

Gender and Sexual Malpractice and Abuse in the Christian Church

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SuH0702cⁱⁱ

25 June 2017 Please note this is an interim document. Some endnotes are still to be completed

1:0: Introduction

In a newspaper report of the 24th June 2017ⁱⁱⁱ the Archbishop of Canterbury is reported as saying that the Church of England needs a miracle to solve its long-running row over gay rights and that the divisions cannot be healed by human hands. His remarks indicate deepening desperation among Anglican leaders over the irreconcilable gap between [the conservatives and] liberals who demand gay equality within the Church. The article indicates that he made his unusual and heartfelt reference to the need for this miracle when referring to a paper on the Church of England's attitude to sexuality which was written with his most senior colleague, the Archbishop of York^{iv}. This article appeared just two days after the release of an independent report, commissioned by Dame Moira Gibbs into the sexual abuse and wrongdoing by a former Church of England Bishop Peter Ball. In it Dame Moira concludes that this abuse is shocking in itself: but is compounded by the failure of the Church to respond appropriately to his misconduct, again over a period of many years. Ball's priority was to protect and promote himself and he maligned the abused. The Church colluded with that rather than seeking to help those he had harmed, or assuring itself of the safety of others. This exposure of this sexual abuse in the report "*Abuse of Faith*"^v, together with the effective collusion by Archbishop Carey and other members of the senior hierarchy demands an independent and objective re-examining of the present Church attitudes to gender and sexuality, which uses all of the medical and scientific expertise that is available. There must be no cover-ups and no holding back. This must include a re-examination of its traditional doctrines on homosexuality and on gender and sexually variant behaviour "*As the Church of England has received it*": so that the Church is not misled in future years.

These issues and those of sexual abuse are addressed in this author's research and in the literature reviews which are associated with it. A summary is given in a document by the author: "*Conflicts between the Science and Theology of Gender and Sexuality: A Decision Time for the Church of England and the Christian Church*"^{vi}. This is being made available to members of the Church of England General Synod when it meets in York in July 2017. A companion document: "*Transgender Liturgies: The Interactions between Science and Theology in the Life of the Church*"^{vii}, relates more directly to a particular motion that is to be debated. The present day Christian doctrines on homosexuality and gender and sexual variation make predictions which can be tested by the application of science; and a major concern identified in both of these documents is the misapplication of this science by others, through their limited and selective use of information and reports to create conclusions that support the theology of the Church.

In present day society the conflicts between the sacred and secular understanding of gender and sexually variant behaviour have become a major issue for the Christian Church. In the "Pilling Report"^{viii} prepared for the Church of England in 2013 an inadequate account of the science is presented. There was no adequate representation of the views of gender and sexually variant people on the working party, and indeed the working party excluded transgender issues completely from its brief. The deficiencies in the scientific principles which are used by the Catholic Church are also described in a paper by this author on "*No, Pope Francis: Gender Identity is not a Choice*"^{ix}. As far as the author can ascertain, there was no consideration of science at all during the whole of the

Gilchrist, S. (2017): "*Gender and Sexual Malpractice and Abuse in the Christian Church*"

First Issued: 25 Jun 2017. Last update: 26 June 2017

Printed: 12/07/2017 14:09

Access via: <http://www.tgdr.co.uk/articles/index.htm>

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Church of England “Shared Conversations” process^x. Nor was there any consideration of science in the 2017 Bishop’s Reflection Group report on Sexuality^{xi}. This report advocates increased inclusion and pastoral care for gender and sexually variant people, but does not permit any changes in the traditional doctrine of the Church. The same principles continue to be pursued in the document written by the two Archbishops which is to be presented to Synod in July 2017 - for which the Archbishop of Canterbury feels a miracle is needed. It resolutely continues to prevent any possibility of change to the traditional teaching of the Church. That refusal to engage in these issues is also of long standing. These denials are highlighted in a paper by the author: “*Controversy and Challenge: Issues of Gender and Sexuality in the Present Day Christian Church*”^{xii}. This is not just a dismissal of scientific objectivity: it sets a framework for misleading the Church.

Comprehensive endnotes are provided for those who wish to delve deeper into the issues that are described.

2:0 Scientific Researches on Identity and Personality Development

The scientific study on the development of personality and self-identity which has been undertaken by this author uses a novel approach to map the transition between the internally created neurophysiological processes propelling early development to the externally moderated cognitive processes in later life^{xiii}. Standard psychology does not take account of these internally driven neurophysiological. To the author’s knowledge this is the first time that the transition and struggles between these two types of driving forces has been mapped.

A major transformation in neural capabilities occurs at around the age of two years. Before this period it is shown that development is dominated by the inbuilt and innate physiological forces which are present from birth. These forces drive development through internal neural pathways which promote mirror responses, empathy and imitative possession. During this time, development takes place in a contagious and un-co-ordinated manner: this gives it a runaway quality, and it can be seen as a poorly co-ordinated feed-forward process which maximises the information obtained. The lack of overall neural co-ordination in the brain at this time means that, each of these actions is separately and individually engaged in an end in itself. This means that the search is for an identity which is measured by where the child fits in society, and not the search for reward. The second mechanism is the cognitive processes which come in to effect after sufficient neural co-ordination has developed, and once the neural transformation period has occurred. This applies the human qualities of reasoning, intuition and perception by using feed-back methods to examine the developments and inputs that have taken place. From about four years onwards the child is also able to test these processes, and that ability creates awareness which enables control to be applied. The development of atypical gender and sexual identities is used to examine how this occurs. It is demonstrated that the formations of these core features are driven by the search for identity, before cognition seeks behavioural rewards

It is also demonstrated that brain plasticity (which is the ability of the brain to physically reshape itself), is structured to maximise the amount of information that can be collected during the period before the neural transformation, when it is most needed, and later to ensure that a constancy of personality is formed. During this latter period a pattern of development takes place in which the neural connections which are most used grow stronger, while those that are least used die back. In this investigation it is demonstrated that the physiological, neurological and psychological aspects of brain development act together to form a finely tuned system in which the maximum amount of individuality, possessiveness, intelligence and inquisitiveness, together with the minimum degree of energy expenditure is generated. Not surprisingly there are clashes between these feed-forward and feed-back elements. Development throughout life is characterised by continuing and intense struggles between the inbuilt, contagious, internally focussed, feed-forward and physiologically

driven forces which are present in infancy against the controlling, feed-back and externally moderated processes of cognitive which later form. In this investigation a continuous process extending from infancy to adulthood can thus be described. It is the momentum created by these struggles which lead to the highest achievements in life.

There is a fundamental difference in the characteristics and conflicts which arise from sources before and during the neural transformation period, and those after it. Those arising before the neural transformation can be characterised as identity driven and management methods which are appropriate to personality development are needed. Those which arise after it have reward driven characteristics and in these cases the management methods to be used should prevent the pursuit of inappropriate, disrupted or displaced desires. Making the correct medical diagnoses is important since the respective management techniques differ greatly from each other; and considerable harm can be done when the wrong ones are applied. Freud himself described the development of gender and sexual orientation as processes of inversion, where the development of gender and sexually variant identities takes place from the outset. By the same criteria Freud described the traditional Christian approach as a process of perversion, where the normal process of development is disrupted or arrested by some external cause^{xiv}. A moral duality therefore exists whereby gender and sexually variant people who express their true attractions and identities while conforming to the highest standards of their societies should be highly regarded. Those engaged in misuse may be severely condemned for their acts. That contradicts the traditional teaching of the Christian Church which invariably condemns all such behaviour as disordered lifestyle choices that always pursue inappropriate sex.

3:0 Theological Arguments, Power and Sex

An extended theological, social and historical study is therefore conducted which uses the results of this scientific analysis to determine how and why the contradiction exists. This also makes use of sources which are independent of the traditions of the Christian Church. It is demonstrated that the abuses of power, with their consequences of humiliation and domination in first century Roman society, gave permission for the extreme abuses of sex^{xv}. This was most notably in same-sex acts. From Jewish and Ugaritic sources it is also demonstrated that the specific condemnations of same-sex intercourse in Leviticus 20:13 and 18:22, as they were understood in the first century, and also by the writers of Leviticus, were concerned with the abuses of power and hospitality through acts of humiliation and domination between and within these very despotic and gender unequal first century societies^{xvi}. They did not directly focus on sex. An extended analysis of the relationships between power and sex forms a major part of this investigation. However these abuses of power are not discussed in the New Testament texts.

Peter and Paul demanded obedience to the Roman authorities. That need for compliance changed the emphasis away from condemning the institutional abuses of power by Roman society to the condemnation of the sexual acts. Christianity was rightly ferocious in its attacks on the abuses of power and sex. In the Pilling Report, Christianity is commended for its ability to adapt to the needs of surrounding societies^{xvii}. The early Church was required to make these adaptations if it was to survive in Roman society. However that gives no justification for the gross gender discrimination in the fourth century Church. Sexual passions and thoughts of sex were also disapproved of. Sexual intercourse and reproduction was considered to be a necessary evil, which was made necessary by the Fall of Adam in the Garden of Eden. Because of these attitudes and the consequent condemnations and criminalisation that took place it is not surprising that all awareness and evidence for the moral duality inherent in gender and sexual variation disappeared. It is demonstrated in this study that a paradigm shift has occurred in which the condemnations of the abuses of power, humiliation and domination have been forgotten. As a consequence engaging in same-sex intercourse irrespective of purpose is now condemned as disordered behaviour of grave

depravity which always desires inappropriate or immoral sex. All expressions of same-sex intimacies which result from an outpouring of love are denied.

That paradigm shift and transference was consolidated in the work of Aquinas, who was largely responsible for formulating what today is regarded as the traditional teaching of the Church on sexuality and same-sex intercourse: And by extension on gender and sexually variant behaviour. Aquinas also sought to restore the authority of the Church after the Cathar revolt which began in 1243. This revolt was partly due to repulsion at the extensive abuses of power and sex that had been taking place within the socially dominant Church. For Aquinas the supremacy of the Church, which was vested in the Popes, was greater than that of Kings and Emperors. Aquinas enforced the paradigm shift by excluding consideration of these priestly abuses of power on sexual behaviour, by focussing his condemnations solely on the motives of sex, and by condemning all sexual behaviour outside marriage as mortal sins which are always in pursuit of lust and improper sex^{xviii}. The sanctity of marriage is very highly valued in the teaching of Jesus, and in the Jewish tradition, yet none of the statements in the bible automatically condemn the possibility of other relationships. Nor does Jesus do this in his own teaching. The presumption that same-sex relationships attack the sanctity of marriage is also inherent in the doctrines which Aquinas developed. There is no equivalent condemnation in the Bible to that which Aquinas imposes himself.

It is also important to note that discrimination against gender and sexually variant people is a socially led phenomenon and it would be a mistake to identify its cause with religious belief. A major feature of gender complementarity comes from the way it separates the male from the female roles. Any form of gender and sexually variant behaviour which departs from the normal expectations of that society, for any purpose, challenges this distinction. The need to seek respectability and acceptance in Roman society was considered essential if Christianity was to continue to survive and bring its Gospel message to the world. However the compromises which this demanded swapped the most radical teaching of Jesus on gender and sexuality for the respectability of the Church^{xix}. These transformations have brought the Church to collude with the secular demands of society rather than to challenge them. Not only has this collusion reinforced the secular prejudices of such discriminatory societies; it gave and it still gives religious legitimacy to them. One only needs to look today at the behaviour of Daesh and Boko Haram to see how extreme this can become. The persecution and slaughter of gender and sexually variant people, not only in Christianity but in Islam, Judaism and all other religions, states and cultures which have drawn their teachings from it has been enormous. In many African countries extreme penalties against homosexual behaviour are being advocated or applied^{xx}. There is no doubt that there was a great deal of sexual abuse in first century society, where the blatant abuses of power gave permission for extreme abuses of sex. However to condemn all gender and sexually variant behaviour for the abuses of some, is akin to saying today that all members of a minority community are terrorists because some engage in terrorist acts. In the United States at the present time, senior members of the Catholic Church have been using its traditional teaching to collude with the conservative Christian right when they condemn all transgender people as invariably being in pursuit of illicit or depraved sex^{xxi xxii}. These concerns are compounded by the political changes that have recently taken place. In the USA the adviser to President Trump on domestic matters is on record as saying: "*Gays can be reformed, just like arsonists*"^{xxiii}. For both social and theological reasons there is now an urgent need to reconsider the traditional teaching of the Church.

