

Archdiocese of San Francisco April – May 2024

Gender Ideology: What Catholics Need to Know

Mary Rice Hasson, JD



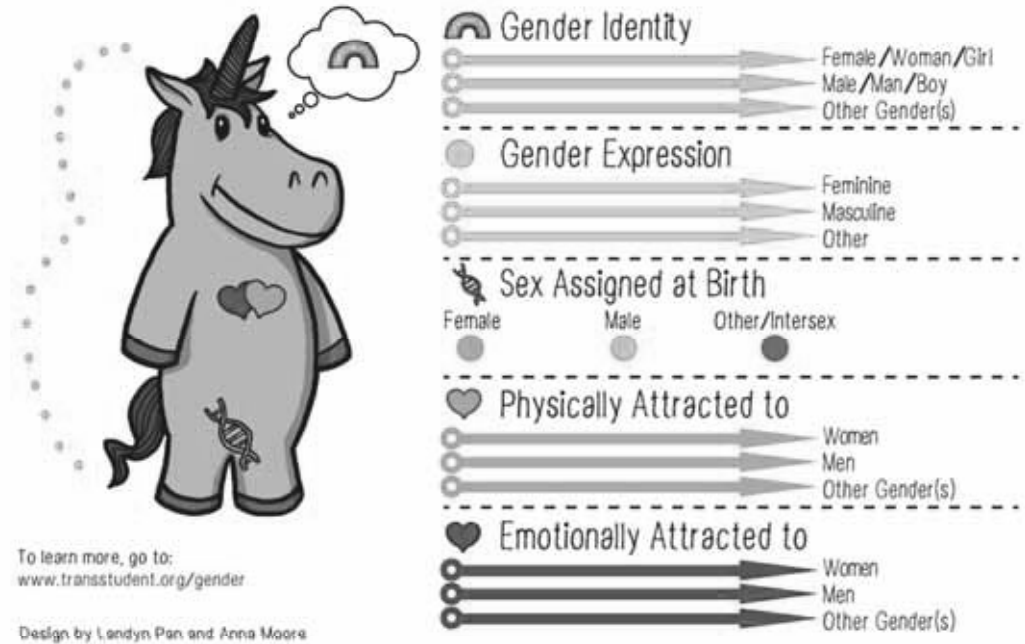
Series

- 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



The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



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

“Gender ideology is opposed to the Christian view of the human person.”



“Gender ideology is, in many important respects, radically opposed to a sound understanding of human nature, leading to forms of cultural influence, especially via education and legislation, that promote a notion of personal identity which is left to the choice of the individual and that deny the anthropological basis of the family as founded on the biological difference between male and female. It is thus opposed to reason, to science, and to a Christian view of the human person.”

- Pastoral Letter, Archbishop Cordileone (San Francisco) and Bishop Barber (Oakland), Sept. 29, 2023

**The truth about
“who we are”
matters greatly**

**And because gender ideology
denies the truth of the
human person,
it causes serious harm,
especially to the most
vulnerable.**





Harm

Global
Cultural
Institutional
Familial
Individual

- Ideological colonization
- Institutional Capture
- Redefines “Sex”
- Undermines Scientific Integrity, Trust
- Threats to Religious Liberty,
- Parental Rights, and Free Speech
- Physical, psychological harm of “transition”



Gender ideology is “one of the most dangerous ideological colonizations.” – Pope Francis



How to respond?
Pastoral Considerations

Accompany in
Truth Mercy Charity

General guidance

Remember “why”: Accompaniment must “lead others closer to God”

“[S]piritual accompaniment must **lead others ever closer to God**”

“To accompany them would be **counterproductive if it became a sort of therapy** supporting their self-absorption and **ceased to be a pilgrimage with Christ to the Father.**”

Evangelii Gaudium 170



Source: USCCB media



Be confident: Authentic compassion requires both Truth and Charity



- Pope Benedict XVI (*Caritas in Veritate*, 3): “Only in truth does charity shine forth, only in truth can charity be authentically lived... Without truth, love degenerates into sentimentality”
- Pope Francis (*Lumen Fidei*, 27): “Love requires truth...If love is not tied to truth, it falls prey to fickle emotions and cannot stand the test of time.”
- Archbishop Cordileone and Bishop Barber (*Pastoral Letter*, 9.29.23): “Compassion that does not include both truth and charity is a misplaced compassion.”

The TRUTH

The Church has
clear teaching
on the person

*and on
gender ideology*

- **Catechism** of the Catholic Church
- **Pope Benedict** – 2008, 2012 Christmas addresses; address to German parliament
- **Pope Francis** – numerous addresses to Bishops
- **Amoris Laetitia** 56
- **Laudato si** 155
- **Cong. for Catholic Education** (*Male and Female* 2019)
- **USCCB** Doctrinal Note (2023)
- **Bishops** – U.S. Diocesan teaching / guidance documents
Nordic bishops, Ukrainian
- **Dicastery for Doctrine of the Faith: *Dignitas Infinita*** (2024)
- **See PersonAndIdentity.com “Resources” for texts**

“Why should I listen to you about this?”

