

Archdiocese of San Francisco April – May 2024

# Gender Ideology: What Catholics Need to Know

Mary Rice Hasson, JD



## Series

- The Big Question: “Who am I?”
- “Transgender Tipping Point: 10 Years Later”
- The LGBTQ Generation: Influences on Youth
- What About “Transgender” Body Modifications?
- **Gender, Mental Health + Suicide: The Facts**
- The Catholic Response: Truth and Charity

## Align hearts and minds with Catholic teaching

**“It is one thing  
to be understanding  
of human weakness  
...and another  
to accept ideologies  
that attempt to sunder...  
inseparable aspects of reality.”  
– *Amoris Laetitia*, 56**

**Pope Francis: Gender ideology is ‘one  
of the most dangerous ideological  
colonizations’ today**



**CNA**

Catholic  
News  
Agency

By [Courtney Mares](#)

Rome Newsroom, Mar 11, 2023

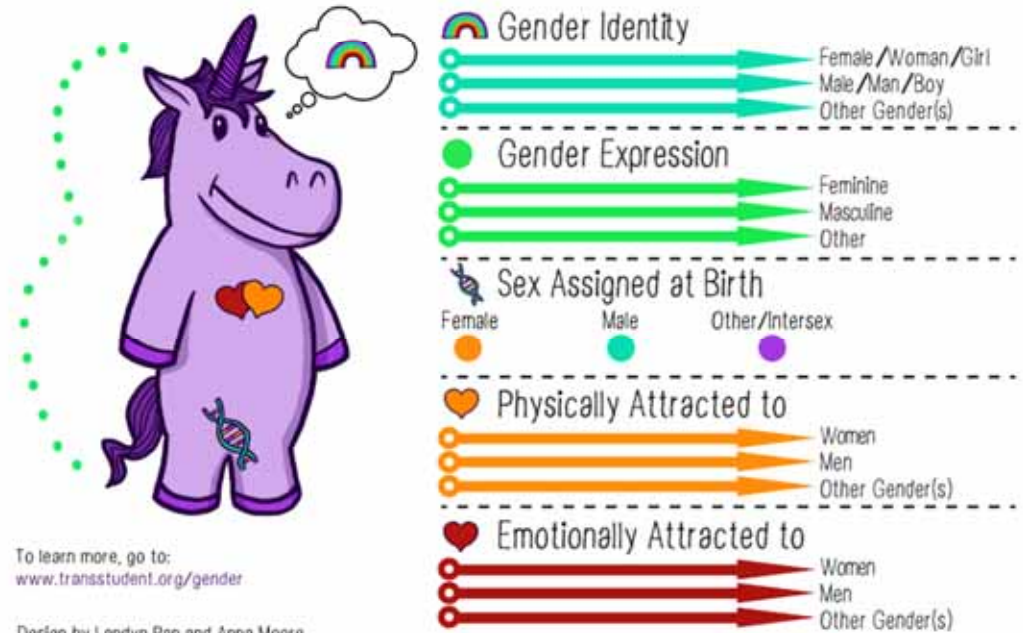


**“Accompany...  
never abandon them”  
-Pope Francis**



# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



**Clash of Anthropologies:  
Irreconcilable views of the person**



**Governments**

**Philanthropists**

**Global corporations  
Tech**

**Big Pharma, Big Medicine  
\$1.9 B business (2030)**

**Ideologues/Activists**

**NGOs**

**Int. Organizations  
UN, WHO, etc.**

**HARM**

**Powerful Global Coalitions Advance Gender Ideology  
“Ideological Colonization” and Institutional Capture**

# Confusing Kids 101 (Welcoming Schools)

How do we talk about  
*sexual orientation*  
in elementary schools?

K-3

Who you love

Who you would want to  
marry when you are older

Anyone can love anyone

4-5

Who you are romantically  
or physically attracted to

There are lots of different  
sexual orientations:

Gay - Lesbian - Bisexual  
Pansexual - Asexual

“Who you love”...  
“Anyone can marry anyone”

How do we talk about  
*gender identity*  
in elementary schools?

Who you know  
yourself to be in  
your head and in  
your heart

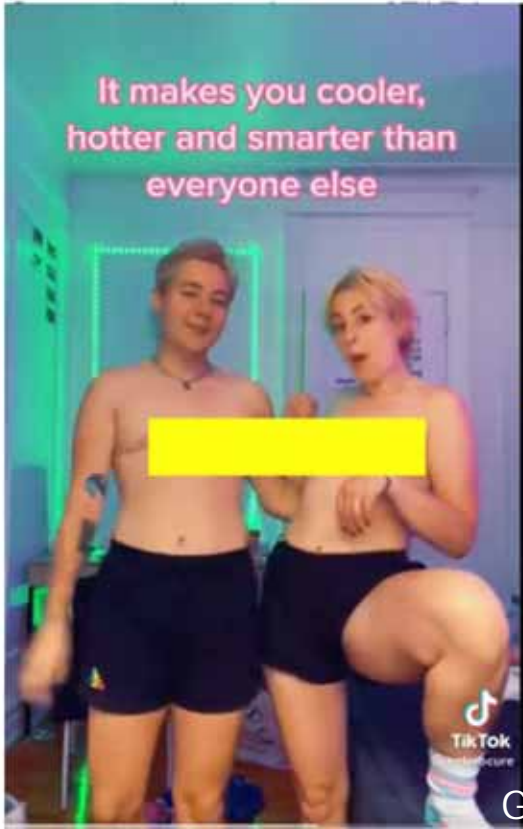
Challenging  
gender stereotypes



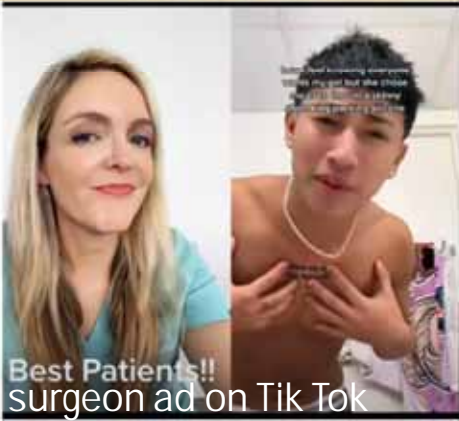
“Who you know yourself  
to be in your head and heart”

Social media promotes “trans” as solution to “feeling different” or other problems

# How TikTok became a haven for queer and questioning kids



EDT



TODAY ON THE SHOW SHOP WELLNESS PARENTS FOOD TODAY #Am

## How transgender and nonbinary creators are using TikTok to inform, educate

"Being myself, showing up, taking up space and letting people know we exist will slowly change culture."



Pediatricians  
“time alone”  
=  
routine  
“gender”  
screenings

Normalizing gender fluidity



## 1. Ask

PAUSE

(count to  
10-20 sec)

### Patient

- Do you feel more like a girl, boy, neither, both?
- How would you like to play, cut your hair, dress?
- What name or pronoun fits you?
- What does it mean to be girl, boy, both, neither?

### Parent(s)

- Child play, peer, hair, dress preferences
- Concerns with these
- Concerns with behavior, friends, getting along at school, school failure, bullying, anger, sadness, isolation, other?



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Source: Dr Michelle Forcier, Fenway Health 2021  
Similar pressure: American Academy of Pediatrics; Kaiser Permanente



A confused generation

• LGBTQ 2024 (PRRI)

- Gen Z 28%
- Millennials 16%
- Gen X 7%
- Boomers 4%

• LGBTQ CDC 2023  
1 in 4 teens "LGBT"

• TRANS Pediatrics 2021  
9.2% H.S. "trans"  
(Past: .002 "trans")

Media/ Social media  
Schools  
Healthcare



# The truth about “trans” body modifications

EU countries reverse: SWE, FIN, UK, DEN, NOR

- “Low” quality evidence. Long-term Unknowns.
- “risks outweigh benefits.”
- Impaired fertility. Sterility.
- Cardiovascular risks. Liver damage. Cancer.
- Genital atrophy. Sexual dysfunction
- Mental health issues persist.
- Impact on bones, brain, organs.

States split (24 protective)

## Gender Affirming Care

Gender Care for the Primary Care Pediatrician

ENDORSED BY WPATH, Am Academy of Pediatrics, Endocrine Society

Modalities

‘Gender-Affirming Care Is Dangerous. I Know Because I Helped Pioneer It.’

My country, and others, found there is no solid evidence supporting the medical transitioning of young people. Why aren't American clinicians paying attention?  
By Riittakerttu Kalliala  
October 30, 2023

Trauma informed care is essential.

Kids who are safe & loved at home do well.

