

Catholic Bishops Capitulate on Schools' Gender Confusion

The Commission for Life, Family and Public Engagement of the Australian Catholic Bishops Conference recently released the document *Created and Loved: A Guide for Catholic Schools on Identity and Gender* based on the “universal truth that we are each called by a loving Creator who has formed us and claims us by name” and are thus “equal in worth and dignity ... and precious in the eyes of God”, as propounded by the prophet Isaiah. Few would object to these sentiments, and the document is being praised, including by leaders of the largely Protestant organisation Christian Schools Australia.

Isaiah, however, also declared, “You will be a light to guide the nations,” and, later, Jesus warned that “You cannot serve two masters” in that process. The document is thus burdened with the responsibility of providing light and, consequently, clear guidance on a major problem in current society: the management of children professing incongruence between their feelings and their chromosomes.

This problem has grown rapidly in very recent years. Since 2014, the number of children and adolescents attending gender clinics in four main public children’s hospitals in Australia has reportedly increased from 211 to 2067; from 2020 to 2021, it rose by 25 per cent. These numbers, however, do not include attendances in “adult” clinics or those in the burgeoning private sector. TransHub, the website of the largely government-funded AIDS Council of New South Wales, declares, “All GPs and Prescribers can and should be gender affirming doctors”, and provides “maps” of those who are available. In New South Wales, eighty-three are listed, but TransHub provides guidance for any doctor wishing to prescribe “gender affirming hormones” to anyone seeking a new gender, including those under the age of eighteen.

It should be emphasised: there is no public accounting for the numbers of children and adolescents attending these private clinics, despite their entry into a process of “affirmation” with brain-

altering and body-altering hormones that may progress from chemical to surgical castration, under lifelong medical care.

The problem for Christian schools

Given the growth of the problem, many schools have been challenged by its management, hence *Created and Loved*. But the schools are in an invidious position, forced to choose between irreconcilable philosophical and practical forces. Does gender incongruence represent a contagious psychological distortion in body image, or an emerging psychic truth? Is it a disorder that warrants alleviation, or a truth that demands affirmation? In this war of phenomenologies (the science of observed events as opposed to the nature of being) which “master” should religious schools follow? What “light” should guide that choice and, thus, their directions for others to follow?

If schools follow the conviction that gender confusion is a disorder of body image, they will incur the fury of transgender activists and politicians committed to the ideology of gender fluidity and the eradication of any alternative. None, of course, will be more dedicated than those in Victoria who have criminalised any management of gender confusion in children other than affirmation of their self-defined gender identity contrary to their chromosomal self. Victoria’s Change or Suppression (Conversion) Practices Prohibition Act 2021 promises up to ten years in jail as well as crippling fines for any individual attempting to reorient someone’s feelings towards chromosomal reality, even if requested by the sufferer. Penalties for organisations are greater. As well as legislative fury, the schools will experience the ire of the LGBT+ community, and those children and their parents demanding entry into the social, educational and sporting ranks and facilities of their chosen gender.

Given the intention of legislation in Queensland, the ACT and Victoria to eradicate opposition to

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affirmation, it is small wonder religious organisations appear to have no confidence in their exemption expressed in the Commonwealth Sex Discrimination Act 1984. However, regarding "Educational institutions established for religious purposes", the Act does, in fact, declare it is not unlawful "for a person to discriminate against another person on the ground of the other person's sexual orientation, gender identity, marital or relationship status or pregnancy in connection with the provision of education or training by an educational institution that is conducted in accordance with the doctrines, tenets and beliefs or teachings of a particular religion or creed".

Who can blame Church leaders for lack of confidence in the traditionally greater authority of federal law when such leaders as the former State President of the Labor Party, Minister for Health, and Attorney-General of Victoria, Jill Hennessy, have demanded (without apparent objection) the abrogation of that fundamental of democracy: the right for the presumption of innocence? Paving the way for the Change and Suppression Act, Hennessy declared that the crime of conversion therapy is so grave it demands "reverse onus" in which "the accused is required to prove matters to establish, or raise evidence to suggest, that he or she is not guilty of an offence".

Regarding the removal of another fundamental, freedom of speech, the document *Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in Australia* produced at La Trobe University with the help of the Victorian Labor government's "LGBTIQ+ Taskforce", recommends the banning of radio broadcasts and public speech that could dissuade from affirmation.

