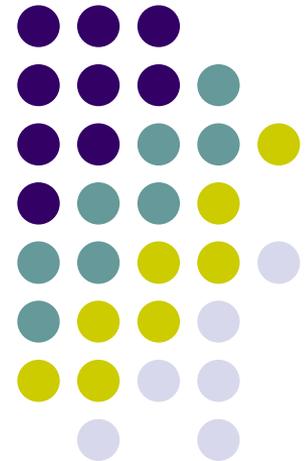


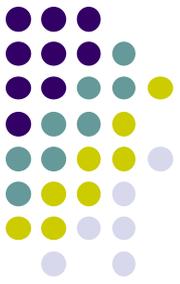
# Gender Dysphoria

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Rev Kevin McGovern:  
Professional Development on Sexuality and Gender  
at Brigidine Ministry Centre, Albert Park  
on 6 June 2017.

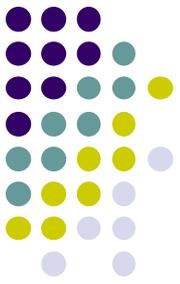


# Gender Dysphoria



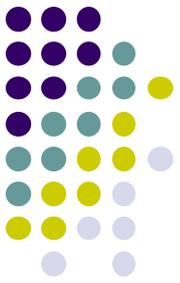
- “a persistent and profound discomfort with one’s biological sex and a strong identification with the gender of the other sex”
- 1 in 10,000
- There is so much we don’t know about gender dysphoria.

# Gender Dysphoria (cont'd)



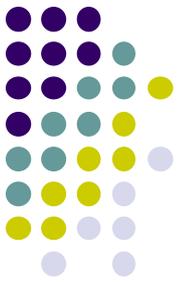
- In embryonic development, there is a time when a surge of hormones establishes our bodies as male or female.
- Sometime after this, there is another milestone whereby our brains are established.
- There is a theory that one cause of gender dysphoria is a mismatch between these two processes of genital and neurological development.
- This is an unproven theory.

# Gender Dysphoria (cont'd)



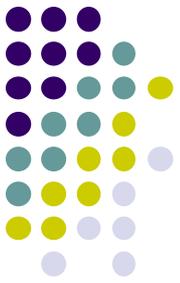
- Gender dysphoria probably does not have a single cause.
- Its causation is multifactorial:
  - probably involving psychological factors,
  - usually involving social factors including family dynamics, and social circumstances,
  - perhaps involving physical or biological factors, perhaps including prenatal hormone levels, postnatal hormone levels, and/or genetic influences and predispositions.
- Given all this, perhaps we should really talk not about gender dysphoria, but rather the gender dysphorias.

# Gender Dysphoria (cont'd)



- Frequently, there are other psychological issues, such as depression, anxiety disorders, suicidal ideation, self-harm, ADHD, autism spectrum disorders, psychosis.
- We do need to critique the image of a “woman trapped inside a man’s body.”
  - What does that mean? Does it mean a woman’s brain trapped inside a man’s body? But what is a woman’s brain?
  - This image suggests that gender dysphoria is exclusively or predominately physical.
  - We do not have evidence to support this claim.

# Gender Dysphoria (cont'd)

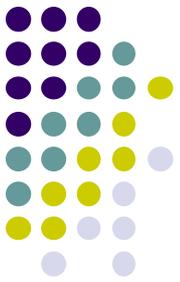


- Most cases of gender dysphoria especially in children resolve themselves over time, particularly when support and counselling are provided.
- Even among children who are referred to paediatric gender dysphoria clinics, the vast majority do not 'transition.'
- Thus, the first line of treatment must always be counselling to assist the person to bring their psychological experience into harmony with their biological reality.
- If there are other psychological issues, these should also be addressed.

# Gender Dysphoria (cont'd)

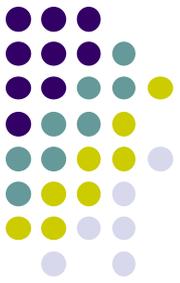


- There is the other path, perhaps involving:
  - dressing as the preferred gender
  - hormonal suppression of puberty
  - a life-long regime of cross-sex hormones to develop and sustain features of the preferred gender
  - reconstructive surgery ('gender affirmation surgery')
- It seems to work for some. A few come to regret it.
- Especially when these interventions begin early in life, their long-term effects are still relatively unknown.



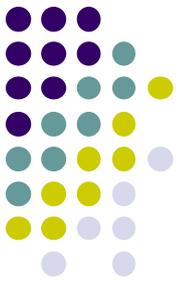
1. What should a school do?