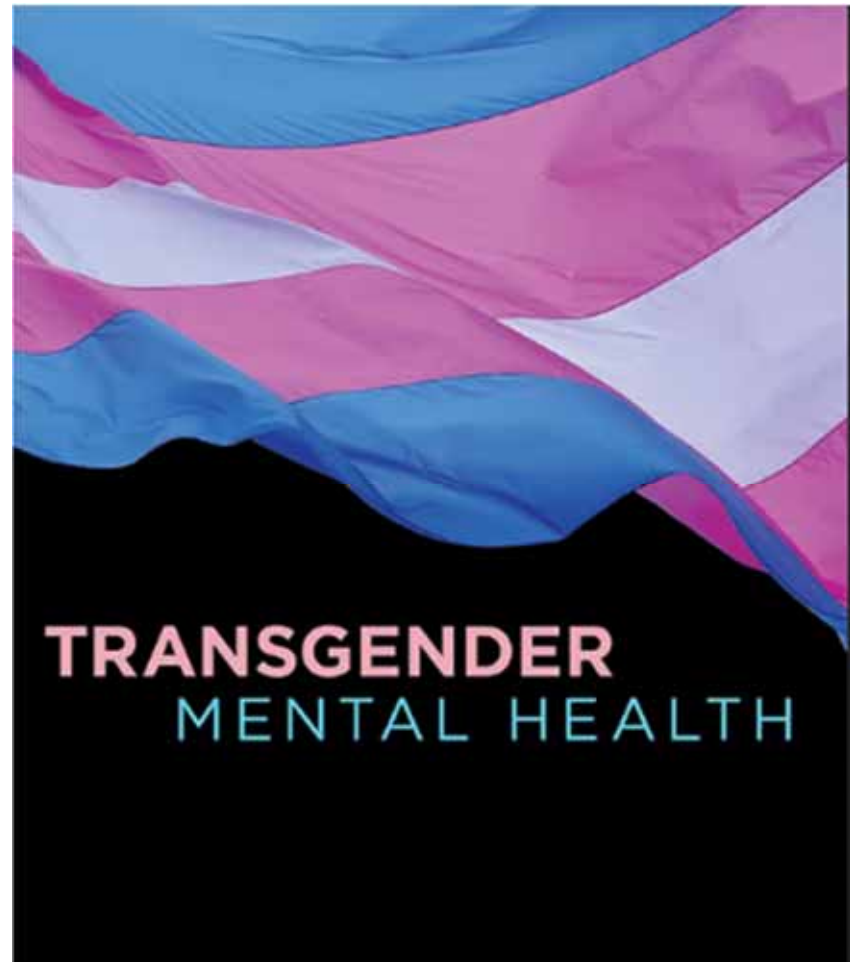
References

Raymond-Kolker R, Forcier M, Chiu C, Berk J. "Gender Affirming Care: Gender Care for the Primary Care Pediatrician." The Cribscribers Pediatric Podcast. <https://www.thecribscribers.com/> April 2021.



Why is “mental health” a concern?

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## **Fact: High rates of Mental Health issues in adults and youth diagnosed with “gender dysphoria” or identifying as “transgender”**

### **Challenges premise that “trans” is normal/ healthy (APA 2013).**

- “Transsexual adults” > poor outcomes post-transition. Higher suicide rates, post-transition.
- “Minority stress” stigma, pathologized, poor “passing” > mental illness
- **Backwards projection: “if only I had transitioned as a teen.”**
- “Juvenile “transsexual” > youth transition, better outcomes
- Dutch Protocol: small sample (N=55), child-onset, “stable” psyche, “good outcomes” (short follow-up)

### **Challenges premise of “gender-affirming care” – child decides (“authenticity”)**

- Accept, validate “trans” identity, facilitate “transition”
- Early social “transition,” puberty suppression (better passing), cross-sex hormones, surgery (advanced – breasts, chest, genital, facial, voice)
- **Claim: resolve mental health issues. If no transition: suicide.**

# Questions (inconsistencies) of “Gender-affirmation”

**STAKES ARE HIGH** - 18,000 minors took puberty blockers or masc/fem hormones in 2017-21 (Komodo Health ins. stats, [Reuters](#) 2022)

- **New cohort** (2010 +) of “trans” teens + young adults = **significant psychological co-morbidity**
- High, unexplained rates of **autism**
- “Transition” harms otherwise healthy youth. (**“iatrogenic harm”**)
- “Diagnostic overshadowing” – “gender” dx dominates treatment, mental health issues unresolved.
- Little evidence that “transition” resolves mental health issues.

**Q:** Is “gender incongruence” a **symptom** of other, **pre-existing mental health conditions** or **trauma**?

**Q:** If “gender incongruence” is a symptom/mental illness, **why not “psychotherapy first”**? (EU)  
(WPATH / UN : self-determined identity, autonomy to seek body modification)

**Q:** Can youth with high rates of mental illness give **“informed consent”** to irreversible interventions?

# The “Gender” Activist Narratives

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- Every person has right to self-determine an identity + seek body modifications to express “who they are.”
- “Gender variance” (trans identification) is normal and healthy.
- “Trans adults” were “trans kids.” Therefore some kids are “trans kids” who need to be affirmed as “trans.”
- “Gender-affirming care” is medically necessary and lifesaving.
- Parents who love their kids will “affirm” their “trans” identity
- Mental health issues stem from “minority stress” and stigma.



# PARADIGM SHIFT

A change from  
one way of  
thinking to  
another.

**Out:** “trans” = mental illness

**In:** “trans” = “normal”/good

**New goal: meet consumer demand  
Instead of heal, restore function**

## Psychology’s paradigm shift:

When **lose sight of truth**, then **lose sight of what is “good”**

- Pre-1963: **“Delusion”**
- 1980: **“Disorder”** APA DSM III  
transsexual
- 1994: **“Disorder”** DSM IV  
gender identity
- **2013:** **“Dysphoria”** DSM -5  
**“normal”** but **“distress”**
- UN 2016: **“Human right”**  
**“gender affirming care”**
- 2019: **“Difference”** (incongruence)  
WHO ICD **“sexual health”**
- 2022: **“Dysphoria”** DSM –5- TR  
**“embodiment goals”**

# Gender Dysphoria DSM-V-TR Criteria (Kids)

(based on feelings + stereotypes)

**“Incongruence between experienced gender + assigned gender” Clinical distress 6+ mos. 6/10**

**Strong...**

- **Desire to “be other gender”**
- **Preference (boys) for cross-dressing/female attire**
- **Preference (girls) for masculine clothes, resist fem clothes**
- **Preference for cross-gender roles in fantasy play**
- **Preference for toys, games stereotypical of other gender**
- **Preference for playmates of other gender**
- **(Boys) Reject typically masc toys, etc; avoid rough play**
- **(Girls) Reject typically feminine toys, etc.**
- **Dislike of one’s sexual anatomy**
- **Desire for sex characteristics of experienced gender**



## Conforming (or not) to sex stereotypes

- “I thought I was non-binary at first, and then it kind of just like progressed into like me realizing, ‘Oh, I’m not non-binary, I’m a guy’”
- “Some days, I want to be super-masculine. I want to wear baggy stuff. I want to wear a binder, and stuff like that, and other days it’s like, ‘no, I don’t care. I’ll wear whatever feels good.’”
- - Ollie, age 14 (female)





## Diagnosis? Self-diagnosis by minor.

“[P]arents will [say], ‘I want to make sure my child is really trans...’ I turn to the child... ‘what gender identity do you have?’ There’s no form, there’s no scale, no psychological battery of tests that needs to be done.”



**Robert Garofalo, MD** Lurie Children’s Hospital, Chicago

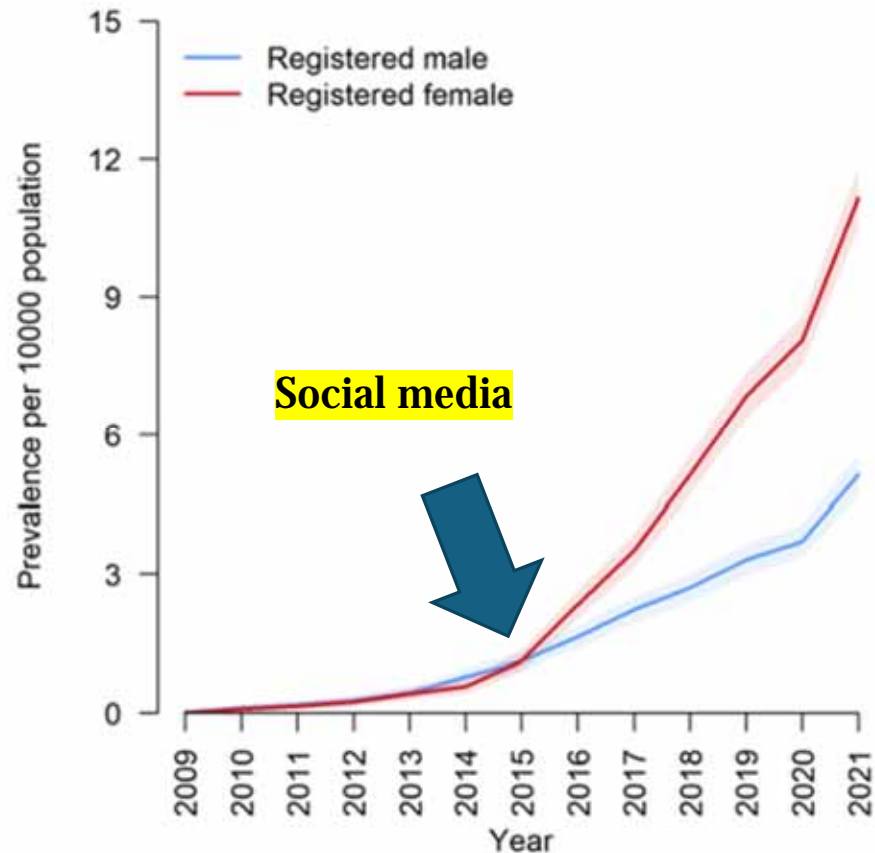
July 29, 2020 Amaze (Facebook)

“Gender Affirmation”



Daughter (female): “Mom, Dad, I’m a boy”  
Parents: “Our daughter is actually our son (and always was)”

# Affirmation + social media = dramatic rise in “dysphoric” youth



**Ratio flipped: 2:1 girls**

**Troubled kids:** High rates of autism, ADHD, anxiety, depression, eating disorders, suicidality, self-harm and adverse childhood experiences. *Cass 2024*



# Gender Dysphoria

A Therapeutic Model for Working with  
Children, Adolescents and Young Adults

Susan Evans and Marcus Evans

What is going on?  
What is driving the expression of  
an alternate “identity”?

