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Science: The Facts About Sex and Gender

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Diocese of Arlington

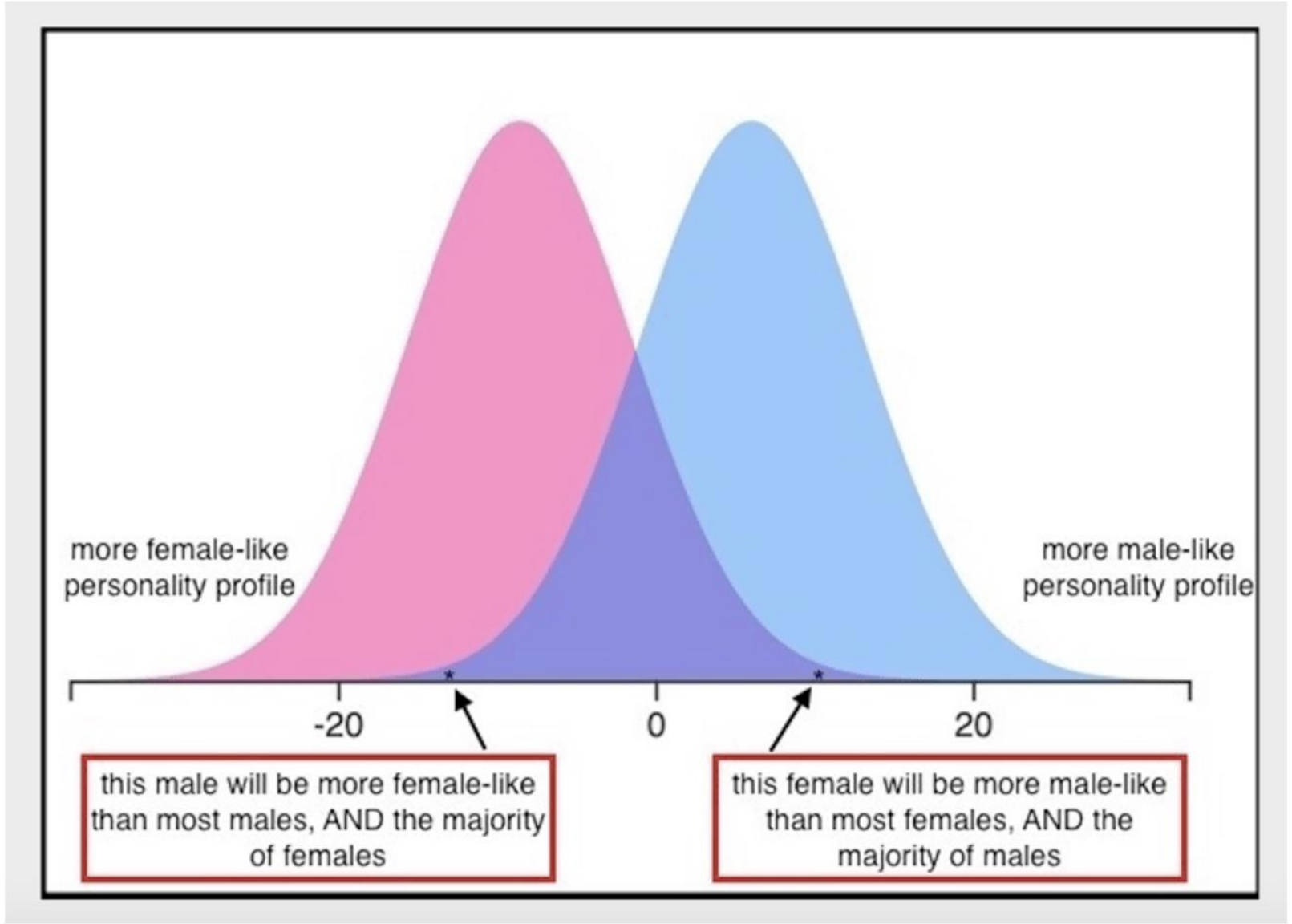
OUTLINE

1. Confusion of Concepts and Terms
2. Genetic Realities
3. Professional Biases
4. Underlying Truths
5. Flawed Research -> Harmful Interventions
6. Research based in fact
7. Helpful Intervention Options

Personality traits vary by sex, but don't *determine* sex

Mistake:
Confuse personality traits or interests for "identity"

"No one is born in the wrong body"



Dr. William Malone, *Quillette* 2019

Biology/Medical

L. Cahill (2012) Endocrinology 153, no. 6

Research confirms sex differences between male and female bodies.

