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Coming Up Short: The Catholic Church's Pastoral Response to the Transgender Crisis in America

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Abstract: The Vatican and United States Conference of Catholic Bishops (USCCB) have issued official responses to the phenomenon of gender diversity, as well as instructions for the education and care of transgender and gender diverse (TGD) people in America. However, have these authorities effectively utilized current sociological research to develop and implement contextually appropriate pastoral practices that are lifegiving and to the greatest benefit of this at-risk population? This article argues that they have not and that their recommendations have been linked to increased harm and marginalization. Utilizing Richard Osmer's framework for practical theological interpretation, this article begins with an overview of the Magisterium's guidance, followed by a summary of quantitative data gleaned from national surveys, population studies, and demographic analyses that reveals unique experiences of suffering and oppression. The middle sections bring in leading theories and findings from social, health, and medical fields, which illustrate TGD needs and vulnerabilities and expose the Magisterial offices' dangerous failure to meet or even acknowledge them. The final sections call for a revised pastoral approach grounded in the concrete situations of TGD people and congruent with the Church's commitment to love, service, and social justice. Good practice models and ethical norms are suggested for immediate incorporation into care and praxis.

Keywords: pastoral care; practical theology; American Catholicism; advocacy; sex and gender; transgender; LGBTQI+

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1. Introduction

The Roman Catholic Church understands itself to be the one, holy, universal, and apostolic church, not only concerned with the well-being and salvation of its members but of the entire world. It sees itself as present to the many particularities, struggles, and needs of contemporary society and humankind and endeavors to give life and witness to the gospel values of hope, love, peace, and justice everywhere as part of its evangelical mission (Pope Paul VI 1965; Pope Francis 2013). Because Catholic tradition holds that both faith and reason come from God and work together to reveal truth, empirical evidence and theoretical knowledge can be used to help inform morality and guide pastoral practice (Ford 2018). As such, the Magisterium[1] has not shied away from utilizing sociological research and scientific data to inform its positions, teachings, and responses to various social, political, cultural, and religious issues. Neither has it shied away from expressing what it holds to be its pastoral obligation and right to instruct the entire human race on issues of physical, spiritual, temporal, and eschatological importance (e.g., Pope Francis 2015; see Casanova 1997).

Recently, the Vatican's Congregation for Catholic Education (CCE) has been in dialogue with the interdisciplinary field of gender studies in order to determine how best to respond to the phenomenon of gender diversity, especially as it is being taught and explained to youth. In particular, the CCE bishops sought a solution to the *crisis* of transgender and gender diverse (TGD)[2] identities and beliefs, which they believe gender theory fosters and inspires (CCE 2019). In conjunction with the findings and recommendations of the CCE, the United States Conference of Catholic Bishops (USCCB) compiled its own

collection of replies to the TGD crisis in America (see USCCB 2019a). Together, this assemblage of documents, position statements, commentaries, and instructions for care and education comprises the whole of the Vatican and USCCB's pastoral response to TGD Americans. Ultimately, these bodies of authority conclude that what TGD people need most is a heavy correctional dose of traditional Christian anthropology administered with a patient ear and compassionate heart (USCCB 2017).

However, is this response appropriate and in keeping with the Catholic Church's pastoral mission and identity given the dire circumstances and experiences that characterize so many TGD lives within and outside of U.S. congregations? In addition, are these Magisterial offices effectively utilizing current sociological research, medical findings, and population statistics pertaining to TGD health, knowledge, and well-being to develop and implement pastoral practices that are lifegiving and to the greatest good of TGD people in their particular situations?[3] This article answers no to both questions. It argues that the official response from these bodies has been insufficient, inconsistent with official Church messaging and goals, and contextually insensitive to the needs and challenges expressed by TGD people and the vulnerabilities and best care practices identified by the professionals who treat and work with them. Further, it highlights how the Vatican and USCCB's current recommendations for care and policy, limited as they may be, have been linked to increased harm and marginalization among TGD people in the United States. By neglecting this at-risk population in official statements and documents and promoting the opposite of lifegiving practice, the Catholic Church in America, as represented by these two bodies of authority, is coming up short in its own promise to protect and defend the weak and vulnerable, liberate and give hope to the oppressed, and spread the gospel of peace, love, and justice to all humankind (see Casanova 1997). The Vatican and USCCB must adjust their pastoral approach to TGD care if they are to correct this incongruency and maintain the integrity of the Catholic Church's central doctrine and social teaching.

In the spirit of Osmer (2008) framework for practical theological interpretation, this article begins with a brief overview of official Catholic documents, both transnational and American, pertaining to TGD people and their pastoral needs. These documents represent the *preunderstanding*, which is the initial judgments and interpretations that the Vatican and USCCB have brought to the TGD crisis in America. The descriptive-empirical task follows, which seeks to answer the question, *what is going on*, by attending to the concrete situations and experiences of TGD people in America. A summary of quantitative data gathered from national surveys, population studies, and demographic analyses conducted over the past 10 years shines light on the reality of TGD suffering and oppression, which warrants the Catholic hierarchy's attention. The interpretive task proceeds by bringing in leading theories, perspectives, and research findings from professionals in the social, health, and medical sciences to help answer the question, *why is this going on*, and to ascertain the degree to which Magisterial offices have added to the TGD crisis. In addition to revealing the dangers associated with *gender identity change efforts* (GICE) and *conversion culture*, which the Vatican and USCCB currently prescribe and contribute to, these experts address the harmful consequences that arise when such authorities fail to promote or support affirmative care, legal protections, inclusive policies, and accommodations for TGD people.

The final sections discuss how, in light of these findings, the Catholic Church, as represented by these bodies of authority, is coming up short in its pastoral response to TGD people in America and ultimately contradicting its own stated mission, purpose, and identity. It calls for a revised approach to pastoral care with this vulnerable and marginalized group: one that pays heed to sociological data, is grounded in in the present world needs and concerns of TGD people, and is better aligned with the Church's commitment to love, service, and social justice. It concludes with suggestions for how Catholics and those working in Christian settings and institutions might consult normative perspectives and good practice models from within Christianity to guide their care and praxis with TGD Americans.

2. Preunderstanding: Magisterial Response to the TGD Crisis in America

Official documents produced by the Vatican and USCCB, concerning ministry and pastoral care with TGD people in the Catholic Church, are both scarce in existence and vague in their actual guidance (Ford 2018; Canales 2016; Herriot and Callaghan 2019).[4] The handful of Vatican documents that address gender as it relates to TGD people and an international audience does so mainly in passing within larger conversations centered on family life (see Pope Francis 2016, nos. 56, 285–86; PCF 2000, nos. 8, 14), youth in the Church (see Pope Francis 2019, nos. 78, 81–82), and care for creation (see Pope Francis 2015, no. 155). Even in these settings, the focus is not on any specialized care that might be extended to TGD youth and adults who face stigma, isolation, abuse, and unjust discrimination. Pope Francis and the Roman Curia write instead to uphold official teaching on sexual difference, gender essentialism, and natural complementarity.

