

**A biblical framework  
and guidance for pastoral care  
of people who struggle  
with gender identity.**

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# Introduction

## Who is this resource for?

This resource is for kirk sessions and anyone in a congregation who provides pastoral care to people who struggle with their gender identity and/or their families and others close to them. This includes ministers, deaconesses, pastoral workers, youth workers/leaders and elders who may be involved in providing one to one pastoral care. It also extends to the whole church family as they seek to be a caring fellowship. This resource is intended to help equip those who provide pastoral care rather than to be given to those in need of pastoral care.

## What do we mean by ‘people who struggle with gender identity’?

People who struggle with their gender identity can experience discomfort or even distress due to a sense of ‘mismatch’ between their gender identity and their biological sex (the term used for someone medically diagnosed with this sense of distress is ‘gender dysphoria’ – see the glossary for more detail). This is related to the term ‘transgender’ which refers to people who have adopted a gender identity which is not the same as their biological sex.

Not everyone who struggles with their gender identity identifies as transgender. There are many different experiences and many different responses. People do not choose this struggle and pursuing a particular path, for example, name change, wearing different clothing or hormone treatment, can be driven by an attempt to relieve intense and often intolerable gender dysphoria. The distress and suffering of the person are exemplified by the fact that this condition can lead to depression, anxiety and self-harm. Others who identify as transgender are comfortable with the changes they have made or are intending to make and do not feel a need for pastoral care. However, especially amongst young people, bullying can be a problem for those who make outward changes and are perceived to be different.<sup>1</sup>

## What is this guidance intended to do?

Because of the many different experiences of people who struggle with their gender identity, from the outset, as in all pastoral care, the first response should be to listen to the person to understand. This guidance provides a basic understanding and practical ways to give pastoral support as well as Christian discipleship in this area in the longer term for those who profess faith in Christ. There is also guidance on providing pastoral care to

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<sup>1</sup> ‘Evidence base’ article on the NHS Gender Identity Development Service website: <https://gids.nhs.uk/evidence-base> (accessed 11/02/2020). The article also states that, contrary to statements by some transgender groups, suicide is extremely rare. Therefore, statements about the danger of suicide should not be used to pressure anyone into adopting a particular view or pursuing a particular path but an awareness of possible mental health problems is paramount.

family, and especially parents, of people who struggle with gender identity and also in the case where a family member has identified as transgender and this has led to family tensions.

Because pastoral care is not simply a one to one encounter but something the whole church family should be involved with, this guidance provides practical help in how best to provide care, support and discipleship from the pulpit and in the fellowship of the church family.

To ensure this guidance is easy and relatively quick to read, more detailed reading is referenced in the 'Further resources' guide (page 29). There is also a glossary of the terms which people providing pastoral care may encounter in this area (page 27).

This guidance is produced with significant input from expert practitioners in the areas of pastoral care, psychology and education. It should be noted that legislation and medical approaches are subject to changes and the guidance is as accurate as possible as of June 2021.

# Biblical background and foundation

## Introduction

Pastoral care must always be carried out with compassion for those who struggle, whilst also grounded in the light of God's truth. It is only in accepting and believing God's truth that we can also receive his grace through Jesus Christ and be transformed by the Holy Spirit. The Bible reveals our creator God's plan for humanity and speaks clearly to beliefs that are at odds with his created reality.

At the heart of the transgender experience is an internal sense that one's gender is at odds with one's birth sex. Attempts to deal with that incongruence have meant that some people have given a preference to their internal sense of gender as representing their true self over against the reality of their body. The reality of the body is set aside in favour of the desires and feelings of the internal self.

A biblical theology of the body, however, argues that one's body cannot be ignored but is crucial in determining our identity. Whilst the Bible does not speak directly to the issue of transgenderism as it is understood today, the biblical theology of the body is relevant to the current discussion, and an understanding of the biblical data can direct the church in developing its response to transgenderism. Regardless of the shifting cultural understanding of gender, the biblical witness to the sanctity of the human body must be affirmed.

## Creation

The creation of the man and the woman in Genesis 1:26-27 as the bearers of God's image, is the climax of God's creative activity. Humans are created in the "image of God" as male and female. Part of what it means to be made in the "image of God" is the role that humanity is given over creation as representatives of the authority of God. If humanity is meant to represent God over the earth, then human beings must fill the earth. Hence, God's first command to humanity is to be fruitful and multiply. Creation as male and female makes human fruitfulness possible and enables men and women to fulfil their calling. God's creation of humanity as male and female is, at least, because God intends for humans to reproduce. So the bodily aspect of maleness and femaleness is critical. This is true even though the Bible affirms celibacy as well as marriage because affirming celibacy does not change God's fundamental design of male and female. In addition, some couples are unable to have children but this is a symptom of life in a fallen world.

The biblical data (Genesis 2:7; 3:19) show that from the beginning there is a material aspect to the human constitution. The scriptural way of expressing this truth is not that man or woman has a body, but that man or woman is body.<sup>2</sup> Scripture does not represent

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2 John Murray, *The Nature of Man in Collected Writings, Volume 2* (Edinburgh; Banner of Truth Trust, 1977) 14.

the soul or spirit of human beings as created first and then put into a body. The opposite is the case: "The Lord God formed the man of dust from the ground and breathed into his nostrils the breath of life." (Gen 2:7). The bodily is not an appendage. In its creation, the body is intrinsically good. Our physicality, including our physical gender, is not to be demeaned nor neglected, for we are human beings whose experience of this world is as embodied creatures.

It can also be affirmed that God's intention for humanity to be female and male may be related to the description of human incompleteness apart from a sexually-differentiated other. Genesis 2:18–25 describes the initial relationship between woman and man with God's recognition that "it is not good for the man to be alone." The creation of woman from man leads man to recognize himself as male just as he recognizes her as female. Man as male remains incomplete without his biologically sexual other, without whom neither she nor he could be known, or know themselves, as female and male.

