

TRANS FORMED



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

2nd edition

evangelical alliance
together making Jesus known



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01

**Why this?
Why now?**

Why this? Why now?



If you have met one transgender person you have met one transgender person. No two experiences are the same.¹

Jesus loved people. The four gospels, the accounts of Jesus' life, are all full of stories of Him encountering people. He sought out some of the most marginalised in society and made time for them. His love knew no bounds, even though He didn't always agree with those He met.

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

The term 'transgender' was not coined until 1971, and 'trans' (a British term,) was not until 1996.² However, there are historical records of those identifying as a third gender, eunuchs or, in various ways, contravening gender boundaries. Despite this long history, in recent years, the trans conversation has shifted quickly, raising new issues and questions for Christians and others.

The conversation has shifted since the first edition of this resource was published in 2018. Trans rights were for many years on

the fringes, but they are now at the centre of a contested cultural conversation. Should LGB include the T? Should trans athletes be able to compete in women's sport? Should single-sex spaces be protected? Why are waiting lists for gender identity services growing so rapidly and what is the appropriate form of treatment? There have been heated debates surrounding the use of preferred pronouns, the appropriateness of puberty blockers and the protection of gender-critical beliefs. JK Rowling, the Harry Potter author, has been outspoken in supporting women's rights, along with other voices, such as former swimmer Sharron Davies and academic, Dr Kathleen Stock.

In 2020, NHS England commissioned the Cass Review after a sharp rise in the number of patients referred to the NHS who were questioning their gender. The final report was published in 2024 and highlighted the toxicity of the debate around gender and the remarkably weak evidence for medical interventions. Several court cases have also established legal protection for 'gender-critical' beliefs.

This short resource updates the 2018 edition and seeks to help Christians, as individuals and gathered communities, begin to understand and respond well to transgender individuals and the broader ideological movement. It is designed to help work out our Christian understanding of what it is to be human practically, compassionately and truthfully. The risk in attempting to be concise is that nuance is lost. To try to avoid this we signpost further resources at the end of this guide.

Tim's story

“I travelled to Brighton with a Da and came back with my other Ma.”

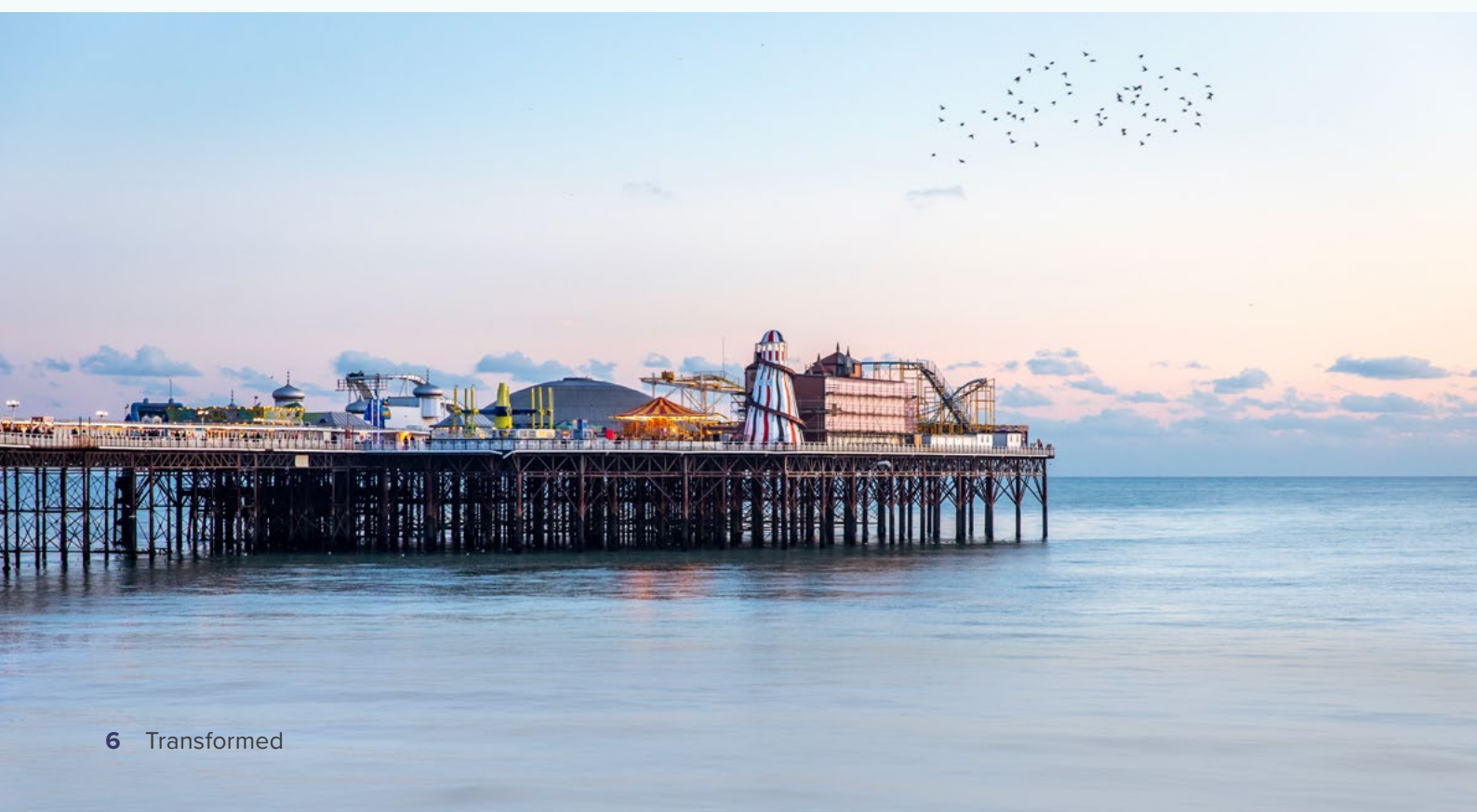
Tim is the pastor of a thriving community church. In 2012, his dad asked to have a conversation with him. It was clear it was serious; his dad had been struggling with health issues, which Tim understood to be stress related. He thought his dad was going to tell him he was terminally ill.

As they sat across the kitchen table, his dad looked Tim in the eye and said that all his life he had felt like a woman trapped in a man's body. He would no longer be living with Tim's mother, and he would be changing his name from Stephen to Stephanie (changed for anonymity). His dad explained the process of living as a woman, taking cross-sex hormones, and

that after 6–12 months he would pursue gender reassignment surgery. Tim was shocked, but his immediate response was that he had to journey with his dad and stick with him.

Tim discovered that his mum had known for 34 years, that his dad had been cross-dressing. They had been supported by social and medical services for 19 years for mental health issues and trying, in their words, to find a cure. As Tim processed everything, he felt angry that the family had been let down, not only by their dad, but also by the support services that had failed to engage with those who would be massively impacted by his dad's decision.

Tim's mum felt robbed of a life, having chosen to stick by him through everything, only for him to end up leaving her. She joked, “He left me for another woman –





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

himself.” But behind the humour, her world was turned upside down as she grieved the loss of someone who wasn’t dead but in many ways was dead to her. She still doesn’t go out very often, paralysed by fear and shame. Tim’s sister refuses to talk about it at all.

When we discussed names and pronouns, Tim smiled and said: “It’s complicated. In order to honour Stephanie, if Stephanie were here now, I would introduce Stephanie as Stephanie, but in the context of the three of us having a conversation, I would say Daddy, because primarily that is the foundation of our relationship. He is my dad, but to honour where he or she is at I would always say this is Stephanie.”³ Tim talks about the balance between honouring and affirming – he speaks of Stephanie, but generally uses male pronouns in our conversation.


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

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

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

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

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



02

Trans?

Trans?

There is no one trans experience. Instead, it is best understood as an umbrella term for those who experience their gender identity differently from their biological sex. However, there remains a great deal of confusion and ambiguity in our culture. Firstly, it is helpful to distinguish between intersex⁴ and transgender experiences. Those born with intersex conditions are diagnosed and treated separately from those who are trans and the two should not be conflated. Secondly, trans is used to describe those with gender dysphoria, those who experience some level of gender incongruence, and those who are part of a wider ideological movement. The ambiguity in meaning often causes confusion in conversation.

Gender dysphoria is a rare medical condition previously called gender identity disorder. According to the NHS it “describes a sense of unease that a person may have because of a mismatch between their biological sex and gender identity.”⁵ There is no agreed understanding as to how or why gender dysphoria occurs, nor is there clear diagnostic criteria. There is debate as to how many people are affected however, research from the BMJ suggests 0.03% of the population in the UK have spoken to their GP about gender dysphoria – approximately 25,000 patients.⁶ Between 2005 and 2021, 6,010 people were issued with Gender Recognition Certificates in the UK – which allows them to change their legal gender.⁷

Gender incongruence to a degree could be a short phase or last much longer, but the incongruence or mismatch is not sufficient to cause the level of distress required for a diagnosis of gender dysphoria. The person could present as transgender or maintain their birth sex. In the 2021 census in England and Wales, 262,000 people (0.5% of the population) indicated that their gender identity was different from their sex registered at birth.⁸ Approximately 50,000 identified as a trans man, 50,000 as a trans woman, 30,000 as non-binary, 18,000 wrote a different gender identity and most didn't specify.



