LGBTQ, non-binary, gender fluid	LGBTQ, non-binary, gender fluidity and gender dysphoria			
Fact from science, history or observation	Biblical view	Comment		
Only 2 genders have ever been observed	God created them male and female – Genesis 1 v 27 & 2 v 24, also confirmed by Jesus in Matthew 19 v 4	There have been suggestions and unfounded theories that there are many more genders, but no evidence has been produced for any of them – see comment 1 below		
There has never been a person known to science who is or was of indeterminate gender	God created them male and female – Genesis 1 v 27 & 2 v 24, also confirmed by Jesus in Matthew 19 v 4	Gender is always identifiable chromosomally and in every case ever known, falls clearly into the well-known binary model (male and female) – see comment 2 below		
There are good societal reasons for preserving the differences and having them remain obvious – respect, safety, medical reasons, fairness – see comment 3 below	The differences should be preserved – Deuteronomy 22 v 5	There are many instances where failure to preserve gender distinction has produced danger or unfairness. People who are anatomically male competing with women in sports and winning because of their superior strength and speed. Anatomically male prisoners being incarcerated in women's prisons and committing rape – see comment 3 below.		
There is much evidence that suicide rates are between double and treble the norm in LGBTQ and gender fluid/dysphoric sections of the community. There is also a much higher incidence of depression and other mental health issues	The bible view is that such things are 'perversions' and come from 'reprobate or unsound minds' – Romans 1 v 28	Many say that we should allow these variations, to support the people who will not otherwise achieve happiness. The evidence is that many – some studies suggest over 50% - are tormented and that the torment does not end with the surgery, but gets worse – see comment 4 below		
Gender dysphoria was not identified in its current form until 2013. Prior to that is was known as Gender Identity Disorder, so was a treatable condition. After its renaming, it was no longer considered a disorder and therefore did not require treatment, but acceptance.	The bible does not entertain confusion about gender – see above	A problem with this development is that one can no longer help affected people to see the truth and end their confusion – see comment 5 below		
Whilst some people claim they have always had same sex attraction (SSA), there has not	The bible agrees that engaging in sexual relations with a same-sex partner is a choice	Medical evidence is plentiful that children do not think about their sexual preferences		

LGBTQ, non-binary, gender fluidity and gender dysphoria			
Fact from science, history or	Biblical view	Comment	
observation			
been any genetic discovery to support this – no 'gay gene'. As far as science is concerned, sex between people of the same gender is a choice they make rather than something they have no control over – see comment 6 below.	and one to which the persistent indulger will be given over – Romans 18 v 18 - 32	until around the onset of puberty. For most children there is no confusion about their gender, though occasionally some may express their wish that they were the opposite gender to the one into which they were born. Of this relatively small group, the majority – around 80% - will naturally adopt their gender of birth, doing so naturally and without persuasion. With a very small number they remain gender confused. Given the very small numbers, this represents a true abnormality. There would certainly be no point in giving the all gender confused children medication to delay puberty to address a problem that only affects a tiny minority, especially as these drugs bring their own health issues in the form of severe side-effects.	
Health issues other than those already mentioned are more prevalent among the LGBT community (though medically speaking, lesbian sex is the safest after monogamous heterosexual sex within marriage). Various studies show different statistics, but seem to be ubiquitous in their conclusion that gay men can expect a reduced life-span and to be using the nation's health-care resources more than their married heterosexual equivalents. Lesbians too are more prone to STIs and mental health disorders, particularly if they have multiple partners.	The bible states that those who believe they have no choice in these matters have 'believed a lie', have exchanged the image of god for that of a lower order of animal (we're just apes with better DNA) and are committing sin against God whose design is obvious when it comes to sexuality. The bible agrees that their lives will be shorter and of poorer quality and describes this lifestyle as being more lustful (Romans 1 v 18 and following and other references).	A man's body is designed by God to 'fit' a woman's body and their union designed to produce life, born through her womb. A man's anus is not designed for intercourse. It has a different structure from a vagina and is easily damaged and infections easily spread. Everything concerned with sex and reproduction has clearly been designed to work a certain way and the designer abhors our misuse of it.	

Comments

1. A recent article in the New Scientist claimed that there was no scientific support for the two genders to which we have referred for millennia. The article suggested that there were possibly over 80 genders. However, it offered no evidence as to where we might find these genders or how they might be addressed – it was entirely theoretical.

This was somewhat surprising because science is defined by what can be observed and

theoretical prediction is based on extrapolations from observable evidence. We must ask ourselves, therefore, what has been observed?

At a chromosomal level, what has been observed is, without exception, binary, producing male or female. This is normally expressed through chromosomes XY producing male or XX producing female. There are rare exceptions to this as shown in the next table, but these do not alter the clear binary nature of gender. Wherever there is a Y chromosome there is a male and when there is not there is female.

Chromosomal make-up	Gender/sex
XY	Male
XX	Female
XXX	Female
XYY	Male
X0	Female

There are rare occasions when a child is born in which the genitalia are difficult to distinguish as to which gender they belong. However, a check on the chromosomes will always reveal the true gender, which is immutable. The child will almost always grow up with the traits of its chromosomal gender.