Furthermore, that document, promoted as scientific justification for the various states' legislation promoting affirmation, recommends the Victorian government "insert clauses into funding agreements" that would bind the schools to commitment to affirmation. School leaders would be obliged to undergo training that would promote the value of affirmation and the damage from alternatives.

Conversely, if the schools pursue the second option and co-operate with a child in affirmation to a gender identity contrary to chromosomes, they may be found derelict in their "duty of care" by young people damaged by "gender affirming therapy". Such negligence is already being asserted

by "de-transitioners" in the ranks of transgendered "graduates" from the Tavistock gender clinic in London. These disillusioned are claiming they were not protected from grievous errors of judgment for which "overshadowed" pathologies had rendered them vulnerable. Consequently, they suffered permanent damage, including body-altering hormonal treatments, surgery and sterility. They are claiming they were too young to make such monumental decisions, were not properly informed, and were merely facilitated into the process of transgendering.

Two masters: deeds and words

Created and Loved, though issued with deepest compassion, is most likely to worsen the problem. Perhaps reflecting the existential uncertainties of the authors, it attempts to follow both masters. Whether the authors will hate one and love the other, as Jesus warned, is unknown, but their document will strengthen one while practically undermining the other.

Courageously, the authors propound a "psychological" base for gender confusion in children, rejecting the "biological" suggestion of "being born in the wrong body". They even declare there is a responsibility of the Church and its schools to "resist popular rhetoric around gender variance" which insists it is "something entirely separate from biological sex", "assigned at birth", but which "can be fluid and oscillate between a male or female gender identity according to a subjective personal choice". These

are bold words: anathema to the claim that gender is an innate truth, not a psychological disturbance.

However, the practical protocols of *Created and Loved* point in a different direction. They are to be activated when a transgender identifying child is "undergoing psychological and/or medical intervention" but, by then, many such children and teens will have been briefed to assert their new trans rights by supportive social media, peers, gender clinics and sometimes their parents. These rights insist schools and society affirm the "truth" of their new gender, rejecting any notion of psychological disorder. The expressed practical protocols, the "deeds" of the document, reveal the schools will strengthen that "truth" through obedience to its dictates, while weakening the impact of their verbal disavowal.

At best, the protocols are a softly modified version of the Safe Schools Coalition Australia *Guide*

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to *Supporting a Student to Affirm or Transition Gender Identity at School*, which sought to introduce the doctrines of gender fluidity into schools under the guise of an “anti-bullying” program. Under the weight of public opinion and deprivation of government funding, the pulse of those programs weakened. Now, however, they appear to have been offered resuscitation, ironically, by the Church for which Safe Schools had no affection, blaming it for heinous crimes of persecution of sexuality, including transgender.

Five naive recommendations to schools

What are the deeds of gender fluidity, the steps of affirmation, that *Created and Loved* declares the schools should adopt?

First, though it is expressed obliquely, Christian schools appear to be advised to accept, at enrolment, a student’s declaration of identity contrary to biological reality, to fortify it by secrecy, and join its public proclamation. *Created and Loved* declares that “all school documentation is to record students’ biological sex at the point of enrolment” with “strict adherence to privacy laws”. The document advises schools to “note the student’s preferred name, identity and use of personal pronouns”—which will surely lead to their use.

Second, schools should “cater to the diversity of the student body” by “offering more flexibility with uniform expectations”. Thus, gender can be cancelled with “unisex options”.

Third, schools are advised that “Providing a unisex toilet and change room area or creating a bathroom space that is private and not aligned to biological sex increases the access and safety options of vulnerable students and may alleviate anxieties”. The only thing certain about this obfuscating advice is that it will co-operate, at least initially, in affirmation to an alternate gender. The document is naive—not recognising that the ultimate goal of a confused child is to *become* a member of the opposite sex, to be accepted and hidden in its ranks, not to be distinguishable as an oddity somewhere in between. Unisex toilets can, therefore, be foreseen as symbols of failure: litigious foci of oppression and discrimination.

Relegation of gender-confused children to special toilets is, thus, likely to increase their anxiety, unless all toilets and change rooms are declared “unisex”. In that event, inclusion of transitioning males is likely to challenge the modesty if not safety of biological girls, increasing their anxiety. Thus, unisex facilities may become litigious foci for dereliction of “duty of care” to both sides! Such are the consequences of serving two masters.

