



# A Quick Guide to Gender Ideology



**PERSON & IDENTITY**

*a project of the Ethics and Public Policy Center*

# An Overview

## What is “gender ideology?”

Gender ideology...

- Is a set of false beliefs about the human person, arising from old heresies and post-modern philosophies that contradict Christian anthropology and Catholic teaching.
- Rejects God, truth, human nature, and the significance of sexual difference.
- Asserts that “human identity becomes the choice of the individual, one which can also change over time.” (Amoris Laetitia 56)
- Claims each person self-determines an identity, based on feelings or self-perception (“gender identity”), regardless of sex (male or female).
- Invents an international “human right” to self-determine an identity and alter the body as desired. ([Madrigal-Borloz](#), Law of Inclusion, UNHRC, 2021)
- Is not a left-right issue: religious believers, non-believers, feminists, progressives, and conservatives oppose gender ideology as anti-science, anti-woman, and harmful to kids.

*“It is one thing to be understanding of human weakness...and another to accept ideologies that attempt to sunder... inseparable aspects of reality.”*  
- Amoris Laetitia, 56

## How does gender ideology affect Catholics?

Gender ideology...

- Is becoming the default anthropology, permeating social institutions, and changing laws, language, social norms, and relationships.
- Is marketed aggressively to children and adolescents by schools, medicine, corporations, and social media that tell youth to affirm, celebrate, and explore “trans” identification.

*Gender ideology is a “dangerous ideological colonization.”*  
– Pope Francis (2023)

- 1 in 4 high school students identify as “LGBTQ” ([CDC 2023](#))
- Nearly 1 in 10 identify as “transgender/gender diverse” ([Kidd 2021](#))
- Distorts reality and exploits the pre-existing vulnerabilities of young people suffering from mental health issues, autism, or trauma.
- Is a promise that never delivers: No one can change sex and social, medical, and surgical “transition” do not heal inner wounds.

- Divides families, neighbors, and churches; alienates parents and children; Cancels students, workers, and parents for speaking the truth about sex and marriage.
- Tramples conscience rights and religious freedom.

# A Clash of Anthropologies

## Christianity

*Created by God "male and female" (Genesis)*

Identity: Son/daughter of the Lord

Dignity: Loved/created in God's image + likeness

Destiny: Supernatural. Eternal life with God

Design: Human nature ordered to good/end

Integral: Unity of body and soul

Body: Meaning, express self-giving love (Theo of Body)

Sex: Life-giving, love-giving (M/F)

Marriage: Covenant (self gift) of M/F

Family: Mother, father, child - fruitful love

Broken: Imperfect, inclined to sin

*Hope. Redeemed by Christ*

## Gender Ideology

*Self-creating, infinite spectrum of identities*

Identity: Self-defined, fluid, variable

Dignity: Contingent. Needs external validation

Destiny: Self-actualization, here and now

Design: No human nature, autonomy

Dualism: Person = will. Body = tool

Body: No intrinsic meaning. Canvas

Sex: Pleasure. Solo or with others

Marriage: Contract, fulfill adult desires

Family: Chosen. Consent-based. Any configuration

Oppressed: Power struggle

*Despair. existential crisis*

# “Gender-affirming care”: A Pathway to Harm



## Psychosocial (any age)

Healthy body, distressed psyche. Reject sexual identity (M/F). False belief, “trans” ID reinforced. Change name, pronouns, hair, clothes.

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## Puberty blockers (age 8-10)

Suppress natural puberty. Stop normal development (repro, sexual, bone, brain, emotions). False belief reinforced.

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## Cross-sex hormones (age 13+)



High-dose testosterone (females) or estrogen (males). Risks: puberty blockers + cross-sex hormones = sterility; cross-sex hormones: metabolic, cardiovascular, genital (atrophy), impaired fertility, voice/hair.


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## Surgery “top” (age 13+)

Breasts amputated (F), implants (M)

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## Surgery “bottom” (age 15+)



Castration (M) remove testicles, penis; (F) remove ovaries, uterus, vagina. Sterility. Construct facsimile “genitals” (no function). High complications. Face: chin, jaw, brow, tracheal surgery

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*Note: Ages reflect actual practice reported in studies. WPATH (trans-advocacy) “Standards of Care 8” removed minimum ages for medical/surgical interventions. As of August 2023, Finland, Sweden, Denmark, Norway, and the UK have ended or restricted puberty suppression, cross-sex hormones and surgery in minors, after substantive evidence reviews found low quality evidence and that the risks outweighed the benefits. Psychotherapy is the first-line treatment.*



# Conversations with Vulnerable Persons

## *How to respond when someone you love says “I’m trans.”*



*Listen.*

Listen with patience, receptivity, and empathy.