Reality: A person is hurting, seeking to  
escape pain and confusion, or even  
themselves (self-hatred).

**“Trans” = “maladaptive” response  
to very real pain, trauma, need**

# Many pathways lead to “gender dysphoria” (identity/body distress) and “trans identification”

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## Psychological vulnerability



Adult-onset  
AGP – heterosexual



Child-onset



“rapid-onset – females”



Rapid onset males

# ADULT MALE ONSET – THEORIES

Sexologists Ray Blanchard, Michael Bailey

- “**Effeminate homosexuals**”  
Attracted to males
- “**Autogynephilia**” (AGP) paraphilia  
Attracted to females. Aroused by self as woman.

## “Factors:

- Possible underlying trauma, psych issues
  - Pornography (“trans” #4 on Pornhub) “sissy”
  - **Anime, video** gaming (avatars)
  - **Autism** (“don’t fit in”)
- 
- Huge impact on family
  - (“trans widows”)



“Sometimes I wonder if dressing up like this is the equivalent of having sex with myself, male and female at the same time.” – Caitlin Jenner, *The Secrets of My Life*



Lia Thomas, male

# Childhood-onset - Past Treatment of Children experiencing “identity or body-related distress”

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## PAST: therapy, “waiting”

- Childhood Onset
- Less stringent dx
- Less than .02%
- 3x more likely to be boys
- “Puberty” helps clarify/resolve
- Same-sex attraction in adults
- No social transition
- No medical interventions
- Majority did not identify as “trans” as adults



children given therapy or no treatment

Steensma (2013)

Drescher, Hastings (2014)



# Current Treatment of Minors experiencing “identity or body-related distress”

## Dutch – medical model 2000s childhood onset

- **Social transition**
- **Puberty suppression**
- **“Cross-sex” hormones**
- **Surgery**
- **(Legal recognition)**
- **Nearly all persist**

## NOW: “Gender-affirming”

- Since 2007 – rise in teen onset
- Affirm “gender identity”
- Puberty suppression
- Cross-sex hormones
- Surgery



(97% persist in trans identification)

children given gender affirmative care

[Carmichael \(2021\)](#) 98% persist

[Olson \(2022\)](#) 97.5% persist

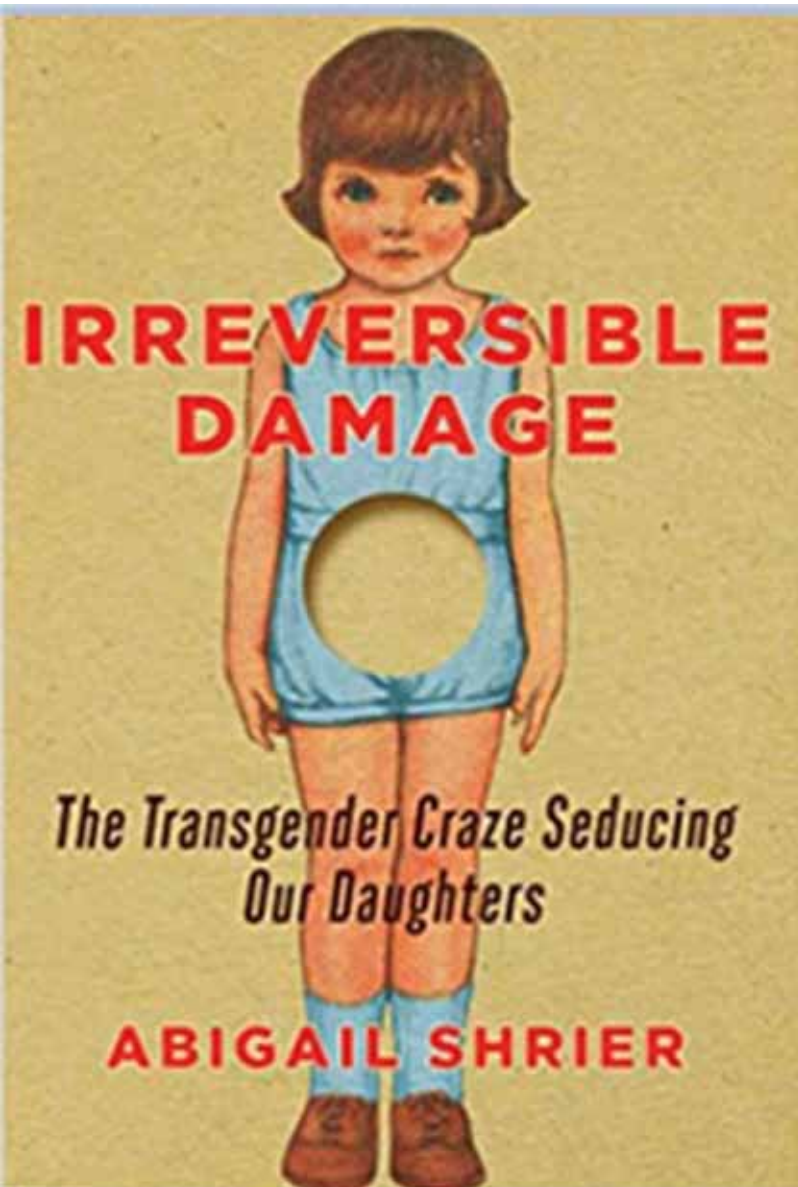
## 2/3 Female teens

Mental health conditions  
Not an obstacle

88% pre-existing mental health issues; high rates adverse childhood experiences (Kozlowska 2021)

**No minimum ages**  
(WPATH 2022)





## “Gender dysphoria” – Why? *“Rapid-onset gender dysphoria”*

- **Precipitators and vulnerabilities**
- Mental health issues
- Body issues
- Autism (2 – 4 x )
- Same-sex attraction (2/3)
- **Excessive time online, social media**
- **Social contagion (peer groups)**

Source: Lisa Littman studies 2018, 2019, 2021  
<https://littmanresearch.com/publications/>

De-transitioners

**“Detransitioner” Testimony**

Chloe Cole, 18-yr old female

Identified as “a boy” at 12

Parents scared, turned to experts

“live son or dead daughter”

Extreme duress.

13 – puberty blockers

One month later – testosterone

15 –double mastectomy

De-transitioned at 16.



“Medicine failed me.”

# BOYS WITH RAPID ONSET GENDER DYSPHORIA



<https://www.rogdboys.org/>

For generations, unusually bright and sensitive boys have struggled to fit in. They have needed extra time to find a version of masculinity they could embrace and to make their way as young men in the world.

**Now, those same boys are being told that being different means they are not men at all.**

## The Boy Profile

Clinicians, parents, and detransitioners all describe a certain type of boy that gravitates toward a transgender identity.



## Fleeing Masculinity

Many boys coming of age today struggle to develop a positive view of themselves as men and may take flight into a transgender identity.



Escaping  
Womanhood...

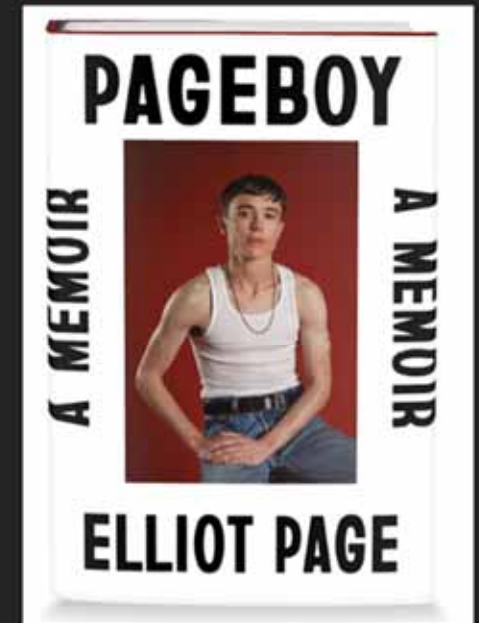


Ellen Page

“Puberty ends an era of uncomplicated, happy embodiment, and launches you into a world where your body appears to invite dangerous attention against your will. Not a shift from boy to girl, but a shift from ‘person’ to ‘thing’...

Trans men’s memoirs are often wrenching accounts of rape and self-harm, climaxing in irreversible body modification....”

“How Elliott Page escaped womanhood,”  
Sarah Ditum, Unherd, 6.21.23



“Ritchie” - Male de-transitioner, Vulnerable Adult Mental health issues. Suing UK NHS

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“In 2018, two days before my 31st birthday, I underwent a surgery that removed my genitals, inverting them in a procedure no more civilised than an amputation.

In the flesh cavity that was created to mimic a vagina, I feel mostly nothing, aside from the occasional stabs of pain as the nerves try and contemplate the damage, even five years on.

I can't use the toilet properly, the bent urethra has been constricted time and time again, and no matter how hard I push or strain, a dribble emerges, which may continue for hours after I've left the seat.”





