

The Kingsway Trust works in partnership with the NZCPT as Proprietor of a network of schools and preschools that partner with parents and families to provide Christ-centred learning environments where all aspects of school life, learning, and relationships are informed by Scripture and shaped by the gospel of Jesus Christ. The Trust provides infrastructure, resources, and guidance about the special character of its schools, and it maintains relationships within the network. The integration agreement with the crown binds the Proprietor to supervise, maintain, and preserve the special character of the schools. This document summarises the position of the Kingsway Trust in relation to gender and should be read in conjunction with our *Special Character Guidelines* and *Theological Framework*.

We desire that every family, child, and staff member in our community experience the love of God as we seek to participate in God's love and treat one another with honour, compassion, and respect. We live in a fallen and broken world that is being redeemed by a loving God. God invites every person to experience the wonder of his Kingdom and the extravagance of his transformative love. The Trust seeks to glorify God through the extension of God's love. In this, the Trust seeks to remain biblically faithful, pastorally sensitive, and scientifically informed, while being cognisant of changes in general society and within the Christian community. The Trust has considered a wide spectrum of understandings of gender and want to acknowledge that it is possible to hold together truth and grace without compromise.

We live and educate in a fraught environment. The legislative and regulatory milieu presents stern challenges for Christian integrated schools, as does the Ministry of Education curriculum, to say nothing of wider cultural trends. And yet, when it comes to guiding students, families, and the community about gender issues, it isn't enough to say what should or should not be done. A compelling alternative is necessary for our time and place—a Christ-centred biblical vision for humanity that is inspiring, challenging, meaningful, and set within the broader context of the overarching narrative of Scripture.

Biblical anthropology

The triune God—Father, Son and Holy Spirit—creates, sustains, redeems, sanctifies, and perfects from and in love. Sexual difference is one result of God's creative love. According to Genesis 1:27, God created human beings in his image (*imago Dei*), male and female. The verse refers to our biological sex, for immediately afterwards God commissions them to “be fruitful and multiply.”¹ Being male and female is part of God's wonderful design and purpose for humanity, and part of what it means to bear God's image. Thus, every human being, male and female, is a person of immense dignity and value and part of God's good creation.

We read in Genesis 2:7 that God breathed into the man “the breath of life, and the man became a living being” (*nephesh*) i.e., a living soul/person. To be human is to be an *embodied* soul. A person cannot therefore have a soul or “true self” separate from their body.² The soul and the body do not happen to cohabit but are essentially and integrally unified. As a result, our gender identity as male or female is grounded in biological sex.³

This affirmation does not require an acceptance of rigid gender stereotypes. The Bible upholds human beings as male and female while it provides a good deal of flexibility around what it means to manifest masculinity and femininity.⁴ For instance, consider Mary, the mother of Jesus; or Junia, Paul's co-worker, who was “prominent” among the apostles (Rom 16:7); or Priscilla, who taught Apollos. (Acts 18:26).

All who receive Jesus Christ are found ‘in Christ’ and destined to be conformed to the image of Christ (Rom. 8:29; 2 Cor. 3:18). God's love is embodied and demonstrated in Jesus' life, death, and resurrection. In his assumed flesh, Jesus affirmed our embodied existence as male and female,⁵ and saw this “as normative and not just relevant for the beginning of creation.”⁶ He also led a form of life characterised by compassion, even as he judged sin and made atonement for it on the cross and in the resurrection. Christ conquered sin and

death by love that is manifest to us as servant-hearted and other-focused.⁷ The Apostle Paul described this love, which is to characterise Christian community, in the following way: “Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonour others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres.”⁸ God’s love, shed abroad in Jesus Christ by the power of the Holy Spirit, empowers us to build truly loving community with each other.

This community, or body, has as its head Jesus Christ. We hope our students find their secure identity in Christ in two ways. Members of the body are *both* “members of one another” (Rom 12:5) *and* sanctified members in their own right—just as Jesus referred to his own body as a temple,⁹ the place where God’s presence dwelt on earth,¹⁰ Paul reminds those ‘in Christ’ that their bodies are now “temples of the Holy Spirit.”¹¹ To be human, then, is to be an embodied soul and God’s image bearer, and also, ‘in Christ,’ to be a temple of the Holy Spirit. It is to be both part of a community and to be an individual. All this has profound implications for how we treat our bodies and each other.