Do not interrupt or “correct” the person’s feelings or experiences. Seek to understand the emotions felt by the other person.

*Reflect Back,  
with Empathy.*



Restate what you believe you’ve heard; check your perception of the person’s feelings and intentions.

“So you feel....” “It sounds like you are [anxious / angry / sad / disappointed / fearful]...because of [facts / reasons / evidence which the person shares]”



*Ask open-ended questions.*

- Ask open-ended questions to gain clarity about feelings, circumstances, and influences:
- "When you say... [“I’m trans” / “feel like a boy/girl” / “am born in the wrong body”/ “need to transition...”] What do you mean by that? I’d like to understand.”
- "Can you describe what you are experiencing when you say you 'feel like' [opposite sex / non-binary, etc. ]?" "Tell me about....I’d like to understand...”
- "When did you begin feeling this way?"
- "Where have you gone for information..." "What can I read or view to understand your experience?" "Which websites, videos, tests, quizzes, or experts have been influential in shaping your self-understanding or feelings?"
- “What do your [friends / teachers / counselors] think?” (It’s important to understand who is influencing the person and in what direction.)

*Messages.*

“You are wonderful as you are.” (Affirm personal dignity and value, not “trans” identity). "God loves you and has a plan for your life."

# Conversations with Vulnerable Persons



- Authentic love desires what is truly good for the person.
- “We love because He first loved us.” 1 John 4:19. Be mindful that God loves and cherishes each of us, no matter what. Our love must reflect God’s unconditional love.
- Be direct in assuring the person of your love. Do not assume they know it.
- Vulnerability may heighten doubt and fears of rejection (“Am I really loved, unconditionally?” “I’m scared of how my parents will react when I tell them. Will I lose their love? Will they reject me?”)
- Convey love in words, tone, facial expression, and attention, showing respect for the inherent dignity and value.
- Vulnerable adolescents may encounter toxic narratives from peers, activists, or social media that frame parental unwillingness to “affirm” or “validate” an asserted transgender identity as “rejecting,” “unloving,” “transphobic” or “abusive.”
- Adults must keep their own emotions in check to avoid harsh or unwise words likely to unintentionally wound a vulnerable child or cause regret. Do not let fear, worry, anger, disappointment, etc., override messages of love and commitment. Seek spiritual guidance and supportive counseling.

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## *Affirm the truth.*

“Sex cannot change. You are [male/female] – and that’s wonderful!” “Feelings can – and often do – change. But the truth about your sex (male or female), and the design of your body never changes.”

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## *Reaffirm your commitment and love.*

“I love you. I know it feels [painful / difficult / scary / confusing] right now, and it may for a while, but I’ll help you get through this.” “We will get through this together.” “I’m here for you and love you no matter what.”

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## *Set boundaries.*



- [“Why”] “Because I love you / because God entrusted you to me / because it’s my responsibility to guide you in making decisions with lifelong consequences.”
- [Limits] “I cannot...support this path / give permission for hormones or social transition, etc. / describe you in ways that are not true / approve of or celebrate something I know is morally wrong or that rejects God’s plan”
- [Need] “I need to seek some advice / look for other solutions / learn more / discuss this with and seek guidance from [spouse, priest, trusted counselor]”
- [Reasons] “Because I know...this plan / desire / intervention has lifelong, harmful consequences / is not good for you / will seriously harm your healthy body / will not bring healing for your pain / will cause lifelong emotional, spiritual, physical harm / will lead to regret / is not supported by medical evidence.”

# Conversations with Vulnerable Persons

*Give hope.  There's a better way.*



- “Puberty can feel difficult or upsetting. Puberty – and these feelings - are temporary and lead to something better.”
- “I know you are in pain, but it doesn’t have to stay this way. There are solutions [better solutions than taking the path that leads to permanent bodily harm and disability].”
- “You are not alone. We will help you sort through this and help you find healing for whatever is causing this pain. I know (or will find) people who can help.”
- “Let me share with you the stories of some young people who have felt the same way – detransitioners. They ‘transitioned’ but experienced harm and regret. Their experience shows there is a better way [than medicalized transition].”

