

September 22, 2022

TO: AJCU University Presidents

FROM: M.J. Garanzini, SJ, AJCU President

RE: Accompanying our Transgender Students and Colleagues:

I. Introduction:

Over the last several years, we have seen a heightened concern and concerted attempt to curb the growing acceptance of transgender individuals. The bills introduced in the legislatures of conservative states now number into the hundreds and are increasingly passed and signed into law. Nearly all are aimed at criminalizing anyone seeking to change the gender assigned at birth to minors who may want to change the gender assigned at birth. One journalist recently wrote, "America is being consumed by a moral panic over transgender persons" (F. Manjoo, 'America is being consumed by a moral panic over transgender persons', [New York Times](#), September 1, 2022).

Given this politicization of the trans phenomenon and the increase in students and parents who are nevertheless advocating for accommodations, several presidents asked for some guidance on the topic. I was privileged to participate in a Georgetown University task force which interviewed experts in an effort to determine the state of the science and therapeutic interventions. We interviewed experts in the healthcare profession including neuroscience, surgery, and psychiatry, in counseling and therapeutic professions as well as university student development personnel. This report follows from those discussions and from written sources which the task force members read and discussed. (Note: The task force continues its work; its report will be given to President DeGioia and is intended for both the University and its medical center.)

II. Terminology and Prevalence of the Transgender Phenomenon

Basic terms. We should begin with a discussion of language and terminology surrounding this phenomenon. For the majority, the gender assigned at birth is consistent with the social categories of male or female. This is referred to, scientifically, as cisgender. Cisgender self-perception as masculine or feminine are congruent with their assigned gender, on the other hand refers to those whose gender identity is different from the sex assigned at birth. Trans individuals may feel uncomfortable with their assigned gender or may feel that neither gender feels appropriate. They are acutely aware of how our world is. Social messages constantly remind us to identify ourselves by our gender. This has come under scrutiny for many young people who sympathize with trans persons and believe our categories may be restrictive and even some cases unnecessary. The non-binary is often used to refer to a gender identity that is not completely male or completely female. It implies something more fluid, more expansive. It is sometimes used interchangeably with the word transgender. When someone is inaccurately described as male or female, due to appearances or to their name or pronouns, this is referred to as misgendering.

While we see a rise in negative reactions and politicization of trans persons, we also see today a rise in support for transgender individuals. There is a call for more accurate use of pronouns and names when young people are confident enough to claim gender sexual identity. This support is increasingly evident among peers who are not themselves transgender and is indicative of the growing appreciation among young people for a range of gender identity and sexual expression that is, what it means to be male or female, is under reassessment. Our concepts of maleness and femaleness may be excessively restrictive at minimum, no longer useful.

Advocates see the healthy side to this questioning of social convention. Others, including some religious leaders, see an unhealthy trend, amounting to a weakening of the social fabric which holds together the centrality and sanctity of the family with a healthy appreciation of gender complementarity. Those who oppose tend toward acceptance of transgender individuals suspect that the growing number of people identifying as trans reflects the power of media and other social forces, convincing vulnerable young people that being different is heroic and a way to rebel against the social order. It may even be a way of upsetting parents and teachers. This trend

which they call transgenderism (a term rejected by the trans community), then perceived as dangerous and unhealthy fad. Our social fabric requires a clear demarcation between masculinity and femininity, they argue, and any weakening or erasure of these distinctions is unnatural and leads to grave negative consequences.

The task force learned that few professionals support this claim. Those who know and work with this clinical population insist that the awareness of an incongruence between assigned gender and internal feelings of masculinity or femininity were present in very early childhood memories. Many children and teens experience periods of gender confusion which may be passing phases. For some, however, this confusion may last throughout childhood. These feelings simply do not abate. Therapists serving trans individuals regularly pointed to pain and anxiety experienced by their patients. They struggle with depression and low self-esteem, and often develop a host of debilitating psychological problems. We found no reports that could verify individuals had talked the typical transgender patient struggle to adapt to a binary world, find it difficult or impossible, and present themselves for help or relief. This estrangement from their biologically assigned sexual identity at the heart of their stress and anxiety is often accompanied by other psychological disorders as coping mechanisms fail to alleviate the pain. The diagnosis given to these individuals in treatment is gender dysphoria.

What portion of the population reports gender dysphoria?