## Who: Vulnerable youth: hurting, troubled backgrounds

- **CASS: Among youth who ID as “trans”**
- \* **Autism dx - 3-6 x more likely**
- \* **High rates mental health dx (89%)**
- \* **High rates of adverse childhood exp.**
- physical abuse (15-20%)
- sexual abuse (5-19%)
- emotional abuse (14%)
- maternal mental illness or substance abuse (53% and 49%) (paternal - 38%)
- domestic violence (23-25%)
- Parental death or loss (abandonment) (.5 – 19%)
- Earlier study (2002)– 50% single-parent

Higher rates of suicidality (ideation or attempt) but similar to peers w mental health dx. Deaths - “Relatively rare”


## Attachment Patterns in Children and Adolescents with Gender Dysphoria (Kozłowska 2021)



### Psychiatric Diagnoses (DSM-V):

**Gender Dysphoria** code 302.6

**Comorbid mental health dx (DSM-5)** **88%**



Autism	16%
Depression.	63%
Anxiety.	67%
Self harm history	52%
Suicide Ideation	49%
Suicide attempt	10%
Child Protective Services Involvement	21%

Adverse childhood events,  
unresolved loss, trauma

Family conflict 67%

Loss of a loved one. 60%

Maternal mental illness. 52%

Paternal mental illness 40%

Domestic violence 25%

Physical abuse 19%

Sexual abuse 17%

Note: 19% Superior intelligence



Kids w/ gender dysphoria and kids w/ other psych disorders have similar co-morbidities, histories of poor attachment, high rates of adverse childhood events (ACE)

# CASS: Individual studies on ACE

- “Trans” identified kids - self-reports:
  - 73% psychological abuse.
  - 39% physical abuse.
  - 19% sexual abuse
- Adult ‘trans’ – reporting on childhood: 29% 4 or more ACE
  - (5.7% non-trans patients)
- *Thoma BC, Rezeppa TL, Choukas-Bradley S, et al. Disparities in childhood abuse between Transgender and Cisgender adolescents. [Pediatrics](#) 2021;148:e2020016907; Feil K, Riedl D, Böttcher B, et al. Higher prevalence of adverse childhood experiences in Transgender than in Cisgender individuals: results from a single-center observational study. [J Clin Med](#) 2023;12:4501.*





David Borozzi / BuzzFeed

## Why? Emotional Blackmail: Suicide Prediction

**Claim:** “Trans kids” must be “affirmed” + transitioned or they will commit suicide. **FALSE**

**Fact:** Gender docs Erica Anderson and Laura Edwards-Leeper admit “no evidence” that delay in transition or refusal causes suicide

**Fact:** Kids diagnosed w “gender dysphoria” or who identify as “trans” have pre-existing mental health issues with high risk of suicide

**Fact:** Suicides occur at all stages of “transition.” Poor long-term mental health.

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## U.S. Tricare study: Cross-sex hormones worsened mental health

- **Cross-sex hormone use** resulted in increased use of psychotropic medication, higher rates of severe mental health issues (schizophrenia, psychosis)
- “Among 963 TGD youth (median age 18.2) using gender-affirming pharmaceuticals, mental healthcare did not significantly change and psychotropic medications increased following gender-affirming pharmaceutical initiation”

### JOURNAL ARTICLE

## Mental Healthcare Utilization of Transgender Youth Before and After Affirming Treatment [Get access >](#)

Elizabeth Hisle-Gorman, MSW, PhD ✉, Natasha A. Schvey, PhD, Terry A. Adirim, MD, MPH, Anna K. Rayne, MD, Apryl Susi, MS, Timothy A. Roberts, MD, MPH, David A. Klein, MD, MPH

*The Journal of Sexual Medicine*, Volume 18, Issue 8, August 2021, Pages 1444–1454, <https://doi.org/10.1016/j.jsxm.2021.05.014>

Published: 08 July 2021 [Article history ▾](#)

Note: Misleading studies claim to show better mental health, less suicidality

**Researchers Found Puberty Blockers And Hormones Didn't Improve Trans Kids' Mental Health At Their Clinic. Then They Published A Study Claiming The Opposite. (Updated)**

A critique of Tordoff et al. (2022)

JESSE SINGAL  
APR 6, 2022

## SUICIDE

# “Trans” adolescent suicidality: Less social stigma but suicidality still high (*de Graaf 2022*)

- Despite more accepting society, “[w]e did not find any strong evidence that more recently assessed adolescents were any less suicidal than adolescents seen many years ago...”
- “the rate of [non-suicidal self-injury] did not change over time and remained elevated compared to cisgender, heterosexual controls.”
- Source: de Graaf NM, Steensma TD, Carmichael P, et al. Suicidality in clinic-referred transgender adolescents. *European Child & Adolescent Psychiatry*. 2022 Jan;31(1):67-83. DOI: 10.1007/s00787-020-01663-9. PMID: 33165650.

SUICIDE

# “Transition” does not prevent suicide (2020)

Acta Psychiatrica Scandinavica

*Acta Psychiatr Scand* 2020; 141: 486–491  
All rights reserved  
DOI: 10.1111/acps.13164

© 2020 The Authors. *Acta Psychiatrica Scandinavica* published by John Wiley & Sons Ltd  
ACTA PSYCHIATRICA SCANDINAVICA

Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972–2017)

**Suicide occurs at all stages of transition**

**Time from start of medical “transition” to suicide = 6+ years.**

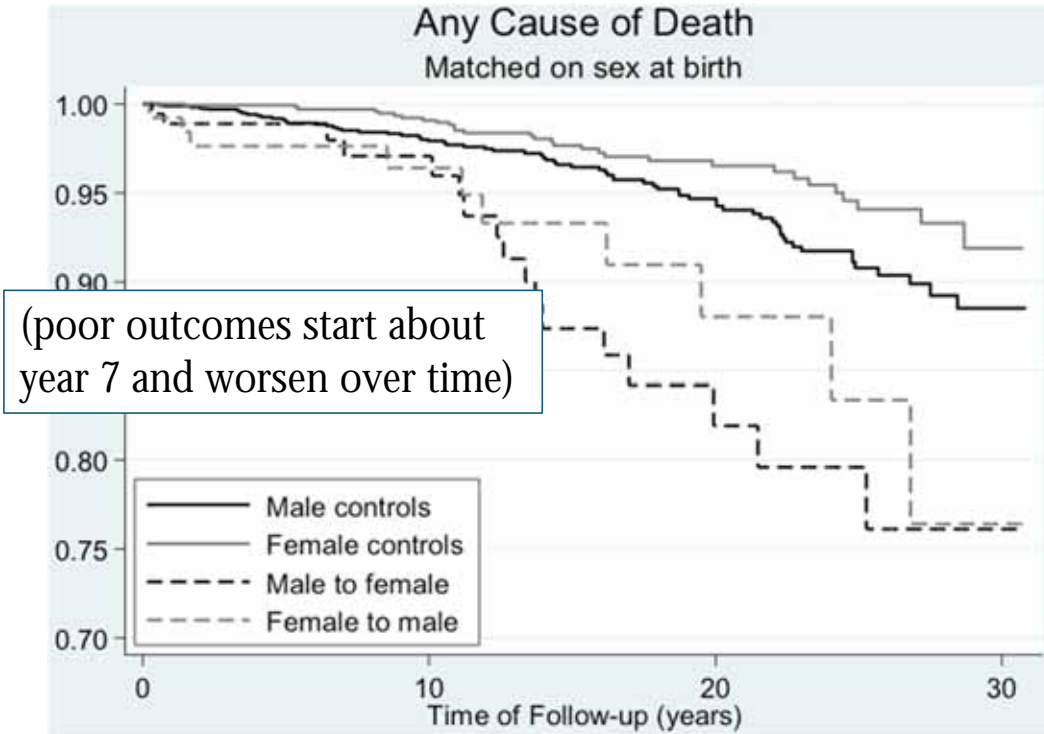
*See also* Swedish long-term study (Dhejne 2011)

Suicide rate of post-surgical “trans” = 19x general population

**Tavistock: Higher suicide risk than peers but actual suicides = .03% (Biggs 2022)**

SUICIDE

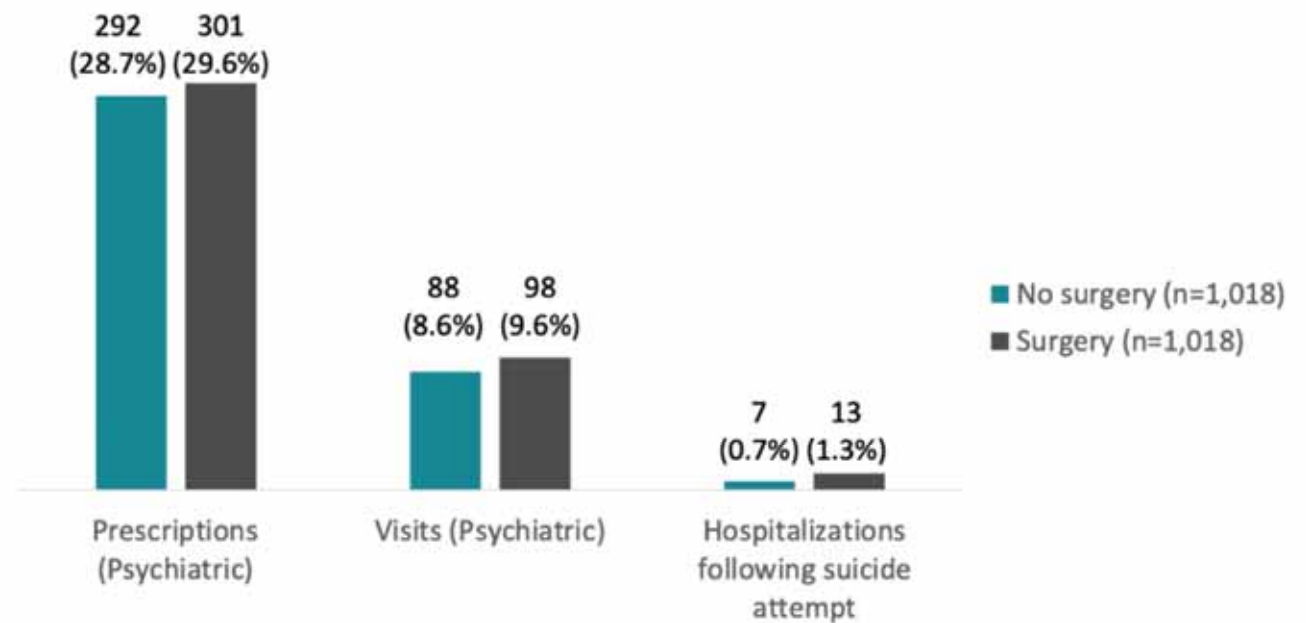
# “Transition” does not prevent suicide (2020)



