

2017 Session of Synod

Book 2

(Pages 201 to 284)

Supplementary Report of the Standing Committee

**Standing Committee of the Synod
Anglican Church Diocese of Sydney**

2017 Supplementary Report of the Standing Committee

Contents

	<i>Page</i>
Supplementary Report of the Standing Committee for 2017	201
Additional Reports	
Consultation on Anglicare's delivery of welfare and support services	205
Gender Identity	210
General Synod 2017 Session.....	255
Proposal for the Establishment of the Anglican Church Growth Trust.....	266
Restructure of the investments of the Diocesan Endowment	272
The Same-Sex Marriage Debate.....	278

Supplementary Report of the Standing Committee for 2017

The following material updates the Standing Committee's Report to the Synod and other material in the Synod Book 1 to take into account the work of the Standing Committee since that book was finalised and to make corrections.

Page 1 – Item 1.3 Meetings and members

Delete “9” and insert “10”.

Add the following new paragraph at the end –

“Additionally, Mrs Lis Boyce, Mr Robert Bradfield, Dr Bryan Cowling, Mr Geoff Kyngdon and the Rev Mat Yeo retired as members of the Standing Committee at the end of their term of office in October 2017.”

Page 2 – After item 1.4

Insert –

“1.4A Retirement of Mrs Lis Boyce

We noted the retirement of Mrs Lis Boyce after 13 years of service on the Standing Committee and thanked her for her dedicated service, particularly as an ordinance reviewer.

1.4B Retirement of Dr Bryan Cowling

We noted the retirement of Dr Bryan Cowling after 15 years of service on the Standing Committee, thanked him for his service and for his wider contribution to Christian education.

1.4C Retirement of Mr Geoff Kyngdon

We noted the resignation of Mr Geoff Kyngdon after 22 years of service, including as a member and chair of the Mission Property Committee. We wished Geoff God's blessing in his retirement from the Standing Committee.

1.4D Retirement of Mr Robert Bradfield and the Rev Mat Yeo

We noted the retirement of Mr Robert Bradfield and the Rev Mat Yeo and thanked them for their service.”

Page 2 – Item 1.5 Dr Neil Cameron

Delete heading and insert –

“Resignation of Dr Neil Cameron”

Page 3 – After item 2.1

Insert –

“2.2 Estate of Late M. A. Grant (Sisters' Endowment)

The Archbishop-in-Council appropriated \$40,000 from this Estate for distribution by the Archbishop to assist clergy, clergy widows and clergy children or orphans who are in need.

2.3 Parish of Glenquarie

The parish of Glenquarie became vacant during the year but the Archbishop was unable to declare that the parish had complied with clause 5 of the *Nominations Ordinance 2006*. The matter was referred to the Archbishop-in-Council who determined that, in the circumstances, the parish should not have the benefits under the Ordinance.”

Page 4– Item 3.4 Ordinances

Delete “31 July” and insert “20 September”.

In the table in the column headed “2017” delete “24” where twice appearing and insert “27”.

In the first paragraph below the table delete “11” and insert “14”.

Add the following new paragraphs at the end –

‘The *Broadway Variation of Trusts for Archbishop’s Residence Ordinance 2017* varied the trusts of land previously held for the purposes of the parish of Broadway so that the land is held for the purposes of the Endowment of the See Capital Fund to enable a residence and function centre for the Archbishop to be built on the site.

The *St Andrew’s Cathedral Trust Ordinance 2016 Amendment Ordinance 2017* authorised a long-term lease of the Upper Chapter House to the Council of the St Andrew’s Cathedral School.

The *Marriage (Special Appropriation) Ordinance 2017* authorised the payment of \$1million from the Diocesan Endowment for the purposes of contributing to the “no” campaign led by the Coalition For Marriage to oppose any change in the law to permit same-sex couples to marry.’

Page 7 – After item 3.20

Insert –

“3.21 Ethical Investment Policies

We noted that the Glebe Administration Board and the Anglican Church Property Trust had both revised their ethical investment policies to seek to reduce the carbon intensity of all their investments in listed companies (whether held directly, or indirectly through an actively managed fund which hold securities in listed companies). Previously the goal of the policies in progressively reducing carbon intensity applied only to investments in Australian listed companies.”

Page 9 – After item 4.15

Insert –

‘4.16 Evangelism and New Churches and The Sanctuary Project

We noted that Evangelism and New Churches (“ENC”) had accepted The Sanctuary Project as a project within ENS in the expectation that, by the end of 2018, the project would be continued by a separate legal entity and subject to the Standing Committee supporting ENC’s sponsorship of the project. We indicated our support of ENC’s commitment to sponsor this project.’

Page 10 – Item 6.1 17th session of the General Synod of the Anglican Church of Australia

Delete and insert –

“6.1 17th session of the General Synod of the Anglican Church of Australia

The 17th session of the General Synod was held at the Novotel Twin Water Resort, Maroochydore, Queensland on 3 – 8 September 2017.

A report on the proceedings of the General Synod is printed separately. In addition we agreed to promote a number of bills to the Sydney Synod to adopt canons made at the General Synod session. The bills and accompanying explanatory material are also printed separately.”

Page 11 – After item 6.6

Insert –

“6.7 Participation in references to the Appellate Tribunal

In August 2017, references were made to the Appellate Tribunal concerning –

- (a) our Affiliated Churches Ordinance, and

- (b) the participation of the Archbishop and other Australian bishops in the consecration of a bishop of the Anglican Church of North America.

We expressed a wish to intervene in, and thereby become a party to, these proceedings.”

Page 11 – Item 7.1 25/14 Theology of Communion and Catholicity

Relabel as “7.1A”.

Page 11 – Before item 7.1A 25/14 Theology of Communion and Catholicity

Insert –

‘7.1 41/10 Amendments to the Anglican Church of Australia Trust Property Act 1917

By resolution 41/10, the Synod requested that we pursue with the NSW Government certain amendments to the *Anglican Church of Australia Trust Property Act 1917* (the “Act”) to improve the governance of the Anglican Church Property Trust. Despite attempts over many years, we have been unable to secure the agreement of all other dioceses in the Province of NSW to these changes. Until such agreement is obtained, the NSW Government will not agree to promote the changes in Parliament.

In the circumstances, we concurred with the resolution of the Anglican Church Property Trust not to pursue any changes to the Act at this time.’

Page 13 – Item 7.13 24/16 Domestic Violence

Delete the second, third and fourth paragraphs and insert –

“A further report from the Task Force is printed separately together with an accompanying document *Responding to Domestic Abuse: Provisional Policy and Good Practice Guidelines*.”

**Page 14 – Item 7.14 26/16 Debate concerning same-sex marriage
Archbishop’s Task Force on Same-Sex Marriage Plebiscite**

Add the following new paragraph at the end –

‘A report about the “No” campaign led by the Coalition For Marriage to oppose any change to the law to permit same-sex couples to marry is printed separately.’

Page 14 – Item 7.17 34/16 Opening, closure, merger or takeover of Schools Corporation schools

Delete the last paragraph and insert –

“The Anglican Schools Corporation has provided its response however we have not yet considered it.”

**Page 15 – Item 7.19 40/16 Safe learning environment for all students
Transgender policy for schools**

Delete from heading “Transgender policy for schools”.

Delete last paragraph and insert –

“A report from the Gender Identity Subcommittee is printed separately.”

Page 15 – After item 7.22 Ordinances for this session

Delete “30 August 2017” and insert “20 September 2017”.

Page 75 – Clergy Assistance Program – 12 month review

Delete “\$39,000k” in paragraph 18 and insert “\$39,000”.

Page 88 – 10/16 Licensing of Incumbents Interim Report

Delete the second paragraph of Appendix 1 and insert –

“You will find detailed reports available to Synod members on the [Synod this year page](#) of the SDS website, www.sds.asn.au.”

Page 99 – 10/16 Licensing of Incumbents Interim Report

Delete “as at appendix” in subparagraph (d) and insert –

“as an appendix”

Page 117 – Ordinances passed by the Standing Committee

Add to the end –

“Broadway Variation of Trusts for Archbishop’s Residence Ordinance No 25, 2017 (assent pending)
Coogee Trust Ordinance No 26, 2017 (assent pending)
Greystanes – Merrylands West Trust Ordinance No 27, 2017
St Andrew’s Cathedral Trust Ordinance 2016 Amendment Ordinance No 28, 2017
Marriage (Special Appropriation) Ordinance No 29, 2017”

Delete “30 August 2017” and insert “20 September 2017”.

Consultation on Anglicare's delivery of welfare and support services

(A report from the Standing Committee.)

Key Points

- Under clause 23A of the *Anglican Community Services Constitution Ordinance 1961* Anglicare is required to consult with the Standing Committee at least annually in respect to the pursuit of its object under clause 5(b), namely welfare and support services for the vulnerable, the marginalised, the disabled and those in necessitous circumstances
- The Ministry in Socially Disadvantaged Areas Committee (the "MSDAC") has undertaken the 2017 consultation with Anglicare on behalf of Standing Committee
- From 2017 Anglicare has increased funding through its Community Services Division for its services towards socially disadvantaged people through its "own programs", with further increases in funding planned for following years
- This increased funding capacity has allowed Anglicare to develop a rationale as to how it allocates resources to the socially disadvantaged

Purpose

1. The purpose of this report is to provide the Synod with information about the consultation between the MSDAC and Anglicare pursuant to clause 23A of the *Anglican Community Services Constitution Ordinance 1961* (the "Ordinance").

Recommendations

2. Synod receive this report.

Background

3. The MSDAC met with the Chief Executive Officer of Anglicare, Mr Grant Millard, and Anglicare's Chief Financial Officer, Mr Grant Muddle, to undertake the consultation required by clause 23A of the Ordinance. Clause 23A requires an annual consultation with Anglicare, concerning its pursuit of its object under clause 5(b) of the Ordinance which provides –

The Body Corporate is established as a public benevolent institution to further the work of the Anglican Church of Australia, Diocese of Sydney by promoting and proclaiming the gospel of the Lord Jesus Christ while undertaking works of public benevolence that reflect the love of God as shown in Christ including –

.....
(b) welfare and support services for the vulnerable, the marginalised, the disabled and those in necessitous circumstances;.....

4. In undertaking this consultation, the MSDAC had regard to Synod resolution 2/16 by which the Synod approved of the merger between Anglican Retirement Villages and the old Anglicare. Paragraphs (b), (c) and (d) of resolution 2/16 specifically addressed the need for Anglicare to continue its work of public benevolence to those in necessitous circumstances following the merger. The terms of the resolution are –

Synod, noting the report of the Standing Committee in relation to the proposed merger of Anglican Retirement Villages Diocese of Sydney ("ARV") and Sydney Anglican Home Mission Society ("Anglicare") together with accompanying draft ordinances and other documents in relation to the proposed merger received at this session, approves in principle the merger of these two organisations on the basis that –

- (a) the indemnity provided by ARV to Anglicare is intended to ensure that survivors of child abuse have at least an equivalent level of recourse as if Anglicare had continued to operate in its own right,
- (b) the merged organisation will actively aim to continue to deliver services provided by Anglicare and ARV to socially disadvantaged people at an enhanced level,
- (c) the merged organisation will actively aim to continue the work undertaken by Anglicare with Aboriginal and Torres Strait Islander Peoples at an enhanced level,
- (d) the merged organisation will actively aim to continue to alleviate necessitous circumstances through the provision of education at an enhanced level,
- (e) the legal name of the merged organisation is "Anglican Community Services",

- (f) consideration is given to making provision in both the Anglicare and ARV constituting ordinances for a gift fund for both entities,

and requests the Standing Committee to pass such ordinances and take such other action it considers necessary or desirable to give effect to the merger on this basis.

Overview

5. The Community Services Division of Anglicare is the main area where work is directed explicitly towards disadvantaged and marginalised people (so-called “welfare” work). Other areas of Anglicare’s work, such as the extensive Aged Care work, address the frail aged who are sometimes in necessitous circumstances, but not necessarily in disadvantaged communities. Anglicare has a keen focus on extending the aged care work into these areas through various initiatives and development activities.

6. The old Anglicare had a long-standing commitment to funding work in the community services area but this commitment was largely constrained by the need to carefully husband resources in a smaller, capital-constrained organisation. With its larger scale, the new Anglicare is committed to directing more Anglicare funds to its “welfare work”, in a responsible way and as its balance sheet allows.

Rationale for application of funds towards those in necessitous circumstances

7. The MSDAC sought to understand the rationale for Anglicare’s allocation of resourcing and funds to “welfare” ministry. In other words, what is the policy that informs the decision making process?

8. Previously, Anglicare’s presence in the community, through the Community Services Division, was largely driven by the success (or lack of) in tendering for Government contracts. A consequence of this was that Anglicare’s welfare services were often fragmented as the particular regions that were successful in obtaining Government contracts did not coincide with diocesan boundaries. More substantially, Anglicare did not have the financial capacity to deploy any new services without redirecting existing services.

9. Prior to the merger, Anglicare’s decisions regarding the allocation of resources to welfare work tended to be reactive: deciding whether particular funding opportunities (substantially government contracts) would be pursued. These decisions were made based on missional alignment, organisational capability, financial sustainability and parish partnership opportunity. Given that welfare support services were largely tied to available (and successful) government contract tenders, there was not any significant proactive assessment that prioritised socio-economic disadvantage.

10. The increased capacity of the new Anglicare has meant that it can now meaningfully determine appropriate rationale for the allocation of resources to “welfare” ministry, and beginning in a small way, has been able to allocate more resources to disadvantaged people. As an example, the Mobile Community Pantry initiative was developed in late 2015 and has significant impact with relatively small capital cost. This program was devised to address physical needs of disadvantaged persons (providing affordable, healthy food) in collaboration with parishes located in areas of more acute socio-economic disadvantage and who are able to provide a small amount of volunteer hours on site.

Allocation of surplus funds

11. Anglicare has determined two key priorities to guide the allocation of surplus funds from the organisation.

12. First, Anglicare continues to seek to make an appropriate investment in chaplaincy, pastoral care and theological thought leadership in the social services space. This investment aligns with the purpose of the organisation: *“Jesus Christ honoured, lives enriched and communities strengthened”*. This entails not only expenditure in employing a larger number of theologically trained workers, but also running programs and preparing materials that embed the vision, mission and values of the organisation in its staff and their work. Approximately \$6m (net of any subsidies) of Anglicare’s funds are invested in pastoral care and mission (including the net un-reimbursed cost of institutional chaplaincy) making this Anglicare’s largest financial welfare allocation.

13. Second, in regard to expanded funding in ministry to those socially disadvantaged, there are three main objects –

- (a) Expand ministry to the disadvantaged, in partnership with local churches (e.g., Mobile Community Pantry expansion from one van to three vans)
- (b) Undertake trials of new ministry options primarily aimed at expanding parish partnership options (e.g., Family skills workers)
- (c) Support the Community Services division during a significant transition from a mainly “block funded” government funding model to a “client directed” model. This radical change requires a transformation in the Community Services structures and processes in order to ensure future viability for the work (project workers, training, workshops).

Funding for the socially disadvantaged

14. Community Services work is funded from three main sources –

- (a) government funding,
- (b) client fees (mostly Shop income), and
- (c) donations and supporter funds.

15. Prior to the merger, Anglicare's own funds (derived from investments and donated funds) were applied to chaplaincy, emergency relief, advocacy and social policy research (including NCLS). The real value of the investments were maintained as a capital base for Anglicare, to reinvest in the maintenance and improvement of aged care operating assets.

16. Following the merger, Anglicare has the means to free up funding for programs in a way that has not in recent history been possible. Whereas previously Anglicare needed to set aside funds for the renewal and replacement of its aged care assets, the operating profit from the consolidated aged care is sufficient to maintain the assets on an ongoing basis. Similarly, the legacies which previously needed to be accumulated in order to provide a growing capital base for a growing organisation, can now be utilised for services as a result of the return from the consolidated operations.

17. It is important to note that there is no cross transfer of aged care surpluses into the Community Services work nor any plans for that approach to be implemented. But since June 2016 an additional \$1.6m per annum has been progressively made available from Anglicare funds to allow for the growth of ministry for the disadvantaged.

18. The Community Services budgets for the 2017 and 2018 financial years are presented in the following table –

Community Services Budget \$'000			
	2016/17	2016/17	2017/18
	\$' (Pre merger)	(Post merger)	
Revenue			
Government funding	28,215	28,215	25,341
Service income	6,890	6,890	6,481
Donations & supporter funds	1,268	1,268	1,579
Total Revenue	36,373	36,372	33,402
Expenditure			
Service delivery	(37,286)	(38,037)	(37,002)
Management & support	(2,702)	(2,702)	(2,975)
Total Expenditure	(39,988)	(40,739)	(39,978)
Net Position	(3,615)	(4,367)	(6,576)

19. Government funding has decreased for the upcoming year from \$28.2m to \$25.3m. The main factor in this change is the introduction of the NDIS and Anglicare's associated decision to exit from its significant disability work. Further reductions in funding for the disability and carer support work will occur in the 2018/19 year which will bring that work to close. However, Anglicare has indicated that plans are in place to grow other aspects of the government funding in areas such as foster care.

20. It is anticipated that in 2018 financial year that Anglicare funded community service programs will total \$6.1m in expenditure.

21. The capacity to fund 'own program' expenditure in Community Services has historically been based on a combination of program-specific donations (e.g. Syrian Refugee Appeal) and investment income "earned" on internally established funds. However, Anglicare has now been able to commit an additional \$1.6 million over the 2017 and 2018 financial years (beginning with \$750,000 in the 2017 financial year) to deliver effective and sustainable programs that will begin to provide services to socially disadvantaged people at an enhanced level.

22. The following table shows how the additional \$1.6 million is allocated over the 2017-18 financial years –

Area	Budgeted Expenditure in 2017/2018 \$'000	Nature
Short term funding for expansion of Adoptions work	85	Short term seed funding
Additional funding for Syrian / Iraqi Refugee Response and ESL	172	Short term project
Expansion of mobile community pantry to three vans	381	Ongoing program
Grow Project to build strong foundation for future ministry	310	Short term project
Expansion / consistent funding of "Food and Financial Assistance"	200	Ongoing program
Family Skills position	100	Initial position – potential expansion
Domestic Violence Advisor	98	Ongoing program
Short Term funding for expansion of mental health / Family Support work	254	Short term seed funding
Total	1,600	

23. In addition to increasing funding, Anglicare has developed new metrics to ensure that service delivery is both enhanced and sustainable. Enhancement of service delivery is measured by annual spending growth, as an average over three years (to allow for timing differences and other short term variances in the result). Sustainability is measured by expenditure as a percentage of the surplus generated across all Anglicare's operations *before* the net outflow on Community Services and Pastoral Care & Mission programs (again as an average over three years).

24. The following table sets out the metrics Anglicare has used for delivering services to socially disadvantaged people and delivering pastoral care and chaplaincy services.

Spending metrics	FY15	FY16	FY17	FY18B
Community Service resources				
Amount spent (\$m) ¹	4.1	4.3	5.4	7.0
Spending growth (annualised)			6.5%	23.8%
Spending as a % of Net Surplus generated	14.0%	17.5%	20.9%	30.7%
Pastoral Care & Mission resources				
Amount spent (\$m)	4.6	4.2	4.7	6.1
Spending growth (annualised)			8.2%	11.5%
Spending as a % of Net Surplus generated	15.8%	16.7%	18.2%	27.0%

¹ This measures the amount spent. This differs from the budget figure (FY18 \$7.0m v Budget net expenditure \$6.1m) as the net figure offsets some funds transferred from prior periods)

25. These numbers measure the cost of services delivered through Community Services channels only. Anglicare also provides other welfare services, such as our Housing Assistance program, that also reach out to socially disadvantaged people. Housing Assistance currently provides re-developed accommodation for approximately 60 seniors who would otherwise potentially be homeless, and this service will expand to 200 people in 10 locations over the next 4 years.

Conclusion

26. From its consultation with Anglicare, MSDAC is confident that the financial benefits of the new Anglicare in providing services to socially disadvantaged people are being realised. Initially this may be seen in relatively small improvements, but there is strong expectation that it will grow over time.

27. Going forward, Anglicare intends to focus on the provision of services to the areas of greatest need within the Diocese, in a manner that can assist and sustain local ministry. To this end, the scope of activities that may be undertaken within the public benevolent institution construct are being investigated. Anglicare is also reviewing its capacity to employ "community chaplains" and it is expected that more information about this will be available in due course. Anglicare remains convinced that it cannot participate as a grant funder to parishes, due to the real risk that such funding will be seen (or could be construed) as distributions to members, prejudicing the legal status of the organisation.

For and on behalf of the Standing Committee.

BISHOP PETER HAYWARD

Chair, Ministry in Socially Disadvantaged Areas Committee

20 September 2017

Gender Identity

(A report from the Social Issues Committee.)

Contents

1	Introduction	212
2	What is Transgender?	212
3	Gender Identity - The Current Context	213
3.1	Biblical and Contemporary Lenses	213
3.2	Language and Definitions – How we arrived here	214
4	Biblical view of sex and gender	217
4.1	Humanity as male and female in the image of God	217
4.2	Humanity as embodied beings.....	219
4.3	Identity in Christ.....	220
4.4	The body of believers: the church	221
5	What is Gender Dysphoria? – the medical view	222
5.1	Definitions.....	222
5.2	Incidence and prevalence of Gender non-conformity and Gender Dysphoria.....	223
5.3	Gender non-conformity in children	223
5.4	Gender non-conformity and gender dysphoria in adolescents	223
5.5	Prevalence of adult transgender and gender dysphoria	225
6	Aetiology (origins) of transgender and gender dysphoria	225
6.1	Is it biological (Nature)?	225
6.2	Is it environmental (Nurture)?.....	226
7	Medical Approach to Gender Dysphoria	228
7.1	Referral to gender clinics	228
7.2	Management of Children with Gender Dysphoria	228
7.3	Management of Adolescents.....	230
7.4	Management in Adults	232
7.5	Sex reassignment surgery	233
7.6	Understanding the medical schism	234
7.7	Christian healthcare approach to gender non-conforming individuals.....	234
8	Gender Identity and the Law in Australia	235
8.1	Recognition of “transgender status”	235
8.2	Regulation of gender reassignment	237
8.3	Discrimination.....	238
8.4	Vilification and offence	240
8.5	Human right to gender transition in Australia	241
8.6	Overview of laws in other States and Territories	242
8.7	International Laws	245

9	Conclusion	248
9.1	Initial Principles of Engagement.....	248
10	Recommendations	251
11	Acknowledgement	252
	Appendix 1: Table of Acronymns	253
	Appendix 2: Disorders of Sexual Development	254

PLEASE NOTE:

This report may contain material and express views that could cause distress to some readers, particularly those experiencing gender identity issues, and their families. The report also contains medical terminology, and reference to sexual body parts, and suicide. The authors have sought to be sensitive to these considerations, and urge any readers who experience distress to seek appropriate help and support.

1 Introduction

(1) In April 2016, the Social Issues Committee of the Diocese established the Gender Identity Subcommittee to examine questions of gender identity. Its aim was to develop a theologically supported framework for application to diocesan organisations, schools, parishes and individual ministry. This work was supported by Synod Resolution 40/16.

(2) This Report seeks to provide the necessary biblical, medical and legal material to help inform future policy development, public engagement and pastoral care. It seeks to do so with as much pastoral sensitivity as the format allows. However, the content may still be confronting or distressing for those dealing personally with gender identity issues. This is not intentional on the part of the Gender Identity Subcommittee or the Social Issues Committee.

(3) This Report is part one of a multi-layer body of work. This paper briefly outlines the context of 'gender identity' in Australia including the use of language and definitions; the biblical framework of sex and gender; a review of medical literature on gender non-conformity; and finally, a summary of the current legislative framework in this country. The Report concludes with recommendations for further work to be considered by the Synod.

(4) Part two of the Subcommittee's work is still in progress. A mixed-methods study aimed at collecting first-hand experiences of gender non-conformity within the church is currently underway. From this work, and informed by biblical teaching, detailed pastoral and policy responses will be developed in consultation with Anglican stakeholders. This work will be completed in 2018.

(5) There are those within our churches and broader community who experience deep distress associated with their gender identity or who have loved ones who do so. Our churches should be places where *all* people are welcomed, loved, and nurtured with care that is shaped by the love of Christ, and informed by the word of God. Those experiencing gender identity issues should be treated with dignity, generous love, compassion, and pastoral humility.

(6) This Report engages with ideas and practices that increasingly find acceptance in society. Scripture teaches that God's purposes for humanity lead to human flourishing, and Jesus calls those who follow him to speak the truth in love. It is our conviction that upholding and speaking God's truth on these matters best serves and loves those experiencing gender identity issues, and the broader community.

2 What is Transgender?

(7) The rise in gender identity issues and the transgender phenomenon mean that individual Christians, and Christian organisations, such as churches, schools, health care professionals, counsellors, and welfare and residential care providers, need to understand the complex issues involved and formulate responses that are shaped by the Bible's teaching, and which can best serve affected individuals and communities.

(8) The theological and pastoral questions are new, and result from developments in medicine and far-reaching ideological and cultural changes around questions of sexual orientation and gender identity (sometimes referred to in the literature as SOGI).

(9) For decades now, the impact of feminism has made debates about gender and gender roles commonplace both outside and inside the church. More recently, questions about human sexuality and same-sex relations have occupied society. Yet for all their differences, virtually all participants in these debates have agreed that human beings are either male or female, and that a person's biological sex determines their gender.

(10) However, it is this binary distinction of male and female, and the correspondence of biology and gender, that are now in question with transgenderism or the 'T' in the LGBT acronym.

(11) 'Transgender' is an umbrella term for people who were born either male or female, but whose psychological or emotional gender identity differs to some extent from their biological sex. These people may express their felt gender through gender bending and/or cross-dressing, and sometimes through cross hormone therapy and/or sex reassignment surgery. This gender expression is an attempt to bring their body into alignment with their felt gender.¹

(12) There are two main groups under the transgender umbrella. Firstly, there are gender experimenters, ideologues and activists who attempt to challenge conventional expressions of gender. They believe that gender is simply a social construct, which is chosen and fluid (i.e., subject to change within an individual) and not tied to biology. For them, transgender identity is a form of protest. By contrast, the second group has a binary view of sex and gender (i.e., male and female) but experiences varying levels of distress from a felt incongruence between their gender identity and biological sex.

(13) Within these two groups there is great variety. There are differing, even opposing, ideologies driving the first group. In the second group, there are different degrees and experiences of gender incongruence, and different ways of managing any distress. For this reason, we are sensitive to making any simplistic generalisations. However, all those under the transgender umbrella share a common belief, namely, the de-coupling of bodily sex and gender in human personhood.

(14) Transgender is not to be confused with 'Intersex' (the 'I' in LGBTI). Intersex describes those rare conditions where a person is born with biological or physical ambiguity in their sex characteristics, genes or anatomy. These are physical not psychological and emotional conditions.² This report will not address intersex issues, except to say that although such conditions are rare we should expect to have those with intersex conditions in our church communities, and although they may choose to keep their experience private, our teaching and pastoral ministry must be sensitive to and seek to address their needs. Further explanation of intersex conditions can be found in Appendix 2.

3 Gender Identity - The Current Context

3.1 Biblical and Contemporary Lenses

(15) In April 2015 Bruce Jenner, American TV personality and Olympic gold medal-winning decathlete, announced to the world that he wished to identify as a woman and, from thereon, be known as "Caitlyn". The mainstream media were, in the main, eager to affirm this decision and Jenner appeared on the cover of *Vanity Fair* magazine's June 2015 edition, dressed in female underwear that emphasized cosmetically enhanced breasts. The photographer for that shoot, Annie Liebovitz, declared, "Jenner is finally herself for the first time publicly."³

(16) Jenner's announcement brought questions of gender identity to the forefront of popular debate. It also carried with it troubling signs that any dissenting view would not be tolerated. Even famous feminist author and activist Germaine Greer found herself disinvited from delivering a British University lecture as a consequence of questioning Jenner's decision to transition genders, and for objecting to the suggestion that Jenner might be nominated as "woman of the year".⁴

(17) Here in Australia, the Safe Schools Coalition program has been aggressively championing this new gender ideology. Students have been taught that non-acceptance of alternative sexual and gender ethics

¹ The older term 'transsexual' refers to someone who has/wants to change their body. <http://www.glaad.org/reference/transgender>. [Accessed 7 June 2017.]

² <http://www.isna.org/faq/transgender>. [Accessed 7 June 2017.]

³ Jonathan Capehart (June 1 2015). "Caitlyn Jenner comes out in *Vanity Fair*". *The Washington Post*. Available at: <http://www.washingtonpost.com/blogs/post-partisan/wp/2015/06/01/caitlyn-jenner-comes-out-in-vanity-fair/>. [Accessed 5 June 2016.]

⁴ <http://www.news.com.au/lifestyle/real-life/news-life/feminist-germaine-greer-sparks-freedom-of-speech-debate-for-views-on-transgender-women-and-caitlyn-jenner/news-story/dd81143d20f4633527b73c9ea350e707>. [Accessed 20 November 2016.]

is “phobic” and hateful and must be fiercely rejected.⁵ Students who express contrary or conservative opinions, no matter how politely, have been made to feel “excluded, disrespected and inferior”.⁶

(18) Both South Australia’s 2016 Transgender and Intersex Student Support Procedure⁷, and a 2014 NSW Department of Education & Communities Legal Issues Bulletin⁸ affirm transgender ideology, and recommend and require its practical application. This includes discipline of staff or students who deliberately or repeatedly (even unintentionally, it seems) fail to use a student’s chosen name or gendered pronoun, including, in SA, the mandatory use of the Education Department’s Sexual Harassment Policy and a school’s anti-bullying and harassment policy.

(19) These are only a few of the countless examples of the emerging gender ideology, which holds that gender identity need not necessarily correspond with biological sex, and which serves to promote and impose this new understanding on our society’s common life.

(20) For the Christian, there are some immediately obvious questions to be addressed. We believe the Bible is our final authority in matters of doctrine and life and yet these ideas about gender fluidity and a spectrum of gender identities stand in stark contrast to the simple binary model of male and female set out in Scripture (Gen. 1:27, 2:24-28). Which is right? And how are we to live in a society that accepts these new gender norms?

3.2 Language and Definitions – How we arrived here

(21) Emerging gender ideology has been advanced using, and is evident in, a host of new terms and in the redefinition of existing vocabulary. According to this new set of definitions, the once-assumed clear bond and correlation between sex, gender, sexual orientation, and gender expression is no longer a given.

(22) This new vocabulary has quickly been popularized and entered the mainstream, through entertainment and the media, for example, with social media platform Facebook recently giving users over 70 gender options for their personal profiles.⁹

(23) It is increasingly evident that this new vocabulary is shaping the reality we are operating in. The nature of language is that it names and shapes our perception of reality as well as our ability to speak of things. Those who would engage in the debate are, by nature of the case, forced to use the new vocabulary (with its meanings) or go to great lengths to define their own.

(24) The following table, identifies some of this new vocabulary, and clarifies how it will be used in this report.