- Differentiations found beyond anatomy, including the cellular and molecular levels throughout the body (in 6500 genes):
  - How men and women **experience and process emotion**, **perception, pain, stress and stress hormones**
  - Levels of neurotransmitters in the brain
  - Susceptibility to different diseases

SOME OBJECTIVE CONDITIONS DO EXIST

Aka Disorders of Sexual Development / Intersex conditions

- Klinefelter's Syndrome (XXY)
- Turner's Syndrome (X ?)
- Androgen Insensitivity Syndrome (AIS)

➢ Medical focus is first on preserving/restoring basic, nonsexual function - hormonal and surgical interventions appropriate

➢ No more likely to display atypical (gender nonconforming) behavior

➢ Most live and identify as heterosexual

“LGBTQIA” - Intersex

ABNORMAL DEVELOPMENT of M or F body

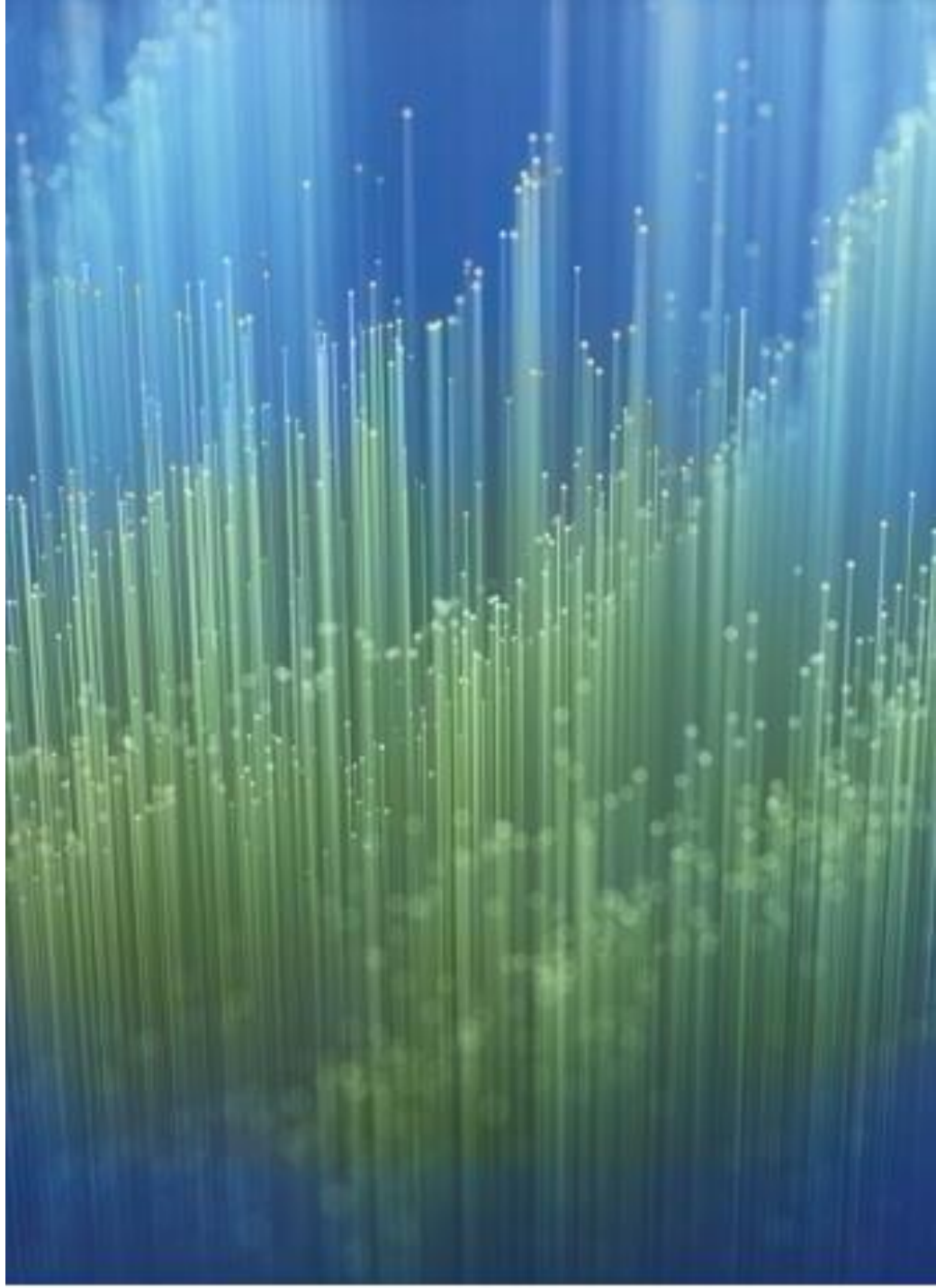
Objective diagnosis: DNA, labs, images.