The wider **transgender movement** is more difficult to define. A person does not need to experience dysphoria or have any intention of permanently transitioning to call oneself trans. The movement is supported by people who are not trans, known as allies. The movement is heavily influenced by queer theory which suggests that gender is fluid, flexible and subject to change. There are those who identify as transgender who reject parts of the broader ideological movement, while the trans movement has fed into issues surrounding identity politics and led to the 'no platforming' of those who disagree.

As the movement grows it includes many

contradictory ideas, for example, if a person has male genitalia but feels they are a woman, this mismatch only makes sense on a binary approach based on two distinct categories – male and female. However, a person who describes themselves as non-binary rejects the categories male and female and/or see gender as a spectrum. If gender is a spectrum, not a binary, then everyone is trans. Or alternatively, there are no trans people.

The language used in trans conversations is incredibly important, with terms and their meanings often contested and changing constantly. We have brought together some of the key terms in a glossary on page 41.



03

**What
does the
Bible say?**

What does the Bible say?

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

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

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

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

The big story

In *Transgender*, pastor and theologian Vaughan Roberts applies a classic biblical structure to the complex trans questions of our day. The **creation** narrative speaks of two distinct and compatible biological sexes. Cross-gender identification is problematic because it distorts the creational order of male and female.

We live in a **fallen** world where not every biological or psychological experience reflects God’s will. “Genesis 3 touches on the spiritual reasons for the alienation from our bodies. We are ashamed of our bodies and cover them up because of an uneasy or guilty conscience.”⁹ Our bodies can easily become something apart from us and we can mistakenly blame them as the source of our discontent and distress. Within this narrative, gender dysphoria is understood to be a result of living in a fallen world, not a result of personal moral choice.

The Gospels often speak of Jesus touching people with His hands to help or heal them. He related to people to give them bodily help. We have been offered the gift of **redemption** through the life, death, resurrection and ascension of Jesus. He redeems the body, transforms the mind and creates a new self (Romans 12:1–2; Ephesians 4:20–24; Titus 3:4–7). As we continue to live in a fallen world we will struggle between our desires and the will of God. God does not promise to rescue us from suffering but often redeems us through it.

In the new Heavens and the new earth, we will enjoy the **renewal** of our bodies and minds. As Oliver O’Donovan notes, “maleness and femaleness forever defines an important aspect of the relationship Christ has to all of us, His church.”¹⁰ He goes on to note that, “how our individual gender identities will play out in the eschaton is not revealed, but God wants us to forever think of our relationship with Jesus through a monogamous, male/female relational analogy.”¹¹ Jesus’ resurrected body was not immediately recognised by Mary in the garden or by the two on the road to Emmaus but it was clearly similar enough for Him to be recognised on many other occasions.

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



The body

The body has great significance in the biblical text and Christian understanding of creation, from incarnation to the resurrection through to ascension. The biblical text affirms the physical differences of the man and the woman as each is created differently. Bodies are not simply things we inhabit, but an integral part of who we are and ‘being in the world’. As Preston Sprinkle notes, “If Jesus didn’t have a body – a sexed body – He wouldn’t have borne God’s image.”¹² As Christians, our bodies are temples of the Holy Spirit (1 Corinthians 6:19).

Sex/gender

The very first reference to humankind differentiates male from female (and vice versa). We are persons, but not merely persons. At a fundamental level, we are men and women.

“So God created humankind in His own image, in the image of God He created them; male and female He created them.” (Genesis 1:27)

The binary ‘male’ and ‘female’ of Genesis 1 is developed into the nouns ‘man’ (*ish*) and ‘woman’ (*ishshah*), as they are applied to Adam and Eve in Genesis 2:24–25. Throughout the Bible, biological sex is binary and integral to personhood – biological sex should reveal and determine gender.

While debating the Pharisees about divorce, Jesus cites Genesis 1:27 and 2:24, affirming the creation account of biological sex and bodies. We are created male and female and in marriage, the two become one flesh (Matthew 19:4–5).

While our sense of gender is also socially shaped, it is not a mere social construct.



Any form of Christianity that devalues the body and the physical creation more generally is deeply problematic.

God depicts the existence of a man and a woman as essential to His creational plan. The division into male and female is a signifier of both, fundamental reality (as our maleness and femaleness play a part in reflecting God's image) and our future destiny (when the marriage of Christ and His bride, the church, will take place),¹³ see Ephesians 5:21–33.

Gnosticism

Gnosticism is an ancient idea with its roots in far eastern mysticism. It is a complex concept claiming special access based on secret knowledge, but it also fundamentally sees matter and bodies as fallen and inferior. We can see the same idea reflected in statements from transgender people around the idea of a 'real me, born in the wrong body', with the view that the inner self is paramount and that a person is free to shape their body to reflect their inner self.¹⁴

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

Any form of Christianity that devalues the body and the physical creation more generally is deeply problematic. These ideas

have more to do with Gnosticism or ancient Greek Platonism, than following Jesus. While we must all wrestle with the resurgence of these ancient ideas in contemporary culture, they will raise particular issues for those seeking to live biblically with gender dysphoria.

Individualism and ideology

We live in a profoundly individualistic culture, which is rooted in Enlightenment. Individualism, combined with a desire for authenticity, is intertwined in the transgender movement. The end goal for many is simple; we should be free to define ourselves as we want, not even nature or our bodies can stop us. The question has moved from “Who am I?”, to “What do I identify as?” This way of putting things emphasises chosenness over givenness and changeability over stability.¹⁵

Cultural vs biblical norms

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

God created human beings in His image, both male and female. Man and woman are distinct, possessing equal value, made to glorify Him and together reflect His image. The human body, and therefore biological sex, is an intrinsic part of human identity. (Genesis 1:27; Genesis 2:23; Ephesians 5:21–33; 1 Corinthians 6:19)¹⁶



04

**How can
the church
respond
pastorally?**

How can the church respond pastorally?

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

A pastoral framework¹⁷

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

1. The integrity framework

This view emphasises the sacred integrity of maleness and femaleness in creation and the importance of their compatibility. One’s biological sex is an essential aspect of one’s personhood and to tamper with it is a denial of something sacred. The concern is around a “denial of the integrity of one’s own sex and an overt attempt at marring the sacred image of maleness and femaleness formed by God.”¹⁸

2. The disability framework

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

3. The diversity framework

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

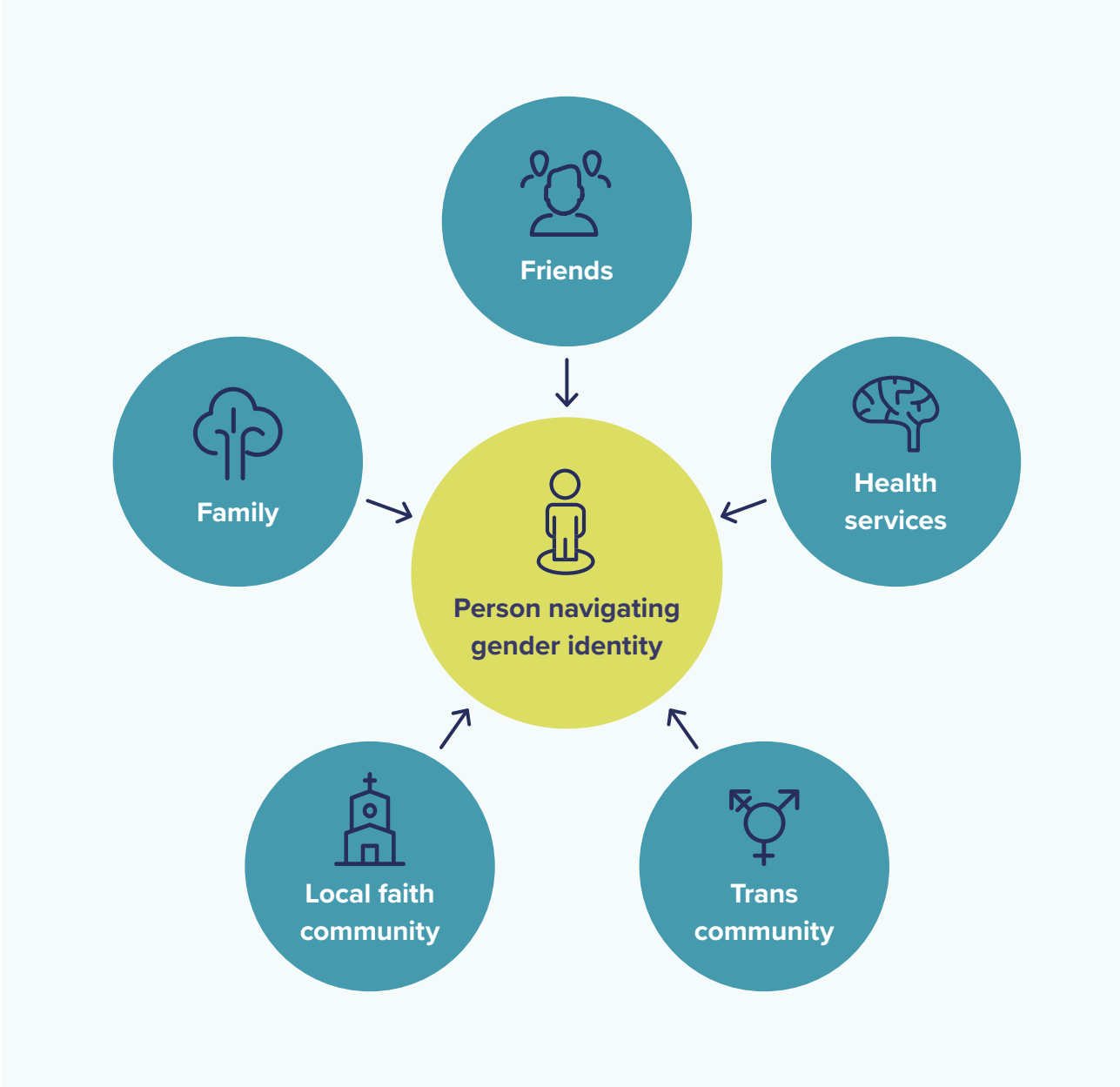
The diversity framework has dominated broader culture and has undeniably influenced public policy, but there are significant concerns with this framework particularly surrounding its impact on children and young people, prompting the Cass Review (discussed in chapter 5).