Word or Term	Definition
Biological sex or *birth sex or *natal sex	This has to do with biology; a person’s chromosomes, gonads, genitals, their primary and secondary sex characteristics – like body shape, voice pitch, hair distribution. This answers the question: what is male and what is female. *The terms ‘birth sex’ or ‘natal sex’ are sometimes also used, but they are avoided in this report, as they seem to allow the possibility of a sex other than that with which a person is born.
Assigned sex	Assigned sex is a term that is changing. Until recently, it was used for assigning sex to those with intersex conditions at birth where there was biological ambiguity. Increasingly though, as part of the trend to see gender as a social construct, it is being used for the so-called ‘label’ given at birth: “it’s a girl”, “it’s a boy” – often with the notion that this assigning of sex is arbitrary, and imposed on the infant without their knowledge or permission, and without

⁵ <https://www.studentwellbeinghub.edu.au/resources/detail?id=f0774c22-d5c5-6d32-997d-ff0000a69c30#/>. [Accessed 15 November 2016.]

⁶ <http://www.theaustralian.com.au/national-affairs/state-politics/safe-schools-antibullying-ruling-forcing-us-to-go-private/news-story/976000edca567f75633e45d91f0995d6>. [Accessed 10 March 2017.]

⁷ <https://www.decd.sa.gov.au/sites/g/files/net691ff/transgender-and-intersex-support-procedure.pdf?v=1480468803>, [Accessed 21 June 2017.]

⁸ https://www.det.nsw.edu.au/media/downloads/about-us/how-we-operate/legal-issues-bulletins/number_55.pdf, [Accessed 18 November 2016.]

⁹ These included “F2M”, “T* woman”, “Two-spirit person”, “Gender Variant”, “Neutrois” and simply “Other”. Facebook now offers just three options, however, with infinite possibilities, i.e., “Male”, “Female” and “custom” where a person can can ‘write their own’ gender identity. Similar options are now provided by many government agencies when official forms are completed.

Word or Term	Definition
	seeing which gender the child wants to be. This is in contrast to the traditional idea that sex is 'acknowledged' at birth, based on the observed anatomical sexual characteristics of the newborn.
Sex and sexuality	These terms often get confused. Sex refers to a person's biological sex, whereas <i>sexuality</i> refers to their sexual and/or romantic attraction (orientation) or practice. The first is about objective facts of a person's body; the second is about whom we subjectively find sexually and/or romantically attractive.
Gender or gender expression	This is the psychological and social aspect of how sex is presented in things like dress and demeanour, social conventions, and cultural gender norms. These vary in different cultures. The distinction between 'sex' and 'gender' is relatively recent (circa 1963). The question here is: what is 'masculine' and what is 'feminine'?
Gender identity	In recent times, this has come to be about how a person feels or experiences themselves. It is a private and subjective sense of identity and experience. The question here is: Who do I feel that I am?
Gender roles	These are the common socially accepted behavioural expectations of maleness or femaleness. They change from culture to culture – although some are biologically-based, for example, pregnant women.
Cisgender	This is another new term (approx. 1990s) where a person's gender identity and gender roles align with their biological sex and/or with society's expectations of that biological sex. <i>Cis</i> comes from Latin, meaning 'on this side of'. It's the opposite of ' <i>trans</i> ' – and arguably assumes the existence of 'trans' as a normal and natural phenomenon. Accordingly, it is not used in this report.
Heteronormativity	The belief that sex is binary (male or female) and gender is determined by biology, and that only sexual orientation and sexual relations with the opposite sex are good and right and 'natural'. It is not usually a neutral term but is understood negatively, as oppressive, homophobic and transphobic. Accordingly, it is not used in this report.
Gender bending	This is intentionally crossing or 'bending' accepted gender norms and roles, either by adopting the dress or roles of the alternative binary gender, or through androgyny or obscuring gender.
Gender dysphoria	This is the medical term for the experience of <i>distress</i> associated with having a psychological or emotional gender identity that does not match a person's biological sex. It is discussed at length below.
Transgender	An umbrella term for people who were born either male or female, but whose gender identity differs from their biological sex (to varying degrees), and who want to express the gender with which they identify, through gender bending and/or cross-dressing, and/or cross-hormone therapy, and/or sex reassignment surgery. Transgender is about gender identity <i>not sexual orientation</i> . Transgender people can be straight, lesbian, gay or bisexual (in relation to their subjective gender identity not biological sex).
Gender non-conforming	An alternative way to describe those who are "transgender" that stresses their non-conformity to gender norms irrespective of whether they chose to identify as having a gender other than their biological gender. We have chosen to use this term throughout the rest of the report to describe those experiencing the issues addressed in this paper.
Queer	Queer is a political or ideological term that rejects binary notions of gender, and holds to gender diversity (i.e., an infinite number of genders across the population) and the fluidity or non-fixity of gender (i.e., subject to change within an individual). Genderqueer is used by some who experience their gender identity as being outside the categories of man and woman. Sometimes the acronym "Q" means not "queer" but 'questioning', i.e., someone who's trying to work out who they are and to whom they're attracted.

(25) The new terminology seeks to establish and enforce a revised framework for understanding gender, sex, and sexuality. For example, just because a person has a set of XY chromosomes and male gonads and genital organs (i.e., their “sex”), that person may not necessarily have a subjective male “gender” identity. Nor is that person’s sexual orientation governed by any of these factors.

(26) In fact, the role of language to name and categorise sex and gender, and to establish norms, is itself being brought into question. So is our ability to refer to universally-received norms or “common sense”. Increasingly, any reference to norms or “common sense” is seen to be oppressive and discriminatory. Each individual, is said to have the right to identify themselves however they choose, independently of anything else – their objective biology, earlier life, existing official documents (e.g., birth certificate), or how others regard the person.

(27) These challenges and changes are most evident in the work of queer theorists. Queer theory involves the questioning and deconstruction of previously assumed norms and the structures which support them (of which language is one). It has also had profound influence on academia, especially in the fields of philosophy and biological sciences.

Queer theorists see gender as an institution, by which they mean a social convention or arrangement sustained by a set of accepted determinative ideas – norms. It is for this reason that gender must be queered because it is a harmful institution that forcibly frames (constructs or makes) society’s subjects. Queer theory seeks to undermine (deconstruct) the view that the only existence is that which falls within the boundaries set by the institution of gender that is ordered by nature or biology

...

Put crassly, queer theorists reject the fact that men have a penis, are masculine, and desire and have sexual relations with women; and they reject the fact that women have a vagina, are feminine, and desire and have sexual relations with men. Human gendered and sexuality experience, they argue, is much more diverse. Queering gender is therefore an attempt to reveal and legitimise other liveable gendered and sexuality realities apart from or besides those prescribed by the bio-logical man/woman gender binary.¹⁰

(28) Simply put, in this new “queered” understanding there is no “normal” so that every possible expression is normalised:

There is an infinite diversity of genders in the world. Each person has a totally unique interpretation and relationship with any gender they inhabit. There are at least as many genders as there have been humans who have lived.¹¹

(29) Any talk of norms or common sense based on biology, is seen as meaningless, and (worse still) oppressive and phobic, because it seeks to impose on others what they themselves have not chosen.

(30) Safe Schools Coalition Australia (whose program is implemented in many Australian schools and in Victoria is state-funded) provides the following advice regarding use of pronouns on its “Student Wellbeing Hub” website¹²:

It’s ok to ask people about their preferred use of pronouns. Where possible, ask privately. Some people use gender-neutral pronouns such as ‘they’ (singular) or ‘ze’, while others use no pronoun or may wish to be addressed by their name only. It is important not to make assumptions about people’s gender identity and to be respectful when using pronouns.

(31) While at first sight this appears entirely appropriate, in that it seeks to uphold the dignity of the individual, and seeks to alleviate the distress of those with gender identity issues, it also represents a “queering” of language as it decouples gendered pronouns from biological reality.

¹⁰ Dan Patterson, “A brief history of gender and its significance”. *EFAC Essentials*, Spring 2016, Available at: <https://www.efac.org.au/index.php/essentials-58/general/598-a-brief-history-of-gender>. [Accessed 9 August 2017.]

¹¹ Jenny Crofton, “What It Means To Be MultiGender: The Questions Many Have, But Are Afraid To Ask”, *The Body is not an Apology*, Available at: <https://thebodyisnotanapology.com/magazine/what-it-means-to-be-multigender-the-questions-many-have-but-are-afraid-to-ask>. [Accessed 28 July 2017.]

¹² Safe Schools Coalition Victoria and Minus18 (2016), *All of Us: Health and Physical Education Resource - Understanding Gender diversity, Sexual diversity and intersex topics for years 7 and 8*, [online], Available at: <https://www.studentwellbeinghub.edu.au/docs/default-source/all-of-us-online-version-may-2016-v3-pdf/a8c146fe405c47b9989542b9040a5b90.pdf?sfvrsn=0> [Accessed 18 August 2016.]

(32) The shift in language is impacting the development of legislation on human rights and discrimination. In Canada, for example, recent changes in legislation may compel the use of genderless pronouns and classify misgendering as discrimination against transgender people. See section 8.7 for further information.

(33) The shift in language and understanding has also impacted the field of medicine. Prominent medical bodies now no longer regard an incongruence between biological sex and self-perception of gender as necessarily problematic. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition ("DSM-5", 2013)¹³ replaced the previous clinical entity "Gender Identity Disorder" (as seen in DSM-4, 1994) with the diagnosis of "Gender Dysphoria". This change represents a significant shift from recognising the *experience* of gender incongruence as pathological (abnormal) to labelling it pathological only if it is associated with *distress*. This change in nomenclature appears not to have been a response to new medical research, but the result of ideological shifts regarding sex and gender, and a (commendable) desire to destigmatize the experience of gender incongruence.¹⁴ The report addresses the diagnosis and treatment of gender dysphoria in some detail below.¹⁵

(34) A discussion about language might seem a strange place to start a report like this. However, this new language is a significant part of the changes and challenges to views of sex and gender, both as an agent of change and a result of it. While we must be sensitive to the difficulties some language poses to those who struggle with gender nonconformity, we must also be aware of the ideological undercurrents and implications of the changes to language we are seeing.

4 Biblical view of sex and gender

(35) While the social phenomenon of transgender activism may be new, and present fresh challenges, it has highlighted the needs of those within society and the church who suffer from gender identity issues or incongruence. God's living word must be our guide as we seek to respond to transgender activism, and as we seek to love and care for those personally affected by Gender Dysphoria.

4.1 Humanity as male and female in the image of God

(36) The first chapter of the Bible tells us that God made humanity male and female. While other creatures are implicitly also created male and female (cf. Gen. 1:22), with humanity this binary sexual distinction is explicitly part of being made in his image, and his good purpose for us (Gen. 1:26–28). This sexual distinction and its association with being made in God's image remains after the Fall (Gen. 5:1–2).

(37) Genesis 2 develops this distinction between male and female, when we meet the first man and woman and they are joined in a life-long one-flesh union. The correlation and alignment of biological sex and gender is seen as the "male" and "female" (adjectival nouns) of Genesis 1 become the persons of "man" and "woman", "husband" and "wife", and "father" and "mother" (gendered personal nouns) of Genesis 2 and beyond.

(38) Jesus affirms the divine design of this binary sex-gender distinction as the basis of his understanding of marriage (and the effect of divorce), saying "at the beginning of creation God made them male and female" (Mark 10:6–7; Matt. 19:4–5).

(39) Scripture is clear that male and female, man and woman, are equally human, equally blessed and equally charged to "fill the earth and subdue it." Yet they are sexually distinct with different roles. They are equal and similar, yet different and complementary, and their relationship is one of otherness but as corresponding not contradictory polarities. This binary sex-gender distinction is part of the good of God's creation (Gen. 2:18, cf. Gen. 1:31).

(40) The sex and gender differences of man and woman are not incidental to their personhood. Woman is a new entity. She is not a deviation of the norm or form of 'man' even though she was formed out of him. Neither is there a neutral human template to which different body parts or gendered attributes are added.

¹³ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5®). American Psychiatric Pub, 2013.

¹⁴ Kenneth Zucker, "The DSM-5 Diagnostic Criteria for Gender Dysphoria" (pages 33–37, here 33–34) in *Management of Gender Dysphoria: A Multidisciplinary Approach*, edited by Carlo Trombetta, et al., Springer Milan, 2015. See also Lawrence, A.A., 2014. Gender assignment dysphoria in the DSM-5. *Archives of sexual behavior*, 43(7), pp.1263-1266.

¹⁵ See section 5.2 "Incidence and prevalence of Gender Dysphoria | Definitions".

Man and woman are distinct in their essence.¹⁶ They *are* in their beings 'man' and 'woman'. There is no abstraction of humanity independent of sex and thus gender. Also, their identity as man and woman is not subjectively chosen. It is an absolute state that is given by God, and realized and experienced in their embodied selves.

(41) In the Genesis account, the differences between the sexes can be seen in their respective origins, their distinct names, the order in which they are created, and in their complementary purposes and roles, and the expression of their relationship.

(42) They are the first man and woman, and the first husband and wife, and yet not all that is true of their married selves and relationship applies to all men and women or all male/female interactions. Moreover, the implications of their differences should not go beyond the explicit teaching of the New Testament on women and men, which focuses on the realms of marriage and the gathered Christian community (1 Cor. 11:3–16; 1 Cor. 14:26–40; Eph. 5:21–33; Col. 3:18–19; 1 Tim. 2:1–15; Tit. 2:2–5; 1 Peter 3:1–7).

(43) Apart from their biological differences, the Bible does not locate the differences between the sexes in universal characteristics of men or women or of 'manhood' or 'womanhood'. Rather, the differences are found in distinct gendered roles and relationships. Indeed, there is great breadth and diversity in the biblical portrayal of the sexes (e.g., *women*: Gen. 27:14; Num. 27:1–4; Judg. 4:4–6, 18–21; Neh. 3:12; Prov. 31:10–31; Luke 10:38–41; Acts 9:36–39; *men*: Gen. 4:2, 20–22; 27:31; 45:14–15; Deut. 28:54; 1 Sam. 16:18; 17:33; 1 Tim. 3:3). This is significant for Christians experiencing gender identity issues, because the Bible does not prescribe narrow or rigid gender stereotypes. Rather—alongside explicit teaching on some different roles and responsibilities in marriage and ministry—there is a great variety in what it can look like to live faithfully as a man or a woman.

(44) At the same time, the Bible recognises that gender is expressed culturally, and differently in different cultures, and expects that a person's sex and corresponding gender will be embraced, and expressed through culturally appropriate symbols (e.g., clothing) and behaviour that aligns with their binary sex (e.g., Gen. 17:10; Deut. 22:5; 1 Cor. 11:4–5; 1 Tim. 2:9–10).

(45) Notwithstanding God's original purposes, since the Fall of Genesis 3, the sad reality is that all creation bears the consequences of our rebellion against God. The harmony of God's creation has been lost at every level. Our relationship with God is now broken. All human relationships are broken, including our relationship with our 'self', and our relationship to the created world. Even the wellbeing of creation is affected (Rom. 8:19–26), and our bodies are no exception to this. They are subject to frustration, death and decay, through afflictions of the body and the mind, and subject to hurt inflicted by ourselves and others. The experience of felt incongruence between biological sex and subjective gender identity is one such consequence. Another consequence of the Fall is that, in addition to our natural human limitations, our emotional, psychological, intellectual and spiritual faculties are affected by sin, and are unreliable guides. This means our subjective 'identity' must always be subject to the word of God and the objective givenness of the sexed body God has given us, no matter how strongly we might feel otherwise.

(46) Another consequence of the Fall evident in Scripture is that there are those whose bodies do not display all the usual characteristics of their biological sex (cf. 2 Kings 9:32; 20:18; Esth. 1:10, 15; 2:3; Isa. 39:7; 56:3–4; Acts 8:26–40) but there is no suggestion that this represents a third sex or that God intended such. In fact, in the same conversation where Jesus mentions those who were "born" eunuchs¹⁷ or "made eunuchs by others"¹⁸ he also restates God's original creation design and purposes for humanity as male and female, and the implications of this for marriage (Matt. 19:12). Jesus' comments, and the conversion of the Ethiopian eunuch (Acts 8:26–40) demonstrate that those with these conditions are fully accepted and welcome among the people of God.

(47) Despite the effects of the Fall, God's complementary-binary design of humanity as male-men and female-women remains. This is evident in Jesus' affirmation of God's original creation design and purposes. It is evident in the gendered relationships that God has established for human society, where we are daughters or sons, sisters or brothers, wives or husbands, mothers or fathers, nieces or nephews, and so on. It is evident in prohibitions in both the Old and New Testaments against blurring the distinctions between men and women through cross-dressing and cross-gender behaviour (Deut. 22:5; 1 Cor. 6:9 cf. *malakoi* and *arsenokoitai*; 11:4–15). And it is evident in the distinct and non-interchangeable roles of

¹⁶ Henri Blocher, *In the Beginning: The Opening Chapters of Genesis*, (Leicester: IVP, 1984), 100–101.

¹⁷ These would likely be regarded as Disorders of Sexual Development (DSD) or 'intersex' conditions today.

¹⁸ The conversion of the Ethiopian eunuch in Acts shows that the ceremonial exclusion of the Old Testament law no longer applies under the new covenant, as promised in Isaiah (Acts 8:26–40; cf. Deut. 23:1; Isa. 56:3–4).

husband and wife as human marriage functions as a signpost to the eternal marriage of Christ and the church (Eph. 5:21–33).

4.2 Humanity as embodied beings

(48) Our bodies, and what we do with our bodies, matter to God.

(49) He made us, male and female, as embodied beings, who come into being as we are formed in our mothers' wombs, and who will inherit imperishable bodies at the resurrection of the dead (Pss. 51:5; 139:13–16; Rom. 8:23; 1 Cor. 6:12–20; 15:50–55). There is not a pre-existent soul (gendered or otherwise) that is joined to a body, but soul and body grow together and exist together.¹⁹

(50) The goodness and dignity of embodied sexed and gendered human experience is seen in Jesus' incarnation as a biological male, whose experience and identity as a boy and a man were shaped by his biological sex, and the gendered relationships in which he found himself (e.g., 'man', 'son', 'brother', cf. Matt. 12:46–50; Luke 2:21, 23, 43, 48; John 19:26; and 'Son of Man' and 'Son of God'). Jesus was also subject to bodily experiences common to us all: birth, growth, maturity, hunger, tiredness, emotion, tears, and even death.

(51) We are to love and care for our bodies, because God made them and gave them to us, and he sets love of oneself as the high measure for loving our neighbours, and love of oneself *includes* loving our bodies (Eph. 5:28–29).

(52) That is, while we are more than our bodies, we are not less than them, and human identity is in part determined by the body God gives to each person—a body which places us in a specific time and place, and reveals our biological sex, race, and other distinctives. God makes each person a self-body or 'psychosomatic' unity, even if we are not fully conscious of being so. It is this ontological psychosomatic unity that transgenderism denies when it de-couples bodily sex and gender.

(53) For all humans, while there is a subjective element to human identity, and a sense in which our identity is informed and formed by lived experience and by social conventions and interaction with others, these factors are additional to the objective givenness of our bodies, and our *being* as male and female in God's image. Despite changes to our bodies, personalities, intelligences, abilities, self-image, and so on—some of which, for Christians, are due to the renewing power of the Spirit—there is a continuing embodied-self, who came into being at conception, and who will stand before the Lord at the last day, to receive eternal life or death (Dan. 12:1–3; Acts 10:42; Rev. 20:11–15). And while Scripture does not give us much detail about our resurrection bodies and life, there is good reason to believe that biological differentiation of male and female will continue (Matt. 22:30–32²⁰; Luke 24:15–51; John 20:15–21:14; Article 4²¹).

(54) All Christians are to be thankful and content with their bodies, knowing they are a gift from our heavenly Father, in which to serve him (2 Cor. 5:9). We are to be faithful stewards of our bodies, recognising they are members of Christ and temples of the Holy Spirit, and that we are to glorify God in our bodies (1 Cor. 6:13–20; 9:27). For those with gender incongruence this may present particular challenges, as it might to others with disorders of 'self' and body (e.g., anorexia nervosa, body integrity identity disorder, body dysmorphic disorder).

(55) Biblical pastoral care of such people must be informed by, and sensitive to, the depths of these challenges for some sufferers. Scripture recognises and addresses the extreme human experiences of despair, depression, trial and suffering, common to us all, and that may be experienced by those with gender incongruence (cf. Job 1:1–2:10; Ps. 88; 2 Cor. 1:8–9). Jesus himself was in such anguish that his sweat fell like drops of blood (Luke 22:44).

(56) Yet alongside its acknowledgement of the groaning and pain of life in this fallen world, the Bible consistently upholds the dignity, blessing, value and sanctity of human life, and God's love and concern for all he has made. For instance, while the Bible does not directly address the difficult topic of the morality of suicide, it uniformly presents it in a negative light, and in the context of shame (Judges 9:52–54; 1 Sam.

¹⁹ This not to deny that all who die before the return of Jesus will experience a separation of body and soul. But this is a temporary separation, not a permanent one (Matt. 10:28).

²⁰ The reference to "neither marry nor be given in marriage" suggests that both men and women are on view, whereas the statement "they will be like angels in heaven" refers to their unmarried state not sex or gender.

²¹ "Christ did truly rise again from death, and took again his body, with flesh, bones, and all things appertaining to the perfection of Man's nature; wherewith he ascended into heaven, and there sitteth, until he return to judge all Men at the last day".

31:3–5; 2 Sam. 17:23; 1 Kings 16:18–19; Matt. 27:3–5), as might be expected given that the sixth commandment forbids the taking of innocent human life (Exod. 20:13; Rom. 13:9). When others in Scripture ask God to end their lives, God does not fulfil their request (Num. 11:12–15; 1 Kings 19:4; Jonah 4:1–11). Instead, in the face of all trials and despair, God promises sufficient grace to meet every test we may face to act contrary to his intentions for human flourishing (cf. Ps. 116:1–9; 1 Cor. 10:13; James 1:12–15).

(57) Any Christian response to gender identity issues will seek to restore and preserve the integrity of body and self, and honour and protect the biologically sexed body that God has given. Significantly, in Christian medical ethics, the ultimate goal is the wholeness and welfare of the whole person: body, mind and spirit. Hence, any treatment of gender dysphoria that seeks to relieve *mental* suffering by inflicting harm on an otherwise healthy *body* cannot be deemed ethical.

(58) Christians are to seek the good of all people (Gal. 6:10), and uphold the dignity of all those made in the image of God (cf. Gen. 9:5–6). In particular, this calls for active love and care of the vulnerable. Accordingly, Christians should be concerned for the welfare and best treatment of all people with gender identity issues, not just Christians. We are to show practical love and care of children and adults so affected, and their families, and condemn all bullying, ridicule, mistreatment, and abuse of gender non-conforming people. We are also to contribute to public debate and policy deliberations to seek the good of affected persons and the wider society.

4.3 Identity in Christ

(59) In addition to being embodied creatures, made in the image of God, Scripture tells us there is an even more significant aspect of human identity. It is our relationship to God himself. Those who know and trust in Christ Jesus as Saviour are given a new identity: we are *in Christ*, and *children of the Father*. In this regard, there is in Christ neither male nor female, as all who believe are equally adopted with the full rights of sonship (Gal. 3:27–4:7). This does not mean the distinctions of male and female are removed, but that our heavenly Father loves us now all equally as full heirs with Christ. *He* is our new identity and hope.

(60) As those *in Christ*, whose lives are hid *with him*, we are to be conformed to *his* image, through the power of the Spirit. We are called to put off the old self, with its sinful practices, disordered thinking, wrongful desires, and idols (Col. 3:1–10).

(61) As God's children, we are to replace disguise and falsehood with truthful self-understanding and living (Lev. 19:11; Prov. 26:24; Rom. 12:3; 1 Cor. 3:18; Eph. 4:25; Gal. 6:3; Col. 3:9). We are not to be envious of others, but rather we are to find contentment in the providence of God towards us (Phil. 4:11–12; 1 Tim. 6:6, 17). We are not to be impatient and expect a resolution of all our trials in this life. Rather we are to endure with prayerful perseverance (Rom. 5:3–4).

(62) If we have faith in Christ, we can know that a complete resolution of all our trials and suffering is coming in the new creation—where there will be no more death, mourning, tears or pain or gender identity issues, and where everything will be made new, including ourselves (Rev. 21:4–5)—but for now we live by faith in hope, not by sight (2 Cor. 5:7). It is here, in the now and the not yet, that the tragic difficulty of living with a gender identity disorder must be worked out.

(63) This does not mean the burden of gender identity issues will be lifted from all who experience it. While *nothing* is impossible for God, complete relief from such incongruence is reportedly uncommon if it persists into adulthood.²²

(64) The experience of gender non-conformity or gender dysphoria, to the extent that it is non-volitional, unwanted, and unbidden, is best regarded as an affliction, and so, in this respect, the person is not culpable.²³ It is part of life this side of the Fall: a consequence of universal human rebellion, but not such in and of itself. The indications are that no one chooses this affliction, and most sufferers would do almost anything to find relief from it. The experience itself is not sin.

(65) Nevertheless, how a person responds to their felt gender non-conformity or dysphoria does have a moral dimension.

²² See Sections 5–7 below.

²³ This does not include those in the first 'group' identified in 1.1, whose 'transgender' identity is a form of protest, and so volitional, wanted and bidden.

(66) The current trend in treatment is to ‘transition’ or change the person’s appearance and real lived experience (RLE)—socially, hormonally, and surgically—to that of their felt gender identity.

(67) Yet such an approach is at odds with God’s sovereign purpose in creating us as sexed, embodied beings with psychosomatic unity, whose bodies will be perfected in the new creation, and who are now to serve God and his world with our bodies, in gendered relationships, even while we are subjected to the groaning and limitations of this present age. The experience of felt incongruence between the objective givenness of our sexed bodies and subjective gender identity belongs to the groaning of this creation as it waits for the return of Christ and the new creation (Rom. 8:20–23).

(68) In this way, the current trend in treatment offered by healthcare professionals, and promoted by transgender activists, creates additional strains on those with gender identity issues, as it promises a resolution of this tension that is at odds with God’s purposes, and offers false hope, as biological sex cannot be changed.

(69) Moreover, the Bible addresses some practices involved in gender transitioning. Cross-gender dressing and behaviour, and blurring the distinctions between male and female are condemned in both Old and New Testaments (Deut. 22:5; 1 Cor. 6:9; 11:4–15). Presenting oneself as the opposite sex necessarily involves disguise and falsehood (viz; the intention to “pass” as the opposite sex) which are likewise condemned (Lev. 19:11; Eph. 4:25; Col. 3:9). Wilfully depriving one’s spouse of their conjugal rights (e.g., as a consequence of male-to-female cross-hormone therapy in an otherwise healthy body, or in the mistaken belief it is ‘same-sex sexual activity’) is also sin (1 Cor. 7:3–5; Heb. 13:4). Sexual relations between people of the same biological sex is same-sex sexual activity—even if those involved regard themselves, and are legally regarded, to be of opposing gender—and is therefore sinful (e.g., Lev. 18:22; 20:13; Rom. 1:26–27; 1 Cor. 6:9–10; 1 Tim. 1:10).

(70) In short, Scripture speaks clearly, even if not explicitly, against gender transitioning, even in the least invasive ‘social’ form.

(71) Also, as will be evident below, there is a firm medical opinion, including those who pioneered sex change treatment, that has reservations about transition as a treatment approach, and instead seeks first to align the mind with the body, not the body with the mind.²⁴ The current medical landscape is reviewed below (see Sections 5–7).

4.4 The body of believers: the church

(72) In light of the above, it will be evident that salvation in Christ, while achieving peace with God and offering eternal hope, does not immediately or always provide existential peace for those with gender identity issues. The reality is for some the burden of gender dysphoria is real and may even seem overwhelming.

(73) We have noted already how God’s grace is abundantly able to meet all trials and temptations that might come to us. He does this through the power of his Spirit at work in us, to transform us into the image of Christ (Heb. 13:5; Tit. 3:6). He does this through his Spirit-inspired word that speaks into our lives, instructing, encouraging, comforting, and rebuking (2 Tim. 3:16). And he does it through the body of Christ, the gift of Christian community with brothers and sisters in Christ, who likewise are being transformed into the image of his Son.

(74) That is, while gender non-conformity or gender dysphoria can be a heavy burden, that might seem to overwhelm the sufferer, they are burdens that need not be carried alone. This requires us to enter into Christian fellowship with love, openness and generosity, willing to be known and to know others deeply. Jesus says that his yoke is easy and his burden is light (Matt. 11:28–30), but this present life has trials, temptations, and burdens. Out of love for Christ and each other, we are to restore those who have given way to temptation and sinned, and we are to carry each other’s burdens (not just ‘help’ them to carry them) and thus fulfil the law of Christ (Gal. 6:1–2). We are to be like God, to show self-sacrificial love, care, and compassion, and we are to be patient with each other as he is patient (Ps. 86:15; Gal 5:22; Eph. 5:1–2; 2 Pet. 3:9). His transforming and renewing work takes place in a believer’s life over the course of a life-time, and will only be complete on the last day.

²⁴ <http://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120>

(75) There are a number of things that churches, organisations, and individuals can do (or perhaps, not do) to love Christians affected by gender non-conformity, and ease the burden of living with it. The long-term goal is for the person to live faithfully and contentedly as their biological sex, to belong actively to a Christian community, and to contribute as a valuable and loved member of the body of Christ. Ministering to all people within our Christian family is essential.

(76) However, churches and Christian people are first and foremost to be concerned for the salvation of all men and women, girls and boys. While the gospel has implications for social transformation and gender conformity, it is about Christ crucified, and the need for all people everywhere to repent and believe in him for eternal life. It is good news for those experiencing gender non-conformity and dysphoria, and for all those in the transgender community; good news we all need to hear.

(77) Accordingly, while there is a need for all those who own the name of Christ to work out how to respond to the transgender phenomenon and, as we have opportunity, to seek the common good in public policy and the public square in a way that is winsome and builds bridges, this should not distract us from or compromise the priority of proclaiming the gospel to all people everywhere.

5 What is Gender Dysphoria? – the medical view

(78) This section of the report reviews the current medical and scientific landscape regarding gender identity issues.

5.1 Definitions

(79) No new-born human is 'assigned' a sex at birth. **Biological sex** refers to the external and internal anatomy that develops in utero. This is *acknowledged* at birth. There are rare Disorders of Sex Development (DSD) where a newborn infant is found to have ambiguous genitalia (i.e., it is not clear whether the child has male or female genitalia, that is, whether they are male or female). These are recognised²⁵ medical deviations from the binary male-female normal genital development. This condition is also called 'intersex' or 'hermaphrodite' in non-medical settings, and is further described in Appendix 1. DSD does not indicate a third sex but lack of clarity as to whether male or female sex applies. The Intersex Society of North America makes a point of separating DSD from transgender, noting that the majority of people with DSD conditions identify as either male or female, not transgender.²⁶ Members of *Intersex Australia* prefer non-medical terminology²⁷. People who say that their brain feelings of gender are opposite to that of their body, or even something in-between are not a third sex. They remain biologically male or female. There is no third biological sex.

(80) Historically, **gender** has been synonymous with sex. We have already mentioned the move to separate the two. Yet it is still the norm²⁸ (in that it is the case for the majority of humans) for a person's thoughts to align with the physical reality of their body and their core identity of gender to align with their biological sex.²⁹

(81) People with a felt gender identity, behaviours and expression that deviate from what is culturally expected from their biological sex, have been labelled **gender non-conforming**, **gender variant**, or **transgender**. Note that there will be cultural differences regarding what is outside of normally acceptable gender behaviour. Within our society, for example, a tomboy or a boy who likes to play with dolls may be viewed as 'gender non-conforming', which highlights the need to assess such behaviour carefully before labelling it pathological. This would be an example of not conforming to a stereotype, which may or may not be associated with a belief that one should have a body of the opposite sex.