Fourth, similar concerns are raised over “school camps and events”. *Created and Loved* declares that “there needs to be awareness of the unique needs of the gender variant student, thus providing appropriate bathroom and sleeping arrangements where all students feel safe and supported”. Again, the “unique need” of the gender variant will be acceptance as a member of the opposite sex. Separate bedrooms will be discrimination.

Fifth, regarding sports and physical education, the document declares it is “paramount that close attention is paid to providing access and participation for all students and ensuring environments are inclusive, safe, fair and free from discrimination”. This poetry is, again, naive, if not utopian. *Created and Loved* declares it may be lawful “in single sex competition” of children over the age of twelve, to exclude some trans students from a team where “strength, stamina or physique” is relevant. Otherwise, the protocols appear to sanction such competition. The injustice of this foray into female sport will be considered in more detail below.

Dim lights of exploration on fundamentals

The authors of *Created and Loved* appear to have become entangled in words and contradictory deeds by shining only a dim light of exploration on various fundamentals.

The first concerns the prevalence of uncomplicated gender confusion. They declare that “children often experiment with various expressions of themselves as masculine or feminine”. Who told them that? To the contrary, it has been my observation as a paediatrician, father and grandfather, that children have a certitude of gender identification from an early age. Once, when playing on the beach with a grandchild not yet three years old, my duty was to scoop out a trench in the sand in which she would lie on her back to be buried up to her head. Another little girl requested similar attention and, soon, there were two heads protruding from the sand. Then, one announced, “I am a girl,” and asked “What are you?” Immediately, the other responded with equal certitude. Such truths shared, the heads turned to my next duty, decoration of the mounds with seaweed.

Parents, too, are committed to certainty. If they don’t already know, the first question still asked upon delivery is whether it is a boy or girl. And, before the sin of misgendering was defined, there was forgiveness for a paediatrician who failed to remember the name and age of a child, but there was quick correction of any confusion over whether the child was male or female.

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Created and Loved declares schools are a "microcosm" of a "society that typically views gender as a social construct and has widely adopted the belief that each person's innermost concept of themselves determines their gender identity". Who says gender fluidity has become widely accepted, apart from ideological zealots and their parliamentary and media supporters? Have the authors polled the mums and dads in their own schools, or in nearby suburbia? Basing principles on propaganda is pernicious.

This is not to deny there is a growing number of children and adolescents suffering from gender confusion: but this is a recent phenomenon. In over fifty years of paediatric practice, no parents ever declared to me that their child was confused over gender, though many other sexual matters were freely raised. In 2016, when I first heard the claims of gender fluidists, I asked twenty-five colleagues if they had ever seen a child confused over gender. From 848 years of cumulative experience only eight cases were recalled: six with severe co-morbid mental illness, and two with sexual abuse.

In 1987, Robert Kosky, chief psychiatrist in Western Australia, could report only eight cases of gender-confused children in that state between 1975 and 1980. Seven were young boys who had espoused femininity in response to their mothers' antipathy to men. Once admitted to hospital, distant from their mothers but close to unaffected children, their confusion rapidly dissolved.

The second dim light: understanding mental health co-morbidities

This dim light was shone on the reasons for the sudden, recent rise in gender confusion. Correctly, the authors acknowledge a high correlation "between childhood gender incongruence and family dynamics" including "adverse childhood events" that may be treated by a "trauma informed model of mental health care". But, in this superficial examination, they failed to explore the depths of co-morbid mental disease, and, apparently, ignored the role of social media.

Much would have been revealed had they explored medical literature. For example, a review of paediatric cases presenting to a Finnish hospital from 2011 to 2013 would have revealed that 75 per cent "had been or were concurrently undergoing ... psychiatric treatment for reasons other than gender dysphoria when they sought referral"; 64 per cent suffered from depression, 55 per cent from anxiety, 53 per cent from suicidal and self-harm behaviours, 13 per cent from psychotic disorders, 9 per cent from conduct disorders, 26 per cent from autism spectrum

disorder and 10 per cent from ADHD. 68 per cent of the children had had their first contact with psychiatric services due to reasons other than gender confusion. Furthermore, this gravity of co-morbid pathology has been confirmed in other centres.

To describe these co-morbidities as "adverse events" under-estimates the problem: to suggest they may be treated by a "trauma" model of care minimises their refractoriness to any treatment, let alone by changing sex. Nevertheless, in parenthesis, by their words, the authors confirm an external, secondary cause for gender confusion, rebutting claims of essential psychic truth.