# Remote Preparation



- Relationship with Diocesan Bishop
  - establishing the bishop's wishes, e.g. direct involvement in each case, or regular reports
  - 'no surprises' for bishop, esp. if there is a chance of media inquiries
- Access to independent medical expert
- In-service education for key personnel or all staff
- Appointment of key leader for these cases, e.g. principal or senior member of school staff

# Actual cases



- Assessment
  - Key leader establishes relationship with parents and child
  - Asks parents to give their independent medical expert access to the child's medical records for assessment
    - Is the child being treated by a multidisciplinary team, e.g. psychology, psychiatry, paediatrics, endocrinology, etc?
    - Has a formal medical diagnosis been made?

# Actual cases



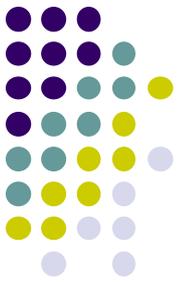
- Negotiation
  - What services is the school able to provide, e.g. pastoral care? Pastoral care should support the child in a very distressing situation. However, it should not simply affirm the child's self-perception. Instead, it should help the child to grow and perhaps move beyond their various problems.
  - Particularly if a formal medical diagnosis has been made, some openness to accommodate other requests such as dressing and living as the preferred gender, special toileting and change-room arrangements, even hormonal suppression of puberty.

# Actual cases



- Communication
  - Privacy and confidentiality
  - Particularly if obvious changes are going to be made, consistent messaging to appropriate groups about general (not specific) issues, e.g. staff formation about gender dysphoria, preparation of students and parents particularly in the student's year level about respect, tolerance, no bullying, sexuality, and gender dysphoria.
  - Considerable lead time may be needed for this messaging before any change can be made.
  - With good will on all sides, much can be arranged.

# Actual cases



- Limits of what is possible
  - School leaders must be responsible not only for individual students with particular needs, but for whole school communities.
  - With good will and generosity on all sides, it is often possible to accommodate both the needs of individual students and the needs of the whole school community.
  - There may be rare cases where meeting the needs of a particular student are not compatible with meeting the needs of the whole school community. In these cases, school leaders may have to reluctantly suggest that the student may be better cared for in another school.



## 2. Accompaniment

# *Evangelii Gaudium, #231–233*



- “Realities are more important than ideas”
  - Francis warns of the danger that “ideas become detached from realities” or indeed that ideas “mask reality.” (#231)
  - Some of the ways this can happen include “objectives more ideal than real,” “ethical systems bereft of kindness,” “intellectual discourse bereft of wisdom.” (#231)
  - Instead, the “principle of reality.... impels us to put the word into practice, to perform works of justice and charity which make that word fruitful.” (#233)

# Pope Francis and Diego Neria Lejárraga



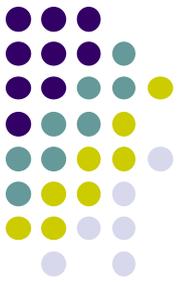
- 49-year-old Spaniard (in 2015)
- assigned female at birth
- a practising Catholic
- did not seek to transition while her mother was alive
- began to transition aged 40 – a year after his mother's death
- has had gender affirmation surgery

# Pope Francis and Diego Neria Lejárraga (cont'd)



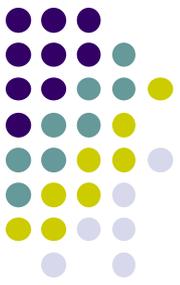
- His bishop was supportive of him.
- A priest called him the “daughter of the devil.”
- Other parishioners told him that now he had done this, he shouldn't receive Communion.
- Diego wrote to Pope Francis to ask if there was room in the Church for someone like him.

# Pope Francis and Diego Neria Lejárraga (cont'd)

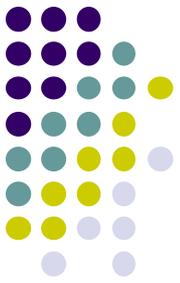


- On 8 December 2014, Deigo's phone rang.
- "Soy el Papa Francesco."
- "God loves all his children, however they are; you are a son of God, who accepts you exactly as you are. Of course you are a son of the Church!"
- Pope Francis invited Diego with his fiancée Macarena to meet him at the Vatican.

# Pope Francis and Diego Neria Lejárraga (cont'd)



- Pope Francis met them on 24 January 2015. He met them not at his office but at his home at the Santa Marta guesthouse.
- Diego did not give details of the meeting, insisting it was private.
- It is reported that the Pope hugged him.
- Diego did say, “The meeting was a wonderful, intimate, unique experience that changed my life. Now I am finally at peace.”



- “Realities are more important than ideas”
  - What is reality? Reality is Diego. Reality is the man or woman or student who stands before us and asks for our help.
  - That is how we show respect for people. That is how we demonstrate that realities are more important than ideas.

# Some questions for discussion



- What remote preparation for cases of gender dysphoria can we undertake at my school? Try to be as specific as possible.
- In an actual case, what requests might we be able to accommodate, e.g. requests such as dressing and living as the preferred gender, special toileting and change-room arrangements, hormonal suppression of puberty? Is there anything which we might not be able to accommodate?
- In such a case, how would we communicate appropriate messages to school staff, students and parents?

# Presenter



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