²⁵ Hughes IA. Disorders of sex development: a new definition and classification. *Best Practice & Research Clinical Endocrinology & Metabolism*, 22(1):119-34.

²⁶ Isna.org. [Accessed 15 February 2017.].

²⁷ Organisation Intersex International Australia, *What is Intersex?* [online] Available at: <https://oii.org.au/18106/what-is-intersex/> [Accessed 12 May 2017.].

²⁸ Note that the term 'normal', when used in medicine, refers to the statistical majority and does not hold moral connotations, i.e., it is not seen as good or bad.

²⁹ De Vries ALC & Cohen-Kettenis PT. (2016) Gender dysphoria in children and adolescents. In: Monstrey S, Ettner R, Coleman E. *Principles of Transgender Medicine and Surgery*: Taylor and Francis, 2016. ProQuest Ebook Central. Web. 29 September 2016.

(82) Of those who do believe they have been born with the 'wrong' body, some people experience **gender dysphoria**, that is, ongoing distress that arises from the incongruity of biological sex and felt experience of gender. Gender dysphoria is considered to be a psychiatric disorder, described in the DSM-5. As mentioned above, it replaces the previous clinical entity, 'Gender Identity Disorder'. This significant alteration therefore moves from recognising the *experience* of incongruence as pathological to labelling it pathological only if it is associated with *distress*. The change in terminology has led to a false perception that transgenderism is a normal phenomenon which should be accommodated in normal life. Some commentators are concerned that by removing Gender Identity Disorder from the DSM-5, the mental health support required by these people may be insufficient.³⁰

5.2 Incidence and prevalence of Gender non-conformity and Gender Dysphoria

(83) It is difficult to obtain reliable data regarding incidence of gender non-conformity and gender dysphoria for the general population. This is due to several factors: most epidemiological studies are conducted on populations presenting to gender identity clinics rather than the general population,³¹ and when studies have been done on general populations, differing definitions regarding who should be included as transgender make them difficult to compare.³²

5.3 Gender non-conformity in children

(84) Self-awareness of gender identity develops over time, as growing children gradually learn the differences between males and females and the fact that gender is stable.³³ Gender role is shaped by both nature and nurture (see below), and adults and other children influence gender development directly by reinforcing or discouraging gender behaviours, and by offering role models. Sex hormones also play a role. For these reasons, the DSM-5 criteria for childhood gender dysphoria have been criticised for being in the DSM at all because exploration of gender roles in childhood is normal, and in most children, gender non-conformity resolves without treatment, and is part of the normal variation of childhood gender behaviour.³⁴

(85) No epidemiological studies on the prevalence of childhood gender dysphoria exist. Gender non-conforming behaviour has been assessed in children in terms of 1) cross-gender behaviour and 2) cross-gender wish. Only cross-gender wish is relevant for diagnosis by the DSM-5 criteria. For cross-gender behaviour, rates have been found to be up to 23% for biological males and up to 39% for biological females, dropping to 0.6% and 0.2% for cross-gender wish.³⁵ There is debate in the medical community over whether any sort of psychiatric diagnosis should be available for gender non-conforming children prior to puberty; firstly, it pathologises normal behaviour and secondly, a medical diagnosis is not necessary as no treatment such as hormone therapy or surgical procedures are even considered for this age group.³⁶

5.4 Gender non-conformity and gender dysphoria in adolescents

(86) Both cross-gender behaviours and cross-gender wish reduce when children become teenagers. Adolescents reporting discontent with their gender or seeking hormone or surgical management at clinics have been reported as 0.6% of biological males and 0.2% of biological females,³⁷ although estimates vary widely and no-one really knows. More adolescents are reported to behave like the other sex than to state that they wish they were the other sex.³⁸

³⁰ Lawrence, A.A., 2014. Gender assignment dysphoria in the DSM-5. *Archives of sexual behavior*, 43(7), pp.1263-1266.

³¹ Zucker KJ, Lawrence AA. 2009. Epidemiology of gender identity disorder: Recommendations for the standards of care of the World Professional Association for Transgender Health. *Int J Transgender* 11:8–18.

³² Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, et al. 2012. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *Int J Transgenderism* 13:165–232.

³³ Ruble, D. N., Martin, C. L., & Berenbaum, S. A. (2006). Gender development. In N. Eisenberg, W. Damon, & R. M. Lerner (Eds.), *Handbook of Child Psychology: Vol. 3, Social, Emotional, and Personality Development* (6th ed.) (pp. 858–932). Hoboken, NJ: John Wiley.

³⁴ De Vries ALC & Cohen-Kettenis PT. (2016) Gender dysphoria in children and adolescents. In: Monstrey S, Ettner R, Coleman E. *Principles of Transgender Medicine and Surgery*: Taylor and Francis, 2016. ProQuest Ebook Central. Web. 29 September 2016.

³⁵ Costa R, Carmichael O Colizzi M. To treat or not to treat: puberty suppression in childhood-onset gender dysphoria. *Nature Reviews Urology*, 3, 8, 456-462 (2016); Achenbach, T. M., Howell, C. T., Quay, H. C. & Conners, C. K. National survey of problems and competencies among four- to sixteen-year-olds: parents' reports for normative and clinical samples. *Monogr. Soc. Res. Child Dev.* 56, 1–131 (1991); Sandberg, D. E., Meyerbahlburg, H. F. L., Ehrhardt, A. A. & Yager, T. J. The prevalence of gender atypical behavior in elementary-school-children. *J. Am. Acad. Child Adolesc. Psychiatry* 32, 306–314 (1993).

³⁶ De Vries ALC & Cohen-Kettenis PT. (2016) Gender dysphoria in children and adolescents. In: Monstrey S, Ettner R, Coleman E. *Principles of Transgender Medicine and Surgery*: Taylor and Francis, 2016. ProQuest Ebook Central. Web. 29 September 2016.

³⁷ Kuyper L, Wijzen C. 2014. Gender identities and gender dysphoria in the Netherlands. *Arch. Sex. Behav.* 43:377–85.

³⁸ van Beijsterveldt, C. E., Hudziak, J. J., & Boomsma, D. I. (2006). Genetic and environmental influences on cross-gender

(87) In a much-quoted study involving questioning of a large cohort of New Zealand high school students who were asked 'Do you think you are transgender?' 94.7% said they were not, 1.2% reported being transgender, 2.5% were not sure, and 1.7% didn't understand the question.³⁹ The estimate of 1.2% is promoted by leaders of the gender dysphoria service at Melbourne Children's Hospital,⁴⁰ but the progenitors of the "Safe Schools" program appear to have inflated the figure to 4% by adding the unsure 2.5%.⁴¹ Note also that, although this survey has been considered authoritative in some circles, 36.5% of adolescents in the same survey declared they did not understand the question: have you ever been "hit or physically harmed by another person?". The unreliability of such questionnaires has been emphasised in the literature and the figures should be reviewed with circumspection. As a prominent Australian paediatrician has suggested, 'It is false to claim 1.2 per cent of the population is transgender on the basis of the survey. 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.'⁴²

(88) Therefore, although rates of gender non-conforming behaviour and transgender are unclear, reliable surveys consistently report that it is a small percentage of the population that is affected.

5.4.1 *The percentage of gender non-conforming minors who display persistence of the condition*

(89) The terminology for ongoing behaviour is as follows:

Persisters: Gender dysphoric children who go on to have gender dysphoria and/or transgender identities in adulthood.

Desisters: Gender dysphoric children who DO NOT go on to have gender dysphoria and/or transgender identities in adulthood.

(90) Persistence rates vary, but it is thought that less than 2.3% of gender dysphoric children will be persisters as adults.⁴³ This likelihood of "growing out of it" is declared even in the DSM-5,⁴⁴ and is supported by a number of independent studies.⁴⁵

5.4.2 *What influences persistence?*

(91) Predictors associated with the persistence of gender dysphoria in the Netherlands include intensity of gender dysphoria in childhood, older age of presentation to the clinic, biologically female at birth, and, notably, social transition to the asserted gender in childhood. There is **no clear indicator** at an individual level by which to identify, prospectively, the difference between desisters and persisters, i.e., there is no way to predict who will persist and who will not, despite claims of adult transgender persons that they knew they were transgender from early childhood.⁴⁶ Childhood gender non-conformity does not necessarily link to adolescent/adult gender non-conformity.⁴⁷

behavior and relation to behavior problems: A study of Dutch twins at ages 7 and 10 years. *Archives of Sexual Behavior*, 35(6), 647–658.

³⁹ Clark, T. C., Lucassen, M. F., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M., & Rossen, F. V. (2014). The health and well-being of transgender high school students: Results from the New Zealand adolescent health survey. (Youth'12). *Journal of Adolescent Health*, 55(1), 93–99.

⁴⁰ 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.

⁴¹ All of Us: 8. <https://www.studentwellbeinghub.edu.au/resources/detail?id=72144922-d5c5-6d32-997d-ff0000a69c30#/>. [Accessed 17 July 2017.] See also Patrick Parkinson, *The Controversy over the Safe Schools Program – Finding the Sensible Centre*, Legal Studies Research Paper 16/83, University of Sydney, September 2016, p. 17.

⁴² Whitehall J. Gender dysphoria and surgical abuse. *Quadrant*, 15 December 2016. <https://quadrant.org.au/magazine/2016/12/gender-dysphoria-child-surgical-abuse/>. [Accessed 9 August 2017.]

⁴³ Coolidge, F. L., Thede, L. L., & Young, S. E. (2002). The heritability of gender identity disorder in a child and adolescent twin sample. *Behavior Genetics*, 32(4), 251–257.

⁴⁴ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Fifth Edn 2013:451-459.

⁴⁵ 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. Wallien MS, Cohen-Kettenis PT. Psychosocial outcome of gender dysphoric children. *J Am Acad Child Adolescent Psych*. 2008; 47:1413-1423.

⁴⁶ Steensma TD, McGuire JK, Kreukels BPC, Beekman AJ, Cohen-Kettenis PT. 2013. Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study. *J. Am. Acad. Child Adolesc. Psychiatry* 52:582–90; Singh D. 2012. A follow-up study of boys with gender identity disorder. PhD Thesis, Univ. Toronto.

⁴⁷ De Vries ALC & Cohen-Kettenis PT. (2016) Gender dysphoria in children and adolescents. In: Monstrey S, Ettner R, Coleman E. *Principles of Transgender Medicine and Surgery*: Taylor and Francis, 2016. ProQuest Ebook Central. Web. 29 September 2016.

(92) Researchers also suggest that homosexuality or bisexuality is a more likely outcome of childhood gender dysphoria than transgender.⁴⁸

5.5 Prevalence of adult transgender and gender dysphoria

(93) The prevalence of transgender and gender dysphoria in the general population is unknown. It is not clear what criteria should be used to measure the population, as transgender people are a very diverse group, with variation in trajectories and outcomes. "Some live with their gender incongruence, but decide not to transition. Some make a social transition only, without accessing any gender-affirming health care. Some buy hormones from non-medical providers or on the internet, or visit their local doctors rather than attending specialised clinics. In many parts of the world, stigma discourages transgender people from making their transgender status known to others or accessing health care of any sort. These and other considerations present challenges to the researcher attempting to ascertain the size of the transgender population."⁴⁹

(94) Prevalence is therefore not reported consistently and studies are difficult to compare. A recent review suggested that fewer than 1 in 10,000 adult biological males and 1 in 30,000 adult biological females experience gender dysphoria, but estimates vary widely.⁵⁰

6 Aetiology (origins) of transgender and gender dysphoria

(95) Gender identity development is most likely a reflection of complex interplays between biological, environmental, and cultural factors. It is still unclear to what extent gender identity is influenced by biological factors (nature), or life experiences (nurture). While some links have been identified, we do not know which relationships are causal, and which ones are merely associations (i.e., by chance), as there are no longitudinal or prospective studies examining gender non-conforming children through to transgender adulthood.

6.1 Is it biological (Nature)?

(96) With respect to evidence supporting biological underpinnings of gender identity, data are derived primarily from three biomedical disciplines: endocrine (hormones), genetic, and neuroanatomical (brain structure).

6.1.1 Pre-biological hormone hypothesis

(97) Developing infants' brains are imprinted prenatally (before birth) by their own endogenous (inner) sex hormones, which are secreted from their gonads beginning at approximately eight weeks' gestation⁵¹ (in human development, the time window for prenatal development of the genitals precedes the time window for brain sexual differentiation). Later, during life outside the womb, circulating hormones influence activation of the brain. Hormone levels may fluctuate or change during puberty, the menstrual cycle, menopause and hormone treatment.

(98) A prominent hypothesis (theory) for the mechanism behind feelings of gender incongruence is that exposure to sex hormones during prenatal development has led to atypical sexual differentiation of the brain, with the body and genitals developing in the direction of one sex, and the brain and gender in the

⁴⁸ Drummond, K. D., Bradley, S. J., Peterson-Badali, M., & Zucker, K. J. (2008). A follow-up study of girls with gender identity disorder. *Developmental Psychology*, 44(1), 34–45; Wallien, M. S., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(12), 1413–1423; Steensma, T. D. (2013). *From Gender Variance to Gender Dysphoria; Psychosexual Development of Gender Atypical Children and Adolescents*. (PhD). Amsterdam: VU University Medical Center.

⁴⁹ Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. *The Lancet*. Published Online. 17 June 2016. [http://dx.doi.org/10.1016/S0140-6736\(16\)00683-8](http://dx.doi.org/10.1016/S0140-6736(16)00683-8)

⁵⁰ Zucker KJ, Lawrence AA, Baudewijntje, Kreukels PC. Gender Dysphoria in Adults. *Ann. Rev. Clin. Psychol.* 2016. 12:217–47; Kuyper & Wijzen 2014; Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. *The Lancet*. Published Online. 17 June 2016. [http://dx.doi.org/10.1016/S0140-6736\(16\)00683-8](http://dx.doi.org/10.1016/S0140-6736(16)00683-8).

⁵¹ Gu J, Kanai R. What contributes to individual differences in brain structure? *Front Hum Neurosci* 2014; 8:262.

direction of the other sex.⁵² Research has demonstrated a limited, but significant role of prenatal (before birth) and potentially postnatal (after birth) androgens in gender identity development.⁵³

6.1.2 Genetic hypothesis

(99) It has been suggested that genetic factors may be responsible for the development of gender identity and gender incongruence. The genetic background of gender non-conformity is largely unidentified, but in twins, monozygotic (identical) twin pairs show a higher concordance of gender non-conformity than dizygotic (non-identical) twin pairs.⁵⁴ However, the largest study of monozygotic twins showed only a 20% concordance in transsexual behaviour, suggesting genetic involvement in the development of gender non-conformity is minimal.⁵⁵ Studies aimed at identification of individual candidate genes have been inconsistent.⁵⁶

6.1.3 Brain development and structure:

(100) Another theory is that gender incongruence develops as a result of brain structure. Neuroimaging studies focusing on brain structure show conflicting results. There is evidence that the brain appearance for gender non-conforming individuals differs in various ways from gender conforming men and women, and bears some resemblances to that of the chosen gender both in structure and in function.⁵⁷ However, brain-activation patterns in these studies do not offer support for associations between brain activation and sexual identity or arousal. Furthermore, it is not clear whether the anatomical changes are produced by, or influence, behaviour. Neuroplasticity is the well-established biological phenomenon in which long-term behaviour alters brain microstructure.⁵⁸ Neurological differences might be due to biological factors such as genes or prenatal hormone exposure, or a result of environmental factors (see below), or possibly some combination of the two. But if, and when, valid gender non-conforming brain differences are identified, these will be more likely the *result* of long term transgender behaviour than its cause.⁵⁹

6.2 Is it environmental (Nurture)?

(101) There is evidence that environmental factors predominate in the development and persistence of gender non-conformity. No single factor has been linked to the development of gender non-conformity, but twin studies referenced below suggest that a number of social or family situations may lead to gender non-conformity in biologically vulnerable⁶⁰ children. Contributing factors may include social reinforcement of gender roles, child and/or parent psychopathology, abuse, family dynamics, and the influence of social media. No studies have been done on parents of children presenting to gender clinics, so no firm evidence is available.

6.2.1 Social reinforcement of gender roles

(102) There is evidence that gender identity is malleable and influenced by psychosocial experiences, including therapeutic interventions.⁶¹ This suggests that whether we choose to reinforce the biological or nonbiological gender will make a difference to the development of a gender non-conforming individual. Anecdotally, many parents of children with gender non-conformity report supporting their child in the

⁵² Swaab DF, Garcia-Falgueras A. 2009. Sexual differentiation of the human brain in relation to gender identity and sexual orientation. *Funct. Neurol.* 24:17–28.

⁵³ de Vries ALC, Doreleijers TAH, Cohen-Kettenis PT. Disorders of sex development and gender identity outcome in adolescence and adulthood: understanding gender identity development and its clinical implications. *Pediatr Endocrinol Rev* 2007; 4:343–351; Berenbaum SA, Meyer-Bahlburg HFL. 2015. Gender development and sexuality in disorders of sex development. *Horm. Metab. Res.* 47:361–66.

⁵⁴ Heylens G, De Cuypere G, Zucker KJ, Schelfaut C, Elaut E, et al. 2012. Gender identity disorder in twins: a review of the case report literature. *J. Sex. Med.* 9:751–57.

⁵⁵ Diamond, M. "Transsexuality Among Twins: identity concordance, transition, rearing, and orientation." *International Journal of Transgenderism*, 14 (1), 24–38.

⁵⁶ Baudewijntje P.C. Kreukels & Antonio Guillamon (2016) Neuroimaging studies in people with gender incongruence, *International Review of Psychiatry*, 28:1, 120-128; Heylens G, De Cuypere G, Zucker KJ, et al. Gender identity disorder in twins: a review of the case report literature. *J Sex Med* 2012; 9:751–757.

⁵⁷ Baudewijntje P.C. Kreukels & Antonio Guillamon (2016) Neuroimaging studies in people with gender incongruence, *International Review of Psychiatry*, 28:1, 120-128.

⁵⁸ Gu J, Kanai R. What contributes to individual differences in brain structure? *Front Hum Neurosci* 2014; 8:262.

⁵⁹ Mayer LS & McHugh PR. 2016. Sexuality and Gender: Findings from the Biological, Psychological and Social Sciences, *The New Atlantis: A Journal of Technology and Society*, 50, 4-143.

⁶⁰ E.g., see paragraph 98.

⁶¹ Zucker KJ. Gender identity development and issues. 2004. *Child and Adolescent Psychiatric Clinics of North America*, 13(3), 551-568.

nonbiological gender role prior to presentation to medical services. In contrast, as mentioned above, encouragement in the biological sex role usually leads to resolution of gender non-conformity.

6.2.2 Psychopathology

(103) There are many reasons why a child with gender identity issues might have an associated mental disorder. The gender non-conformity may be either a symptom or a cause of such a problem, or the mental distress could result from others' response to the gender non-conforming experience. Both may contribute. While much of the research on psychopathology that can occur in association with gender non-conformity has significant limitations in terms of methodology, and the cause is unknown, it is important to be aware of the nature of these conditions when attempting to understand the causes and consequences of gender non-conformity and its treatment.

(104) High levels of psychiatric disease have been reported in both pre-pubertal gender dysphoric children,⁶² and adolescents.⁶³ These include anxiety disorders, phobias, mood disorders, depression, and attention deficit disorder (ADHD), suicidal and self-harming behaviours, psychotic symptoms, behavioural problems, substance abuse, and anorexia nervosa. There is increasing evidence of links between gender dysphoria and autism spectrum disorder.⁶⁴

(105) Depression, anxiety disorders and suicidal ideation are significantly more prevalent in adults with gender dysphoria than in the general population,⁶⁵ with up to 2/3 of adults experiencing depression and almost half experiencing anxiety disorder.⁶⁶ About one in three adults with gender dysphoria has experienced suicidal ideation, attempted suicide, or engaged in self-harm.⁶⁷ Opinions as to whether these conditions are involved with the cause or experience of gender dysphoria differ.⁶⁸

(106) The rate of psychiatric illness in this population should be kept in mind when any intervention is claimed to lead to mental wellness. Studies are limited regarding methodology and the true rate of self-harm in this population is unknown. One study reported around 15% prevalence of self-harm and suicidal

⁶² 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.

⁶³ Kaltiala-Heino, R., M. Sumia, M. Työläjärvä and N. Lindberg (2015). "Two years of gender identity service for minors: overrepresentation of biological girls with severe problems in adolescent development." *Child and Adolescent Psychiatry and Mental Health*. 9(1): 1-9.; Children and adolescents with gender identity disorder referred to a pediatric medical center. Spack NP, Edwards-Leeper L, Feldman HA et al. *Pediatrics*. 2012; 129 (3):418-425.; 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.; Hewitt Jk, Paul C, Kassianan P et al. Hormone treatment of gender identity disorder in a cohort of children and adolescents. *MJA*. 2012; 196(9):578-581.; De Vries AL, Noens IL, Cohen-Kettenis et al. Autism spectrum disorders in gender dysphoric children and adolescents. *J Autism Dev Dis*. 2010; 40:930-936.; Holt V, Skagerberg E, Dunsford M. Young people with features of gender dysphoria: demographics and associated difficulties. *Clin Child Psychol Psychiatry*. 2016; 164:108-118.

⁶⁴ De Vries, Annelou LC, et al. "Autism spectrum disorders in gender dysphoric children and adolescents" *Journal of autism and developmental disorders* 40.8 (2010): 930-936.; Strang, John F., et al. "Increased gender variance in autism spectrum disorders and attention deficit hyperactivity disorder." *Archives of sexual behavior* 43.8 (2014): 1525-1533.; Van Der Miesen, Anna IR, Hannah Hurley, and Annelou LC De Vries. "Gender dysphoria and autism spectrum disorder: A narrative review." *International Review of Psychiatry* 28.1 (2016): 70-80.; Cook, Michael. "Autism, gender-dysphoria link: The evidence mounts." *News Weekly* 2989 (2017): 5. Similar links have been identified between autism spectrum disorders and anorexia nervosa, Westwood H, Tchanturia K, "Autism Spectrum Disorder in Anorexia Nervosa: An Updated Literature Review." *Curr. Psychiatry Rep*. 2017; 19(7): 41.

⁶⁵ Zucker KJ, Lawrence AA, Baudewijntje, Kreukels PC. Gender Dysphoria in Adults. *Ann. Rev. Clin. Psychol*. 2016. 12:217-47.

⁶⁶ Dhejne C, Lichtenstein P, Boman M, Johansson AL, Langström N, Landén M. 2011. Long-term followup of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. *PLOS ONE* 6(2):e16885; Heylens G, Elaut E, Kreukels BP, Paap MC, Cerwenka S, et al. 2014. Psychiatric characteristics in transsexual individuals: multicentre study in four European countries. *Br. J. Psychiatry* 204:151-56.; See also Auer MK, Fuss J, Stalla GK, Athanasoulia P. 2013a. Twenty years of endocrinologic treatment in transsexualism: analyzing the role of chromosomal analysis and hormonal profiling in the diagnostic work-up. *Fertil. Steril*. 22:1103-10; Davey A, Bouman WP, Arcelus J, Meyer C. 2014. Social support and psychological well-being in gender dysphoria: a comparison of patients with matched controls. *J. Sex. Med*. 11:2976-85; Haraldsen IR, Dahl AA. 2000. Symptom profiles of gender dysphoric patients of transsexual type compared to patients with personality disorders and healthy adults. *Acta Psychiatr. Scand*. 102:276-81; Heylens G, Verroken C, De Cock S, T'Sjoen G, De Cuypere G. 2014b. Effects of different steps in gender reassignment therapy on psychopathology: a prospective study of persons with a gender identity disorder. *J. Sex. Med*. 11:119-26; Simon L, Zsolt U, Fogd D, Czobor P. 2011. Dysfunctional core beliefs, perceived parenting behavior and psychopathology in gender identity disorder: a comparison of male-to-female, female-to-male transsexual and nontranssexual control subjects. *J. Behav. Ther. Exp. Psychiatry* 42:38-45.

⁶⁷ Dhejne C, Lichtenstein P, Boman M, Johansson AL, Langström N, Landén M. 2011. Long-term followup of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. *PLOS ONE* 6(2):e16885.

⁶⁸ Zucker KJ, Lawrence AA, Baudewijntje, Kreukels PC. Gender Dysphoria in Adults. *Ann. Rev. Clin. Psychol*. 2016. 12:217-47.

ideation, with actual suicide attempts much lower.⁶⁹ Whatever the case, those affected are clearly a vulnerable part of our community, needing care and compassion. Management is discussed below.

6.2.3 *Family dynamics*

(107) Gender dysphoria in boys was found to develop in association with an overly close relationship with their mother and a distant relationship with their father.⁷⁰ Systematic studies involving girls with gender non-conformity and the parent-child relationship have not been conducted to investigate whether they are associated with aetiology.

(108) Parental psychopathology has also been reported in association with development of gender nonconformity, with high rates of depression, bipolar disorder and sexual abuse.⁷¹ One study found that over half the children with gender dysphoria had parents who were separated, with domestic violence indicated in 9.2% and drug abuse in 7.3% of families.⁷² No causative link has been verified but there is clearly scope for further research.

6.2.4 *Influence of social media*

(109) Clinicians working with adolescents report anecdotally of an increasing trend for self-diagnosis as 'transgender' in this group both individually and in peer groups, suggesting an element of social contagion.⁷³

7 **Medical Approach to Gender Dysphoria**

7.1 **Referral to gender clinics**

(110) There is a significant increase in the number of children and adults seeking treatment in gender clinics. It is too early to assign reasons for this increase, but possible factors include the following.

- Increased visibility of transgender people in the media (Caitlyn Jenner, Transparent, The Danish Girl) has led to transgender issues entering the societal consciousness as an increasingly mainstream phenomenon, thus contributing to at least a partial de-stigmatization. Political moves to enforce acceptance of transgender behaviour in institutions further 'normalises' transgender and reduces reluctance to present for treatment.
- The wide availability of information on the Internet and other communication channels about gender dysphoria and gender non-conformity are also likely contribute to de-stigmatization.
- As being transgender enters societal consciousness, more people reflect on their biological and experienced gender, and some may feel an incongruence and therefore possibly question their gender status which had previously always been taken for granted as being aligned with their biological sex.
- The increased awareness of the availability of biomedical treatment.

7.2 **Management of Children with Gender Dysphoria**

(111) The following section describes the common management approaches to gender dysphoria. It does not provide a biblical response about the merits of such approaches. Advice to Christian healthcare professionals is given in 7.7.

7.2.1 *Approaches*

(112) Three paths of management are currently recognised: Living in your skin, Watch and wait, and Affirmative therapy.⁷⁴

⁶⁹ Holt V, Skagerberg E, Dunsford M. Young people with features of gender dysphoria: demographics and associated difficulties. *Clin Child Psychol Psychiatry*, 164 (2016), p108-18.

⁷⁰ Zucker KJ, Bradley SJ. Gender Identity and Psychosexual Disorders. *FOCUS* 2005; 3(4):598-617.

⁷¹ Youth Trans Critical Professionals. Professionals Thinking Critically about the Youth Transgender Narrative. Available at: <https://youthtranscriticalprofessionals.org/about/>. [Accessed 9 August 2017.]

⁷² Ibid.

⁷³ Youth Trans Critical Professionals. Professionals Thinking Critically about the Youth Transgender Narrative. Available at: <https://youthtranscriticalprofessionals.org/about/>. [Accessed 9 August 2017.]

⁷⁴ Ristoria J and Steensma TD (2016), Gender dysphoria in childhood, *International Review of Psychiatry* 28, 1, 13-2.

1. Living in your skin (also known as 'Conversion' or 'Reparative' Therapy): The first approach focuses on working with the child and caregivers to lessen cross-gender behaviour and identification with the opposite gender, to persuade the child that the 'right gender' is the one acknowledged at birth. The aim is to decrease the likelihood that gender dysphoria will persist into adolescence, and prevent adult transgenderism. **Until recently, this was the standard approach.**⁷⁵ The goals of therapy were to address familial pathology if it was present, to explore the reasons for the gender dysphoria, to treat any psychosocial morbidities in the child, and aid the child in aligning his or her gender identity with his or her biological sex.⁷⁶ Experts on both sides of the pubertal suppression debate agree that within this context, 80% – 95% of children with gender identity disorders accept their biological sex and achieve emotional well-being by late adolescence.⁷⁷ Despite this, interventions aimed to lessen gender dysphoria by this method are referred to as unethical by organisations such as the World Professional Association for Transgendered Health (WPATH), and political campaigns have led to their being banned in some countries.
2. 'Waiting and watching': The second approach focuses on addressing the potential social risks for the child. Its aim is to make the child comfortable in the child's biological sex role, hoping that he or she will 'grow out of it', and to allow the progress of the gender dysphoria in the child to unfold in a 'natural' (uninfluenced) way with the expectation that it will dissipate. Counselling based on this approach may include interventions that focus on the co-existing problems of the child and/or the family; helping parents and the child to bear the uncertainty of the child's psychosexual outcome; and providing psycho-education to help the child and the family to make 'balanced' decisions regarding topics such as the child's 'coming out', early social transitioning, and/or how to handle peer rejection or social ostracism. In practice, the child and parents are encouraged to find a balance between an accepting and supportive attitude toward gender non-conformity, while at the same time protecting the child against any negative reactions and remaining realistic about the chance that gender dysphoric feelings may desist in the future. Parents are encouraged to provide enough space for their child to explore their gender non-conforming feelings, while at the same time keeping all future outcomes open. Cross-gender behaviour is thus permitted but not encouraged, and generally allowed only in the home.⁷⁸ Note that, although this is labelled (by promoters of transgender) as 'watching and waiting', the known impact of environmental factors on child development means that even this degree of support for the gender non-conforming position will potentially influence outcomes **in favour of persisting**.
3. 'Affirmative' therapy: The third approach focuses on affirming the child's (trans)gender identification and helps the child to build a positive self-identity and gender resilience within that role. In particular, the child is supported in transitioning to the desired gender role.

7.2.2 The case for early social transition

(113) The rationale given for supporting social transition before puberty is that children can revert to their originally assigned gender if necessary since the transition is solely at a social level and without medical intervention, and the child can explore gender identity free from the emotional distress triggered by the onset of secondary sexual characteristics.

(114) In addition, adult transgender activists have promoted early identification, affirmation and hormonal pubertal suppression to save children from the suffering they themselves experienced during development, citing risks of suicide and violence for the untreated person.⁷⁹ The only study on pre-pubertal children who received pubertal suppression and social affirmation found that 100% of participants eventually embraced

⁷⁵ Shechner T. Gender identity disorder: a literature review from a developmental perspective. *Isr J Psychiatry Relat Sci* 2010; 47:132-138; American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed; 2013:451-459.

⁷⁶ Giordano, 2012, Zucker KJ, Bradley SJ. Gender identity and psychosexual disorders. *Focus* 2005; 3:598-617; Zucker KJ, Bradley SJ, Ben-Dat DN, et al. Psychopathology in the parents of boys with gender identity disorder. *J Am Acad Child Adolesc Psychiatry* 2003; 42:2-4.