Personal conversation with a Finnish psychiatrist confirmed the above characteristics. Gender-confused girls were not merely unhappy: they were deeply disturbed and failing in life. Then, from the web, the diagnosis and treatment of their problems were revealed: they were actually boys for whom "gender affirming therapy" could re-align bodies to revelation.

The psychiatrist also confirmed the inability of that "gender affirming therapy" to ameliorate the basic mental disorder: it did, however, contribute disappointment. We did not discuss this further, but prior mental illness and added disillusion are surely relevant to the much higher rate of suicide in transgendered adults. So might be disruption of the brain through hormonal intervention.

Gender fluidists claim the reason for the recent rise in incidence is greater knowledge, and acceptance of the possibility of sex change. An unanswered question is, "What is the reason for the dramatic rise in mental health disorders in adolescents that has apparently rendered them vulnerable to questioning their gender?"

The third dim light: recovery from gender dysphoria

The third dim light is shone on expectations of recovery from gender confusion. The authors of *Created and Loved* appear comforted by "research data [which] strongly suggests" that "for the vast majority of children and adolescents, gender incongruence is a psychological condition through which they will pass safely and naturally with supportive psychological care".

Inappropriately, this assertion is based on earlier experience with young boys affecting femininity in possible response to maternal pathology. Their problem, however, usually abated with a cautious, sustained psychotherapeutic approach, with attention given to co-morbid disorder. There is no data on the current phenomenon of rapid onset of gender dysphoria in older girls, in association with

co-morbid peer pressure before hormonal treatment but affirming therapy.

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co-morbid mental illness, under the influence of peer pressure. The boys were antediluvian: living before the days of the flood of "social contagion", hormones, and legislation criminalising any therapy but affirmation.

There is no data concerning the likelihood of a confused adolescent abandoning the process of affirmation after its substantiation by the granting of new names, new clothes, new toilets and new status within a school, especially one propounding theological truths. Such fortification by the school would appear more likely to reduce the chance of spontaneous cure.

Indeed, Dr Hillary Cass, who conducted the recent inquiry that led to the sudden closure of Britain's Tavistock gender clinic, emphasises that social transitioning is "not a neutral act".

The fourth dim light: on consent

The fourth is on the capacity to consent. The document declares there are "serious concerns regarding a young person's capacity to consent" to the "gender affirmative model" which has become "the dominant form of treatment". Do the authors imagine there is *any* possibility of a ten-year-old understanding the effect of hormonal treatment, let alone castration inherent in the surgical phase? A recent review of "The Teenage Brain: Under Construction" compiles research whose findings should be conclusive: "The judgment centre is immature, often leading to poor decision making" and unduly affected by the opinions of others. Administration of puberty blockers to that developing brain, as discussed below, is likely to reduce even further its capacity for mature judgment.

The fifth dim light: risks from medical transitioning

The fifth is shone on the side-effects of treatment. The document declares there are "concerns with the safety of using puberty blockers and cross-sex hormones on children and adolescents, particularly as many research studies continue to note the absence of longitudinal data", but these mild phrases obscure reality. Saying there are "concerns" hardly addresses the magnitude of the damage being inflicted, even medical and then surgical castration, for reasons *Created and Loved* has proclaimed as psychological.

Gonadotrophin Releasing Hormone (GnRH) is produced by the hypothalamus to inspire manufacture and release of gonadotrophin hormones from the pituitary to stimulate the gonads to produce ova and sperm, as well as the hormones,

oestrogen and testosterone, which evoke secondary sexual characteristics and behaviour. As well as this "vertical" role from hypothalamus to gonads, GnRH has a "horizontal" role in the development, maintenance, modulation and regeneration of various nerve cells, circuitry and function throughout the brain, and a widespread effect on nerves and other organs throughout the body.

It is estimated that each GnRH-producing cell has connections with 5 million other nerve cells in the cortex, limbic system and cerebellum, and even the spinal cord. Its roles, however, may be blocked by the injection of analogues.

After elucidation of the structure of GnRH in 1971, and confirmation of its role in evocation of the gonads, further studies in sexualisation revealed its association with a centre in the mid-brain. Stimulated by GnRH, the centre evoked sexualised behaviour in peri-pubertal laboratory animals of either sex. If GnRH was blocked, sexualisation was obstructed.