- Not a third sex (no third gamete)
- Treatment: restore function, health

“TRANS”: HEALTHY BODY/PSYCHIC DISTRESS

Subjective ”diagnosis” – self-perceived, self-reported

- Identity- or body-related distress; body disassociation.
- Treatment: Impair function, alter body. “embodiment goal”



THE PSYCHOLOGY -- Diagnostic and Statistical Manual (DSM)

- 1975: Sexual Deviations:
  - Transsexualism
  - Gender Identity Disorder of Childhood
- 1987: **No longer** "Sexual Deviations"
  - Instead: "Disorders Usually First Evident in Infancy, Childhood, or Adolescence"
- 1994: Transsexualism **removed**
- 2013: Gender Identity Disorder
- **2015: Gender Dysphoria**
  - Removed label of disorder

“Gender Dysphoria” premise: “trans” is normal. Self-diagnosis 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**

(DSM-5-TR children)

Diagnosis? Child self-diagnoses

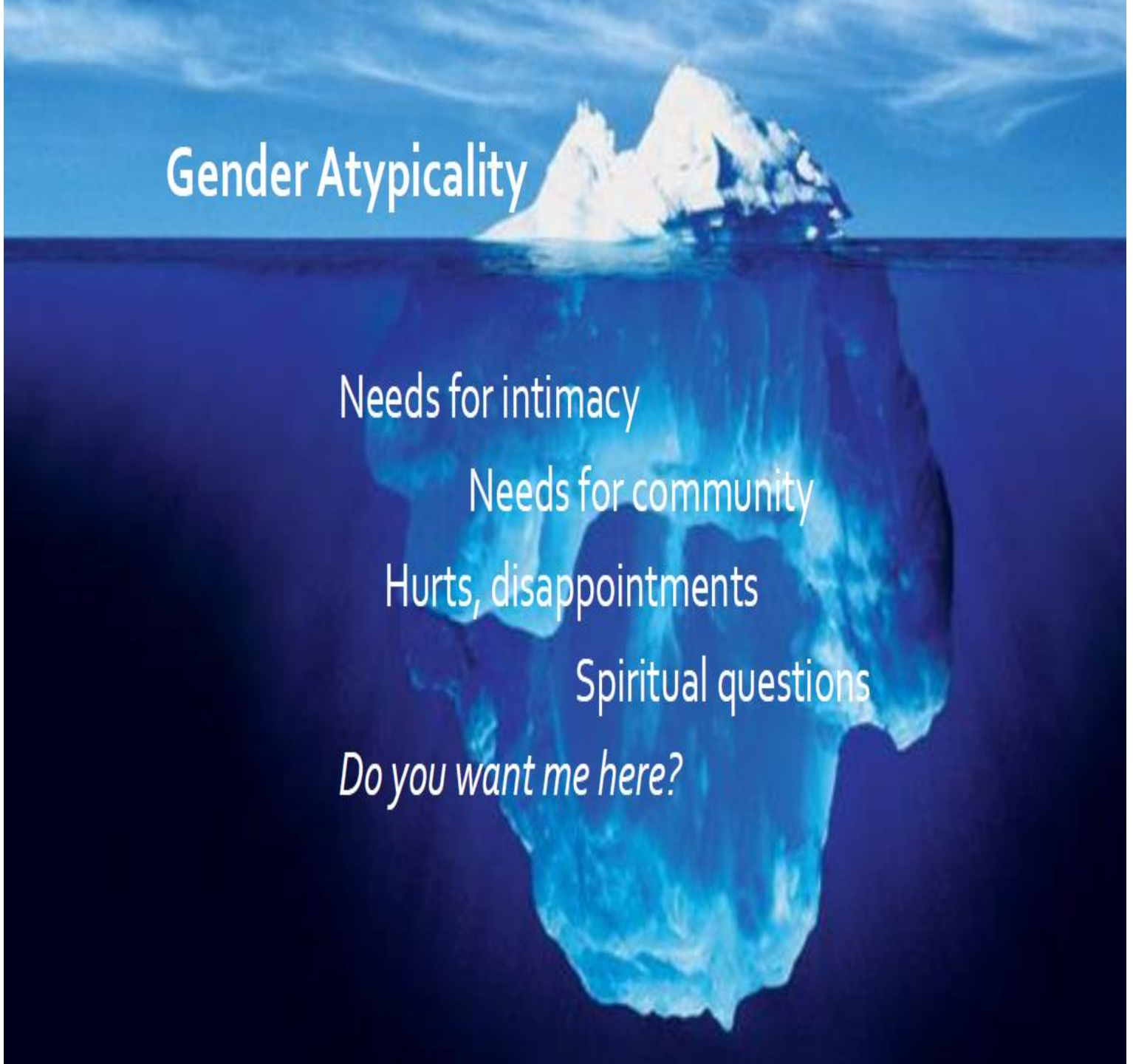
“[P]arents will [say], ‘I want to make sure my child is really trans…’ **I turn to the child… ‘what gender identity do you have?’ There’s no form, there’s no scale, no psychological battery of tests** that needs to be done.”