Amoris Laetitia, the 2016 apostolic exhortation on pastoral care of families, briefly addresses what Pope Francis and the bishops from the 2014 and 2015 Synods on the Family see as the dangers of gender ideology (see Pope Francis 2016). Chief concerns include the integrity of Magisterial teaching on biological sex and gender as inseparably linked aspects of a singular reality and human identities as immutable and created by God. It is interesting that this discussion should fall under the chapter on "The Experiences and Challenges of Families". While the document expresses clear concern as to the negative impact that TGD individuals and those who reject gender binarism may have on cisheteronormative families and children, what is missing is any regard for how doctrinal beliefs and ideologies opposed to TGD existence may threaten the well-being and safety of TGD people and their families. In addition to facing many of the struggles related to migration, poverty, violence, injustice, and neglect that Francis mentions, TGD people also encounter additional harm at the hands of those who aim to enforce Vatican teaching (James et al. 2016; Hipp et al. 2019; and APA 2021). This side of the equation is not acknowledged in the exhortation, however.

Francis calls for increased focus on realism and the concrete situations of families; for movement away from abstract and "almost artificial" theological ideals of marriage; and for a self-criticism that recognizes and rejects approaches to pastoral care that are inadequate to the task of helping real people in their particular circumstances (Pope Francis 2016). Despite this, *Amoris Laetitia* does not ask us to apply these same principles to our work with TGD people, whom the document fails to even address by gender identity or demographic. Neither does it acknowledge the fact that the support and affirmation of TGD identities and the belief in objective truth and human nature are not mutually exclusive positions.[5] In terms of care for the other (i.e., TGD people), Francis loosely comments that we should endeavor to be "understanding of human weakness and the complexities of life", but such understanding ultimately should stop at the point where the Vatican's position on the state of reality is challenged (Pope Francis 2016, no. 56). He warns that such a challenge cannot be tolerated and certainly cannot be given any credence via educational programs and legislative enactments, lest the entire bedrock of society crumble and humanity collapse in its wake.[6]

These sentiments and concerns are taken up in depth by the CCE in their 2019 document, *Male and Female He Created Them*, which aims to clarify official Church position vis-à-vis the academic field of gender theory. Over the course of 29 pages, the CCE bishops (1) present their own interpretation of the field's origin and tenets;[7] (2) offer counterarguments to its stance on sex and gender based on scientific and theological evidence;[8] (3) propose a reiteration of official Church teaching on Christian anthropology to serve as the framework for all sexual education; and (4) introduce a pastoral plan to integrate their traditional teachings into every avenue of youth education and formation via the construction of new educational alliances between families, schools, and communities. Only a single paragraph in this document alludes to the possibility of there being students, presumably TGD, who have difficulties with the contents of the curriculum which are non-negotiable and compulsory. For those "experiencing complex and painful situations", the CCE bishops still require the transmission of their teaching but recommend formators

demonstrate a "maximum of respect" through "discrete and confidential" accompaniment, characterized by "patient and understanding" listening (CCE 2019, no. 56). Schools and Catholic programs are told to foster an "environment of trust, calmness and openness . . . far removed from any unjust discrimination" (CCE 2019, no. 56) but are not given any specifications or instructions as to how they should go about doing so or what this environment should look like in any tangible sense.

As a result, decisions over what constitutes unjust discrimination and which forms of identity qualify as legitimate expressions of human personhood that should be welcomed and respected are left up to individual prudence and local leadership (CCE 2019, nos. 15–16, 48).[9] Additionally, *respect* and *welcome* mean different things to many people and can look very different across the board (see Herriot and Callaghan 2019). Protocol for pastoral care and actual policy regarding TGD inclusion, accommodation, and tolerance versus advocacy in Catholic schools, parishes, and businesses range from location to location in significant ways (see Ford 2018). Lack of official clarity around best practice leave many pastors, youth ministers, educators, and family members unsure of how to respond to TGD people they encounter and conflicted over discrepancies between what conscience tells them is right and what local leadership dictates (Canales 2016).

When addressing the topic of gender identity in American pastoral and public policy contexts, the USCCB refers U.S. Catholics to its documents on the pastoral care of homosexual children (USCCB 1997), ministry with homosexual people (USCCB 2006), and marriage (USCCB 2009), as well as Pope John Paul II's *Theology of the Body* and the abovementioned Vatican documents. None of these materials discuss TGD people, let alone prescribe concrete guidelines for evaluating existing or prospective TGD programs, developing targeted ministerial outreach efforts to TGD communities, or locating TGD-specific resources that are created for, by, and in partnership with TGD people and gender identity specialists for use in pastoral care, ministry, and education.[10] The USCCB simply reiterates the Catholic belief that all humans have an inherent dignity and a right to basic goods; echoes the Vatican's call to respond to TGD people with compassion, mercy, and honesty about the Christian anthropology that denies TGD existence and marks gender divergence as sinful; and rejects any and all policies that could directly or inadvertently sanction TGD identities as valid, stating that they are harmful to individuals and society and opposed to health and happiness (USCCB 2017).

Following the lead of the Vatican and USCCB, third parties in United States like The National Catholic Bioethics Center (NCBC) weigh in to give more detailed instructions on how TGD people and their beliefs should be handled. In their 2016 "Brief Statement on Transgenderism", the NCBC writes that any medical associations, scientists, or governing bodies who support or recommend gender-affirming and/or transitioning behaviors and procedures are wrong to do so and do not understand "human identity" (pp. 599–600). The ethicists who drafted the statement, citing just a single source from a socially conservative journal, argue that scientific evidence supports their position and that biologists, psychologists, and sociologists have concluded that gender confirmation surgeries fail to "resolve feelings of anxiety and dysphoria and appear to lead to a significant increase in attempted or completed suicides" (NCBC 2016, p. 601). As such, the NCBC instructs all Catholic health care organizations to reject policies that would affirm or require employees to cooperate with gender transitioning in any form, including but not limited to assisting with transition, providing referrals, using preferred pronouns, and acknowledging any expression of gender that is contrary to the sex assigned at birth.[11] They ask all Catholics involved in pastoral ministries, church sponsored agencies, and educational institutions to reinforce their rejection of behavioral, hormonal, and surgical transitioning, citing this rejection as a form of charity and justice that extends to TGD people and those they might influence toward sin. According to the NCBC, pastoral care is to consist of love, compassion, sympathy, accompaniment, and every attempt to dissuade TGD people from expressing or transitioning to their TGD identity (NCBC 2016, p. 602).

3. What Is Going On: Sociological Data Characterizing TGD Hardships and Vulnerabilities

National surveys, population studies, and demographic analyses monitoring the economic security, health, safety, and well-being of gender and sexual minorities continue to report TGD people as one of the most marginalized, at-risk, and disenfranchised populations within the United States (Badgett et al. 2019; Hunter et al. 2018; James et al. 2016; CAP & MAP 2015; and Grant et al. 2011). In addition to being part of vulnerable classes such as BIPOC, senior citizens, and the disabled, TGD people within these classes regularly experience disproportionately higher rates of hardship, unjust discrimination, and violence compared to their cisgender peers (Hunter et al. 2018, pp. 4–5). For example, TGD people who identify as disabled have an unemployment rate of 24%, compared to 10.5% of the general disabled population, 15% of the general TGD population, and 5% of the entire U.S. population (James et al. 2016, p. 6).[12]

Reports and statistics chronicling TGD hardships, vulnerabilities, suffering, and oppression should squarely place this minority group and its experiences on the USCCB's, if not the Vatican's, radar considering the Catholic Church's mandate to show preferential treatment for the poor and the vulnerable, to love the neighbor, defend and promote the sacred dignity of all human persons, pursue peace and social justice, and protect life in all its forms, including through the equitable distribution of power, resources, and basic human goods. It is perplexing that offices representing the central authority of a religious organization focused on respect and compassion, egalitarianism and freedom from oppression, and the health and well-being of all people—mind, body, and spirit—would not take note when these concepts are being threatened. Though not exhaustive, the data below demonstrate that the threats to TGD Americans' dignity, livelihood, health, and well-being are very real.

