

## Common Misconceptions About Transgender & Nonbinary People

To address the Archdiocese of Portland's recently-published document, "[A Catholic Response to Gender Identity Theory](#)", the community of St. Andrew Parish has compiled the following collection of resources to help Catholic families, schools and communities better understand this complex issue and how to support the transgender and nonbinary youth who are most at risk from the proposed guideline changes.

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### **MISCONCEPTION #1: Data on the high suicide rates among transgender and nonbinary youth indicates that affirming their trans identities is harmful to them.**

The Archdiocese document is correct that transgender youth are significantly more likely to attempt suicide than their peers. **52%** of transgender and nonbinary youth seriously considered suicide in the past year, and **1 in 5 reported attempting suicide**. Transgender and nonbinary youth report more than **four times greater** rates of suicide attempts compared with their cisgender peers, including those who are LGBTQ.<sup>1</sup> From this, the Archdiocese document extrapolates that *"This evidence indicates that medical transition, at best, does not solve the problem of elevated suicidality and, at worst, exacerbates it"* (7).

But these are false conclusions. Suicide rates are higher among transgender youth for the most obvious and straightforward reason: that we live in a world where trans people face significant rejection and persecution. **4 in 10** LGBTQ students experience physical harassment because of their sexual orientation or gender identity, and they are statistically less likely than the overall student population to plan to attend college.<sup>2</sup> Nearly **40% of all homeless youth** identify as LGBTQ<sup>3</sup>, many of whom are forced to leave their homes because of their families' religious beliefs. LGBTQ youth who overhear their parents using religion to say negative things about being LGBTQ were **twice as likely to attempt suicide within the past year** as those who do not.<sup>4</sup> (In general, religion is found by many studies to be a powerful protection *against* suicidal ideation; it offers people community and inspires hope. It is worth noting that among the LGBTQ community, it has the opposite effect.)

But support and affirmation from the adults around them has a powerful impact; as the American Academy of Pediatrics clearly states, *"family acceptance is a strong protective factor for LGBTQ youth, regardless of religion of origin."*<sup>5</sup> Transgender youth with at least one adult in their life who affirmed their identity - a parent, teacher, family member, or other adult - had **39% lower odds of attempting suicide in the past year** than their peers who were not accepted.<sup>6</sup>

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<sup>1</sup> The Trevor Project ([2021 National Survey on LGBTQ Youth Mental Health](#))

<sup>2</sup> [The 2005 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools](#)

<sup>3</sup> National LGBTQ Task Force (["Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness"](#))

<sup>4</sup> The Trevor Project (["Religiosity and Suicidality Among LGBTQ Youth"](#))

<sup>5</sup> The American Academy of Pediatrics (["The Intersection of Family Acceptance and Religion on the Mental Health of LGBTQ Youth"](#))

<sup>6</sup> The Trevor Project (["Acceptance of Transgender and Nonbinary Youth from Adults and Peers Associated with Significantly Lower Rates of Attempting Suicide"](#))

**MISCONCEPTION #2: Gender-affirming healthcare poses grave, irreversible risks to children and has no medical or scientific basis.**

The Archdiocese document states: *“It is well documented that transgender people have higher risks of suicide, and thus it is supposed that these procedures are ultimately life-saving. However, these claims are not well supported by scientific evidence, particularly when it comes to treating gender dysphoric young people”* (7) and *“[the need for gender-affirming care] is not supported by robust scientific evidence”* (8). These statements are inaccurate; in fact, there is **robust scientific evidence to support the positive mental health benefits of gender-affirming care** and demonstrate that, in fact, social and medical transition *does* decrease suicidality.

Here is just a small sampling of the most recent research, establishing a standard of care that is now widespread among healthcare practitioners. Note that the first and most recent study cited is from the *New England Journal of Medicine*, among the premier and most respected medical journals in the world, which found that trans and nonbinary youth who received gender-affirming hormones experienced **less depression and anxiety and greater happiness with their lives** than they did before.