A [report](#) published in June 2022 by the Williams Institute at UCLA School of Law using CDC survey data estimated that in the US, over 1.6 million, or 0.6% of the population, identify as transgender. This includes those over 18 and those between 13 and 17. Within the teenage population, those between 13 and 17 years of age, 1.4% identify as transgender. This means that younger people are more likely to identify as transgender than older Americans (.5%). Racial and ethnic proportions for this population generally follow the overall percentages in the population. It is interesting to note that percentages differ significantly by region of the country. Among teens in the Northeast, 1.8% say they are transgender, while only 0.6% identify in the West as such.

Statistics like this lead many to ask if peer pressure is playing a role in the statistics. Are we seeing a rise in this number of transgender people because more teens are identifying as such?

depression, anxiety disorders, eating disorders, etc., is three and four times that of (Saindy
James, et. al. [The Report of the 2015 US Transgender Survey](#) : D V K L Q J W R Q 1 D W L R
for Transgender Equality)

What do we know about the biological origins, and genetic or hormonal differences for this population?

Endocrinologists report no known biological origin. A small number of infants are born with indistinct anatomical features. Hormonal abnormalities are also present in a small number of children, causing confusion for them and their parents or guardians. Clinicians that specialize with this population can only offer limited insight to the patients and families they treat. In general, they tell us that gender reassignment surgery is elected by whom they counsel. These interventions seem to bring relief to those electing the interventions. The rate of regret following surgery is low, perhaps 1% of patients treated. Recently, however, clinics in Finland, a country that offered sex reassignment surgery several years ago, has halted reassignment surgery for adolescents. Clearly clinical psychologists vary in their approaches to therapeutic interventions, but most recognize that the prudent thing to do is to avoid precipitous decisions. The adolescent is not yet mature enough to make such a momentous, life-changing decision.

Our interviews left the task force with the distinct impression that sexual assignment surgery may be appropriate for some but not widely promoted at present. Increasingly, medical professionals agree that young people need time to sort through possible ways of adapting. All of this leads to the central question which has not been clinically settled. L V W K H L Q F R Q J U X L W \ E H W Z H H Q

direction that allows for a positive outlook, the building of relationships that are supportive and healthy is what these counselors hope to accomplish.

It is unclear what percentage of those seeking counseling find this to be sufficient enough to lead happy and wholesome lives without further intervention. There is no data on time in therapy, on persistence, nor on satisfaction with the exception of data from those receiving treatments in clinical studies. What we did find is that therapists advocate a slow and careful process when working with a transgender individual. For children who have not reached the onset of puberty, hormone blockers may be used. For those who have already entered puberty, hormone therapy may be used to facilitate the development of secondary sex characteristics. Much of this is reversible. The aim is to give a young person time to adapt to the biological, psychological, and social changes going on around them and in them, to assess the reactions of others and, ultimately, to build a healthy self which can withstand social criticism.

It is during the college years, or even later, that transgender persons consider transitioning physically. There, too, therapists usually prescribe a slow and careful plan, a staged approach, to transitioning. As medical interventions progress, there is experimentation with taking on the social roles of the new gender, and gradually reforming the sexual organs to fit the new gender. It would be uncharacteristic and professionally questionable for someone to transition over a brief period and without ongoing counseling.

As society and the medical professions continue to debate when and for whom gender reassignment is appropriate, the goals of medical treatment are always to relieve the underlying sense of estrangement and feeling of inauthenticity that trans persons have felt throughout their lives. When the accommodation level is such that the person feels they need not go further, they will halt treatment. It seems that for most therapeutic interventions do not progress to surgical interventions. Treatment can be invasive, expensive, and even painful. Whether or not medical interventions are employed, trans persons struggle to find a social life that allows them to feel genuine, authentic, and accepted.

What role can counseling play and how can schools help?

A young person who is struggling with gender identity issues needs support and help when they or others detect that this is interfering with their happiness and well-being. Personal pain may reach the point that a young person needs to be encouraged to seek professional help. A school counselor, faculty, or staff member who has become a mentor could suggest counseling or therapy when the usual signs of distress are evident or suspected (e.g., social life or grades are beginning to suffer). We should note that some physicians balk at the suggestion of assessment and counseling, believing firmly in the rigidity and fixed nature of the trans state. However, the state is not fixed, and those who are considering whether and when to intervene.

Increasingly, students are coming out as gay or transgender in late elementary and early high school. Often, high schools are the first to address the implications of students who are working through identity issues and how they wish to present themselves. The mental health of these students can depend greatly on how their peers and schools support them or deny them the chance to experiment. Clothing, dating and participation in the regular activities of the school become major issues impacting self-expression. High schools routinely have dress codes, significant parental involvement in school community activities, policies on specific clubs and organizations, all of which impact their treatment of transgender students. Furthermore, the attitudes of administrators, faculty, coaches, and counselors have significant impact on how and whether the trans student interprets and internalizes the message of acceptance or rejection. When they come to the university, many trans persons are aware of their unique situation, the difficulty of fitting in, a more or less correct picture of how the world will react to their situation, and a sense that the

issues take heart from such words and urge us to listen to the experience of LGBTQ with an open mind and a respectful heart.