So Genesis 1 and 2 state that God makes the man and God makes the woman. For this reason, we conclude that the Bible teaches "binary gender"; it teaches that there are two sexes. This creational design of God in Genesis is affirmed by Jesus Christ in Matthew 19:3-6:

"And Pharisees came up to him and tested him by asking, "Is it lawful to divorce one's wife for any cause?" He answered, "Have you not read that he who created them from the beginning made them male and female, and said, 'Therefore a man shall leave his father and his mother and hold fast to his wife, and the two shall become one flesh'? So they are no longer two but one flesh. What therefore God has joined together, let not man separate."

Jesus says that God made humanity either male or female. He reinforces this twice in his quotation of Genesis 2:24; there is "father" and "mother" in view, and "man" and "his wife". In two short, but striking verses, Christ gives three separate, but connected, arguments for the reality of the two sexes, manhood and womanhood.

To the saints in ancient Corinth, a city that was rife with sexual confusion and idolatry, the Apostle Paul speaks in 1 Corinthians 11 of important principles that should guide Christians living in that city. He says that Christians, whose identities are based on their bodies, should present themselves as a man or a woman. This section of Scripture contains some of Paul's more complex expressions and phrases, but the central idea is clear: the sexes need to honour God's design of their bodies by presenting themselves as a man or a woman.

"Does not nature itself teach you that if a man wears long hair it is a disgrace for him, but if a woman has long hair it is her glory?" (1 Cor 11:14-15)

In a city where some people (temple prostitutes among them) took on different "gender expressions", the church of Jesus Christ was called to be different. Men and women were to honour God by looking different from one another. This teaching echoes the expressed

will of God for his old covenant people in Deuteronomy 22:5. God desires that men present themselves as men, just as women must present themselves as women.

## **Incarnation**

The doctrine of the Incarnation gives great honour to the human body. That the Word of God would become flesh and dwell among humanity (John 1:14) shows that the human body as created by God can embody the presence of God. Jesus was born, lived, and died a fully human life as God in the flesh, yet without sin. His resurrection was a bodily resurrection as a human being, the firstfruits of all those whom God will raise (1 Corinthians 15:20–23). The bodily ascension of Jesus indicates that the Incarnation endures forever as the Son retains full, and now glorified, humanity. Jesus forever remains the God-man.

All the experience of a human body, and all the differentiation a human body possesses in comparison with other human bodies, is clear in the life of Jesus. His body grew and matured with specific features that made Him identifiable to all who knew Him. He was born with an ancestry that marked Him as Jewish within Israel and the greater Roman world. He had physical characteristics that identified Him as male. He experienced all the limitations of a human body, including sleep, hunger, sweat, and pain. The Bible describes Jesus as a fully embodied human with all that goes with a body, from a genetic heritage to the everyday experiences of hunger and thirst.

## **Resurrection**

After his resurrection Jesus was a body that was identifiable, still bearing the scars of the crucifixion. Jesus is no less incarnate as the Risen Lord. In Luke 24 and John 20 Jesus proves that his resurrection is not just the resuscitation of a corpse nor the apparition of a spirit. His body can be touched. He eats with his disciples. His scars prove that he is the same Jesus who was crucified (Luke 24:37–43; John 20:20–27). This suggests that with our resurrection bodies we will still be personally identifiable. There is a continuity between our bodies now and our resurrection bodies, though they will be made different by the resurrection power and life of God.

This is confirmed by Paul's teaching in 1 Corinthians 15. Some within the Corinthian church were denigrating the body to the point of denying the truth or necessity of the resurrection. He defends the doctrine of the resurrection in light of the resurrection of Jesus (15: 1–11), which guarantees the future resurrection of humans (15:12–34). Paul describes the resurrection through comparison with the body's present expression. Resurrected bodies will be continuous with present bodies just as a plant is continuous with the seed from which it springs. The mortal bodies are perishable and weak, but the resurrected bodies will be imperishable and powerful. The difference between the natural and glorified bodies is a difference of mortality, not a difference of embodiment.

God, who created humans as whole beings (comprised of body and an immaterial nature), intends for life in the age to come to be as whole beings. Redemption is not complete until our bodies are raised to life. The Bible presents human beings as whole unities, as bodies of dust initially enlivened by the breath of God (Genesis 2:7) who will one day become bodies of glory energised by the Spirit of God. It is the resurrection even more than creation that highlights the sanctity of the human body. The Apostles' Creed insists that our ultimate hope is "the resurrection of the body and the life everlasting." Paul observes that although we groan in body and spirit now, "we wait eagerly for adoption as sons, the redemption of our bodies. For in this hope we were saved." (Romans 8:23-24)

## **Conclusion**

The theology of the body as essential to our true self must be affirmed when dealing with gender incongruence. The desire of people who suffer gender dysphoria to find resolution by changing their body is a sign of the importance of the body to human identity.

In light of this biblical data, the ultimate aim in Christian discipleship is for each person to conform with the Lord Jesus Christ in every respect including coming to accept that the biological sex they were born with is a gift from God. Those providing pastoral care should have the same compassion Jesus had for people in this fallen world who were "like sheep without a shepherd" (Mark 6:34). This can only be done by seeking God's grace in Jesus Christ and the wisdom to share his life transforming love and truth.

## The Contemporary Context

This section of the resource aims to give a brief understanding of the current situation in society. This situation is evolving as can be seen in constant news stories on transgender. It is important to be aware that, in providing pastoral care, making reference to stories in the popular media can be unhelpful for the person concerned or their families. What matters most is their own story and how God's story of his gracious, transforming love can shape their lives. However, understanding how society has arrived at this point is useful, especially in contrasting it with biblical values. The reality is, because of societal changes in the last few years, what was previously a very rare pastoral concern is a more common concern today, especially amongst younger people.