3.1. Threats to Dignity and Livelihood

Whereas 15.7% of the nation's cisheterosexual population live below the official federal poverty threshold, LGBTQI+ people collectively have a poverty rate of 21.6%, and TGD people have a rate of 29.4% (Badgett et al. 2019, p. 2). Ethnicity further exacerbates disparities with 38.5% of TGD black people and 48.4% of TGD Hispanic people experiencing poverty compared to 25.3% of cishetero black people, 38% of cishetero Hispanic people, and 9.1% of cishetero white people (Badgett et al. 2019, pp. 13–14). Factors such as old age also disproportionately impact TGD livelihood, with 48% of TGD seniors living at or below 200% of the federal poverty level compared to 25% of non-LGBTQI+ elderly adults (MAP & SAGE 2017). Citizenship status, or lack thereof, leads half of all TGD undocumented immigrants to experience homelessness at some point in their lives compared to 30% of the general TGD population (James et al. 2016, pp. 6, 13).

Over the past ten years, research has found that TGD adults are unemployed at three times the rate of the general U.S. population, more than three times as likely to use illicit and nonmedical prescription drugs, nearly five times as likely to contract HIV, eight times as likely to experience serious psychological distress, and nine times as likely to attempt suicide than their fellow Americans (James et al. 2016). Unique barriers to employment, housing, health care, social services, and public assistance programs include lack of proper legal identification showing name and gender, social stigma associated with being TGD, absence of legal protections barring discrimination on the basis of gender identity and expression, and fear of harassment, violence, and professional ignorance regarding TGD care and needs (James et al. 2016; Hunter et al. 2018; and Grant et al. 2011). As a result of these barriers, TGD people have a higher likelihood of participating in underground economies for survival, such as sex work and drug sales, encountering trouble with the law, and experiencing housing insecurity, poverty, and abuse (James et al. 2016). They are also less likely to seek or receive appropriate medical care and treatment, increasing their probability of developing serious, life-threatening illnesses and suffering from undiagnosed

health complications (Cornwall 2015; National LGBTQIA+ Health Education Center 2016; and Grant et al. 2011).

3.2. Threats to Health and Well-Being

Many TGD youth in K-12 education struggle with bullying and harassment (54%), disproportionately harsh discipline (20%), expulsion (6%), physical abuse (24%), and sexual assault (13%) as a result of their gender expression or perceived gender identity (James et al. 2016, p. 132). These youth subsequently display an increased likelihood of substance abuse, early exposure to juvenile and criminal justice systems, suicidality, and psychological distress (James et al. 2016; APA 2021; Wilson et al. 2014, p. 11; and CAP & MAP 2015, p. 25). Approximately 17% of these drop out of school due mistreatment and violence, 10% run away, and 8% are kicked out of their family homes where they then struggle to find shelter or end up in foster care facing new challenges to well-being and survival (James et al. 2016, pp. 4, 8).

In a study conducted by the Williams Institute at UCLA Law, TGD adolescents and young adults within the Los Angeles County Child Welfare System were overrepresented in foster care, the least likely to be placed in permanent homes, and more than twice as likely to experience poor treatment as their non-LGBTQI+ peers (Wilson et al. 2014, pp. 5–6, 12). While LGBTQI+ youth aged 12–21 were present in foster care at 1.5–2 times the rate that they are represented in the general U.S. population, transgender youth were present at nearly 2.5 times the rate that they appear outside of foster care (Wilson et al. 2014, p. 7). In addition to experiencing antitrans abuse and rejection from peers and caretakers, TGD youth, like their LGB siblings, were found to move around more within the system, experience forced isolation and punishment due to stigma and misunderstandings around sexual orientation and behavior, and have a higher likelihood of experiencing homelessness, being placed in group homes, or being hospitalized for emotional and mental health reasons (Wilson et al. 2014, pp. 6, 11–12). The Wilson et al. (2014) study demonstrated that even heterosexual youth who did not identify as transgender but who displayed levels of masculinity or femininity that did not conform enough to social standards for sex assigned at birth suffered antigay and antitrans bias and maltreatment based upon perceived sexual orientation and gender identity (pp. 19, 34–35).

It must be stressed that TGD people of all ages face a very real threat in the form of physical and sexual abuse, hate violence, and homicide (James et al. 2016; TVT 2021; and NCAVP 2017). James et al. (2016) found that 1 in 10 TGD people are physically attacked based on gender identity or expression in a given year, 47% have been sexually assaulted at some point in their lives, and that those who are incarcerated are from five to six times more likely to be sexually assaulted than cisgender inmates. Not only do TGD people have an increased likelihood of experiencing severe physical violence from intimate partners (24% vs. 18% of the general population), their risk of experiencing sexual assault is also elevated if they do sex work (72%), are homeless (65%), or are disabled (62%) (James et al. 2016, p. 15). Hate violence and sexual assault can come from relatives, strangers, acquaintances, partners, and law enforcement (James et al. 2016). TGD people are 3.7 times more likely to experience targeted police hate violence than cisgender people, and they are seven times more likely to experience physical violence in general when interacting with the police (NCAVP 2017). The U.S. is currently ranked third in the world for annual and total number of antitrans and transphobic homicides actually reported and correctly identified since 2008 (TVT 2021; Wareham 2020). Despite TGD people making up only 13% of the reported instances of hate violence collected by the NCAVP in 2013 (NCAVP 2017), transwomen made up 72% of reported hate violence homicides, and transwomen of color made up 67% of the total hate homicides reported, showing the particular risk associated with being trans, female, and a person of color.

4. Why Is This Going On: Theories, Explanations, and Recommendations from the Arts and Sciences

4.1. Minority Stress Theory and Interpersonal Theory of Suicide

One helpful way to make sense of the TGD health, safety, and poverty crisis in America is through the lens of minority stress theory (Meyer 2003). Sociologists and psychologists use this framework to better understand the relationship between social environments and the minority groups and individuals within them who are negatively impacted by dominant values, such as the cisheteronormativity promoted and enforced by the USCCB. When it comes to sexual and/or gender minorities, the minority stress model holds that negative health status and disparities are directly linked to and in large part a result of stressors brought on by a hostile, antigay, and antitrans culture (Dentato 2012; Hendricks and Testa 2012). Such a culture, in the American context, is fed and supported by the teachings and political advocacy of organizations like the USCCB, which reject TGD existence and oppose acknowledgment, inclusion, and accommodation of TGD identities and experiences. Although neither the USCCB nor the Vatican condone or justify antiTGD violence and hostility, there are a good number of people who engage in these activities, bolstered and emboldened by the Pope and Magisterial offices' antitrans rhetoric and propaganda (see USCCB 2019a; Althaus-Reid and Isherwood 2009).