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## *Traits of an Accompanying Listener*

*Adapted with permission from  
“Adults Guide: Receiving Someone’s Story,” Eden Invitation*

- Pay attention | Look at the person. Put your phone on “do not disturb” and physically move to a place with less distracting stimuli, if possible.
- Exhibit positive non-verbals | Make eye contact. Sit calmly and control your more reactive emotional responses. Avoid gestures that you’re ready to speak while the other is still talking (i.e. sharp intake of breath, open mouth, etc).
- Ask clarifying questions | Ask one question at time, giving ample time for people to explain themselves. Clarify when needed, even paraphrasing the person’s response. “What I heard you saying is...is that what you mean?”
- Allow pauses | Before jumping in and responding immediately, allow people a few seconds to complete their thought. They may want to fill in with more information.
- Don’t interrupt | This comes easily, but is ultimately disrespectful. If there is a point you’d like to return to, make a mental note. It’s ok to double back in conversation with a question or during a pause.
- Focus on the subject | Remember, you’re not in this conversation to debate an issue. You’re in the conversation to understand a person and their life experience.

# Personal Testimony: Chloe Cole



*A transcription of Chloe Cole's testimony before the House Judiciary Committee in July 2023. She is a detransitioned female teenager.*

“Good morning. My name is Chloe Cole and I am a detransitioner. Another way to put that word would be I used to believe I was born in the wrong body and the adults in my life, whom I trusted, affirmed my belief. And this caused me lifelong irreversible harm.

I speak to you today as a victim of one of the biggest medical scandals in the history of the United States of America. I speak to you in the hope that you will have the courage to bring this scandal to an end and to ensure that other vulnerable teenagers, children, and young adults don't go through what I went through.

At the age of 12, I began to experience what my medical team would later diagnose as gender dysphoria. I was well into early puberty, and I was very uncomfortable with the changes that were happening to my body. I was intimidated by male attention and when I told my parents I felt like a boy, in retrospect, all I meant was that I hated puberty and that I wanted this newfound sexual tension to go away. I looked up to my brothers a little bit more than I did to my sisters.

I came out as transgender in a letter I set on the dining room table. My parents were immediately concerned, and they felt like they needed to get outside help from medical professionals, but this proved to be a mistake. It immediately set our entire family down a path of ideologically motivated deceit and coercion. The gender specialist I was taken to see, told my parents I needed to be put on puberty-blocking drugs right away. They asked my parents a simple question, “Would you rather have a dead daughter, or a living transgender son?”

The choice was enough for my parents to let their guard down, and in retrospect, I can't blame them. This was the moment we all became victims of so-called “gender-affirming care.” I was fast tracked onto puberty blockers and then testosterone. The resulting menopausal like hot flashes made focusing on school impossible. I still get joint pain and weird pops in my back, but they were far worse when I was on the blockers.

A month later, when I was 13, I had my first testosterone injection. It has caused permanent changes to my body. My voice will forever be deeper, my jawline sharper, my nose longer, my bone structure permanently masculinized, my Adams apple more prominent, and my fertility unknown. I look in the mirror sometimes, and I feel like a monster.

I had a double mastectomy at 15 and they tested my amputated breasts for cancer. I was cancer free of course, I was perfectly healthy. There was nothing wrong with my still developing body, or my breasts, other than that as an insecure teenage girl, I felt awkward about it.

After my breasts were taken away from me, the tissue was incinerated. Before I was able to legally drive, I had a huge part of my future womanhood taken away from me. I will never be able to breastfeed. I struggle to look at myself in the mirror at times. I still struggle to this day with sexual dysfunction. I have massive scars across my chest and the skin grafts they used, that they took from my nipples, are weeping fluid today. They were grafted into a more masculine position, they said.

After surgery, my grades in school plummeted. Everything that I went through did nothing to address my underlying mental health issues. And my doctors with their theories on “gender” thought that all my problems would go away as soon as I was surgically transformed into something that vaguely resembled a boy. Their theories were wrong.