Robert Garofalo, MD
Lurie Children’s Hosp
Chicago gender clinic

“Iceberg Metaphor”

<u>The Accompaniment Task</u>:

Connect with the underlying human experiences and yearnings



"trans identification is a "maladaptive response" to real pain

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

frontiers in Psychology

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

Psychological Vulnerabilities

Situational: Isolation, move, new school, illness, family disruption, **excess time online**

Parents: mental illness (borderline, etc.), illness/disability/death, drugs, domestic violence

Adverse Childhood Experiences: Abuse (physical, sexual), sexual assault, bullying, unresolved grief/loss

Attachment disorders

Pre-existing Mental Illness (depression, anxiety, ADHD, borderline, suicidality, self-harm, etc)

Autism : 2 - 4 x more likely

Same-sex attraction, sexual compulsions or fetishes, **pornography**

Continuum of "gender-affirming care"

Active interventions

Surgery

Cross-sex hormones

Puberty blockers
98-100% go on to hormones

Psycho-social transition
97.5% persist

Affirmation of
"trans" ID (false belief)

Ideologues "move the goalposts"

Redefine "success" as subjective benefit, wish fulfillment

- **4 studies by gender docs in 2024-25:**
- **Admit low quality, weak evidence no objective benefit**
- **Redefine "benefit," "effectiveness" subjectively: "embodiment goals," "positive experiences," "gender journey"**
- *Oosthoek (2024), Wright (2024), Boskey (2025), Olson (2025)*