⁷⁷ Cohen-Kettenis PT, Delemarre-van de Waal HA, Gooren LJ. The treatment of adolescent transsexuals: changing insights. *J Sexual Med* 2008;5:1892-7.

⁷⁸ de Vries, A. L., & Cohen-Kettenis, P. T. (2012). Clinical management of gender dysphoria in children and adolescents: The Dutch approach. *Journal of Homosexuality*, 59(3), 301–320.

⁷⁹ Sadjadi S. The endocrinologist's office--puberty suppression: saving children from a natural disaster? *J. Med Humanit* 2013; 34:255-260.

a transgender identity (instead of the usual 2.3%),⁸⁰ suggesting that the protocol itself may lead the individual to identify as transgender. As previously mentioned, currently no tests can pre-determine which children will persist if not encouraged in cross-sex behaviour.

7.2.3 *The case against early social transition*

(115) Critics of this approach refer to the evidence that supporting gender transition in childhood may indeed relieve short-term distress for children with gender dysphoria, but is also likely to influence future development. The debate thereby focuses on whether transition may increase the likelihood of persistence because, for example, a child may 'forget' how to live in the original gender role and no longer be able to feel the desire to change back; or that transitioned children may repress doubts about the transition out of fear that they have to go through the process of making their desire to socially (re)transition public for a second time, a process that can be difficult, even when desired by the child, due to fear of peer group reactions.⁸¹ Brain plasticity will play a part in reinforcing the new role and making change difficult.

(116) In summary, childhood gender dysphoria is a rare condition with unknown prevalence. As most gender non-conforming children desist without treatment, intervention is unnecessary, and support of transition has been referred to as 'abuse' by a growing number of commentators in the field.⁸²

7.3 **Management of Adolescents**

(117) Current management of gender dysphoric adolescents recommends transitioning. 'Transition' involves several stages: social transition; puberty blocking with drugs; development of cross-sex features through use of sex hormones; and surgery. There are no long-term studies that compare the alleged benefits and potential harms to gender non-conforming children who undergo hormonal suppression of puberty and long-term hormone use, nor has there been rigorous research comparing this approach to psychotherapeutic interventions for childhood gender non-conformity.⁸³ This means we do not know whether transitioning leads to better outcomes than supporting the adolescent in the gender of their biological sex. The current ideology has led to the supportive option being criticised, despite the health risks involved in transition.

(118) Pubertal suppression from around 11 years of age followed by use of cross-sex hormones from age 16 years (oestrogen for biological boys and testosterone for biological girls) will leave the child sterile and without gonadal tissue or gametes (sperm, eggs) available for cryo-preservation (freezing).⁸⁴ An alternative protocol suggests putting children as young as 11 years old directly onto cross-sex hormones⁸⁵ with the rationale that the child will experience pubertal development of the desired sex and thereby avoid the emotional stress of remaining pre-pubertal in appearance while their peers are moving along the normal pubertal developmental trajectory. It should be noted that one reason suggested for growing use of this protocol is parental demand for hormonal treatment.⁸⁶

⁸⁰ De Vries ALC, Steensma TD, Doreleijers TAH, Cohen-Kettenis, PT. Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex Med* 2011; 8:2276-2283.

⁸¹ Steensma, T. D., & Cohen-Kettenis, P. T. (2011). Gender transitioning before puberty? *Archives of Sexual Behavior*, 40(4), 649–650.

⁸² Whitehall J. Gender dysphoria and surgical abuse. *Quadrant*, 15 December 2016. Michelle Cretella, (3 July 2017). *I'm a Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse*. The Daily Signal. [online] Available at: <http://dailysignal.com/2017/07/03/im-pediatrician-transgender-ideology-infiltrated-field-produced-large-scale-child-abuse/> [Accessed 10 July 2017.]; Michelle Cretella, (3 Jul 2017). *I'm a Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse*. The Daily Signal. [online] Available at: <http://dailysignal.com/2017/07/03/im-pediatrician-transgender-ideology-infiltrated-field-produced-large-scale-child-abuse/> [Accessed 10 July 2017.]; Cook, Michael. "Autism, gender-dysphoria link: The evidence mounts." *News Weekly* 2989 (2017): 5.

⁸³ Hayes, Inc. Sex reassignment surgery for the treatment of gender dysphoria. *Hayes Medical Technology Directory*. Lansdale, Pa.: Winifred Hayes; 15 May 2014.

⁸⁴ Eyler AE, Pang SC, Clark A. LGBT assisted reproduction: current practice and future possibilities. *LGBT Health* 2014;1(3):151-156; Schmidt L, Levine R. Psychological outcomes and reproductive issues among gender dysphoric individuals. *Endocrinol Metab Clin N Am* 2015;44:773-785; Jeffreys, S. The transgendering of children: gender eugenics. *Women's Studies International Forum* 2012;35:384-393.

⁸⁵ Keleman M. What do transgender children need? *Houstonian Magazine*, 3 November 2014. Available at: www.houstoniamag.com/articles/2014/11/3/what-do-transgender-children-need-november-2014.

⁸⁶ Farwell S. Free to be themselves: Children's Medical Center Dallas opens clinic for transgender children and teenagers, the only pediatric center of its type in the Southwest. *Dallas Morning News*, 4 June 2015. Available at: <http://interactives.dallasnews.com/2015/gender/>.

7.3.1 Reversible treatment

(119) Pubertal suppression with gonadotropin releasing hormone agonists (GnRHa) is promoted as a reversible hormonal intervention that prevents the development of 'unwanted' secondary sexual characteristics of an adolescent's biological sex. According to the WPATH Standards of Care, adolescents should be considered eligible for puberty suppression based on five criteria: evidence of gender dysphoria from early childhood onwards, an increase in the intensity of gender dysphoria after the first pubertal changes, no signs of psychiatric comorbidity, provision of adequate psychological and social support during the treatment, and demonstration of knowledge and understanding of the effects of puberty suppression by the patient.⁸⁷ If the hormones are discontinued, theoretically, puberty will ensue.⁸⁸

(120) Whether or not this treatment is 'reversible', there is evidence that irreversible side-effects of treatment exist, including abnormalities of bone growth, impaired brain development and reduced fertility.⁸⁹ There is a high risk of medical complications in both male to female (thromboembolism, liver dysfunction), and female to male (breast and uterine cancer, liver dysfunction) with cross gender hormone treatment.⁹⁰ Long term safety issues have not been fully assessed, and potential risks for children and adolescents are based on the adult literature due to lack of research in paediatric populations.⁹¹

(121) And although, as mentioned above, theoretically puberty should resume if hormone blockers are stopped, the international Endocrine Society is cautious, as there is no research evidence to support this claim. The Society recommends against social role changes and hormone therapy in prepubertal children in view of the high rate of remission for gender non-conforming behaviour in those left untreated.⁹²

(122) Furthermore, the impact of impersonation of the opposite sex is likely to impact on brain neuroplasticity to make identity alignment with the biologic sex less likely and/or more difficult. Brain changes do not remove the necessity to take hormones continuously. Note above that the only study of puberty blocking found that all participants eventually embraced transgender identity and requested cross-sex hormones,⁹³ and a protocol that leads to a single inevitable outcome (transgender identification) and lifelong use of toxic synthetic hormones is suggested to be neither fully reversible nor harmless.⁹⁴ Anecdotal evidence regarding the role of parents in promoting varying levels of transition range from active encouragement to fear of losing custody if they do not comply with transitional steps.⁹⁵

(123) Neuroscience clearly documents that the adolescent brain is cognitively immature and lacks an adult capacity for risk assessment prior to the early to mid-twenties. There is therefore a serious ethical problem with allowing either social or irreversible, life-changing treatments to be performed on minors who are too young to give valid consent themselves.⁹⁶

(124) It is also argued that suggested risks of suicide as a result of withholding treatment may be misleading in view of the high rate of resolution of gender dysphoria in untreated adolescents and the prevalence of psychiatric disorders in persons who successfully suicide.⁹⁷

⁸⁷ Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, et al. 2012. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *Int J Transgenderism* 13:165–232.

⁸⁸ Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, Gooren LJ, Meyer WJ 3rd, et al. 2009. Endocrine treatment of transsexual persons: an Endocrine Society Clinical Practice Guideline. *J. Clin. Endocrinol. Metab.* 94:3132–54.

⁸⁹ Kreukels BP, Cohen-Kettenis PT. Puberty suppression in gender identity disorder: the Amsterdam experience. *Nature Reviews Endocrinology*. 2011; 7(8):466–72.

⁹⁰ Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, Gooren LJ, Meyer WJ 3rd, et al. 2009. Endocrine treatment of transsexual persons: an Endocrine Society Clinical Practice Guideline. *J. Clin. Endocrinol. Metab.* 94:3132–54.

⁹¹ Hayes, Inc. Hormone therapy for the treatment of gender dysphoria. *Hayes Medical Technology Directory*. Lansdale, Pa: Winifred Hayes; 19 May 2014.

⁹² Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, Gooren LJ, Meyer WJ 3rd, et al. 2009. Endocrine treatment of transsexual persons: an Endocrine Society Clinical Practice Guideline. *J. Clin. Endocrinol. Metab.* 94:3132–54.

⁹³ De Vries ALC, Steensma TD, Doreleijers TAH, Cohen-Kettenis, PT. Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex Med* 2011;8:2276–2283.

⁹⁴ Am Coll Pediatricians. *Gender Dysphoria in Children*. Position statement. August 2016.

⁹⁵ Anon. (28 Oct 2016). A Christian mother shares her family's fears of losing their 'gender-confused' daughter. ChristianConcern [online]. Available at: <http://www.christianconcern.com/media/christian-mother-shares-her-family-s-fears-of-losing-their-gender-confused-daughter> [Accessed 3 May 2017.]

⁹⁶ Johnson SB, Blum RW, Giedd JN. Adolescent maturity and the brain: the promise and pitfalls of neuroscience research in adolescent health policy. *J Adolesc Health* 2009; 45(3):216–221. See also World Health Organisation. *Eliminating forced, coercive and otherwise involuntary sterilization. Interagency statement*; (2014), concerning lack of informed content to sterilization, even as a secondary consequence of medical treatment. http://apps.who.int/iris/bitstream/10665/112848/1/9789241507325_eng.pdf?ua=1. [Accessed 10 August 2017.]

⁹⁷ Bertolote JM, Fleischmann A. Suicide and psychiatric diagnosis: a worldwide perspective. *World Psychiatry* 2002;1(3):181–185.

7.3.2 *Partially reversible interventions:*

(125) In older adolescents with gender dysphoria, cross-sex hormone therapy is often used to promote the secondary sexual characteristics of the sex most compatible with the individual's declared gender identity. These interventions also suppress the effects of an individual's endogenous (inner) hormones. Adults using oestrogen and/or testosterone are known to be at risk of multiple side-effects, as mentioned above, and worsening of psychiatric disorders.⁹⁸

(126) Older adolescents who have not undergone puberty suppression but are contemplating use of cross-sex hormone use are advised to freeze gametes (eggs and sperm) prior to commencing treatment, as treatment will make them sterile.

7.3.3 *Irreversible surgical interventions:*

(127) This is known as sex reassignment surgery (SRS), or, more recently, is also called gender-confirming, gender affirming, or realignment, surgery. See below. Girls as young as 15 years have had mastectomies under this protocol.⁹⁹

(128) In summary, gender non-conformity in adolescence is uncommon, and with encouragement, the majority will embrace their biological sex role by the time they become adults. In view of the risks of treatment and the inability to make mature judgements regarding irreversible therapeutic outcomes, despite its political and cultural popularity, transition is not universally recommended by health professionals.¹⁰⁰ Research has not been done to assess whether it is more likely to alleviate distress than supportive care in the biological sex role.

7.4 **Management in Adults**

(129) Treatment of gender dysphoria in adults is largely standardized in developed countries. The most influential guidelines are *Current Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7*, (SOC-7)¹⁰¹ devised by WPATH, although others also exist. It is expected that treatment is likely to evolve in response to the increasing diversity of persons seeking treatment, demands for greater client autonomy, and improved understanding of the benefits and limitations of current treatment modalities.¹⁰²

(130) SOC-7 suggests that the ability to diagnose gender dysphoria and any associated psychopathology should not be limited to mental health experts, but extended to any health professional. This apparently was an attempt to reduce stigma¹⁰³ as well as being ideologically driven.¹⁰⁴ Involvement of mental health practitioners is no longer required for prescribing of hormones (although in Australia, endocrinologists are often involved for safety reasons). This attempt to reduce barriers to care risks under-diagnosis and under-treatment of associated psychopathology but reflects the reality of many persons with gender non-conformity taking non-prescribed hormones without medical supervision.

(131) It has been suggested that the least invasive treatment option available which enables the patient to live with their gender non-conformity should be used. As many as 50% of those who commence treatment drop out due to ambivalence or frustration with the process. It is not known what happens to this subgroup, but they may find ways to compartmentalize the gender dysphoria sufficiently to be able to function, for example by cross-dressing.¹⁰⁵

⁹⁸ Moore E, Wisniewski A, Dobs A. Endocrine treatment of transsexual people: a review of treatment regimens, outcomes, and adverse effects. *J Clin Endocrinol Metab* 2003; 88:3467-3473.

⁹⁹ <http://www.theaustralian.com.au/business/legal-affairs/mastectomy-win-for-girl-15-after-sexchange-plea/news-story/84e412c33547ad4cdd81e746e5a5abb3>.

¹⁰⁰ Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, Gooren LJ, Meyer WJ 3rd, et al. 2009. Endocrine treatment of transsexual persons: an Endocrine Society Clinical Practice Guideline. *J. Clin. Endocrinol. Metab.* 94:3132–54

¹⁰¹ Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, et al. 2012. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *Int J Transgenderism* 13:165– 232.

¹⁰² Zucker KJ, Lawrence AA, Baudewijntje, Kreukels PC. Gender Dysphoria in Adults. *Annu. Rev. Clin. Psychol.* 2016. 12:217–47.

¹⁰³ De Vries ALC & Cohen-Kettenis PT. (2016) Gender dysphoria in children and adolescents. In: Monstrey S, Ettner R, Coleman E. *Principles of Transgender Medicine and Surgery*: Taylor and Francis, 2016. ProQuest Ebook Central. Web. 29 September 2016.

¹⁰⁴ Lawrence, A.A., 2014. Gender assignment dysphoria in the DSM-5. *Archives of sexual behavior*, 43(7), pp.1263-1266.

¹⁰⁵ Yarhouse MA. *Understanding Gender Dysphoria: Navigating Transgender Issues in a Changing Culture*. IVP, 2015.

(132) Current treatment options, from the least to most invasive, include the following:

7.4.1 *Counselling and psychotherapy for adults with Gender Dysphoria*

(133) Gender dysphoria in adults sometimes remits spontaneously,¹⁰⁶ and there would seem to be a role for psychotherapy to help adults with gender dysphoria accept their biological sex, although this approach is considered futile and unethical by the SOC-7.¹⁰⁷ This view is disputed.¹⁰⁸ The aim of such treatment is for purposes of exploring gender identity, role and expression; mental health impact; alleviating distress; enhancing social and peer support; improving body image; or promoting resilience. Due to the SOC-7 position, there has been little research in this area, so here also the outcome compared with transitioning is not known.

7.4.2 *Real-life experience in the preferred gender role*

(134) Some adults find relief from gender dysphoria with real-life experience with or without hormone therapy, without proceeding to surgery. In view of the risks of surgery, eligibility requirements in the SOC-7 do not allow sex re-assignment surgery without a 12-month full-time real-life experience, even if the patient does not want one. This requirement is currently under review. Changes may involve living part- or full-time in another gender role.

(135) Real-life experience carries significant psychosocial risks including loss of employment, impaired relationships with family and friends, and gender-based discrimination and physical and mental abuse,¹⁰⁹ as well as the impact of neuroplasticity on the brain.

7.4.3 *Hormone therapy*

(136) Hormone therapy aims to feminize or masculinize the body. Adult biological men may receive a form of estrogen and testosterone suppression in the form of cyproterone acetate, spironolactone, or GnRH agonists. Adult biological women may receive a form of testosterone.

(137) A long-term comparison of gender non-conforming adults who were receiving treatment with feminizing or masculinizing hormones with the general population reported the following changes. Women receiving testosterone experienced dramatic masculinising effects (e.g., beard growth and a marked increase in libido), while biological males receiving feminizing hormones experienced only minimal bodily effects (e.g. small breasts), as well as a significant decrease in libido. The number of deaths in male-to-female transgender adults was five times the number expected, due to suicide and death of unknown cause. They had a 45 times increased risk of thromboembolic events, a 400 times increased risk of hyperprolactinaemia, a 15 times increased risk of depressive mood changes, and elevation of liver enzymes. Female-to-male transgender adults experienced a more than 10% weight increase, and acne. The association with heart disease was not clear.¹¹⁰

(138) Hormone-treated adults with gender non-conformity who have **not** undergone sex-reassignment surgery demonstrate significantly better quality of life, self-esteem, mood and less psychological distress than persons who have not yet begun hormone treatment.¹¹¹ Hormone therapy is considered an effective and 'reasonably safe' treatment in adults with gender dysphoria by proponents of transition.¹¹²

7.5 Sex reassignment surgery

(139) Surgery to change primary and/or secondary sex characteristics includes vaginoplasty or phalloplasty (creation of a vagina or penis by cosmetic surgery) and removal of biological sex organs.

¹⁰⁶ Marks I, Green R, Mataix-Cols D. 2000. Adult gender identity disorder can remit. *Compr. Psychiatry* 41:273–75

¹⁰⁷ Zucker KJ, Lawrence AA, Baudewijntje, Kreukels PC. Gender Dysphoria in Adults. *Annu. Rev. Clin. Psychol.* 2016. 12:217–47.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid.

¹¹⁰ Asscheman H, Gooren LJG, Eklund PLE. Mortality and morbidity in transsexual patients with cross-gender hormone treatment. *Metabolism* 38.9 (1989):869–873.

¹¹¹ 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.* 72:214–31; Zucker KJ, Lawrence AA, Baudewijntje, Kreukels PC. Gender Dysphoria in Adults. *Ann. Rev. Clin. Psychol.* 2016. 12:217–47.

¹¹² Zucker KJ, Lawrence AA, Baudewijntje, Kreukels PC. Gender Dysphoria in Adults. *Ann. Rev. Clin. Psychol.* 2016. 12:217–47.

Surgery eligibility criteria usually requires a period of living full-time in the preferred gender.¹¹³ Note that artificial body parts do not function with normal physiology.

(140) Few controlled studies have examined the psychosocial outcomes of sex-reassignment surgery. Recent evidence has suggested that sex reassignment is associated with more serious psychological sequelae and more prevalent regret than had previously been supposed. Large studies have shown that in most cases, such surgery had diminished the distress of gender dysphoria, but the mortality rate was still higher than in the general population. Long-term follow-up of sex-reassigned persons show an increased risk for death from suicide, suicide attempts, psychiatric inpatient care and criminal convictions.¹¹⁴

(141) It appears that 20% of patients do not experience significant benefit from sex reassignment surgery. As criteria for potential surgical candidates becomes less stringent, this percentage could increase. A review of research in 2014 found only weak evidence to support sex reassignment surgery in adults.¹¹⁵ Surgery does not result in a level of health equivalent to that of the general population.¹¹⁶ Despite its limitations, the political support for transition is such that no other management strategy is being pursued at the present time.

(142) This means that people with gender dysphoria are usually told that transitioning is the best treatment available, and it is held up as a solution to all their problems. However, as seen above, this is not the case for most people, but the lack of research into alternatives means there is no evidence to support other treatment options either.

7.6 Understanding the medical schism

(143) It may seem odd that aggressive interventions to 'treat' gender non-conformity continue to be recommended in view of the lack of medical evidence for their effectiveness. In order to understand how this has come about, it is necessary to understand an historical note.

(144) Dr Kenneth Zucker led the Child Youth and Family Gender Identity Clinic in Toronto, an internationally renowned clinic for children and youth with gender non-conformity and gender dysphoria, for decades. He spent years helping his patients align their subjective gender identity with their biological sex, with much success. His view was that gender is quite malleable at a young age and gender non-conformity usually resolved itself with time. He was influential in research, diagnostic and treatment development for gender non-conformity and gender dysphoric individuals, and headed the group which developed the DSM-5's criteria for gender dysphoria. On December 15, 2015, he was fired for refusing to change his treatment policy in response to political pressure,¹¹⁷ despite the support of his colleagues.¹¹⁸ Since then, those agreeing with his approach have hesitated to speak out for fear of similar reprisals, with subsequent skewing of the public debate.

7.7 Christian healthcare approach to gender non-conforming individuals

(145) All healthcare providers have an obligation to care for individuals struggling with gender identity issues with understanding, sensitivity and compassion. This area is challenging as attempts to undergo gender transition are opposed to Christian teaching.

(146) Biological sex is an objective biological fact which cannot be altered at will. Anomalies of human biological sex (i.e., DSD) do not invalidate God's good design in creation. As outlined above, there is evidence that reinforcement of the biological sex role improves the likelihood of resolution of gender nonconformity. This is standard medical practice for individuals with other forms of disordered thinking: e.g.,

¹¹³ Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, et al. 2012. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *Int J Transgenderism* 13:165– 232.

¹¹⁴ Dhejne, C, et.al. "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden." *PLoS ONE*, 2011; 6(2). Affiliation: Department of Clinical Neuroscience, Division of Psychiatry, Karolinska Institutet, Stockholm, Sweden.

¹¹⁵ Hayes, Inc. Sex reassignment surgery for the treatment of gender dysphoria. Hayes Medical Technology Directory. Lansdale, Pa.: Winifred Hayes; 15 May 2014.

¹¹⁶ Dhejne, C, et.al. "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden." *PLoS ONE*, 2011; 6(2). Affiliation: Department of Clinical Neuroscience, Division of Psychiatry, Karolinska Institutet, Stockholm, Sweden.

¹¹⁷ Singal J. (2016). Culture wars. How the Fight Over Transgender Kids Got a Leading Sex Researcher Fired. <http://nymag.com/scienceofus/2016/02/fight-over-trans-kids-got-a-researcher-fired.html>. [Accessed 21 April 2017.]

¹¹⁸ <https://www.ipetitions.com/petition/boardoftrustees-CAMH>. [Accessed 15 July 2017.]

when a person presents with anorexia, medical professionals do not support weight loss but seek to encourage a normal body image.

(147) Continuing the long-standing practice of recognising the distress, supporting it with psychotherapy to the best of our ability, and encouraging uniformity in the embodied self will therefore be the recommended therapeutic pathway in the Christian context. This is because we believe that finding one's identity within God's design will ultimately result in a healthier and more fulfilling life. Given the high prevalence of psychiatric disease in this population, any management approach should also include treatment of such conditions.

(148) The case for medical support of sex transitioning before adulthood is not evidence-based and should not be supported by Christian healthcare providers. This will put the Christian healthcare provider at odds with evolving views of gender identity in the current medical culture. However, there is scientific evidence that to avoid gender transition in the management of gender dysphoria is a reasonable choice. There is particularly good scientific evidence to reinforce the biological gender in young people, especially before puberty.

(149) Social pressure to impose a transgender ideology on those who do not support transitioning is unjust and undemocratic, as well as threatening professional integrity. The purpose of medicine is to heal the sick, not to collaborate with psychiatric disorders. Interventions to alter normal sexual anatomy to conform to transgender desires are disruptive to health.

(150) Management for gender dysphoric adults is more complex, partly because spontaneous resolution of the dysphoria is less common, and also because steps may have been taken towards transition (socially, hormonally, surgically) prior to coming to the Christian healthcare professional. The recommendation here would be to treat any comorbid conditions (e.g., depression, anxiety), and seek to support the person to find contentment with their biological sex, over time, and as much as this is possible. For those who have not begun gender transition, it needs to be made clear that, because of prevailing ideology, transition has been held up as a solution for all the problems confronting the individual with gender dysphoria. However, research clearly shows that, even with full transition, psychiatric morbidity persists. We would caution against even social transitioning because the neuroplasticity of the brain suggests that such behaviour would reinforce gender nonconformity rather than resolve it.

(151) The rare situations of DSD are categorically different from transgender interventions, and are not addressed here but are briefly outlined in Appendix 2.

(152) Management of a person's experience of gender non-conformity or gender dysphoria should therefore include all efforts to support them in their psychological distress and affirm them in their biological sex role. Within the current healthcare system, mentally competent adults make their own choices with which we may not agree, however they do not have the right to coerce Christian healthcare providers to prescribe medication or perform surgery which they believe to be harmful.

8 Gender Identity and the Law in Australia

(153) The following overview of the current legal landscape was prepared by Steve Lucas (Legal Counsel and Corporate Secretary, SDS), with contributions from Associate Professor Neil Foster (Faculty of Law, Newcastle University). The authors of the report are grateful for their contributions.

8.1 Recognition of "transgender status"

(154) The test for whether a person is recognised as "transgender" will vary according to the purpose for which the question is asked and the jurisdiction in which it is being asked.

Birth certificates

(155) The particulars on a person's birth certificate will usually determine if a person is recognised as male or female (or their sex otherwise categorised) under the law.

(156) In NSW, the alteration of birth certificates with respect to sex is regulated under Division 5A of the *Births Deaths and Marriages Act 1995* (NSW).

(157) Under s 32B, an adult person may apply to alter their birth certificate, if they –

- (a) were born in NSW¹¹⁹,
- (b) can demonstrate that they have undergone a “sex affirmation procedure”, and
- (c) are not married.

(158) The application must also be supported by statutory declarations from 2 registered medical practitioners that verify the person has undergone a “sex affirmation procedure” (s 32C).

(159) The same requirements apply in the case of a minor, but the application must be made by the child’s parents or guardians.

(160) The Act defines “sex affirmation procedure” to mean –

...a surgical procedure involving the alteration of a person’s reproductive organs carried out:

- (a) for the purpose of assisting a person to be considered to be a member of the opposite sex, or
- (b) to correct or eliminate ambiguities relating to the sex of the person.

(161) Under s 32I, if a birth certificate has been changed in this way, the person is deemed to be of the changed sex for the purposes of NSW law.

(162) In some jurisdictions it is not necessary for a person to have undergone a medical procedure in order to have their birth certificate changed.

(163) In the ACT, there is no explicit requirement for surgery, only that the person believes their sex to be the sex nominated in the application and that “appropriate clinical treatment for alteration of the person’s sex” has been carried out or the person is intersex.¹²⁰

(164) At the end of 2016, South Australia amended its laws to provide explicitly that “invasive medical treatment” is not a requirement to change a person’s sex on their birth certificate.¹²¹ A person only needs a signed verification from a medical practitioner or psychologist that they have “undertaken a sufficient amount of appropriate clinical treatment in relation to the person’s sex or gender identity”.¹²² This clinical treatment “need not involve invasive medical treatment and may include or be constituted by counselling”. If the clinical treatment *only* involves counselling a “sufficient amount” is at least 3 separate counselling sessions totalling 135 minutes or counselling sessions occurring over a period of at least 6 months”.

(165) The Commonwealth government departments primarily rely on state and territory birth records. The Australian Government’s *Guidelines on the Recognition of Sex and Gender*, which apply to all Commonwealth government departments and agencies, note that:

Sex reassignment surgery and/or hormone therapy are not pre-requisites for the recognition of a change of gender in Australian Government records.¹²³

(166) Assoc. Prof. Neil Foster observes that it seems that this policy was introduced following the decision of *Abrams and Minister for Foreign Affairs and Trade* [2007] AATA 1816; (2007) 98 ALD 438 (28 September 2007) in which the Commonwealth Administrative Appeals Tribunal over-turned a prior refusal to issue a passport in a revised gender to a person who had been born male, and ordered that a revised passport be issued identifying the applicant as female. The prior refusal had been based on the fact that the relevant State, NSW, only allowed a change of gender on a birth certificate where the applicant was unmarried, but this applicant had been married to a woman prior to undergoing surgery. The Tribunal Member, Deputy President Purvis, held, at [27]:

The Tribunal is satisfied, and so finds, that she is a female person and has the identity that she contends. Her inability to provide a birth certificate from the Registrar of Births, Deaths and Marriages that records her female gender, in circumstances where the obtaining of the same is prevented by

¹¹⁹ A person who was born outside NSW can also apply for registration of their sex in the Register if they meet the same requirements and are an Australian citizen or permanent resident, live in NSW (and have done so for at least one year) and their birth is not registered under the Act or in any corresponding law in a State or Territory (s 32DA).

¹²⁰ s25, the Births, Deaths And Marriages Registration Act 1997 (ACT)

¹²¹ *Births, Deaths and Marriages Registration (Gender Identity) Amendment Act 2016 (SA)*. This Act has also expanded the categories available on the register to include male, female, non-binary and indeterminate/intersex/unspecified.

¹²² s 29K, Births, Deaths and Marriages Registration Act 1996 (SA).

¹²³ <https://www.ag.gov.au/Publications/Documents/AustralianGovernmentGuidelinesontheRecognitionofSexandGender/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.pdf> (paragraph 25, page 5)

state legislation, is not a valid ground for rejecting her passport application, where her identity can be satisfactorily established by other means.

(167) This decision was not the subject of an appeal. As an AAT decision is not binding as legal precedent in Australian courts, but has so far formed the basis for Commonwealth policy. It is at least arguable that the AAT decision was wrong, and that a person's sex for the purposes of a passport ought to be governed by the primary identity document, the birth certificate.)

(168) In some parts of Australia, it is therefore possible for a person to be legally recognised as being of a gender that does not correspond to their biological sex without undergoing any form of physical change.

Discrimination

(169) Discrimination law may define a person as being "transgender" without there having been any alteration in the person's sex on their birth certificate.

(170) The *Anti-Discrimination Act 1977* (NSW) includes a person who is a "recognised transgender person" for the purposes of the *Births Deaths and Marriages Registration Act 1995*, but goes further, recognising in s 38A as "transgender", a person who –

- (a) identifies as a member of the opposite sex by living, or seeking to live, as a member of the opposite sex,
- (b) has identified as a member of the opposite sex by living as a member of the opposite sex, or
- (c) being of indeterminate sex, identifies as a member of a particular sex by living as a member of that sex.¹²⁴

(171) It also includes a reference to the person being thought of as a transgender person, whether the person is, or was, in fact a transgender person.

(172) The *Sex Discrimination Act 1984* (Cth) protects against discrimination on the grounds of a person's "gender identity", which is defined to mean –

the gender-related identity, appearance or mannerisms or other gender-related characteristics of a person (whether by way of medical intervention or not), with or without regard to the person's designated sex at birth...

(173) This Act also includes "intersex status" as a protected attribute.

8.2 Regulation of gender reassignment

(174) Gender reassignment refers to surgery, hormone therapy or invasive medical procedures that a person may undertake as part of transitioning to another gender.

(175) In general, an adult person of sound mind may consent to undertaking procedures or treatment. Parents and guardians may consent to procedures or treatment on behalf of their children at a young age where the procedures or treatment are, on medical opinion, "beneficial" or "necessary". If procedures or treatment may be merely optional or non-therapeutic, parental consent will usually not be sufficient and an application will need to be made to the Family Court.¹²⁵ However particular considerations apply in the case of children (under 18 years) who are old enough to understand the procedures or treatment. The wishes of a child may prevail over those of their parents if the child is found to pose sufficient understanding and intelligence to understand fully what is proposed.¹²⁶

(176) The most recent authoritative decision in Australia regarding procedures and treatment for gender reassignment by a minor is *Re: Jamie* [2013] FamCAFC 110 (31 July 2013). This case considered the two common forms of gender reassignment treatment for children, with stage 1 being the provision of puberty blocking medication and stage 2 comprising cross-sex hormone treatment. It was held that while parents are generally capable of consenting to "stage 1" treatments, "stage 2" treatments, considered to be

¹²⁴ For a case in which a prisoner in jail was found to be "transgender" because they had begun "seeking to live" as a woman before they entered jail, see *Lawarik v Chief Executive Officer, Corrections Health Service* [2003] NSWADT 16 (24 January 2003).