Consider addressing unspoken assumptions

- Political?
 - *not right-left, not “just a religious belief”*
 - Judgmental? Condemning?
 - **Motive: “Better way” - Protect vulnerable**
 - *Not blaming or saying it’s easy.*
- **Church teaches with love. God alone judges souls.**
 - Where’s your compassion?
 - **Acknowledge the pain – true compassion**
 - “Transphobe” or “mean”
 - *Respond with Charity, Truth, and Fortitude*
 - **“unfailing kindness”**

Spectrum of Allies

WOLF

Radical feminists / “lesbians”



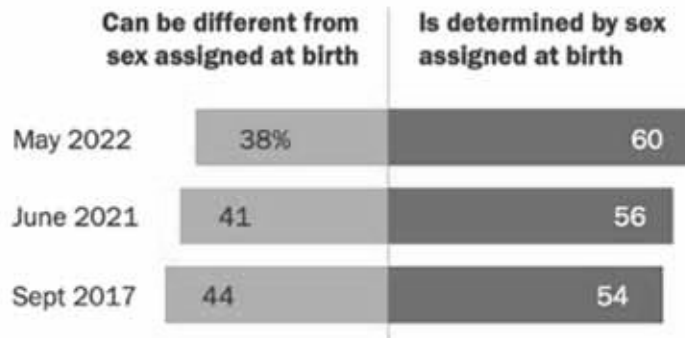
Muslim parents + Jews, Mormons...)

ATHEISM

Science/ “Team reality”

Positive: Public Opinion Shifts Towards Truth

Pew 2022: 60% say “man/woman” determined at birth



Most Americans oppose “gender” medical Interventions:

68% oppose puberty blockers, ages 10-14

58% oppose cross-sex hormones, ages 15-17

- Washington Post/Kaiser Family Foundation (2023).

69% Play sports based on sex (M/F)
GALLUP June 2023

77%

Majority Support Parental Notification for Gender Identity

Monmouth Univ. Poll August 2023



Truth /Faith
Anthropology

Pew 2014 **30%**

Science
Reality

10%

Harm
Lived experience

48%

Maximize the message: 3 windows into the heart & mind



Anthropology / Truth



Reality / Science



Harm

Approach and emphasis will vary according to the listener

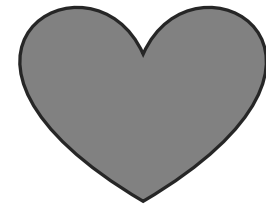
A Pastoral Approach



Proactive



Protective



Personal

Proactive (Diocese, parish, school)



Opportunity: yearning for truth, love

Mission and Identity

Present the Truth, confidently

Integrate Christian anthropology

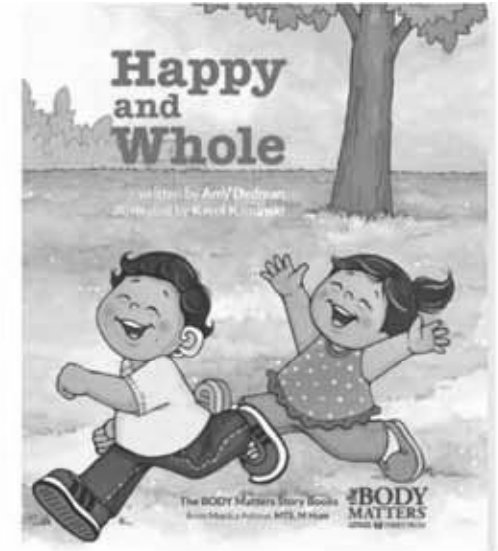
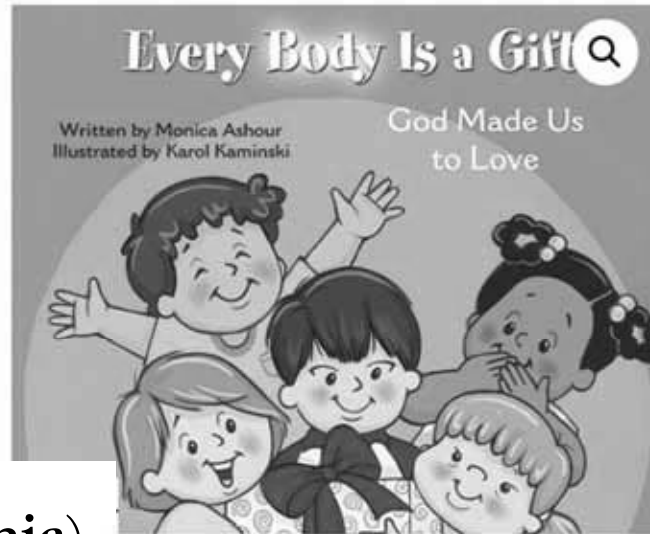
Hire for Mission. Provide Formation.

Form Intentional Disciples

“Who Am I?”

Lay the foundation:
Christian anthropology

(Ruah Woods, TOBET, Sophia)



REVEALED: Grades K-5

Theology of the Body curriculum for the classroom.

PersonandIdentity.com



Theology of the Body for Middle School Students

Proactive (Individuals, Families)



Faith: Be witnesses

Be bold: Share the good news

Form yourself (family) in Christian anthropology.