4:0: Overview

There is a fundamental conflict between science and theology, whose existence largely depends on the relationships between power and sex. Currently there are great divisions in the Christian Church over attitudes to gender and sexually variant people. Conservative Christianity interprets the prohibition of homosexual behaviour and same-sex intercourse to be the condemnations of temple

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prostitution and degeneracy, which invariably pursues immoral or abusive sex. Other traditions tend to understand the prohibitions in the bible in terms of the purpose of the acts. That permits the expression of same-sex relationships which result from the outpouring of love while condemning those which seek abusive sex. This is also in line with the first century Jewish and Middle Eastern understanding where sexual morality was not primarily determined on a gendered basis, but by approving activities which embraced the noble pursuit of love, and condemning those which engaged in the carnal abuse of sex^{xxiv}. It also corresponds with the results of the scientific study which demonstrates that a moral duality exists whereby gender and sexually variant people who express their true attractions and identities while conforming to the highest standards of their societies should be highly regarded. Those engaged in misuse may be severely condemned for their acts. In Judaism a complete ban on same-sex intercourse existed because of its use to impose subjection and domination between male citizens both within and between these gender and socially unequal societies. In an extended examination it is shown that the focus was on the abuses of power and purpose, rather than the sexual acts^{xxv}. For Christianity to survive it had to seek acceptance in Roman society. However Jesus was unremitting in his attacks on the abuses of power by the Jewish authorities. As a consequence the emphasis moved away from a Jesus movement towards an organisation which established its own life. Since the moral duality identified in this analysis is inherent to gender and sexually variant behaviour, its influence must be present in all societies at all times. In an investigation reported in detail in separate papers^{xxvi} it is shown that the teaching of Jesus and Paul do not contradict the results of the scientific study. This means that the contradiction between science and theology must derive from changes in the Church. For the complete analysis see the additional papers^{xxvii}. In the detailed investigation it is concluded that the traditional doctrines of the Christian Church on sexual and gender variance are built on an incorrect foundation. It is demonstrated that they were driven by the need to gain respectability and to counteract same-sex abuse the first century Roman society. From the theological, social and scientific standpoints it is established that identical criteria in relation to use and abuse should be applied to heterosexual and same-sex acts of sex. With the teaching of Jesus in the New Covenant, all behaviour should be guided by love, wellbeing and purity of intention. There is no automatic condemnation of any sexual act. Instead of centuries of making homosexuality the scapegoat for all sexual abuse, the correct objectives for the Christian Church should be those of combatting all forms of abusive sex.

There is no condonation whatever of gender or sexual abuse in this analysis. As has already been noted the conclusion of the scientific study states that a moral duality must exist whereby gender and sexually variant people who express their true attractions and identities while conforming to the highest standards of their societies should be highly regarded. It also states that those engaged in misuse may be severely condemned for their acts. Sexual abuse and decadence of all kinds continues to be condemned with same degree of intensity. When the paradigm shift is ignored, the attempts of conservative groups like GAFCON, only succeed in restoring the doctrines as they were defined by Aquinas^{xxviii} - and these in turn reflect the needs of the thirteenth century Church. The emphasis must be on reversing the paradigm shift in order to recover the first century teaching of Jesus and the Christian Church.

5:0: Medical Misdiagnoses

A major failure of the traditional Christian Doctrine is that it medically misdiagnoses the gender and sexually variant conditions. Freud himself described the development of gender and sexual orientation as processes of inversion, where the development of gender and sexually variant identities takes place from the outset. No other types of gender and sexual identities ever arise. By the same criteria Freud would describe the traditional Christian doctrine as a process of perversion, where the normal process of development is disrupted or arrested by some external cause. The motives are also completely different since any expression of deviation is the result of the search for

identity, while any expression of a perversion is focussed on a search for reward. That distinction is affirmed and amplified in this author's research^{xxxix}. Enormous harm can be done since the management techniques are almost opposite to one another^{xxx}. So called "Gay Cures" are often advocated by Christian apologists, on the grounds that they can help to recover the God given gender and sexual identities that are presumed to first exist. However these medical misdiagnoses are condemned in the strongest possible terms by the major professional institutions, which have come together to issue an agreed statement about the harm they create^{xxxi}. That harm is also separately described by the author^{xxxii} and in a paper by Jayne Ozanne which has just been issued^{xxxiii}.

The guilt which is created can be enormous. Religious euphoria may provide some form of escape but "Gay Cure" approaches also fail since the gender and sexual identities they wish to reinstate have never existed: therefore they can never be found^{xxxiv xxxv}. This investigation makes a clear distinction between identity driven and reward driven characteristics and conflicts, including the different management methods that must be employed^{xxxvi}. Attempts to treat transgender expressions and homosexuality as though they were the results of reward driven desires or lifestyle choices can therefore prove disastrous. However, because there is a bipolar element^{xxxvii} to them and because these are identity driven conditions, some relief can be gained for a time by creating a sense of euphoria which transcends its demands. This is the approach taken by some religious groups who claim that a "Cure" has been found, but that only lasts for as long as the euphoria can be sustained. After it is lost it is not something that willpower can regain: for attempts to fight their conflicts simply reinforce the demand. The problem with many such groups is that anyone who does not conform to their rules of behaviour may be ejected from membership. These people may be told that God still loves them but to be practicing or non-practicing is not the real issue. The act of rejection becomes a personal attack of the self-identity of that individual and not of their practice. It is also extremely destructive since their attempts to fight or suppress the conflict drives people deeper into distress. Whatever opportunity there might once have been to re-join the Church or group, or to keep personal control of their conflict, is either diminished or destroyed. The hurt, guilt and self-loathing caused by this can be enormous. This is why making the correct medical diagnosis is so important: and that hurt, guilt and self-loathing is a result of the medical misdiagnosis which is incorrect. The management methods that are most likely to succeed are those in which the correct medical diagnosis is made.

6:0 Murder Discrimination and Suicide

Many of the pressures on gender and sexually variant people come from these two main sources. The first is the social condemnation which comes from failing to conform to the stereotypes of male and female behaviour demanded by gender and socially unequal societies. The second is the moral opprobrium created by the presumption that this inability to conform is due to the pursuit of acts of depravity which are always in search of illicit and inappropriate sex. The rates at which gender and sexually variant people are murdered are much higher than those of the general population, and the rates of suicide, or attempted suicide, by transgender people in particular are also extremely high. Nevertheless it is the harsh violence of these battles which becomes evident when these conflicts are encountered.

That can be observed across all gender and sexually variant people. Gay people and lesbians are between two and six times more likely to attempt suicide than are all heterosexuals^{xxxviii}. For transsexuals the equivalent figure is 8 to 10 times higher^{xxxix}. Higher rates of drug abuse are also found. Reasons for suicide are also examined. In a simple literature search this author found over transgender⁴⁰ peer reviewed papers dealing with the subject. Consistently it is shown that reasons for suicide relate to the guilt, bullying, rejection by families and communities, allegations of sexual abuse, violence, and the persecution and scapegoating of minorities, which are the causal features

leading to the internalised transphobia that involves the depression and self-loathing which lead people to take their own lives. In this context meta studies are also important and references to some of these are given^{xi xli xliii}. A recent report on research carried out in association with the University of Cambridge of over 3,700 lesbian, gay, bi and transgender (LGBT) pupils in Britain's schools shows that more than four in five trans young people have self-harmed, as have three in five lesbian, gay and bisexual young people who aren't transgender. Also more than two in five transgender young people have attempted to take their own life,^{xliii} Useful non-technical accounts can also be found elsewhere^{xliii}. Suicide rates for transsexual people who have undertaken gender transition continue to be high because, in addition to other reasons which include difficulties in finding employment, the same social denunciations are still pursued. Currently these statistics are causing increasing alarm, nevertheless some conservative Christian groups continue to argue that the reasons for transgender suicide are due to unhappiness specifically created by gender transition, and they disregard the social factors involved.

7:0 Disagreement and Opposition

At the General Synod of the Church of England in York from the 7th to the 11th July 2017, a number of motions on the attitude of the Church to gender and sexuality are due to be debated. Two particular motions are considered here. One is a private member's motion *to move that this Synod: (a) endorse the statement of 16 January 2017 signed by The UK Council for Psychotherapy, The Royal College of General Practitioners and others that the practice of conversion therapy has no place in the modern world, is unethical, harmful and not supported by evidence; and (b) call upon the Archbishops' Council to become a co-signatory to the statement on behalf of the Church of England*^{xliii}. As second motion calls on the Synod to move that *"That this Synod, recognizing the need for transgender people to be welcomed and affirmed in their parish church, call on the House of Bishops to consider whether some nationally commended liturgical materials might be prepared to mark a person's gender transition"*.

The same viewpoint is taken by the great majority of professional medical and psychological institutions in the Western world, who currently regard both gender and sexually variant identities and behaviour as being naturally expected variations of the human condition which are intrinsic to the personality created, that arise very early in development, and which cannot be changed by the individual concerned or by the actions of others in subsequent life. This is the position taken for example by the British Royal College of Psychiatrists^{xliii}, the British Psychological Society and parallel United Kingdom organisations^{xliii}. Equivalent positions are taken by the American Psychiatric Association^{xliii} and the American Psychological Association^{xliii}. Other international mental health organizations, including the World Health Organization have followed. Against this is set minority conservative organisations such as the American College of Paediatriciansⁱ and the might of sections of the Christian Church".

The scientific evidence in support of both of these motions might seem for many to be overwhelming; however the existence this scientific evidence is challenged by those who are opposing each of these motions and their particular viewpoint is being circulated individually and collectively in letters to all synod members. In addition a number of documents are being presented to synod which purport to be objective reviews but in which the science is selectively used. Five documents will be considered here but others may exist. These are:

Ould, Peter: (2017): "It's easy to talk about banning gay conversion therapy. But how to do it – and where's the evidence?" *Christianity Today*: Published 23 June 2017^{li}.
O'Callaghan, Dermot. (2017): *"Conversion Therapy', Suicide and the Question of Harm*^{lii}:
Davie, Martin (2015): *"Transgender Liturgies: Should the Church of England develop liturgical materials to mark gender transition?"*, the Latimer Briefing No. 20^{liii}

Papers by Andrea Williams and the blog by Ian Paul^{liv}

These documents may include a great deal of information about care for transgender and other gender and sexually variant people, using material which has been produced by transgender people themselves, but they also make selective use of outdated and specifically chosen scientific reports in ways that seek to prove that transgender people are prisoners of their own misconceptions; and also to affirm the correctness of the traditional theology of the Church.

Ould refers to the paper published by the Royal College of Psychiatrists (RCP), but written by Jayne Ozanne who, he notes, has no qualifications in the area of mental health^{lv}. Ould states that Ozanne's paper seeks to outline reasons for the RCP to push the Government to introduce restrictions on what churches and other institutions can offer LGBTI Christians in the area of pastoral support. But, he asks: is such a call based on any substantive evidence? In terms of his own answers: Ould states that: *"the best way to establish this [evidence] ... is to track people through particular experiences (for example a group therapy session) and compare their mental health before and afterwards. Unfortunately [he states] there is to date only one study that has actually done this, the Jones and Yarhouse "Ex-Gay Study" (2011)^{lvi} and after following a number of individuals over a few years through a variety of religious orientated therapeutic approaches, there was no statistically significant evidence of harm, even in those for whom the therapy 'failed' or who dropped out. [He concludes] What is particularly interesting about this finding is that Jones and Yarhouse were at great pains to use proper objective psychological measures of mental health and harm at all points through their longitudinal study^{lvii}. This is in stark comparison to many studies cited in favour of harm (for example, Schroeder & Shidlo: (2001)^{lviii} which use self-selecting samples and include no proper psychological assessment of individuals before and after their therapy to assess real quantifiable changes in mental health"*.