Swedish long-term study  
(Dhejne 2011)  
post-surgical “trans” = suicide  
19x general population.  
“Trans”: die early (all causes)

**UK youth gender clinic: Higher  
suicide risk than peers but few (4)  
actual suicides = .03%  
(Biggs 2022)**

**Figure 1.** 2015 Mental Health Services Utilization Among Patients Diagnosed with Gender Dysphoria in Sweden E  
"Gender-Affirming" Surgery Status



From Table 1, [Bränström, R., & Pachankis, J. \(2020\)](#). Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Transgender Individuals' Mental Health: Response to Letters. *American Journal of Psychiatry*, 177(8), 769-772.

## WPATH Files: Public Claims at odds with Insider Conversations

- **Claim: Informed consent**
- **Reality:** Patients + *parents* lack understanding of long-term risks. Support harmful interventions in developmentally delayed, autistic, severely mentally ill patients.
- **Claim:** Rigorous screening for psych co-morbidities
- **Reality:** Lament “gatekeeping.” criticize docs who question “transition” for mentally ill (patients with DID/alter personalities)
- **Claim:** Medical “transition” safe, reversible
- **Reality:** Admit puberty blockers and cross sex hormones impair fertility, orgasm, Linked to aggressive cancers/death
- **Claim:** Surgeries on adults only
- **Reality:** Admit surgeries on minors who fail to understand lost fertility. Lament insurance denials for minors
- **Claim:** “Lifesaving” medical treatment
- **Reality:** Real goal: Fulfill “embodiment goals”

<https://environmentalprogress.org/big-news/wpath-files>

### The WPATH Files

A new report exposing dangerously pseudoscientific surgical and hormonal experiments on children, adolescents, and adults

 MICHAEL SHELLENBERGER  
MAR 06, 2024



## Informed Consent? No.

Capacity (age, mental state)

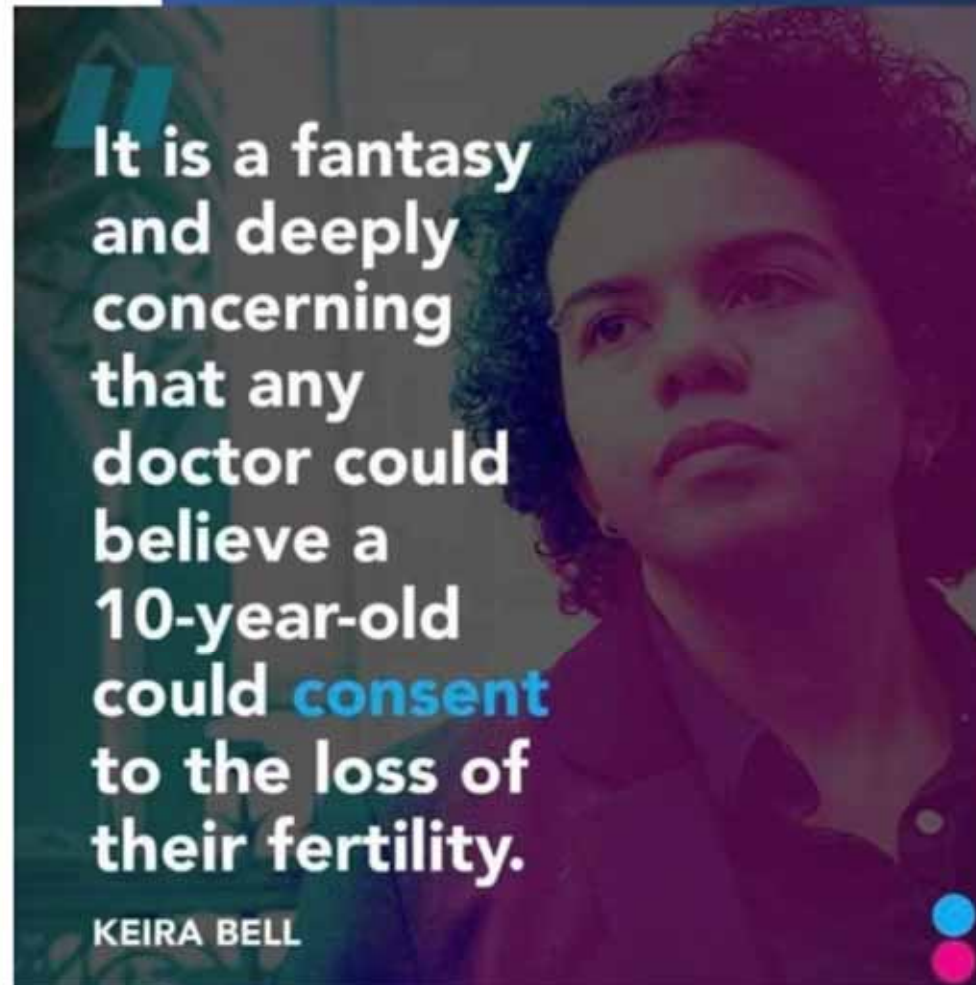
Nature of the intervention

Risks

Benefits

Unknowns

Alternatives





## USCCB Note: Catechesis, gen principles apply to all, not just health care

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- “Any **technological intervention** that does not accord with the fundamental order of the human person as a unity of body and soul, including the sexual difference inscribed in the body, **ultimately does not help** but, rather, harms the human person.” (p. 12)
- In particular, children must be protected from this – they are incapable of giving **informed consent** (p.13)





## Lived experience: De-transitioners “Transition is not the solution”

- 72% detransitioners said transition was “**only option**”
- 20% report being pressured to transition
- 58% say gender dysphoria **caused by trauma/mental health**
- 51% say “transitioning **prevented them from dealing w/ or getting treatment for trauma/ mental health**”
- Research Source (Littman 2021)
- **From a formerly “trans-identified” young adult to his therapist:**
- **“I was mentally ill. You let me dance in my delusion. You took my time, my money, and robbed me of my fertility.”**

# Know your experts (must vet)

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- Catholic psychotherapy association
- <https://catholicpsychotherapy.org/>
- Catholic therapists
- <https://www.catholictherapists.com/>
- Catholic Charities (depending on diocese)
- CatholicCounselors.com
- Ruah Woods (Dr. Andrew Sodergren)
- Local Catholic or Christian therapists
- Secular: Gender Exploratory Therapy Association\* <https://www.genderexploratory.com/>
- \*not aligned with Catholic teaching on homosexuality
- No “gender therapists” or gender clinics

“Better no therapist than  
a bad therapist.”

# Catholic Professional Resources (2)

## Catholic Psychotherapy Association

- “CPA members affirm that man was created in God’s image and likeness as male and female. CPA members endeavor to treat patients presenting as gender dysphoric with care and respect while remaining faithful to the reality of sexual dimorphism reflected in the created order.”
- “CPA members will not encourage a client to take immoral action related to grave/mortal sin as part of a clinical treatment plan (i.e., promoting abortion, sexual sin, mutilation of the body, etc.).”



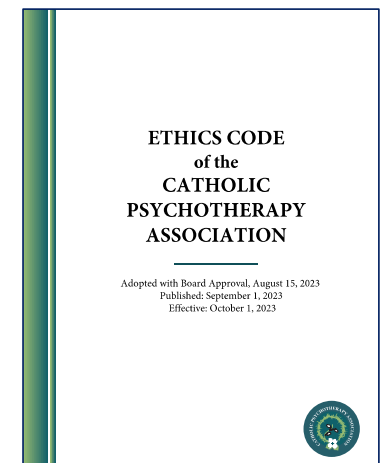
**WEBINAR**

**Treating Gender Dysphoria: Psychotherapeutic Considerations (CPA Roundtable)**

**Average Rating:** Not yet rated  
**Speakers:** Dr. Andrew Sodergren Psy.D. | Dr. Jerry Lawler  
**Duration:** 1 Hour 30 Minutes  
**License:** Never expires.