- Chen, Barona et al, [“Psychosocial Functioning in Transgender Youth after 2 Years of Hormones.”](#) *New England Journal of Medicine*. (2023).
- Tordoff, Wanta et al, [“Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care.”](#) *JAMA Network Open* 2022.
- Almazan, Keroghlian, [“Association Between Gender-Affirming Surgeries and Mental Health Outcomes.”](#) *JAMA Surgery*. 2021.

The Archdiocese document also conflates correlation with causation in stating that *“One of the few robust, long-term studies available found that individuals who have undergone medical transition have a rate of suicidality that is 19 times higher than the general population.”* This is an inaccurate interpretation of a study from 2011 which cites the aforementioned higher rate of suicidality among transgender people, but - crucially - at no point posits that *their medical transition itself* was the cause. Nowhere does this document pause to consider the negative mental health impacts of living in a culture of transphobia, particularly when considering that transgender visibility and acceptance has increased significantly over the past 12 years.

In fact, given the far better-supported correlation between suicidality and *denying* support and healthcare to young people experiencing gender dysphoria, it is wildly misleading to cite a small handful of isolated studies in minor medical journals which are contradicted so robustly by the mainstream medical establishment as as evidence that being transgender leads to suicide.

Of the minority of K-12 youth in America who identify as transgender or nonbinary, some will go on to pursue gender-affirming surgery. This, too, is a process with documented positive outcomes. A study by the Harvard School of Public Health found that **“gender-affirming surgeries were associated with a 42% reduction in psychological distress and a 44% reduction in suicidal ideation when compared with transgender and gender-diverse people who had not had gender-affirming surgery but wanted it.”**<sup>7</sup>

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<sup>7</sup> Harvard T.H. Chan School of Public Health ([“Mental health benefits associated with gender-affirming surgery”](#))

There is simply no cause for fear-mongering that young people will be rushed into irreversible surgeries without full capacity to make a conscious choice. Even for those who *want* gender-affirming surgery, the process is prohibitively lengthy and slow; in the UK, for example, adults are often forced to wait four to five years before they can even get an appointment to explore their surgical options. Of those who transition medically, a Cornell University research study showed that between 0.3% and 3.8% later regretted their choice, with most data showing it improved well-being.<sup>8</sup> Note that this is significantly below the documented rates of medical regret for many other common procedures, such as:

- Cosmetic surgery (65%)<sup>9</sup>
- Knee replacement surgery (18%)<sup>10</sup>
- Treatment for localized prostate cancer (13%)<sup>11</sup>
- Overall average medical regret rate for surgical procedures across all fields (14.4%)<sup>12</sup>

In short, the medical and scientific communities are broadly unanimous that affirming the identities of trans and nonbinary people and affording them access to the care they seek is vital to their mental health, wellness, sense of self, and ability to thrive in the world.

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**MISCONCEPTION #3: Permitting Catholic schools to support “social transitioning” is a slippery slope towards excessive medicalization.**

One very common argument against affirming transgender and nonbinary youth through “social transitioning” (names, pronouns, hair and clothing, etc.) is that this is but the first step in a process which can lead to irreversible medical treatment which may cause harm to a child. For a number of reasons, this argument is inaccurate. The Archdiocese document states: *“To some, supporting aspects of social transition may seem benign, even humane, such as using someone’s preferred pronouns and actively affirming his or her perceived gender. However, while well-intentioned, this kind of endorsement may help shepherd a young person on a path of unnecessary medicalization.”* (5) It is crucial to note that there is no evidence provided for this. Many transgender people never undergo medical or surgical transition, even into adulthood. Social transitioning is a simple way for youth who are exploring their gender identity to do so without any medical procedures required. In fact, in addition to the significant decrease in suicidality cited above, enabling youth to transition socially results in a wide range of positive mental health outcomes, such as decrease in recreational drug abuse.<sup>13</sup>

The Archdiocese document claims that *“A 2020 survey of transgender and nonbinary youth found that 64% of respondents were either already receiving cross-sex hormones or desired to*

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<sup>8</sup> Reuters ([“Trans people waiting years for gender healthcare as demand surges”](#))

<sup>9</sup> Medical Accident Group ([“Do you regret having cosmetic surgery?”](#))