¹²⁵ Department of Health and Community Services (NT) v JWB (1992) 175 CLR 218.

¹²⁶ Secretary, Dept of Health and Community Services v JWB and SMB (1992) 175 CLR 218.

irreversible, can only be consented to by the child when they are determined by a court to be of sufficient “understanding and intelligence”.

(177) Issues of capacity in relation to gender reassignment are likely to continue to be tested before the courts given demands from certain sections of the community for gender dysphoria to be normalised and not treated as a disorder, notwithstanding that it will usually require medical intervention.¹²⁷

8.3 Discrimination

(178) Discrimination arises where a person is treated differently in certain areas of public life on the grounds of a personal attribute that is protected by the law. This can involve less favourable treatment or being subject to requirements or conditions that are not applied to others in similar circumstances who do not possess the protected attribute.

(179) Discrimination against persons on the grounds of “transgender status” or “gender identity” is prohibited in most jurisdictions in Australia in certain areas of public life.¹²⁸

New South Wales

(180) Under the *Anti-Discrimination Act 1977 (NSW)*, discrimination on transgender grounds is prohibited in relation to –

- (a) work/employment,
- (b) education (admission and the terms of admission),
- (c) the provision of goods and services,
- (d) accommodation, and
- (e) membership and participation in registered clubs.¹²⁹

(181) There are exemptions –

- (a) section 38K, which concerns discrimination in education, does not apply to a “private educational authority”,
- (b) a transgender person can be excluded from participation in sporting activities for members of the sex with which they identify, but this does not extend to coaching or administration of a sporting activity, only participation, and
- (c) the administration of superannuation.

(182) There are also exemptions (or “balancing clauses”) which apply to religious bodies and faith-based adoption agencies.

(183) Section 56 of the Act provides that –

Nothing in this Act affects:

- (a) the ordination or appointment of priests, ministers of religion or members of any religious order,
- (b) the training or education of persons seeking ordination or appointment as priests, ministers of religion or members of a religious order,
- (c) the appointment of any other person in any capacity by a body established to propagate religion, or
- (d) any other act or practice of a body established to propagate religion that conforms to the doctrines of that religion or is necessary to avoid injury to the religious susceptibilities of the adherents of that religion.

(184) The scope of the exemption in paragraph 56(d) was considered by the NSW Supreme Court in *OV & OW v Members of the Board of the Wesley Mission Council* [2010] NSWCA 155 (6 July 2010). The following points can be made in relation to that litigation –

Religion: The court held that what is taught by a religion may include doctrines that are only taught by a sub-group, they do not have to be “universally” held by all adherents.

¹²⁷ Whitehall, J. “Childhood Gender Dysphoria and the Law”, *Quadrant* (10 May 2017). p. 6.

¹²⁸ See above for definitions of these terms in NSW and Commonwealth discrimination legislation.

¹²⁹ Part 3A, Anti-Discrimination Act 1977 (NSW).

Doctrine: The word 'doctrine' is broad enough to encompass, not just formal doctrinal pronouncements such as the Nicene Creed, but also that which is commonly taught or advocated by a body, and includes moral as well as religious principles.¹³⁰

Religious susceptibilities of adherents: In the specific case, it was held that requiring fostering services be offered to a same-sex couple would be unacceptable to adherents. The Rev Dr Keith Garner gave evidence in para [62] of his submission as follows:

62 If Wesley Mission was required to appoint homosexual foster carers, this would make our provision of foster care services unacceptable to those who support the ethos of Wesley Mission.

(185) At para [34] of its decision resolving the litigation the Appeal Panel commented:

it would also follow from our acceptance of Dr Garner's evidence particularly paragraph 62 of his affidavit that the second limb [i.e., "necessary to avoid injury to the religious susceptibilities of the adherents of that religion"] was made out. The defence provided by s56 having been proved the complaint must be dismissed.¹³¹

(186) Part 3A of the Act, which deals with transgender discrimination, does not apply to the provision of adoption services by an organisation that is established or controlled by a religious organisation and accredited to provide adoption services.¹³²

Commonwealth

(187) At the Commonwealth level, the *Sex Discrimination Act 1984* regulates discrimination on the grounds of "gender identity" and "intersex status".¹³³ The areas of public life in which discrimination is unlawful are much the same as in the NSW legislation, except that they also include access to facilities and conferring interests in land. It is also unlawful to request or require a person to provide information if the information is being sought for the purpose of committing an unlawful act of discrimination on the grounds of gender identity or intersex status.¹³⁴

(188) There is an exemption for religious bodies that is in very similar terms to the exemption in s 56 of the *Anti-Discrimination Act 1977* (NSW), except that the exemption does not cover the provision of Commonwealth-funded aged care (although it **does** cover the employment of persons to provide that aged care - see s 37(2)(b)).¹³⁵

(189) There is also exemption for educational institutions conducted in accordance with the doctrines, tenets, beliefs or teachings of a religion or creed in relation to employment and enrolment/expulsion etc.¹³⁶ However the exemption is slightly narrower than the NSW legislation in that the discriminatory act or practice must be done "in good faith" to avoid injury to the religious susceptibilities of adherents of that religion or creed.

(190) Discrimination questions arise in relation to single-sex schools, uniforms, sports teams, the use of bathrooms/change rooms, sleeping accommodation and the use of pronouns, among others. A church may also wish to restrict or place conditions on a transgender person's participation in its activities, such as in relation to dress or appearance and the congregation that the person is to attend. Generally, such discrimination by religious bodies and faith-based schools in NSW will be lawful subject to the act

¹³⁰ This was the interpretation given by the Tribunal following a direction from the Court for a new hearing. See *OW & OV v Wesley Mission*, 2010 [ADT], [32]-[33]. In *Christian Youth Camps Limited & Ors v Cobaw Community Health Service Limited & Ors* [2014] VSCA 75 (16 April 2014), the Victorian Court of Appeal found that the words "conform to" in the equivalent Victorian legislation meant that the doctrine must be such that there is no alternative but to commit the act or practice giving rise to discrimination. This matter was not directly considered in *OW & OV* but the findings in that case are not consistent with the approach to doctrine in *Cobaw*.

¹³¹ See *OW & OV v Members of the Board of the Wesley Mission Council* [2010] NSWADT 293 (10 December 2010).

¹³² s 57A, *Anti-Discrimination Act 1977* (NSW).

¹³³ ss 5B and 5C, *Sex Discrimination Act 1984* (Cth).

¹³⁴ s 27, *Sex Discrimination Act 1984* (Cth).

¹³⁵ s 37, *Sex Discrimination Act 1984* (Cth).

¹³⁶ s 38, *Sex Discrimination Act 1984* (Cth).

conforming to doctrine or being necessary to avoid injury to the religious susceptibilities of adherents of the religion.

(191) The legal arguments in relation to matters like the use of bathrooms are very complex, even in non-religious or faith-based school contexts, and almost every step of the argument that discrimination arises could be subject to challenge.¹³⁷ Professor Patrick Parkinson has outlined the difficulties with respect to uniforms as follows –

*If a boy who has desires to cross-dress is required to wear the school uniform of his gender, he is not thereby being treated differently from any other boy. Does he have the right to be treated as if he were female? Were it so, then boys would be entitled to enrol in girls' sports, and attend all-girls' schools. Men who have a mental state of wanting to be female, or considering themselves to be so, would be entitled to join all women's gyms or to apply for jobs that are for women only. That would be an extreme and unreasonable position.*¹³⁸

(192) For these and other reasons, the legal arguments in relation to gender identity in schools are often expressed by reference to risk of harm and duty of care issues rather than discrimination.

(193) The guidance issued by some government departments in relation to gender identity goes beyond what is required by anti-discrimination law, yet is expressed in legal rather than policy language. Consider for example, *Legal Issues Bulletin*, No.55 issued to public schools by the Legal Services Directorate of the NSW Department of Education and Communities.¹³⁹ This document requires a transgender student to be offered the use of unisex toilets or the toilets of their identified gender, and that if other students “indicate discomfort” sharing these facilities with a transgender student this is to be addressed through the school learning and support team. It also provides that a student under 12 years of age should be permitted to engage in competitive sports with other students of their identified gender.¹⁴⁰ It is not at all clear that any of these obligations are actually imposed by the legislation. Arguments that have not been addressed by the courts, and need to be, include the following.

- Might not the legislation simply forbid discriminatory treatment that is based *simply* on transgender “identity”, rather than even-handed treatment based on a person’s physical sexual characteristics?
- The NSW Anti-Discrimination Act 1977, sets out separate grounds of discrimination which are applicable to “recognised transgender persons”, in s 38B(1)(c), and are not the same as the grounds which are expressed to apply in relation to a person who is simply described as “transgender”. The difference, as noted above, is that a “recognised” transgender person will be one who has undergone a medical “sex affirmation procedure”. It is only such persons for whom, under s 38B(1)(c), it would be discriminatory to treat them “as being of the person’s former sex”. Given this, it seems fairly clear that by implication treating a “transgender” person, who has not had the formal medical procedure, as if they belong to their biological sex, does **not** amount to unlawful (or “less favourable”) treatment *per se*.

8.4 Vilification and offence

(194) It is unlawful to vilify a person or group of persons in NSW on the grounds of transgender status. Section 38S of the *Anti-Discrimination Act 1977* provides –

It is unlawful for a person, by a public act, to incite hatred towards, serious contempt for, or severe ridicule of:

- (a) a person on the ground that the person is a transgender person, or
- (b) a group of persons on the ground that the members of the group are transgender persons.

(195) The section goes on to provide that nothing in the section renders unlawful –

- (a) a fair report of a public act, or
- (b) a communications that would be subject to a defence of absolute privilege in proceedings for defamation, or

¹³⁷ Foster, N. *Bathrooms and Discrimination*, Law and Religion Australia (24 April 2016). <https://lawandreligionaustralia.blog/2016/04/24/bathrooms-and-discrimination/>

¹³⁸ Parkinson, “The Controversy over the Safe Schools Program”, p. 28

¹³⁹ Legal Issues Bulletin, No. 55, December 2014. https://www.det.nsw.edu.au/media/downloads/about-us/how-we-operate/legal-issues-bulletins/number_55.pdf

¹⁴⁰ Legal Issues Bulletin, No 55. P.3.

- (c) a public act, done reasonably and in good faith, for academic, artistic, scientific, research or religious discussion or instruction purposes or for other purposes in the public interest, including discussion or debate about and expositions of any act or matter.

(196) Similar but more widely drafted legislation in Tasmania prohibits engagement in “conduct which offends, humiliates, intimidates, insults or ridicules another person” on the grounds of their gender identity or intersex status “in circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the other person would be offended, humiliated, intimidated, insulted or ridiculed”.¹⁴¹ This is subject to exceptions in relation to –

- (a) a fair report of a public act; or
- (b) a communication or dissemination of a matter that is subject to a defence of absolute privilege in proceedings for defamation; or
- (c) a public act done in good faith for –
 - (i) academic, artistic, scientific or research purposes; or
 - (ii) any purpose in the public interest.

(197) The law in Tasmania extends to certain conduct which a reasonable person would anticipate would cause offence to another person. This conduct need not necessarily be public, and there is no exception in Tasmania for religious discussion or instruction (other than generally as purpose in the public interest). A complaint was made against Archbishop Julian Porteous for distributing a booklet regarding the Roman Catholic Church’s teaching on marriage in a Catholic School. The Anti-Discrimination Commission of Tasmania accepted the complaint, though it was subsequently withdrawn. More recently the Commission has accepted a complaint against a Presbyterian minister concerning comments made by him on a blog site about health risks associated with “the homosexual lifestyle”, and a complaint against a street preacher by an atheist offended by comments made at the Hobart Mall “speaker’s corner”.¹⁴²

8.5 Human right to gender transition in Australia

(198) Australia does not have a national Bill of Rights, either as part of the Constitution or statute law. Some rights are expressly protected by the Constitution, namely the right to vote, protection against the acquisition of property on unjust terms, trial by jury, freedom of religion and prohibition on discrimination based on State residency. Some are implied, such as a right to freedom of political communication which arises out of our parliamentary democracy.

(199) Both Victoria and the ACT have a Charter of Human Rights which requires the government and public servants to take human rights into consideration when making laws, setting policies and in the provision of services. There is also capacity under the Commonwealth *Australian Human Rights Commission Act 1986*¹⁴³ to make complaints to the Australian Human Right Commission about conduct constituting human rights violations by or on behalf of the Commonwealth. However, at most, the Commission can report to Parliament in respect to these matters and has no power to make orders or award compensation.

(200) Australia is a signatory to certain international human rights conventions. This international law does not form part of the laws of Australia unless it is given effect through domestic legislation. However, the High Court has held that where there is ambiguity in a statute of an Australian Parliament, which deals with a matter affected by an international covenant, a construction that is consistent with international law obligations is to prevail (*Minister for Immigration and Ethnic Affairs v Teoh* (1995) 183 CLR 273 at 287)¹⁴⁴. This rests on an assumption that the Parliament does not intend to legislate against these obligations unless the Parliament expressly indicates to the contrary.

¹⁴¹ s 17, Anti-Discrimination Act 1998 (Tas).

¹⁴² “Preachers in free speech test on atheists and gays”, *The Australian*, 28 July 2017. <http://www.theaustralian.com.au/business/legal-affairs/preachers-in-free-speech-test-on-atheists-and-gays/news-story/c6039963d5224a7922a8f5cbbd65755e>

¹⁴³ Legislation.gov.au. (2017). *Australian Human Rights Commission Act 1986*. [online] Available at: <https://www.legislation.gov.au/Details/C2017C00143>. [Accessed 17 August 2017.]

¹⁴⁴ Jade.io. (2017). *Minister of State for Immigration and Ethnic Affairs v Ah Hin Teoh 1995* [online] Available at: <https://jade.io/article/67887>. [Accessed 17 August 2017.]

(201) Australia is a signatory to the Optional Protocol to the *International Covenant on Civil and Political Rights*.¹⁴⁵ Under the Optional Protocol individuals can make complaints to the United Nations Human Rights Committee (UNHRC) alleging they are victims of violations of the ICCPR. While the Optional Protocol commits Australia to various processes in relation to these matters, Australia is not required to comply with any directions given by the UNHRC. Recently, a transgender woman who is resident in NSW brought a complaint against the Australian government concerning a requirement that she must divorce her spouse before making a change to her birth certificate. The UNHRC found that the requirement breached Article 17 as an “arbitrary or unlawful interference with her privacy and family”, and Article 26 as discrimination on marital status and gender identity grounds. Notwithstanding, the law in NSW remains unchanged.

(202) There are international legal principles on the application of international law on sexual orientation and identity in the form of the *Yogyakarta Principles* (2007)¹⁴⁶ and the *UN Declaration on Sexual Orientation and Gender Identity* (2008)¹⁴⁷. However, there is no UN convention that provides a framework for assessing sexual and gender rights claims.

8.6 Overview of laws in other States and Territories

(203) This document has primarily focussed on the law of NSW and the laws of the Commonwealth that apply in NSW. A brief overview of the laws in other states and territories, the European Union and USA in respect to gender identity is outlined below. The information contained is current as at 28 July 2017.

State and Territory Laws

Legislation	Key Provisions
NSW	
NSW Anti-Discrimination Act 1977	Part 3A Discrimination on transgender grounds: <ul style="list-style-type: none"> • Section 38K public school educational facilities to unconditionally enrol students • Section 38K(3) excludes private educational authorities
Births, Deaths and Marriages Registration Act 1995	Part 5A Change of Sex: <ul style="list-style-type: none"> • s32A: Sex “affirmation” (change) procedure is one where a surgical procedure involving the alteration of a person’s reproductive organs has been carried out in order to (a) be considered a member of the opposite sex or (b) to correct ambiguities relating to the sex of a person • s32B a person who has undergone sex affirmation procedure can apply to record a change of sex but must be: <ul style="list-style-type: none"> ○ over 18years (or with parents authority) ○ born in NSW ○ not married ○ must have had the reassignment surgery (proofs submitted and two doctors’ declarations) • s32E new certificate to be issued without reference to sex change • s32F the child of a person who has had their birth certificate altered may apply to receive a copy of the old birth certificate of the parent. • S32I – the person is legally considered the gender on their birth certificate (or a recognised interstate certificate) http://www.austlii.edu.au/au/legis/nsw/consol_act/bdamra1995383/

¹⁴⁵ Office of the United Nations High Commissioner for Human Rights (OHCHR). (2017). *Optional Protocol to the International Covenant on Civil and Political Rights*. [online] Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OPCCPR1.aspx>. [Accessed 18 August 2017.]

¹⁴⁶ Yogyakartaprinciples.org. (2017). *Yogyakarta Principles – The Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity*. [online] Available at: <http://www.yogyakartapinciples.org/> [Accessed 18 August 2017.]

¹⁴⁷ Office of the United Nations High Commissioner for Human Rights (OHCHR). *LGBT UN Resolutions* [online] Available at: <http://www.ohchr.org/EN/Issues/Discrimination/Pages/LGBTUNResolutions.aspx> [Accessed 18 August 2017.]

Legislation	Key Provisions
Key pressure points in NSW:	<p>Ability to change sex on birth certificate without the gender reassignment surgery. Grounds advanced: it's discriminatory and inhumane to force a person to become sterile so that a change of sex status can be made (http://www.starobserver.com.au/news/national-news/new-south-wales-news/trans-rights-get-a-boost-in-nsw-parliament/142984)</p> <p>Ability for a married person to change sex on birth certificate without getting a divorce: see recent decision of the UN Human Rights Committee recommending change of NSW law on this point.¹⁴⁸</p>
Victoria	
Equal Opportunity Act (2010)	<p>"Gender identity":</p> <ul style="list-style-type: none"> • Part 2, s6(d) makes unlawful to discriminate on the basis of gender identity • Part 4 identifies when discrimination is prohibited • s82 religious bodies exemption – as per the NSW exemption • s83 faith-based schools exemption – the act must conform to doctrines, belief or principles of the religion or be reasonably necessary to avoid injury to the religious sensitivities of adherents of the religion. • s84 exemption for a "person" where discrimination is reasonably necessary for them to comply with the doctrines, beliefs or principles of their religion.
Births, Deaths and Marriages Registration Act 1996	Similar to NSW laws. The persons must have undergone a surgical procedure involving the alteration of a person's reproductive organs carried out for the purpose of assisting the person to be considered to be a member of the opposite sex and provide statutory declarations from 2 doctors.
Vic Education & Training Policy on 'Gender Identity'	<p>Principals to respect a student's choice to identify as their desired gender when it does not align with their designated sex at birth.</p> <p>http://www.education.vic.gov.au/school/principals/spag/health/Pages/genderidentity.aspx#related (As with NSW, it may be doubted whether this guidance accurately reflects the requirements of the legislation.)</p>
South Australia	
Births Deaths Marriages 1996	<ul style="list-style-type: none"> • A person's sex on the register can be changed upon providing a signed verification from a medical practitioner or psychologist that they have "undertaken a sufficient amount of appropriate clinical treatment in relation to the person's sex or gender identity". This clinical treatment "need not involve invasive medical treatment and may include or be constituted by counselling". If the clinical treatment <i>only</i> involves counselling a "sufficient amount" is at least 3 separate counselling sessions totalling 135 minutes or counselling sessions occurring over a period of at least 6 months".
Sexual Reassignment Act of South Australia (1988)	<ul style="list-style-type: none"> • The Act was repealed by the Births, Deaths and Marriages Registration (Gender Identity) Amendment Act 2016 with effect from 23 May 2017. • The Act regulated gender reassignment procedures and the process for applying for recognition certificates. The latter is now regulated by the Births Deaths Marriages 1996. Gender reassignment procedures are no longer specifically regulated by statute.
Equal Opportunity Act 1984 (3/10/13)	<ul style="list-style-type: none"> • Part 3, Division 2 prohibits discrimination on the grounds of gender identity in relation to employment. s 34(3) exempts a faith-based educational authority if the discrimination is undertaken pursuant to a written policy and the policy is disclosed. • Section 35(2b)- allows associations to discriminate "on the ground of sexual orientation or gender identity if the association is administered in accordance with the precepts of a particular religion and the discrimination is founded on the precepts of that religion"

¹⁴⁸ See Neil Foster, "Birth certificate alteration for a married person?" (27 June 2017) <https://lawandreligionaustralia.blog/2017/06/27/birth-certificate-alteration-for-a-married-person/> for comment.

Legislation	Key Provisions
	<ul style="list-style-type: none"> • s37 prohibits discrimination in education on the basis of gender identity • s50 exemptions for religious bodies for ordinations; training of those seeking ordination; administration of a body established for religious purposes and acts or practices to confirm to doctrine or avoid injury to the religious susceptibilities of adherents of the religion.
SA Law Reform Institute	<ul style="list-style-type: none"> • Audit Paper into discrimination on the grounds of sexual orientation, gender, gender identity and intersex status in South Australian legislation (September 2014) • This is a major review and will constitute a significant reworking of up to “140 South Australian Acts and Regulations that discriminate...on the grounds of sexual orientation, gender identity and intersex status” p11
Western Australia	
Gender Reassignment Act 2000	<ul style="list-style-type: none"> • Gender Reassignment Board: <ul style="list-style-type: none"> ◦ Establishes the Gender Reassignment Board which is tasked with issuing Recognition Certificates (in Adult and Child categories). This is the certification which gives legal standing to the new sex. ◦ Recognition certificates can be used to amend the Birth Certificate. • Applicants must have undergone a “reassignment procedure”, adopted the lifestyle of that gender and received counselling in relation to their gender identity. In <i>AB v Western Australia</i> [2011] HCA 42, the High Court determined that the Act did not require a person to undergo genital reassignment surgery (in this case a hysterectomy and phalloplasty) to obtain a gender recognition certificate as a man. • There is a bill before the Parliament to abolish the Gender Reassignment Board and confer the responsibilities on the State Administrative Tribunal.
Equal Opportunity Act 1984	<ul style="list-style-type: none"> • Part IIAA Discrimination on “gender history” grounds in certain cases. In essence it is the same as “gender identity”. • s 72 – religious bodies exemption – as per the NSW exemption. • s 73 – educational institutions established for religious purposes exempt in relation to employment if the discrimination is in good faith in order to avoid injury to the religious susceptibilities of adherents of that religion or creed, and exempt in relation to the provision of education or training in a manner that discriminates in favour of adherents of that religious or creed.
Births, Deaths and Marriages Registration Act 1998	No opportunity for change of gender
Northern Territory	
Births, Deaths and Marriages Registration Act 2015	Part 4A. As per Victorian laws
Anti-Discrimination Act	<ul style="list-style-type: none"> • s19 – “sexuality”, which is defined in s4 to include “transsexuality”. • s29 – exemption for educational authority operated wholly or mainly for students of a particular sex or religion which permits the exclusion of persons not of that sex or religion. • s37A – exemption in relation to employment for faith-based educational institutions if the discrimination is on the grounds of religious belief or sexuality and the act is done in good faith to avoid offending the religious sensitivities of people of the particular religion. • s51 - religious bodies exemption – ordination, training/appointment of ministers of religion and , except there is no doctrine exemption and the discriminatory acts that are done as part of religious observance or practice.

Legislation	Key Provisions
Queensland	
Births, Deaths and Marriages Registration Act 2003	As per NSW – surgery required
Anti-Discrimination Act 1991	<ul style="list-style-type: none"> • s7 gender identity • s41 educational authority operated wholly or mainly for students of a particular sex or religion permitted to exclude persons not of that sex or religion. • S109 religious bodies exemption similar to NSW, except the doctrine and religious susceptibilities limb of the exemption does not apply in the case of employment or education.
Qld Dept of Education, Training & Employment	'Diversity in Queensland Schools – Information for Principals' covering: name, toilet/change rooms, dress code, camps
ACT	
Births, Deaths and Marriages Registration Act 2013	<ul style="list-style-type: none"> • The applicant must believe their sex to be the sex nominated in the application and must provide a statement by a doctor of psychologist certifying that they have received "appropriate clinical treatment" for alteration of their sex or that they are an intersex person. • There is no definition of "appropriate clinical treatment". There is no requirement for surgical genital reassignment.
Discrimination Act 1991 No42	<ul style="list-style-type: none"> • s7 notes gender identity and intersex status as a grounds on which discrimination is prohibited • Areas of public life in which discrimination is unlawful is similar to NSW. s18 prohibits discrimination of students on the grounds noted in s7 • s32 religious bodies exemption similar to NSW • s33 exemptions for educational institutions for religious purposes: employment of staff and in the provision of education and training, but the discrimination must be done in good faith to avoid injury to the religious susceptibilities of adherents of that religion or creed.
Tasmania	
Births, Deaths and Marriages Registration Act 1999	As per NSW – surgery required
Anti-Discrimination Act 1998	<ul style="list-style-type: none"> • S16 (ea) gender identity, 16(eb) intersex • Pt 5, Div 8: exceptions allowing discrimination on the <u>grounds of religious belief</u>: <ul style="list-style-type: none"> ◦ s51: employment based on religion ◦ s51A: admission of a person as a student in a faith-based educational institution – but not students already enrolled and discrimination can only be on the grounds of religious belief or affiliation ◦ s52: ordination/priests, participation in religious observance, doctrine, injury to religious susceptibilities • S17 conduct which offends, humiliates, intimidates, insults or ridicules another person on the basis of gender identity or intersex status, is unlawful

8.7 International Laws

European Union

(204) Legal and scientific bodies are moving at a fast pace to de-pathologise transsexualism. NGO Transgender Europe in 2014 24 EU members required diagnosis of a gender identity disorder in order to access surgery and/or legal recognition.

(205) Two primary legal considerations:

1. Access to sex reassignment treatment and its legal recognition.
2. Ability to rectify one's recorded sex and name on official documents, which has legal consequences in respect to the ability to enter or maintain a marriage.

(206) "In EU Member state legislation, sex reassignment and the legal recognition of gender are often dealt with in parallel. However, from a legal perspective they remain two different steps in a trans person's life. For example in a 2013 ruling the Tribunal of Reggio Emilia in Italy clarified that, as long as a trans person does not request a change of personal data to reflect his/her gender identity, his/her marriage will remain valid in the country, despite same-sex couples not having access to marriage." (Protection Against Discrimination Legal Update 2015, 18)

(207) However, "forced divorce or marriage annulment is still required for legal gender recognition in EU Member States that do not allow same-sex marriage" (Protection Against Discrimination Legal Update 2015, 20)

(208) Recent EU state developments:

- Movement towards self-determination of one's gender:
 - Denmark legalised gender recognition for transgender people based only on their self-determination (no medical diagnosis required). As long as the person is aged 18 and over, they may request a legal change of gender and will be asked to confirm the change 6 months later.
 - In Malta, changing legal gender requires declaring before a notary that one's gender identity does not correspond to the sex assigned in the birth registry
 - In Ireland legal change of gender is based entirely on self-determination.
- Issues regarding interested third parties are causing issues for legislators. For example in Poland:
 - A married trans person must divorce if wishing to undergo gender reassignment
 - If trans person is the sole guardian of a child, they must wait to undergo gender reassignment until the child is of age
 - If there is another parent, the court will transfer custody of the child to that other parent
- Recognition of transgender children:
 - Ireland – children 16 years and older
 - Malta – children can access through a court order
 - Poland – children over 16 years can commence the process

USA

(209) Procedures for legalising sex change through a birth certificate vary from state to state. However, a general process for changing involves the following steps:

1. Must have had vaginoplasty or orchiectomy (irreversible genital surgery)
2. Signed, dated notarised letter from the surgeon confirming date of procedure(s)
3. Write letter to the Department of Health and Human Services to the relevant birth state detailing transsexual, wanting to change name and sex on birth certificate and to have the original impounded. Trans person will receive written instruction of requirements of the birth state.
4. If residential state laws permit impounding of certificates in other states, the trans person will need to attend court to make the request. The judge will sign the order.
5. Send the court authorised paperwork to the Birth state
6. New birth certificate will be printed and dispatched.

(210) The year 2015 has been dubbed the "year of the transgender tipping point". However, increasing resistance to the normalisation of transgender is being reported:

- 2015 there were 21 anti-trans bills which covered: bathrooms/change rooms/sports; health, marriage and discrimination carve outs

- 2016 as at February there were 44 anti-trans bills which cover: bathroom/change rooms/sports, health, anti-trans marriage, discrimination carve out, birth certificates, first amendment defence acts

(211) Such moves appear to be at odds with the Federal Government's position. For example, Title IX which is the federal civil rights law prohibits discrimination in education. The Federal Government has previously interpreted this to include discrimination protections on the basis of gender identity. However, in more recent times the current Federal Government has indicated that it does not believe that Title IX covers either transgender discrimination¹⁴⁹ or sexual orientation discrimination.¹⁵⁰

(212) A special note on "First Amendment Defence Acts". These Bills would, if passed, exempt persons/bodies from being deemed to have undertaken discriminatory acts if they act in accordance with sincerely held religious beliefs. The exemption applies even if the person/body is in receipt of public funds.

(213) The Bills appear to all be premised on the belief that sex is fixed as determined at birth and noted on the birth certificate.

Canada

(214) The Canadian Parliament has recently passed legislation with respect to transgender rights. Bill C-16, also known as *An Act to amend the Canadian Human Rights Act and the Criminal Code* of the Statutes of Canada 2017¹⁵¹, received Royal Assent on 19 June 2017. It will soon become law in Canada.

(215) The Bill amends the *Canadian Human Rights Act* to add "gender identity" and "gender expression" to the list of prohibited grounds of discrimination. These terms are not defined and it is not clear what they encompass.

(216) The Bill also amends the Canadian Criminal Code to prohibit "hate propaganda" against groups that are identifiable based on gender identity or gender expression, and allow longer sentences for criminal offences motivated by hate based on gender identity or gender expression. The Canadian Department of Justice has commented that, "This amendment concerns extremist literature or information that aims to incite hatred against a particular group and that is far outside what Canadian society will tolerate."

(217) There has been considerable debate within Canada regarding the effect of the amendments. In relation to the use of bathrooms, the Canadian Department of Justice has commented that: "Transgender persons have a right to be treated according to their deeply-felt gender identity. In many situations, that includes the right of a person who lives as a woman to use women's facilities, even if she has some male anatomical characteristics. These amendments will codify that right." There have also been suggestions from some quarters that the legislation will compel the use of genderless pronouns. It is unlikely that a failure to use genderless pronouns would amount to hate speech, though what constitutes "hate speech" may change over time. Causing offence is considered a form of hate speech in certain jurisdictions. The claim may be more relevant in respect to discrimination. The Ontario Human Rights Commission (in commenting on the equivalent provisions in its provincial code) has stated: "Refusing to refer to a trans person by their chosen name and a personal pronoun that matches their gender identity, or purposely misgendering, will likely be discrimination when it takes place in a social area covered by the Code, including employment, housing and services like education."¹⁵² This indicates that the not using or misusing pronouns will, in some contexts, be considered discrimination by some human rights bodies within Canada.