However a literature search by the author revealed many more peer reviewed papers on the subject, which disagree with the allegations which Ould makes. Of particular relevance is the paper by Columbia University on *"What does the scholarly research say about whether conversion therapy can alter sexual orientation without causing harm?"^{lix}* This investigation identified 47 peer-reviewed studies which met their criteria for adding to knowledge about whether conversion therapy (CT) can alter sexual orientation without causing harm. Thirteen of those studies included primary research. Of those, 12 concluded that CT is ineffective and/or harmful, finding links to depression, suicidality, anxiety, social isolation and decreased capacity for intimacy. Only one study (That of Yarhouse which Ould refers to) concluded that sexual orientation change efforts could succeed - although only in a minority of its participants: and the study has several limitations: its entire sample self-identified as religious and it is based on self-reports, which can be biased and unreliable. The remaining 34 studies do not make an empirical determination about whether CT can alter sexual orientation but may offer useful observations to help guide practitioners who treat LGB patients.

Ould himself notes that the Jones and Yarhouse study from 2011 made it clear that within the group there was no statistically significant change at the group level in their self-reported sexual orientation. The work by Yarhouse is also criticised elsewhere^{lx} The efficacy of conversion therapy is seriously criticised in a 2009 APA report^{lxi} and its condemnation is made absolute in the combined report issued by the British professional medical institutions in 2015^{lxii}.

Ould also notes that: *"some groups like True Freedom Trust^{lxiii} (and Living Out^{lxiv}) do not make claims of changing sexual orientation and instead concentrate on supporting those who wish to integrate a homosexual orientation with a conservative Christian world view. Both would use very similar group support systems and it's hard to see how one would distinguish between the two. The idea that the Royal College of Psychiatrists would seek to prohibit a group that simply sought to help people live a celibate gay life is an extraordinary thought"*. There should be no argument against this

in principle, but in reality there is no freedom of choice. For many, adherence to the traditional teaching of the Christian Church, which condemns all such behaviour as acts of grave depravity and disordered lifestyle choices, which always pursue inappropriate sex would enforce a celibate life: and the condemnations, which some fellow Christians impose on those who are not: such as those of burning in hell, perdition and damnation have a totally destructive effect. The ability to have that choice depends on a change to the traditional teaching of the Church.

A further document which has been distributed to members of the General Synod comes from the Core Issues Trust. In this document the writer, Dermot O’Callaghan argues [sic]: that the one statement in relation to suicide that has scientific backing *“is that LGBT people experience more depression than others”*. His further statement that there is no other betrays his lack of knowledge of the scientific research. The text of this “Core Issues” document is given in the endnotes^{lxv}. In a number of cases the references are misquoted. The reference he gives to suicide figures also dates from 2000, the reference he cites when he states that the causal factors remain unknown dates from 2001, and his quotation is incorrect. The allegation that Conversion Therapy can be considered legitimate by a majority dates from a 2004 paper and one author of the original paper reports that this is a misuse of the paper. His statement that only one study, (that by Yarhouse, which is criticised above), has followed people through religiously mediated therapy - ignores the results of a whole body of scientific research. He argues that anyone holding these views about homosexuality and conversion therapy today is liable to be stuck off by their professional body. Why, he says: *“Has the evidence changed? No the evidence has been overcome by ideology”*

A similar theme is found in the documents presented by Andrea M. Williams, writing in the name of Christian Concern^{lxvi}. Williams does not even begin to consider science and she engages in a personal attack on the mover of the “Gay Cure” motion alleging that there are no grounds for approving the motion except on a personal emotional basis. She states that: *“One of the chief threats to authentic Christianity is post-modernity’s belief that we can create our own truths. If we mix this precept with the cultural zeitgeist of the day and political correctness, what we end up with is a toxic potion which threatens the very foundation of the Church”*. She also states that: *“The notion that therapy for unwanted same-sex attraction is harmful and lacking in evidence is simply not true. There is a modern-day adage that no one wants to do any research; they just want to be right. Sadly, [she says] this sentiment seems to pervade Jayne Ozanne’s proposed Private Member’s Motion. Just this year, The New Atlantis, devoted an entire journal to the subjects surrounding sexuality and gender and published the extensive findings of Dr Lawrence S. Mayer and Dr Paul R. McHugh of Johns Hopkins University School of Medicine”*. In one respect Ms Williams is right. If, as she alleges, it is possible to *“Create your own truths”* is the present day, one must ask what is the reliability of the *“Truths”* which Ms Williams creates when the whole body of science: and the scientific consensus which is adopted in the present day is ignored in the arguments she makes.

The same or equivalent concerns affect the more scholarly Martin Davie’s paper on: *“Transgender Liturgies: Should the Church of England develop liturgical materials to mark gender transition?”* In pursuit of his argument Davies cites a number of articles including: The Evangelical Alliance, *“Transsexuality”*, Carlisle: Paternoster Press, 2000^{lxvii}. He also cites Walt Heyer: (2015), *“A Transgender’s Faith”*^{lxviii} which makes use of the articles by Paul McHugh^{lxix}. Paul Mc Hugh’s opinions are the focus of, *‘Transgenderism: A Pathogenic Meme,’* Public Discourse, 10 June 2015^{lxx}, also in Lawrence S Meyer and Paul McHugh, *‘Sexuality and Gender,’* The New Atlantis, No. 50, Fall 2016^{lxxi}. Further books cited include Oliver O’Donovan, *“Transsexualism, Issues and Argument”*, Cambridge: Grove Books, 2007^{lxxii}. Vaughan Roberts, *“Transgender”*: The Good Book Company, 2016^{lxxiii}. And Mark Yarhouse: *“Understanding Gender Dysphoria”*, Downers Grove: IVP Academic, 2015^{lxxiv}.

All of the articles which are cited by Davies approach the issue from a Christian perspective, which presumes that these follow the traditional Christian doctrine, which defines them as desire driven conditions, and not identity driven ones as is now understood by the great majority of medical opinion (and the author's research). Davie's article fails to note that McHugh's views have been rejected in an open letter signed by at least 600 medical experts who are working in this field^{lxxxv}.

The World Professional Association for Transgender Health (WPATH) also states: "*The American Psychiatric Association and the World Professional Association for Transgender Health no longer view transgender identity as inherently pathological. Dr McHugh's views are stuck in the past.*"^{lxxxvi}. Also the work by Money which is cited in this article; and which was stopped by McHugh has been discredited, not because it disproves transgender issues, but because of irregularities in the approach. Furthermore the whole thesis of the argument which is presented by Davies fails, because it identifies it as a pathological process and it presumes that the development of self-identity, which includes gender identities and sexual identities, cannot be separated from biological sex. That presumption is shown in independent studies to be incorrect. These issues are more fully discussed in: Gilchrist, S. (2017): "*No, Pope Francis: Gender Identity is not a Choice*"^{lxxxvii}.

Similar concerns relate to the work of Dr Kenneth Zucker, who in his references Davies also cites^{lxxxviii}. Although Zucker does not use "Gay Cure" approaches in relation to homosexuality, he advocates equivalent approaches to transgender people under the name of "*Reparative Therapy*". The philosophy of this method lies in the name, which is to restore and impose an inherent gender identity which must correspond with the biological sex, by denying or suppressing one that has developed in a different way. Zucker was sacked in 2015 from the leading Toronto gender identity clinic in Canada for his controversial approach, which tried to "cure" transgender children^{lxxxix}. Zucker's firing caused considerable furore^{lxxx}. Blanchard, who worked alongside Zucker, is also referred to by Davies. Blanchard's findings and research have also been rejected by the World Professional Association for Transgender Health (WPATH), which is the world's largest association of medical professionals who provide care for transsexual people^{lxxxxi}.

Historically gender and sexually variant behaviour has been considered as perverted pathological processes which are in pursuit of improper or misplaced desires. However with the advancement of knowledge and experience these conditions have come to be seen to be expressions of identity itself. This change in understanding needs management methods that take a different approach.

Another paper which is considered here is that by David Hilborn: (2017): "*Gender Fluidity, Chronological Snobbery and Grace*"^{lxxxii}. This paper was presented at the 'New Directions in Sexualities and Christianity' forum, convened by Chester University and held at Chester Cathedral on Saturday 11th February 2017, it is also included here because of the strategy it adopts. Hilborn uses the work of feminists including Camille Paglia. Paglia proposed in her 1990 book *Sexual Personae*^{lxxxiii} that increased sexual pluralism and gender fluidity found in present day society might not necessarily signify inexorable cultural progress, but might instead be indicators of cultural decadence, fragmentation, and decline. Hilborn also cites second-wave feminists like Germaine Greer and Julie Bindel, who have questioned both the claim of male-female transsexuals to genuine female identity, and more acutely still, the growing provision of gender reassignment surgery to children and teenagers. Arguably Hilborn states, a similar trend towards decadence can be detected in the explosion of online pornography, and the damaging effect which others show it to have on young people's relationships. Hilborn also notes, the Third Wave feminists like Judith Butler and Rebecca Walker question the sex/gender distinction, and see sexual differences and relationships as themselves socially constructed through language and cultural performance. In that context, Hilborn states, it's not difficult to see how transgenderism and gender reassignment has burgeoned. If language can shape sexuality, then so can the surgeon's knife! Hilborn understands the concern of Second Wave feminists like Paglia and Greer to be that this conception might allow male-female

transsexuals to appropriate women's essential sexual identity, just as in the past they have appropriated women's labour, bodies and motherhood for their own patriarchal ends. While Hilborn does not quote science directly in the paper he cited as reliable the recent BBC2 documentary "*Transgender Kids Who Knows Best?*"^{lxxxiv}, during a subsequent discussion, Hilborn also cited the BBC2 programme and the work of Zucker, McHugh and others as the appropriate authoritative sources, without referring to opposing studies, and he did not represent their work in any way as being contested views.

A further document: "*What do we need to know in order to have an informed debate about transgenderism?*" has been circulated by Ian Paul^{lxxxv}. This document, which purports to be an objective account about scientific transgender and theological matters, has been made available to General Synod Members attending the General Synod Meeting of The Church of England in York in July 2017. However this is far from an objective account. Paul correctly indicates that Zucker was expelled from his own professional institution because of what was regarded as the harmful nature of his work. However he also states, that in his belief, the BBC 2 programme: "*Transgender Kids: Who Knows Best?*" on Zucker and his work, broadcast on Thursday 12 Jan 2017^{lxxxvi} presented a balanced view. There are many people who have greater expertise in this field who disagree with that perception^{lxxxvii}. Not only does Ian Paul cite Zucker as an authoritative source, he also makes references to other articles which he claims to be authoritative, such as that of Paul McHugh. None of these papers point out that McHugh's approach has also been condemned in an open letter signed by some 600 doctors, scientists and psychologists who are expert in this field. Instead of any acknowledgement of this, McHugh's papers, together with Zucker's methods, are presented as being conclusive: moreover they should be regarded as the one mainstream approach. Nor does Ian Paul and others cite the strongly expressed condemnations of the professional institutions to these diagnoses of gender and sexual variant conditions. Nor does he take account of the work of independent research organisations such as GIRES, nor does he consider the experience and expertise of the Gender Identity Clinics, nor does he refer to the great deal of research work presented in the peer reviewed medical and scientific journals of high academic repute. For independent research on gender identity see the website of the Gender Identity Research and Education society (GIRES)^{lxxxviii}. All of the references cited by Paul, and those in all of the papers described in this section, support one particular view, which tries to make science bow to the result that theology expects.

It is of course perfectly legitimate to cite these views, but to do so in ways which give no indication of how much they are contested, and to present them as a pattern of mainstream thought when they are those of a minority view: and most notably when a worldwide scientific consensus rejects them, is to this author's mind an abuse of any responsible approach. That perpetuates the medical misdiagnoses that are made by this traditional Christian doctrine. A common feature of all of the arguments is their selective use of particular references and studies, and also their disregard of scientific investigations and sources which take a different view. Opposing views tend to be dismissed as the work of "transgender activists"; and not that of clinicians and scientists. As a consequence the mainstream of science is diminished or ignored. Taken at their face value these documents mislead Synod about the decisions it is being asked to make^{lxxxix}.