5 HVSHFWIXO DUJXPHQWV D E t P a x W e r k p h e n & K e x u f a v e c o m e w r o m Q G R Q other sources as well. History, writes Daniel Walden, [Walden, 'H Q G H U t h e r \[D Q G 2 Nonsense Commonweal, March 2021](#) is replete with stories of gender-nonconformity.

Anthropologists have pointed to the near-universal presence of trans persons in all societies, some of which hold transgender individuals in high esteem. Walden argues \ D t h i s t a k e s u p e points out that a host of theologians who have written about t f r o m Augustine to Hans Urs von Balthazar³ who would agree with their more conservative brothers and sisters that transgender S H R S O H · V X Q G H U V W D Q G L Q J R a r e W a k o t W o n g R Z Q J F R Q L W H V L Y K G H I Z U L W H V ' L Q W K H V D P H Z D \ W K D W \ R X U V R U P L Q H D U H G H I H fallen world, in societies created by fallen human beings who have taught us the importance of fighting wars and having babies, have frequently neglected to teach us the greater importance of E H L Q J F R X U D J H R X V D i e c o n d i t i o n : V \ L K D W F K W L O G O H L O K V W R U L H V R I V X V L V W K D W Z H G R Q R W X Q G H U V W D Q G 6 F U L S W X U H W K D W T but a mystery, one deep enough that we cannot yet fully map its contours but must approach it with hearts humb H G E \ O R Y H μ

0 R U D O W K H R O R J L L S Q : : 2 0 1 0 C l a d e 2 m o r a l t h e o l o g i a n : P a a l c a r e o f W U D Q V J H Q G H U S H U V R Q V P X V W H P S K D V L J A m e r i c a M e d i a , G L J Q L W \ ' 2 X W U H D F K \$ / * % 7 4 & D W K R O L F s e e s a s h i t u n k h & K e x u f a v e w r o m U with relevance for our discussion of transgendered persons. This shift has grown out of the & K X U F K · V V R a f i d c e n t e r e d D r F i l e i n q u e d i g n i t y o f p e r s o n s . H e w r i t e s :

the equal dignity of persons, guaranteed in a regime of equal basic human rights and correlative duties, becomes the decisive normative principle. Dignity signifies that persons as persons, are irreducibly valuable, possessed of intrinsic and absolute worth (whatever their full conception of the good or perfection might be). Dignity of persons obtains independently of properties distinguishing them (e.g. race, or gender), and is ' J L Y H Q μ S U L R U W R D Q \ O H J L V O A s t h e p h i l o s o p h e r F r a n z H e g e l W R U Kant reminds us persons have worth, not price.

He concludes:

The modern primacy of dignity does not preclude our distinctive religious beliefs, nor need we bracket them, even in public discourse. After all, religious belief that many undergirds their recognition of dignity (e.g., their appeal to God). But religious appeals to classical teleology, like hierarchical role

Care for those with gender dysphoria, then, does not place the importance of some Church authorities. Rather, acceptance and support simply a respect for the

The apprehension to embrace the position that transgender individuals should be celebrated, that they represent a distinct identity, is quite understandable. It is equally unchristian to tell someone that their condition of suffering is nothing to be worried about. Transgender persons may feel, at this point, caught between those who condemn them as abnormal and those who want to consider their anxieties regarding gender as something to embrace. Can we respond, as a faith community, in a manner that brings comfort and healing, that is not judgmental, when so many aspects of the sexual reality are unsettled? Catholicism is a wisdom tradition that can manage exceptions without committing ourselves to one theological position or the other.

Transgender students and staff in our university: a checklist of considerations.

It is very likely that, on our campuses, there is a small number of transgender students and staff, with differing levels of comfort in presenting themselves authentically. Some are likely to have come from schools, communities and/or families that have not provided a safe place for expressing their gender identity. These students and staff may be less likely to show themselves as they experience a crisis often referred to as 'gender dysphoria'. The campus environment may need to engage this reality during their time in our community. The campus environment may offer the distance from family and friends needed to deal with gender identity issues more openly.

need time to reflect on the consequences of a decision to transition. That said, our undergraduates are legal adults and will eventually make these decisions for themselves.