(218) The Canadian Province of Ontario has passed even more far reaching legislation. Bill 89, *Supporting Children, Youth and Families Act, 2017*¹⁵³ received Royal Assent on 1 June 2017. The Bill changes what is considered to be in the best interests of the child. The child's religious faith has been removed from the

¹⁴⁹ See "Trump administration withdraws federal protections for transgender students" (23 February 2017) <http://edition.cnn.com/2017/02/22/politics/doj-withdraws-federal-protections-on-transgender-bathrooms-in-schools/index.html>.

¹⁵⁰ See "Trump administration, intervening in major LGBT case, says job bias law does not cover sexual orientation" (27 July 2017) https://www.washingtonpost.com/news/morning-mix/wp/2017/07/27/trump-administration-intervening-in-major-lgbt-case-says-job-bias-law-does-not-cover-sexual-orientation/?utm_term=.f80d1f2e857c.

¹⁵¹ Canada. Department of Justice, (2016) *Bill C-16: An Act to amend the Canadian Human Rights Act and the Criminal Code*. [online] Available at: <http://www.justice.gc.ca/eng/csj-sjc/pl/identity-identite/statement-enonce.html>. [Accessed 17 August 2017.]

¹⁵² Ontario Human Rights Commission. (2017). *Questions and answers about gender identity and pronouns*. [online] Available at: <http://www.ohrc.on.ca/en/questions-and-answers-about-gender-identity-and-pronouns>. [Accessed 1 September 2017.]

¹⁵³ Legislative Assembly of Ontario, (2017). *Bill 89, Supporting Children, Youth and Families Act, 2017* [online] http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4479&detailPage=bills_detail_the_bill. [Accessed 17 August 2017.]

list of factors to be considered. The list now includes “race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity and gender expression.” There have been suggestions that the legislation will allow the government to remove a child from their family if the parents do not support the child’s gender identification. It turns on what constitutes “abuse” of a child. The Bill regards a child in need of protection under the law if that child is deemed to be suffering or “at risk of suffering” mental or emotional harm and the parents do not provide “treatment or access to treatment.” It is conceivable that on this basis a parent could be accused of “abuse” if they will not facilitate their child having access to treatment for gender transition. The Bill will also have implications for determining which family environments are in the best interests of the child when placing a child in foster care or adoption.

9 Conclusion

(219) Our churches, schools, and organisations should be places where those dealing with gender identity issues are welcomed, loved, and nurtured with generous care shaped by the love of Christ, and informed by the word of God. All those who have faith in Christ belong to the body of Christ, regardless of their personal trials and afflictions. It is our hope that those dealing first-hand with gender identity issues might find the love and support they need within our fellowship.

(220) This Report is the first step in a Diocesan response to gender identity issues. It seeks to provide the biblical framework and medical background for these issues and outlines the current Australian legal situation. A basis is thus provided from which to address the pastoral care of those experiencing gender non-conformity in an informed way, and to engage with developments in society.

(221) Our commitment to the good of all people also means we should be concerned for the welfare of all those with gender identity issues, not just those within our churches. Equipping Christians and churches to appropriately reach out with the gospel and love of Jesus to those who suffer gender identity issues requires further careful reflection.

(222) The next stage of this work entails the development of detailed policies and a pastoral care practice framework for entities within the Diocese. These entities include schools, community service organisations, and youth ministries. The task of caring for people – church communities, families, children and individuals – also requires sensitive consideration.

(223) In the meantime, the following Initial Principles of Engagement are offered, as an indicative response to the complex pastoral issues involved, taking into consideration the teaching of Scripture, medical and legal considerations, and personal responses from the mixed-methods study undertaken by the committee. These principles reflect the main contours of this report.

9.1 Initial Principles of Engagement

9.1.1 General Principles

- (a) The promise of the gospel is that all who trust in Christ are assured of existential peace and wholeness in the resurrection life of the new creation.
- (b) All those who have faith in Christ are loved by God and belong to the body of Christ, even if their personal trials and afflictions in this life include gender identity issues or gender incongruence.
- (c) Those who experience gender identity issues or incongruence deserve our compassion, love, and care.
- (d) In the beginning, God made humanity male and female, and, in his creative purposes, biological (bodily) sex determines gender.
- (e) Human nature was damaged and distorted by the Fall but not destroyed. All people continue to be made in the image of God. The experience of incongruence between objective biological sex and subjective gender identity is one consequence of that damage and distortion but in no way diminishes a person’s full humanity.
- (f) God has compassion on the weak and vulnerable, and is able to bring healing to the experience of gender incongruence, however in his sovereign wisdom, that healing might not be fully experienced in this life.
- (g) The human person is a psychosomatic unity, where body and soul come into being at the same time and, in this life and the next, exist together. Embodiment is integral to human

identity, and biological sex is a fundamental aspect of embodiment. Preserving the integrity of body and soul, and honouring and protecting the biologically sexed body that God has given are necessary for human flourishing.

- (h) The binary distinctions of male and female are to be embraced and upheld in the lives of Christian men and women respectively, and expressed in culturally appropriate ways that conform to Scripture.
- (i) Churches, schools, and other Anglican organisations are to be places where all people, including those who experience gender identity issues and incongruence, are welcomed, loved and supported and helped to live in obedience to Christ.
- (j) Practical love of those experiencing gender identity issues and incongruence entails:
 - faithfulness to the teaching of the Bible
 - compassion, and active love, care, and support
 - rejection of all bullying, ridicule, mistreatment, and abuse of gender non-conforming people
 - evidence-based pathways for treatment, which are consistent with Scripture
 - ensuring that churches and organisations are adequately informed about gender identity issues and incongruence, and the relevant teaching of the Bible.

9.1.2 Those experiencing gender incongruence

You are made in the image of God and you will find your identity in Christ. Therefore, we encourage you:

- (a) to seek treatment options that aim for the integrity of psycho-somatic unity;
- (b) to seek regular Christian fellowship;
- (c) to share your struggles with some mature Christian people so you can receive Christian compassion and support, as well as accountability and encouragement;
- (d) to know that while gender dysphoria may be a lifelong battle for you, nothing can separate you from the love of God in Christ Jesus, and God will be patient with you, and his grace will sustain you; and
- (e) to fix your eyes on Jesus and look forward to wholeness and relief of suffering in the new creation.

9.1.3 Family and Friends of those experiencing gender incongruence

Family and friends are encouraged:

- (a) to be informed about and embrace the teaching of Scripture on sex and gender;
- (b) to be educated in the various aspects of gender identity and expression (biology, identity, orientation, roles) so you are able to distinguish between sexual orientation (same sex attraction, same sex behaviour) and gender identity (gender dysphoria, transgender) and the different responses each requires;
- (c) to demonstrate gospel grace by loving and caring for the person even if you do not approve or celebrate their behaviour or choices;
- (d) to be honest about your concerns;
- (e) if appropriate, to provide information about alternative treatment approaches to those which promote transitioning;
- (f) not to make your love conditional upon acceptance of your views;
- (g) to be patient and sensitive, and seek to alleviate the person's distress; and
- (h) to be committed in prayer for the person: their physical and psychological wellbeing, and their salvation (if not a Christian).

9.1.4 Christian parents

Christian parents are encouraged:

- (a) to be informed about and embrace the teaching of Scripture on sex and gender
- (b) to be educated in the various aspects of gender identity and expression (biology, identity, orientation, roles) so you are able to differentiate between sexual orientation (same-sex

attraction, same-sex behaviour) and gender identity (gender dysphoria, transgender) and the different responses each requires;

- (c) to understand that your own identity is found in Christ and not in any other source, and make opportunities to explain this to your children;
- (d) to seek mature Christian counsel and pastoral care if your child has gender identity issues that cause you concern, and seek to support the child in their biological sex role;
- (e) to demonstrate gospel grace by loving and caring for your child even if you do not approve of or celebrate your child's behaviour or choices; and
- (f) to build support networks and be actively involved in your Christian community.

9.1.5 Counsellors, teachers, doctors (those with secular professional relationships)

Christian professionals are encouraged:

- (a) to be informed about and embrace the teaching of Scripture on sex and gender;
- (b) to be educated in the various aspects of gender identity and expression (biology, identity, orientation, roles) so you are able to differentiate between sexual orientation (same-sex attraction, same-sex behaviour) and gender identity (gender dysphoria, transgender) and the different responses each requires;
- (c) to understand the biblical view of personhood, and identity in Christ, both for yourself and your clients;
- (d) to differentiate between compassion for the person and understanding the distress of their situation/condition and agreeing with and validating a treatment protocol to transition; and
- (e) to build support networks for consultation, possibly including legal contacts.

9.1.6 Ministry Staff

Ministry staff are encouraged:

- (a) to be informed about and embrace the teaching of Scripture on sex and gender;
- (b) to provide public teaching about the Bible's instruction on these matters;
- (c) to have compassion for those who experience gender incongruence, and teach and model such compassion;
- (d) not to make insensitive or uncaring comments or jokes about gender nonconforming people;
- (e) to build a church culture where all people are actively welcomed, knowing that Jesus bids us all 'come as we are', but that he does not leave any of us 'as we are';
- (f) to encourage a church culture of openness that would allow a person to begin a conversation with ministry staff about their gender identity issues;
- (g) to listen carefully to the person, and not doubt, minimise or dismiss their experience;
- (h) to be concerned for the whole person, not just their gender issues;
- (i) to be patient and committed to the person long-term;
- (j) to respect the person and their family's privacy and confidentiality;
- (k) to ensure church facilities provide a public access uni-sex toilet;
- (l) to provide some non-gendered church activities, e.g., mixed Bible study groups ;
- (m) do not have rigid, unbiblical gender stereotypes, especially for children;
- (n) to encourage others to reach out with friendship and support, especially in children's and youth ministries.
- (o) to ensure that gender non-conforming children and youth are not bullied, teased, excluded, or abused; and
- (p) to consider the pastoral care needs of those close to the gender nonconforming person, especially family.

9.1.7 Congregations

Congregations are encouraged:

- (a) to be informed about and embrace the teaching of Scripture on sex and gender;
- (b) to show love, compassion, hospitality, and welcome to gender nonconforming people;
- (c) to be concerned for the whole person not just their gender issues;

- (d) to offer companionship to the person and their family;
- (e) to be patient and committed to the person and their family for the long-term;
- (f) to respect the person and their family's privacy and confidentially;
- (g) not to stare, exclude or isolate gender nonconforming people;
- (h) not to bully, tease, exclude, mistreat, or abuse gender nonconforming people;
- (i) not to make the person into a celebrity or spectacle for their gender incongruence;
- (j) not to make jokes about gender nonconforming people;
- (k) to be aware that taking or displaying photos or images of a person with gender incongruence might cause them distress;
- (l) to avoid rigid and unbiblical gender stereotypes; and
- (m) to uphold the goodness of God's design of male and female, and provide healthy role models of living faithfully as Christian men and women.

9.1.8 Public engagement

Those participating in public engagement are encouraged:

- (a) to be informed about and embrace the teaching of Scripture on sex and gender;
- (b) to seek the common good of all people, through concern and involvement in public debate and policy formation;
- (c) to show grace, by being loving, gentle, courteous, wholesome, and humble, this may include recognising the good in our interlocutor's arguments;
- (d) to affirm what is true. God's truth is good, and applies to all people, whether or not they accept or recognise its wisdom. Cultural awareness and effective communication may shape how we express our viewpoint, but it cannot alter our adherence to biblical truth;
- (e) to show love, as public engagement is an expression of love for neighbour, and withdrawal from it may signify a failure to love;
- (f) to be informed about the different dimensions of the public debate, as there are those who promote transgender ideology, and those who suffer from gender incongruence, who are vulnerable members of our community, yet the needs and claims of the two groups are different, and must be considered in any public engagement on these matters;
- (g) to ensure that your presuppositions and expectations of the role of the state are informed by and consistent with the Scriptures; and
- (h) to be courageous, knowing that God is sovereign over all.

10 Recommendations

1. Synod receives the Report.
2. Synod agrees to approve in principle the Initial Principles of Engagement at 9.1 of the Gender Identity Report as a policy of the Synod.
3. Synod affirms that:
 - (a) The promise of the gospel is that all who trust in Christ are assured of everlasting peace and wholeness in the resurrection life of the new creation.
 - (b) All those who have faith in Christ are loved by God and belong to the body of Christ, even if their personal trials and afflictions in this life include gender identity issues or gender incongruence.
 - (c) Those who experience gender identity issues or incongruence deserve our compassion, love, and care.
 - (d) In the beginning, God made humanity male and female, and, in his creative purposes, biological (bodily) sex determines gender.
 - (e) Human nature was damaged and distorted by the Fall but not destroyed. All people continue to be made in the image of God. The experience of incongruence between objective biological sex and subjective gender identity is one consequence of that damage and distortion but in no way diminishes a person's full humanity.

- (f) The human person is a psychosomatic unity, where body and soul come into being at the same time and, in this life and the next, exist together. Embodiment is integral to human identity, and biological sex is a fundamental aspect of embodiment. Preserving the integrity of body and soul, and honouring and protecting the biologically sexed body that God has given are necessary for human flourishing.
 - (g) The binary distinctions of male and female are to be embraced and upheld in the lives of Christian men and women respectively, and expressed in culturally appropriate ways that conform to Scripture.
 - (h) We deeply regret that, in the past, some gender non-conforming people have experienced rejection or lack of compassion in our churches and ministries.
 - (i) Churches, schools, and other Anglican organisations are to be places where all people, including those who experience gender identity issues and incongruence, are welcomed, loved and supported and helped to live in obedience to Christ.
4. Synod commends the Gender Identity Report to all Anglican schools and other agencies in the diocese which are called upon to care for people with gender identity issues and asks the governing boards and councils, and the heads and chief executive officers of such schools and agencies to –
- (a) ensure that any policies, guidelines and procedures which they draft to address this issue are consistent with the Initial Principles of Engagement approved in principle as a policy of the Synod at its session in 2017, and
 - (b) consult with the Archbishop about the final form of such policies, guidelines and procedures before they are published, and
 - (c) commit to reviewing such policies, guidelines and procedures in light of any revised form of policy adopted by the Synod following its session in 2017,.
- and requests that the Standing Committee bring to the Synod session in 2018 a revised form of the Initial Principles of Engagement with a view to the revised form being adopted as a policy of the Synod.

11 Acknowledgement

Members of the Gender Identity Subcommittee

Dr Claire Smith (Chair)	Dr Megan Best	The Rev Nicholas Moll
Dr Patricia Weerakoon	The Rev David Ould	

Members of the Social Issues Committee

Dr Karin Sowada (Chair)	Dr Megan Best	The Rev Dr. Chase Kuhn
The Rev Dr Andrew Ford	The Rev Dr Michael Jensen	Mr Darren Mitchell
The Very Rev Kanishka Raffel		

We would also like to thank the following people for their assistance:

Ms Emma Penzo	Mr Steve Lucas	Assoc Prof Neil Foster
Mr Jeremy Freeman	Mrs Leonie Russell	

Table of Acronymns

ACL	Australian Christian Lobby
AIDS	Acquired Immune Deficiency Syndrome
DSD	Disorders of Sex Development
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-4	Diagnostic and Statistical Manual of Mental Disorders 4 th Edition
DSM-5	Diagnostic and Statistical Manual of Mental Disorders 5 th Edition
F2M	Female to Male
GD	Gender dysphoria
GNC	Gender nonconformity
GnRH	Gonadotropin-releasing hormone
HP	Healthcare providers
LGBT	Lesbian, Gay, Bisexual, Transgender
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
RLE	Real life experience
SOC-7	Standards of Care for the Health of Transsexual, Transgender, and Gender-nonconforming people, Version 7
SRS	Sex reassignment surgery
TG	Transgender
WPATH	World Professional Association for Transgender Health

Disorders of Sexual Development

Disorders of Sex Development (DSD) describe the rare situation where a newborn infant is found to have ambiguous genitalia (ie it is not clear from observation whether the child has male or female genitalia – whether they are male or female). These are established medical deviations from the normal binary male-female genital development. This condition is also called 'intersex' or 'hermaphrodite' in non-medical settings, but these terms are considered unhelpful, and perceived to be pejorative by some.

In determining whether someone is male or female, we can observe their physical characteristics, such as genitalia (their phenotype) – the usual process at birth; or we can examine their genetic characteristics (their genotype) – by using simple laboratory tests. Most people are born with either two X chromosomes (XX = genotypic female) or one X and one Y (XY = genotypic male). This does not change through life. Usually the genotypic and phenotypic sex are in alignment at birth, and development at puberty is in consistent. In DSD, variations may be minor (such as individuals with genetic variations XO (Turner's Syndrome), or XXY (Klinefelter's Syndrome) which each has a particular phenotype different from the norm. Other variations may be more severe, such as in the case of children born without the ability to produce an enzyme (5- α -reductase) which leads to ambiguous but generally female-appearing genitalia at birth (labia with an enlarged clitoris and undescended testes) and therefore may be raised as girls, but the genitalia then turn into a penis with descended testes at puberty, resulting in a phenotypic male. The most common DSD, accounting for the majority of ambiguous genitalia in the newborn, is congenital adrenal hyperplasia.

The presence of DSD in a newborn requires urgent medical treatment to ensure the safety of the child, as some may have conditions that are life-threatening. Treatment involves a team of professionals who can provide appropriate medical care and counselling for the parents. The topic of early gender reassignment is currently under debate.

General Synod 2017 Session

(A report from the Standing Committee.)

Introduction

1. The 17th General Synod was held in Maroochydore from 3-8 September 2017.
2. The 17th General Synod consisted of 259 members of whom 71 were from the Diocese of Sydney. A number of resolutions, canons and rules were passed at the session. A number of elections also took place for General Synod boards and committees.

Resolutions

3. Many of the resolutions related to formal matters concerning the business of General Synod, while others were of more significance. The resolutions that may be of particular interest are extracted in the Appendix. The resolutions recorded are those passed on Days 1-4, as the Minutes from Day 5 are not yet available.

Canons

4. The following canons were passed –

Appellate Tribunal Amendment (Qualification) Canon 2017
Appellate Tribunal Amendment (Reserve List) Canon 2017
*Constitution (Appellate Tribunal) Amendment Canon 2017**
*Special Tribunal Amendment Canon 2017***
Special Tribunal (Limitation Period) Canon 2017
Long Service Leave (Revision of Entitlement) Canon 2017
Long Service Leave (Notification of Participating Organisation) Canon 2017
Canon to Ratify the Amended New South Wales Provincial Synod Constitution
*Holy Orders (Removal from Exercise of Ministry) Canon 2017***
*Canon Concerning Confessions (Revision) Canon 2017***
*Canon Concerning Confessions (Vulnerable Persons) Canon 2017***
*Canon Concerning Services Amendment Canon 2017***
NATSIAC Amendment Canon 2017
Strategic Issues, Commissions, Task Forces and Networks Amendment Canon 2017
Missionary Dioceses (Amendment Canon) 2017
*Safe Ministry to Children Canon 2017***
Disclosure of Information Canon 2017
National Register Amendment Canon 2017
National Register (Access to and Disclosure of Information) Amendment Protocol 2017
National Register (Inclusion of Information) Amendment Protocol 2017
*Episcopal Standards (Child Protection Canon) 2017***
*Constitution (Jurisdiction of Special Tribunal) Amendment Canon 2017**
*Offences Amendment Canon 2017***
Redress for Survivors of Abuse Canon 2017

5. Some of these canons have already taken effect, others will not take effect unless the requisite number of diocesan synods report their assent by ordinance (marked *), and still others will not take effect in Sydney until they are adopted by our Synod (marked **). The canons are, or will be, the subject of a further report prepared for the Synod.

Rules

6. The following rules were passed –

A Rule to amend Rule I - Standing Orders (Formal Motions)
A Rule to amend Rule III - Rules for the Conduct of Elections
A Rule to amend Rule I - Standing Orders (Electronic Voting)
A Rule to Amend Rule II – Rules for the Appointment of a Standing Committee of General Synod and Defining its Powers and Duties

Elections

7. The following persons from Sydney were elected to the following General Synod boards and committees –

Council of the Australian College of Theology

Mr Garth Blake SC
Archbishop Glenn Davies
Dr Louise Gosbell
The Rev Dr David Hohne
Mrs Susan Hooke
Dr Stuart Piggitt
Dr Claire Smith
The Right Rev Michael Stead
Ms Jane Tooher

Defence Force Board

The Rev Andrew Nixon

Standing Committee

The Rev Dr Andrew Ford
Dean Kanishka Raffel
The Right Rev Michael Stead
Mr Garth Blake SC
Dr Karin Sowada
Dr Robert Tong AM
The Hon Peter Young AO QC

Panels Of Electors of the Primate

The Right Rev Michael Stead
Dean Kanishka Raffel
Mr Garth Blake SC
Dr Karin Sowada
Dr Robert Tong AM
The Hon Peter Young AO QC

Elected as a Reserve

The Rev Dr Andrew Ford
The Rev Nigel Fortescue
The Right Rev Ross Nicholson
The Rev Dr Mark Thompson
Dr Claire Smith

Long Service Leave Board

The Rev Dr Andrew Ford
Mr Doug Marr

The Board of Assessors (Appellate Tribunal)

The Rev Dr Andrew Ford
The Rev Dr Mark Thompson

For and on behalf of the Standing Committee

ROBERT WICKS
Diocesan Secretary

20 September 2017

General Synod 2017 – Selected resolutions

R20/17 A Motion relating to the Professional Standards Commission Report

The General Synod:

- (a) receives the report of the Professional Standards Commission;
- (b) recommends that each diocese:
 - (i) publish a list of appropriately qualified people as professional supervisors for those in pastoral ministry and promote the use of their services;
 - (ii) include a component for professional supervision in recommended financial packages for those in pastoral ministry;
- (c) requests the Standing Committee to explore with the dioceses the development of a nationally consistent approach to professional standards legislation with particular reference to its application to child abuse;
- (d) requests the Safe Ministry Commission:
 - (i) to measure and review the Church's progress towards being a child safe institution in the light of the elements identified in the report of the Royal Commission Creating Child Safe Institutions issued in July 2016;
 - (ii) to analyse the final report of the Royal Commission and make recommendations as to actions to be taken;
 - (iii) to develop an audio visual resource for use in dioceses that provides information to ministers, churchwardens and parish councils about the implementation of the Policy for Safe Ministry in a parish where there is a risk of sexual abuse by a Person of Concern and the issues raised by the participation of a Person of Concern in the life of a parish;
 - (iv) to develop a resource for use in dioceses for providing care for families who have experienced premature death of a family member due to child sexual abuse;
 - (v) to identify and recommend resources for use in dioceses for responding to family and domestic violence;
 - (vi) to report to the 18th General Synod as to the progress of the Church in the development and implementation of safe ministry policies and structures.

R21/17 A Motion relating to Safer Ministry

That the General Synod:

- (a) welcomes resolutions 16.25, 16.26, 16.27 and 16.28 passed by the Anglican Consultative Council in April 2016 (ACC-16) and requests the General Secretary to convey this resolution to the Secretary General of the Anglican Communion and the Archbishop of Canterbury;
- (b) commends the National Council of Churches in Australia for organising the *Safe as Churches?* 7 and *the Safe as Churches?* 8 conferences on sexual misconduct and abuse in the Australian churches, and supports ongoing joint action by member churches and other participating Australian churches to promote the welfare and safety of all people within their communities. The General Synod requests the General Secretary to convey this resolution to the General Secretary of the National Council of Churches in Australia;
- (c) recommends that the Commonwealth Government promote a national system for child protection, and that State and Territory governments as a matter of urgency enact legislation for a national system for child protection that provides for:
 - (i) the mandatory reporting of child abuse by persons including ministers of religion to the police and the government child protection authorities;
 - (ii) the screening of all persons seeking to work with children in a paid or voluntary capacity;
 - (iii) the mutual recognition of clearances for persons to work with children in all States and Territories; and
- (d) that the General Secretary forward the terms of this resolution to the Prime Minister, the Premier or Chief Minister of each State and Territory and the Royal Commission into Institutional Responses to Child Sexual Abuse forthwith.

R22/17 A motion relating to The Global Goals for Sustainable Development

That, celebrating the success of the Millennium Development Goals and noting that the number of people living in extreme poverty has more than halved since 1990, the General Synod:

1. welcomes the new Global Goals for Sustainable Development which aim to end poverty, protect the planet, and pursue the common good;
2. encourages theological engagement with the goals, and missional commitment to their achievement;
3. commends the work of Anglicare Australia, the Anglican Board of Mission, Anglican Overseas Aid, Anglican Aid and other Anglican organisations in striving to achieve the Sustainable Development Goals; and
4. renews our call for a fair share of Australia's national budget (0.7% of Gross National Income) to be dedicated to Overseas Development Assistance that aims to reduce poverty.

R23/17 A motion relating to Domestic Violence in Aboriginal and Torres Strait Islander Communities

We the members of NATSIAC

- a) Note with grave concern the rate of domestic and family violence in our communities;
- b) Call upon the government both federal and state to continue to invest in educational and family support programs;
- c) Call upon the Anglican Church of Australia to develop a national response via greater education among clergy and church workers with regard to domestic and family violence; and,
- d) Call upon General Synod to encourage dioceses to develop domestic violence policies, with advice for good pastoral practice, consistent with Faithfulness in Service, and in consultation with local Aboriginal and Torres Strait Islander communities.

R24/17 A motion relating to Aboriginal and Torres Strait Islander Community Issues

The General Synod recognises and shares the deep concern of NATSIAC members in regard to:

1. The appalling number of youth suicides in the Aboriginal and Torres Strait Islander communities; ten times higher than the wider Australian community and notes that suicides touch 95% of Aboriginal and Torres Strait Islander peoples.

This Synod calls upon the government, both state and federal, to investigate the causes of these horrific statistics, and requests appropriate continuing funding to finance functional programs in consultation and negotiation with Aboriginal and Torres Strait Islander communities;

2. The sad and undeniable facts concerning the disproportionate rate of incarceration of Aboriginal and Torres Strait Islander People in gaols and detention centres all over Australia.

This Synod strongly urges all governments, federal and state to end mandatory sentencing and to actively investigate and examine 'best practice' from other jurisdictions, utilise resources such as diversionary programs and changes to policies that would seek to have gaol as the last resort.

R25/17 A motion relating to Equal Representation of Women

The General Synod -

1. Notes with disappointment that the resolution of the 2007 fourteenth Session of General Synod in regard to the equal representation of Women on General Synod Bodies (GS85/07) has not been effectively implemented, with equal representation of women on only three of the General Synod's current 27 Bodies.
2. Requests the next General Synod Standing Committee to
 - a) Re-commit to the principle of equal representation of women in membership of its bodies and to ensure that this goal is met the Standing Committee agree to a target that all General Synod bodies (General Synod commissions, task forces and working groups) have 50% equal representation of women in their membership by 1st December 2019 wherever legislatively and practically possible.

- b) Apply the principle of equal representation of women in membership of organisations where Standing Committee make appointments to other bodies wherever this is legislatively and practically possible.
- c) Review annually the progress of this target.
- 3. Encourages each diocese to adopt the target of 50% equal representation of women in elections and appointments wherever legislatively and practically possible and to report back to the next General Synod.
- 4. Requests Standing Committee to report progress on this matter to the 18th Session of General Synod.

R26/17 A motion relating to Mission to Seafarers

The General Synod –

- a) Receives the report of the Mission to Seafarers.
- b) Recognises and seeks to include the celebration of Sea Sunday annually as a way to support the ministry of the Mission to Seafarers and highlight the plight of Seafarers.
- c) Calls on the Federal Government to take seriously its responsibility under the Maritime Labour Convention 2006 and fully fund land based welfare for seafarers in this country.
- d) Respectfully requests the Primate to convey the above terms of this resolution to the Prime Minister and Federal Transport Minister.

R28/17 Church Agencies Network Disaster Operation (CAN DO)

The General Synod commends the Church Agencies Network Disaster Operation (CAN DO) consortium as a significant and welcome demonstration of ecumenical collaboration, in an important area of global ministry and mission, and urges the Anglican Church of Australia to support the work of Anglican Board of Mission and Anglican Overseas Aid through CAN DO.

[] *First Nation's Voice*

The General Synod:

- 1. Supports the recommendation of the Referendum Council for a constitutionally-entrenched First Nations' Voice to the Commonwealth Parliament;
- 2. Encourages the governments in Australia to seek to negotiate in good faith with First Nations' Peoples towards treaties or other similar forms of agreement;
- 3. Requests the General Secretary to convey this resolution to the Prime Minister, State Premiers, and Leaders of the Opposition;
- 4. Requests the Public Affairs Commission in consultation with NATSIAC to prepare resources, including summaries and theological reflections for use by Anglican parishes, schools and organisations, on the Referendum Council Report on any subsequent referendum questions and on the progress of treaty or similar negotiations.

R29/17 Aboriginal and Torres Strait Islander Environmental Issues

The General Synod,

- 1. Acknowledges that NATSIAC, as the voice of Aboriginal and Torres Strait Islander Anglicans in Australia, is committed to the preservation of God's creation; and
 - a) joins with NATSIAC in recognising the implications of Climate Change upon the entire nation, its land, sea and waters but especially in the Torres Strait; and
 - b) forwards the findings and recommendations of the Symposium on Indigenous Perspectives on Climate Change held in Darwin 2016 to the Prime Minister, Leader of the Opposition, State Premiers, and relevant ministers.
- 2. Acknowledges that NATSIAC has been expressing concern over the use of fracking on traditional Aboriginal and Torres Strait Islander lands for many years, and joins with NATSIAC in condemning practices which seek to pressure elders to submit their traditional homelands and waterways to fracking and other practices that risk destroying hunting and fishing grounds and areas of major cultural significance.

R35/17 Bishop Greg Thompson

This General Synod gives thanks to Almighty God for the courageous ministry and prophetic leadership by the 13th Bishop of Newcastle The Rt Rev'd Gregory Thompson in calling the Church and especially the Diocese of Newcastle to face their past about child sexual abuse and shape a healthy future in responses to Christ's call to protect, esteem and nurture children and vulnerable people.

Further this General Synod requests the Primate to convey these sentiments to Bishop Thompson.

R36/17 Church Law Commission Membership

That having regard to:

- (a) The history of clergy membership on the Church Law Commission;
- (b) The fact that Church Law matters can affect the clergy in a way different to the way it affects the laity;
- (c) The desirability of theological considerations being taken into account and informing Church Law,

the Primate, when appointing members to the Church Law Commission on the advice of the Standing Committee under section 14 of the Strategic Issues, Commissions, Task Forces and Networks Canon 1998, give active consideration to the appointment of at least one member of the Clergy to the Church Law Commission.

R37/17 UN Conference on Nuclear Disarmament

That this General Synod urges our Australian Government to be a strong and positive contributor to the 2018 high level UN Conference on Nuclear Disarmament.

Remembering Hiroshima and Nagasaki, and aware of current instabilities, we urge that this opportunity be taken to elevate the issue of nuclear disarmament and to build pressure on nuclear-weapon States to agree to specific nuclear disarmament proposals.

R39/17 Report Content Policy

Synod requests Standing Committee to consider writing a policy that requires minimum mandatory information to be included in reports to Synod from commissions, task forces and working groups. Such information should include:

- (a) Expenses incurred compared to budget and reasons for variation;
- (b) Frequency and attendance at meetings;
- (c) Membership changes; and
- (d) Synod resolutions addressed by the group.