As a step towards the development of a nuanced Christian response to inform practice, pastoral care and public policy engagement, Yarhouse suggests an **integrated framework**. This framework acknowledges the complexities of gender dysphoria, draws on the best of the other frameworks, and offers a distinctly Christian approach. Yarhouse is not without his critics, but a healthy integrated framework encourages church leaders and others to:

- Maintain respect for the integrity of sex differences and encourage caution when discussing the most invasive procedures.

Where possible seek wisdom and maturity considering a Christian view of sex and gender.

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

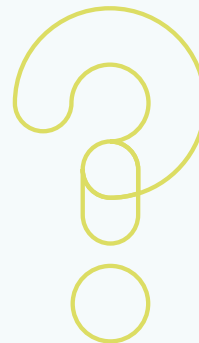


Our role, in responding pastorally, is to be one of a range of voices speaking into a trans person's life. If you are meeting pastorally with a trans person, it will be important to understand who those other voices are and who you can refer to. (Some of these are noted in the diagram above.) For example,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

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

A: "...someone to cry with me, rather than just denounce me.

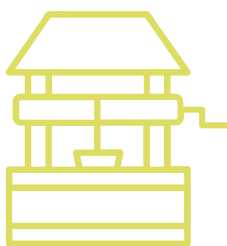
Hey, it is scary to see God not rescue someone from cancer or schizophrenia or [gender identity disorder] ... but learn to allow your compassion to overcome your fear and repulsion."¹⁹



Jesus at the well

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

Compassion – Jesus is compassionate in His encounter with the woman at the well, meeting her at her point of need. Compassion will lead us to meet people at their point of need, respecting their chosen identity without necessarily agreeing with it. It will acknowledge the complexity of gender confusion and offer what Christian psychologist Mark Yarhouse calls a ‘relationally thick’



response that walks alongside those who are suffering.

Integrity – At the well, there is also a truth encounter

– a moment of divine revelation – around the women's marital status. Jesus says, “You are right. You have had five husbands and the man you are with is not your husband. What you have said is true.” Jesus moves quickly from compassion to integrity, gently challenging the woman about her life; a journey that may take us much longer.

Redemption – In a relationship with a transgender person we should seek to rise above the sex and gender culture wars, drawing the individual to the transformative work and power of Jesus and the Holy Spirit. Our identity isn't formed by how we feel or what we look like, but by seeing ourselves as precious in God's sight, known by Him. The encounter in John 4 ultimately leads to redeemed relationships; the woman is transformed and runs off to tell the whole town about Jesus.

How would you respond?

Sarah experienced gender dysphoria at a very young age – her biological sex and her gender experience were out of sync. Sarah was born biologically male. She transitioned and used cross-sex hormones. If you met Sarah and she said, “As a Christian, I may have sinned in what I did, all I know is that at the time I felt such distress”. And then she asked you, “what would you have me do now?”²⁰ How would you respond?



Discipleship

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

– Dr R. Albert Mohler²¹

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

Love

In *God and the Transgender Debate*, Andrew Walker highlights the importance of seeing transgender people as our neighbours and loving them.²² Love promotes dignity, seeing everyone as a divine image-bearer. This means we must stand up and defend those being bullied or abused for being different. It does not matter whether we agree with someone’s way of life; we must defend every human’s intrinsic worth.

Love requires empathy and compassion – listening and understanding the otherness and challenge to someone else’s identity. Groups such as Living Out²³ help the church understand and minister to those who experience same-sex attraction. It will be important to see similar groups formed to help lead on trans. Love is truthful and will lead to difficult conversations given the importance that the Bible places on sex and the body. But love is also patient and kind.

Walker puts it like this; “Though it may bring new conversations and experiences many of us will not understand, ministry to those with

gender dysphoria means walking with each precious soul through what could be years of psychological valleys... Only Christians humble enough to recognise their own brokenness will be capable of walking with people through struggles that seem very different from their own.”²⁴

When the Evangelical Alliance first looked at this area in 2000, our report concluded that it is not possible to change a person’s sex.²⁵ It opposed gender reassignment surgery as a normal, valid option for people experiencing gender dysphoria. It instead affirmed the gospel as affording real opportunities for holistic change in the context of non-surgical solutions. The report also highlighted the lack of long-term research in terms of outcomes – a situation that remains today.

Naming and pronouns

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

It can be helpful to recognise a distinction between names and pronouns. Many people have a different name they are known by, and a person can legally change their name for any number of reasons. Whereas pronouns have a much clearer association with sex and gender. The proliferation of new pronouns such as ‘ze’ or ‘zir’ and the preference of some non-binary people to be referred to as ‘they’ can further compound the issue. There is also a growing recognition of the free speech implications of ‘compelling’ someone to use particular pronouns.²⁶

Christians disagree on this matter. For some, the balance of grace and truth is struck by using the person’s preferred name but not pronouns. For others, respect and courtesy leads them to use the name and preferred pronoun of a transgender person. Finally, integrity means that some find any use of preferred names or pronouns leads to confusion and ultimately results in their participation in, and perpetuation of, deception.

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

1. **Context** – The age of the person and the nature of the relationship may influence your approach. The parent of a five-year-old child may want to push back and guide a child who is trying out new ideas. Whereas someone meeting a post-operative trans person for the first time is unlikely to know anything of the history of the person, including their previous name and may not even know they are trans. It is also possible to avoid using pronouns in many conversations by using a person’s name and then ‘you’.
2. **The law** – There are no specific laws relating to names and pronouns, but situations could fall under equality legislation, hate speech laws and workplace policies. Some brief points are made below but legal issues are addressed more fully in chapter 6.
 - A person can legally change their ‘known as’ name as long as there is no intention to defraud and a person can change their name by deed poll, making their new name legal.
 - Referring to a trans person by their birth sex, often called misgendering, is not in and of itself a hate crime.
 - Many workplaces will have policies governing employee conduct relating to

names and pronouns which may restrict what you can do.

3. **Relationship** – Failing to use a trans person’s new name will make further conversations difficult, if not impossible.
4. **Consistency** – If we decline to use a trans person’s new name, we should be consistent in refusing to use other names that reference a worldview, religion or ideology we may disagree with – for example using Cassius Clay rather than Mohammad Ali, the name the boxer changed to as a sign of his freedom and allegiance to Islam.²⁷

Identity and ideology

Problems can arise when people try to respond pastorally to ideological arguments or respond theologically to a person who is seeking a pastoral response. We need to think carefully about how we respond pastorally to someone, as failing to meet the person where they are at will almost certainly limit further conversations.

However, this does not preclude thinking and discussing more generally the role of language. Given the importance of language, and its power and influence, attempts to control it are problematic. It is one thing to rightly limit hate speech, it is another to proscribe how someone must talk about another person. (The issue of free speech is explored further in chapter 6.)

Policies, baptism and liturgy

Churches should be prepared and adopt a clear approach to matters such as baptism, specific liturgies and policies for staff and volunteers. It is helpful to have considered these matters in advance rather than drafting a response to an individual request. The Evangelical Alliance has produced its

own *Ethos and Practice* statement for staff which addresses this area and others.²⁸ There is also a short article looking at different ways of implementing these within a church or organisation.²⁹

The Church of England has issued a rite of Affirmation of Baptismal Faith to mark a person’s transition. Given the theological reflections above, this type of liturgy would be deeply problematic. Church leaders should think ahead about how to respond to a request for baptism from someone who is transgender. While many churches will want to offer a place of welcome, baptising a person in(to) their trans identity will be seen as an act of affirmation and/or confirmation.