Live love: Strengthen relationships

T-I-M-E

Parents over peers

Partner with others (5 adults)

Positive feedback (5 :1)

Live healthy (better mental health)

Protective (Diocese, parish, school)



Mission and Identity – guardrails
Formation, top down – Engage questions

Policies (anticipate, set expectations)
Training, Consistency
Language (align w truth)

Educate parents on social media,
porn, gender ideology

Address tough topics w teens
Age-appropriate education on gender ideology
(parental permission)

Protective (Individuals, Families)

Pray. Rebuild/restore relationships

Ask questions – what do they know
Myth busting. age-appropriate

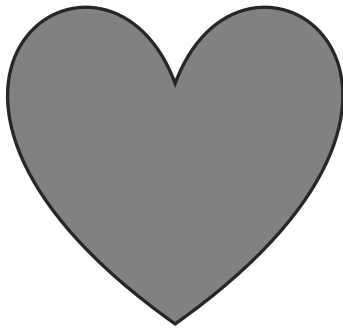
Assess influences (pos/neg)
(Peers, porn, people, places_
Foster / limit / protect
Social media/phones

Assess vulnerabilities
Set boundaries

Build skills. Reconnect to nature



Personal



(Contextual differences)

Lead with love. "Long-haul"

"Ask" – Seek to understand

Listen. Empathize.

Reassure. "We'll work together"

Guide.

Truth. Conscience. Boundaries.

With Love.

Prayer and patience.

“Respond with LOVE”

Affirm the person (not the “trans” identity).

“I love you. You are a beautiful person – a gift. I know God has a plan for your life.”

“I am here for you. We’ll get through this together.”



“Mom, dad, I’m trans.”



Listen. Ask. (open-ended)

“When you say...[you’re ‘trans’/feel like a boy/born in wrong body]...what do you mean? I’d like to understand.”

“What does it mean...[to feel like a boy]”

“Tell me about... I’d like to know more.”

“When did you start feeling this way?”

“Where did you go for information about this?”

“What do you friends think?” “Your teachers?”

Empathize. Guide.

Validate feelings: “So you feel...”

Affirm truth: “You are [male/female]. You are wonderful the way you are. Sex can’t change.”

Accompany: “We’ll help you get through this...”
“I’m with you for the long haul.”

Set Boundaries: “I love you so much, I can’t say yes to medicines that will harm your body [can’t support actions that hurt you]”



Typical questions

- Names? Considerations: Age (adult?), relationship, context
- Pronouns: Sex-based. Objective meaning. Avoid if necessary.
- “Social transition”? No. Gateway to medical transition. Validates false belief.
- Workplace trainings? Attend if required. Do not endorse or approve.
- Hosting same-sex “partner” at home? Context matters.
- Family member transitioning: Age, relationship, proximity. Convey love, affirm the person (not the ‘trans’ identity). What are you being asked to do? Boundaries according to conscience.

Practical Insights and Strategies



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

Psychological vulnerability



Adult-onset
AGP – heterosexual



Child-onset



“rapid-onset – females”



Rapid onset males



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)



(requires approval, endorsement)

Farnan, Person and Identity

Why are young Catholics drawn to gender ideology?

- Autonomy – “I decide”
- Identity – “Who am I?”
- Authenticity – “my true self”
- Solution – to pain, struggles
- Compassion – “transition” as “cure” for struggling peers
- Same-sex marriage “settled”
- Search - belonging, meaning
- Must be an “ally”

Address Tough Topics - SOGI

-
- 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
 - Person is not defined by desires or feelings
 - 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
 - No one is born in wrong body
 - Authentic compassion wants “the good”
 - God’s law and reason must govern desires



Welcome, include, but “Then what?”
LGBTQ – unhealthy trajectory
When teens ID as LGBTQ - high risk
to abuse drugs/alcohol, early sex,
multiple partners, STIs, poor mental health



Teach adolescents to understand emotions
“where the body and soul meet”

Humans naturally seek “good” and avoid evil, but make mistakes about what is good.

Acknowledge Emotions:
They are morally neutral

But Emotions don’t define reality.

Actions in response = moral choice.

Use Reason > channel emotions towards the good.

Habit of Virtue > choose the good

Healthy Teens: Suggestions

- **Love:** Express it!. Strengthen relationship. Unfailing Kindness.
- Focus on non-trans topics. **Speak the truth at the right time.**
- **Self-control:** A child's "trans" declaration evokes strong parental emotions.
- Don't say words you will regret ("evidence" a child is "unsafe")
- **Nature:** Re-Connect child with reality, nature, body. **Outdoors.** Nature. Physical work.
- **People:** Maximize in-person time w others who won't "affirm" "trans" ID. Encourage healthy relationships (face to face). Separate from harmful people,
- **Disconnect:** social media promotes gender ideology, depression, distorted thinking;
- **Service:** antidote to self-pity, victimhood, self-focus. "Doing good" = self-esteem
- **Expand:** new experiences. Hyper-focus on "gender" narrow interests.
- **Learn:** new skills, new interests - instills capability, confidence, expands horizons.
- **Authentic compassion** (built on truth and charity)



Debunk the lies of
gender ideology



Debunk the lies

Claim: “Trans kids”

Fact: No “trans kids.”