Paradoxically the author's own research has been aimed at maximising the freedom of choice for transgender people by calming the dynamics that can be created^{xc}. The approach that the author takes aims to provide a process of welcome and inclusion in order to create the self-esteem that is needed to manage a compulsive drive^{xc1}. That is why the complete and unqualified affirmation of the identities of gender and sexually variant people is so important: and it is also why both motions in the Synod should be strongly supported. Therapies which involve repression rejection and shame, which involve "Gay Cures" and "Reparative Therapy" may only hide or suppress the underlying conflict. They can also lead to the guilt and self-loathing which has an extremely destructive effect.

Since the management techniques required for identity driven conflicts and reward driven conflicts are almost opposite to one another it is very important that the correct methods are employed. Of course counselling and medical assistance should be available to help people follow any of the paths they genuinely choose, including a celibate life. However that choice only becomes available if there is a change in the theology of the Church. Methods such as “Gay Cures” and “Reparative Therapy”, which medically misdiagnose these conditions, should never be used because of the harm that they create.

8:0: Synod Discussions

This article addresses five sets of documents which claim that the scientific evidence they cite provides objective reasons for opposing these motions. These have been made available to Synod members, and the author knows that other similar documents have been circulated. In this document it is shown that in the arguments they present, the advances in science over the last twenty or thirty years are dismissed or ignored, and the changes which have taken place are condemned as the work of “transgender activists” instead. If Synod is to make the correct decisions it should rely on the science and theology which takes an informed and objective approach.

When scientists talk about ‘evidence’ in clinical contexts, what they frequently mean is that the ‘gold standard’ of a randomised controlled trial (RCT) has been conducted to verify a claim. The opponents are right in stating that no randomised controlled trials have been conducted in relation to the effectiveness or harmfulness of conversion therapies. However, it is important to note that not only have no RCTs been conducted, but for ethical reasons no RCT is ever likely to be conducted. Given that there are widely reported claims about the harm that some people have experienced as a result of attempted conversion therapies, it is unlikely that a reputable ethics committee would ever give ethical approval for such a trial.

If any scientific arguments are to be credible, they must report on up-to-date sciences in an impartial and dispassionate way. This is what this author has attempted to do. For a further examination the reader is also referred to the paper by Professor Michael King (UCL) and Professor Robert Song (Durham University) on “*CONVERSION THERAPY: A briefing note on the science*”^{xcii} prepared for the Church of England Synod Meeting in York. For consideration on Transgender Issues the paper: Gilchrist, S. (2017): “*No, Pope Francis: Gender Identity is not a Choice*”^{xci} may be used. Two short summaries: Gilchrist, S. (2017): “*Transgender Liturgies: The Interactions between Science and Theology in the Life of the Church*”^{xciiv} and Gilchrist, S. (2017): “*Conflicts between the Science and Theology of Gender and Sexuality: A Decision Time for the Church of England and the Christian Church*”^{xci} have also been produced by the author for distribution to synod members. These two summaries give links to the detailed analysis. A further document: “*Welcoming and affirming transgender people: reflections and resources for the Blackburn Motion*”, by Christina Beardsley^{xci} may also be consulted.

9:0: Engagement

There is a great deal of disagreement and potential schism over what takes priority: the evidence of science, or the theology of the Church? For at least the last millennium, theology has dominated by imposing the traditional teaching of the Church. For as long as homosexuality and same-sex acts of sex were criminalised, no evidence of the duality in gender and sexually variant behaviour could be brought to view and condemnations were severe and complete. That situation began to change from the mid 1960’s onwards, when people could begin to see for themselves the inherent moral duality that is present in gender and sexually variant behaviour. Social interactions and stable relationships could now be formed. These could also be studied and the understanding in science has changed from one which had considered these conditions to be the perversion of normally

expected behaviour, to one which regards these conditions as arising from the foundation of identity itself. Although science has adapted, sections of Christianity have not. As a consequence the current scientific consensus is ignored and these groups continue to use or abuse outdated and outmoded scientific reports which create selective conclusions that attempt to prove the correctness of the theology of the Church.

This is not an investigation which demands or supports any relaxation of moral values in the attitudes to gender and sex. Instead it requires that the boundary between use and abuse be changed from one that condemns all gender and sexually variant behaviour irrespective of purpose, to one that applies identical principles of use and abuse to all heterosexual, cross-gender and same-sex acts. For any group of people who have been universally condemned there is the natural (and often real) need to bond together in a common defence. When that happens, both the Church and gender and sexually variant people themselves are affirming the boundary that presently exists. Umbrella activities, such as the Pride marches, have done a great deal in raising the profile of gender and sexually variant people. However asserting that unity; together with the media's attention to the more salacious elements within it, may reinforce the prejudices which hinder attempts to gain acceptance within the Church. If that is to be challenged a clear Christian witness must be seen to be expressed within the gender and sexually variant communities as well. Groups such as "One Body One Faith"^{xcvii} are working strongly to ensure that this witness is provided. Both sides need to change, and both sides need to accept that change is needed. Above all the willingness to consider change must be unbounded and complete.

Within the institutions of the Church that resistance or refusal to engage with scientific advances and, to take full account of the lived experiences of gender and sexually variant people is of long standing. That history is described elsewhere^{xcviii}. Various Church Committees and Commissions have presumed to pronounce on what gender and sexually variant people should feel and do without any or adequate representation of gender and sexually variant people on these bodies themselves. Change is much more difficult when the capacity to listen is limited. Since 2014 the Church of England has engaged in a "Shared Conversations" process^{xcix}. This process was intended to provide a listening forum within which all of the various sections in the Church could come to understand each other better in the hope that "Good disagreement" could be obtained. However as far as the author can ascertain, there was no consideration of science at all during the whole of the "Shared Conversations" process. Nor is there any consideration of science in the 2017 Bishop's Reflection Group on Sexuality^{ci}. It seems that all of these consultations have been wrapped up in the bubbles of their own theologies, without any consideration being given either to science or to what is happening in society at large. The 2017 report of the "Bishops Reflection Group on Sexuality", which was intended to chart the way forward after the Shared Conversations, not only did not have anyone who identified with gender and sexually variant condition on its working party, it restated the condition that all future discussions on gender and sexually variant matters must take place within the traditional teaching of the Church.

On the 15th February 2017 the General Synod of the Church of England voted down a "Take Note" motion on a report issued by the "Bishop's Reflection Group on Sexuality". This report directed future discussion to take place in the context of "Interpreting the existing law and guidance to permit maximum freedom within it, without changes to the law, or the doctrine of the Church".

In an open letter which was sent after the rejection of the report by the Bishop's Reflection Group in the Church of England General Synod, the Anglican Archbishops of Canterbury and York stated that, notwithstanding this rejection, discussions should still continue according to the traditional doctrine on homosexuality, marriage and gender and sexual variation as "*The Church of England has received it*"^{cii}. In addition the paper: "*Next Steps on Human Sexuality*"^{ciii} which the Archbishop of Canterbury was referring to when he made his unusual and heartfelt reference to the need for a

miracle, is the paper which he has written with his most senior colleague, the Archbishop of York, and which is due to be presented to the General Synod in July 2017 continues to pursue the same view, that there must be no change to the traditional laws and doctrines of the Church.

Despite all of these discussions and the evidence that is now available, both the Catholic Church and the Church of England still appear to remain resolutely determined to refuse to permit any examination of, and to hold on to what today is regarded as this traditional teaching of the Church.

10:0: Sexual Abuse

These are not arguments about science and theology: they are arguments about people's lives. The refusal to acknowledge the advances of science, and to continue to medically misdiagnose the gender and sexual conditions, despite the harm this has been shown to create, and despite the scientific and experiential evidence now available, is itself sexual abuse. When such doctrines are enforced by groups of people or an organisation, they create the types of social and spiritual abuse which are excoriated in Jayne Ozanne's paper^{civ}. It is demonstrated that a paradigm shift has occurred in which the first century condemnations of same-sex intercourse, which Jesus, Paul and the other disciples would have known, were about the abuses of power and purpose, including humiliation and domination, rather than the acts of sex. It is additionally demonstrated that it was the abuses of power in these despotic and grossly socially and sexually unequal societies which gave permission for the extreme abuses of sex. A detailed examination of sexual abuse within the Christian Church during the first millennium is given in a separate paper^{cv}. Although sexual abuse was very strongly condemned, the priority was given to the protection of the institution over the condemnation of the sexual acts.

After the time of Aquinas references to the influences of power disappeared from all Church doctrine on homosexuality, same-sex intercourse and gender and sexually variant behaviour, and their condemnation has since been confined to the evils of sex. Article 2357 of the Catholic Church^{cvi} states: *"Homosexuality refers to relations between men or between women who experience an exclusive or predominant sexual attraction toward persons of the same sex. It has taken a great variety of forms through the centuries and in different cultures. Its psychological genesis remains largely unexplained. Basing itself on Sacred Scripture, which presents homosexual acts as acts of grave depravity, tradition has always declared that "homosexual acts are intrinsically disordered." They are contrary to the natural law. They close the sexual act to the gift of life. They do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved"*. This statement itself acknowledges that the origin of gender and sexual variation has not at least up to now, been well understood. It also demonstrates that the foundation of this doctrine depends on tradition and the interpretation of scripture, rather than the teaching of Jesus himself. Under these circumstances there appears to be little justification for both the Church of England and the Catholic Church to adopt policies which refuse to permit even a consideration of the possibility of change to this traditional doctrine, despite the contradictions between science and theology and the lived experiences of gender and sexually variant people, which the legalisation of these activities and the barring of gender discrimination have brought to light.

Under these circumstances it might be expected that a careful extended and objective examination of science would be a first priority. In the "Shared Conversations" process that did not happen, although evidence was made available from the start^{cvi}. There is no subsequent consideration of science, and no adequate representation of gender and sexually variant people or interests on the subsequent working parties, and their reports. The demand within the gender and sexually variant communities that *"There must be no talk about us, without us"* has still not been fulfilled.

Sexual abuses still continue. The article: “*Collusion, cover-up and child abuse in the Church of England*” written by Andrew Brown and published in the Guardian on Friday 23 June 2017^{cviii} gives force to the nature of such abuse. This article appeared after the release of the independent report, commissioned by Dame Moira Gibbs into the sexual abuse and wrongdoing by a former Church of England Bishop Peter Ball. In it Dame Moira concludes that not only is this abuse shocking in itself, it is compounded by the failure of the Church to respond appropriately to Ball’s misconduct, over a period of many years. Ball’s priority was to protect and promote himself and he maligned the abused. The Church colluded with that rather than seeking to help those he had harmed, or assuring itself of the safety of others. This exposure of this sexual abuse in Gibbs’ report “*Abuse of Faith*”^{cix}, together with the effective collusion by Archbishop Carey and other members of the senior hierarchy raises questions about the abuses of power in the Church. On Thursday the 29th June Cardinal George Pell, the Vatican treasurer, was charged with multiple sexual offences^{cx}. Pell must be presumed innocent unless and until he is proven guilty: however this is only part of a long history of clerical sexual abuse. If these issues are to be tackled effectively it must be remembered that the abuses of power give permission for extreme abuses of sex.

It is demonstrated in this investigation that this was also the concern, and the specific reason, for the prohibition by Leviticus of same-sex intercourse, and also in first century Judaism. Until about the time of Augustine the Christian Church virulently condemned these abuses of power in society. Since that time the paradigm shift has taken place. The influence of power has disappeared and the condemnation has become applied to the sexual act, which is now always presumed to be a disordered behaviour which is invariably in pursuit of depraved and immoral sex. Not only does this create the contradiction between science and present day theology, it denies the moral duality inherent in gender and sexually variant people, it colludes with and gives legitimacy to the secular scapegoating of gender and sexually variant people, and it has resulted very severe persecution of gender and sexually variant people by both Society and the Church. Therefore this author opposes the adoption of the paper: “*Next Steps on Human Sexuality*”^{cxii} which is written by the Archbishops of Canterbury and York, and is due to be presented to the General Synod of the Church of England in July 2017 because it does nothing to address these core issues. Perhaps the miracle that the Archbishop of Canterbury, the Church of England, The Pope and the Catholic Church are looking for is one that will permit them to exhaustively and objectively examine the traditional teaching and doctrines of the Church.