<sup>10</sup> National Library of Medicine ([“Patients’ experiences of discontentment one year after total knee arthroplasty- a qualitative study”](#))

<sup>11</sup> *The Asco Post* ([“Disconnect Between Expectations and Outcomes: Major Factor in Treatment-Related Regret Among Patients With Localized Prostate Cancer”](#))

<sup>12</sup> National Library of Medicine ([“Regret in Surgical Decision Making: A Systematic Review of Patient and Physician Perspectives”](#))

<sup>13</sup> Fenway Health ([“Study finds that early social transition for transgender youth results in good mental health outcomes, but unaccepting school environments may lead to greater risk of suicidality”](#))

*do so.*” (11) This is a misrepresentation of the survey’s findings. A closer look at the article in question reveals that it surveyed a population age 13-24 (meaning it includes adults, not just children) and that only 14% were actually receiving hormone therapy, while another 50% said they “would like to.” This does not mean, of course, that they will do so, or will do so as minors; it simply means that a small minority of youth and young adults up to age 24 receive gender-affirming care.

The document also goes on to claim that *“Danish researchers who first used puberty blockers on gender dysphoric children found that social transition increased the likelihood that dysphoria would persist and result in medicalization”* (12), a cherry-picked detail from an article which, in fact, largely favors supporting youth along the path of both social and medical transition. The researchers’ central argument in this article is that *“withholding physical medical interventions in these cases seems more harmful to wellbeing in both adolescence and adulthood when compared to cases where physical medical interventions were provided.”*

Likewise, the document’s assertions of physical harm to young people from forms of social transition such as breast-binding and genital tucking, are inaccurate and overstated; the studies cited as evidence either acknowledge their complications are very rare (testicular torsion), or have been met by competing studies *in the same journal* which discredit their claims and introduce the aspect of mental health which is not considered in the articles cited.<sup>14</sup>

In fact, one of the document’s claims on this topic has been rejected by the very authors they are quoting. The Archdiocese repeats a claim circulated by the State of Florida which states that *“a 2020 study on the effects of social transition found that family and peer relations, but not social transition status, predicted psychological functioning.”* As stated above, this is a minority view, and countless other studies argue that social transition (i.e. being accepted as a transgender or nonbinary person) is a huge predictor of positive mental health. The five authors of the study in question, responding to an inquiry from VICE News, issued a statement that Florida had egregiously misused their work, partly because it involved a clinical sample of only 54 children. *“Therefore, our results cannot be generalized to every child diagnosed with gender dysphoria, and it did not look at long-term effects,”* the statement reads. *“On the contrary, the authors recommend every child should have the opportunity to explore their gender [emphasis theirs], which for some children may entail transitioning socially.”* Lead author Elisabeth Sievert, a researcher at Germany’s University of Erfurt, clarified that their point was not to diminish social transition as effective and necessary, but to emphasize that peer and family support can be even more important.<sup>15</sup>

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<sup>14</sup> *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care* ([“Chest binding in context: stigma, fear, and lack of information drive negative outcomes”](#))

<sup>15</sup> *Vice News* ([“How Florida Twisted Science to Deny Healthcare to Trans Kids”](#))

**MISCONCEPTION #4: The Archdiocese is simply responding to a new and growing trend among young people being spread through media, social media and peers, with no social or historical basis.**

The Archdiocese document presents a picture of explosive growth among transgender and nonbinary youth population; on its very first page it presents a statistic claiming that **the number of children seeking gender transition in the UK has grown by 6500% over the past decade, from 77 children in 2009-2010, to 5,085 in 2021-2022.** But the site itself corrects this misrepresentation; this is a statistic from the Gender Identity Development Service of Britain's National Health Service not for children "seeking gender transition" but for *any* children struggling with gender in any way. Their site clearly states: ***"Some people feel uncomfortable with the gender they were assigned at birth whilst others are unhappy with the gender role that society requires. We help our clients to explore their feelings and choose the path that best suits their ideals."***<sup>16</sup> Framing this statistic in such a way reinforces the notion that gender identity is a "theory" or a "trend" which arose within the past decade from nowhere and is spreading like wildfire among youth; but this is inaccurate.