Hurting / vulnerable M or F kids

No one is ever born in the wrong body. (USCCB doctrinal note)

Goal:

- * Accept sexual identity (M/F) as gift from God.
- * Integrate feelings with reality
- * Know they are good, loved, and belong

Self-hatred. Fear of becoming man/woman



EWTN Great Britain HOME KIDS LIVE TV NEWS VIDEOS PRAYERS RADIO SHOP ADORATION SCHEDULES

Study From Netherlands: Most Children Outgrow Transgender Inclinations 2024



Chase Strangio
@chasestrangio

Follow



If you are angry or think it's "unfair" for a trans girl to beat a cis girl in a sporting event then fundamentally you don't think trans girls are "real" girls. It's that simple.

Myth: “Transition” is “authentic” medically necessary

Fact: The person is immutably male or female. “Trans” ID rejects this truth.

“Transition” is mimicry, not authenticity.

* Cosmetic alteration. “Real” if validated.

“Transition is not “medically necessary.”

* “little or no evidence” for kids/adolescents

Johns Hopkins evidence rev (5.14.24)

* Harms healthy body. Disables functions.

* Induced dependence - lifelong hormones

* Destroy healthy anatomy, replace w/
non-functional “parts.”

* **Inner wounds not healed.**



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

WHO ARE **YOU** TO TELL HER
SHE'S NOT FAT?



**LIPOSUCTION
IS A HUMAN RIGHT**

@sometherapist

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.



“Using the bodies of children and the mentally ill for
experimentation isn’t a human right. It’s a crime.”

– Prisha Mosely

The truth about “trans” body modifications

EU countries reverse: SWE, FIN, UK, DEN, NOR. Cautions: FRA, BEL, GERM

- “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 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



The New York Times

A CONVERSATION WITH

5.13.24

Hilary Cass Says U.S. Doctors Are ‘Out of Date’ on Youth Gender Medicine

Dr. Hilary Cass published a landmark report that led to restrictions on youth gender care in Britain. U.S. health groups said it did not change their support of the care.

Know your experts (must vet)

- 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.”



Truth in Love:
Boundaries

- *Affirm the person as good, loved by God (and you)**
- *Reassure – long haul. Listen. Understand. Kindness**
- *Do not validate the false belief / rejection of sex**
- *Use sex-based pronouns always**
- *Slow things down: Don't agree out of fear**
- *Do not “compromise” in ways that reinforce lies (binders, packers)**
- *ACT: Boundaries. Limit toxic influences/ media use. Professional help**
- *Never facilitate self-harm or exploitation by others**

Pray

- For your child /students / families
- For other witnesses to reach them
- For our culture
- For our professionals/ schools

- Our God is a God of miracles + mercy!
- In a world desperately seeking meaning,
- we have the truth and Love Himself to
- give!

PERSON & IDENTITY

a project of the Ethics and Public Policy Center

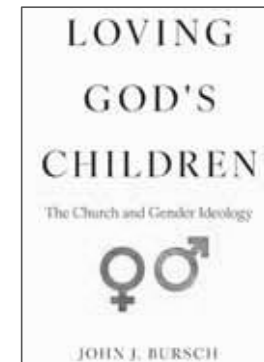
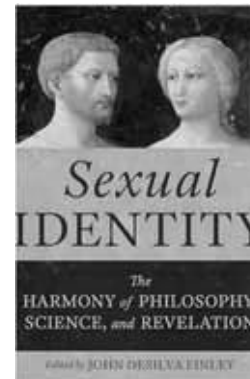
For Resources: personandidentity.com



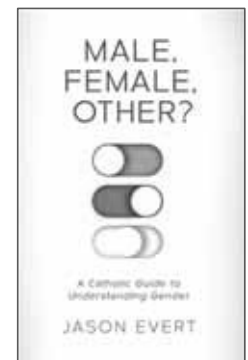
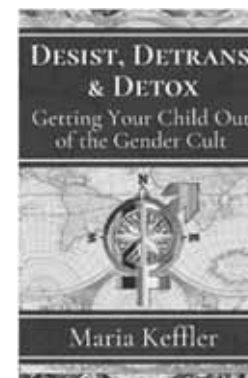
Trusted Sources. Experts. Resources. Networks.