R40/17 World Week of Peace in Palestine and Israel

That this Synod encourages members of General Synod and those within their Dioceses to consider marking in some way the World Week of Peace in Palestine and Israel, 17-24 September 2017.

Synod notes that resources for liturgy and prayer are available on the World Council of Churches website.

R42/17 Australian Freedom Network

That this General Synod –

1. Notes the establishment of the Australian Freedom Network (AFN) signed by the Primate on our behalf;
2. Commends those involved in the establishment of the Global Freedom Network of which the AFN is part;
3. Acknowledges the continuing reality of human trafficking and slavery, and laments the damage that this does to all involved as a distortion of what it means to be created in God's image;

4. Commits to personal and organisational behaviour that utilises tools such as the “Ethical Fashion Guide” and information regarding corporate supply chains to inform decisions surrounding consumption so that ethical choices can be made; and
5. Requests that the General Synod network, Anglican Schools Australia, consider how it may collaborate with the AFN to explore how Anglican Schools in Australia may be supported as they educate students to be ethical leaders in the Australian community.

R43/17 Safe Ministry Implementation

1. That this Synod gives thanks for the unity of intent expressed by the unanimous resolution of this Canon.
2. That each Diocesan Bishop with the support of their Synod team commits to strive for the adoption of this Canon at the first Diocesan Synod after this General Synod with the hope that all 23 Dioceses will adopt the Canon.
3. That the General Synod embraces a Networking approach to the free exchange of resources and the drawing upon centres of excellence in safe ministry practice to enable the full implementation of the Canon by large and small Dioceses working together.

R44/17 Proclamation of the Gospel

The General Synod –

while abhorring oppression, abuse, cruelty, victimisation and all forms of violence and injustice, and while strongly supporting efforts to deal with such violence and injustice, and

while affirming its deep concern for the poor, the homeless, the lonely, the ill and all who suffer, and while strongly supporting efforts to alleviate such suffering, also

asserts its belief that God loved the world, that his righteous judgement will prevail, that he gave his Son, the Christ to suffer and die for our sins, that he raised him from the dead, that he pours out his Holy Spirit upon his people, that his Son, the Lord Jesus Christ will return in majesty and that he calls all to repent and believe in his son, and strongly supports efforts to proclaim this glorious gospel to the world.

R45/17 Working with Children Check Systems

General Synod calls upon the Commonwealth, State and Territory governments to develop an age appropriate Working with Children Check system or suitable alternative for those persons aged under 18 who work with children.

R46/17 Pioneer Ministry

The General Synod:

- a) acknowledges that patterns of faith and belief in Australia are changing and that the Anglican Church of Australia’s capacity to participate in God’s mission is diminishing when too many congregations struggle with vitality and outreach;
- b) notes the ten-year anniversary of “Building the Mission- shaped Church” report in October 2006 and its call to build capacity for church planting and developing fresh expressions of church as strategies for mission and evangelism;
- c) commends dioceses for undertaking a diverse range of initiatives at revitalising parishes, planting new churches and pioneering different forms of church for people who live in a changing culture;
- d) recognises that the development of pioneer leaders capable of planting new churches or developing different forms of church remains problematic when little consensus about expectations for ordination and lay ministry exists nationally;
- e) requests that the Mission and Ministry Commission:
 - i. convene a national network of pioneer leaders engaged in revitalisation, planting and fresh expressions to meet annually;
 - ii. convene a national research network to foster the theology and practice of evangelism;

- iii. examine how community-based chaplaincy and pioneer ministry intersect to create fresh opportunities for mission in a changing society;
- iv. explore ways to provide for coaching and training support for lay and women pioneer leaders; and
- v. seek to engage the annual Bishops' Conference in discussion about mission and evangelism in a changing Australia.

R47/17 Viability and Structures Steering Group Report to General Synod

The General Synod

- 1) Recognises that all growth will come through faithful, action trusting in God's enlivening work;
- 2) Notes that the precise structural changes needed to fit the Anglican Church in Australia for the future are not yet known;
- 3) Notes the importance of children in the ministry of the Lord Jesus and requests each Diocese to construct a holistic ministry and mission plan for children and young people in conjunction with other Dioceses in their Province.
- 4) Requests Standing Committee to report to General Synod possible concrete structural changes that will aid the provision of ministry and the extension of mission across Australia noting particularly the role and requirements of Pioneer Ministry and theological formation for lay and ordained ministry;
- 5) Receives the report of the Viability and Structures Steering Group and endorses the recommendations contained in the report as follows:
 - to help ensure we develop the visionary church leaders required by the future, Bishops (and, ideally, next generation Bishops) should be intentionally equipped and enabled through the establishment of a holistic continuing leadership development program.
 - to improve the quality and consistency of knowledge and best practices across the Church, the apparatus should be established to facilitate collaboration, including the sharing and communication of ideas, resources and information.
 - to enhance the missional effectiveness of the Church, each Diocese is requested to develop a Mission Action Plan, including timelines and resource requirements for implementation, and report back to the Standing Committee.
 - because it is essential that necessary future change is constructively considered on a timely basis, the Bishops are asked to implement a process – to be endorsed at the first national Bishops' meeting following General Synod – through which, on a regular basis, they would collectively assess any need for significant change and seek to agree how to effect the necessary change.
 - to help ensure the implementation of the recommendations above, the Standing Committee should seek, receive, review and approve sensible resource and funding applications for each of these recommendations.
- 6) Asks the Standing Committee and the House of Bishops to review and facilitate the progress of implementation of these recommendations and present proposals, with actionable plans, to a meeting of Standing Committee in 2018.

R48/17 Marriage, same-sex marriage and the blessing of same-sex relationships

The General Synod –

- (i) recognises that the doctrine of our church, in line with traditional Christian teaching, is that marriage is an exclusive and lifelong union of a man and a woman, and further,
- (ii) recognises that this has been the subject of several General Synod resolutions over the past fifteen years, and also
- (iii) recognises that the nature of marriage is the subject of ongoing conversation within the church and wider community and that we need to listen to each other with care and respect, and
- (iv) acknowledges the experiences and genuine concerns of LGBTIQ+ people within the church and the community, and therefore
- (v) asks the Doctrine Commission to facilitate a respectful conversation in our church by means of a collection of essays on marriage and same-sex relationships that explores Scriptural and theological issues relating to:
 - a. The doctrine of marriage expressed in the formularies of the Anglican Church of Australia

- b. Our current Australian context, exploring the relationship between the State's definition of marriage and the church's doctrine of marriage
- c. Key Old Testament and New Testament texts on sex, marriage and friendship
- d. Scripture and hermeneutics
- e. A theology of blessing
- f. A theology of desire
- g. Godly disagreement on this issue
- h. The case for and against same-sex marriage and/or the blessing of same-sex unions.

R49/17 Condemnation and Apology for Domestic Violence

The General Synod affirms that:

1. All human beings, male and female, are created in the image of God, and are precious to him. So their value and dignity should be upheld by all, and rightly commands respect and protection.
2. In following the life and teachings of Jesus Christ, Christian relationships, families, and households are to be characterised by mutual love, respect, compassion and a commitment to the wellbeing of one another. No one should feel unsafe in their own home.
3. The Bible condemns the misuse of power to control or exploit others, and rejects all abuse, whether physical, verbal, or otherwise expressed from one person towards others. Therefore domestic violence is sin, and Scripture should never be twisted to justify or excuse any abuse.
4. No victim of domestic abuse should ever be pressured to forgive, submit to, or restore a relationship with an offender.
5. Our churches are committed to being safe places for all people, especially children and vulnerable adults, and we will therefore work to protect those experiencing domestic abuse as a first priority.
6. We grieve with victims and survivors of domestic abuse, and pray for their healing and recovery. We give thanks for those women and men, clergy and lay people, who have faithfully supported, cared for and protected such victims in our churches and communities.
7. However, we also confess with deep shame that domestic abuse has occurred among those who attend our churches, and even among some in leadership. We apologise for those times our teaching and pastoral care has failed adequately to support victims and call perpetrators to account.
8. We urge Anglican dioceses around Australia to ensure they have policies and good practice guidelines in place, along with education and training, for responding well to situations involving domestic violence within our parishes and organisations.
9. We call on all institutions preparing people for ordained or lay ministry in the Anglican Church of Australia to review curriculum and content to ensure that material which may give rise to unhealthy views about power or the marginalisation of women, are addressed.
10. We also acknowledge our responsibility to work with the police, statutory child protection authorities and specialist agencies in responding to domestic abuse, including our legal obligations in reporting abuse. This should include consideration of growing the practical trauma programmes and advocacy undertaken by our Anglicare Australia agencies in this growing area of community need.
11. Finally, this Synod again upholds Faithfulness in Service as our national code of conduct for clergy and church workers, specifically its affirmations that:
 - Abuse of power is at the heart of many relationship problems in the Church and the community. In essence, abuse is one person's misuse of power over another. Sometimes abuse will be a one off event and at other times it will be a pattern of behaviour. (§6.2)
 - It is important for clergy and church workers to be good citizens and obey the laws of the community, except where those laws conflict with Christian convictions. (§6.4)
 - You are not to abuse your spouse, children or other members of your family. (§6.6)

R50/17 Domestic Violence Longitudinal Study

That this General Synod requests the General Synod Standing Committee to investigate and if appropriate commission (using contingencies or other available sources of funding) a professionally designed and independent research study into the nature and prevalence of family violence prevalence within the Australian Anglican Church population. The General Synod Standing Committee could also explore the feasibility and practicality of inviting other denominations to consider participation in any such independent research.

R51/17 Scottish Episcopal Church

General Synod –

- a) notes with regret that the Scottish Episcopal Church has amended their Canon on Marriage to change the definition that marriage is between a man and a woman by adding a new section that allows clergy to solemnise marriage between same-sex couples as well as couples of the opposite sex;
- b) notes with regret that this step is contrary to the doctrine of our Church and the teaching of Christ that, in marriage, “a man will leave his father and mother and be united to his wife, and the two will become one flesh” (Matt 19:6), and
- c) expresses our support for those Anglicans who have left or will need to leave the Scottish Episcopal Church because of its redefinition of marriage; and those who struggle and remain and
- d) prays that the Scottish Episcopal Church will return to the doctrine of Christ in this matter and that impaired relationships will be restored.

R53/17 Liturgy Resources

The General Synod, noting the changing contexts of mission for the Anglican Church of Australia, requests the Liturgy Commission to continue to develop texts in areas including

- a. Supplementary seasonal, thematic and other material for use with APBA Holy Communion orders;
- b. Supplementary services of the Word;
- c. Supplementary orders for baptism, confirmation, marriage, funerals, commissionings and other pastoral occasions;
- d. Supplementary prayers for various occasions;
- e. A new liturgical psalter;
- f. Additional prayers and liturgical resources drawing, upon consultation, more extensive Aboriginal and Torres Strait Islander prayers, motifs and other media to reflect the indigenous culture of our nation's First Peoples.

R54/17 500th Anniversary of the Reformation

Noting the five-hundredth anniversary in 2017 of Martin Luther's nailing 95 Theses of protest to the door of the castle church in Wittenburg on October 31, 1517, regarded by many as a significant catalyst in inaugurating protestant reformations in Europe, and recognising Lutherans as partners with Anglicans in ongoing reforming traditions that encompass a variety of denominations and expressions of the One Holy Catholic and Apostolic Church of Christ;

and further noting the resolution of ACC 16:16 that:

"The Anglican Consultative Council

- 1. recognizes the significance of the five-hundredth anniversary of the Reformation, which will be marked in 2017; and
- 2. encourages Anglicans across the Communion to be a part of the commemorations by joining in shared services, undertaking study with Lutherans and other ecumenical partners, and engaging with them in mission activities; and
- 3. recommends that Anglicans engage with the Lutheran World Federation's focus: Liberated by God's Grace,";

The General Synod:

- a) gives thanks to our heavenly Father for the Reformation of the sixteenth century,
- b) gives thanks to Almighty God that in the grace and mercy of God, the Church continues to be reformed, and seeks ever to be so,
- c) encourages members of the Anglican Church of Australia to join with our ecumenical partners; and especially the Lutheran Church of Australia, in commemorating this occasion, through shared worship, bible study and partnership in mission and ministry projects;
- d) affirms the importance of hearing God's Word in the common tongue, and the practice of regular public reading of the Holy Scriptures through authorised lectionaries; and

- e) affirms the regular liturgical expression of the whole and comforting doctrine that we are justified by faith only, by the merits and death of God's Son Jesus Christ, and through faith in his blood; and
- f) recommends for study and discussion the biblical and spiritual reflections contained in *Liberated by God's Grace: Anglican-Lutheran Reflections* (LWF 2017), produced by the Anglican-Lutheran International Coordinating Committee (ALICC4).

R55/17 The Global Goals for Sustainable Development

That, celebrating the success of the Millennium Development Goals and noting that the number of people living in extreme poverty has more than halved since 1990, the General Synod:

- a) welcomes the new Global Goals for Sustainable Development which aim to end poverty, protect the planet, and pursue the common good;
- b) encourages theological engagement with the goals, and missional commitment to their achievement;
- c) commends the work of Anglicare Australia, the Anglican Board of Mission, Anglican Overseas Aid, Anglican Aid and other Anglican organisations in striving to achieve the Sustainable Development Goals;
- d) renews our call for a fair share of Australia's national budget (0.7% of Gross National Income) to be dedicated to Overseas Development Assistance that aims to reduce poverty; and
- e) encourages each diocese, through its synod, to consider 0.7% of gross diocesan income, or some other meaningful proportion, to projects supporting the Sustainable Development Goals.

[] *Models of Ordained Local Ministry*

The General Synod –

- a) receives the report of the Ministry Commission on Ordained Local Ministry (2 May 2017) and refer it to all Dioceses;
- b) encourages all Dioceses to consider the recommendations of the Ordained Local Ministry report as it relates to their local context, and
- c) requests the Ministry Commission to explore ways to facilitate further initiatives in Ordained Local Ministry.

[] *Clergy Professional Supervision*

That in the light of the increasing challenges facing clergy and lay ministers, and the heightened demand for the accountability of church workers, the General Synod:

- a) recommends that every Australian diocese takes seriously the benefits of professional supervision for its clergy and paid lay workers;
- b) supports the development of pilot projects in supervision of clergy and lay ministers particularly in rural and regional areas; and
- c) requests the Ministry Commission to undertake an audit of the extent and types of supervision already occurring across the Australian church, and develop national supervision guidelines.; and
- d) requests the Ministry Commission to consider the inclusion of Clergy Professional Supervision as an integral component of a continuing professional development framework for clergy.

Proposal for the establishment of the Anglican Church Growth Trust

(A report from a Working Group of ENC, MPC and NCNC.)

Key Points

- The Diocesan Mission, in particular Priorities 1 and 4, seeks to reach the lost in the Diocese and to do so in a changing and growing city
- To date the work of church growth has been largely undertaken through Evangelism and New Churches ("ENC"), the Mission Property Committee ("MPC") and New Churches for New Communities ("NCNC")
- While the work of each body has been effective, there is a clear need for greater co-ordination

Purpose

1. The purpose of this report is to present findings and recommendations for co-ordinated Diocesan outreach and church growth.

Recommendations

2. The Synod receive this report.
3. The Synod consider the following motion to be moved "by request of the Standing Committee" –
 "Synod, noting –
 - (i) the report *Proposal for the Establishment of the Anglican Church Growth Trust*,
 - (ii) the report *Review of the Mission Property Committee* in response to Synod resolution 21/16 and 33/16 (the 'MPC Report'),
 requests the Standing Committee to consider –
 - (a) ways to facilitate appropriate coordination between the Mission Property Committee, Evangelism and New Churches, and New Churches for New Communities in supporting church planting and revitalisation throughout the diocese, and
 - (a) amending the *Mission Property Ordinance 2002* to implement the recommendations in the MPC Report in relation to the composition of the Mission Property Committee, and notes with gratitude the long-standing efforts of the retiring Chair of the Mission Property Committee, Mr Geoff Kyngdon."

Background

4. Sydney's population is expected to grow by 860,000 by 2026 and by a further 880,000 in the following 10 years. There is anticipated growth in new areas, as well as increased density in existing parts of the city.
5. The Diocesan Mission expressed in *Mission 2020* prioritises the desire to reach all the lost in our Diocese with the life-changing gospel of Jesus and the need to respond to the changing face of our society.
6. There are three diocesan organisations charged with advancing and supporting evangelism, church and community growth.
 - (a) ENC is responsible for evangelism and church planting across both greenfield and brownfield situations, with a particular emphasis on ministry personnel.
 - (b) MPC is responsible for acquisition of new sites and building of new buildings, principally in greenfield sites.
 - (c) NCNC is responsible for the promotion of new church communities and the raising of funds for these new facilities.
7. A summary of these three organisations is contained in the table attached (Appendix 1).
8. The respective constituting documents for these three organisations are –
 - (a) ENC – *Evangelism and New Churches Ordinance 2010*,
 - (b) MPC – *Mission Property Ordinance 2012*, and
 - (c) NCNC – Archbishop's Terms of Reference 2014 and related Statement of Policies.
9. At its 28 August 2017 meeting, the Standing Committee received a report from the MPC Review Committee in response to the following resolutions of the 2016 Synod –

21/16 Membership structure of Mission Property Committee

Synod records its appreciation and thanks to God for the good work of all members of the Mission Property Committee in securing sites and buildings for new churches in greenfield areas, and for its advice and support of parishes in brownfield areas; and requests Standing Committee to review the membership structure of the Mission Property Committee in consultation with its chairman and deputy chairman.

33/16 Resourcing the management and development of parish property

Synod, noting the report "Funding for Urban Renewal" and noting in particular the recommendation contained in draft Synod motion 8.5(b)(vi), requests that Standing Committee establish an appropriate task-force or committee (made up of people with relevant expertise) to serve as a resource to parishes in managing and developing parish property for gospel benefit.

10. The recommendations of the MPC Review Committee were that –
 - (a) the governance arrangements of the MPC be changed, so that it comes under a smaller, dedicated body, instead of directly under the Standing Committee;
 - (b) an executive director should be appointed with authority to make decisions and to progress projects;
 - (c) the MPC composition should include a number of clergy; and
 - (d) the MPC skills matrix should be amended to include property development expertise as well as church planting experience.
11. The MPC Review Committee outlined a range of issues for the MPC which are considered in this report.
12. At its 18 September 2017 meeting, the Standing Committee considered the following recommendations from the Working Group of ENC, MPC and NCNC –
 - (a) the Standing Committee agree in principle to the creation of the Anglican Church Growth Trust as outlined in this report, subject to the availability of funds for the purpose of employing an executive director for the foreseeable future,
 - (b) the Standing Committee request that the following motion be moved at the forthcoming session of Synod "by request of the Standing Committee" –

‘Synod, noting the report Proposal for the Establishment of the Anglican Church Growth Trust from the Working Group of ENC, MPC and NCNC, requests the Standing Committee to –

 - (a) establish by Ordinance the Anglican Church Growth Trust ("ACGT") as a Body Corporate, with membership and objects reflecting the proposal in the report, and
 - (b) review the relevant ordinances for ENC and MPC and the Archbishop's Terms of Reference for NCNC in order to accommodate the establishment of the ACGT.’
13. Having considered the Working Group's recommendations, the Standing Committee determined to recommend that Synod consider the motion to be moved "by request of the Standing Committee" set out in paragraph 3 above.

Process

Planning workshops

14. Two planning workshops were held with a Working Group made up of representatives from ENC, MPC and NCNC under the auspices of the Archbishop. These took place in October 2016 and July 2017, with a facilitator independent of the three bodies.
15. Supporting documentation for these workshops included –
 - *Mission 2020* Diocese of Sydney
 - Constituting documents for each organisation
 - Existing Strategic Direction for each organisation
 - Briefing paper prepared for a potential overarching body
 - External legal advice regarding the legal structure of the overarching body

Results of workshops

16. A number of general observations emerged from these workshops, including the following –
 - (a) there is a clear desire for outreach, growth and sustainability of ministries,
 - (b) there is a need for people, land and buildings towards any missional efforts, and
 - (c) the emphasis to date has focused on greenfield initiatives, but there is an increasing desire to promote brownfield opportunities.
17. With regard to greenfield initiatives, the workshops observed that –
 - (a) North West and South West sectors have previously been the principal focus of diocesan-led missional efforts,
 - (b) fixed buildings have been built to date, but the prospect of relocatable structures is being considered, and
 - (c) there is some frustration with the pace of progress, driven by issues of strategy, finance and resources.
18. With regard to brownfield opportunities, the workshops observed that a different set of issues applies here with –
 - (a) competing demands and priorities,
 - (b) advice being needed for parishes who are often under-resourced in this area, and
 - (c) the particular need for human resources.
19. In order to address the brownfield opportunity issues, a template was considered, with the following three levels –
 - (a) Hold – where the status quo is appropriate and no further development is intended,
 - (b) Invest – where land is considered satisfactory and there is an opportunity to upgrade the built facilities, and
 - (c) Harvest – where there is opportunity to develop the land, create an income stream and opportunities for joint ventures.
20. A number of other matters were identified as required for an efficient and comprehensive approach to the Diocesan Mission. These requirements are as follows –
 - (a) a diocesan scan of assets to ensure currency of the Diocesan Asset Register,
 - (b) A suitable narrative to the parishes, so that they can understand the broader Diocesan Vision,
 - (c) the need to prioritise sites strategically was agreed,
 - (d) the development of trust and co-ordination between Diocesan bodies including MPC, Anglicare, Anglican Schools Corporation and the parishes.
21. The planning meetings also identified the problem of the current disparate and limited funding arrangements for the three bodies and their work, as expressed in the following summary.
 - Parish Greenfield Levy only delivers \$2m annually for land acquisition
 - There is a general lack of appetite by parishes for additional levies
 - There is a limit to Synod funding
 - Donors present an opportunity for significant funding for land acquisitions and buildings

Proposed new structure

22. In response to these identified needs and issues, the Working Group proposed that an overarching body be established, being the corporate entity responsible for the coordination and support of the various divisions responsible for outreach, church and community growth.

Structure and Responsibilities

23. The overarching body would be called the Anglican Church Growth Trust (“ACGT”).
24. The AGCT would be constituted as a corporate entity by the Standing Committee and would have responsibility for –
 - (a) setting strategic direction for diocesan growth,
 - (b) establishment of new churches/communities and reinvigoration of existing churches,
 - (c) raising up and training of ministry personnel,
 - (d) purchase of land in growth areas,
 - (e) co-ordinating the design and construction of new facilities,

- (f) providing advice to existing parishes on development opportunities,
 - (g) co-ordinating a review of existing diocesan assets and ensuring the currency of the Diocesan Asset Register,
 - (h) raising funds for ministry staff involved in both greenfield and brownfield initiatives, and
 - (i) raising funds for new ministry facilities.
25. The ACGT, utilising the existing roles of ENC, MPC, NCNC, would have divisions with a broad remit –
- (a) evangelism and new ministries, with a particular emphasis on personnel (ENC),
 - (b) real property –
 - (i) greenfield and brownfield initiatives (MPC),
 - (ii) asset review and management, and
 - (c) fundraising function (NCNC).
26. The role of the Anglican Church Property Trust (“ACPT”) would be in parallel to that of the ACGT and the relationship defined.

Governance

27. The ACGT would have ultimate authority for the direction of each division, having regard for the objects set by Standing Committee, with the following governance arrangements –
- Each division would retain its own board to oversee its area of responsibility
 - Each division would report to the ACGT
 - The ACGT would report to the Standing Committee with an annual report to the Synod
 - Attached is the organisational chart developed by the Working Group consultants Prolegis (Appendix 2)
28. A suggested board composition would include –
- (a) size being commensurate with best governance practice,
 - (b) membership to include the Archbishop (as President) and representatives of the three divisions ENC, MPC and NCNC, and
 - (c) appointments to be made by –
 - (i) Standing Committee – 6 members,
 - (ii) Archbishop – 2 members, and
 - (iii) Board – up to 2 members.

ACGT Executive Director

29. The Working Group anticipated that the AGCT would appoint an Executive Director, initially part time, leading to full time. The Executive Director would work with the divisions and more widely with other Diocesan organisations to fulfil the strategic objectives of the ACGT.

For and on behalf of the Working Group of ENC, MPC and NCNC.

ROBERT MACKAY

20 September 2017

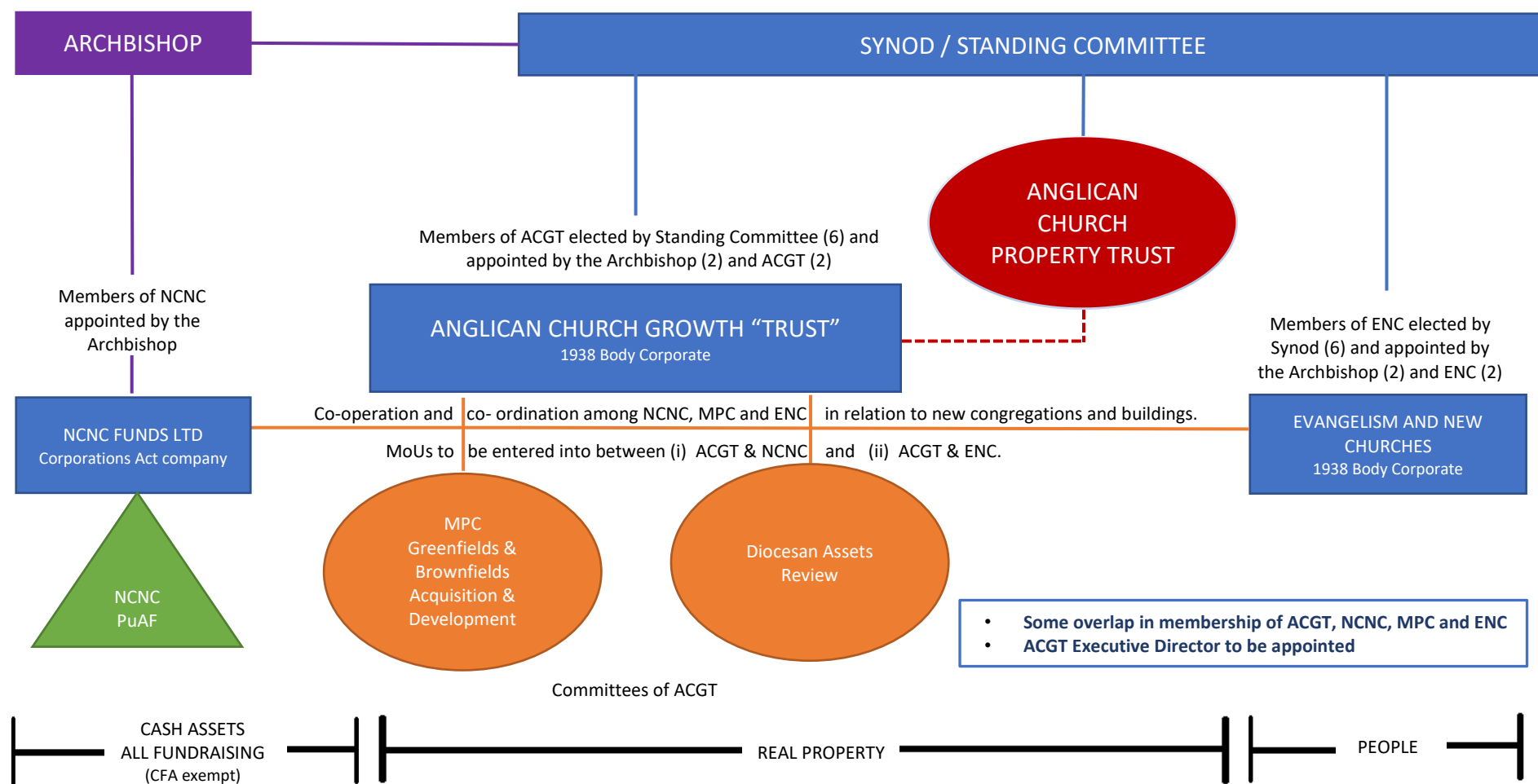
Appendix 1

Organisational Summary of ENC, MPC & NCNC

The three represented organisations presented their respective strategic purpose and areas of overlap and synergy were identified.

The following table summarises the three organisations and their current responsibilities.

Organisation	ENC	MPC	NCNC
Purpose/Objective	Evangelism Establishing new churches	Address property issues in support of the Diocesan Mission 2020	Promoting new church communities Raising funds focus for the building of new facilities
Roles	<ol style="list-style-type: none"> Plant new churches <ul style="list-style-type: none"> Existing churches plants Additional to existing churches Greenfield and Brownfield opportunities Raise evangelists Build Cross Cultural ministry Regrow existing churches to be mission minded 	<ol style="list-style-type: none"> Acquire greenfield sites Build new church buildings Support financially sustainable practices, including assisting NCNC in fundraising Provide strategic advice Engage with stakeholders 	<ol style="list-style-type: none"> Emphasis on new communities, not buildings Facilities not necessarily like church building To meet gospel needs and service orientated needs Fund raising to take advantage of tax incentives
Funding	Synod Parishes Donors	Synod – parish levy	Donors
Governance	Synod Ordinance	Synod Ordinance	Under the Archbishop



Restructure of the investments of the Diocesan Endowment

(A report from the Glebe Administration Board.)

Key Points

- The Standing Committee passed the *St Andrew's House Trust (Variation of Trusts) Ordinance 2017* (the "Ordinance") on 31 July 2017. The Ordinance provided for the removal from the Diocesan Endowment ("DE") of its 50% interest in the St Andrew's House Trust ("SAHT").
- Under the Ordinance, the DE's 50% interest in the SAHT was removed on 1 September 2017 and reallocated for the general purposes of the Diocese. Distributions from this interest will become an additional source of income for the Synod separate from the DE.
- The principal reason for removing the DE's 50% interest in the SAHT was to restructure the investment of the DE to better reflect its status as a perpetual endowment through a more diversified portfolio.
- Modelling undertaken by GAB's investment asset consultant, Mercer, indicates that the restructured DE is likely to enhance the DE's investment returns.
- As a consequence, it is expected that total distributions to Synod (from the combination of the DE and the SAHT) will increase.

Purpose

1. To inform Synod about a significant restructure of the investments of the DE resulting in –
 - (a) the removal from the DE of its 50% interest in the SAHT,
 - (b) the realignment of the interest in the SAHT as an investment held for the general purposes of the Anglican Church in the Diocese of Sydney, and
 - (c) the net income from the interest in the SAHT and any other amount realised from the capital of the interest being applied in accordance with the direction of the Synod.