### **A societal shift in thinking about gender identity**

One of the most influential beliefs in society today is the rejection of 'given' identity in favour of 'self-identification'. The right to say – "I identify as" – is fast becoming one of the defining features of modern life. Identity is understood as fundamentally based on a person's freedom to choose his or her own meaning and form of life.

This is what has shaped the current debate around the nature and meaning of gender. The perception of gender (i.e. what is meant by male and female), previously determined by biological sex (i.e. physical characteristics such as sex organs, hormones and chromosomes), is now becoming more and more reliant on the individual's perception of gender which may not correspond with their biological sex. Gender has become a contested term which now generally refers to the psychological, social and cultural aspects of being male or female. This has led to people identifying as 'transgender' which is to identify as the opposite gender to their biological sex. The term 'transgender' originated in the 1970's and medical procedures to change male or female characteristics were available. The recent surge in the number of people identifying as transgender seems to be more to do with the rise of belief in self-identification. Recently, there has also been an increasing trend to claim that gender is fluid and not fixed.

The experience of those who have this struggle with the development of their gender identity is hugely complex calling for empathy and understanding as they are often confused, frightened and humiliated. Some people who were born male may not feel like a boy when they are older, or may prefer to dress in clothes or play with toys that other people say are "for girls". They may feel or say that they are a girl. In the same way, some children or young people who were born female might feel or say that they are a boy. Others might say that neither "boy" nor "girl" seems the right word for how they feel about themselves. Some adolescents who experience this difficulty in the development of their gender identity consider at some point having physical interventions such as puberty blockers. Young people who face these difficulties, and their families, can experience high

levels of distress as their gender identity evolves. Puberty and the physical changes that it brings can be a distressing time for these young people.

Struggling with gender identity is not limited to younger people. Older people can experience this too, either as an ongoing struggle from when they were younger or something that happens later in life. This struggle used to be more evident in people who were older. Now, however, the focus has shifted to younger people.<sup>3</sup> This raises particular concerns because of children and young people under the age of 18 making potentially life altering medical changes before they reach adulthood.<sup>4</sup> More girls than boys identify as transgender.<sup>5</sup> This is possibly out of a drive to not identify with gender stereotypes.

There is deepening concern that the dominant force of society's view on transgender identity in the mainstream media, social media, legislation, policies and teaching in schools has an adverse influence on how young people think. It is also becoming increasingly difficult to speak against this prevailing worldview, even in academic studies.<sup>6</sup>

## **The current legal position in the UK and Ireland**

Currently, in order to be legally recognised in the UK as the opposite sex, individuals must live as that sex for two years and be medically diagnosed with gender dysphoria. The UK government is currently considering changes to the Gender Recognition Act, which could include 'self-declaration'. In the Republic of Ireland, 'self-declaration' without medical intervention or assessment by the state has been in law since 2015 for any person over 18. In the two years following this change in the law, 230 people in the Republic of Ireland had been granted gender recognition certificates.<sup>7</sup>

'Self-declaration' is especially problematic when it leads to people who are biologically male wanting rights to access spaces for females such as bathrooms. Currently in the UK, no such accommodation is required by law for those who identify as transgender. In the Republic of Ireland, 'reasonable accommodation' is required which could include, for example, unisex bathroom facilities. However, schools<sup>8</sup> and other organisations often have their own policies which may allow biological males who identify as transgender access to bathrooms which were previously reserved for females.

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3 NHS statistics illustrating the rise can be found here: <https://gids.nhs.uk/number-referrals> (accessed 11/02/2020)

4 Puberty blockers are a cause for concern: [www.transgendertrend.com/puberty-blockers](http://www.transgendertrend.com/puberty-blockers) (accessed 11/02/2020)

5 NHS statistics show a trend of nearly three times as many girls as boys with gender dysphoria: <https://gids.nhs.uk/number-referrals> (accessed 11/02/2020)

6 See for example: [www.theguardian.com/society/2018/oct/16/academics-are-being-harassed-over-their-research-into-transgender-issues](http://www.theguardian.com/society/2018/oct/16/academics-are-being-harassed-over-their-research-into-transgender-issues) (accessed 11/02/2020)

7 Article in *Irish Examiner*: [www.irishexaminer.com/ireland/230-gender-recognition-certificates-issued-since-2015-450656.html](http://www.irishexaminer.com/ireland/230-gender-recognition-certificates-issued-since-2015-450656.html) (accessed 21/02/2020)

8 The Education Authority in Northern Ireland issued guidelines in October 2019 (see the further resources section for more details). These guidelines are not statutory and schools may produce their own guidelines. As of the date of publication of this resource, no central guidelines have been produced for schools in the Republic of Ireland but schools may produce their own guidelines.

## **The process of transition**

The following is a description of the potential transition process for someone who experiences a struggle with their gender identity. The description of this overall process is given here to provide information and insight without endorsing each course of action. As well as support offered by family, friends and church, there are a number of different levels of professional support for individuals. The number and type of interventions will vary from person to person both according to the intensity of their distress and their individual preferences.

### *Psychological and social interventions*

The first level of support, which should be offered to anyone struggling with their gender identity, is offering a space to talk about and explore the way that they are feeling and reflect upon how this may impact on their day to day life. This may be done simply within a family, involving a counsellor, mental health professional (when under 18) or through a dedicated gender identity service. Often these early conversations involve thinking about the impact on how they feel about themselves, how this impacts on their relationships with other people, their social world and how this may impact on their educational or work environment. For those who also identify as followers of Christ there will be the additional challenge of attempting to navigate how this impacts on their faith and relationships within their local faith community.