Minority stress theory holds that stressors including harassment, maltreatment, discrimination, and victimization are unique to the stigmatized minority, chronic in that they are built into the structures of culture and society, and socially formed and perpetuated (Dentato 2012). The CCE (2019), which has invested great energy into ensuring that its cisheteronormative, antitrans views are built into educational structures and pastoral settings and propagated by families, schools, and communities via educational alliances, exemplifies how minority stressors come about, are sewn into the fabric of society, and are then reinforced at multiple levels. Stress processes like "experiences of prejudice, expectations of rejection, hiding, concealing, internalized homophobia [or transphobia] and ameliorative coping processes", which result from TGD people being in antitrans environments, all impact physical and mental health (Dentato 2012). They have been linked to psychological distress, suicidality (Hendricks and Testa 2012; Herman et al. 2019; and Green et al. 2020), and increased risk-taking behaviors such as substance use and anonymous polyamorous sex, which in turn increase the risk of contracting HIV and other infectious diseases (Dentato 2012). Furthermore, research has found that possessing a combination of minority markers, such as being black and transgender, increases the likelihood of encountering stress and experiencing isolation and rejection (Dentato 2012). Minority stress has a cumulative effect, with increased discriminatory encounters or violent experiences resulting in an increased likelihood of considered or attempted suicide (Herman et al. 2019, p. 2).

Because the minority stress model can be seen at work in the TGD crisis in America (Hendricks and Testa 2012; Miller and Grollman 2015; and Green et al. 2020), the American Psychological Association (APA) recommends therapeutic practices and care that employ intersectional and cultural sensitivity and that aim to build TGD resilience and empowerment (APA 2021, pp. 3–4). They advise medical, spiritual, and educational providers to be cognizant of various identity factors, such as ethnicity, age, socioeconomic status, and religiosity, and how these factors combine to give rise to each individual TGD person's experience of gender and discrimination (Hendricks and Testa 2012; APA 2021). They also point out the necessity of being empathetic and responsive to the ways that interlocking systems of oppression including racism, classism, and cisheterosexism overlap to produce unique challenges and vulnerabilities within the TGD population (Hunter et al. 2018).[13] The APA (2021) calls for active support of public policies protecting TGD rights and dignity and a cessation of cisheterosexist practices. Hunter et al. (2018) argue that providers and caretakers have an additional responsibility to educate themselves on these issues and help confront and dismantle systems of oppression that produce TGD suffering and marginalization. Not only do Vatican and USCCB documents not contain, allude to, or

prescribe any such practices or awareness for religious formators, educators, and persons interacting with TGD people, they also instruct Catholics to oppose the exact type of public policies that the APA (2021) and Hunter et al. (2018) deem essential (Pope Francis 2016, no. 56; USCCB 2017; and USCCB 2019a).

Another sociological theory that is especially helpful when assessing the TGD crisis and the emotional vulnerabilities and needs that it gives rise to is the interpersonal theory of suicide (Joiner 2010). This theory argues that a combination of (a) thwarted belongingness, comprised of loneliness or social disconnectedness and lack of reciprocal care or social support, with (b) perceived burdensomeness, comprised of liability and self-hate, and (c) the capability to kill oneself, based off an enhanced tolerance for pain as a result of repeated self-harm or violence from others, all work in tandem to produce and predict suicide risk (Hendricks and Testa 2012, p. 464). TGD people who have been rejected by their friends, families, and religious communities or leaders, who do not see themselves represented in the social structures around them or wanted in greater cisheteronormative society, who believe themselves to be social burdens due to homelessness, poverty, and internalized antitrans shame, who suffer from low self-esteem and self-hate brought on by antitrans discrimination and disapproval, and who experience physical, sexual, and emotional abuse at increased rates, tick off the many checkboxes of this model (Hendricks and Testa 2012, p. 464). It stands to reason that if the Vatican and USCCB have a goal of lowering the high rates of TGD suicide and increasing TGD feelings of worthiness, purpose, security, and safety, then these are the areas they must tend to in their approach to TGD care. They have taken this approach to homosexual care in *Always Our Children* (USCCB 1997) but have not pursued a similar document for TGD audiences.

4.2. Conversion Culture and Gender Identity Change Efforts

Both the interpersonal suicide and minority stress theories illustrate the interconnected nature and compounded effect that unique social stressors and vulnerabilities, such as those brought about and fostered by the Vatican and USCCB, can have on TGD health and well-being. This knowledge along with a growing body of research demonstrating natural diversity in gender identity, expression, and experience along with the ability of TGD people to live healthy and satisfying lives by medical and social standards has led to a shift in the way professionals and experts are approaching the challenges and needs of TGD people (APA 2021). Rather than understanding TGD identity and gender expression as the inherent cause of stress and suffering or a disease that needs to be treated, cruel and unjust social conditions are being seen as the root problem with TGD pain and duress as the symptoms.[14] Caring for TGD people is then presented as a two-part enterprise. On the one hand, it entails providing culturally competent care that builds TGD individuals up to be confident, strong, resilient, and prepared with the resources, knowledge, support, protection, and agency necessary to overcome adversity (Hendricks and Testa 2012, p. 465). On the other, it necessitates working to remove the obstacles that stand in the way of TGD health and well-being by correcting the harmful social structures, beliefs, and behaviors that systemically produce them (Hunter et al. 2018).

On both fronts, medical and health providers, counselors, educators, and sociologists are laboring to counter and remedy conversion culture (Marven 2019), which the Vatican and USCCB contribute and subscribe to. Conversion culture hinges on the notion that gender divergence and incongruence between sex and gender are unnatural and immoral and, therefore, pathological and in need of correction (APA 2021). Deviance from cisheteronormativity is painted as harmful to the individual and dangerous to society (see PANO 2009; USCCB 2017; and CCE 2019). GICE are performed as an attempt to realign gender identity and expression with cisnormative binary standards (Hipp et al. 2019). Licensed mental health professionals and unlicensed spiritual advisors, counselors, and coaches sometimes practice GICE through programs called "conversion"/"normalizing"/"reparative" therapy, "corrective" treatment, and "ex-gay ministry" (APA 2021), which the USCCB (2006, 1997) currently suggests as an option for the treatment of LGBTQI+ people. Formal methods

of GICE range from simple talk therapy aimed at redirecting thoughts and desires and cisheteronormative behavioral instruction and training, both of which Catholic educators and formators are instructed to employ (USCCB 2006; CCE 2019), to more extreme aversion treatments including but not limited to induced nausea and vomiting, electroshock therapy, applied pain in conjunction with sexually arousing imagery, and corrective rape (Mallory et al. 2019; Marven 2019). Family members, antitrans members of society, and religious communities and authority figures, including the Magisterial offices of the Catholic Church, engage in an informal version of GICE when they attempt to bribe, coerce, shame, or scare TGD people into cishetero conformity and belief; when they bully, harass, assault, or exclude TGD people from social spaces to enforce heteronormativity; and when they reject or invalidate TGD identities and expressions or refuse assistance and affirmative care to TGD people as a means to achieve these ends (Marven 2019; Hipp et al. 2019).[15]

Numerous sociologists, medical experts, religious leaders, human rights advocates, and national health associations, such as the American Medical Association, American Academy of Pediatrics, and American Psychiatric Association now oppose conversion therapies and all forms of GICE (HRC 2021; APA 2021; and Mallory et al. 2019). This is due to the studied inefficacy and dangerous psychological and social side effects of these practices, which have been likened to those observed in cases of physical, emotional, and sexual abuse (Green et al. 2020; Marven 2019). In addition to producing feelings of guilt, helplessness, hopelessness, anxiety, depression, dehumanization, and increased self-hate, GICE have been linked to social withdrawal, loss of faith and relationships, increased substance abuse, low self-worth, and heightened emotional distress (The Trevor Project 2021; APA 2021).