Catholic Resources, FAQs, videos



EWTN
5-part video
Series (free)



**Share the
truth
about the
person
*and gender
ideology***

- 1. Who am I? A son or daughter of the Lord.**
- 2. My sexual identity (male or female) is God's gift to me.**
- 3. Sex is binary (male or female) and sex cannot change.**
- 4. No one is "born in the wrong body" or born "trans."**
- 5. "Gender-affirming" interventions reinforce false beliefs about reality and "who we are."**
- 6. "Gender-affirming" interventions are not based on sound medical evidence.**
- 7. "Gender transition" hormones and surgery cannot change a person's sex.**
- 8. "Gender transition" hormones and surgery do not prevent suicide or heal inner wounds.**
- 9. "Gender transition" impairs sexual and bodily functions and may cause sterility.**
- 10. It is neither loving nor compassionate to support "gender transition."**



BYE BYE BINARY

A confused generation

• LGBTQ 2024 (PRRI)

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

• LGBTQ CDC 2023

1 in 4 teens "LGBT"

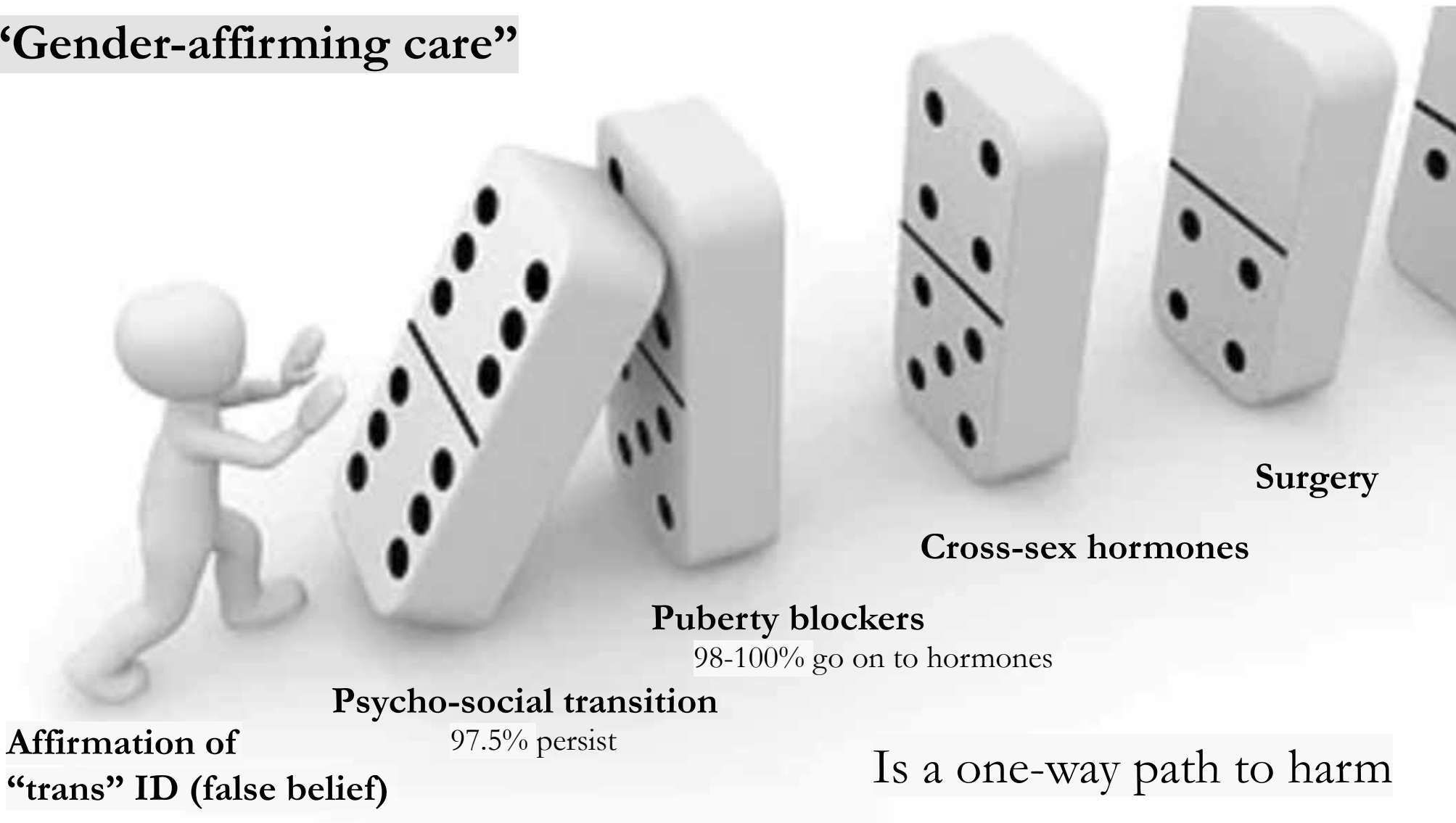
• TRANS Pediatrics 2021

9.2% H.S. "trans"

(Past: .002 "trans")

Media/ Social media
Schools
Healthcare

“Gender-affirming care”



**Affirmation of
“trans” ID (false belief)**

Psycho-social transition

97.5% persist

Puberty blockers

98-100% go on to hormones

Cross-sex hormones

Surgery

Is a one-way path to harm



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**

Suicide – Insights to protect vulnerable

- Multi-factorial. Never attribute suicide to one thing only.
- Co-morbidities in children with “gender dysphoria” dx – they are already at risk of suicide bc of eating disorders, autism, ADHD, depression, anxiety, etc.
- Never describe suicides – scripting it for vulnerable people.
- Social contagion effect – suicides increase in wake of publicized accounts. Calling undue attention to suicide risk, magnifying its likelihood, turns it into a pre-occupation for those at risk.
- Why the suicide rhetoric from “gender docs”? Helen Joyce: “I think it's moral blackmail....The outcomes have to be catastrophic.”
- Kids become “fixated” on pb as solution – lefty rhetoric demonizes those who – like Dr. Hilary Cass- would ‘take it away.’ – Feel victimized

10 truths parents need to know

Kids are bombarded with "transgender" messages and need clear guidance. (Silence is not an option)

Parents are the primary educators of their children. Be confident. Love. Ask. Listen. Guide.