Psychological and social interventions will usually take the form of attempting to resolve the impact of gender dysphoria through offering support to the individual and their family. When an individual finds that such support alone does not reduce their distress sufficiently they may choose to begin to identify more openly with their preferred gender. This might include:

- Changing their name to either a gender neutral one or one of preferred gender
- Making other people in the family/school or work community aware of their new name
- Asking to wear gender neutral clothing in school or wearing gender neutral clothing at home or work
- Beginning to talk to people around them about their gender identity experiences
- Starting to live openly within their preferred gender and socialise in that way
- Beginning to think about medical interventions

### *Medical interventions*

A small number of persons experiencing gender dysphoria – that is not resolving despite psychological and social interventions – may choose to explore medical interventions. Any individual considering this course of action should be carefully assessed and monitored by mental health and medical professionals over a significant period of time. This is in order for the professionals to make a judgement as to whether they think intervention

is appropriate for the patient. Medical interventions are a staged process with time and space to reflect before reaching a decision around progressing onto the next stage.

Medical interventions initially involve hormonal interventions with the first step being hormonal suppression during puberty (for younger persons usually over 16 years of age). There is the option of egg or sperm storage before the hormones are suppressed. Following this, again when assessed by professionals as appropriate, there can be an option of progressing onto cross-sex hormones. During this stage there is the introduction of hormones of the preferred gender which can allow some desired secondary sex characteristics to develop (e.g. for those identifying as male they may experience denser hair growth and lose body fat around the hips, for those identifying as females they may experience some breast development). Introduction of cross sex hormones is an option regarded as 'partially irreversible'.

Finally, for the minority of persons experiencing gender dysphoria, when hormonal interventions fail to sufficiently resolve the distress, there can be the option of surgery to produce a physical body that more closely resembles the gender they identify with. This course of action would be regarded as "irreversible". In Northern Ireland surgery cannot be performed through the NHS until over 18 years of age.

# The need for pastoral guidance

## Diversity and complexity in the experience of people with gender dysphoria

This is a complex pastoral issue which nearly always involves more people than the person who is experiencing a struggle with their gender identity. The following highlights some of the reasons why great wisdom and compassion are needed in providing pastoral care.

There are a wide range of experiences of people with this struggle. To give but some examples, some struggle but don't pursue a change in gender identity, some may simply change their name, others may change how they dress and some may have hormone treatment and surgery. Some may wish to change back after taking steps to change their identity but find it impossible to do so after life altering surgery. We should not make assumptions about what people intend to do if they share with us that they struggle with their gender identity or it becomes apparent because they have taken a step, or steps, to change their gender identity.

People of all ages who struggle with their gender identity may be very reluctant to tell others because of fear and prejudice. Keeping their feelings hidden out of fear can have a significant negative impact on their mental health. Those who have taken steps to change their gender identity from their biological sex may also face difficulties. The steps they take may not resolve the mental health problems they may have. They may experience rejection from others around them because of the changes they have made. Their choices may also cause people close to them to struggle to come to terms with what they are doing.

It is important to be aware that sexuality and gender identity are not the same. Therefore, we should avoid talking about someone's sexuality when we mean their gender identity. Someone who identifies as transgender may or may not identify as gay or lesbian. People who are born with disorders of sex development<sup>9</sup> (a very rare occurrence) normally do not have the experience of gender dysphoria (see glossary and further reading).

## The challenge for parents and others

For parents there can be a major struggle of disagreeing with what their teenage or grown up child is doing and their innate love for their child. Difficult questions are raised like:

- Do we call them by their new name? Do we use their preferred pronouns?
- How can we show the same unconditional love for our child when we cannot agree with their lifestyle?
- How should we respond to relationships they form in their new gender identity?

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9 Often labelled as 'intersex'.

Some parents come to terms with the issue by accepting and endorsing the choices of their child. Others feel they cannot do so and constantly live with the tension of wanting to show love to their child while not endorsing their choices. This is extremely difficult as it can be perceived as rejection. Keeping the lines of communication open is crucial even if the relationship becomes more distant.

It is important for parents to love their children and be there for them even when they cannot endorse all their decisions in life. This is not just a challenge faced by parents whose child identifies as transgender. Many parents whose children identify as gay or lesbian can find themselves struggling to affirm their child's choice of partner or other choices in life. Part of the cost of parenthood is to love and let go. Part of the cost of following Jesus is to love and not let go of his truth, yet to keep on loving.

For the wider church family, there is a similar challenge of being welcoming while not affirming every choice a person makes. The need for 'whole church' pastoral care is especially apparent in the case of a person who has taken very obvious and public steps to change their gender identity. But it is also important for the church family to care for and support someone who struggles with their gender identity and hasn't taken such steps, even if only a few people know because of the need for confidentiality.

Although there may be some differences in approach and circumstances, parents, other family members and those close to someone who has either identified as transgender or who is struggling with their gender identity, would benefit from applying the principles in this pastoral guidance. It will hopefully also be a reassurance to them that this is the recommended approach those providing pastoral care will take if and when they are able to meet the person.

# Pastoral care: one to one

## Different scenarios

How pastoral care is provided one to one for someone struggling with their gender identity, or someone close to them, will relate to a number of factors:

- If the person is a younger child, teenager (under 18), young adult or older person. If the person receiving pastoral care is under 18, pastoral conversations or prayer should always happen in a place where the adult providing pastoral care is visible to other adults (anyone providing pastoral care in this context must adhere to the Presbyterian Church in Ireland Taking Care child protection guidelines).
- If the person is receiving medical advice or not.
- If the person has publicly taken steps to change their gender identity or not – and the extent of the steps they have taken (these range from a name change, dressing differently, hormone treatment to surgery).

## A first conversation

For a person wrestling with their gender identity but who has not taken any steps to change that identity, the decision to tell someone may have taken a long time. It is very likely they will have a fear of rejection and loss of love. It is therefore important that whoever they confide in, whether someone from the church, a family member or friend, understands that their first reactions have the potential to crush or bring hope. The person will pick up body language and attitude even more than words.