Then an even broader "socio-sexual" role for GnRH was revealed. It was integral to the "ram effect" (though both sexes were affected) in which mere socialisation with rams would induce ovulation in ewes. Thus, GnRH played a primary, cerebral role in sexualisation, augmented by the secondary effect of sex hormones, both of which could be "blocked".

It has also been found that earlier onset of puberty "predicted higher psychosexuality" in both human sexes. In corollary, the review warned of "potentially long-term effects on cognition and behaviour" associate with delay. Perhaps the peri-pubertal period is decreasingly sensitive to the organising effects of normal hormones "across the pubertal window". In affirmation of a confused child to an alternate gender, blockers may be employed to delay puberty for years.

Further research revealed blocking of GnRH affected the non-reproductive function of the brain. Blockers were first used to halt puberty in the rare instances it was appearing prematurely, and to reduce the inciting effect of testosterone and oestrogen in such adult diseases as prostate cancer and endometriosis. From the beginning, effects on executive brain function and emotions were observed but were hard to differentiate from the confounding effects of age, disease and associated treatment.

Co-incident research on sheep, however, revealed pathological disruption in the cerebral limbic system which co-ordinates memory, emotion, ambition, cognition, reward and sexuality. Administration of blockers to peri-pubertal sheep resulted in pathological enlargement of that part of the brain associated with disruption of the function of many

of its genes, resulting in reduction of memory and increase in disordered behaviour and emotional lability. The effect was sustained.

Then, interruption in the development of brain structure was imaged in a blocked eleven-year-old. This was associated with a reduction in IQ, primarily due to reduced operational memory.

Furthermore, in both rodents and sheep, blockers administered in the peri-pubertal period have promoted preference for the "familiar" rather than the "novel", thus providing physiological explanation for the observation that almost all "blocked" children proceed to the next stage of "gender affirmation therapy", the administration of cross-sex hormones. Associated were alterations in behaviour and emotional stability.

The general effects of blockers were appreciated by observation of their effect on individual neurons. When blocked in the laboratory, neurons do not extend "branches" for cellular communication. When blocked in women with endometriosis, intestinal biopsies revealed marked reduction in the number of nerve cells in the bowel, predisposing to intestinal discomfort.

In histopathological studies in animals, disruption of GnRH has been associated with earlier onset of cerebral ageing. Conversely, an anti-ageing effect of GnRH has been demonstrated in rat models of Down syndrome, and that effect is currently being investigated in scientific trials in humans with that syndrome. But these things appear not to have begun to be considered in children in the context of gender affirmation therapy.

Apart from their direct effect on cerebral structure and function, the most blatant side-effect of the use of blockers is acceptance of the biologically implausible claim, as exemplified by TransHub, that their use "allows a young person to mature emotionally and cognitively to be able to provide informed consent for gender affirming hormone treatment in later adolescence".

The side-effect of accepting that claim is entry into the iatrogenic complications of physical affirmation. But how can a teenager comprehend gender when nature's primary and secondary directives for sexualisation have been neutered, the co-ordinating limbic system has been damaged, emotional lability has been increased, preference for a "familiar" gender incongruent with chromosomes

has been fortified chemically and by co-operation from school and other authorities, and time has been lost for the appropriate hormonal stimulus of development?

Similar reservations should apply to the administration of cross-sex hormones. For over fifteen years it has been revealed that administration of oestrogen to the brain of an adult male causes it to shrink at a rate ten times faster than ageing in only four months. Exposure of the female brain to testosterone causes it to hypertrophy. Gender clinics and TransHub warn of such things as thrombosis, but are silent on the effects of cross-sex hormones on the brain. For proportion, consider the reaction if health authorities failed to warn that Covid vaccinations shrank the brain.

There are no available studies on the effects of cross-sex hormones on laboratory animals, let alone adolescent humans. Is it paranoid to wonder why a detailed proposal by an experienced university for such controlled, regulated scientific study has been rejected?

Finally, it is obfuscating of *Created and Loved* to "note the absence of longitudinal data", as if the hormonal and surgical effects of affirmation are being studied appropriately in the short term. They are not.

Observations by practitioners who have advocated, prescribed and administered treatments, assuring blockers to be "safe and reversible" while not sharing truths about cross-sex hormones, without controls, and who stand, one way or another, to be vindicated by positive effect, is not scientific research. Nor, in the evaluation of happiness, is failure to recognise the confounding contribution by a posse of counsellors, social workers, psychologists and others, all committed to bringing it about.