Medical Transition
Puberty blockers

Risks

Bones

Genitals

Brain

Social-Psych

97-100% of kids on PB

go on to

cross-sex hormones

Image: Jamie Bruesehoff, Facebook

Medical Transition
Cross-sex hormones

Risks

Blood clots

Metabolic

Voice, Hair

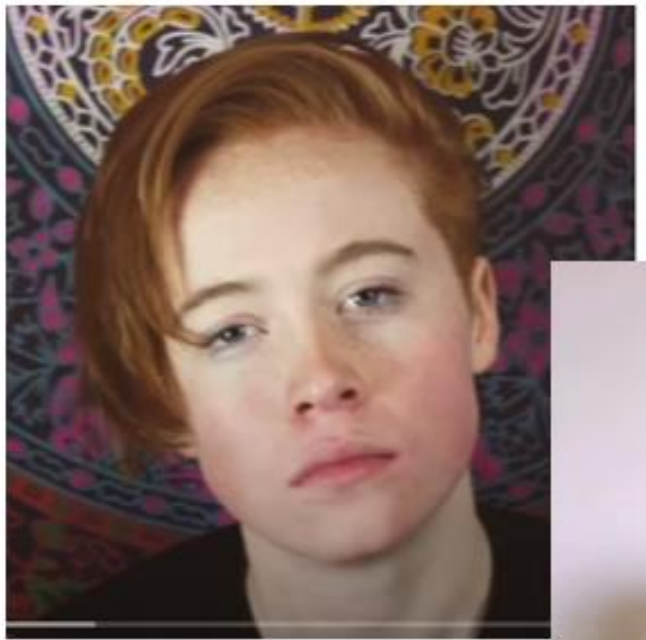
Genitals

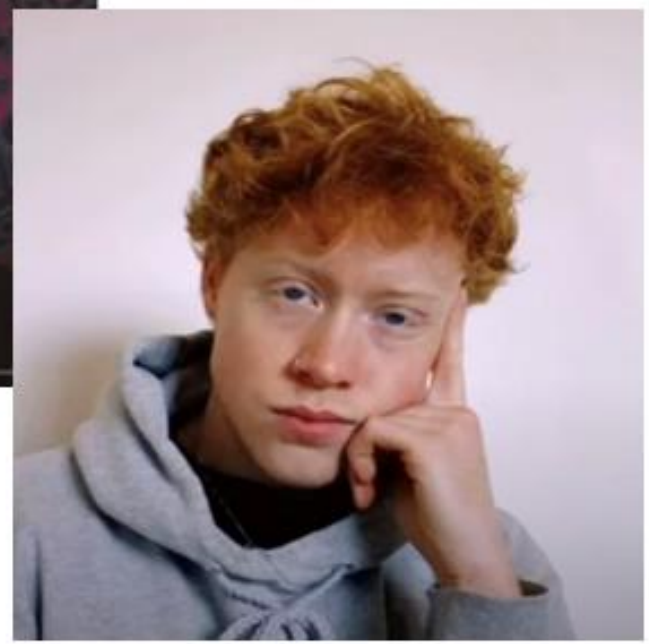
Fertility

Endocrine Society

“Low” quality evidence to support safety/use

Reality: *serious risks, irreversible harm*





Treatment Options:

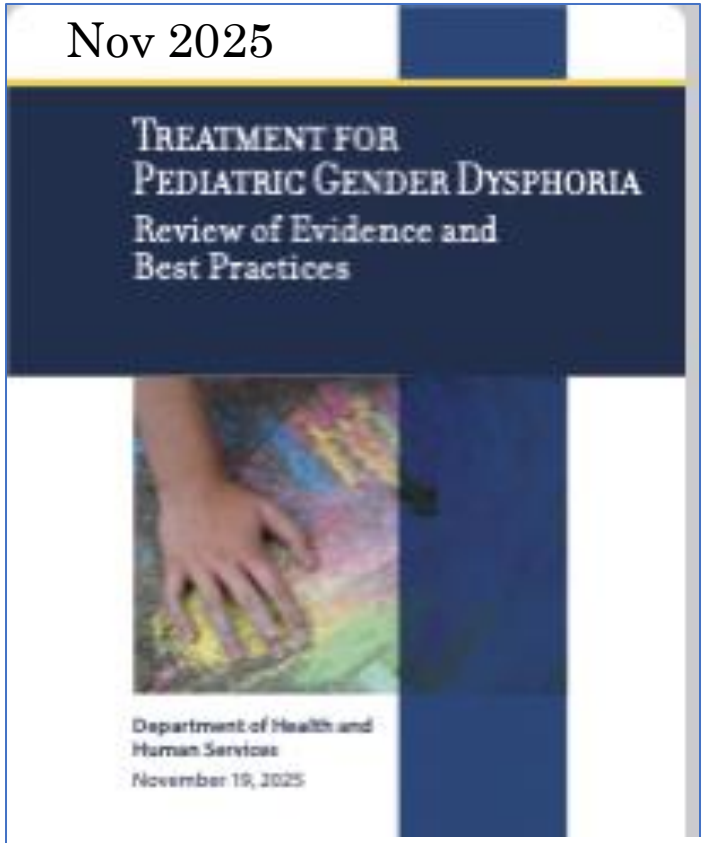
Is "gender transition" "lifesaving"? No.