**Dates**  
Fri, Nov 10, 2023 - 10:00am to 11:30am CST

[catholicpsychotherapy.org](http://catholicpsychotherapy.org)



# Secular, medical and psychotherapy-first resources

Medical advocacy



Detransitioner Bill Of Rights



Medical research  
and analysis



[ABOUT](#) [FIND THERAPISTS](#) [JOIN](#) [START HERE](#) [LEARN](#) [CONTACT](#)

WHEN KIDS  
SAY THEY'RE  
**TRANS**



*A Guide for Parents*

SASHA AYAD, LISA MARCHIANO  
and STELLA O'MALLEY

Lost in  
Trans Nation

A Child  
Psychiatrist's Guide  
Out of  
the Madness

MIRIAM GROSSMAN, MD  
FOREWORD BY DR. JORDAN B. PETERSON

Gender Dysphoria

A Therapeutic Model for Working with  
Children, Adolescents and Young Adults

Susan Evans and Marcus Evans

Welcome to GETA

Gender Exploratory Therapy  
Association

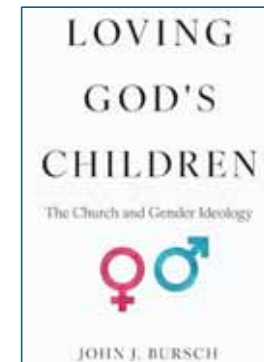
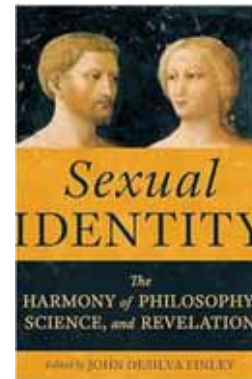
*A psychological approach to  
psychological distress.*



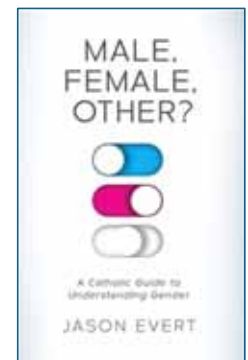
# Trusted Sources. Experts. Resources. Networks.



Catholic Resources, FAQs, videos



EWTN  
5-part video  
Series (free)



EXTRA

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## “Gender-affirming care” A Medical Scandal

### Bad Medicine - Lack of evidence

- \* uncertain basis for diagnosis
- \* unclear rationale
- \* “poor quality” studies
- \* lacks “reliable evidence base”
- \* “weak evidence” of benefit
- \* “many unknowns” (no follow-up)

### Harm:

#### \*Puberty suppression

bone, brain (IQ), vision, emotional, sterility

#### \*Cross-sex hormones

disable healthy sex/repro function, metabolic, cardiovascular, liver, cancer, genital atrophy, pain, mental health

#### \*Surgery

destroys healthy anatomy, sterility, sexual dysfunction, significant complications

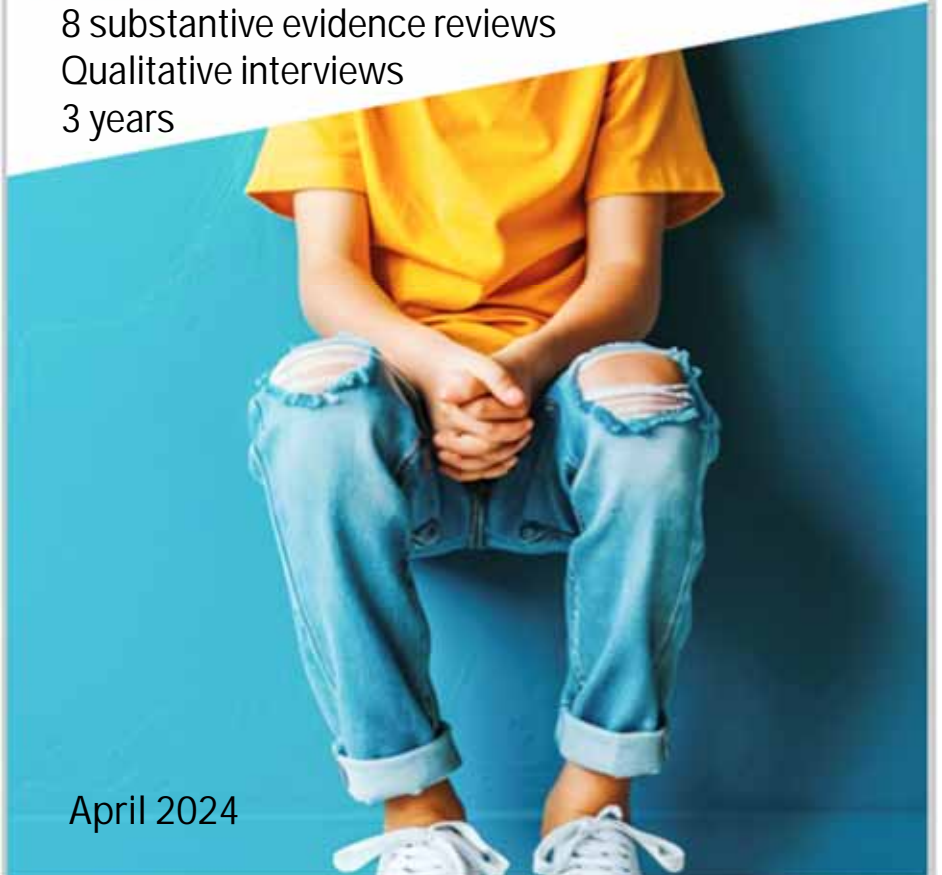
#### \*Persistent Mental Health Issues

The Cass  
Review

Independent review  
of gender identity  
services for children  
and young people

8 substantive evidence reviews  
Qualitative interviews  
3 years

April 2024





# Speak the truth about “who we are” and how we should live

- **No one is “born trans” or “born gay”**
  - - No “gay gene” (2019 Science)
  - - Environment/experience account for  $\frac{3}{4}$  SSA
- **There are no “trans” or “LGBTQ” kids**
- Don't define self by desires.
- Identity: son/daughter of the Lord
- **Sexual attraction can shift until mid-20s (studies)**
- **Feelings change but sex (M/F) cannot**
  - If “come out” > less freedom, privacy
  - to grow, develop
- **No one is born in wrong body**
- Authentic compassion wants “the good”
- **God's law and reason must govern desires**



# Big Psyche/Big Medicine: invested in Gender ideology

- 100+ youth gender clinics in multi-disciplinary settings
- Children's Hospital Network
- American Academy of Pediatrics
- Endocrine Society – in one survey, half of endocrinologists prescribe “gender” hormones
- WPATH – activist group – overlapping leaders, members with Endocrine Society ,AAP, gender clinics, activists
- Media and activists complicit
- School to clinic pipeline - social transition > “trans train”



APA Text by Activists

## Claim: “Trans kids”

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FACT: There are no “trans kids.” Only hurting or vulnerable male or female kids

No one is ever born in the wrong body.

Goal: For the person to

- \* Accept identity (“gift”) male or female
- \* Know they are good, loved, and belong
- \* Integrate feelings with reality (“wholeness”)



Claim: “transition” is  
“necessary” for “authenticity”

**FACT:** “Trans” identity rejects truth of  
person

Truth: Immutably male or female.

“Transition” is not “authentic” but  
mimicry or facsimile.

- Alters appearance to match desire
- Disables body’s natural function.
- Lifelong hormones to keep artificial  
appearance
- Distress, anxiety about “passing”



## Claim: “gender affirmation” is loving and compassionate

FACT: Love means willing the good of  
the other

Lying to someone is not loving.

“Gender interventions” don’t address  
root issues

Facilitating self-harm is not loving  
Facilitating exploitation by others is not  
loving.

Children know who they are. Let them lead.



12:05 PM · Sep 5, 2023 · 52.6K Views

## Claim: “transition” is “lifesaving”

FACT: “Transition” doesn’t prevent suicide

Trans-identified persons usually have significant pre-existing risk factors that should be treated.

Keep vulnerable people safe.

Amputating healthy body parts is not lifesaving.

When suicide occurs, it is typically about 6 years AFTER transition has begun

 Genspect  @genspect · 5h

LIVE- @detransaqua: The patient is not addressing their root issues & transition doesn’t bring relief. They go further and further. The treatments escalate. There is a downward spiral.  
#GenspectBiggerPicture #GenspectDenver



“Prisha” – de-transitioner

# 15 year follow up on gender noncontentedness


**EXCLUSIVE** Most gender-confused children grow out of it, landmark 15-year study concludes - as critics say it shows being trans is usually just a phase for kids

By Alexa Lardieri U.S. Deputy Health Editor Dailymail.Com  
11:56 EDT 03 Apr 2024 , updated 12:08 EDT 03 Apr 2024