By all standards, these observations are not scientific research: merely recordings of unregulated intervention by an unproven set of ideas.

The sixth dim light: girls' sport

The sixth dim light is shone on sporting participation with children of the opposite sex. *Created and Loved* points to the *Guidelines for the Inclusion of Transgender and Gender Diverse People in Sport* produced by the Australian Human Rights Commission and the Coalition of Major Professional and Participation Sports, which

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advocates participation according to self-identity. Disregarding challenges to modesty and safety through shared facilities, *Created and Loved* sheds no light on the natural variance in ability between girls and boys, even under the age of twelve, and, therefore, on the inequality of performance which has been the basis of separate competitions.

In a *Quadrant* article, "Guidelines for the Destruction of Female Sport" (September 2019), I showed from publications of the New South Wales Department of Education that, of 175 track, field and swimming records set by children aged from eight to seventeen, only six were held by females. Similarly, state records of performances in Little Athletics by children from six to seventeen confirm that boys have run faster, jumped higher and further, and thrown things longer distances except in two events: the 1994 under-twelve 1500-metre walk, and in an under-seven seventy-metre dash in which the time was shared.

It is unfair to girls to permit transgenering participation. Testosterone imparts physical advantages at all sporting ages. Presumably, its absence brings increased flexibility for, at all ages, girls triumph in gymnastics. Not incidentally, this flexibility predisposes to injury in contact sports.

Success in this benighted foray by *Created and Loved* into girls' sport will have widespread ramifications. In the presumed interests of a few biological males believing themselves to be female, they will threaten the hard-won freedom of the biologically determined. Their effect will not merely be local. Women's empowerment is associated with improvement in many parameters of life. In some developing countries, they include growth and mortality rates in children, educational progress and reduction of poverty. Participation in sport is part of that empowerment. The inclusion of trans females is likely to be dissuasive, especially in places like Western Sydney.

The seventh dim light: co-operation in social transitioning

The seventh dim light is shone on ramifications of co-operation with social affirmation in schools. It fails to recognise that social affirmation is the *basis* of transgenering, not merely the first step. In that sense, it is as much "gender affirming therapy" as the administration of cross-sex hormones which, in any case, it underpins while comprising its goal. Social affirmation is not a neutral act: it is *the* act. Given their acknowledgment of gender dysphoria to be "psychological", the schools may be

accused of promoting untruths to their pupils, while co-operating in the disjunction of a few.

The eighth dim light: the role of schools

Dim light on legislation has resulted in the assertion by *Created and Loved* that "schools are well placed to deal with most matters that may surface if a student is undergoing psychological and/or medical intervention". The authors appear to overlook the reality that, in some states, schools may only support the affirmation of a child to an incongruent identity. For example, the aim of Victoria's Change or Suppression Act is to affirm that a "person's sexual orientation or gender identity is not broken and in need of fixing" and does not constitute a "disorder, disease, illness, deficiency or shortcoming". The Act aims to "affirm that change or suppression practices are deceptive and harmful both to the person subject to the change or suppression practices and to the community as a whole".

Created and Loved declares that "Catholic schools are to be informed about and observe relevant Commonwealth and State legislation" particularly those "pertaining to sexual discrimination, orientation, gender identity and intersex issues". But *Created and Loved* says that "school leaders will be diligent in resisting the incursion of political lobbying, ideological postures, organisations and movements". How then can they preserve what they term "Christian Anthropology" while co-operating with practices that deny it, in obedience to laws proscribing it?

Their words will be weakened by their deeds. Effectively, according to the militantly affirmative Victorian law, the only thing schools will be able to do is distribute hormones at lunchtime, fulfil appointments with gender counsellors, comply with their instructions, refrain from mentioning alternatives, and submit their staff to re-education.

Christian schools appear to be facing an existential threat. Punitive laws and suits are dangerous, but the main threat may come from within. If they co-operate with an ideology with contrary tenets, not merely relating to biology but including morality, what will distinguish them from cheaper, secular alternatives, or home schooling?

Dr John Whiteball is a professor of paediatrics at a university in Sydney. He has written several articles for Quadrant on childhood gender dysphoria. A footnoted version of this article appears at Quadrant Online.