

September 22, 2022

TO: AJCU University Presidents

FROM: M.J. Garanzini, SJ, AJCU President

RE: Accompanying our Transgender Students and Colleagues:

I. Introduction:

Over the last several years, we have seen a heightened concern and concerted attempts to halt the growing acceptance of transgender individuals. The bills introduced in the legislatures of conservative states now number into the hundreds and are increasingly passed and signed into law. Nearly all are aimed at criminalizing anyone seeking or providing “gender affirming assistance” to minors who may want to change the gender assigned at birth (natal gender). One journalist recently described this heightened politicization of the issue as “unhinged hysteria” and “a moral panic” over transgender persons. (F.Manjoo, “America is being consumed by a moral panic over trans people.” September 1, 2022, New York Times.)

Sadly, some religious officials have also “condemned” the trend toward openness and acceptance. Some have promulgated policies that prohibit religiously sponsored schools from enrolling transgender students. For those in the schools, these policies prohibit any accommodation in the use of restrooms, application of dress codes, participation on teams, etc. Several Roman Catholic dioceses have recently enacted such explicit policies. For the most part, diocesan rules governing “schools” do not normally impact universities. Of course, we pay special respect to, and comply with, diocesan regulations whenever and wherever applicable. Nevertheless, universities are subject to governmental rules, both state and federal. Non-discrimination policies are mandatory for all institutions receiving federal and state support. Depending on state laws and federal policies applying to universities, Catholic universities may not be able to implement—for legal reasons—policies that discriminate against transgender students or staff. **Nevertheless, we need to ask ourselves, “How should we approach this topic, with faculty, students and staff, as well as the various constituencies with whom we work?”**

Major medical and psychological associations have consistently affirmed the distinction between **gender ideology** and the clinical diagnosis of **gender dysphoria**. The American Medical Association, the American Psychological Association, the American Psychiatric Association and others have issued statements opposing all forms of discrimination and urge the provision of health care for those claiming to be transgender. These professional associations insist that their suffering is real and they deserve careful diagnosis and treatment. (Deacon Ray Dever, US Catholic, June 2018, vol 83 #6, pp.22-24)

Given this politicization of the trans phenomenon and the increase of students and parents who are nevertheless advocating for accommodation, several presidents asked for some guidance on the topic. I was privileged to participate in a Georgetown University task force which interviewed experts in an effort to determine the state of the science and therapeutic interventions. We interviewed experts in the healthcare profession including neuroscience, anatomy, surgery, and psychiatry, in counseling and therapeutic professions, as well as university student development personnel. This report to you follows from those discussions and from written sources which the task force members read and discussed. (Note: The task force continues its work. Its report will be given to President DeGioia and is intended for both the University and its medical center.)

## II. Terminology and Prevalence of the Transgender Phenomenon

**Basic terms.** We should begin with a discussion of language and terminology surrounding this phenomenon. For the majority, the gender assigned to a person at birth is consistent with the social categories of male or female. This is referred to, scientifically, as **cisgender**. That is, the individual's self-perception as masculine or feminine are congruent with their assigned gender. **Transgender**, on the other hand, refers to those whose gender identity is different from the sex assigned at birth. Trans individuals may feel uncomfortable with their assigned gender or may feel that neither gender feels appropriate. They are acutely aware of how **binary** our world is. Social messages constantly remind us to identify ourselves by our gender. This has come under scrutiny for many young people who sympathize with trans persons and believe that our categories may be restrictive and even, in some cases, unnecessary. The term **non-binary** is often used to refer to a gender identity that is not completely male or completely female. It implies something more fluid, more expansive. It is sometimes used interchangeably with the word transgender. When someone is inaccurately described as male or female, due to appearances or to their name or pronouns, this is referred to as **misgendering**.

While we see a rise in negative reactions to and politicization of trans persons, we also see today a rise in support for transgender individuals. There is a call for more accurate use of pronouns and names when young people are confident enough to claim a transgender sexual identity. This support is increasingly evident among peers who are not themselves transgender and is indicative of the growing appreciation among young people for a range of gender identity and sexual expression -- that is, what it means to be male or female, is under reassessment. Our concepts of maleness and femaleness may be excessively restrictive and, at minimum, no longer useful.

Advocates see the healthy side to this questioning of social convention. Others, including some religious leaders, fear it as an unhealthy trend, amounting to a weakening of the social fabric that holds together the centrality and sanctity of the family, along with a healthy appreciation of gender complementarity. Those who oppose the trend toward acceptance of transgender individuals suspect that the growing number of people identifying as trans reflects the power of media and other social forces, convincing vulnerable young people that being different is heroic and a way to rebel against the social order. It may, to their mind, even be a way of upsetting parents and teachers. This trend

which they call **transgenderism** (a term rejected by the trans community) is, then, perceived as a dangerous and unhealthy fad. Our social fabric requires a clear demarcation between masculinity and femininity, they argue, and any weakening or erasure of these distinctions is unnatural and leads to grave negative consequences.

The task force learned that few professionals support this claim. Those who know and work with this clinical population insist that the awareness of an incongruence between assigned gender and internal feelings of masculinity or femininity were present even in very early childhood memories. Many children and teens experience periods of gender confusion which may be passing phases. For some, however, this confusion may last throughout childhood. These feelings simply do not abate. Therapists serving trans individuals regularly pointed to pain and anxiety experienced by their patients. They struggle with depression and low self-esteem, and often develop a host of debilitating psychological problems. We found no reports that could verify a trans individual had talked themselves into the condition or had been influenced to “adopt” a trans lifestyle by others. Rather, the typical transgender patient struggles to adapt to a binary world, has found it difficult or impossible, and presents themselves for help or relief. This estrangement from their biologically assigned sexual identity is at the heart of their stress and anxiety, often accompanied by other psychological disorders, as coping mechanisms fail to alleviate the pain. The diagnosis given to these individuals in treatment is **gender dysphoria**.

