moore, Matt. 2015. “To My Gay Brothers and Sisters: God Wants to Give You Something Better than a Homosexual Lifestyle”. *The Christian Post* 21 April. Available at http://www.christianpost.com/news/to-my-gay-brothers-and-sisters-god-wants-to-give-you-something-better-than-a-homosexual-lifestyle-137919/ (Last accessed 17 October 2017).

Pharr, Suzanne. 1988. *Homophobia: A Weapon of Sexism*. Inverness, CA: Chardon Press).

Pillard, R. C. and J. D. Weinrich. 1986. “Evidence of Familial Nature of Male Homosexuality”. *Archives of General Psychiatry* 43(8), 808-812.

Schmidt, Thomas E. 1995. *Straight and Narrow? Compassion and Clarity in the Homosexual Debate*. Downers Grove, ILL: InterVarsity Press.

Sergeant, David. 2017. "What's Changed in Britain Since Same-Sex Marriage?" *The Spectator Australia*, 7 September. Available at https://www.spectator.com.au/2017/09/whats-changed-in-britain-since-same-sex-marriage/ (Last accessed 17 October 2017).

Vines, Matthew. 2014. *God and the Gay Christian: The Biblical Case in Support of Same-Sex Relationships*. New York: Convergent Books.

Walker, A. T. 2017. *God and the Transgender Debate: What Does the Bible Actually Says about Gender Identity?* The Good Book Company.

Whitehall, John. 2016. "Gender Dysphoria and Surgical Abuse". *Quadrant Online*, December. Available at https://quadrant.org.au/magazine/2016/12/gender-dysphoria-child-surgical-abuse/ (Last accessed 17 October 2017).

Wright, Christopher J. H. 2013. "Learning to Love Leviticus". *Christianity Today* 22 July. Available at http://www.christianitytoday.com/ct/2013/july-august/learning-to-love-leviticus.html (Last accessed 16 October 2017).

Wright, N. T. 2008. *Surprised by Hope: Rethinking Heaven, the Resurrection, and the Mission of the Church*. New York: HarperCollins Publishers.

Yarhouse, Mark A. 2015a. *Understanding Gender Dysphoria: Navigating Transgender Issues in a Changing Culture*. Downers Grove, ILL: IVP Academic.

Yarhouse, Mark A. 2015b. "Understanding the Transgender Phenomenon". *Christianity Today* 8 June. Available at http://www.christianitytoday.com/ct/2015/july-august/understanding-transgender-gender-dysphoria.html (Last accessed 17 October 2017).