Further reading:

Gilchrist, S. (2017): “*Future Approaches to the Science and Theology of Gender and Sexual Variation in the Church of England and the Christian*

Church: <http://www.tgdr.co.uk/documents/232P-FutureApproaches.pdf>

Gilchrist, S. (2017): “*No, Pope Francis: Gender Identity is not a Choice*”:

<http://www.tgdr.co.uk/documents/227P-No-PopeFrancis.pdf>.

Gilchrist, S. (2017): “*A House Built on Sand? Attitudes to Gender and Sexual Variant Identities and Behaviour in Christianity and the Christian Church*”: <http://www.tgdr.co.uk/documents/231P-HouseUponSand.pdf>

Gilchrist, S. (2016): “*Sex and Gender Variation in the Christian Church: Is it Not Time to Consider the Science?*” <http://www.tgdr.co.uk/documents/226P-ConsiderScience.pdf>

Gilchrist, S. (2016): “*Science and Belief. A New Approach to Identity and Personality Formation in Early Life*”: <http://www.tgdr.co.uk/documents/218P-PaperPersonality.pdf>

A full bibliography is also available on: <http://www.tgdr.co.uk/articles/bibliography.htm>

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Gilchrist, S. (2017): “*Gender and Sexual Malpractice and Abuse in the Christian Church*”

First Issued: 25 Jun 2017. Last update: 26 June 2017

Printed: 12/07/2017 14:09

Access via: <http://www.tgdr.co.uk/articles/index.htm>

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Endnotes:

- ⁱ Personal biography at: <http://www.tgdr.co.uk/documents/SusanBiographyPapers.pdf>
- ⁱⁱ Available online at Gilchrist, S. (2017): "Gender and Sexual Malpractice and Abuse in the Christian Church": <http://www.tgdr.co.uk/documents/236P-Malpractice.pdf>
- ⁱⁱⁱ Doughty, Steve. (2017): Mail Online Published: 01:56, 24 June 2017: <http://www.dailymail.co.uk/news/article-4634608/Church-needs-miracle-solve-gay-rights-row.html>
- ^{iv} Church of England. (2017): "Next Steps on Human Sexuality" <https://www.churchofengland.org/media/4000671/gs-misc-1158-next-steps-on-human-sexuality.pdf>
- ^v Church of England (2017): "The Independent Peter Ball Review: AN ABUSE OF FAITH" by Dame Moira Gibbs: <https://www.churchofengland.org/media/3999908/report-of-the-peter-ball-review-210617.pdf>
- ^{vi} Gilchrist, S: (2017): "Conflicts between the Science and Theology of Gender and Sexuality: A Decision Time for the Church of England and the Christian Church". Available online at: <http://www.tgdr.co.uk/documents/235P-DecisionTime.pdf>
- ^{vii} Gilchrist, S. (2017): "Transgender Liturgies: The Interactions between Science and Theology in the Life of the Church": <http://www.tgdr.co.uk/documents/234P-SynodMotionTransgender.pdf>
- ^{viii} Pilling Report: (2013): "Report of the House of Bishops' Working Party on human sexuality", GS 1929, Nov 2013 https://www.churchofengland.org/media/1891063/pilling_report_gs_1929_web.pdf
- ^{ix} Gilchrist, S. (2017): "No, Pope Francis: Gender Identity is not a Choice". <http://www.tgdr.co.uk/documents/227P-No-PopeFrancis.pdf>
- ^x Shared Conversations: See: Church of England (2015) Grace and Disagreement article: Grace and Disagreement Shared Conversations on Scripture, Mission and Human Sexuality: [Accessed 15/10/2015]: <https://churchofengland.org/media/2165248/grace2.pdf> . Also: Church of England (2015) Shared Conversations Website: [Online]. [Accessed 15/10/2015]: <http://www.sharedconversations.org/>
- ^{xi} Church of England (2017): "Marriage and Same Sex Relationships after the Shared Conversations. A Report from the House of Bishops": General Synod Document 2055 <https://www.churchofengland.org/media/3863472/gs-2055-marriage-and-same-sex-relationships-after-the-shared-conversations-report-from-the-house-of-bishops.pdf>: See also: <http://www.tgdr.co.uk/documents/229P-GS2055.pdf>
- ^{xii} Gilchrist, S. (2014): "Controversy and Challenge: Issues of Gender and Sexuality in the Present Day Christian Church": <http://www.tgdr.co.uk/documents/018B-ControversoryAndCrisis.pdf>
- ^{xiii} Research work on personality development
- ^{xiv} Freud Homosexuality and Inversion
- ^{xv} Abuse of power reference
- ^{xvi} Same-sex
- ^{xvii} Pragmatic approach reference
- ^{xviii} In 1051 the book by Peter Damian (1007-1072), "Liber Gomorrhianus [Book of Gomorraha]" was presented to Pope Leo IX. In it St. Peter Damian attacks same-sex practices, mutual masturbation, ejaculating between the thighs, anal copulation and solitary masturbation as subversive disruptions against moral order. He identifies these with madness associated with excesses of lust. He was especially indignant about priests having sexual relationships with adolescent boys. He singles out superiors who, due to excessive and misplaced piety, have been lax in their duty to uphold church discipline. He opposes the ordination of those who are given to "unclean acts" and wants those already ordained dismissed from Holy Orders. Those who misuse the sacraments to defile boys are treated with particular contempt. In his description he writes: "This vice strives to destroy the walls of one's heavenly motherland and rebuild those of devastated Sodom. Indeed, it violates temperance, kills purity, stifles chastity and annihilates virginity ... It infects, stains and pollutes everything; it leaves nothing pure, there is nothing but filth ... This vice expels one from the choir of the ecclesiastical host and obliges one to join the energumens and those who work in league with the devil; it separates the soul from God and links it with the demons... What else shall I say? It expels all the forces of virtue from the temple of the human heart and, pulling the door from its hinges, introduces into it all the barbarity of vice ... In effect, the one whom ... this atrocious beast has swallowed down its bloody throat is prevented, by the weight of his chains, from practicing all good works and is precipitated into the very abysses of its uttermost wickedness. Thus, as soon as someone has fallen into this chasm of extreme perdition, he is exiled from the heavenly motherland, separated from the Body of Christ, confounded by the authority of the whole Church, condemned by the judgment of all the Holy Fathers, despised by men on earth, and reproved by the society of heavenly citizens". The author also provides a refutation of the canonical sources used by offending clerics to justify their behaviour. He also provides chapters which assess the damage done to the church by offending clerics. His final chapter is an appeal to the reigning pope (Leo IX) to take action. The book caused considerable controversy and it aroused some enmity against its author. Even Pope Leo IX, who had at first praised the work, came to conclude that it was exaggerated. He softened Peter Damian's suggestions by excluding only the clergy who had offended repeatedly for a long period of time..... Does this have any echoes in the present day Church? See: Gilchrist, S. (2011): "Issues on the Sanctity of Same-Sex Relationships": <http://www.tgdr.co.uk/documents/014B-IssuesOnTheSanctityOfSame-SexRelationships.pdf>
- ^{xix} See: Gilchrist, S. (2016): "Influences of Gender and Sexual Variation in the History and Traditions of the Christian Church": <http://www.tgdr.co.uk/documents/220P-InfluencesChurch.pdf>

^{xx} This is not just a theological point of view. In all of today's interpretations little account is taken of contrast between the privileges of power exerted in dominant societies and the oppression of submission in conquered ones: both in terms of the cultural differences that are established, and in the use and abuse of sex. Evidence of the high degree of trauma and distress that these power conflicts create is present today: it is seen with the Taliban, Islamic State and Boko Haram. In history it extends from the Christian practice of slavery in the Americas to the Empires of the ancient world. No examination of Christian theology and its attitudes to all forms of gender and sexually variant behaviour can be complete without taking full account of the relationships between power and sex. Sadly, and in part because of this absence, many in Christianity, Judaism and Islam have colluded with the discrimination that has occurred.

^{xxi} In the United States, the legalisation of same-sex marriage by the Federal Government has resulted in a rash of mainly Southern states seeking to scapegoat transsexual people by legally enforcing them only to use toilets and bathroom facilities which correspond to the genitalia they were born with. This is irrespective of their gender identities and the transformations that they make. That position was supported by Cardinal Robert Sarah, Archbishop emeritus of Conakry (Guinea) and Prefect of the Congregation of Divine Worship and the Discipline of the Sacraments in the Catholic Church, during the address he gave to the, 12th Annual National Catholic Prayer Breakfast held on Tuesday, May 17th, 2016 at the Marriott Marquis Hotel in Washington DC. The Cardinal's address can be seen on the link provided. Not only did the Cardinal support the movement to impose the bathroom ban, he also declared that gender identity and sexual orientation are defined by the biology of sex. [Accessed 14 June 2016]: <https://catholicprayerbreakfast.com/2016-video/>

^{xxii} In 2014, the Southern Baptist Convention approved a resolution at its annual meeting stating that "God's design was the creation of two distinct and complementary sexes, male and female" and that "gender identity is determined by biological sex, not by one's self-perception." Furthermore, the resolution opposes hormone therapy, transition-related procedures, and anything else that would "alter one's bodily identity," as well as opposing government efforts to validate transgender identity. <http://www.sbc.net/resolutions/2250/on-transgender-identity>

^{xxiii} Nutt, Amy Ellis. (2016): "Gays can be reformed, just like arsonists, Trump's new domestic policy adviser has said"; Washington Post. November 19, 2016 https://www.washingtonpost.com/news/to-your-health/wp/2016/11/19/gays-can-be-reformed-just-like-arsonists-trumps-new-domestic-policy-adviser-has-said/?utm_term=.824609a0a6e6

^{xxiv} Jewish sexual morality

^{xxv} Extended examination of abuses of power

^{xxvi} Separate papers study

^{xxvii} Full analysis

^{xxviii} Church change

^{xxix} Gilchrist, S. (2013): "Personality Development and LGB&T People: A New

Approach": <http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf>

^{xxx} Gilchrist, S. (2013e): "Management Techniques for Gender Dysphoria with Particular Reference to Transsexuality": <http://www.tgdr.co.uk/documents/205P-ManagementTechniquesInGenderDysphoria.pdf>

^{xxxi} All of the major medical organizations across the UK have very strongly condemned any attempt to try to 'cure' gender and sexually variant people. In 2015 a "Memorandum of Understanding on Conversion Therapy in the UK" was issued by these health organisations. It said: "We the undersigned UK organisations wish to state that the practice of conversion therapy has no place in the modern world. It is unethical and harmful and not supported by evidence.... Sexual orientations and gender identities are not mental health disorders, although exclusion, stigma and prejudice may precipitate mental health issues for any person subjected to these abuses. Anyone accessing therapeutic help should be able to do so without fear of judgement or the threat of being pressured to change a fundamental aspect of who they are" The signatories are: UK Council for Psychotherapy, British Association for Counselling and Psychotherapy, British Psychoanalytic Council, British Association for Behavioural and Cognitive Psychotherapies, The British Psychological Society, College of Sexual and Relationship Therapists, The Association of LGBT Doctors and Dentists, The National Counselling Society, NHS Scotland, Pink Therapy, Royal College of General Practitioners, the Scottish Government and Stonewall. Available at: <https://www.psychotherapy.org.uk/wp-content/uploads/2016/09/Memorandum-of-understanding-on-conversion-therapy.pdf>

^{xxxii} Gilchrist, S. (2016): "Influences of Gender and Sexual Variation on the Life and Teaching of Jesus":

<http://www.tgdr.co.uk/documents/219P-InfluencesJesus.pdf> : Gilchrist, S. (2016): "Influences of Gender and Sexual Variation in the History and Traditions of the Christian Church": <http://www.tgdr.co.uk/documents/220P-InfluencesChurch.pdf>