The drugs and surgeries changed my body, but they did not and could not change the basic reality that I am, and forever will be, a female. When my specialist first told my parents that they could have a dead daughter or a live “transgender” son, I wasn't suicidal. I was a happy child who struggled because I was different. However, at 16, after my surgery, I did become suicidal. I'm doing better now. But my parents almost got the dead daughter promised to them by my doctors. My doctors had almost created the very nightmare they said they were trying to avoid.

So, what message do I want to bring to American teenagers and their families? I didn't need to be lied to. I needed compassion. I needed to be loved. I needed to be given therapy to help me work through my issues, not affirming my delusion that transforming into a boy would solve all of my problems.

We need to stop telling 12-year-olds that they were born “wrong”, that they are right to reject their own bodies and feel uncomfortable in their own skin. We need to stop telling children that puberty is an “option” [and] that they can choose what kind of puberty they will go through, just like they can choose what clothes to wear or what music to listen to. Puberty is a right of passage to adulthood, not a disease to be mitigated.

Today, I should be at home with my family celebrating my 19th birthday. Instead, I'm making a desperate plea to my elected representatives. Learn the lesson from other medical scandals, like the opioid crisis, to recognize that doctors are human too and sometimes they are wrong.

My childhood was ruined, along with thousands of detransitioners that I know through our networks. This needs to stop. You alone can stop it. Enough children have already been victimized by this barbaric pseudoscience.

Please, let me be your final warning. Thank you!”



# Language: Avoid ideological terms and assumptions

*Instead of...*

*Say...*

**Gender:** social construct, role, or sense of self based on stereotypes (also: “gender identity”)

**Sex:** male or female. Classification determined by body's design at conception for reproductive role. Immutable. God-given.

**Gender identity:** identity feelings or self-perception, regardless of body. Can change. Cannot be assumed, must be declared.

**Identity:** male and female. If referring to claimed "gender identity," say "self-perception" or asserted identity

**Cisgender:** a person whose identity feelings or self-perception align with reality of sexed body (M/F).

**Male or female:** “cisgender” is an invented term intended to contrast with and normalize “transgender” identification as a natural alternative.

**Transgender:** a person whose identity feelings or self-perception contradict reality of sexed body (M/F).

**Male or female:** Refer to “person who identifies as transgender,” “transgender-identified,” or person asserting a “transgender” identity

**Sex assigned at birth:** a temporary label (“male” or “female”) arbitrarily “assigned” at birth by doctors, based on genitalia and assumed social role.

**Sex:** Male or female. Sex is an immutable, biological fact. Genetically determined. A classification based on the body's design for a reproductive role (producing small gametes/sperm or large gametes/ova). Every cell of the body reflects the person's sex.

# Bioethics concerns: Medical and surgical interventions (“gender transitions”)

**Natural Order:** “A fundamental tenet of the Christian faith is that there is an order in the natural world that was designed by its Creator and that this created order is good (Gen 1:31; Ps 19:1ff.) and to be respected... A crucial aspect of the order of nature created by God is the body-soul unity of each human person.” (USCCB Doctrine Committee, Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body, March 2023, 2, 4)

**Sexual Identity:** Each person must “acknowledge and accept” his or her given “sexual identity. Physical, moral, and spiritual difference and complementarity are oriented towards the goods of marriage and the flourishing of family life.” (Catechism of the Catholic Church 2333).

**Integrity:** “The human person, body and soul, man or woman, has a fundamental order and finality whose integrity must be respected. Because of this order and finality, neither patients nor physicians nor researchers nor any other persons have unlimited rights over the body; they must respect the order and finality inscribed in the embodied person.” (USCCB, 17)

**“Gender” interventions:** “[O]f great concern is the range of technological interventions advocated by many in our society as treatments for what is termed ‘gender dysphoria’ or ‘gender incongruence.’ These interventions involve the use of surgical or chemical techniques that aim to exchange the sex characteristics of a patient’s body for those of the opposite sex or for simulations thereof. In the case of children, the exchange of sex characteristics is prepared by the administration of chemical puberty blockers, which arrest the natural course of puberty and prevent the development of some sex characteristics in the first place. (USCCB 14)