Church teaching on the person and gender ideology is clear.

Gender ideology is a false set of beliefs about the person.

"Male and female he created them." Everyone must "acknowledge and accept" his or her sexual identity.

Science supports Catholic teaching: Sex is determined at conception and never changes.

"Gender identity" = feeling, perception. Feelings cannot dictate reality.

Distress about identity, the body, or puberty is normal, temporary, declines over time. (Netherlands 2024 study)

No one is born in the wrong body: "Gender transition" does not change the person. It harms the body.

Anyone who tells a child to keep a secret about "gender" should not be trusted.

Language: Avoid ideological terms (false premises)

Instead of

- **1. Gender:** Person's internal sense of self as male, female, both or neither; How individual perceives self compared to stereotypes (also: "gender identity")
- **2. Gender identity:** "An internal, deeply felt sense of being male, female...both or neither." Feelings or self-perception
- **3. Cisgender:** A person whose gender identity aligns with the sex assigned...at birth.
- **4. Transgender:** person whose self-perception or "felt" identity doesn't match person's sexed body.
- **5. Sex assigned at birth** – label "assigned" by doctor's glance at external genitalia at birth. Can be discarded/changed at will.

Say....

- **1. Sex:** Male or female (immutable). Determined by reproductive role. Accept the sexed body + identity (M or F) as a given.
- **2. Identity (M/F); Self-perception or asserted identity** (if referring to claimed "gender identity")
- **3. Male or female.** "Cisgender" is an invented term that serves as a foil to normalize "trans."
- **4. Male or female** who identifies as "transgender"
- **5. Sex/biological sex:** Sex is an immutable biological fact - the body's organization for a reproductive role. Determined at conception (not "assigned") and observed in utero or at birth.

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.”

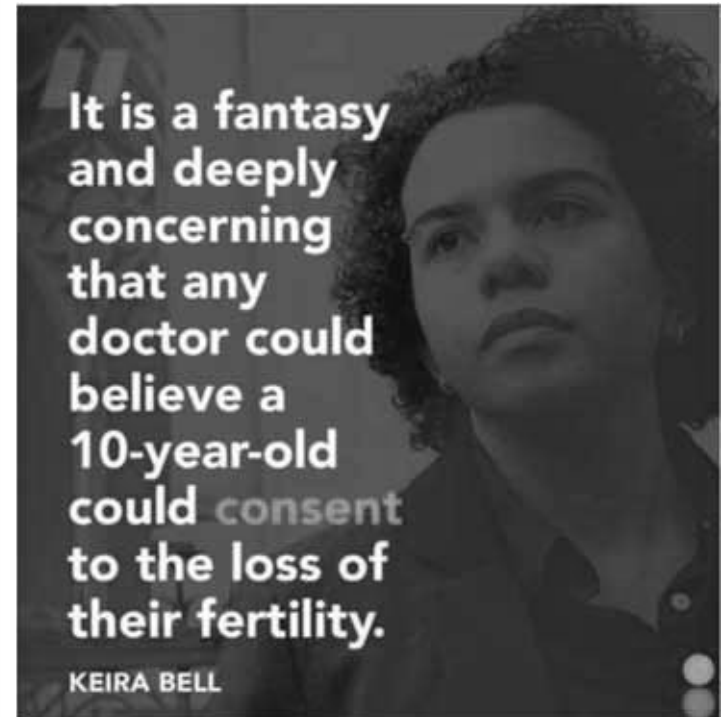
Medical Harm - Lack of informed consent



How do I know I was misled? It's impossible to change sex. My mental health worsened instead of improving, and I lost my physical health.

How do I know the care provided to me was not sound? I did not change sex. I lost my health. My mental health got worse.

- **Informed:**
- *Nature of the intervention
- *Risks
- *Benefits
- *Unknowns
- *Alternatives





David Rotzki / 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.

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.

“Transition” does not prevent suicide (2020)