Practical steps

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

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

05



Science and statistics

Science and statistics

Gender medicine is a complex field in which research is still in its infancy and there are limited reliable statistics. There is significant discussion surrounding the scientific and medical understanding of gender and increasing debate about how the NHS should most appropriately assess, diagnose and care for those who present with gender incongruence and gender identity issues, particularly children and young people. There has also been a rapid rise in referrals to the Gender Identity Development Service (GIDS) and increased prescribing of medical interventions by way of hormone drugs. This chapter looks at some of the key areas of the changing nature of therapeutic interventions and the impact of a major review into treatment in this area.

Gender dysphoria

Gender dysphoria is a “marked incongruence between one’s experienced/expressed gender and assigned gender of at least six months duration”.³⁰

- Studies suggest that approximately 1 in 10,000 males and 1 in 30,000 females experience gender dysphoria.³¹
- Children become aware of their gender identity between two and four years of age and so gender dysphoria can develop at a relatively young age.
- There is no agreement as to the causes of dysphoria, but genetic, neurodevelopmental, and psychosocial factors may all contribute.
- The clinical experience of Mark Yarhouse suggests that true gender dysphoria is

not a choice. Those who experience it generally find it distressing and often isolating, as it is not well understood.

This area of medicine is changing rapidly. In 2011, James Barrett, one of the UK’s leading consultants in gender dysphoria, observed that rates of gender dysphoria seemed to be stable and constant. He described treatment as “drastic and irreversible” and noted that, “the least certain diagnosis is that made by the patient, made as it is without any training or objectivity.”³² In the years following, the situation shifted with referral rates rising rapidly, the view of the person being seen as central, and gender reassignment surgery increasing. Now with the Cass Review, we have seen a shift to a more cautious and holistic approach.

Therapeutic interventions

There are three broad directions that interventions can take:

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

An NHS publication on gender identity clinics noted that, “There are currently no agreed measures of success or patient outcome measures. This makes determining

good patient care...very difficult.”³³ The lack of clarity is difficult for patients and healthcare professionals.

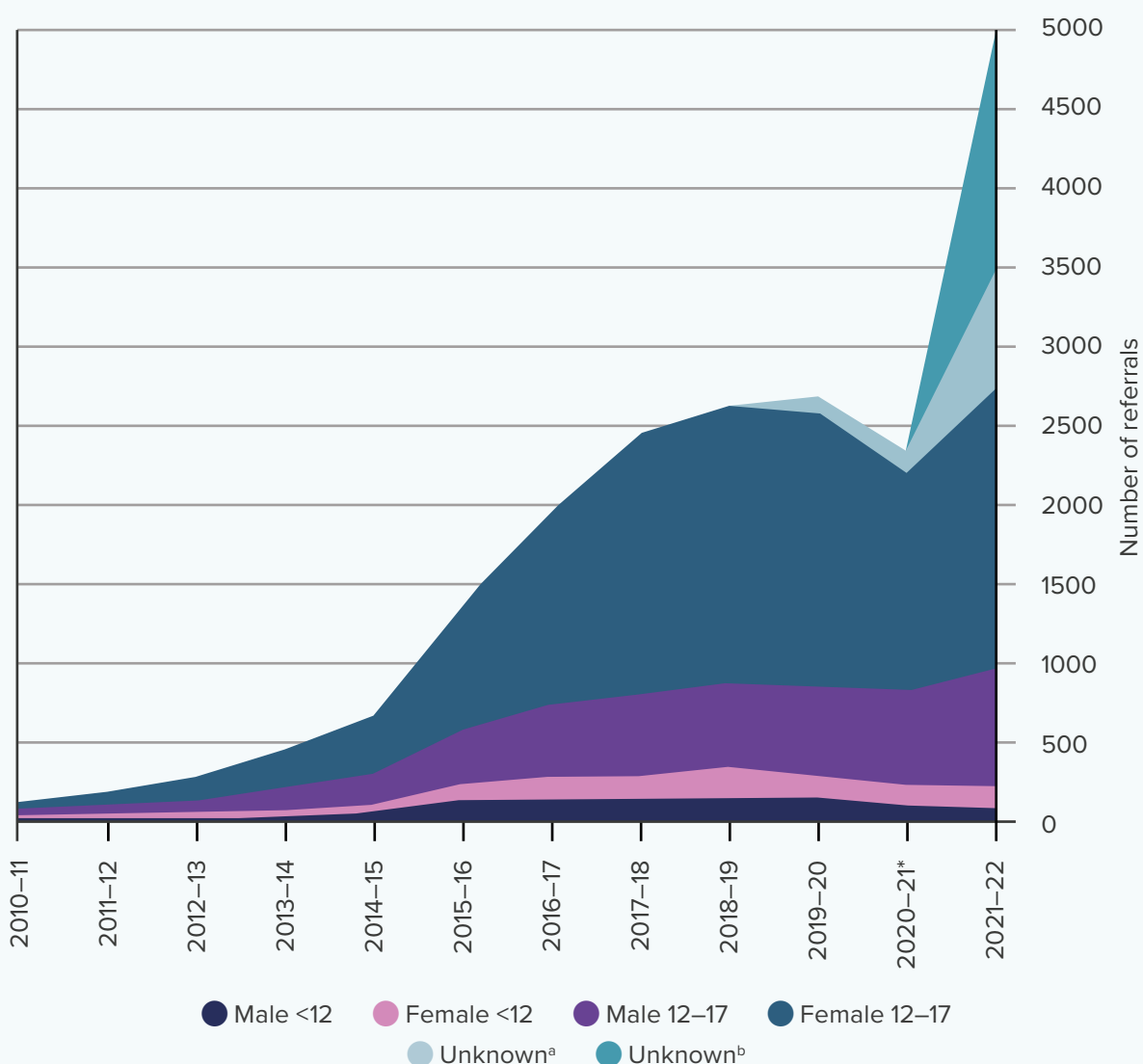
Concerns have been raised that a trans person can register with a GP under their new gender without any note indicating their

birth gender. This could lead to patients not being part of automatic screening programmes related to biological sex (eg cervical smear tests) with significant negative consequences.

Children and young people

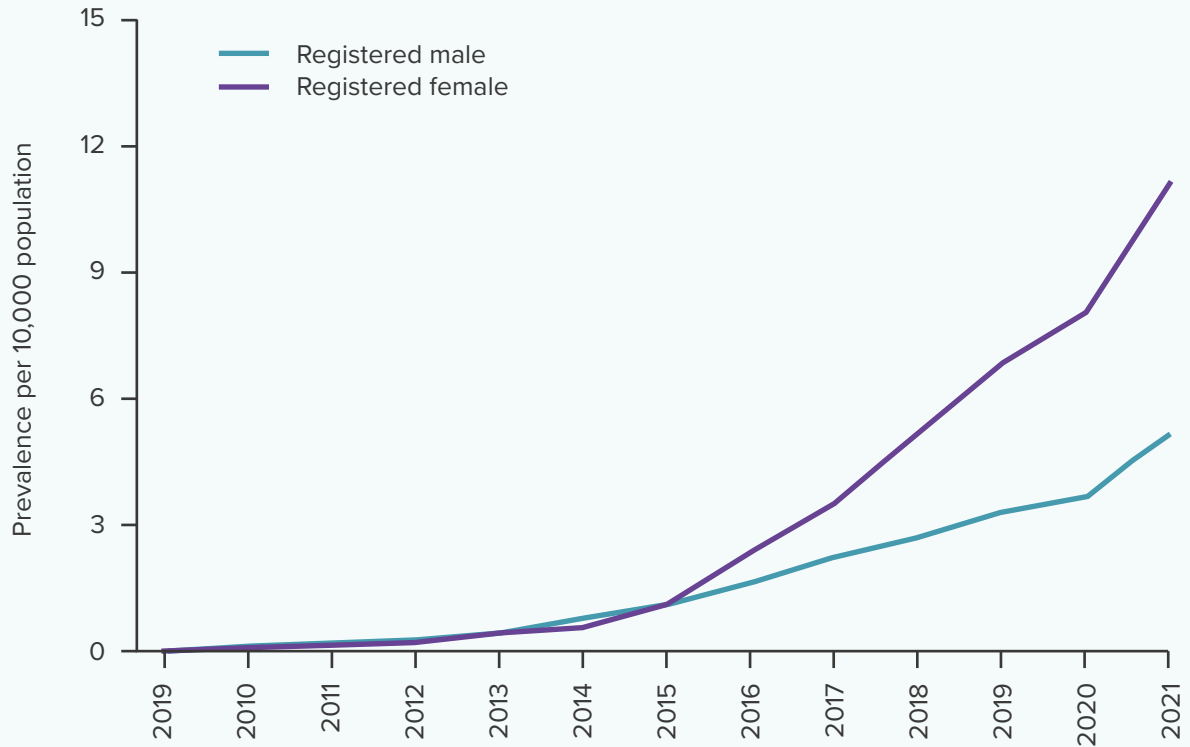
There are three major trends worth noting.