**Not Morally Justified:** “These technological interventions are not morally justified either as attempts to repair a defect in the body or as attempts to sacrifice a part of the body for the sake of the whole. First, they do not repair a defect in the body: there is no disorder in the body that needs to be addressed; the bodily organs are normal and healthy. Second, the interventions do not sacrifice one part of the body for the good of the whole. When a part of the body is legitimately sacrificed for the sake of the whole body, whether by the entire removal or substantial reconfiguration of a bodily organ, the removal or reconfiguring of the bodily organ is reluctantly tolerated as the only way to address a serious threat to the body. Here, by contrast, the removal or reconfiguring is itself the desired result... [T]hese interventions are intended to transform the body so as to make it take on as much as possible the form of the opposite sex, contrary to the natural form of the body. They are attempts to alter the fundamental order and finality of the body and to replace it with something else... These interventions differ in the magnitude of the changes brought about in the body... [but] all have the same basic purpose: that of transforming sex characteristics of the body into those of the opposite sex... [They] do not respect the fundamental order of the human person as an intrinsic unity of body and soul, with a body that is sexually differentiated.” (USCCB 15 - 18)

**Compassion:** “[M]any people are sincerely looking for ways to respond to real problems and real suffering... The Hippocratic tradition in medicine calls upon all healthcare providers first and foremost to ‘do no harm.’ Any technological intervention that does not accord with the fundamental order of the human person as a unity of body and soul, including the sexual difference inscribed in the body, ultimately does not help but, rather, harms the human person.” (USCCB 20)

**Direct Sterilization:** Procedures that remove reproductive organs (genitals, testes, ovaries, uterus) for purposes of “gender transition” or block puberty in a reproductively immature minor, followed by use of high-dose “cross-sex” hormones cause permanent sterility.

**Evidence (harm/benefit):** Hormones and surgery for “gender transition” impair/destroy the natural function of a healthy body, increase the risk of serious harm (cardiovascular, metabolic, mental health, sterility, and loss of sexual function). Long-term effects unknown. Claimed benefits from medical or surgical “gender transition” interventions are based on “low/very low” quality evidence. “Transition” does not prevent suicide.

**Informed Consent:** (In addition to moral concerns) Multiple issues related to age, mental health, capacity, duress, long-term risks unknown, poor evidence of benefit.

**Resources:** USCCB Ethical and Religious Directives. National Catholic Bioethics Center. Catholic Healthcare Leadership Alliance. Catholic Medical Society. Articles: Robles, Bioethical Dilemma of Gender-affirming therapy, *Linacre* (2021); Levine, Reconsidering Informed Consent for Trans- Identified Children, Adolescents, and Young Adults, *J Sex, Mar Ther* (2022).

# Institutional Concerns (Schools, parishes, etc)

*“Today children - children!- are taught in school that everyone can choose his or her sex. What are they teaching this? Let us not play with truths... behind all this we find gender ideology.”*  
– Pope Francis (2017)

**Sacramental Integrity:** Verify sex. (Sex listed on birth certificate can be changed). Participation of irreversibly “transitioned” individual requires their acceptance of Christian anthropology and their sexual identity (CDF denied permission for trans-identified godparent).

**Mission and identity:** All policies, personnel, programs, materials, communications, and language must align with mission/identity.

**Hire for mission:** Personnel is policy. Expect integrity (personal witness and upholding institutional mission). Contractors/counselors must align with Catholic mission and support Christian anthropology (this excludes a "gender- affirming" approach).

**Formation** is lifelong, necessary for growth and to meet new challenges.

**Clear and Transparent:** Clear policies are guardrails that set expectations, support good decisions, and ensure fidelity to mission and identity.

**Language:** Communications (verbal, digital, video) and publications require language consistent with the truth and expressed charitably. Avoid “gender” terminology.

**Consistent:** Uphold mission and identity through consistent application of policies across institutions and over time. Know the truth. Live with integrity. See the opportunity to evangelize!

**Parents** are primary educators who partner with the Church to form and educate their children, in a spirit of trust and transparency. (No secrets from parents, in contrast to public school policies).

**Religious liberty** protects Church autonomy, fidelity to doctrine, and Catholic witness and service.



# Therapists & Counselors

Although the Person and Identity team does not provide recommendations or referrals for personal situations, the resources below are a starting point to find professional help. Families must do “due diligence” to assess a particular therapist’s qualifications, experience, and “fit,” including the therapist’s approach to identity issues, “gender transitions,” communications with parents, and alignment with Catholic teachings. We strongly caution against using “gender therapists” or any counselor who takes a “gender affirming” approach to transgender identification or identity/body-related distress. “Gender affirmation” nearly always leads to harm, not healing. Please note: Secular resources might not align with Catholic teachings in all respects.