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

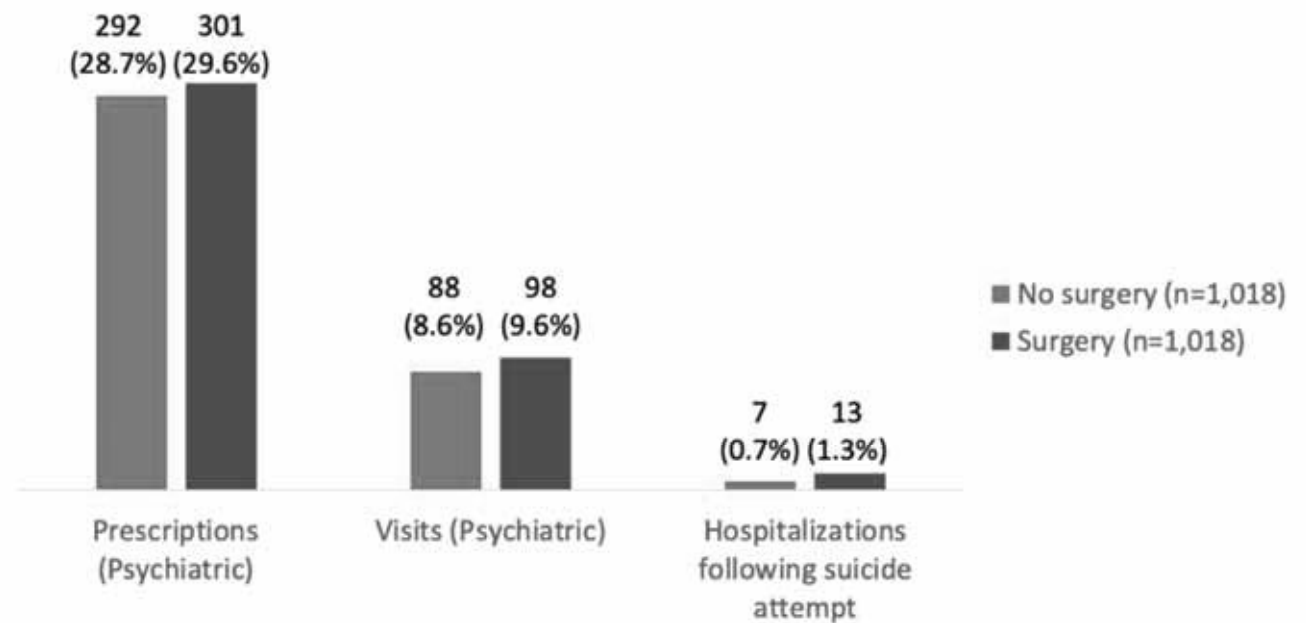
Time from start of medical “transition” to suicide = 6+ years.

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)

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



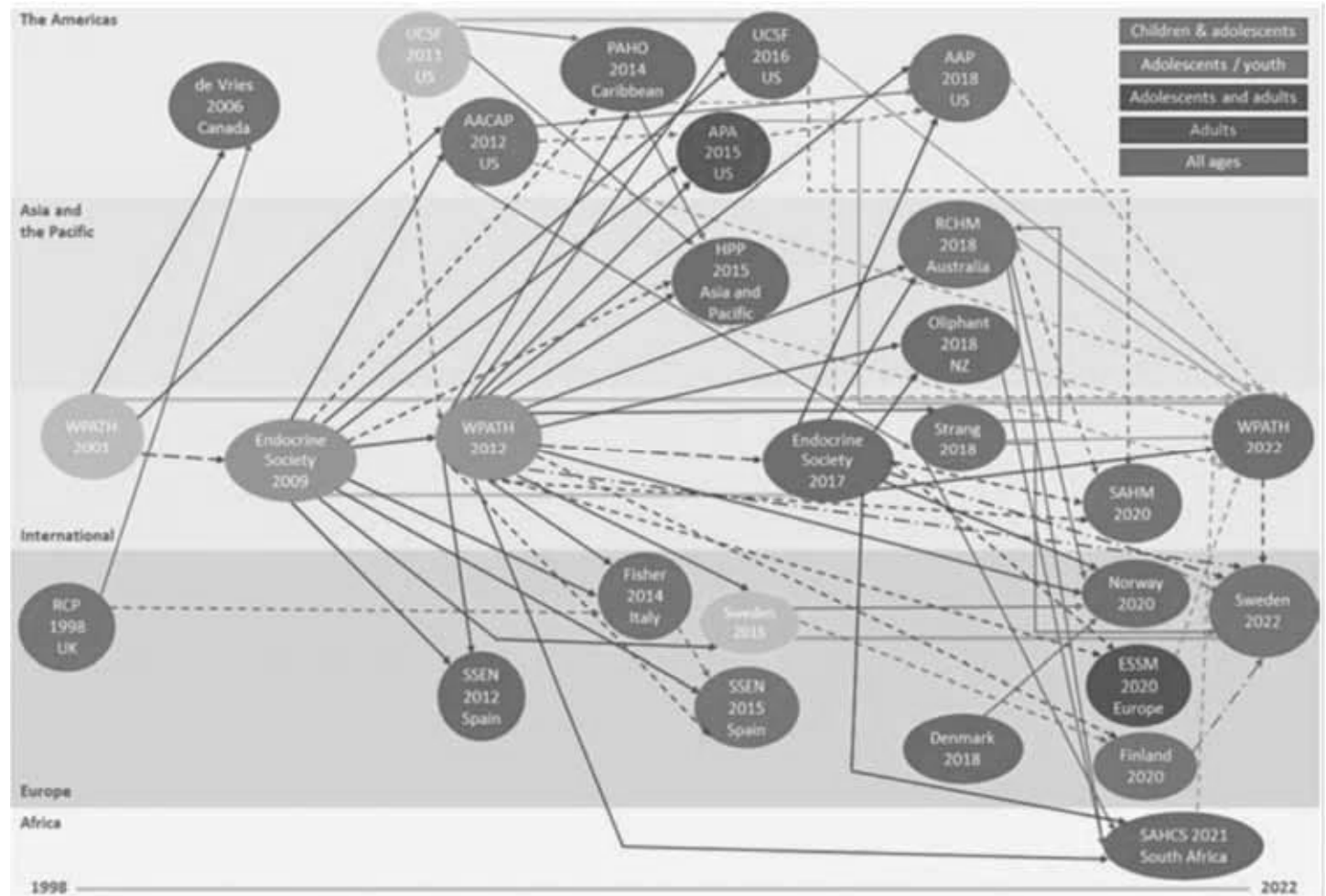
From Table 1, Bränström, R., & Pachankis, J. (2020). Toward Rigorous Methodologies for Strengthening Causal Inference in the Association Between Transgender Individuals' Mental Health: Response to Letters. *American Journal of Psychiatry*, 177(8), 769-772.