Not only do conversion practices fail to resolve or alleviate gender dysphoria they also reinforce minority stressors such as antiTGD stigma and discrimination (APA 2021) and produce an internalized stigma that is strongly tied to suicidality (Green et al. 2020). Conducting a study on the link between suicidality and change efforts with LGBTQI+ youth aged 13–24, Green et al. (2020) found that individuals exposed to change efforts are 2.5 times more likely to attempt suicide, 3.5 times more likely to make multiple attempts, and more likely to attempt suicide in general if their parents or caregivers use religion to speak negatively about LGBTQI+ people. Additional studies have found that youth who experience pressure to change from both parents and formal sources such as clergy or therapists are five times more likely to attempt suicide than those who experience no change efforts (Green et al. 2020). Exposure to GICE before the age of 10 quadruples the odds of attempting suicide at some point in life (Green et al. 2020, pp. 1221–22).

4.3. Affirmative Care, Legal Protections, and Inclusive Policies

While GICE increase TGD rates of attempted suicide, homelessness, sex work employment, and running away from home, gender-affirming practices, legal protections, and family, community, and religious support have been shown to have an insulating and protective effect that reduces these rates and increases TGD resilience (James et al. 2016; Herman et al. 2019). James et al. (2016) found that TGD people who are out to supportive or neutral families experience psychological distress at roughly 3/5 and 4/5 the rate of those who are out to unsupportive families, respectively. Acceptance and support also result in significantly lower rates of drug and alcohol use for coping, cigarette smoking, sex work and underground employment, incarceration, and homelessness (Grant et al. 2011). TGD people who are not rejected by their families of origin are half as likely to attempt suicide, as are those whose religious communities accept them rather than rejecting or practicing conversion therapy with them (Herman et al. 2019). TGD people living in states with gender identity nondiscrimination legislation or who have been able to receive the hormone therapy and/or surgical care that they desire also display lower rates of suicidal thoughts and attempts (Herman et al. 2019).

In light of the available data, mental health professionals (APA 2021; American Psychiatric Association 2021), endocrinologists (ES & PES 2020), pediatricians (Rafferty 2018),

nurses (Cicero and Wesp 2017; Kelser 2019), and those involved in spiritual care and education with TGD people (Geller and OSB 2017; Herriot and Callaghan 2019; Canales 2016; Rowniak and Ong-Flaherty 2015; and Marshall 2001) oppose GICE, cisheterosexist practices and mentalities, and the pathologization of gender and/or sexual diversity. They recommend instead open and affirming care and policies that increase support for gender minorities and encourage their inclusion and acceptance in society and social spaces (i.e., the home, school, places of employment, and religious communities). Best practices include, but are not limited to, showing respect for TGD preferred pronouns and gender expressions, ensuring TGD people can change legal identification documents as needed, guaranteeing and advocating for equal rights and protections for TGD people, and offering or referring TGD people to developmentally appropriate gender-confirming treatment options should they desire them. Best practices are also characterized by increased education, representation, and resources related to TGD identities, expressions, experiences, and needs, not only to assist those who treat and care for TGD people in schools, ministries, and health professions, but for TGD individuals and society in general. Last but not least, best practices involve supplying ample space and support for TGD people to safely and openly explore their gender identities and expressions without fear of judgment, bias, or punishment. These practices create the conditions for healthy and loving relationships with others, self-worth and self-esteem, social belonging and security, and physical and psychological well-being. They lead to empowerment, agency, autonomy, resilience, dignity, health, and a higher quality of life for TGD people (APA 2021; PANO 2009; and National LGBTQIA+ Health Education Center 2016).

4.4. Vatican and USCCB Contributions

Thus far, the Vatican and USCCB have not listed, addressed, recommended, engaged in, or contributed to any of the practices recommended by professionals as part of their pastoral response to TGD people and the TGD crisis in America. The documents offered as resources do not contain any practical guidance or instructions for the actual care and treatment of TGD people. The authors do not delineate the way respect and inclusion should play out or be understood in the context of TGD bodies, beliefs, rights, and information in policies, accommodations, curricula, and organizational protocols. They also do not employ, model, or recommend that Catholics show any intersectional or cultural sensitivity when interacting with TGD people and subject matter. There is no discussion of any need for or potential approaches to building up TGD resilience and empowerment, and there is no empathetic engagement with or acknowledgment of the interlocking systems of oppression and unjust discrimination that many TGD people endure. The CCE (2019) says that formators should avoid creating environments of injustice but does not explain what these environments look like for TGD people or instruct formators to help confront and dismantle the unjust systems and harmful attitudes and behaviors that produce TGD suffering, marginalization, and discrimination. Instead of providing possibilities and ideas for how TGD people can be made to feel as though they belong just as they are, have worth and value, are undeserving of violence and harm, and are not burdensome to society, family, and God, the Vatican and USCCB's response implies that TGD people must reject being TGD if they want to fully enjoy safety and love.

This response is inappropriate on multiple levels. Rather than responding to the crisis that is pressing and life-threatening for TGD people, these Magisterial offices are confronting a system of ideas about gender and identity that they, as bodies of cisgender men with power, authority, and privilege, find problematic. They demonstrate no awareness or deference to sociological research and findings on TGD identities, experiences, challenges, and needs. While they clearly possess and display soteriological intent, their interest in and technique for saving TGD people consist only of ensuring that TGD individuals possess or develop right knowledge (i.e., the Vatican and USCCB's beliefs), right practice (i.e., cisheteronormative behavior), and right relationship with God (i.e., an understanding that God is the only creator and that each human being has been intentionally and indisputably

created as cisgender) (Pope Francis 2016; CCE 2019; and USCCB 2017). These leadership offices fail to tend to the fact that regardless of what they think about TGD identities and Christian anthropology, and regardless of what God has presently decided about the validity and goodness TGD identities—which human beings cannot possibly know beyond a shadow of a doubt—they have a responsibility, according to their own professed faith and mission to (1) protect TGD people from physical and psychological harm and violence inflicted by other human beings and social structures right now, in this life, and to (2) ensure that TGD people have access to respect, dignity, justice, and basic goods including health and medical care, food, shelter, and employment. This is part of Catholic social teaching and part of the Christian duty to love the neighbor and show preferential treatment for the poor and the vulnerable; nevertheless, the Vatican and USCCB have neither done this nor presented other people with instructions for how to do it.

The Vatican and USCCB have put forward only one plan to prevent TGD people from encountering pain and unjust discrimination, and that plan consists of cutting TGD people off at the pass of becoming or living their lives as TGD individuals. Such a plan is flawed from the outset because it requires GICE, which are proven to be harmful and deadly, and a good end can never justify bad means. Furthermore, the sociological and scientific evidence overwhelmingly demonstrates how efforts to stop individuals from being TGD do not accomplish the Catholic Church's goal of reducing suffering or saving and improving lives. This goal can only be accomplished through learning about TGD people and utilizing an informed understanding of who they are, what they believe, and what is and is not feasible, psychologically healthy, or sociologically good for them to develop a plan for pastoral care and social change.