Recommendation

2. That Synod receive this report.

Background

3. GAB is the trustee of the DE which is property held on trust for the purposes of the Diocese under the *Diocesan Endowment Trust Ordinance 2016*.
4. By clause 4 of the Diocesan Endowment Trust Ordinance 2016 –
 - (a) the DE is held on trust for the purposes of the Anglican Church of Australia in the Diocese of Sydney, and
 - (b) GAB, as trustee of the DE, is to act in a way which preserves the real value of the DE and, subject to this requirement, enables distributions to be paid to the Standing Committee each year to be applied in accordance with the determination or direction of the Synod.
5. This, in effect, defines a perpetual endowment.
6. In order to fulfil the purposes of the DE, the property of the DE is invested in a diversified range of asset classes in accordance with a strategic asset allocation. The reason for investing in a diversified range of assets is to ensure consistency of returns.
7. However, the DE's strategic asset allocation has not been able to achieve the level of diversification typical of a perpetual endowment. In particular, the holding of the historical investment in the St Andrew's House building (representing some 40% of the total portfolio of the DE as at 31 December 2016) meant that the DE was disproportionately invested in a large, illiquid asset whose investment performance is heavily tied to prevailing commercial property market conditions and the circumstances specific to the particular asset.
8. This disproportionate investment in the St Andrew's House building gave rise to a "concentration risk" which significantly impacted the investment performance of the entire DE portfolio for the following reasons –

- (a) St Andrew's House is a large illiquid asset. The DE's interest in the SAHT represented about 40% of the net assets of the DE. This made it almost impossible to diversify the DE into a typical perpetual endowment portfolio.
- (b) The illiquidity made making adjustments to the level of investment in the asset classes of the DE's portfolio (known as "rebalancing") more complex.
- (c) The variability in the market revaluation of St Andrew's House each year caused other asset classes of the DE to be out of alignment with their strategic allocations.
- (d) The volatility in the commercial property market added extra risk to the DE in the long term.

9. By way of comparison, the Long Term Pooling Fund ("LTPF") which is held on trust by the Anglican Church Property Trust is 100% liquid and invested as a typical diversified endowment portfolio. The combined net return of just the liquid asset classes (i.e. excluding the interest in SAHT) of the DE over 5 years as at 30 June 2017 was 9.03% pa compared to 11.21% pa for the LTPF. The LTPF's stronger return on the liquid assets is a direct result of the diversification within the LTPF.

10. Given the concentration risk, and the illiquid nature of the SAHT investment, GAB considered the best way to optimise the long-term returns of the DE as a perpetual endowment would be –

- (a) to remove the SAHT investment from the DE's portfolio, and
- (b) to implement a revised strategic asset allocation, based on the removal of this investment, to obtain the benefits of a diversified portfolio which reflects the DE's status as a perpetual endowment.

11. In order to achieve this outcome, the GAB promoted to the Standing Committee, and the Standing Committee passed the Ordinance at its meeting on 31 July 2017. Under clause 7 of the Ordinance, the Archbishop determined that the DE's 50% interest in the SAHT would be removed on 1 September 2017.

Consequences of the restructure

12. The removal of the SAHT investment from the DE portfolio means that the size of the DE was reduced from \$163 million to \$97 million (as at 1 September 2017). The restructured DE portfolio will be invested in a manner which better reflects its status as a perpetual endowment. GAB's obligation to maintain the real value of the DE and make distributions for spending by the Synod only applies to the restructured portfolio.

13. Following its removal from the DE, the 50% interest in the SAHT is held for the general purposes of the Diocese. The net income from the interest and any other amount realised from the capital of the interest will be paid or applied by the Standing Committee in accordance with the determination or direction of the Synod. The trustee of the SAHT, the St Andrew's House Corporation ("SAHC") will make distributions directly to the Standing Committee for this purpose as an additional source of investment income for the Synod. The SAHC is responsible to the Synod for the level of distributions from SAHT and any volatility in those distributions.

14. This means that while distributions from the restructured DE portfolio will be materially less than at present in dollar terms, a higher distribution rate from the DE is projected. Further, when the projection of enhanced distributions from the DE is taken together with the additional source of income from the SAHT, it is expected that the total amount available for spending by the Synod in future years will increase. The table in paragraph 21 seeks to illustrate the expected increases based on the modelling performed by Mercer, given standard market conditions and current estimates of distributions from the SAHT under its existing policies.

Results of the modelling – Restructured DE Portfolio

15. Mercer is the investment asset consultant for GAB. GAB engaged Mercer to undertake modelling of a restructured DE (without the 50% interest in the SAHT) to assist GAB better understand the investment objective, strategic asset allocation, expected return and the risk associated with the investment of a perpetual endowment, and its impact on projected distributions to the Synod.

16. At its meeting on 24 May 2017, GAB approved a revised strategic asset allocation for the DE based on the removal of its 50% interest in the SAHT, subject to the approval of Standing Committee. In order to obtain the benefit of a diversified portfolio which reflects the DE's status as a perpetual endowment, the GAB approved investments in 2 new asset classes as follows –

- Direct Property – Mercer Direct Property Fund
- Unlisted Infrastructure – Mercer Unlisted Infrastructure Fund

17. As full implementation of the revised strategic asset allocation will take up to 2 years (to gain relevant exposures in the Unlisted Infrastructure Fund), GAB will use a combination of the Mercer Direct Property Fund and the Mercer Listed Infrastructure Fund as a proxy in the interim.

18. These asset classes were chosen because they –

- (a) reduce the volatility of returns,
- (b) enable the DE to take advantage of the illiquidity premium within these asset classes (as the DE has a relatively low requirement for liquidity),
- (c) provide extra protection against future inflation,
- (d) when combined within the DE's portfolio, increase the probability of maintaining the real value of the DE while maintaining a 3.5% pa total spend rate,
- (e) are expected to enhance the overall rate of return of the DE,
- (f) provide greater exposure to the industrial property sector through the Direct Property Fund, and
- (g) provide exposure to infrastructure assets globally which will help to further diversify the investment portfolio of the DE.

19. Modelling undertaken by Mercer indicates that the revised strategic asset allocation for the DE will have the following enhanced characteristics –

- (a) The probability of meeting the investment objective of 3.5% + CPI over 20 years is 79.8%, compared to the current 70% probability.
- (b) A greater probability of maintaining the real value of the DE without any reduction in spending.
- (c) A long-term expected return of 7.2% pa (compared to the previous long term expected return of 6.3%)
- (d) As a consequence of higher expected returns, a higher distribution rate to Synod is projected due to the extra expected capital growth of the DE.

Distributions for spending by the Synod

20. The removal of the 50% interest in the SAHT from the DE and its reallocation as an investment of the Synod will give rise to two direct sources of investment income for the Synod –

- (a) Distributions from the restructured DE, in line with the current smoothing methodology.
- (b) Distributions from the 50% interest in the SAHT. Currently the SAHC makes quarterly distributions to its stakeholders based on rolling forecasts of not less than 3 years of income.

21. The table below summarises the projected amounts available for spending by the Synod from the DE (with the 50% SAHT interest) for the period 2018 to 2026 and compares these amounts to corresponding projections for the DE (without the 50% SAHT interest) and the Synod's stand-alone 50% SAHT interest. The amounts shown in the table **should be treated as indicative only** and rely on a number of assumptions, including standard market conditions and an estimate of distributions from the SAHT based on its current policies. The amounts are also net of projected administration expenses (see further below).

	DE with 50% SAHT interest	DE without 50% SAHT interest		Combined	
Year	DE distribution to Synod (with 50% SAHT interest)	DE distribution to Synod	SAHT distribution available to Synod from the previous year	Amount available to Synod for spending	Increase in amount available to Synod for spending
2018	4,690,000	4,690,000	0	4,690,000	0
2019	4,820,000	2,560,000	2,456,000	5,016,000	196,000
2020	4,930,000	2,640,000	2,512,000	5,152,000	222,000
2021	5,050,000	2,710,000	2,568,000	5,278,000	228,000
2022	5,170,000	2,890,000	2,624,000	5,514,000	344,000
2023	5,290,000	2,960,000	2,679,000	5,639,000	349,000

	DE with 50% SAHT interest	DE without 50% SAHT interest		Combined	
2024	5,430,000	3,030,000	2,735,000	5,765,000	335,000
2025	5,570,000	3,210,000	2,800,000	6,010,000	440,000
2026	5,730,000	3,380,000	2,866,000	6,246,000	516,000
					2,630,000

22. In summary, the projections indicate an increase of \$2.63 million in the total amount available to the Synod for spending over the period 2018 to 2026. In addition, the revised structure carries a much improved probability of maintaining the real value of the DE.

Transitional issues

23. In order to transition from a single source of funding for the Synod to two sources of funding, the Ordinance provides for the following arrangements –

- (a) The amount distributed by the DE to the Synod for spending in 2017 will remain at \$4.4 million. However as the \$4.4 million was determined on the assumption that distributions from the 50% SAHT interest during 2017 would be paid in full to the DE, any remaining distributions from this interest in 2017 will be paid to the DE notwithstanding the date for removing the interest from the DE being 1 September 2017.
- (b) The amount distributed by the DE to the Synod for spending in 2018 will remain \$4.69 million. Again, this is notwithstanding the removal date of the 50% interest in the SAHT from the DE being 1 September 2017. Maintaining funding to the Synod at this level in 2018 is intended to provide certainty in the last year of the Synod's current funding triennium.
- (c) Distributions from the SAHT during 2018 will be paid into a Synod "provisioning" fund. The Synod or the Standing Committee will pass an ordinance toward the end of 2018 to appropriate these funds for spending by the Synod in 2019 together with the relevant amount from the DE for 2019, as part of its normal appropriations and allocations processes. Distributions from the SAHT in subsequent years will be treated in the same way. This means, for example, that in 2019 the total projected amount available for spending by the Synod of \$5,016,000 will be comprised of \$2,560,000 from the DE and \$2,456,000 from the SAHT (see shaded boxes in above table).

24. The arrangements referred to in (a) and (b) above are reflected in clause 6 of the Ordinance.

Administration Expenses

25. It will be necessary to revise the structure of fees and other administration expenses incurred in managing both the DE and the Synod's investment in the SAHT upon its removal from the DE.

26. The cost of administering the DE is an important factor to be managed if distributions are to be made to the Synod at levels which maintain the DE's real value. In November 2013, the GAB indicated to the Standing Committee that it would seek to ensure that administration costs for the DE (excluding external investment management fees and the costs of Financial Services) are less than 1.1% of the net assets of the DE.

27. The following is a table which sets out the administration costs of the DE as a percentage of the net value of the DE for the period 2010 to 2017.

Year	Admin expenses of the DE (% of average net assets over the year)	Average Net Asset value of the DE over the year (\$000s)
2010	3.27%	113,604
2011	0.97%	112,400
2012	0.97%	118,498
2013	0.98%	128,832
2014	0.82%	139,487

Year	Admin expenses of the DE (% of average net assets over the year)	Average Net Asset value of the DE over the year (\$000s)
2015	0.88%	147,747
2016	0.87%	156,827
2017	0.79%	162,592*

*using Mercer's forecast

28. Upon the removal of the DE's 50% interest in SAHT, the net value of the DE was reduced from \$163 million (as at 1 September 2017) to \$97 million. However as most of the administration costs of the DE are fixed, there will only be a modest reduction in those costs.

29. In order to recover the administration costs of the DE after the removal of its 50% interest in the SAHT, it is necessary to reset the rate at which the DE is charged in 2018. This will be sufficient to recover the projected administration costs of the DE in 2018. Assuming the projected administration costs of the DE in future years increase by CPI, the administration costs of the DE as a percentage of its net value are expected to decline in much the same way as they have declined during the period between 2010 and 2016.

30. There will be additional work involved in managing the Synod's 50% interest in the SAHT. The cost associated with this additional work still needs to be finalised. However, the projections shown in the table in paragraph 21 assume that this additional work can be undertaken within the existing cost structures in place immediately prior to the removal of the DE's 50% interest in the SAHT.

Potential disadvantages of the DE restructure

31. The removal from the DE of the 50% interest in the SAHT is intended to optimise the DE's performance as a perpetual endowment. As noted above, the modelling undertaken suggests that this is likely to result in the total amount available for spending by the Synod from the restructured DE combined with the Synod's stand-alone 50% interest in the SAHT being greater than the amount distributed from the DE in its previous form.

32. Synod's 50% interest in the SAHT is expected to continue to perform well for the following reasons.
- (a) It has generated significant and increasing cash distributions in the past 4 years.
 - (b) Whether the market valuation of the SAHT goes up or down, this interest is expected to continue to distribute consistent cash to its stakeholders.
 - (c) The reserving policy undertaken by the SAHC accounts for future rental voids, maintenance costs and rental expenses. The policy seeks to ensure that distributions are stable year on year and increased by CPI.
 - (d) The distribution rate over the past 5 years from the SAHC has been about 1% greater on average than the distribution rate from the DE.

33. However, in making its decision to pass the Ordinance, the Standing Committee was made aware of the potential disadvantages in agreeing to remove the 50% SAHT interest from the DE and holding it as a stand-alone investment for the Synod. These are outlined below.

Concentration risk

34. There will be an increased concentration risk to the Synod in that a higher proportion of Synod's income in the future will be derived from commercial and retail property. Transferring the 50% SAHT interest from the DE will enable GAB to further diversify the DE portfolio by investing in the Mercer Direct Property Fund and Mercer Unlisted Infrastructure Fund. The result for the Synod will be an overall increase in the components of its income being derived from commercial and retail property assets.

Volatility

35. Although the SAHC has a reserving policy, the distributions from the 50% SAHT interest may be more volatile than distributions from the DE. At the moment the income from the 50% SAHT interest does not directly flow through the DE and then to the Synod. Any variation in the income from the 50% SAHT interest does not directly affect Synod. The smoothing effect of the DE's distribution formula ensures that total spending generally increases by CPI each year. An interruption to the cash distribution flow from the SAHT interest would have an impact on Synod and the ministries it funds in the following year. However the SAHT already employs significant smoothing strategies to mitigate the risk of fluctuating returns, and these strategies are not impacted by the proposed changes.

Illiquidity

36. The 50% SAHT interest is illiquid. As a standalone asset it is not readily sold and converted into cash.

Investment risk

37. The market value of the 50% SAHT interest is dependent on the commercial property market (among other factors). Synod may see significant valuation changes year on year. If a major tenancy is vacant for a prolonged period of time, this impacts the market value of the 50% SAHT interest and also cash distribution flows. However it should be noted that this does not equate to the Synod taking on any additional risk overall compared with the previous arrangements.

For and on behalf of the Glebe Administration Board.

ROSS SMITH

Chair, Glebe Administration Board

30 August 2017

The Same-Sex Marriage Debate

(A report from the Standing Committee.)

Key Points

- In response to Synod resolution 26/16, the Standing Committee authorised the production and distribution of the booklet *What Has God Joined Together?* 75,000 copies have been printed and distributed to parishes.
- Over the past year, the Archbishop and Bishops have been actively advocating for the "No" case, both within our churches and more broadly in the wider community, and encouraging clergy and laity to do likewise.
- The Diocese of Sydney has been working closely with Sydney Catholics, Australian Christian Lobby and Marriage Alliance to bring together a coalition of groups who support the current definition of marriage (i.e., a life-long exclusive union between one man and one woman).
- Coalition for Marriage Limited was registered in July 2017. The purpose of this entity is to co-ordinate and execute the "no" campaign. The company has 4 members (including Archbishop Davies) and 4 directors (including Bishop Michael Stead as Chair). There has been a diocesan contribution to funding the Coalition for Marriage.

Purpose

1. The purpose of this report is to update the Synod on the steps that have been taken over the past 12 months in relation to the ongoing debate about same-sex marriage in Australia.

Recommendation

2. That Synod receive this report.

Sydney Anglican participation in the Same-Sex Marriage Debate in Australia

3. In October 2016, Synod passed resolution 26/16 in the following terms –

Debate concerning same-sex marriage

Synod, in light of the on-going debate as to whether the legal definition of marriage should be changed to include same-sex relationships, and consistent with its long-standing and previously expressed position in relation to marriage and human sexuality –

- (a) continues to affirm that marriage, as a gift from God who made us male and female, is the union of a man and a woman to the exclusion of all others, voluntarily entered into for life,
- (b) notes that the inclusion of same-sex relationships within the legal definition of marriage would lead to a deeply regrettable divergence between the inherent meaning of marriage and its legal definition,
- (c) expresses deep concern, based on experience both overseas and more recently in Australia, about the impact that a change in the legal definition of marriage would have on the freedom of individuals and organisations to uphold the view that marriage is inherently a union between a man and a woman,
- (d) commends for consideration the booklet prepared by the Archbishop's Plebiscite Task Force *What Has God Joined Together?* as a resource to assist Sydney Anglicans and others prepare for and engage in public debate on this issue,
- (e) calls on Rectors in the Diocese to incorporate teaching on marriage, human sexuality and religious freedom in the teaching program of their parish,
- (f) encourages all Christians to participate fully in the democratic processes open to us in this country to seek to persuade our nation of the goodness and wisdom of ensuring the legal definition of marriage in the Marriage Act 1961 remains aligned with its inherent meaning,
- (g) urges all Christians to engage lovingly and respectfully in the debate about marriage, and condemns any vilification, bigotry or other expressions of hatred or fear directed against anyone, not exclusively but especially members and supporters of the gay, lesbian, bisexual, trans or intersex (LGBTI) community,

- (h) believes respectful advocacy for the legal definition of marriage to remain unchanged does not constitute hate speech or bigotry,
- (i) calls on our political leaders to model respectful debate which is courteous and persuasive and does not assume a lack of goodwill from those with whom they disagree, and
- (j) recognises marriage as a bedrock institution of society and therefore considers that, despite its cost, a plebiscite is both a justifiable and the preferred means of establishing whether a majority of the Australian community genuinely wish to change the legal definition of such an institution.

Marriage Booklet - What Has God Joined Together?"

4. The draft version of the booklet *What Has God Joined Together?* was circulated at Synod in 2016. The booklet was redrafted in light of feedback from Synod members. Pursuant to paragraph (d) of the above resolution, the Standing Committee authorised the expenditure of up to \$50,000 from the publishing reserve for the printing and distribution of 75,000 copies of the booklet *What Has God Joined Together?*. These booklets were distributed in early February 2017 to all parishes that requested copies. At that time, 223 out of 272 parishes requested approximately 50,000 copies in total. Since then, several other parishes that missed the first mail-out have also requested copies. At the time of writing this report (September 2017), there are about 5,000 copies of the booklet still on hand and available for distribution to churches on request.

The full text of the marriage booklet is available online at <http://sydneyanglicans.net/marriage>. It is also available in Chinese (Traditional and Simplified script) at <http://sydneyanglicans.net/marriage/translations>.

Advocacy and Public Engagement by the Archbishop and Bishops

5. The Archbishop and Bishops have been actively advocate for the “no” case, both within our churches and more broadly in the wider community, and encouraging clergy and laity to do likewise. For example, the Archbishop published an opinion piece in *The Australian* on 31 March 2017, entitled “Beware the barge of bullies trumpeting diversity”. The article began with this paragraph –

There is only one upside from the recent attacks and unprecedented abuse directed at an academic and the directors of Christian organisations: people are beginning to wake up and take notice. They are starting to understand that the campaign for same-sex marriage is not sailing on a raft of rainbows but on a barge of bullies.

It concluded:

In what kind of “diversity” do we as Australians really believe? I want to live in a land that respects the individual, that allows freedom of expression and freedom of faith. I want to be able to be free to convince my fellow Australians that Jesus Christ is Lord of all creation and that true freedom is only to be found in him. I also want to live in a land where others can contradict my views and espouse their own beliefs without fear of persecution or intimidation. That is true diversity. That is true freedom of speech and freedom of religion of which we ought to be justly proud and that I would happily defend with my life.

6. On 16 August 2017, the Archbishop wrote a letter for distribution to Sydney Anglicans (see Appendix 1), in response to the Federal Government’s decision to hold a voluntary postal poll on same-sex marriage. The letter explained why the Diocese of Sydney had committed to being a lead partner in the Coalition for Marriage, working together with over 80 organisations to defend Australia’s man-woman definition of marriage. The letter encouraged Sydney Anglicans to consider supporting this Coalition by signing up as a volunteer and/or providing a financial contribution.

Same-sex Marriage Postal Poll

7. In August 2017, the Federal Government announced a voluntary postal poll on same-sex marriage, to be conducted by the Australian Bureau of Statistics. After a legal challenge to the poll was dismissed by the High Court on 6 September, the first postal ballots were sent out on 12 September 2017. Voters have been encouraged to return their forms by Friday 27 October, with Tuesday 7 November being the final deadline to return forms. The results of the postal poll are due to be announced on Wednesday 15 November 2017.

8. If the majority of respondents vote ‘Yes’ in the Government’s postal survey on same-sex marriage, the Marriage Act will be changed to legislate for same-sex marriage, probably by the end of this year. A majority “No” vote will not necessarily guarantee the alternative, but it will “hold the ground” for the time being, and reframe the debate going forward to ensure that protecting freedom of religion for individuals and institutions is given more consideration that has hitherto been countenanced.

9. The Government has indicated that it has not yet determined the form of the Bill to amend the Marriage Act, and that this will not be a part of the postal poll process. This means that the Australian public has no guarantees as to whether and how freedom of speech and religion will be protected should same-sex marriage be legislated, nor any guarantee that any such “protections” would remain in place for any length of time, given the fact that the key leaders of the Labor party have committed to winding back any protections that they consider unnecessary.

Diocesan participation in the Coalition for Marriage Limited

10. Over the past 12 months, the Diocese of Sydney has been working closely with Sydney Catholics, Australian Christian Lobby and Marriage Alliance to bring together a coalition of groups who support the current definition of marriage (i.e., a life-long exclusive union between one man and one woman). There are currently more than 80 partner organisations, which includes faith-based groups and other pro-marriage groups.

11. Anticipating the possibility of a postal plebiscite or similar, Coalition for Marriage Limited was registered in July 2017. The purpose of this entity is to co-ordinate and execute a public “no” campaign.

12. At its meeting on 31 July 2017, the Standing Committee approved expenditure of \$20,000 from Synod Contingencies for the diocesan contribution to form this company. The company has 4 members and 4 directors –

Members

Archbishop Glenn Davies
Archbishop Anthony Fisher
Lyle Shelton (ACL)
Damian Wyld (Marriage Alliance)

Directors

Bishop Michael Stead (Chair)
Kieran Walton
Lyle Shelton
Damian Wyld

13. The Coalition for Marriage has been developing the strategy for the “No” campaign over the past 18 months. Focus-group and comprehensive telephone surveys have indicated that the “No” case can be won. Although at present about 60% of Australians indicate that they are in favour of same-sex marriage, in many cases this view is based on uninformed assumptions. Extensive testing has demonstrated that, when people come to realise that same-sex marriage has negative consequences – for what kids are taught in schools, for the children who are conceived for the sake of same-sex partners as well as negative consequences for freedom of religion and freedom of speech – support for same-sex marriage drops away.

14. The first television ad, which aired in the week commencing 29 August 2017, focused on the impact that changing the definition of marriage will have on the way gender and sexuality are taught in schools. The premise of the ad is that same-sex marriage and the safe schools program are both based on the same radical sexual ideology – that gender is fluid, heteronormativity is harmful, and that procreation is irrelevant to parenting. Because of this shared ideology, same-sex marriage and the safe schools program are mutually reinforcing. If Australia endorses same-sex marriage, it endorses the ideology underlying Safe-schools.

15. The effect of the first ad was what had been hoped. It shifted the debate to focus on the consequences of changing marriage. It also provoked an anticipated over-reaching histrionics from those on the other side of the debate, with *ad hominem* (or more precisely *ad feminam*) attacks on the women in the ad, cries of “red herring”, and allegations of lies. However, the claims of the ad have held up, and the three brave mothers stood firm under the weight of a torrent of abuse of social media.

16. It has been reported that the “Yes” campaign already has \$10,000,000 of television advertising alone planned for the postal survey period (8 weeks). There is no public funding for the Coalition for Marriage, and it is unlikely to attract corporate sponsorship. The overwhelming majority of funds will have to come through donations. Notwithstanding the fact the City of Sydney is spending \$110,000 of public money on “Yes” banners and the ACT government is funding a “Yes” campaign on its buses, there is likely to be a public outcry if (for example) Anglicare or an Anglican School used their funds to support the “no” case, because these bodies receive government funding.

Diocesan risk mitigation

17. The primary reasons why Christians should vote no to changing the definition of marriage is that it will enshrine a view of marriage which is contrary to God’s good plans for society. As people who are called to love their neighbour, this is ample justification for opposing the change on theological grounds alone.

18. There are also significant secondary reasons to oppose this change, because of the direct and serious consequences it will have:

- for all Anglican entities which seek to employ staff who support a Christian ethos

The example of Ireland demonstrates what is likely to happen if same-sex marriage becomes law. Prior to Irish referendum on same-sex marriage, the **Employment Equality Act** granted specific exemptions for “religious, educational or medical institutions” to anti-discrimination provisions, to allow schools etc. to hire staff “to maintain the religious ethos of the institution”.

Within months of the referendum affirming same-sex marriage, the parliament made sweeping amendments to section 37, to curtail its scope almost completely.¹ It now only applies to employment positions where religious belief is a “genuine, legitimate and justified occupational requirement”. The change was celebrated as a necessary step in ensuring full legal equality for LGBTI people – “The passage of this Bill by the Oireachtas marks the final step in a remarkable year for equality for LGBT people”.²

The impact on Anglican schools and other Anglican entities would be profound. Current practice in many schools in requiring that the Principal/Head must be a Christian would be illegal, as would be any preferencing for Christian staff. The change would be slow, but within a generation, we could have nominally Christian schools, with only a handful of Christians on staff.

- for Anglicans schools, Anglicare and other bodies in receipt of government funding

Overseas experience indicates that there is a real risk for Anglican bodies that government registration and/or funding will increasingly be tied to “equality compliance”. Faith-based schools in the UK that do not teach young children about sexual orientation and gender identity issues are facing possible deregistration. In the UK, Vishnitz Girls School, an orthodox Jewish school has failed two education authority inspections and could be closed for refusing to “explicitly” teach girls between the ages of 3 and 11 years about sexual orientation and gender re-assignment.

A legal recognition of same-sex marriage will put Anglican bodies who operate in the “secular” society, who wish to maintain and promote a Christian understanding of marriage, in opposition to the law of the land and vulnerable to funding and/or regulatory pressure to conform their teaching to the legal definition of marriage.

- for freedom of religion/freedom of speech for all

Freedom of religion is more than a freedom to worship in private, behind closed doors. It entails a right to manifest those beliefs in the public sphere, to teach those beliefs to one’s children, to promote those beliefs in the public sphere, and for religious organisations such as schools and hospitals to be shaped by those beliefs, without those beliefs being curtailed by the threat of economic boycott, vilification, prosecution, or the withdrawal of public funding. Proponents of the “yes” case openly acknowledge that it will lead to the suppression of religious voices and the supremacy of the secular state. For example, Aubrey Perry argued in the SMH³

This survey offers us a conscious opportunity to make a firm stand in support of a secular government and to reject discrimination or favouritism based on religion. It’s our opportunity to say that religion has no part in the shaping of our laws... This little ballot box could deliver the kind of good that changes the course of a nation and moves us toward a government free from religious influence...

If the legal definition of marriage is changed to include same-sex couples, there will remain a very significant proportion of the Australian population who continue to believe that marriage is only between a man and woman, but who will have no legal protection against any detriment they may suffer as a result of continuing to hold, teach and promote that belief about marriage. The more the church is forced to retreat from the world, and speak what we believe in secret in the safety of our churches, the more we inhibit our ability to effectively reach this generation with the saving message of the gospel of Jesus Christ.

¹ Amending Act: <http://www.irishstatutebook.ie/eli/2015/act/43/section/11/enacted/en/html#sec11>

² <http://www.thejournal.ie/dail-teachers-section-37-bill-2480209-Dec2015/>

³ <http://www.smh.com.au/comment/this-survey-is-about-much-more-than-samesex-marriage-20170831-gy83b6.html>

19. The Standing Committee has taken the view that it is prudent – indeed, wise stewardship – for the Diocese to use some of its resources to mitigate these risks. It is for this reason that the Standing Committee resolved on 18 September 2017 to authorise a one-off draw-down of \$1,000,000 from the Diocesan Endowment as its contribution as a partner in the Coalition for Marriage.

For and behalf of the Standing.

BISHOP MICHAEL STEAD
Chair of the Diocesan Religious Freedom Reference Group

21 September 2017



Archbishop of Sydney

16 August 2017

Dear brothers and sisters

In a matter of weeks, Australians will be asked to decide whether to change the definition of marriage, via a voluntary postal vote.

This is a monumental decision for the Australian public. Since the beginning of creation marriage been defined as the exclusive and life-long union of a man and a woman. As Christians we know it is God's plan; but it is God's plan for humanity, not just the people of God. It is the best structure for society and for the procreation of children in the secure nurture of a family with a mother and a father. Furthermore, this understanding of marriage is reinforced by the Lord Jesus in Matthew 19, where he tells his disciples that marriage is God's idea, and is uniquely expressed in the union of a man and a woman.

Our opposition to including same-sex couples in the marriage bond is not a homophobic reaction. Rather it is our contention that retaining the definition of marriage is best for our society, and especially for the socialisation of children. At the moment, same-sex couples have access to all the benefits that a married couple enjoys, except for the descriptor of 'being married'. There is good reason for this distinction, as same-sex couples cannot by virtue of their biological sameness conceive children. The bearing of children is intricately connected to the sexual union of a man and a woman.

While the proponents of change use the mantra of 'marriage equality', the use of this phrase is deceptive. We recognise that all people are equal in God's sight, regardless of their sexual identity. No one denies that loving relationships can exist between two persons of the same sex. However, men and women are not the same. It is the very differences between the sexes that enhance the marriage union and create the opportunity of the bearing of children.

However, there are also distinct and serious consequences in changing the definition of marriage. We know from recent experiences in the United Kingdom and North America that the ramifications of such a change are profound. Their experience shows us that if the law is changed, it will have direct impact on people of faith and faith-based institutions.

Despite the claims of some, that religious freedom will be protected, all proposed legislation to date has been totally inadequate to safeguard people who work for church-run institutions such as schools, hospitals and universities. It is also unclear

whether church-based organisations will be free to employ staff who share their church's teachings and ethos. In some countries where marriage has been redefined, schools are prevented from teaching that marriage is between a man and a woman, even in faith-based schools.

For these reasons, the Diocese of Sydney has committed to being a lead partner in the Coalition for Marriage. This is a newly-founded partnership of over 80 organisations which has been formed to support the campaign to defend Australia's man-woman definition of marriage.

I invite you to consider helping this Coalition by signing up as a volunteer or providing financial support, both of which can be done at the Coalition's website:

<http://www.coalitionformarriage.com.au/anglican>

Our most urgent task is to ensure that everyone who supports marriage between a man and a woman is enrolled to vote by Thursday, 24 August.

If you haven't already done so, please enrol to vote now. If you have recently moved, ensure your details have been updated with the Australian Electoral Commission. Please ensure that all of your adult family members have done the same. More information and the relevant links are also available at the Coalition For Marriage website.

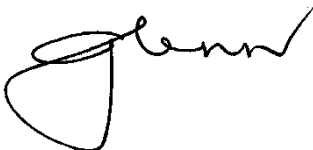
I also encourage you to be informed about these issues. In February this year, we produced a booklet entitled *What has God Joined Together?* It explains God's pattern for marriage, why it is best for society as a whole, and the negative consequences of same-sex marriage. Please make use of this resource, which is available from your rector, and also online at

<http://www.sydneyanglicans.net/marriage>.

The voluntary postal vote has been called a referendum on religious freedom and freedom of speech, and it's very important we all make our voices heard. As Australians, we are not imposing our views on others, rather we are expressing our views as citizens of the country, which we believe is for the good of all Australians.

Please prayerfully consider how you will support this campaign.

Grace and peace

A handwritten signature in black ink, appearing to read 'Glenn', with a large, stylized loop at the end.

Glenn N Davies
Archbishop of Sydney