Archives of Sexual Behavior  
<https://doi.org/10.1007/s10508-024-02817-5>

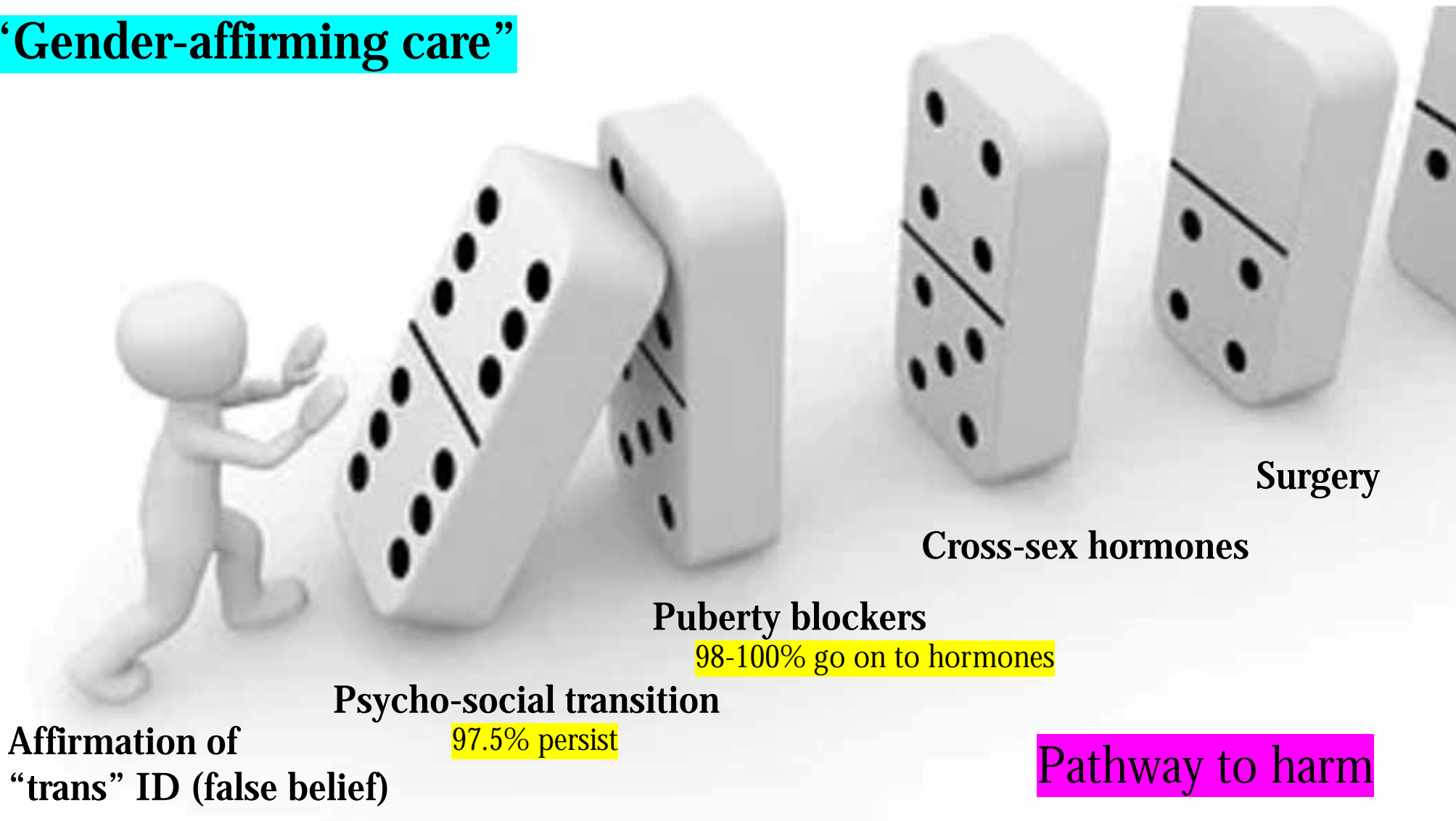
ORIGINAL PAPER

## Development of Gender Non-Contentedness During Adolescence and Early Adulthood

Pien Rawee<sup>1</sup> · Judith G. M. Rosmalen<sup>1,2</sup> · Luuk Kalverdijk<sup>2</sup> · Sarah M. Burke<sup>2</sup> 

Received: 28 April 2023 / Revised: 19 January 2024 / Accepted: 20 January 2024  
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# “Gender-affirming care”