5. Coming Up Short: Discussing the Disconnect

Current sociological research and findings on the health, safety, and well-being of TGD people in the United States call into question what data, if any, the Vatican and USCCB are looking at as they respond to the TGD crisis within and outside of the country. To date, the pastoral guidance, instructions, and beliefs promulgated by these official bodies are largely at odds with the findings and recommendations of leading medical centers, population studies, TGD surveys, and national polls in the United States (see Luhur et al. 2019; Smith 2017; Greenberg et al. 2019; PRRI 2021; and PRRI 2020). These sources have overwhelmingly reported that GICE are destructive and that TGD people deserve and require increased education around TGD identities, challenges, and dignity; legal and policy protections; and affirmative care. The Vatican and USCCB's refusal to engage gender diversity and TGD existence beyond rejecting their validity, their refusal to consider or provide any TGD-affirming theologies or health and social justice information for use in ministry and education, and their refusal to prioritize social justice outreach and support to and on behalf of TGD people, who are among the most marginalized and at-risk in America, are either a critical failure to use social data appropriately or a dangerous rejection of it all together. The end results are death, violence, suffering, and oppression that could have been alleviated or eliminated with the Church's help rather than bolstered by its determination to enforce cisheteronormativity.

It is clear that the Vatican and USCCB are responding to what they perceive to be a TGD crisis and that they know how to employ sociocultural research in an official approach to caring for LGB Catholics. *Always Our Children* (USCCB 1997), which was approved by the Vatican's Congregation for the Doctrine of the Faith (CDF) and is now used as an affirmative pastoral ministry tool, and *Ministry to Persons with a Homosexual Inclination* (USCCB 2006) both acknowledge the large disparities and challenges facing homosexual people, the importance of setting up LGB ministries, and the need to welcome and support LGB people first and foremost with messages of love and acceptance rather than moral condemnation and doctrinal severity (Lopata and Lopata 2017). Why these bodies of authority have not expressed or led with a similar awareness and reflexivity toward TGD people in official documents is unclear. Why they have not demonstrated any

consultation with actual TGD people or set up a commission to research TGD theological beliefs, concerns, and pastoral needs, despite presenting themselves as open and eager to dialogue (CCE 2019), is also unclear. What is perhaps most unclear, is why these bodies of authority are actively engaged in an ideological tug-of-war instead of constructively responding to the pressing health and safety crisis that TGD people and their professional providers and caretakers are visibly battling.

These Magisterial offices say they want health and happiness for TGD people and a return to the basic medical principle of "first, do no harm" (USCCB 2017); however, they inflict harm through GICE and reject expertise and data that show how to achieve TGD health and happiness. They say they are concerned with fighting racism (USCCB 2018) and economic injustice (USCCB 1986) and safeguarding the basic needs, rights, and dignity due to all human beings and necessary for human development (USCCB 2021); however, they refuse to employ intersectional awareness with TGD people or respond to how members of this minority group are disproportionately impacted by racism, economic injustice, and other compounded forms of oppression that violate dignity and impede development. They say they are welcoming and loving toward TGD people[16]; however, they position the Church and cisheterosexual people as victims of TGD intellectual terrorism[17] and accuse gender and sexual minorities of causing their own suffering and welcoming social discrimination by choosing identities and behaviors that go against human nature (USCCB 2006).[18]

There is a visible disconnect between the Vatican and USCCB's desire for good and kindness and the approach they are taking to achieving it with gender and sexual minorities.[19] It is possible that these offices simply are not seeing the correlation between their actions, or in some cases lack of action, and TGD suffering and oppression. It is also possible that they are only looking at data that justify their current position and their refusal to change course. For example, in 2019, the USCCB opposed the Equality Act that would guarantee federal protection to TGD people on the basis of gender identity and expression, arguing that systemic discrimination against TGD people in public and professional settings did not constitute a "serious" enough problem to warrant legislative action (USCCB 2019b). As evidence, they cited a single study that highlighted above-average earnings in some homosexual households, as well as a general positive regard that some LGBTQI+ people experience in society. Based on these findings, they concluded there was no evidence of widescale "segregation or denial of basic goods, services, or opportunities" and thus no discrimination to protect TGD people from. The USCCB's opinion stands in stark contrast with that of 73% of Americans and 70% of American Catholics who believe TGD people face large amounts of discrimination (PRRI 2021); 79% of Americans and 78% of American Catholics who believe TGD people face stigma in their community (Greenberg et al. 2019); and 83% of Americans, 83% of white American Catholics, and 87% of Hispanic American Catholics who support laws protecting TGD people against discrimination in jobs, public accommodations, and housing (PRRI 2020).

This is not the first time that the USCCB or even the Vatican has practiced an eyes-wide-shut approach when it comes to evidence showing the needs and wants of people, especially when there is a question of upholding doctrinal integrity and official teaching on sex and gender. In the 1960s, Pope John Paul VI ignored overwhelming support for the moral permissibility of artificial contraception.[20] Today, the Vatican is swimming against the current of popular and professional opinion once more with its decree banning blessings for healthy and fulfilling same-sex unions, despite having publicly acknowledged the positive elements that exist within these loving and committed relationships. Dissent continues to mount across the United States and even amongst the German Bishops' Conference where many believe it is time the Vatican and Magisterial offices consider more "progressive theological reflection" and "openness to more recent findings of the human sciences and on the life situations of [LGBTQI+] people today" (O'Loughlin 2021).

Catholic clergy, congregations, and theologians working toward greater LGBTQI+ inclusivity in the Church and well-being in society, in the United States, and beyond,

argue that the Roman bureaucracy has lost sight of the reality of creation, supplanted divine truths with dogmatizing presumptions, threatened the Church's credibility and mission to sincerely serve people, and obscured the liberating message of Jesus (see Pfarrer-Initiative 2021; Ford 2018; and Herriot and Callaghan 2019). In the U.S. context, the Vatican and USCCB's views and response to gender diversity no longer align with the majority of the population or even the majority of Catholics. In 2017, the UCLA Williams Institute found that only 35% of Americans believed, as these Magisterial offices do, that TGD people are not naturally occurring, with only 22.2% strongly believing this (Luhur et al. 2019). Additionally, only 31.9% (15.2% strongly) believed TGD identities and expressions are sinful, and only 34.6% (14.8% strongly) believed TGD people are violating cultural traditions (Luhur et al. 2019). In the same year, the Pew Research Center found that only 51% of American Catholics believed that being a man or a woman is necessarily determined by sex assigned at birth, and 71% believed that society has been right or even not gone far enough (34%) to accept TGD people (Smith 2017).

The Vatican and USCCB do not appear to interpret these numbers and beliefs as a sign of the times or see them as the sensus fidei at work in the body of the Church. They fall back on the CDF's argument that the Church has never been concerned with going against popular opinion and morality when it comes to sexual ethics, and that because the Church's sexual norms and principles are derived from Divine Law and human nature, they can never be out of date or doubted as a result of some new cultural situation (CDF 1975, no. 5). These bishops erroneously treat TGD people as a new fad or an isolated phenomenon native to the United States and Western imagination, when historical research and multicultural studies show that TGD people have been present throughout human history across multiple societies within and outside of the Christian tradition (see Mollenkott 2007). They also fail to register that even if gender diversity were an isolated cultural event, the suffering and unjust discrimination experienced by TGD people in America would not be any less of an issue worthy of and necessitating response and intervention.

The Vatican and USCCB's desire to uphold doctrinal stability and coherence and not fall victim to passing trends is understandable, but it should not (a) take precedence over saving TGD lives and (b) require the rejection of legal protections and refusal to provide contextually sensitive care to oppressed and victimized people who are in desperate need of it. Fear of change and concerns over hypothetical dangers[21] are no excuse for failing to intercede on behalf of the weak and marginalized or maintaining forms of "care" that have proven to be physically and psychologically abusive. The Vatican and USCCB's response to the TGD crisis in America has not only proven insufficient and inappropriate, it has revealed itself to be the opposite of lifegiving and at odds with the Catholic Church's own pastoral mission and identity as an evangelical organization focused upholding and protecting the sacred dignity, livelihood, health, and well-being of all people.