"Suicide prevention"? No.

- Finland 2024: "dysphoric" youth suicide **rare** (.3%)
  - **Higher suicide risk due to pre-existing psych issues**
  - "not justified" to tell parents …a young person is at risk of suicide without medical treatments and that the danger can be alleviated with gender reassignment." Kaltiala (2024)
- 2022 UK Tavistock clinic .03% suicide (Biggs)
- CASS Review: No evidence that transition prevents suicide
- Not "lifesaving" -"unreliable" - no evidence (Appleby 2024)
- Avg time to suicide 6+ years **after** 1st GAC (Wiepjes 2020)
- 10-20 yrs after surgical transition-suicide: 19x gen pop (Dhejne 2011)
- Among ER patients, "trans" w GAC: 12x higher suicidality (Straub 2024)

Definitive Report (HHS 2025): Sex-Rejecting Procedures: Unproven benefit, Obvious harm. Does not reduce suicide.

- "**The risks** of pediatric medical transition: infertility/sterility, sexual dysfunction, impaired bone density accrual, adverse cognitive impacts, cardiovascular disease and metabolic disorders, psychiatric disorders, surgical complications, and regret"
- "**No evidence** that pediatric medical transition reduces the incidence of suicide, which remains, fortunately, very low."
- **Confirms substantive reviews**: Sweden, Finland, UK (2020 and 2024), CAN
- **US: Ideology prevails**: Lockstep endorsement of minors' sex-rejecting procedures (Except ASPS)



HHS Releases Peer-Reviewed Report Discrediting Pediatric Sex-Rejecting Procedures

WASHINGTON, NOV. 19, 2025 — The U.S. Department of Health and Human Services (HHS) today published *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*, its peer-reviewed study of the medical dangers posed to children from attempts to change their biological sex.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Compare: Past (Psychotherapy or wait it out) v "Gender Affirmation"

Social transition + puberty blockers reinforce desired identity.

Children in therapy or no treatment do not persist

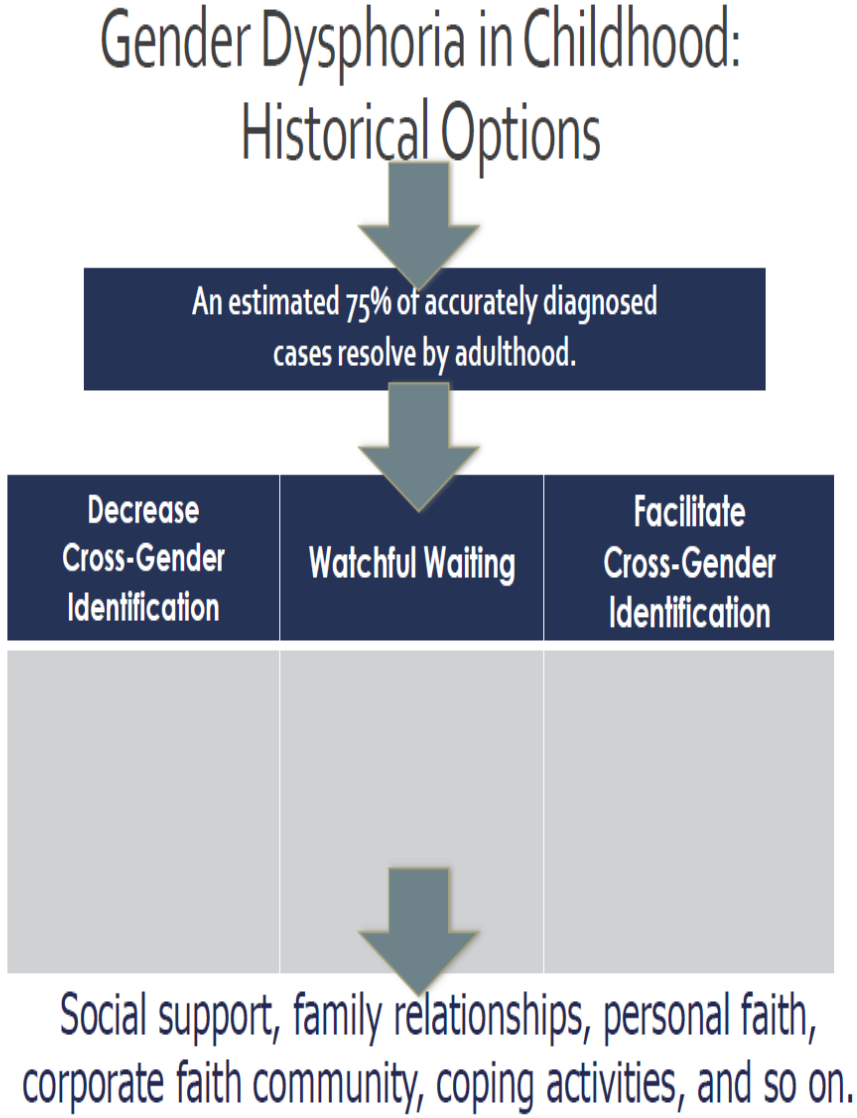
Steensma (2013)