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**CatholicTherapists.com:** Provides a listing, organized by location, of “qualified Catholic therapists” committed to providing mental health care in a manner aligned with Catholic teaching.

**Catholic Psychotherapy Association:** Professional association of Catholic psychotherapists offering psychotherapy in a manner faithful to Catholic teaching. Therapists listed by state.

**CatholicCounselors.com:** Counseling group that integrates cutting-edge approaches with solid Catholic theological principles. Virtual/tele-counseling available.

**Catholic Charities:** Catholic Charities typically offers counseling on a sliding fee scale. Counselors’ commitment to Catholic teaching and familiarity with identity issues varies by location.

**Parents of ROGD Kids:** Parent-support group with in-person and virtual groups across the U.S. and elsewhere. They often provide referrals to trusted, qualified therapists.

**EnCourage:** Catholic apostolate providing spiritual support for families with a loved one who experiences same-sex attraction or identity- or body-related distress. In-person and virtual groups.

**Sex Change Regret:** An effective Christian ministry for persons with identity distress, founded by Walt Heyer, who formerly identified as a transgender “woman,” de-transitioned, and now helps others.

**Gender Exploratory Therapy Association:** GETA is an association of therapists who believe that individuals experiencing gender-related concerns ought to be treated using a whole person approach. *NOTE: GETA affirms the enduring biological differences between the sexes and does not support children or teen “gender transitions.” However, it does not align with Catholic teaching on the human person (or homosexuality).*

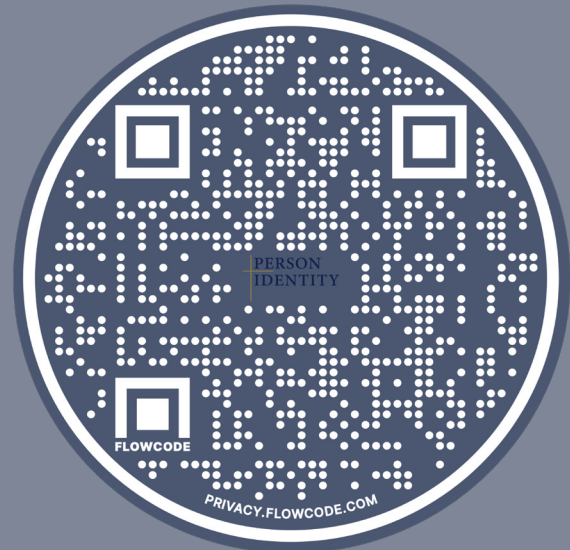
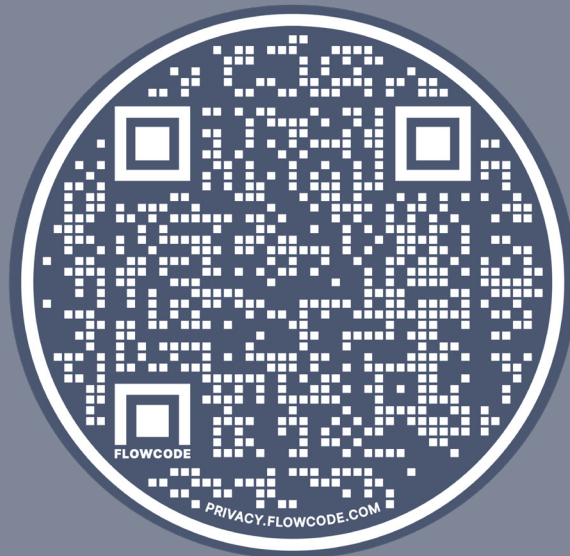
**Advocates Protecting Children:** Advocacy group opposing the gender industry’s medicalization of children who suffer from gender dysphoria. Excellent resources, books, and expert advice for parents



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# CONTACT

**Madeline Narduzzi**

Program Coordinator

Ethics and Public Policy Center

1730 M Street NW Suite 910

Washington, DC 20036

**[mnarduzzi@eppc.org](mailto:mnarduzzi@eppc.org)**