6. Conclusions

In the hermeneutical circle laid out by Osmer (2008), this is the point in the process of practical theological interpretation where we should recognize that the Roman Catholic Church, as represented by the Vatican and USCCB in the U.S. context, is coming up short in its response to the TGD crisis in America and in need of a revised pastoral approach. In consultation with external fields of expertise, these bodies of authority have an opportunity to respond differently to TGD people moving forward, utilizing good practice models [22] that better align the care it offers with a Christian mission to love, serve, and put an end to injustice and oppression. Although this article does not tend to the normative and pragmatic tasks of Osmer's framework, it implores all Catholics and those working in Christian settings and institutions to consider how they might support, accept, and include TGD people in their communities in ways that the Vatican and USCCB have not yet been able to suggest or implement. They might consider how a Christian ethic of equal regard, grounded in mutual respect and the dignity of each person (Osmer 2008, pp. 131, 151–52), justifies respect of TGD-preferred pronouns and efforts to provide TGD accommodations

in schools and places of business. They could promote an ethic of Christian love of others that is based on building people up and coming together in solidarity to fight oppression and form community. Last but not least, they could embrace engagement with TGD people and other marginalized groups as a form of praxis that opens up opportunities for mutual growth and learning, collaboration, and transformative practices for all parties involved (see Graham 1996).

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Appendix A

Table A1. Terminology and Definitions.

Term	Definition
Cisgender	Within a binary system of sex and gender, *cisgender* is used to refer to those whose gender identities are aligned with the sex they were assigned at birth.
Cisheterosexual (cishetero)	A person whose gender identity aligns with their male or female sex assigned at birth and who is physically, romantically, and/or emotionally attracted to members of the opposite sex.
Cisheteronormativity and cisnormativity	Cisnormativity is the belief or assumption that cisgender is the preferred, superior, morally good, normal, or default mode of gendered being for humans. Cisheteronormativity extends the beliefs and assumptions associated with cisnormativity to include heterosexuality as the norm for sexual orientation.
Cisheterosexism	Cissexism is a system of discrimination and exclusion that focuses on upholding the cisnormative gender binary and conventional expressions of masculinity and femininity tied to it, resulting in the oppression and/or erasure of transgender and gender diverse people. Heterosexism is a similar system of discrimination and exclusion that upholds heterosexuality and heterosexual relationships, resulting in the oppression and/or erasure of non-heterosexual people. Cisheterosexism is the intersection of cissexism and heterosexism. [a]
Gender diverse	An umbrella term used to refer to individuals whose gender identities and/or expressions do not fit within strict binary categories of male/masculine and female/feminine. This includes, but is not limited to, people who identify or present as intersex, bigender, trigender, agender, nonbinary, genderfluid, genderqueer, gender-neutral, third gender, two spirit, or other-gender.
Gender divergent or nonconforming	These terms refer to people whose gender expressions deviate from conventional expectations of masculinity tied to male sex and femininity tied to female sex in a binary system. Some but not all gender divergent or gender nonconforming people identify as transgender, and not all transgender and gender diverse people express their gender in ways that are considered divergent or nonconforming. [b]
Gender expression	The way a person chooses to express or visibly manifest their gender. This can be through names, pronouns, clothing, hair style, behavior, voice, and/or body characteristics. Whether specific gender expressions are considered masculine or feminine, or normal or divergent varies from culture to culture and changes over time based on society's definitions and interpretations of various gender cues. [b]
Gender identity	A person's internal, deeply held sense of their gender. This may or may not align with the sex assigned at birth or any binary system of sex and/or gender. [b]

Table A1. *Cont.*

Term	Definition
Transgender (trans)	Often used as an umbrella term for anyone whose gender identity differs from their sex assigned at birth. Some transgender people choose to modify their bodies with or without hormone therapy and/or surgery, so that their bodies and gender expressions are brought into alignment with their gender identity. Not all transgender people wish to change their physical appearance, and sexual orientation is not linked to transgender identity. [b]
Sex	Sometimes referred to as *biological sex* or *sex assigned at birth*, this is the classification of a person as either male or female based upon an assessment of external genitals at birth. Sex is more fully characterized by a combination of chromosomes, hormones, internal *and* external reproductive organs, and secondary sex characteristics. [b]

[a] PFLAG Wesley Chapel/Pasco (2018); [b] GLAAD (2021).

Notes

1 Although the Magisterium is comprised of the Pope and all bishops in communion with him around the world, for the purposes of this article and the American (U.S.) context it responds to, the use of *Magisterium* and *Magisterial* will be limited to refer only to the Vatican (including the Pope and Roman Curia members and offices) and USCCB. Additionally, *official Church* will be used interchangeably with Magisterium.

2 See Appendix A for a table of terms and definitions.

3 This question and its answering argument are situated within feminist, queer, advocacy, liberation, and Jesuit/Ignatian-informed discourses which (1) hold human dignity and freedom from social oppression as necessary goods; (2) position the attainment of these goods as part of Christ's ongoing work in this world, which Christians should prioritize in their mission of transforming the kingdom at hand (See Graham 1996; Althaus-Reid 2010; and Rowniak and Ong-Flaherty 2015).

4 See United States Conference of Catholic Bishops, "'Gender theory'/'Gender ideology'—Select Teaching Resources", (USCCB 2019a) for an overview of resources, comments, and teachings in the Catholic tradition that concern sex and gender in the context of LGBTQI+ people.

5 In *Male and Female He Created Them* (CCE 2019, nos. 9 and 22), the CCE bishops write that those who produced gender theory "were united in denying the existence of any original given element in the individual, which would precede and at the same time constitute our personal identity, forming the necessary basis of everything we do", and that present support for gender theory stems from the cultural belief that "each individual can act arbitrarily as if there were no truths, values, and principles to provide guidance, and everything were possible and permissible". Such a generalization is neither appropriate nor accurate. It ignores Christian feminist and queer theologians, TGD Christians, and LGBTQI+ allies who support theological anthropologies and Christian ethics that are not tied to Magisterial teaching on gender essentialism and complementarity (e.g., Althaus-Reid and Isherwood 2009; Ford 2018; Mollenkott 2007; and Herriot and Callaghan 2019).

6 Francis and the bishops who oppose gender ideology argue that it and TGD people threaten the traditional concepts of heterosexual marriage and family, characterized by procreative union and child-rearing, which Catholic social teaching holds to be the building blocks and foundation of society (Ford 2018).

7 This document cites no sources from gender studies or feminist and queer theologies, yet it presents and responds to numerous beliefs, ideas, and definitions that it claims represent these fields and those who have contributed to or are inspired by them now. Ford (2018) discusses Francis and the Magisterium's history of employing this argument strategy, whereby they set up a dichotomy between themselves and all who deviate from their teaching but then fail to give an accurate and substantive account of what their opposition actually believes. Poor logic, unsubstantiated assertions, and misrepresentation of what the opposition is arguing follow, resulting in intellectual distortions and straw-man fallacies. *Male and Female He Created Them* (CCE 2019) replicates this pattern.