2. Both science and the bible agree that there are only two possible genders – when you have only X and Y to choose from you can only get a combination of Xs and Ys. Any confusion, therefore, is in the mind of the confused person and not in the actual gender make-up. This is almost always immediately known to all by the genitalia of the child, but in the rare case of doubt, the chromosomes will provide the truth.

Confusion about gender is therefore best treated as it used to be, by some kind of therapy to assist in undoing the confusion, as one might with the person who believed he was a one-legged man, despite having two perfectly formed legs (see comment 8 below).

For the Christian, your identity is 'In Christ' anyway. The gender you have is not, it seems, eternal, as there is neither male nor female in heaven. This side of heaven we are called to obedience to Him, regardless of our 'attractions' (perhaps temptations would be a better descriptor). To be tempted by same-sex attraction is not sinful: it is the acting out of the temptation that takes us into sin.

3. One of the most vociferous groups against the non-binary/gender-fluid demands to be able to use the facilities of their choice is Feminism. They appreciate that as a woman, they should have a right to privacy and security in toilets, changing rooms etc. – the security of knowing that when they are in a state of undress or some other vulnerable state, they are not in the presence of men.

Medically speaking, regardless of the deluded claims of a person that they are of a different gender than their physical make-up would suggest, there is a necessity for the truth to enable diagnosis and treatment of many conditions. Problems with the menstrual cycle, ovarian cysts, erectile dysfunction are some that immediately come to mind. Men and women often present with different conditions, the treatment for which is gender specific.

Men who have presented as women have had great advantage in sports events such as boxing, cycling, weightlifting and athletics. For many of us, the idea of a male boxer being able to pound a female contestant using his superior strength is anathema. However, it is also unfair. If the same contestants were to take drugs to enhance performance, they would be disciplined. Detractors, however, are treated as bigots or phobics, as though spotting the unfair reality of these things is somehow weird and there is no unfair advantage to the man claiming to be a woman.

4. Some statistics on ill health and poor mental health in the LGBTQ etc. community.

Firstly, there is no doubt that the condition from which many suffer brings them mental ill-health. Believing you are in the wrong body or having gender confusion, not knowing where you fit into society etc. can bring with it fears, depression, paranoia and other mental health difficulties.

From the LGBT rehabilitation group R12:

⅓ of LGBT+ youth meet the criteria for mental health disorder; LGBT+ youth contemplate suicide at three times the rate of their peers; When subject to victimisation, the likelihood of self-harming increases 2.5 times; Suicide rates among trans and gender non-conforming people are as high as 46 percent; LGBT+ identified people are twice as likely to suffer from anxiety and depression; Just about every form of substance abuse occurs at a higher rate in the LBGT+ community; 40 years ago Homosexuality was classified as a mental illness − this accords with scripture where it is classified as the product of a reprobate mind.

These statistics are supported by the findings of the Mental Health Foundation.

5. Up to 2013, what is now called gender dysphoria was called gender identity disorder. This was treated as mental illness, in a similar fashion to the treatment of people believing they ought to be one-legged etc. It was treated as a delusion that practitioners would try to correct. When it was re-entitled gender dysphoria, it was no longer listed as a disorder, so sufferers after this date could no longer be treated, as they were deemed not to need it.

The ongoing pressure to 'understand' gender confusion in the young has resulted in greater emphasis in acceptance that their confusion needs to be allowed time to develop, one way or another, so puberty delaying drugs are suggested so that a child does not have to decide what gender they are until they have reached a more certain position. The problems with this are manifold. The majority of affected children settle on their obvious gender around the time of puberty anyway. This is delayed by the use of these drugs and prolongs the confusion. Additionally, these drugs have side effects which introduce health problems where previously there were none. Some of these are serious. One example of this is 'Lupron', which has been known to cause degenerative bone and disc diseases such as osteopenia, as well as degeneration of teeth and joints and reduced longevity.

6. In 2015 a study of genetic markers alleged it had discovered a genetic connection with homosexuality. The study was done on a very small sample of twins, most of whom were 1 gay and 1 straight, though some were both gay. This study was discredited because the data was rigged. There was some desperation to find the gay gene in order to substantiate the

idea that gay sexuality was not a choice.

The previous year there was an article in New Scientist magazine (Magazine issue 2996, published 22 November 2014) that debated whether, if science was to discover a 'gay gene' this would be good or bad for the gay community. Views were indecisive.

The human genome project spent millions of hours and dollars fully mapping the X and Y chromosomes. The conclusion? There is no Gay Gene.

This means that when homosexuals claim infringement of their human rights because they are genetically disposed to be the way they are, they are mistaken. They have the same human rights as anyone else. However, society often finds their behaviour unacceptable – not what they are but how they are.

If we were to assume momentarily that homosexuality was genetic, then the most one could conclude is that those individuals were not morally responsible for being homosexual. However, that does not mean that they are not morally responsible for homosexual actions! Let us suppose that they discovered a rape gene or a paedophile gene. The owners might not be morally responsible for their attractions, but would still be accountable for their actions.