Restrooms have become a challenge. What are best practices with regard to providing restroom spaces on campus? Many campuses have moved to providing single, sex-neutral bathrooms as often as possible.

Intercollegiate athletics is a growing area of concern. We need to be aware of how the various divisional associations are handling this issue. Usually, an assessment of testosterone and estrogen levels to qualify as male or female are mandated before assignment to a team or intercollegiate play. This does not, of course, address the psychological stresses of trans students.

Should we have a general-discrimination policy for student organizations that includes this category of students? Young people are more accepting of gender differences and expressions. Media and popular culture are likely to display mixed gender and other social activities as normative. If this issue arises, the university may be called upon to clarify its policies. If students complain of discrimination or harassment, the university staff need to weigh in.

IV. The Jesuit University and the obligation to care and to support.

How then ought we to consider approaching this topic on our campuses?

1. First and foremost, we should accept a

3. When dealing with transgender students in our counseling and pastoral outreach programs, we should be aware of the current social context of the students they live and with whom they live and interact. This includes their relationships with those who may be present on campus, such as family, who may or may not accept them. Are we prepared to accommodate in some way the environment for these students that need arise?
4. Not everyone is prepared to assist such individuals. Not everyone is able to reserve ourselves: Is there someone (or are there several people) within the community with pastoral or counseling skills available for these students? Have we signaled to the members of the community that we appreciate that they are available for assisting students and staff who are trans?
5. Is this an opportunity to offer a Catholic perspective on a complex issue that is such an important part of adolescent and young adult development? Both cisgender and transgender individuals present a broad range of expressions of masculinity and femininity. For those who have been schooled to think the range of possibilities is rather clear and narrow, this may be difficult to appreciate. What we can offer, however, is an invitation to examine sexuality and sexual behavior in light of deeper Christian values. In their lives when experimentation to some extent is expected, the need for a moral compass is more important than ever. The culture that surrounds young people is hardly conducive to reflection on consequences. Where on our campuses does the discussion of a Christian approach to sexuality take place?
6. Many transgender individuals, especially students, are weighing whether to embark upon a process of transitioning. Therefore, sensitivity to what they wish to be called, the pronouns they wish others to use, are part of that process. There are also legal issues to a complete change of name and identification. Have the faculty and staff discussed this? Is there a forum and process for such a discussion? How do we assist faculty or student life personnel who are being asked to accommodate the requests of students?
7. Some on staff may need training in matters related to trans students. How should we handle tensions among students? How might we counsel trans students who believe elective surgery is the answer to their dilemma? How do we advise who are dealing with the requests or demands of students? How should we respectfully address the topic in our classroom or with an individual student? Although some may be comfortable with being called by their birth name, for others the issue becomes even more delicate when facilities or special accommodations are dedicated to trans individuals.

We should always remember that their situation is unique and we should always remember that their situation is unique and we should always remember that their situation is unique.

many, or perhaps most, affirming their gender identity was something of a crisis that had to be addressed. This has been validated in study after study. Therefore, educate ourselves and others, it might be best to listen to and to review information that they have produced. The trans community has numerous websites and abundant literature available for the general public.

V. CONCLUSIONS:

It is complex and difficult. This necessarily involves becoming a part of society in which one is born. Finally, it involves attraction and intimacy. This of processing a relative level of comfort with these three related but relatively distinct areas of sexuality seem to be more challenging. More young people today report feeling uncomfortable with the roles assigned to each gender. It is unclear whether this represents a revolution in gender role expectations perhaps a struggle for individuality and acceptance. Categories for gender expression are certainly becoming more fluid and need to accommodate a wider range of expressions. Regardless of our social and cultural turmoil, those who suffer from gender dysphoria experience a great deal of pain. They deserve our empathy and support.

The present approach of many therapists is to assist those in late childhood or early adolescence to slow the onset of puberty, in order to give them the opportunity to express their confusion and inner turmoil. Adolescent psychologists stress the need for more time to weigh and test their own and reactions and those of others. Supportive approaches, that is, an accepting support network including parents (if capable and if desired), counselors, teachers and friends, clearly produce the healthiest results. The incidence or risk of depression, anxiety disorders and even suicide diminishes as these individuals experience acceptance. At the same time, the medical and therapeutic communities working with this population recognize that their interventions are experimental and must be tailored to the individual.

Does accommodation or a transition enable trans persons to be happier, more fulfilled and more productive? Meanwhile, compassionate accompaniment and safety for trans people in our community should be our goal. It is important that they feel others with them and are making all available resources available to them. Separating the ideological and the political from the clinical is

In sum, a