What the person does not need to hear:

- That they are imagining their feelings
- That they are sick
- That they are a disgrace

At this point they may not even need to hear what the Bible says about gender

What it may be helpful to hear:

- That they are loved
- That God's love has not changed
- That they have displayed great courage in telling you
- That you appreciate the trust placed in you
- That you will seek to listen and to understand what they have been going through

A useful principle to keep in mind is not to agree with anything you are not sure about.

## The importance of confidentiality

As in all pastoral care, keeping the pastoral conversation confidential is crucial. Even if the person has made a public change to their gender identity, what they share about their

struggles is personal to them. Confidentiality also applies to what is shared by those close to the person, for example, their parents. Keeping confidentiality is critically important to the integrity of the person providing pastoral care and for creating a trusting pastoral relationship.

However, as in all pastoral care, absolute confidentiality cannot be promised. If the person is at risk of harm, for example, because of associated mental health concerns, other appropriate people should be informed (those providing pastoral care in a congregation should be trained and informed about this process for any pastoral situation). For further information on mental health such as depression or suicide, see the resources listed at the end of this guidance.

In addition, it is wise for the person providing pastoral care to ask permission to share information with another appropriate person rather than carry the burden of pastoral care alone. This is especially the case in helping people who struggle with gender identity. It is unlikely the person providing pastoral care will have much experience or expertise in this area, even if they have read this guidance and the suggested resources.

### **Longer term pastoral care and discipleship**

The longer term aim of pastoral care is helping people to discover what it means to live a life faithful to God and then to help them live that life. In providing pastoral care, we can be preoccupied with what is right and what is wrong but the starting place is relationship building. Not all pastoral conversations will go as we would like. Relationship building can take time, patience, love and support. The work of caring for and growing disciples is lifelong. We do not expect believers to transform overnight into faithful disciples but to grow steadily in submission and obedience to Christ as they repent of sin and seek to grow in holiness. This is so for everyone, whatever their struggles may be.

As stated in the section on biblical foundations, the ultimate aim in Christian discipleship is for each person to conform with the Lord Jesus Christ in every respect including coming to accept that the biological sex they were born with is a gift from God. It may take years for a person to come to this acceptance and their struggles may never completely subside. This is true of any struggle to live according to God's ways in Christian discipleship. Therefore, anyone providing pastoral care and spiritual guidance requires commitment and patience.

Clearly the starting point is faith in Christ and expectations of people who do not profess faith in Christ are different. That is not to say that the biblical application of who we are does not apply to everyone but someone who does not profess faith is less likely to accept biblical direction for their lives. It may be the case that someone chooses a transgender identity over faith in Christ and in that case the long term approach is to pray for them and use the opportunities relationship building provides to reveal Christ to them in words, action and attitude.

As this is a struggle for their sense of identity, it will help for the Christian who struggles with their gender identity to understand their identity in Christ. Because this is an identity issue, without attacking their perceived gender identity, it can be helpful for them to know their identity is first in Christ if they have trusted in him and this takes precedence over and transforms all other labels of identity. Every Christian should realise more fully their sense of security in who they are in Christ because they are accepted by God and loved so much by him that Christ died for them. This will help any Christian not to seek their ultimate sense of security or acceptance in other ways of identifying themselves and to change how they think about other aspects of identity in light of his Lordship.

Principles for longer term pastoral care and discipleship are:

- (a) A deeper knowledge and understanding of the person's struggles with their gender identity through listening to them, those close to them, reading this guidance and further reading. At a basic level this includes understanding the terminology used – see the glossary for further information.
- (b) That we recognise that we cannot make the person's choices for them, we can only encourage them along the path of discipleship.
- (c) The pastoral carer must be aware of his/her own struggles in this or other related areas.
- (d) Quick prayers and chapter and verse sticking plasters are to be avoided.
- (e) Discipleship growth for believers over time should be nurtured, especially a growing biblical awareness of identity in Christ.
- (f) It will be an encouragement to surround a person with love, family, ongoing pastoral care and also to help them keep to what they have committed to in Christian discipleship.
- (g) We recognise, preach and practise the fact that failures and setbacks are often part of the discipleship journey for us all but that with God, forgiveness is possible and we can continue relying on his grace and strength.
- (h) The person being given pastoral care should not be ostracised (see further guidance in the section on pastoral care as a church family).
- (i) Those who provide pastoral care should be aware of their own limitations and knowledge, especially in the area of mental health.

## **The relationship between medical care and pastoral care**

Someone who struggles with their gender identity may already have contacted medical professionals. The advice from medical professionals may be in conflict with the longer term goal of Christian discipleship as described above. However, it is important to know that good practice medically is for the person to take the smallest steps possible to resolve the gender dysphoria with which they have been diagnosed. For example, that could be trying a name change for a period of time to see how that goes rather than the greater step of hormone treatment. Surgery is much further down the line.

Medical professionals should advise patients of the negative consequences of hormone treatment or surgery. It is important to be aware of this because someone who strongly desires to identify as a different gender may not be listening carefully to such advice. Exploring the implications with them could be helpful. Again, it is important to remember that ultimately it is their choice. All that good pastoral care can provide is to help them consider their choices well and to continue the pastoral relationship regardless of the choices made.

It is also very important to be aware of any associated mental health problems. People providing pastoral care should encourage someone who is struggling with their mental health to see their GP. Mental health awareness should be part of the training for anyone involved in delivering pastoral care (further resources are listed at the end of this guidance). While there is a long term goal in Christian discipleship, people providing pastoral care should be especially sensitive to any mental health difficulties and not expect or push for change too soon.

There is also the situation where someone comes to faith after having had extensive medical intervention and wishes to identify with their biological sex.