^{xxxiii} Ozanne, Jayne. (2017): "Spiritual abuse – the next great scandal for the Church": Royal College of Psychiatrists <http://www.rcpsych.ac.uk/pdf/jayneozannespiritualabusethenextgreatscandalforthechurch.pdf>

^{xxxiv} See section 11:1: Present Day Issues in Gilchrist, S. (2013): "Personality Development and LGB&T People: A New Approach": <http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf>

^{xxxv} A straightforward literature search revealed large numbers of papers describing the many peer reviewed studies on "Conversion Therapy" which have been carried out. A useful overview is given in the following article: Columbia Law School: (2017): "What does the scholarly research say about whether conversion therapy can alter sexual orientation without causing harm?" <http://whatwewknow.law.columbia.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-whether-conversion-therapy-can-alter-sexual-orientation-without-causing-harm/>. A printer-friendly PDF of the overview report is available at: <https://whatwewknowblog.files.wordpress.com/2014/11/pdf-conversion-therapy5.pdf>. This study identified 47 peer-reviewed studies that met the investigator's criteria for adding to knowledge about whether conversion therapy (CT) can alter sexual orientation without causing harm. Thirteen of those studies included primary

Gilchrist, S. (2017): "Gender and Sexual Malpractice and Abuse in the Christian Church"

First Issued: 25 Jun 2017. Last update: 26 June 2017

Printed: 12/07/2017 14:09

Access via: <http://www.tgdr.co.uk/articles/index.htm>

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research. Of those, 12 concluded that CT is ineffective and/or harmful, finding links to depression, suicidality, anxiety, social isolation and decreased capacity for intimacy. Only one study concluded that sexual orientation change efforts could succeed—although only in a minority of its participants, and the study has several limitations: its entire sample self-identified as religious and it is based on self-reports, which can be biased and unreliable. The remaining 34 studies do not make an empirical determination about whether CT can alter sexual orientation but may offer useful observations to help guide practitioners who treat LGB patients. The research on conversion therapy is limited by the difficulty of empirically assessing a person's sexual orientation. All of the studies identified rely on self-reports, and those who wish to change their sexual orientation enough to seek therapeutic intervention may be inclined toward a bias in assessing or reporting their own attractions. Most of the studies lacked control groups, and none used nationally representative probability samples. Many researchers sympathetic to conversion therapy do not actually assess changes in sexual orientation or arousal patterns, but in behaviour, which is not a true gauge of orientation. Some subjects who claimed movement from gay to straight are actually more accurately described as bisexual, but were not initially coded as such. Many of these studies sample exclusively religious populations, and so their conclusions generally reflect more about religious self-identifications than any indication that sexual orientation can genuinely change. Some researchers found success in depressing same-sex arousal, often with the use of severe techniques, but often that did not translate into increased heterosexual arousal or ability to sustain a satisfying opposite-sex sexual relationship. Such limitations do not mean there is no useful research on conversion therapy. For instance, among the research we include here under "of interest to practitioners" are several ethical discussions of how to approach therapy with patients reporting dissatisfaction with their sexual orientation. Additionally, a direct examination of the research may help visitors to this site assess for themselves how persuasive claims are that sexual orientation can be changed. However, after reviewing the research, we concluded that there is no credible evidence that sexual orientation can be changed through therapeutic intervention. Most accounts of such change are akin to instances of "faith healing." There is also powerful evidence that trying to change a person's sexual orientation can be extremely harmful. Taken together, the overwhelming consensus among psychologists and psychiatrists who have studied conversion therapy or treated patients who are struggling with their sexual orientation is that therapeutic intervention cannot change sexual orientation, a position echoed by all major professional organizations in the field, including the American Psychological Association whose substantial 2009 report is available at: <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

^{xxxvi} Management techniques paper

^{xxxvii} Bipolarity

^{xxxviii} Attempted suicide among homosexuals: Lesbians are two times more likely to attempt suicide than straight women. Attempts by gay and lesbian youth account for up to 30% of all completed suicides. Gay teens are 3 times more likely to attempt suicide than their heterosexual peers. Gay youth are 4 times more likely to make a suicide attempt requiring medical attention. Gay men are six times more likely to attempt suicide than their heterosexual peers.

<http://www.fiercegoodbye.com/?S=2>

^{xxxix} Attempted suicide among transsexuals: A common theme that is found in many studies is that 41 percent of transgender people in the United States have attempted to commit suicide. About 19 percent of transgender people report being refused medical care because of their gender-nonconforming status, and 2 percent have been violently assaulted in a doctor's office. These statistics come from the findings from a survey of more than 7,000 transgender people conducted by the National Center for Transgender Equality and the National Gay and Lesbian Task Force, released in the October 2010. *Journal of Homosexuality*. Other surveys and research papers provided similarly high statistics. A figure of 32% is cited by Clements-Nolle, Kristen. Marx, Rani, Katz, Mitchell (2006): "Attempted Suicide among Transgender Persons". *Journal of Homosexuality* Volume 51, Issue 3, 2006. Figures of 35% are reported in the UK. See: Reed, Bernard. Rhodes, Stephenne, Schofield, Pieta, Wylie, Kevan. (2009) "Gender Variance in the UK: Prevalence, Growth and Geographic Distribution." GIRES <http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf>. This compares with about 5% for the general population. See: <http://www.samaritans.org/support-us/why-support-samaritans/facts-and-figures-about-suicide>

^{xl} Liu, Richard; Mustanski, Brian: (2012): "Suicidal Ideation and Self-Harm in Lesbian, Gay, Bisexual, and Transgender Youth": *American Journal of Preventive Medicine*: March 2012, Volume 42, Issue 3, Pages 221–228. Haas, Ann P

.Rodgers, Philip L. and Herman, Jody L: (2014): "Suicide Attempts among Transgender and Gender Non-Conforming Adults: FINDINGS OF THE NATIONAL TRANSGENDER DISCRIMINATION SURVEY" American Foundation for Suicide Prevention, Williams Institute, UCLA School of Law <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf> Marshall Ellen, Claes Laurence, Bouman Walter Pierre, Witcomb Gemma L., and Arcelus, Jon: (2016): "Non-suicidal self-injury and suicidality in trans people: A systematic review of the literature": *International Review of Psychiatry* Vol. 28, Iss. 1, 2016

<http://www.tandfonline.com/action/showCitFormats?doi=10.3109%2F09540261.2015.1073143>. Virupaksha, H. G. Muralidhar, Daliboyina and Ramakrishna, Jayashree; (2016): "Suicide and Suicidal Behavior among Transgender Persons": *Indian J Psychol Med*. 2016 Nov-Dec; 38(6): 505–509. doi: 10.4103/0253-7176.194908

^{xli} Seelman K.L. (2016): "Transgender Adults' Access to College Bathrooms and Housing and the Relationship to Suicidality". *J Homosex*. 2016 Oct;63 (10):1378-99. doi: 10.1080/00918369.2016.1157998. Epub 2016 Feb 25.

ABSTRACT: Transgender and gender non-conforming people frequently experience discrimination, harassment, and marginalization across college and university campuses. The minority stress model posits that experiences of discrimination often negatively impact the psychological wellbeing of minority groups. However, few scholars have examined whether college institutional climate factors—such as being denied access to bathrooms or gender-appropriate

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First Issued: 25 Jun 2017. Last update: 26 June 2017

Printed: 12/07/2017 14:09

Access via: <http://www.tgdr.co.uk/articles/index.htm>

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campus housing-are significantly associated with detrimental psychological outcomes for transgender people. Using the National Transgender Discrimination Survey, this study analyses whether being denied access to these spaces is associated with lifetime suicide attempts, after controlling for interpersonal victimization by students or teachers. Findings from sequential logistic regression indicate that denial of access to either space had a significant relationship to suicidality, even after controlling for interpersonal victimization. This article discusses implications for higher education professionals and researchers.

^{xiii} Perez-Brumer, Amaya; Hatzenbuehler, Mark L. Oldenburg, Catherine E. & Bockting Walter: (2015)

“Individual- and Structural-Level Risk Factors for Suicide Attempts Among Transgender Adults”

Pages 164-171. *Behav Med.* 2015; 41(3): 164–171. <http://www.tandfonline.com/doi/full/10.1080/08964289.2015.1028322>

^{xiii} Stonewall/Cambridge University (2017): “*School Report (2017)*” <http://www.stonewall.org.uk/school-report-2017> Almost half of trans pupils in UK have attempted suicide, survey finds. Stonewall’s new research with the Centre for Family Research at the University of Cambridge into the experiences of over 3,700 lesbian, gay, bi and trans (LGBT) pupils in Britain’s schools shows that more than four in five trans young people have self-harmed, as have three in five lesbian, gay and bi young people who aren’t trans. Also more than two in five trans young people have attempted to take their own life, and one in five lesbian, gay and bi students who aren’t trans have done the same

^{xiv} Tannehill, Brynn. (2016) “*The Truth About Transgender Suicide*”: Huffington Post January.2015, Updated Nov, 2016:

http://www.huffingtonpost.com/brynn-tannehill/the-truth-about-transgender_b_8564834.html also:

Barr, Sebastian. (2015): “*Why Are Transgender People More Likely To Attempt Suicide?*”:

<http://www.sebastianmitchellbarr.com/blog/2015/10/8/why-are-transgender-people-more-likely-to-attempt-suicide>

^{xiv} JANUARY 16TH 2017 STATEMENT: We the undersigned UK organisations wish to state that the practice of

conversion therapy has no place in the modern world. It is unethical and harmful and not supported by evidence.

Conversion Therapy is the term for therapy that assumes certain sexual orientations or gender identities are inferior to others, and seeks to change or suppress them on that basis.

Sexual orientations and gender identities are not mental health disorders, although exclusion, stigma and prejudice may precipitate mental health issues for any person subjected to these abuses. Anyone accessing therapeutic help should be able to do so without fear of judgement or the threat of being pressured to change a fundamental aspect of who they are.

The British Association for Counselling and Psychotherapy

The British Association for Behavioural and Cognitive Psychotherapies

The British Psychoanalytic Council

The British Psychological Society

The College of Sexual and Relationship Therapists

GLADD – The Association of LGBT Doctors and Dentists

The National Counselling Society

National Health Service Scotland

^{xvi} Royal College of Psychiatrists’ statement on sexual orientation http://www.rcpsych.ac.uk/pdf/ps02_2014.pdf

^{xvii} British Psychological Society and other organisations: Conversion Therapy: Consensus Statement.

http://www.bps.org.uk/system/files/Public%20files/conversion_therapy_final_version.pdf

^{xviii} APA Sexual Orientation and Gender Identity Statement: <http://www.apa.org/helpcenter/sexual-orientation.aspx>

^{xix} APA Policy Statements on LGBT Concerns <http://www.apa.org/pi/lgbt/resources/policy/>

<http://www.apa.org/about/policy/sexual-orientation.pdf>

ⁱ American College of Paediatricians <https://www.acpeds.org/> : ‘Transgender’ Conditioning Is ‘Child Abuse’:

<http://www.cnsnews.com/commentary/j-matt-barber/american-college-pediatricians-transgender-conditioning-child-abuse>

ⁱⁱ Ould, Peter: (2017): “It’s easy to talk about banning gay conversion therapy. But how to do it – and where’s the evidence?” *Christianity Today*. Published 23 June 2017:

<https://www.christiantoday.com/article/its.easy.to.talk.about.banning.gay.conversion.therapy.but.how.to.do.it.and.wheres.the.evidence/110164.htm>

ⁱⁱⁱ O’Callaghan, Dermot. (2017): “‘*Conversion Therapy*, *Suicide and the Question of Harm*”: <http://www.core-issues.org/blog/dermot-o-callaghan/-conversion-therapy-suicide-and-the-question-of-harm>

ⁱⁱⁱⁱ Davie, Martin (2015): “*Transgender Liturgies: Should the Church of England develop liturgical materials to mark gender transition?*” Latimer Briefing 20: <http://www.latimertrust.org/index.php/publications/briefings/276-lb20>. In this document the case for the acceptance of gender transition is made out in three representative documents by Christina Beardsley, Chris Dowd and Justin Tanis. Against this it is argued that these do not provide a convincing basis for accepting the idea at the heart of gender transition, that “*someone’s true self can be separated from their biological sex*”. The document then sets out an alternative Christian theological framework for approaching gender transition and for giving pastoral care for transgender people. It argues that liturgies which recognise the transition of transgender people should not be endorsed by the Church.

