

# THE NATIONAL CATHOLIC BIOETHICS CENTER



## CATHOLIC PASTORAL AND CANONICAL RESPONSES TO TRANSGENDERISM

PREPARED BY THE ETHICISTS OF THE NCBC  
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“All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity. The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.”  
—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), n. 29

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### SUMMARY

Government mandates and legal challenges concerning obligations to persons with gender dysphoria are creating challenges to Catholic ministries, from pastoral care, health care, education, and social services to employment policies. Denying one’s innate sexual identity and engaging in actions that are directly intended to mutilate bodily and functional integrity constitute intrinsic evils. Furthermore, the scientific literature has not demonstrated that assisting persons to transition to a sexual identity inconsistent with their biological identity serves their well-being. In fact, significant findings indicate that the opposite is true. Therefore, ministries exercised under the auspices or in the name of the Catholic Church cannot engage in formal or immediate material cooperation with such actions, and there must be a proportionate reason for mediate material cooperation for it to be tolerated. Scientific findings include the following:<sup>1</sup>

- The hypothesis that gender identity is an innate, fixed property of human beings that is independent of biological sex—that a person might be “a man trapped in a woman’s body” or “a woman trapped in a man’s body”—is not supported by scientific evidence.
- According to a recent estimate, about 0.6 percent of adults in the United States identify as a gender that does not correspond to their biological sex.
- Studies comparing the brain structures of transgender and non-transgender individuals have demonstrated weak correlations between brain structure and cross-gender identification. These correlations do not provide any evidence of a neurobiological basis for cross-gender identification.
- Compared to the general population, adults who have undergone sex-reassignment surgery continue to have a higher risk of poor mental health outcomes. One study found that, compared to controls, sex-reassigned individuals were about five times more likely to attempt suicide and about nineteen times more likely to die by suicide.
- Children are a special case when addressing transgender issues. Only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood.
- There is little scientific evidence for the therapeutic value of interventions that delay puberty or modify the secondary sex characteristics of adolescents, although some children may have improved psychological well-being if they are encouraged and supported in their cross-gender identification. There is no evidence that all children who express gender-atypical thoughts or behavior should be encouraged to become transgender.

## FAQs

**Question 1:** How is a Catholic school to address requests of parents who have agreed to transition their child?

*Reply:* All children are to be treated with respect. However, altering a child's name on school records, using an inaccurate pronoun, and allowing a uniform inconsistent with a child's innate sexual identity constitute formal cooperation in behaviors that are not in the best interest of the child. Legally changed or preferred names can be used to address a child whose parents support transitioning, as for any other student. Privacy in bathroom and other hygienic facilities can be provided without allowing a student access to places reserved to students of the opposite sex.

**Question 2:** Are there other times in which mediate material cooperation (contributing a non-essential circumstance to an evil of mutilation) can be tolerated?

*Reply:* Yes. For example, a Catholic Charities' shelter may develop safety policies to augment the government's mandated provision of integrated showers and bathrooms. This would not provide an essential circumstance for the gender transitioning, and constitutes morally tolerable mediate material cooperation.

**Question 3:** What policies related to gender transitioning are to guide employment in Catholic ministries?

*Reply:* Catholic laity who assist in carrying out the ministries of the Church are to "live according to this doctrine, announce it themselves, defend it if necessary, and take their part in exercising the apostolate."<sup>2</sup> Being involved in gender transitioning is not living in accord with the doctrine of the Church. All the works of an apostolate are coordinated under the direction of the diocesan bishop, who determines if scandal can be avoided. Any policy specifically addressing transgender persons is subject to the bishop's approval.

**Question 4:** What does it mean to be "properly disposed" to receive the sacraments without delay?

*Reply:* A person who has not renounced completed mutilating surgical interventions and who continues to follow a transition-sustaining hormonal regimen is objectively not properly disposed to receive the sacraments. In someone who has renounced the mutilating surgery, however, there could be physiological reasons for continuing the hormonal therapy, at least in the short term. While the consequences of surgical interventions may make it difficult for a person to return to a life consistent with his or her innate sexual identity, the person should at least renounce what they have done.

## NOTES

1. Lawrence S. Mayer, Paul R. McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," special report, *New Atlantis* 50 (Fall 2016), [www.thenewatlantis.com/](http://www.thenewatlantis.com/); see especially "Some Key Findings" in the executive summary, and part 3, "Gender Identity."

2. *Code of Canon Law*, can. 229 §1 (speaking of the lay Christian faithful). See also St. Louis Guild of the Catholic Medical Association, "Gender Reality vs. Gender Ideology," PowerPoint presentation, March 13, 2016, <http://stlouiscma.org/resources/>.