Child and Adolescent Referrals for gender dysphoria (UK, GIDS), 2010/11 to 2021/22³⁴



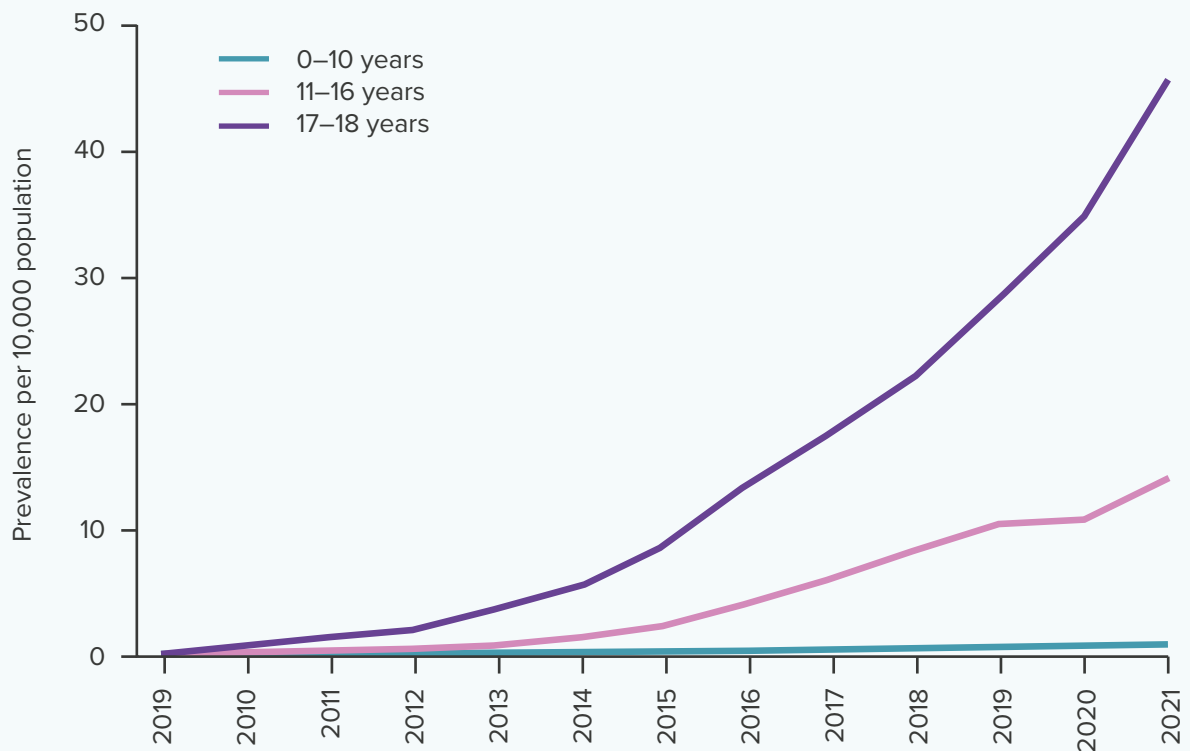
The first chart shows that the overall number of referrals has risen exponentially over the last ten years.

Incidence of gender dysphoria by registered sex³⁵



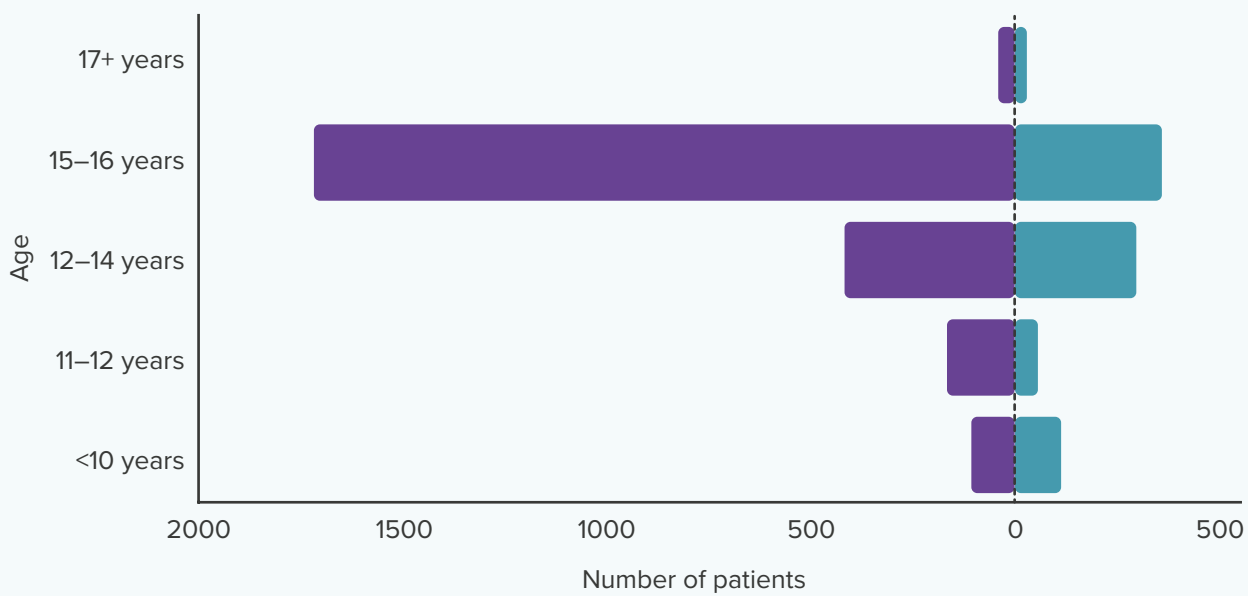
The second chart makes clear that the most significant growth has occurred amongst those registered female at birth.

Incidence of gender dysphoria by age group³⁶



The third chart shows that most of the growth has occurred in those who are older, especially in their late teens.

Distribution of patient's age on referral and birth registered gender on referral to GIDS, 1 April 2018 to 31 December 2022³⁷



Source: *The Gender Identity Development Service Audit Report, Arden & GEM*

● Female ● Male

The final chart puts these trends together and shows the significant number of 15-16-year-old females who have been referred to GIDS from April 2018 to December 2022.



Cass Review

In late 2020, the Care Quality Commission (CQC) inspected GIDS following a series of concerns related to clinical practices, safeguarding procedures, and assessments of capacity and consent to treatment. The service was rated as inadequate. At the same time, the High Court of England and Wales handed down judgment in *Bell v Tavistock*.³⁸ The judges concluded that it is “very doubtful” that 14–15-year-olds have the competence to consent to puberty blockers, and “highly unlikely” that children aged 13 or under have competence for that decision. The decision was overturned on appeal but, the Appeal Court still advised clinicians to “take great care before recommending treatment to a child and be astute to ensure that the consent obtained from both child and parents is properly informed.”³⁹

Dr Hilary Cass, a former president of the Royal College of Paediatrics and Child Health, was commissioned in 2020 by NHS England to chair an independent review of gender identity services for children and young people. The final report was published in 2024, and found that children and young people have been let down by a lack of research and evidence on medical interventions in a debate that has become exceptionally toxic.

Dr Cass found that this “is an area of remarkably weak evidence”. The report noted that, “Results of studies are exaggerated or misrepresented by people on all sides of the debate to support their viewpoint. The reality is that we have no good evidence on the long-term outcomes of interventions to manage gender-related distress.”

Some of the key findings are summarised below:

- There is no simple explanation for the increase in the number of predominantly young people and young adults who have a trans or gender-diverse identity, but there is broad agreement that it is a result of a complex interplay between biological, psychological and social factors.
- While a considerable amount of research has been published in this field, systematic evidence reviews demonstrated the poor quality of the published studies, meaning there is not a reliable evidence base upon which to make clinical decisions or to allow informed choices to be made.
- There are conflicting views about the clinical approach, with expectations of care at times being far from usual clinical practice. This has made some clinicians fearful of working with gender-questioning young people, despite their presentation being similar to many children and young people presenting to other NHS services.
- It highlights concerns around social transitioning – which means treating a child as their preferred gender in terms of name, pronouns and clothing choices. Dr Cass says that young children should have therapy before they are allowed to socially transition. In fact, the report says under-25s should not be rushed into changing gender, but should receive “unhurried, holistic, therapeutic support.” These “life-changing” decisions must be properly considered in adulthood as the report notes that brain maturation continues into the mid-20s.

- There is weak evidence regarding puberty blockers and evidence does not support the claim that blockers “buy time to think” or “reduce suicide risk”.
- The use of hormones in those under the age of 18 also presents many unknowns and the lack of long-term follow-up data on those commencing treatment at an earlier age means we have inadequate information about the range of outcomes for this group.
- Clinicians are unable to determine with any certainty which children and young people will go on to have an enduring trans identity.
- For most young people, a medical pathway may not be the best way to manage their gender-related distress. For those young people for whom a medical pathway is clinically indicated, it is not enough to provide this without also addressing wider mental health and/or psychosocially challenging problems.
- Childhood trauma, neglect and abuse feature heavily in the cohort of patients seeking gender changes.