^{lv} Paul, Ian: (2017): “*What do we need to know in order to have an informed debate about transgenderism?*”:

<https://www.psephizo.com/sexuality-2/debating-transgender/>. This document, which purports to be an objective account about scientific transgender and theological matters has been made available to General Synod Members, who will be attending the General Synod Meeting of The Church of England in York in July 2017

^{lv} Such a paper would of course have been peer reviewed by the Royal College of Psychiatrists, so this objection seems churlish to say the least.

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First Issued: 25 Jun 2017. Last update: 26 June 2017

Printed: 12/07/2017 14:09

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^{lvi} The link cites is: <http://www.tandfonline.com/doi/abs/10.1080/0092623X.2011.607052>. Unfortunately this link does not work. The document probably referred to, is: Jones S.L., Yarhouse, M.A. (2011): "A longitudinal study of attempted religiously mediated sexual orientation change". *Sex Marital Ther.* 2011;37(5):404-27. doi: 0.1080/0092623X.2011.607052. <https://www.ncbi.nlm.nih.gov/pubmed/21961446>: ABSTRACT: The authors conducted a quasi-experimental longitudinal study spanning 6-7 years examining attempted religiously mediated sexual orientation change from homosexual orientation to heterosexual orientation. An initial sample was formed of 72 men and 26 women who were involved in a variety of Christian ministries, with measures of sexual attraction, infatuation and fantasy, and composite measures of sexual orientation and psychological distress, administered longitudinally. Evidence from the study suggested that change of homosexual orientation appears possible for some and that psychological distress did not increase on average as a result of the involvement in the change process. The authors explore methodological limitations circumscribing generalizability of the findings and alternative explanations of the findings, such as sexual identity change or adjustment.

^{lvii} That is not correct. Yarhouse himself recognised the limitations of the study and it has been strongly criticised in other work

^{lviii} Shidlo, Ariel; and Schroeder, Michael: (2002); "Changing Sexual Orientation: A Consumers' Report" *Professional Psychology: Research and Practice.* 2002, Vol. 33, No. 3, 249–259 0735-7028/02/\$5.00 DOI: 10.1037//0735-7028.33.3.249

https://antigayfactcheck.files.wordpress.com/2012/10/changing_so_consumers_report_ashidlo_pprp_2002_249-259.pdf

^{lix} Columbia Law School: (2017): "What does the scholarly research say about whether conversion therapy can alter sexual orientation without causing harm?" <http://whatweknow.law.columbia.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-whether-conversion-therapy-can-alter-sexual-orientation-without-causing-harm/>. A printer-friendly PDF of the overview report is available at: <https://whatweknowblog.files.wordpress.com/2014/11/pdf-conversion-therapy5.pdf>. This study identified 47 peer-reviewed studies that met the investigator's criteria for adding to knowledge about whether conversion therapy (CT) can alter sexual orientation without causing harm. Thirteen of those studies included primary research. Of those, 12 concluded that CT is ineffective and/or harmful, finding links to depression, suicidality, anxiety, social isolation and decreased capacity for intimacy. Only one study concluded that sexual orientation change efforts could succeed—although only in a minority of its participants, and the study has several limitations: its entire sample self-identified as religious and it is based on self-reports, which can be biased and unreliable. The remaining 34 studies do not make an empirical determination about whether CT can alter sexual orientation but may offer useful observations to help guide practitioners who treat LGB patients. The research on conversion therapy is limited by the difficulty of empirically assessing a person's sexual orientation. All of the studies identified rely on self-reports, and those who wish to change their sexual orientation enough to seek therapeutic intervention may be inclined toward a bias in assessing or reporting their own attractions. Most of the studies lacked control groups, and none used nationally representative probability samples. Many researchers sympathetic to conversion therapy do not actually assess changes in sexual orientation or arousal patterns, but in behaviour, which is not a true gauge of orientation. Some subjects who claimed movement from gay to straight are actually more accurately described as bisexual, but were not initially coded as such. Many of these studies sample exclusively religious populations, and so their conclusions generally reflect more about religious self-identifications than any indication that sexual orientation can genuinely change. Some researchers found success in depressing same-sex arousal, often with the use of severe techniques, but often that did not translate into increased heterosexual arousal or ability to sustain a satisfying opposite-sex sexual relationship. Such limitations do not mean there is no useful research on conversion therapy. For instance, among the research we include here under "of interest to practitioners" are several ethical discussions of how to approach therapy with patients reporting dissatisfaction with their sexual orientation. Additionally, a direct examination of the research may help visitors to this site assess for themselves how persuasive claims are that sexual orientation can be changed. However, after reviewing the research, we concluded that there is no credible evidence that sexual orientation can be changed through therapeutic intervention. Most accounts of such change are akin to instances of "faith healing." There is also powerful evidence that trying to change a person's sexual orientation can be extremely harmful. Taken together, the overwhelming consensus among psychologists and psychiatrists who have studied conversion therapy or treated patients who are struggling with their sexual orientation is that therapeutic intervention cannot change sexual orientation, a position echoed by all major professional organizations in the field, including the American Psychological Association whose substantial 2009 report is available at:

<https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

^{lx} Airhart, Michael: (2009): "Ex-Gay Researcher Mark Yarhouse Reacts to Repudiation by Psychologists": August 06, 2009 <https://truthwinsout.org/blog/2009/08/3750/>

^{lxi} American Psychological Association (2009): "Task Force on Appropriate Therapeutic Responses to Sexual Orientation" (2009). Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf> American Psychological Association (2010). "Ethical principles of psychologists and code of conduct" <http://www.apa.org/ethics/code/>

^{lxii} All of the major medical organizations across the UK have very strongly condemned any attempt to try to 'cure' gender and sexually variant people. In 2015 a "Memorandum of Understanding on Conversion Therapy in the UK" was issued by these health organisations. It said: "We the undersigned UK organisations wish to state that the practice of conversion therapy has no place in the modern world. It is unethical and harmful and not supported by evidence....Sexual orientations and gender identities are not mental health disorders, although exclusion, stigma and prejudice may precipitate mental

health issues for any person subjected to these abuses. Anyone accessing therapeutic help should be able to do so without fear of judgement or the threat of being pressured to change a fundamental aspect of who they are” The signatories are: UK Council for Psychotherapy, British Association for Counselling and Psychotherapy, British Psychoanalytic Council, British Association for Behavioural and Cognitive Psychotherapies, The British Psychological Society, College of Sexual and Relationship Therapists, The Association of LGBT Doctors and Dentists, The National Counselling Society, NHS Scotland, Pink Therapy, Royal College of General Practitioners, the Scottish Government and Stonewall. Available at: <https://www.psychotherapy.org.uk/wp-content/uploads/2016/09/Memorandum-of-understanding-on-conversion-therapy.pdf>

^{lxiii} True Freedom Trust: <https://truefreedomtrust.co.uk/>

^{lxiv} Living Out <http://www.livingout.org/> . See also Alberry, S. (2017): “What does the Bible say about homosexuality?” <http://www.livingout.org/the-bible-and-ssa>

^{lxv} O’Callaghan, Dermot. (2017): “‘Conversion Therapy’, Suicide and the Question of Harm”: Core Issues Trust Paper posted by Dermot O’Callaghan on 29th June 2017: <http://www.core-issues.org/blog/dermot-o-callaghan/-conversion-therapy-suicide-and-the-question-of-harm> THE TEXT FOLLOWS: “I don’t want to see another young person take their life,’ says Jayne Ozanne. She wants to see ‘conversion therapy’ banned. There are four propositions here: that (i) LGBT-identified people experience more depression than others; (ii) they likewise commit suicide more often; (iii) a major cause of this is what she calls ‘spiritual abuse’ in the Church; and (iv) therapy makes matters worse, not better. DEPRESSION/ ‘ATTEMPTED SUICIDE’: Only the first of these propositions has scientific backing. Many studies have shown that depression and what are often called ‘suicide attempts’ are elevated among people who identify as gay - though it is difficult to judge what is a real suicide attempt as opposed to a cry for help, because it is a subjective judgement.

COMPLETED SUICIDE: In the case of completed suicides the judgement, tragically, is far from subjective – there is the undeniable evidence of a dead body.

Somewhat counterintuitively, most studies have found completed suicides not to be higher among LGBT people (with the exception of two very small groups – people who undergo transgender surgery and men in same-sex ‘marriages’ in Denmark – one of the most sexually liberal countries in the world). In the words of researcher RM Mathy,[1] ‘... studies of sexual orientation and attempted v. completed suicide have yielded different results. Nearly all studies of sexual orientation and attempted suicide have found that gay men and lesbians have higher rates of self-harm than heterosexuals. Conversely, all studies of sexual orientation and completed suicide have concluded that gay men and lesbians do not die by suicide at a higher rate than heterosexuals.’

CAUSES OF DEPRESSION: ‘SPIRITUAL ABUSE’ OR OTHER THINGS? Given that there is a higher level of depression and mental illness in the LGBT population, is it due mainly to discrimination (as Ozanne implies) or to other factors? One respected study [2] says, ‘the precise causal mechanism at this point remains unknown. Therefore, studies are needed that directly test mediational hypotheses to evaluate, for example, the relative salience of social stigmatization and of psychosocial and lifestyle factors as potential contributors.’ In other words, it is wrong simply to blame society (or the Church).

THERAPY: HELP OR HARM? In 2004 Prof Michael King, a leading figure in the Royal College of Psychiatrists, carried out a survey of professionals in the field [3: see the rejection of this statement by Professor King in the references] and found that ‘only a small minority believed that current practice denied people distressed by their homosexuality an effective means to change their sexual orientation.’ This is a remarkable statement: as recently as 2004 most professionals – who had first-hand experience of therapies – believed that people unhappy with their same-sex feelings could find ‘effective’ ways to change. Yet anyone holding that view today is liable to be struck off by their professional body. Why? Has the evidence changed? No, the evidence has been overcome by ideology.

Only one study[4: the limitations of this study are discussed elsewhere in this article] has followed people through religiously mediated therapy using recognised scientific measures of distress (and thus ‘harm’); it found that, far from the therapy being intrinsically harmful, people on average came out feeling rather better than when they went in.

THE IMPORTANCE OF CLIENT CHOICE

In the heat of this debate, the easy option for the Church would be to hide behind the authority of the mental health Establishment and support a ban on therapy on grounds that it has been shown to be harmful. But the Church is answerable to a higher authority. It must uphold the truth and speak it in love.

Same-sex attracted people should be allowed the chance to reclaim the birthright which has been theirs since 2014 when the Royal College of Psychiatrists, under pressure, finally admitted that homosexual development is shaped by ‘postnatal environmental factors’. [5: see notes in the references] One is not ‘born gay’ and there is evidence that people can, to a greater or less degree, undo the experiences that shaped their sexuality.

The Church should be a haven for such people, many of whom just want to hold their family together, to found a family of their own for the first time, or simply to be open to God’s will for their lives. To take from them the right to make an informed choice in this matter would be unconscionable.

[1] The British Journal of Psychiatry Mar 2004, 184 (4) 361-362; DOI: 10.1192/bjp.184.4.361-a

[2] Gilman SE et al (2001): “Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey”. Am J Public Health 2001 June;91(6):933-9.

experience of professionals”. BMJ 2004 February 21;328(7437):429. THIS IS MISUSE OF A REFERENCE This paper has quoted Professor Michael King out of context. He has asked that the full paper should be shared with you. Please

read the Discussion paragraph on Page 3 of his paper paper "Treatments of Homosexuality in Britain since the 1950s". Professor King would also remark that on the upsetting question of suicide amongst the LGB community: "Demonstrating that there is an elevated risk in LGB people for completed suicide is very difficult as many will not reveal their sexuality before their death. However, we know that there is a clear correlation between attempted suicide and completed suicide so it is very likely that LGB are more likely than heterosexual young people to take their own lives."