### **Pastoral care for people who de-transition from a transgender identity**

As more people transition to identify as transgender, a number have also had regrets about making physical changes whether through hormone therapy or surgery and wish to 'de-transition'. Not everyone has such regrets but those who do need pastoral care. Some changes may be difficult or even impossible to remedy and this can create challenges. For anyone who seeks to follow Jesus, their primary need is to know that, whatever struggles they have been through, their identity is foremost in Christ.

# **Pastoral care: as a church family**

The church has a crucial responsibility to create an environment of love, understanding, acceptance, patience, forgiveness, openness, truth, discipline and grace for everyone including those who struggle with their gender identity. The church fellowship should be like a good, loving parent making the church a safer, welcoming place.

## **Preaching and pastoral care**

Pastoral care is inseparable from the preaching of the Word of God. Often in preaching there is a temptation to forcefully engage in the 'culture war' against the trend to unquestioningly affirm transgender identity. However, the possibility that there are people listening who struggle with their gender identity or who know someone close to them experiencing such struggles must be considered. When the biblical position is presented in contrast to differing views, it should be done with a compassionate tone towards those who struggle.

It is also important to be factually accurate from the pulpit and to understand how language is used in this area (see the glossary for further information). This is not necessarily to affirm all the language used in this area but misunderstanding it or unintentionally misusing it will only further alienate people who may disagree with the biblical position.

Those who preach must remember that compassion begins in the pulpit and works out from there. Unbalanced condemnation from the pulpit closes the door to compassionate care outside the pulpit. Those who struggle with their gender identity, like those who experience same-sex attraction, should not be made to feel that they are being singled out. There are many different temptations and trials which people face in seeking to follow God faithfully.

## **Practical guidance for being a caring fellowship**

Every Christian is called to love other Christians and their neighbour, but those in leadership and those who have a particular responsibility for pastoral care and in youth work can lead by example. Doing this includes:

- (a) Promoting an atmosphere of understanding and acceptance of them as a person rather than fear and rejection.
- (b) Actively promoting church family fellowship and the inclusion of those who struggle with their gender identity. Living as the church in community with mutual love and responsibility for one another.

- (c) Encouraging open-door hospitality for everyone including practical arrangements.<sup>10</sup>
- (d) Being wise and sensitive in the use of names and pronouns. Our approach should take into account Christian conscience regarding speaking the truth in love with a strong sense of empathy for the struggles someone has with their gender identity.
- (e) As discipleship often happens best in small groups, actively encourage small group/home group involvement that includes openness and accountability for all. To this end, those in leadership should actively help youth and adult groups to be informed and compassionate whilst still upholding the church's biblical position on this issue.
- (f) Explore the possibility of support groups (possibly linking several churches) both for those who struggle with their gender identity and their families.
- (g) Provide resources in the form of books, links to websites etc. to help individuals and their families and the congregation to be better informed about the issues involved.
- (h) If a minister, elders or others involved in pastoral care feel out of their depth especially in the area of mental health, don't opt for doing nothing. Actively seek out those who can provide care and help and refer on.
- i) Accompany those seeking baptism or admission to full communicant membership on their journey of exploring and professing faith, especially in the exceptional cases in which an area of their life seems openly and obviously at odds with Christian beliefs, lifestyle or values.<sup>11</sup> Should such a situation arise, it is perhaps even more important for church members to actively show family love and care. Church members should not undermine decisions made by the leadership but could actively keep the door open with a person that they might be admitted to membership or restored to fellowship if church discipline was deemed necessary for someone who was already a member.
- (j) Be mindful that both adult and youth activities, particularly social events, should be truly inclusive. For example, it would be important to have quieter, smaller group activities as well as loud, large group games and sports. Be mindful of all personality types and areas of interest and promote a culture of interest and acceptance of all. It would also be important to be mindful of how difficult body image can be for anyone struggling with gender identity difficulties and be sensitive to this in any planned activities.

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10 The use of toilets is an obvious area of concern. Providing a sign such as 'Toilet access for all' on a disabled toilet without obscuring the disabled toilet sign is a possible solution. In the UK, there is currently no legal obligation to allow people who identify as female but who are biologically male to use toilets designated for use by females (or vice versa). In the Republic of Ireland, steps that are reasonably practical should be taken to accommodate transgender people. Similar principles could be adopted for residential with young people where there is a concern over shared accommodation and wash facilities with private accommodation and bathroom being provided. It is best to discuss this with the people concerned first – especially the person with gender identity struggles and their parents if they are under 18. In providing consent forms for under 18's, it is useful to include a section where parents can mention concerns related to gender identity (or other concerns which are important for the leaders to know). Keeping the section general using wording such as 'Please provide any information that may be helpful for our leaders to know regarding your child' avoids creating undue attention to what is a relatively rare concern.

11 Credible Profession of Faith and Admission to the Sacraments. Presbyterian Church in Ireland 2020. Section 4

# Scenario 1

*The following is a fictional, illustrative scenario for pastoral care which presents a 'best case' story. As you read it, consider how the outcomes could have been less positive if best practice in pastoral care were not observed. In providing pastoral care, we rarely get it 100% right all the time and the best response when we do not is to say sorry and work on rebuilding the pastoral relationship. Bear in mind also, that even when best practice is followed, there are many factors outside the control of those who provide pastoral care.*

A young person (aged 16) in the youth fellowship you lead speaks to you privately and says that she wants no longer to be referred to as Gill but as John. She wants you to inform the group of this change. It doesn't take you entirely by surprise because you've noticed the way Gill dresses is ambiguous in terms of gender identity. Gill hasn't been part of youth fellowship for long. She was brought along by a friend who attends but has expressed a desire to follow Christ. Her parents do not attend church. As someone who provides pastoral care and discipleship for these young people how do you respond?

Initially, you realise the best thing you can do is listen. There is time to do this and you're in a public space where you can both be seen but not heard. You ask Gill if she can help you understand what brought about her decision to change her name. She tells you that she's felt for a long time that she is 'in the wrong body'. She's suffered from depression for which she has received some counselling. She believes her depression is related to her struggle with who she is meant to be and that she is meant to be a boy. Her parents have told her they love her no matter what. They've no problems with her name change as long as it makes her happy.