Gender fluidity and transitioning

Gender transitioning has increasingly become a part of public awareness and societal discussion.¹² “Gender transitioning is the attempted exchange of one’s” biological sex, “as male or female, for the other sex: a male attempting to alter himself to become female, or a female attempting to alter herself to become male.”¹³ Rather than reconcile one’s gender identity with one’s biological sex, one attempts to alter one’s biological sex to align with one’s perceived gender identity. “The person seeking to transition ... essentially believes that he or she is in the ‘wrong body’: a male trapped in a female body or vice versa. The experience of” distress “associated with this” condition “is referred to as gender dysphoria.”¹⁴ International research also shows there is a significant rise in the number of other people who are questioning their gender identity.¹⁵

The psychological experience of disconnection between one’s gender identity and one’s biological sex can cause significant distress (gender dysphoria), and this distress should not be minimised.¹⁶ Those suffering gender dysphoria must be met with appropriate pastoral and/or mental health care to address their needs holistically. In keeping with the dignity and value of every person made in God’s image, we seek to embody understanding and compassion as we walk with students who experience gender dysphoria or are questioning their gender identity.

Yet we affirm binary biological sex as the basis for gender identity. Science agrees with Scripture on this point: human beings are biologically, at a cellular level, ‘male and female.’ The categories of male and female are “based on structures of reproduction.”¹⁷ As such, they are observable, scientific facts affecting every cell of the human body. Therefore, a boy or girl with gender dysphoria remains biologically male or female. Transitioning does not alter the biological sex or the innate identity of the embodied soul.¹⁸ The notion of transitioning, which assumes a “true self” distinct from the body, overlooks the gift of biological sex as the result of God’s creative love, as well as the sanctity of the body as the temple of the Holy Spirit fashioned to image God. Transitioning, then, frustrates God’s good purposes and can only impede true flourishing.¹⁹

Gender transitioning generally progresses through social, hormonal, and in some cases surgical treatments.* It is regularly promoted as the primary palliative therapy for gender dysphoria, even though significant concerns have been raised about the potential risks associated with medical interventions in particular. Hormonal treatments represent one type of medical intervention that affirms gender transitioning. These interventions block the body’s sex-specific hormones or provide the sex-specific hormones of the opposite sex. Before puberty blockers were administered to adolescents with early onset gender dysphoria, studies of adolescents with early onset gender dysphoria found that between 61% and 98% of young people found their distressing symptoms desisting by the end of puberty, and they went on to accept a gender identity

* Social transition generally involves a name change, use of alternative pronouns e.g., he/she/they, and a shift in gender expression e.g., dress, hairstyle, etc.

that aligned with their biological sex.²⁰ We believe it is unethical, therefore, to push a young adolescent down a life-impacting transitional path using medical treatments when most of them would be statistically unlikely to choose that path if left to develop through puberty as their body is biologically designed to do.

Many psychologists and paediatricians are concerned about the risks of hormonal therapy on young people. The long-term medical impact of puberty blockers is still uncertain, although several studies show adverse side effects including stunted height, diminished bone density, and impaired cognitive development. And some studies of cross-sex hormones show adverse changes in cholesterol levels, blood pressure, and increased risk of heart attack, stroke, and infertility.²¹ There is also concern that mental health issues will be overlooked when transition is promoted as the primary palliative solution for gender dysphoria.²²

How then are we to respond?

Christian education is a partnership between parents/whānau and the school. We believe that it is critical schools and the parents/whānau of any student with gender dysphoria agree about the school's special character and any matters pertaining to the student's privacy, safety, and wellbeing. Those with gender dysphoria suffer distress and anxiety and must be treated with compassion and empathy.²³ Some may have additional mental health conditions. Yet our students should also be dissuaded from actions that ultimately will not contribute to individual and corporate flourishing and may cause irreversible harm.

A "moral issue for" our "schools is that they cannot participate in or promote the denial, or perceived denial, of the biological sex with which a child has been endowed by the Creator."²⁴ As a result, in the case of the transgender student, we offer guidance on practices such as the use of unisex toilets, which meets safety and privacy needs, and the use of the proper noun in place of pronouns. Regarding the latter, we believe that the alternative—"using 'he' for a student born female or 'she' for a student born male"—does "not truly serve the good of the student and his or her flourishing."²⁵ In each and every case, we commit to walking alongside our students and families with love and compassion while also encouraging them to make wise therapeutic choices. Jesus is our saviour from brokenness and our model in dealing with brokenness. He blessed children, protected and welcomed sinners and social pariahs, and spoke the truth in love. Scripture reminds us that that Jesus was gracious with the marginalised (Luke 7:44–50, 19:5).