The report also looks at why so many young females are wanting to change gender and highlights an anxious, distressed and digital generation who consume more social media, are exposed to more online porn, and have lower self-esteem and more body hang-ups are typically more young women and girls. This correlates with Jonathan Haidt’s research and his book, *The Anxious Generation: How the great rewiring of childhood is causing an epidemic of mental illness*.

The report has ultimately led to the closing of the GIDS service at the Tavistock clinic and to more holistic services being offered across a range of sites. The Cass Review is not the panacea, but it shifts the conversation from ideology to evidence.

It also highlights the fact that a vulnerable group of patients have received inadequate care due to the interference of campaign and lobby groups. It will take time for the implications to filter through different aspects of health and education, but it is hoped that the robustness of this report will ensure that its findings influence not just the UK, but globally.

The Cass Review is also critical in highlighting the lack of evidence underpinning the guidelines issued by WPATH (World Professional Association for Transgender Health) which has also been significantly discredited by the release of leaked documents. WPATH had established itself as the leading scientific and medical organisation devoted to transgender healthcare, with its ‘standards of care’ often referred to as best practice by the NHS and other bodies globally. However, the leaked documents reveal its membership includes a significant number of activists and that there is no global agreement on best practice.⁴⁰ The leaks raise serious questions about WPATH’s evidential base and ethical approach, especially in light of the Cass Review.

Detransitioning

There have been an increasing number of stories in the media of people detransitioning. Professor Miroslav Djordjevic is a world-leading genital reconstructive surgeon who was first asked to perform ‘reversal’ surgery five years ago.⁴¹ Professor Djordjevic says that those wishing to detransition have spoken about crippling waves of depression following their transition and, in some cases, have contemplated suicide. He performs around 100 surgeries a year and requires patients to undergo psychiatric evaluation for between one and two years. He has expressed “real concerns about the level of



psychiatric evaluation and counselling that people receive elsewhere before gender reassignment surgery takes place.”⁴² Ryan Anderson dedicates an entire chapter of his book to stories of those who have detransitioned, many in their own words.⁴³ He notes recurring issues around childhood bullying, conforming to gender stereotypes and the haste of some medical professionals to encourage transition.

There are claims that suicide rates are higher among those identifying as trans. These are based on small self-selecting surveys and Dr Carmichael of GIDS has expressed concerns about the use of suicide statistics in the discourse around gender dysphoric young people and noted that rates of self-harm, distress and suicidal ideation are similar to CAMHS figures overall.⁴⁴ The Cass Review makes a similar point. It should also be noted that tragically, those who have had transition surgery are 19 times more likely than average to die by suicide.⁴⁵

Intersex

It is important again to distinguish those who are diagnosed as intersex. A tiny proportion

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

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

06



Law and policy

Law and policy

(Workplaces, education and the public square)

Law and policy on issues relating to trans in the UK is complex, often ambiguous, and subject to change. It impacts on education, the workplace and the public square. The law is shaped by the cases that come before the courts and can vary between the different nations within the UK. As such, what follows does not represent legal advice or guidance and should not be construed as doing so.

It is important to recognise that the trans conversation has shifted significantly in the UK since the first edition of this resource in 2018. JK Rowling and many others have created the space to raise gender-critical views and there have been several relevant court cases. The Cass Review has also shifted the conversation as noted previously. The interaction of law and culture means that these cultural shifts are likely to have an impact on future laws and how current laws are interpreted and the policies and guidance that flow from them. Also, in many workplace policies, organisational culture has as much impact as the law.

There is now a growing political consensus in the UK around the importance of sex and gender. The conversation has largely moved on from the gotcha question asked of every politician – “What is a woman?”

Concerns have been raised about the safety of women and more fundamentally that their very identity is being challenged. Allowing someone born male but who self-identifies as a woman onto an all-woman shortlist or to work in a shelter for women

who have suffered from domestic violence has proved increasingly controversial. There are also concerns about the threat to women-only swimming sessions, changing rooms and toilet use. Further concerns have been raised about the limits on freedom of speech and religion with proposals that could compel people to use or avoid certain terminology.

The law

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

The **Equality Act 2010** made it unlawful to discriminate based on gender reassignment (not gender identity). The Equality and Human Rights Commission have noted that, “gender reassignment means proposing to undergo, undergoing or having undergone a process to reassign your sex.”⁴⁶

Under the **Data Protection Act 1998**, trans identity and gender reassignment would constitute ‘sensitive data’ for the purposes of the legislation. This remains the case under GDPR. More information can be found on the Information Commissioner’s website.

Proposals on self-ID have been rejected in England though they continue to be pursued in Scotland (although a law passed by the Scottish Parliament has not been



implemented due to legal challenges). The Equality and Human Rights Commission have also said the Scottish proposals should be paused as the consultation on these changes has not adequately considered their impact on women's sex-based rights. The proposals do raise significant justice issues, particularly around medical treatment for children, limiting the role of parents, and the impact on a marriage when one spouse transitions gender.

Workplaces

The case of **Forstater v CGD Europe and others (2021)** is important in protecting beliefs. Maya Forstater is not a Christian but holds what has been described as gender-critical beliefs. Accordingly, for her, statements such as 'woman means adult human female' and 'trans women are male' are statements of neutral fact, not expressions of antipathy towards trans people, bigotry or 'transphobia'. Her work contract was not renewed by her employer because of what they described as her "exclusionary" beliefs. She took a discrimination case to an employment tribunal which she initially lost. However, her appeal was successful meaning the belief that biological sex is real, important, immutable and not to be conflated with gender identity has legal protection.

There are no specific laws relating to names, pronouns or email signatures, but these situations could fall under equality legislation, hate speech laws and workplace policies. Here are some points to consider:

- Equality law protects gender-critical and religious beliefs. The law is interpreted depending on the facts of each case, but an employee would have strong grounds to oppose a blanket requirement to identify their own pronouns.
- Requiring an employee to use others' preferred pronouns is more complicated as there are competing rights involved – an employer must try to reasonably accommodate any objection.
- Many workplaces will have policies governing employee conduct relating to names and pronouns which may restrict what you can do. These will often form part of your contract of employment, and you may be in breach of contract for not following them.
- A person can legally change their 'known as' name as long as there is no intention to defraud and a person can change their name by deed poll, making their new name legal.
- Referring to a trans person by their birth sex, often called misgendering, is not in and of itself a hate crime.

Christians may respond in different ways on this issue which is a matter of wisdom and confidence.

- If it doesn't come up, or isn't prescribed, pray about the situation.
- If you are asked about it, have an answer prepared.
- If you are asked to do it by your line manager but feel strongly that it's not something you can do as a Christian, be prepared to explain your rights and freedoms relating to the issue and ask how your employer is going to ensure your beliefs are protected. The law specifically protects gender-critical and religious beliefs.

Education

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

that suffered by trans pupils. Following the Cass Review, the Department for Education released draft guidance for schools. Cass warned about the risks of social transition – including the changing of a child's name and pronouns, which may change the trajectory of their gender development. A more cautious approach to social transition is recommended. This guidance states that schools should not accept all requests for social transition and should involve parents in any decision that is made. It is hoped that final guidance in each nation of the UK takes on board the findings of the Cass Review.

In many situations, it will be appropriate to contact the Child and Adolescent Mental Health Service for advice as the school will not be the lead agency working with an individual child. At a policy level, it will be important for schools to consult with a variety of groups to ensure that any policy is balanced. Many schools' transgender guidelines are written by transgender organisations and LGBT groups which risks privileging a particular ideological view. Transgender Trend, a secular organisation concerned about the



current trend to diagnose ‘gender non-conforming’ children as transgender, has produced a resource pack for schools which teachers may find useful.⁴⁷ Their educational resource challenges some of the prevailing transgender ideology. The Evangelical Alliance has produced an RSE resource for parents which includes a section on transgender within a wider exploration of relationships, sex and sexuality.⁴⁸

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

There is no legal definition of bullying. The UK defines bullying as “repeated behaviour which is intended to hurt someone either emotionally or physically and is often aimed at certain people because of their race, religion, gender or sexual orientation or any other aspect such as appearance or disability.”⁴⁹ Bullying is more than simply disagreeing with modern gender theory. For example, a young child should not be labelled transphobic for not using the pronoun another child or that child’s parents prefer. The risk is that in seeking to protect one child, the rights and freedoms of speech, thought and conscience of another child are impinged. It is the very same freedom of expression that allows a child to choose their preferred gender, that prevents another child from being able to express when there is something they either don’t understand or agree

with, and to use language that they feel able to use with integrity, and without compulsion. While these are difficult issues for policymakers at local and national levels to wrestle with, the Cass Review has provided a robust evidence base for a more cautious approach.

Free speech

There are growing concerns about the implications of transgender ideology on free speech. Again, the distinction in chapter 2 of this resource between those experiencing gender dysphoria who require compassion and the wider ideology that should be challenged is an important one. Choosing to use a person’s preferred name out of respect and relationship is very different from being obliged or compelled to use a particular pronoun by the state. Some people are also trying to prevent discussion and debate by redefining disagreement as hate speech, hate speech as violence, and violence as an act of terror. This shuts down the space to disagree and ultimately undermines our liberal democracy.