Having listened for a while and asked a few questions to help you understand better, you tell her it's important for her to know that God loves her and understands the struggles she is experiencing. You express to her that you are so pleased she is coming to the youth fellowship because of her interest in knowing God and the friendships she has there. You ask if she has made this known in school and she replies to say not yet. At this point, you say it would be good to chat more because it's a big step to take. You affirm Gill by telling her it's great that she has told you this and arrange a time to chat again soon. You ask her if you can speak to the minister about what she has shared with you so that you can know best how to support her, especially in her struggles with depression. She agrees and you breathe an inward sigh of relief that it's not all on your shoulders.

You meet with the minister who encourages you to keep meeting Gill but tells you to keep in touch and not to get out of your depth. You read the guidance and, thankfully, you see you've done okay so far by following general pastoral care principles you knew about already. But you realise that in this specific case there is going to be a challenge because,

while you want to support and help Gill, biblically, you can't affirm her desire to change her gender identity.

Soon after, you meet Gill again. You ask her how she is and she says she feels fine at the moment. She asks if you have thought about her name change and telling the youth fellowship. You say it's not that you don't want to respect her wishes but it's important to take time to think these things through from the perspective of the Bible. You ask if she would be willing to do that. She looks a bit perplexed and says she didn't expect this. You're worried for a moment she's going to walk out on you but then you ask her if she wants to include her friend from youth fellowship too. She says yes and so begins a much prayed over process of meeting from time to time over a year or so to chat, study the Bible and pray.

In those conversations, you say that God wants us to know that, if we have trusted in him, we are loved and accepted because of Jesus and whatever we wish for or desire should be out of this place of safety and assurance. You also take time to explain from Genesis chapter one that, as a Christian, you believe God made people male and female and that a desire to change gender is at odds with what God has created.

During this time, eventually, Gill comes to a place where she accepts the biblical position. She now sees her identity centred on being in Christ and the assurance of being in that place with God has brought great peace to her. She is happy for the youth fellowship to engage with this biblical teaching too and specifically to share with them about her own journey. You're worried about how the youth fellowship will react, but you're pleasantly surprised at how accepting they are of Gill in her struggles. You're amazed that in Gill sharing what she does, how many other members of the youth fellowship open up about different struggles they have too. You tell Gill that this is down to God at work in her and her courage and conviction in following Christ.

## Scenario 2

*The following is a fictional, illustrative scenario for a caring church fellowship care which presents a 'best case' story. As you read it, consider how the outcomes could have been less positive if the congregational culture was different. Consider also how people in the congregation might respond pastorally if the response of the person who identifies as transgender had been different.*

Jamie is 25 and was born biologically male but has identified as female since late teenage years. Jamie prefers to be referred to as she/her.<sup>12</sup> Jamie has never been to church except for weddings and funerals. Jamie views church as 'transphobic' based on perceptions from the media but has a friend, Clare, at work who keeps asking Jamie to come and see church. Finally Jamie agrees to go.

There is a warm welcome before the service and Jamie enjoys the singing. Jamie even finds what the preacher has to say interesting and engaging. Clare notices that Jamie is relaxing and breathes a sigh of relief but as the service draws to a close, Clare is concerned about the social interaction afterwards. Normally Clare stays for tea and coffee but she's not sure about that today. While Jamie has made a lot of changes, Jamie's transgender identification is relatively obvious.

Clare needn't have worried. As soon as the service is over, an older lady called Joan from the congregation comes over and says to Jamie, "Have you come here with Clare? You're very welcome". Jamie explains that Clare is a friend from work and has been asking for ages for Jamie to come to church. In the conversation, Clare notices that Joan is careful to use Jamie's name and not female pronouns. Later, in a conversation between the two of them, Joan tells Clare that she was fairly sure Jamie was transgender and because of that, she avoided using pronouns. Joan said she was thankful she could avoid any awkwardness because Jamie's name could be male or female.

The next week at work, Jamie tells Clare how enjoyable and welcoming church was. Jamie didn't feel judged and might even try it again sometime. This happens, and Jamie comes to church several times. Clare decides to take the next step and invites Jamie to her home group. Again, Clare is a little apprehensive about this step but she has a chance to speak with the group first. She tells the group to be sensitive to Jamie and help Jamie feel at ease. It helps that it's not the first time they've had someone who isn't a Christian come to the group.

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<sup>12</sup> For the purpose of this scenario, female pronouns will be used. This is not to affirm Jamie's choices of gender identification, rather it is to provide an empathetic understanding of Jamie's experience. Longer term, it is to be hoped that someone like Jamie would come to faith and, as a disciple of Jesus, come to a biblical understanding of gender identity.

The experience goes well and Jamie returns a second and third time. Clare decides that before Jamie's involvement with church continues much further, she needs to have an indepth conversation with Jamie about what the Bible says about transgenderism. She doesn't want Jamie to be put in the difficult position of being minority of one against opposing views should the subject arise so she decides it's better to have the conversation one to one.

They meet for coffee and, in the conversation, Clare carefully explains that God's grace is for everyone who believes but it means changes – and for Jamie, the most obvious and significant change would be addressing Jamie's transgender identification. Clare tells Jamie she's not saying this to impose her views or force a change but she wants to be open and honest about Christian belief based on what the Bible says. Jamie thanks Clare for her openness. Jamie is happy to agree to disagree with Clare because of the value of their friendship. And, in an answer to Clare's prayers, Jamie also agrees to disagree with the church's position but to keep coming because it has been such a positive experience. Clare's continued prayer is that Jamie would come to faith in Christ through encountering him through his people.