This is to say that the Christian vision shapes our response. As followers of Jesus Christ we affirm the dignity and value of every human person, created in God's image as male and female and loved by God. God created us for loving fellowship with himself and with each other, and for the wise stewardship of creation. The life, death, and resurrection of Jesus Christ, the Son of God, affirms each person as a holistic body, created as mind, body, and spirit.

We desire our schools to be places that draw life from God's own life, as this is imparted to us through and in Christ by the power of the Holy Spirit. We long that our students find both freedom from unbiblical stereotypes and the freedom to grow in their unique gifts, realising their full God-given potential and growing in Christlikeness as holistic and redeemed people.

Our secure identity is to be found in Jesus Christ. We encourage our students as they grow into this identity, while also supporting them to grow to feel at home in their own, God-given bodies.

PLEASE DO NOT DISTRIBUTE BEYOND KWT SCHOOL BOARDS AND PRINCIPALS AT THIS STAGE OF CONSULTATION

¹ Similarly, in Genesis 6:19 and 7:19 we see ‘male and female’ referring to the biological sex of the animals Noah took on the ark. They were saved from the flood to live and reproduce according to their kind. Preston Sprinkle, *Embodied: Transgender Identities, The Church & What the Bible has to Say* (Colorado Springs, CO: David C. Cook, 2021), 65–66.

² This point is also made by the National Catholic Bioethics Center, “Brief Statement on Transgenderism,” *NCBC Quarterly* (Winter, 2016): 599.

³ The term ‘gender identity’ describes “the psychological aspects associated with being male or female,” or “one’s internal sense of self as male, female, both, or neither.” Sprinkle, *Embodied*, 40. In describing ‘gender identity’ this way, we are not making an ideological claim. This is a statement about language and what the term means. The psychiatric community in the early twentieth century found they lacked the language to describe the experience of clients who did not identify with their biological sex. Eventually, they began using the term ‘gender identity’ so they would have language “to describe the lack of congruence between biological sex and gender identity.” Mark Yarhouse and Julia Sadusky, *Emerging Gender Identities: Understanding the Diverse Experiences of Today’s Youth* (Grand Rapids, MI: Brazos, 2020), 15.

⁴ Cf. <https://familyfirst.org.nz/wp-content/uploads/2020/02/Responding-to-the-transgender-issue-in-NZ-schools-A-guide-for-parents-and-schools-1.pdf>. They write, “A better approach would be for schools to create a climate that welcomes every student by making room for a greater diversity of personalities without negating the importance of biological sex. Most children’s personalities do not perfectly conform to the societal expectations for their sex and they should not be led to fear that their unique expression or preferences indicate a need to change their identity or their bodies.”

⁵ Matt. 19: 4–5.

⁶ Preston Sprinkle, “Biblical Conversation about Transgender Identities,” *Pastoral Paper 12* (The Center for Faith, Sexuality & Gender), 4.

⁷ John 13:35.

⁸ 1 Cor. 13:4–7. Bible verses are from the NIV.

⁹ John 2:19–21.

¹⁰ John 1:14.

¹¹ 1 Cor. 6:19, 20.

¹² NCBC, “Brief Statement on Transgenderism,” 599.

¹³ NCBC, “Brief Statement on Transgenderism,” 600. As with the NCBC statement on transgenderism, “For the purposes of this position” paper ... “we are not addressing the complicated” conditions known as Intersex “where various congenital disorders of sexual development result in uncertainty regarding a person’s biological sex.” NCBC, “Brief Statement on Transgenderism,” 600.