Scotland has passed the Hate Crime and Public Order (Scotland) Act, which came into effect in April 2024. On the first day, Police Scotland received complaints against JK Rowling and Scotland’s first minister. The police have confirmed that misgendering is not in and of itself a crime. However, there are still concerns about the recording of non-crime hate incidents.

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



07

The cultural trends

The cultural trends

The current ideological trans debate did not appear out of nowhere. Andrew Walker, in *God and the Transgender Debate*, notes that “many streams flow into the transgender debate,” we did not arrive here by chance.⁵⁰ While the speed of change has been surprising, it has come about as a variety of powerful cultural influences have merged. Below we look briefly at some of the key cultural trends.

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

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

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

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

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



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

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

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

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

“Justice is turned back, and righteousness stands at a distance; for truth stumbles in the public square, and uprightness cannot enter.”
– Isaiah 59:14 (NRSV)

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

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

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

08

Conclusion

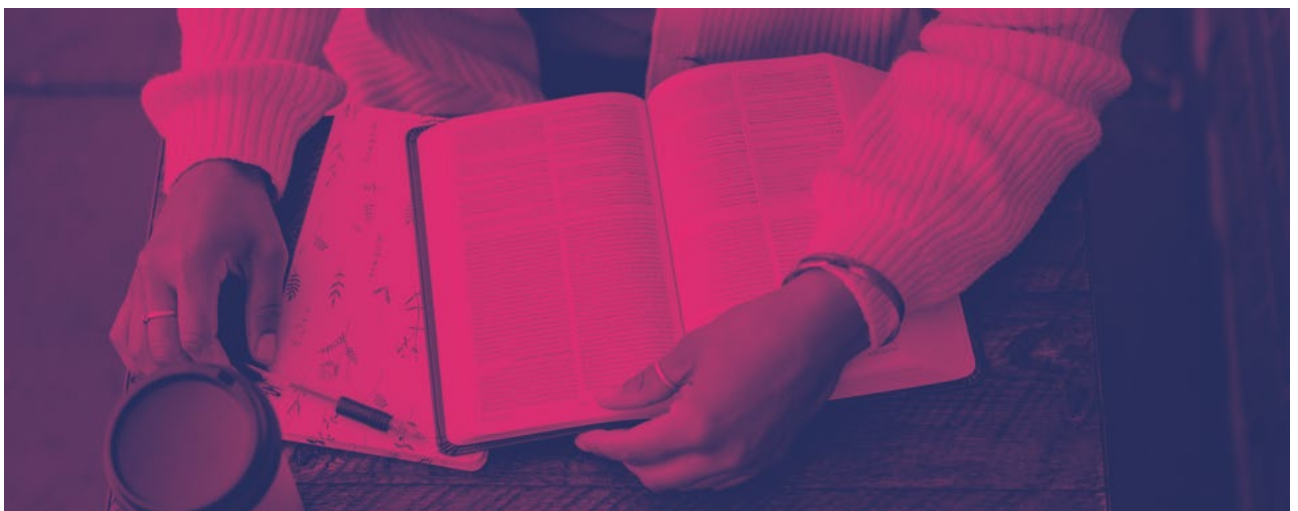
Conclusion

There is a great deal of confusion around transgender. Information and opinions are constantly changing, however, the cultural conversation is shifting in more helpful ways. This is a missional moment with many parents concerned about their kids, and women concerned about sports, single-sex spaces and women's rights. This opens up the space to discuss our understanding that everyone is made in the image of God and some of what flows from that. It is also an important discipleship movement – can we answer the question ‘what is a woman?’ any better than our politicians? We need to better understand biblically why our bodies matter and engage with social changes concerning sex, gender and gender dysphoria. It is necessary for each of us as individuals and part of gathered communities to understand, love and relate to transgender people, to hear the concerns of our friends and neighbours, and to disciple others to withstand the challenges of the wider ideological movement.

The church should respond with **compassion**, as a place of welcome for

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

The church should seek **clarity and wisdom** in this difficult area. Whilst supporting those struggling with gender dysphoria, we can resist forms of trans ideology which offer alternative, radically non-Christian ideas about what it means to be human. The Bible has much to say about what it is to be human, about sex and gender, about the body and about life in a fallen world.





Redemption, through life in Christ, brings hope for our hearts, minds, and bodies, all of which have been affected by the fall and by ongoing sin. But the church must be careful to respond pastorally to individuals, whilst recognising the challenges and complexities of underlying ideologies such as queer theory.

Finally, the church should, with humility, give voice to some of the **concerns** about invasive and non-reversible medication and procedures, particularly in children. Many Christians will also sympathise with the concerns being raised by women's groups about the safety of women, for example in women's refuges, but more fundamentally that their very identity is being challenged. There is a risk of being misheard in

increasingly divisive public conversations and so we must seek to build good relationships and ensure we always speak with grace and respect.

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

09



Glossary

Glossary

Cisgender or Cis

A contested term used to describe someone whose subjective sense of gender identity is the same as the sex they were at birth.

The opposite of transgender. (cis = on the side of.)

Gender

This was historically often used interchangeably with sex. Today it is generally used to refer to the psychological, social and cultural aspects of being male or female and includes gender identity and expression. The WHO defines it as “the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men.”⁵¹

Genderqueer

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

Gender dysphoria

The discomfort or distress a person experiences due to a sense of ‘mismatch’ or incongruence between their gender identity and their biological sex.

Gender expression

How a person expresses or publicly presents their subjective sense of gender.

Gender expression = feminine – androgynous – masculine

Gender fluidity

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

Gender identity

A person’s perception of having a particular gender, which may or may not correspond with their birth sex.

Gender identity = woman – genderqueer/
non-binary – man

Gender reassignment

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

Gender Recognition Certificate

A document allowing a person legal recognition under a new gender.

Intersex

Intersex is a term that describes conditions in which a person is born with ambiguous sex characteristics or anatomy – gonadal, genital or more rarely chromosomal – that do not allow clear identification as male or female sex. Intersex conditions are diagnosed and treated distinct from transgender and the two should not be conflated.

Non-binary

An umbrella term used by those who don't identify as male or female.

Sex (biological sex)

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

Sex = female – intersex – male

Sexual orientation

Describes a person's enduring pattern of sexual attraction based on their sex/gender in relation to other persons.

Sexual orientation = heterosexual – bi/pan/ asexual – homosexual⁵²

Transgender

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

Further resources and references

For more resources, articles and films by the Evangelical Alliance visit: eauk.org/trans

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

Sprinkle, Preston, *Embodied: Transgender Identities, The Church & What the Bible has to Say*, (David C Cooke, 2021).

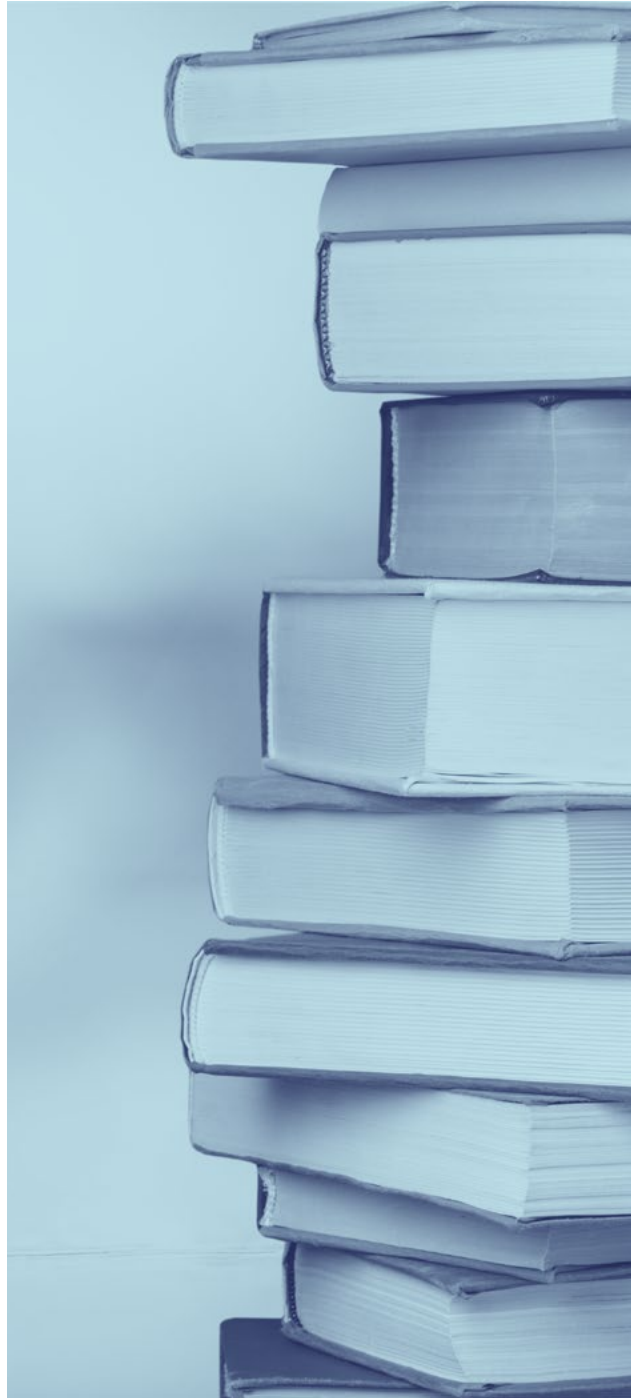
A very helpful book drawing on scripture, real-life stories and careful research to understand and engage in the conversation about transgender identities