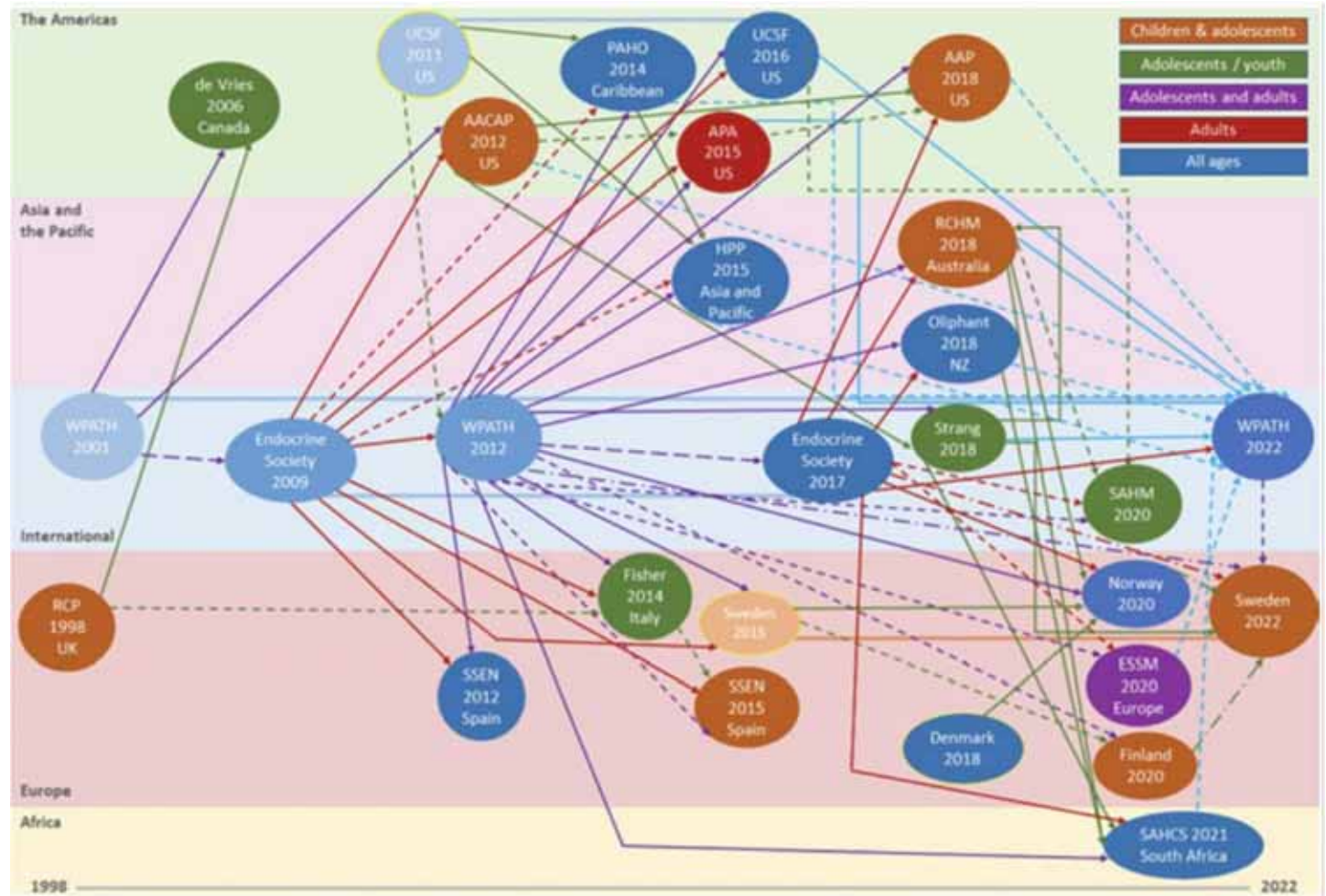


CASS:  
False consensus  
in spite of weak  
evidence



WPATH and Endocrine  
society guidelines

Cited by and in turn cite  
other national guidelines

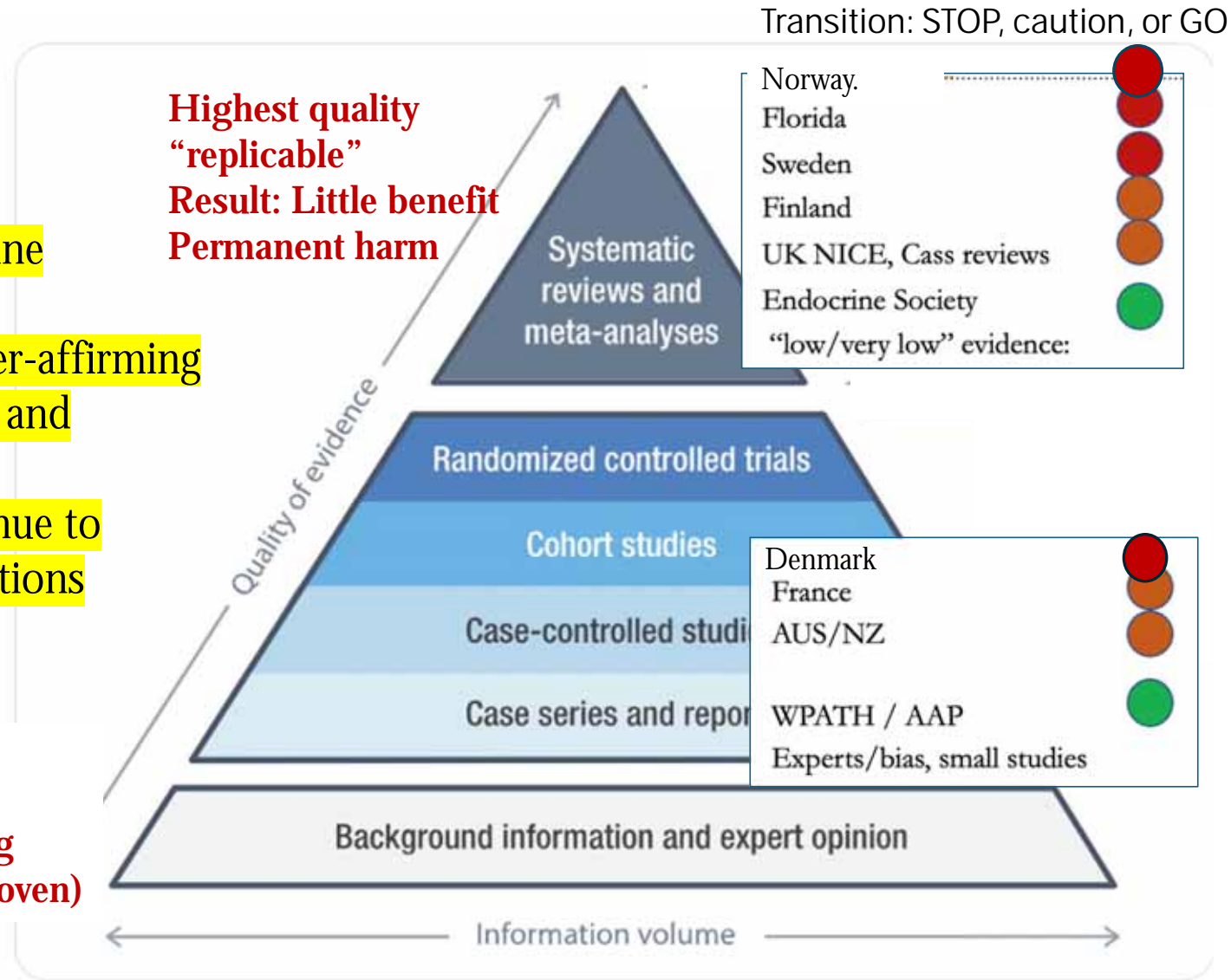


Cass report 2024

EVIDENCE

“Evidence-based” medicine has grades of reliability. Evidence base for “gender-affirming Interventions is of “low” and “very low” quality AAP and WPATH continue to support harmful interventions

Lowest quality evidence: “experts” (biased) CLAIM: “gender affirming care is beneficial.” (unproven)





**USCCB Doctrinal Note:** Catholic health care may not cooperate with “gender transitions”

- “Transition” interventions

- \*do not repair a defect in the body:

- normal and healthy bodies**

- \* do not sacrifice a part of the body to restore health to rest of body

- no serious threat to health**

- \* “attempt to alter the fundamental order and finality of the body and to replace it with something else.”



“Barbie” “trans” surgery – person identifying as “nonbinary” sought “body modification journey” to become a “non-normative human.”

**MEN**

- 1 Removal of the penis, scrotum, & testicles
- 2 Urethra shortened
- 3 Sensitive penis tissue buried under urethra like a 'hidden' clitoris

**WOMEN**

- 1 Hysterectomy to remove all or part of the uterus
- 2 Vagina, cervix, vulva, & clitoris removed
- 3 Some patients keep clitoris maintain sensation

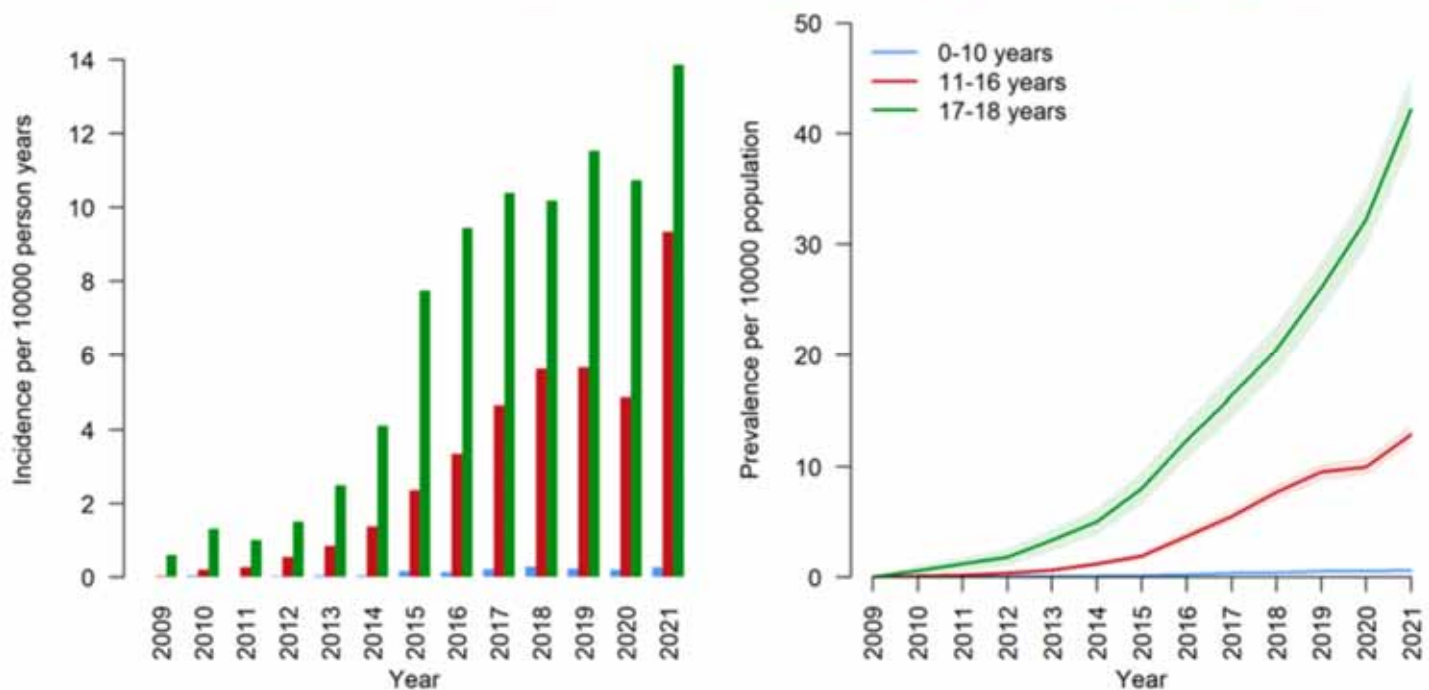
Genital nullification surgery is a procedure which involves removing all external genitalia to create a smooth transition down from the stomach to the groin.

© Facebook

TRANS CENTER

f X p

**Figure 13: Incidence of recorded prevalence of gender dysphoria by age group**



Source: *Epidemiology and Outcomes for Children and Young People with Gender Dysphoria: Retrospective Cohort Study Using Electronic Primary Care Records*

Cass, 100 fold increase (by age)

# Autism

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**5.41** Some research studies have suggested that transgender and gender-diverse individuals are three to six times more likely to be autistic than cisgender individuals, after controlling for age and educational attainment (Warrier et al., 2020).

- **5.43** Despite often being highly articulate, intelligent and skilled in many areas, autistic young people have difficulties with social communication and peer relationships, which may make it difficult for them to feel accepted and 'fit in'.
- **5.44** Difficulties with interoception (making sense of what is going on in their bodies) and alexithymia (recognising and expressing their emotions) can sometimes make it hard for these young people to express how they are feeling about their internal sensations, their gender identity and their sexual identity.
- **5.45** In addition, mental health disorders including anxiety, depression, eating disorders, functional neurological disorder, OCD and BDD are more common in autistic children and young people (González-Herrero et al., 2022; Lai et al., 2019).

# Biggs comment and data (2022) – unreliability of surveys of self-reported attempts; actual suicide rate .00013

- “Online surveys do not provide an accurate record of actual suicide attempts, especially in a climate where the media relentlessly promotes suicidality as an essential part of the transgender experience,” - University of Oxford sociologist Dr Michael Biggs, comment to Gender Clinic News March 2022.
- “It is irresponsible to exaggerate the prevalence of suicide...Aside from anything else, this trope might exacerbate the vulnerability of transgender adolescents”. - Biggs 2022
- Biggs 2022: Tavistock data: From 2010 to 2020, four patients were known or suspected to have died by suicide, out of about 15,000 patients (including those on the waiting list). This yields an annual suicide rate of 13 per 100,000 (95% confidence interval: 4–34). Compared to the United Kingdom population of similar age and sexual composition, the suicide rate for patients at the GIDS was 5.5 times higher.

# 2023 \_ Elkadi - followup to 2021 Kozłowska. 88% MH difficulties persisted

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- Analysis of the data from the first five years of the clinical service highlighted the complexity of the clinical presentations and the many clinical challenges faced by the multidisciplinary team [10,22].
- Key themes included the following: high rates of comorbid mental health concerns, complex family issues, clinician concerns pertaining to consent, and clinician concerns about the paucity of medical information about the long-term outcomes (physical and psychological and cognitive) of GnRHa and cross-sex hormones. Alongside our international colleagues [4,23–28], the founding multidisciplinary team also became aware of the increase of presentations of what was termed *late-onset*, *rapid-onset*, or *adolescent-onset* GD. This group of adolescents, predominantly female, had no prior history of gender distress during early development and presented with sudden-onset gender-related distress. The absence of prior history raised questions that this particular group of adolescents were being drawn to the construct of gender dysphoria because of some evolving social process. In particular, we wondered whether gender dysphoria provided an uncomplicated framework for understanding (and also for resolving) the inner distress that had arisen in the context of adverse childhood experiences and the challenges and existential distress associated with adolescence, especially in this turbulent, uncertain social and political period.