8 The CCE bishops cite their own Magisterial teachings and beliefs as theological evidence and do not cite any scientific or medical sources.

9 Similar discrepancies over what constitutes human rights and justice have played out in the American political arena, notably in the debate over the legal recognition of same-sex marriages. In the 2013 landmark U.S. Supreme Court Case, *U.S. v. Windsor*, the federal government ultimately sided against the USCCB's definition of rights and justice

(USCCB 2009, pp. 23–24; USCCB 2013), when it ruled that it was unconstitutional to bar same-sex couples from accessing the 1138+ benefits, rights, and privileges made possible by marital status (Shah 2004).

[10] Many of the sources utilized and referenced throughout this article include TGD autobiographical information depicting personal experiences of harm at the hands of Church, society, and individuals, as well as TGD desires for improved pastoral care and inclusion in Christian communities. Hunter et al. (2018) was prepared and composed by a transgender woman of color. For additional TGD narratives, see James et al. (2016); Grant et al. (2011); Althaus-Reid and Isherwood 2009; Whitehead and Whitehead 2014; and Mollenkott 2007.

[11] It is worth noting that as of 2021, 75% of Americans and 75% of white American Catholics do not believe hospitals or medical providers should be allowed to refuse reproductive health services (including contraception or sterilization) to transgender people on the grounds of religious beliefs. Furthermore, 84% of Americans and 80% of white American Catholics do not believe licensed professionals such as doctors, lawyers, teachers, and social workers should be allowed to refuse to provide services to particular groups on the grounds of religious beliefs (PRRI 2021).

[12] With the exception of public opinion polls published in 2020 and 2021, data and statistics throughout this section are taken from before 2020 and thus do not reflect the impact of the coronavirus pandemic on these numbers.

[13] In Intersecting Injustice (2018) and Paying an Unfair Price (2015), Hunter et al. (2018) and CAP & MAP (2015) provide illuminating discussions of the criminalization of poverty and school-to-prison pipeline in LGBTQI+ communities. Hunter et al. (2018, pp. 21, 25) also offer two informative diagrams that illustrate how both the criminal justice and the poverty and homelessness systems of inequality intersect with transgenderism to the detriment of TGD people.

[14] TGD gender expressions and identities are not classified as mental disorders, and not all TGD people experience or seek treatment for "gender dysphoria". For those who experience distress as a direct result of gender dysphoria, there are medical and ethical protocols and affirming therapeutic intervention and treatments in place to guide behavioral and/or medical transitioning (APA 2021; American Psychiatric Association 2021).

[15] Hipp et al. (2019) shine light on "the roles of Christian organizations promulgating 'church hurt,' structural violence, and gate-keeping to access affirmative care as forms of conversion" and GICE. TGD narratives and surveys frequently report priests, ministers, educators, and parents using the concepts of hell, sinfulness, and God's disappointment to convert TGD people to cisheteronormative behaviors and beliefs (see Althaus-Reid and Isherwood 2009; Benson et al. 2018; James et al. 2016; and Whitehead and Whitehead 2014).

[16] It is interesting to note that despite the Vatican and USCCB's desire to be understood and experienced as welcoming toward LGBTQI+ people, only 27% of Americans and 38% of American Catholics see the Catholic Church as friendly toward TGD people (Jones et al. 2014), and 79% of LGBTQI+ Americans and 66% of LGBTQI+ Catholics see the Church as unfriendly toward all LGBTQI+ people in general (Pew 2013).

[17] Pope Francis, the CCE, and the USCCB have presented their battle against gender theory and gender diversity (i.e., "gender ideology") as a holy war, where the Church and cisheterosexual people who support official Church teaching on sex and gender are rational, good, and right, and TGD people and those who support gender diversity are irrational, sinful, and wrong—harming children around the world and threatening the stability of social structures via ideological neocolonialism and juridical revolution (USCCB 2019a; CCE 2019; and Ford 2018).

[18] The Magisterium has argued that we should not be surprised to see "irrational and violent reactions" in response to LGBTQI+ behavior (CDF 1986, no. 10) and that "pervasive human suffering and unhappiness" are a natural result of LGBTQI+ people violating chastity as it has been defined by the Church (USCCB 2006, p. 8). They accuse TGD people of choosing a "status" that positions them as minorities suffering discrimination who then require society's legal and material support to ameliorate the negative conditions that they brought upon themselves (USCCB 2006, no. 14). Further, they reduce TGD identities and beliefs to "nothing more than a confused concept of freedom in the realm of feelings and wants, or momentary desires provoked by emotional impulses and the will of the individual" (USCCB 2006, no. 19). The CDF, CCE, and USCCB present an incorrect sense of gender, reality, and human nature as TGD people's problem and thus offer GICE and Christian anthropology as the only appropriate means of care and correction.

[19] The USCCB (2006, p. 12) has written that its ministry to LGBTQI+ people is primarily aimed at "fostering the greatest possible friendship with God" through participation in the Church and the divine life of the Trinity. Interestingly, in a survey conducted on the rise of religious disaffiliation, PRRI found that 39% of the disaffiliated who were raised Catholic listed negative religious teachings or treatment of LGBTQI+ people as a major reason for leaving the Church and that disaffiliated Catholics were more likely than any other religious disaffiliates to include this as a reason for leaving. The same survey found that 58% of Americans, 70% of millennials, and 59% of millennial Catholics believed religious groups alienate young people by being too judgmental toward LGBTQI+ people (Jones et al. 2016). With only 6% of white LGBTQI+ Americans and 5% of Hispanic LGBTQI+ Americans identifying as Catholic, and 56% of

LGBTQI+ young adults (age 18–29) religiously unaffiliated compared to 45% of the general LGBTQI+ population and 24% of the total American population (Jones and Cox 2016), it is possible that the Catholic Church has been more successful at driving LGBTQI+ people and their allies away from Catholicism than bringing them closer to God.

[20] Even after 64 out of the 69 members that made up the Vatican's own Pontifical Commission on Birth Control argued that artificial contraception could be morally permissible and that traditional teaching should be changed, Pope Paul VI rejected their findings and instead doubled down on the immorality of contraception in his encyclical, *Humanae Vitae*. This encyclical's prohibition of artificial birth control is now largely ignored by Catholic laity and priests who focus instead on Catholic teaching related to the primacy of conscience (Rausch 2016, p. 245).

[21] The authors of the Vatican and USCCB documents have set up a number of straw-man and slippery-slope arguments to justify their refusal to break with past teachings and beliefs related to sex and gender or adopt affirmative stances toward TGD people (Ford 2018).

[22] Canales (2016) demonstrates how *Renewing the Vision* can be revised to include pedagogical and pastoral strategies that help improve Catholic youth ministry and create safe, open, and nonjudgmental environments for LGBTQI+ youth. Ford (2018) models a natural theology of exploration that could be utilized in Catholic education and theological settings to create space for TGD people to explore their sexual and gender identities both internally and communally, within a supportive network that encourages human flourishing, well-being, and healthy, loving relationships to self and God. Herriot and Callaghan (2019) offer a case study to demonstrate how parents can secure accommodations and welcome for their TGD children in Catholic schools, as well as how Catholic schools can create policies that balance their Christian faith and beliefs with the rights of TGD students. Last but not least, Rowniak and Ong-Flaherty (2015) and Geller and OSB (2017) show how Catholic institutes of higher learning can promote TGD understanding, acceptance, and inclusion through policy and community events.

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