CASS:
False consensus
in spite of weak
evidence



WPATH and Endocrine
society guidelines

Cited by and in turn cite
other national guidelines

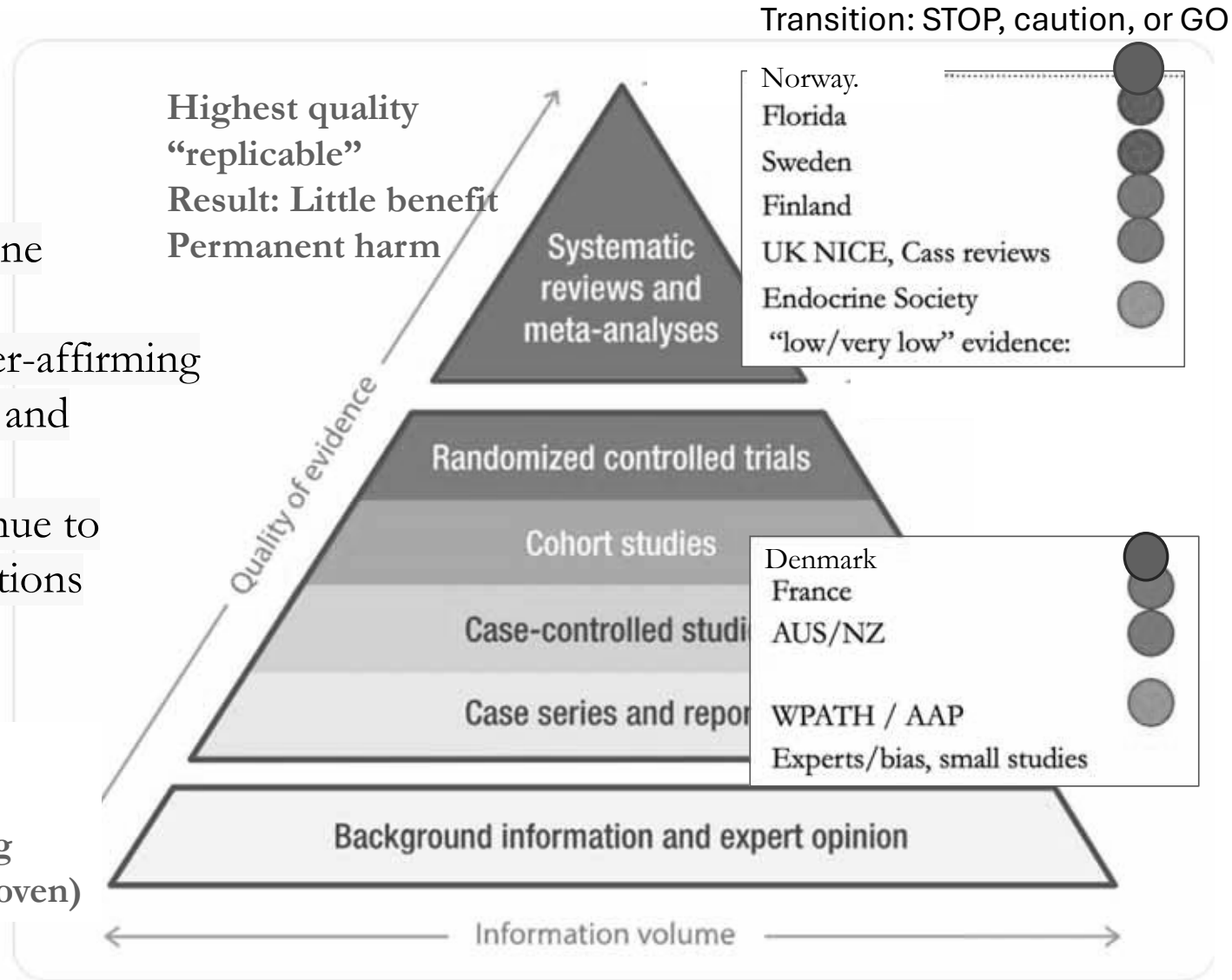


Cass report 2024

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)



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