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

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

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

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



Further reading

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

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

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

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

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

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

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

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

Thomas, Rick and Peter Saunders, 'Gender Dysphoria', CMF File 59 (2016). Available at cmf.org.uk/resources/publications/content/?context=article&id=26419

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

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

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

Transgender Trend: transgendertrend.com

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

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

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

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

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

Yarhouse, Mark, Q Ideas talk, *What is Gender Dysphoria?* Available at [youtube.com/watch?v=CMqiD_4KslA](https://www.youtube.com/watch?v=CMqiD_4KslA) (Accessed April 2018)

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

Endnotes

- 1 Stated by a participant in a conversation conducted by the author with a transgender support group.
- 2 [theguardian.com/lifeandstyle/2010/jun/02/brief-history-transgender-issues](https://www.theguardian.com/lifeandstyle/2010/jun/02/brief-history-transgender-issues) (Accessed 30/08/18)
- 3 The interview faithfully reflects the pronouns used by Tim throughout and makes no attempt to amend or add commentary to the choices he makes when referring to his father.
- 4 See Glossary.
- 5 [nhs.uk/conditions/gender-dysphoria/](https://www.nhs.uk/conditions/gender-dysphoria/) (Accessed 16/04/2024)
- 6 [ucl.ac.uk/news/2023/nov/increase-number-people-identifying-transgender-uk](https://www.ucl.ac.uk/news/2023/nov/increase-number-people-identifying-transgender-uk) (Accessed 16/04/2024)
- 7 [gov.uk/government/publications/gender-recognition-certificate-applications-and-outcomes/gender-recognition-certificate-applications-and-outcomes](https://www.gov.uk/government/publications/gender-recognition-certificate-applications-and-outcomes/gender-recognition-certificate-applications-and-outcomes) (Accessed 16/4/2024)
- 8 [ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/bulletins/genderidentityenglandandwales/census2021#:~:text=48%2C000%20\(0.10%25\)%20identified%20as,in%20a%20different%20gender%20identity](https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/bulletins/genderidentityenglandandwales/census2021#:~:text=48%2C000%20(0.10%25)%20identified%20as,in%20a%20different%20gender%20identity) (Accessed 16/04/2024)
- 9 Kleinig, John W., *Wonderfully Made: A Protestant Theology of the Body* (Lexham Press, 2021).
- 10 O'Donovan, Oliver, *Resurrection and Moral Order: An Outline for Evangelical Ethics*, 2nd ed. (Eerdmans, 1994) p 5.
- 11 *ibid.*
- 12 Sprinkle, Preston, *Embodied: Transgender Identities, The Church & What the Bible has to Say*, (David C Cooke, 2021), p 73.
- 13 Townsend, Christopher, *Gender - Where next?* Jubilee Centre, 2016. Available at jubilee-centre.org/gender-next-christopher-townsend/ (Accessed 30/4/18)
- 14 Tom Wright made the link between gender identity and Gnosticism in a brief letter to *The Times* in 2017 - [thetimes.co.uk/article/energy-tariffs-and-the-wisdom-of-a-price-cap-6nnszcfds](https://www.thetimes.co.uk/article/energy-tariffs-and-the-wisdom-of-a-price-cap-6nnszcfds) (Accessed 16/04/2024)
- 15 Harrison, Glynn, *Who am I today? The modern crisis of identity*. Jubilee Centre, 2016. Available at jubilee-centre.org/10178-2/ (Accessed 30/08/18)
- 16 Taken from the Ethos and Practice of the Evangelical Alliance available at eauk.org/assets/files/downloads/Evangelical-Alliance-Ethos-Practice.pdf (Accessed 21/05/2024)
- 17 Yarhouse, Mark, *Understanding Gender Dysphoria: Navigating Transgender Issues in a Changing Culture*, (InterVarsity Press, 2015).

Yarhouse has been critiqued by some Christians for failing to sufficiently engage trans ideology. There is concern that a therapeutic model of pastoral care, which listens to the experience of those being helped could allow that experience to unduly mould doctrine and theology.
- 18 Robert Gagnon, p 3, quoted in Yarhouse p 46.
- 19 [go.efca.org/sites/default/files/resources/docs/2016/01/9_postconference_mark_yarhouse_notes.pdf](https://www.go.efca.org/sites/default/files/resources/docs/2016/01/9_postconference_mark_yarhouse_notes.pdf) (Accessed 17/08/2024)
- 20 Illustration from a Q Ideas podcast, Episode 039, The Transgender Conversation by Mark Yarhouse.
- 21 Mohler, Albert, *We Cannot Be Silent* (Nelson Books, 2015) p 69.
- 22 Walker, Andrew, *God and the Transgender Debate* (The Good Book Company, 2017) ch 8.
- 23 [livingout.org](https://www.livingout.org)
- 24 thegospelcoalition.org/article/the-christian-response-to-gender-dysphoria (Accessed 30/08/2018)
- 25 Evangelical Alliance Policy Commission, *Transsexuality* (London: EA Policy Commission/Paternoster Press, 2000) p 84–85.
- 26 Professor Jordan Peterson, a Canadian psychology professor at the University of Toronto has brought this issue to prominence. "I don't recognize another person's right to determine what pronouns I use to address them... I think uttering those words makes me a tool of those motivations." [torontolife.com/city/u-t-professor-sparked-vicious-battle-gender-neutral-pronouns/](https://www.torontolife.com/city/u-t-professor-sparked-vicious-battle-gender-neutral-pronouns/) (Accessed 30/08/2018)
- 27 [independent.co.uk/news/people/muhammad-ali-death-cassius-clay-why-did-he-change-his-name-nation-of-islam-a7065256.html](https://www.independent.co.uk/news/people/muhammad-ali-death-cassius-clay-why-did-he-change-his-name-nation-of-islam-a7065256.html) (Accessed 18/10/18)
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- 30 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). Washington, DC: American Psychiatric Publishing; 2013.
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- 32 Barrett, James, "Disorders of Gender Identity", *Advances in psychiatric treatment* (2011), vol. 17, 381–388.
- 33 Operational Research Report Following Visits and Analysis of Gender Identity Clinics in England, Analysis Intelligence & Resource Unit, November 2015, p 38. Available at england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/gender-ident-clnics-rep-nov15.pdf (Accessed 21/05/2024)
- 34 Table taken from page 85–87 of the final Cass Review available at cass.independent-review.uk/home/publications/final-report/ (Accessed 17/08/2024)
- 35 Table taken from page 85–87 of the final Cass Review available at cass.independent-review.uk/home/publications/final-report/ (Accessed 17/08/2024)
- 36 Table taken from page 85–87 of the final Cass Review available at cass.independent-review.uk/home/publications/final-report/ (Accessed 17/08/2024)
- 37 Table taken from page 85–87 of the final Cass Review available at cass.independent-review.uk/home/publications/final-report/ (Accessed 17/08/2024)
- 38 judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf (Accessed 13/09/22)
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- 40 theguardian.com/commentisfree/2024/mar/09/disturbing-leaks-from-us-gender-group-wpath-ring-alarm-bells-in-nhs (Accessed 21/04/2024)
- 41 telegraph.co.uk/health-fitness/body/gender-reversal-surgery-rise-arent-talking/ (Accessed 13/09/22)
- 42 telegraph.co.uk/health-fitness/body/gender-reversal-surgery-rise-arent-talking/ (Accessed 13/09/22)
- 43 Anderson, Ryan T, *When Harry Became Sally: Responding to the Transgender Movement* (Encounter Books, 2018) p 49–76.
- 44 Dr Polly Carmichael at ACAMH Conference 'Gender in 2017: Meeting the needs of gender diverse children and young people with mental health difficulties'. Bristol (2017) soundcloud.com/user-664361280/dr-polly-carmichael-developments-and-dilemmas
- 45 Cecilia Dhejne et al., "Long-term follow up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden," *PLOS ONE* 6 (February 2011): e16885.
- 46 equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/gender-reassignment-discrimination (Accessed 18/04/2024)
- 47 transgendertrend.com/wp-content/uploads/2018/02/Transgender-Trend-Resource-Pack-for-Schools.pdf Transgender Trend is a group of parents based in the UK, who are concerned about the current trend to diagnose 'gender non-conforming' children as transgender. We would not endorse all of their report, however it is a useful counter narrative to the completely accepting approach of other resources.
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- 50 Walker, Andrew, *God and the Transgender Debate: What does the Bible actually say about gender identity?* (The Good Book Company, 2017) p 21.
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- 52 Uses material from a presentation given by Dr Paul Coulter.

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