The flexibility of Homosexuality legislates against it being a genetic condition. People who have black skin or blue eyes cannot change this – cannot choose to be different. However, studies of homosexuals indicate that they do sometimes change back to heterosexual preferences and many indicate bisexuality moving between genders in their sexual partners. It is a minority that are 100% homosexually orientated. They certainly can choose their behaviours. This not the same as skin or eye colour. We expect heterosexual people to behave in a morally acceptable way: homosexuals are no different.

With regard to other sins, regardless of my desire to commit them, I am expected to curb these desires and am held responsible and accountable if I do not. I am not allowed to steal, no matter how much I want to, or commit murder or paedophilia. With these sins, society has said they are no longer defined as sins, so there is no accountability. We are all sinners and all struggle not to sin. In the case of sexual sins there is no longer a clear expectation of the parameters within which behaviour is acceptable. In short, there is no clear line any more.

7. Men who have sex with men are exposed to a greater risk of Human Papillomavirus disease, viral hepatitis, HIV, syphilis, gonococcal and chlamydial infections, Lymphogranuloma proctitis and other sexually transmitted diseases. These diseases generally spread more easily if bleeding occurs, as it does, often, with anal intercourse, as the tissue is much more fragile and not intended to withstand the rigours of intercourse. Gay, bisexual, and other men who have sex with men are 17 times more likely to get anal cancer than heterosexual men. Gay men accounted for 83% of Syphilis cases in the USA where the gender of the sexual partner was known.

whilst lesbians are considerable safer, their risk of contracting STIs and suffering poor mental health is elevated, particularly if they have multiple partners. The safest group are

monogamous heterosexual married couples by many orders of magnitude. This is more eroded year on year y the fact that by the time people get married these days, they have already had several sexual partners. Many STIs are asymptomatic, so people enter marriage as carriers.

8. Body Integrity Identity Disorder (BIID) is a condition where a person's mind perceives an aspect of their body as being 'not really a part of them', or 'at odds with who they really are'.

A study was done in 2012 – in the days when gender dysphoria was considered to be a disorder – which compared Gender Identity Disorder (GID), as it was then known, with BIID. The article that came from this study, published in the American Journal of Applied Psychology by the Science Publishing Group (Antonia Ostgathe, Thomas Schnell, Erich Kasten. Body Integrity Identity Disorder and Gender Dysphoria: A Pilot Study to Investigate Similarities and Differences. American Journal of Applied Psychology. Vol. 3, No. 6, 2014, pp. 138-143. doi: 10.11648/j.ajap.20140306.14) and it concluded that there was no difference, in essence, between the two conditions.

There is an irony, in that the study was seeking to get BIID identified as a disorder and was using the known disorder, GID, as a comparator, so that treatment regimes would be made available to BIID sufferers. BIID remains identified as a disorder but GID has been re-named and is no longer considered as such.

A quotation from the 6-page article:

"The statistical analysis confirmed that BIID-sufferers, as well as transsexuals, were unable to give a rational explanation for their desire for a considerable change of their body. It was found that the subjects in both groups stated primarily biological-genetic causes as the reason for their desire, ahead of the social-familial causes or other components."

(my note) It is interesting that in both cases, sufferers claim a genetic or biological cause without evidence of the same.

What's in a name (beware the sleight-of-hand)

Sometimes we can fall victim to verbal strategies that will cause us to imagine the status of something has changed. We are aware of the former Prime Minister's 'redefinition of marriage'. For most of us and for many millennia and across the whole world, marriage has always been a covenantal relationship between a man and a woman, within which, if normal abilities prevail, they will raise children whom they have conceived and to whom they have given birth. In the absence of these abilities and sometimes for other reasons, it is also the environment within which adopted children could be raised.

There is good reason to retain this model, as even in today's more fluid society, statisticians have established that the environment in which both the adults and children thrive best is the one that has served us well for millennia; that of marriage and the nuclear family.

Redefinition introduces confusion as to what marriage is and what that provides going forward. When someone says "I am getting married" or "I am married" there is no longer certainty what that means. Similar confusion prevails if someone talks about their family – we used to know immediately what this means.

Another example I came across recently was in an article that referred to what we have always called 'gender reassignment surgery' as 'gender affirming surgery'. The first refers to an implied change of gender, which would sit well with gender confusion and with the idea of righting a confused condition. The latter is more suggestive of someone who knows their gender and is bringing their body into line with their (correct) thinking.

The term 'gender fluidity' indicates that there is a definite possibility of gender being undecided or 'not obvious' and there is some condition that flows between the two. The term non-binary is similar. In both cases these terms are deceptive, as no potential exists to be either gender-fluid or non-binary.

One could, of course, go right back to the time when the really positive word 'gay' – meaning bright and cheerful – was reassigned to describe homosexuals. This gave homosexuality positive overtones that belied the real condition. Unfortunately, the word is rarely if ever used in its original context and has become a synonym for homosexuality.