In fact, this is far from a recent trend. LGBTQ history is also church history. There are over twenty instances of saints who were raised as women but chose to live their adult lives as men; we cannot know how a 1st-century person would identify in 21st-century language, but we know they were addressed in their communities by the gender they claimed for themselves. Their stories are remarkable - from Anastasia the Patrician, former lady-in-waiting to an empress who left a life of privilege in Alexandria to live as a monk in the Egyptian desert among a community of other cross-dressing hermits; to Papula of Gaul, a 6th-century French saint who was beaten for being "too religious" while being raised as a girl and ran away to join a monastery, where he was so beloved by the other monks with whom he lived for thirty years that they elected him abbot. Works of art such as *The Last Supper*, the Sistine Chapel and the *Pietà* are foundational to our collective identity, inspiring Catholics all over the world for centuries; both Leonardo da Vinci and Michelangelo, who were commissioned by the Church to create those works, were known at the time to have had male lovers. Queer art, queer joy, and queer self-expression have been present within our church since Saint Paul himself sent the gender-nonconforming apostle Thecla throughout Turkey to preach the Good News of Jesus. The transgender and nonbinary experience is not a theory or a trend; it has a rich history dating back thousands of years and spanning every region of the globe, from Sumeria to Siberia. If you're wondering why you've heard so little about it until now, that's because one of the world's greatest libraries of scientific, medical and historical information on LGBTQ people worldwide was lost when Berlin's Institute for Sex Research, opened in 1919, was destroyed by the Nazis. Even in the United States, there are records of transgender youth from almost a century ago.<sup>17</sup>

In fact, if any part of this subject may be fairly dismissed as a recent trend, it would be the sudden overnight wave of legislation attempting to restrict or ban gender-affirming care, particularly for teens. Before 2020, no state had ever attempted such a ban; but in 2021, nearly two dozen state legislatures introduced bans and four have since enacted them.<sup>18</sup>

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<sup>16</sup> National Health Service GIDS (Gender Identity Development Service) website, "[Who Do We See](#)"

<sup>17</sup> Human Rights Campaign ("[Seven Things About Transgender People That You Didn't Know](#)"; "[Myths and Facts: Battling Disinformation About Transgender Rights](#)")

<sup>18</sup> *Stat* ("[Mental health benefits of gender-affirming hormones for teens persist for two years in new study](#)")

## FURTHER RESOURCES

To access a vast library of Catholic-specific support materials, from news articles to weekly Gospel reflections and much more, check out [Outreach: An LGBTQ Catholic Resource](#), a new division of *America Magazine*, the national Jesuit publication. Outreach has written extensively on the rise of new diocesan policies on gender identity. An excellent three-part article series on this topic by David Palmieri, in which the Archdiocese of Portland's plan is discussed extensively, can be found here:

- [“How new U.S. diocesan policies intentionally exclude LGBTQ youth”](#)
- [“Exclusionary diocesan policies on gender and sexuality can harm LGBTQ students’ mental health”](#)
- [“Catholic schools must show LGBTQ students they are loved”](#)

For a Catholic-specific approach to the philosophical and theological underpinnings of this topic, check out [Transgender Bodies, Catholic Schools, and a Queer Natural Law Theology of Exploration](#) (Craig A. Ford Jr., *Journal of Moral Theology*, January 1, 2018)

For a comprehensive breakdown of Christian theology around the topic of gender, with many further links and sources cited, check out the Human Rights Campaign's resource guide [“What Does the Bible Say About Transgender People?”](#)

For a helpful overview on the science of the transgender experience, focused specifically on genetics, neurobiology and endocrinology, check out [“Stop Using Phony Science to Justify Transphobia”](#) (Simone D. Sun, *Scientific American*, June 13, 2019)

For a downloadable booklet specifically designed by psychiatrists to empower faith leaders and faith communities to support the LGBTQ youth in their communities and mitigate mental health challenges, check out [Faith Communities and the Well-Being of LGBT Youth](#), which was created jointly by the Psychiatry and Religion and LGBTQ+ committees of the Group for the Advancement of Psychiatry (GAP) and commended in March 2021 by the Board of Trustees of the American Psychiatric Association.