Children whose "trans" identity is affirmed persist as trans

Tavistock Gender Clinic, UK (2011-2016)

Treatment Options - Children and Adolescents

- "Watchful waiting" for children and younger adolescents
- Decrease Cross-Gender Identification
  - ***gentle redirection and positive reinforcement***
  - don't *force* them into "masculine" / "feminine things
- Need unconditional love



What children and adolescents need (and want)

- **Identity**: loved, "good," stable, connected/ belonging
- **Meaning** and purpose (spiritual, self-giving) v. digital noise, consuming
- **Parenting**: love, affirmation, time, guidance from their parents
- **Friendship**: 73% of social media users – sometimes/always lonely.
- **Embodiment** "Comfortable in own skin"
  - cf. Virtual (posing, filters, "likes," cancel)
  - Disembodied relationships are unsatisfying
- **Social skills**: Hyper-connected but in-person awkward
- **Reality**: permanence – "order" reflecting nature, creation
- **Confidence**, resilience (overcome difficulties) Mental / emotional strength
  - cf. passive, angst, "victimhood" self-diagnosed mental illness
- **Playtime** (outdoors, independence, reasonable risks)

Important language considerations

Use

- “sex” or “sexual difference”
- male or female
- man and woman
- Sex discrimination
- Family
- Person who identifies as “transgender”
- transgender-identified person
- Pregnant women
- Friendship, pastoral care, support, accompany
- “identity or body-related distress”

Avoid

- gender
- gender identity
- gender bias - gender equality/equity
- kinship (as replacement for family)
- cisgender
- transgender people, LGBTQ gay etc.
- Homophobic, transphobic (as if true)
- Pregnant people
- Allyship
- “gender-affirming care”

Cautions “gender dysphoria,” conversion therapy, inclusive (of whom?)

Love.
Listen.
Ask.
Guide

Messages: "You're wonderful as you are." Affirm dignity, value as person. (not affirming "trans" identity) God loves you and has a plan for your life. I love you and I am here for you.

Open-ended: Ask.

"

"When you say….[you're "trans"/feel like a boy/born in wrong body/need to transition…

"**What do you mean by that? I'd like to understand."**

"What does it mean to 'feel like a boy' (female)"

"Tell me about ….I'd like to understand…"

"When did you begin feeling this way"

"Where have you gone for information…" Videos? Tiktok? Quiz?

"What do your **friends** think?" teachers? (who validates "trans")

Reflect/ Empathize: "So you feel…."

Affirm truth: "Sex cannot change. You are [M/F] – and that's wonderful!"

Accompany: "**We'll help you get through this.** It's tough now- won't always be. I'm with you for the long haul.

Boundaries: "I am here for you but, can't support actions that harm you."

Charitable Community Response

- Help church leaders to shepherd and accompany
  - Remind them that the underlying factors of the iceberg are the most important
- Avoid gossip in the community
  - ***We should pray for others more than we talk about them. ("*That* family with the transgender kid!")
- Pope Francis model = stand against the ideology AND walk with/minister to the individual person → people are not outside of God's grace