¹⁴ NCBC, “Brief Statement on Transgenderism,” 600. Childhood gender dysphoria is a “marked incongruence between natal and perceived gender lasting at least six months; manifested by at least six features, including a strong desire for ... and insistence on ... the company, clothing and toys of the opposite sex and its role in fantasy play; rejection of the stereotypes of their natal sex, including anatomy (and) significant distress or impairment ... in functioning.” Dr John Whitehall, “Children Transitioning: Childhood Gender Dysphoria. A paediatrician’s warning to New Zealand,” *Family First, NZ* (Oct, 2018): 7. In fact, the critical element of gender dysphoria defined by the 2013 American *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is the presence of clinically significant distress associated with the condition. The prevalence of gender dysphoria among children and adolescents has been difficult to estimate because of the absence of formal prevalence studies. Among adults the DSM-5 estimates the prevalence of gender dysphoria to be between .005–.014 percent for natal males and .002–.003 percent for natal females. This is significantly lower than its prevalence in children, however, because before the practice of hormonal intervention, most children found their symptoms desisting by the end of puberty.

¹⁵ See e.g., Lisa Littman, “Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria,” *PLoS One*, 13 August 2018); Whitehall, “Children Transitioning,” 3–4; Sprinkle, *Embodied*, 162–167; and Abigail Shrier, *Irreversible Damage: The Transgender Craze Seducing our Daughters* (Washington DC: Regnery, 2020), 25–39. Shrier discusses how Littman’s work backed up her own findings. Sprinkle talks about Lisa’s Littman’s work and how it has been unfairly criticised. Penny Mordaunt, the British Minister for Women and Equalities, ordered an inquiry to understand why there has been a 4000% rise in girls wanting to change sex in the UK. Gordon Rayner, “Minister orders inquiry into 4,000 per cent rise in children wanting to change sex,” *Daily Telegraph* (16 Sept, 2018).

¹⁶ Sprinkle, *Embodied*, 33.

¹⁷ Sprinkle, *Embodied*, 38.

¹⁸ NCBC, “Brief Statement on Transgenderism,” 600.

¹⁹ NCBC, “Brief Statement on Transgenderism,” 601.

²⁰ Sprinkle, *Embodied*, 50. The ‘desistance’ rate has been the subject of much controversy. Sprinkle provides a summary based on multiple reports and research. Some of this research is noted in Devita Singh, Susan J. Bradley, and Kenneth Zucker’s follow up of 139 boys who had been diagnosed with ‘gender identity disorder.’ Their rate of desistance was 87.8% (with a corresponding persistence rate of 12%). Their results fell within the range observed in other studies of desistance and persistence. Devita Singh et. al., “A Follow-Up Study of Boys with Gender Identity Disorder,” *Frontiers in Psychiatry* 12 (March 2021), 1–18. See also Whitehall, “Children Transitioning,” 3.

²¹ Sprinkle, *Embodied*, 169; Yarhouse and Sadusky, *Emerging Gender Identities*, 53. Whitehall likens the shift to applying hormonal and surgical treatments for gender dysphoria to the enthusiasm of the medical profession to lobotomise people in the early 20th century, despite lack of scientific basis. Whitehall, “Children Transitioning,” 6.

²² The National Board of Health and Welfare in Sweden write, “Co-occurring psychiatric diagnoses among people with gender dysphoria are a factor that needs to be considered more closely during investigation.” This has led to a U-turn in Sweden’s approach to gender transition. See the Canadian Gender Report summary of this: <https://genderreport.ca/the-swedish-u-turn-on-gender-transitioning/>. In New Zealand, the Ministry of Health stresses the need for good wrap around social and mental health support when providing gender affirming healthcare. See NZ Ministry of Health website: <https://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/health-care-transgender-new-zealanders>. See also Oliphant et al, “Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa, New Zealand,” *New Zealand Medical Journal* 131/1487 (2018): 86–96.

²³ NCBC, “Brief Statement on Transgenderism,” 603.

²⁴ NCBC, “Brief Statement on Transgenderism,” 602.

²⁵ NCBC, “Brief Statement on Transgenderism,” 602. John Piper notes the following: “Naming may have a certain ambiguity and arbitrariness to it, but the language of he and she and the use of bathrooms and hotel rooms does not. And I will draw a line and say, I will not call he ‘she.’ I will not call she ‘he.’” (“He or She? How Should I Refer to Transgender Friends?” <https://www.desiringgod.org/interviews/he-or-she-how-should-i-refer-to-transgender-friends>)

PLEASE DO NOT DISTRIBUTE BEYOND KWT SCHOOL BOARDS AND PRINCIPALS AT THIS STAGE OF CONSULTATION

Working Copy