## Scenario 3

*The following is a fictional, illustrative scenario for pastoral care which presents a 'best case' story. As you read it, consider how the outcomes could have been less positive if best practice in pastoral care was not observed. In providing pastoral care, we rarely get it 100% right all the time and the best response when we do not is to say sorry and work on rebuilding the pastoral relationship. Bear in mind also, that even when best practice is followed, there are many factors outside the control of those who provide pastoral care.*

Following an evening service in the church focusing on 'suffering' you strike up a conversation with a middle aged woman named Jude who you do not know particularly well but have seen around the church at various events. She appears to be struggling but, despite some tentative questions from you, does not seem to want to talk anymore about it. You feel led to pray for Jude that an opportunity might come to try to get to know her a little better. In a few weeks' time you notice Jude sitting in church and decide to sit beside her. You learn that Jude previously attended another church for many years but, following the breakdown of her marriage, had left the church altogether for a short time before trying to find a church she could feel at home in. Jude and you appear to begin to relax in one another's company and you feel that over time a relationship is building.

One afternoon you get a phone call from someone within the church who has phoned to tell you that they have discovered Jude used to be a male before they 'came out' and their wife had subsequently ended the relationship. After prayer and reflection, you are able to recognise that this does not change your relationship with Jude and that, while you would like to be trusted with the journey she has been on in recent years, you have not been told first-hand about her history. You decide to not rush to do anything but again pray the opportunity will come up to speak to her about her life.

When you next see Jude in church you agree to meet for coffee and over coffee you gently explain that someone had passed on information about her past which (if it were true) must have been very difficult for her. You suggest that, if she wanted to, this was something you were happy to talk to her about. Jude looks really shocked, embarrassed and uncomfortable. She tells you that she thought this church may have been different from her last one but perhaps there was no place for her now that other people knew she had been born in a different body. You hasten to reassure Jude that the church cares about her and that she does have a place there, similar to everyone in the church family who all have their own sufferings and burdens to bear. You clarify that you are not intending to offer shame but to offer support.

Over time, through relationship with Jude, you become aware that she has legally changed her name and that she has had surgery to align her body to her identified gender. From what you learn this was a very difficult path she felt she had no choice but

to follow and lost her marriage and her home church in the process. As a result of all of this Jude has been battling a deep depression which is what led her back within the doors of the church. Jude would like to believe there is a God who can still love her, even if no one else can. You realise that Jude needs to experience God's love for her regardless of her gender identity and remind her that her identity in Christ surpasses any other identities she may have. You tell Jude that she is welcome in this church family and that you will continue to offer support and friendship to her, and that you are open to exploring further the impact her distress around her gender identity has had on her life. You reinforce that you are happy to be a fellow traveller on this journey, offering support along the way and engaging in Bible study together if this is something she would like to do.

You do not publicly share Jude's journey as this is a private matter and confidentiality is to be respected, but gain consent from Jude to share her struggle with the minister and some of the pastoral care team. You explain this would be done in the same way as you would when supporting any person with any pastoral care need within the church. In this way a number of people are aware of and praying that Jude comes to rediscover the love God has for her.

# Glossary of terms

The following is a glossary of words used in the context of gender identity.<sup>13</sup>

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

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

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

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

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

**Gender** – This is becoming a more contested term and historically was often used interchangeably with sex. Today it is generally used to refer to the psychological, social and cultural aspects of being male or female and includes gender identity and expression.

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

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

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

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

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

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<sup>13</sup> This glossary is an edited version of the glossary which appears in the resource from the Evangelical Alliance, Transformed (used with permission).

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

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

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

## Further resources

The following resources are suggested for further reading.

*Transformed: Understanding transgender in a changing culture*

This online booklet from the Evangelical Alliance provides a brief biblical and pastoral introduction to understanding transgender in a changing culture. It is available to download here: [www.eauk.org/resources/what-we-offer/reports/transformed-understanding-transgender-in-a-changing-culture](http://www.eauk.org/resources/what-we-offer/reports/transformed-understanding-transgender-in-a-changing-culture)

The Evangelical Alliance website also has two video stories highlighting the issues around pastoral care and people who identify as transgender.

*Transgender* by Vaughan Roberts (The Good Book Company, 2016)

A helpful short book (80 pages) explaining the complexities of the transgender questions from a biblical perspective with some brief pastoral advice in the last chapter.

*God and the Transgender Debate* by Andrew Walker (The Good Book Company, 2017)

A longer book than *Transgender* (176 pages) on what the Bible says on transgenderism including a pastoral response.

*Love Thy Body* by Nancy Pearcey (Baker Books, 2018)

A longer book (336 pages) on the practical theological importance of the body covering a number of related topics including transgenderism.

**The True Freedom Trust:** [www.truefreedomtrust.co.uk](http://www.truefreedomtrust.co.uk)

A UK based evangelical organisation. Their website has a number of helpful resources for individuals dealing with LGBT issues personally. They are available to call on +44 (0)151 653 0773 – personal support can also be requested via their website.

### **Education Authority guidelines**

The Education Authority (Northern Ireland) has produced guidelines for schools which are available here: [www.eani.org.uk/school-management/policies-and-guidance/supporting-transgender-young-people](http://www.eani.org.uk/school-management/policies-and-guidance/supporting-transgender-young-people)

The inclusion of this guidance document in this 'further resources' section is to provide information on what advice schools have been provided with. It was drawn up by a range of educational stakeholders, including the main churches. While not everyone may agree with everything contained within it, it represents the outcomes of much discussion and attempts to provide the consensual views of these stakeholders.

## **Resources on mental health**

Some people who struggle with their gender identity may have associated mental health problems such as anxiety or depression. Further information on mental health can be found in the extensive resource list here: [www.presbyterianireland.org/Resources/Congregational-Life/Mental-Health-Resources-List.aspx](http://www.presbyterianireland.org/Resources/Congregational-Life/Mental-Health-Resources-List.aspx)





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