[4] Jones, S. and Yarhouse, M. (2011): "A Longitudinal Study of Attempted Religiously Mediated Sexual Orientation Change" *Journal of Sex & Marital Therapy*: Volume 37, 2011 - Issue 5 Pages 404-427 Published online: 30 Sep 2011 <http://dx.doi.org/10.1080/0092623X.2011.607052>

[5] Royal College of Psychiatrists: (2014): "Royal College of Psychiatrists' statement on sexual orientation": Position Statement PS02/2014: 2014": https://www.rcpsych.ac.uk/pdf/PS02_2014.pdf. THIS IS MISUSE OF A PAPER. Page 2 of the RCPsychs 2014 Position paper contradicts O'Callaghan's selective extracts he used when quoting from it. The Position paper clearly outlines that one's sexual orientation is inherent and not a choice. It furthermore clearly states that therapeutic interventions to attempt to change such orientations are more harmful than effective!

^{lxvi} Williams, Andrea, M. (2017): "Church of England Urged to Reject Call to Ban Pastoral Care of Christians with Unwanted Same-Sex Attraction": July 3, 2017: <http://www.standardnewswire.com/news/4263312689.html>. Also: Williams, Andrea, M. (2017): "Calling a Spade a Spade: The dangers of false Teaching and Jayne Ozanne": Published: June 30th, 2017: <http://christianconcern.com/our-concerns/same-sex-marriage/calling-a-spade-a-spade-the-dangers-of-false-teachings-and-jayne-ozan>

^{lxvii} The Evangelical Alliance, "Transsexuality", Carlisle: Paternoster Press, 2000

^{lxviii} Heyer, Walt. (2015), "A Transgender's Faith Publisher: CreateSpace Independent Publishing Platform (13 Jan. 2015) ISBN-10: 1506155359 ISBN-13: 978-1506155357 PUBLISHER'S COMMENT: A Transgender's Faith tells the remarkable true story of a man plagued since childhood with thoughts and feelings that he should have been a girl. The torment intensifies as he grows up, marries and starts a family, and builds an amazing career. Desperate, he secretly seeks out a radical treatment that promises relief, but also could risk the destruction of all he holds dear. With the same resolute determination that propelled him to success in his career, he relentlessly pursues healing and wholeness, not giving up until he knows without a doubt he is safe in the arms of Jesus. A Transgender's Faith courageously challenges political correctness and the gender change activists who say "Transgenders are born that way" by daring to share the powerful testimony of one man's faith and restoration to his birth gender.

^{lxix} For McHugh's views, see: McHugh, Paul: (2014/2016) "Transgender Surgery Isn't the Solution. A drastic physical change doesn't address underlying psycho-social trouble" Wall Street Journal. Updated May 13, 2016 originally published in 2014 <http://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120>

^{lxx} "Transgenderism: A Pathogenic Meme," Public Discourse, 10 June 2016 <https://www.lifesitenews.com/opinion/transgenderism-a-pathogenic-meme>

^{lxxi} Meyer, Lawrence S and McHugh Paul (2016): 'Sexuality and Gender,' *The New Atlantis*, No. 50, Fall 2016 at <http://www.thenewatlantis.com/publications/number-50-fall-2016>

^{lxxii} O'Donovan, Oliver. (2007): "Transsexualism, Issues and Argument", Cambridge: Grove Books, 2007 ISBN: 1851746692, 9781851746699: Originally published: as Transsexualism and Christian marriage in 1982. Grove ethics series; E 147: COMMENT BY THE SIBYLS: Oliver O'Donovan's Grove booklet, Transsexualism: Issues and Argument (2007), for example, seems to have had an exaggerated influence, perhaps because it was, for a long time, one of the few accessible texts on the subject. It is unclear how much, if at all, it was based on conversations with trans people, even though the author was writing at the request of a Canadian bishop who had been asked to permit the marriage of a postoperative transsexual. The descriptions of trans people's experience certainly sounds second, if not third hand, and trans narratives have become more nuanced since that time. The phrase 'trapped in the wrong body', for example, is not one that most trans people would use nowadays, but was common when O'Donovan first wrote, and led him to argue that trans people's claim to have a gender identity different to their phenotype resembled 'Gnostic' approaches to material creation (O'Donovan 2007): Sibyls: (2014): "Submission to the House of Bishops Working Group on Human Sexuality from the Sibyls: Christian Spirituality Group for Transgender People" <http://sibyls.gndr.org.uk/documents/SuD0529e-Submission%20to%20the%20House%20of%20Bishops%20Workin.pdf>

^{lxxiii} Roberts, Vaughan. (2016): "Transgender": The Good Book Company, 2016. ISBN 9781784981952: PUBLISHERS COMMENT. There has been huge cultural change in the last few decades. Same-sex marriage would have been unthinkable 20 or 30 years ago. Now it's almost universally accepted in the Western world. Now suddenly the issue of transgender is the next big social, cultural issue that has dominated the headlines. Vaughan Roberts surveys the Christian worldview and seeks to apply these principles to the many complex questions surrounding gender identity. This short book gives an overview and a starting point for constructive discussion as we seek to live in a world with different values, and love, serve and relate to transgender people. Talking Points is a series of short books by Vaughan Roberts, designed to help Christians think, talk and relate to others with compassion, conviction and wisdom about today's big issues.

^{lxxiv} Yarhouse, Mark (2015): "Understanding Gender Dysphoria", Downers Grove: IVP Academic, 2015. PUBLISHER'S COMMENT: Mark Yarhouse, an expert in sexual identity and therapy, challenges the church to rise above the political hostilities and listen to people's stories. In Understanding Gender Dysphoria, Yarhouse offers a Christian perspective on transgender issues that eschews simplistic answers and appreciates the psychological and theological complexity. The result is a book that engages the latest research while remaining pastorally sensitive to the experiences of each person. In the midst of a tense political climate, Yarhouse calls Christians to come alongside those on the margins and stand with

them as they resolve their questions and concerns about gender identity. Understanding Gender Dysphoria is the book we need to navigate these stormy cultural waters.

^{lxxxv} Davie's article fails to note that McHugh's views have been rejected in an open letter signed by at least 600 medical experts in the field. See:

https://medschool.vanderbilt.edu/lgbti/files/lgbti/publication_files/ExpertLGBTIConcensusLetter.pdf

^{lxxxvi} World Professional Association for Transgender Health (WPATH): (2014): "*Wall Street Journal Editorial Critiques Transgender Health*", July 2, 2014:

http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1635&pk_association_webpage=4905

^{lxxxvii} Gilchrist, S. (2017): "*No, Pope Francis: Gender Identity is not a Choice*": <http://www.tgdr.co.uk/documents/227P-No-PopeFrancis.pdf>

^{lxxxviii} Dr. Kenneth Zucker is a sexologist who specializes in the care of children with gender dysphoria. He favours cognitive behavioural therapy only in children and disavows reparative therapy for homosexuals. For almost 40 years, the clinic treated children as young as three years old who were gender-different in some way, using a range of psychological techniques to, essentially, try to convince them not to be. As detailed in more than 100 publications, children were seen as disordered if they differed from expectations and parents were enlisted to modify their child and especially to steer them away from being transgender. Cognitive behavioural therapy in this context may be generally defined as a therapeutic process that attempts to help individuals change their sexual identity.

^{lxxxix} Following an independent review last year of the department's services, CAMH announced in mid-December that it was "winding down" the Child and Adolescent Gender Identity Clinic and that Zucker was no longer employed by the centre. At the time, Dr. Kwame McKenzie, medical director of CAMH's Child, Youth and Family Program, said services at Canada's largest mental health centre are expected to reflect the latest and best practices in the field. He stated: "*We want to apologize for the fact that not all of the practices in our childhood gender identity clinic are in step with the latest thinking*". McKenzie would not say whether Zucker, who had headed the clinic for 35 years, was let go from his position or had resigned. The letter criticizes CAMH for public statements made following the December announcement, which the authors say have severely damaged Zucker's professional reputation by implying that he "had been fired for substandard professional practice, inappropriate behaviour, or both."

^{lxxx} Singal, Jesse. (2016): "*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>

^{lxxxxi} Blanchard worked in the same Gender Identity Clinic as Zucker. Blanchard's findings and research have also been rejected by the World Professional Association for Transgender Health (WPATH), the largest association of medical professionals who provides care for transsexual people, as lacking empirical evidence. Blanchard supports public funding of sex reassignment surgery as an appropriate treatment for transsexual people, as he believes the available evidence supports that the surgery helps them live more comfortably and happily, with high satisfaction rates. Blanchard identified transgender people as those in pursuit of sexual desires. This is therefore reward driven behaviour and not identity focussed. Blanchard believed that not all transsexuals fit in the category of "homosexual" and that some were instead autogynephilic transsexuals. Male to Female transsexuals who are autogynephilic can be classified as "sexually attracted to females, both sexes bisexual, or neither sex. Those who were autogynephilic lived out their life as men until they decided to transition. On the other hand, those who were considered homosexual transsexuals were born feminine before transition. Blanchard's goal in his research was to give a better understanding on various manifestations of transsexuality, and many who read his theory criticized it. Those who participated in his survey felt that they were neither homosexual nor autogynephilic transsexuals, and should not be classified in either group. Blanchard ultimately concluded that transsexuals were people who were either sexually aroused by men, or aroused by the thought of being a woman. According to Blanchard, "Autogynephilic transsexuals were men who were sexually attracted to women, but whose paraphilic sexual interest made them want to go farther and permanently change their bodies to become the objects of their attraction". See: Gijss, L.; Carroll, R. A. (2011). "Should Transvestic Fetishism Be Classified in DSM 5? Recommendations from the WPATH Consensus Process for Revision of the Diagnosis of Transvestic Fetishism". *International Journal of Transgenderism*. 12 (4): 189-197. doi:10.1080/15532739.2010.550766. Knudson, G.; De Cuypere, G.; Bockting, W. (2011). "Second Response of the World Professional Association for Transgender Health to the Proposed Revision of the Diagnosis of Transvestic Disorder for DSM5". *International Journal of Transgenderism*. 13: 9–12. doi:10.1080/15532739.2011.606195.

^{lxxxii} Hilborn, David: (2017): "*Gender Fluidity, Chronological Snobbery and Grace*" Paper presented at the 'New Directions in Sexualities and Christianity' forum, convened by Chester University and held at Chester Cathedral, Saturday 11th February 2017^{lxxxiii}. The Revd Dr David Hilborn is Principal, St John's School of Mission, Nottingham and Chair of the Evangelical Alliance Theological Advisory Group <https://dhilborn.com/2017/02/15/gender-fluidity-chronological-snobbery-and-grace/>

^{lxxxiii} Paglia, Camille (1990): "*Sexual Personae: Art and Decadence from Nefertiti to Emily Dickinson*" Vintage Books (1 Feb. 1992) ISBN-10: 9780679735793 ISBN-13: 978-0679735793

^{lxxxiv} BBC (2017): BBC 2 programme: "*Transgender Kids: Who Knows Best?*" on Zucker, broadcast on Thursday 12 Jan 2017 <http://www.bbc.co.uk/programmes/b088kxbw>

^{lxxxv} Paul, Ian: (2017): "*What do we need to know in order to have an informed debate about transgenderism?*":

<https://www.psephizo.com/sexuality-2/debating-transgender/>. This document, which purports to be an objective account about scientific transgender and theological matters, has been made available to General Synod Members, who will be attending the General Synod Meeting of The Church of England in York in July 2017

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First Issued: 25 Jun 2017. Last update: 26 June 2017

Printed: 12/07/2017 14:09

Access via: <http://www.tgdr.co.uk/articles/index.htm>

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- ^{lxxxviii} Gender Identity Research and Education society (GIRES): <http://www.gires.org.uk/>
- ^{lxxxix} Gilchrist, S. (2017): “*Academic Integrity*”: Available online at: <http://www.tgdr.co.uk/documents/SuH0516c-AcademicIntegrity.pdf>
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