### **What portion of the population reports gender dysphoria?**

A [report](#) published in June 2022 by the Williams Institute at UCLA School of Law using CDC survey data estimated that, in the U.S., over 1.6 million, or 0.6% of the population, identify as transgender. This includes those over 18 and those between 13 and 17. Within the teenage population, those between 13 and 17 years of age, 1.4 % identify as transgender. This means that younger people are more likely to identify as transgender than older Americans (.5%). Racial and ethnic proportions for this population generally follow the overall percentages in the U.S. population. It is interesting to note that percentages differ significantly by region of the country. Among teens in the Northeast, 1.8% say they are transgender, while only 0.6 % in the West identify as such.

Statistics like this lead many to ask if peer pressure is playing a role in the statistics. Are we seeing a rise in this number of trans-identified people because more teens know someone who is transgender and, as the *Times* reports (A. Ghorayshi, “[Report reveals sharp rise in transgender young people in the US.](#)” *New York Times*, June 10, 2022), the language needed to express themselves is giving them the courage? Or are social norms and values in such disarray that these figures simply express gender confusion for adolescents struggling with identity issues? CDC data indicate that a dramatic upsurge in reporting began in the second decade of this century. Regardless of what is contributing to the increase, there is a high prevalence of psychological risk factors in this population. Nearly 35% of young people, for instance, admit to having contemplated suicide (E. A. Kelsner, RN “[Responding to Transgender Youth,](#)” *Health Progress*, July-August 2019), and, the incidence of

depression, anxiety disorders, eating disorders, etc., is three and four times that of their peers. (Sandy James, et. al, "[The Report of the 2015 US Transgender Survey](#)." (2016) Washington National Center for Transgender Equality)

### **What do we know about the biological origins, and genetic or hormonal differences for this population?**

Endocrinologists report no known biological origin. A small number of infants are born with indistinct anatomical features. Hormonal abnormalities are also present in a small number of children, causing confusion for them and their parents or guardians. Clinics that specialize with this population can only offer limited insight to the patients and families they treat. In general, they tell us that gender reassignment surgery is elected by some whom they counsel. These interventions seem to bring relief to those electing the interventions. The instance of regret following surgery is low, perhaps 1% of patients treated. Recently, however, clinics in Finland, a country that offered sex reassignment surgery several years ago, has halted reassignment surgery for adolescents. Clearly clinical psychologists vary in their approaches to therapeutic interventions, but most recognize that the prudent thing to do is to avoid precipitous decisions. The adolescent is not yet mature enough to make such a momentous, life-altering decision.

Our interviews left the task force with the distinct impression that sexual assignment surgery may be appropriate for some but is not widely promoted at present. Increasingly, medical professionals agree that young people need time to sort through possible ways of adapting. All of this leads to the central question which has not been clinically settled: is the incongruity between one's assigned anatomical gender and the array of feelings and attitudes indicating a different gender identity based on biological or psychological origins? This raises a more fundamental question. Are we dealing with an identity difference or a dysphoria stemming from identity confusion and social rejection? A reluctance to embrace transgender individuals as "distinct" is understandable while respecting their struggle and acknowledging their pain and suffering is important and necessary.

Finally, we asked: Is the phenomenon universal? Are there reliable statistics on the incidence and prevalence of transgender persons outside the US? Formal epidemiologic studies of both the incidence and prevalence of the trans population and gender non-conforming identities have not been conducted. What has been studied is the subgroup who experience gender dysphoria and seek gender transition-related care at specialist gender clinics.

### **What options are available to those diagnosed with gender dysphoria?**

Those with gender dysphoria have several options available: counseling, puberty suppression, surgical intervention or some combination of these. It appears that the most common counseling approaches are cognitive and behavior therapies. Besides addressing thought patterns and behavior patterns that reinforce the internalized negative stereotypes and feelings of being unworthy or abnormal, counselors respectfully listen and work to build a relationship of support based on respect and understanding. Helping the counselee rework thought patterns and behavior patterns in a

direction that allows for a positive outlook, the building of relationships that are supportive and healthy is what these counselors hope to accomplish.

It is unclear what percentage of those seeking counseling find this to be sufficient enough to build happy and wholesome lives without further interventions. There is no data on time in therapy, on persistence, nor on satisfaction, with the exception of data from those receiving treatments in clinical studies. What we did find is that therapists advocate a slow and careful process when working with a transgender individual. For children who have not reached the onset of puberty, hormone blockers may be prescribed to “buy time” for cognitive and emotional adjustments. For those who have already entered puberty, hormone therapy may be used to facilitate or to block the development of secondary sex characteristics. Much of this is reversible. The aim is to give a young person time to adapt to the biological, psychological, and social changes going on around them and in them, to assess the reactions of others and, ultimately, to build a healthy self-concept which can withstand social criticism.

It is during the college years, or even later, that some transgender persons consider transitioning physically. There, too, therapists usually prescribe a slow and careful plan, a staged approach, to transitioning. As medical interventions progress, there is ongoing experimentation with taking on the social roles of the new gender, and gradually reforming the sexual organs to fit the new gender. It would be uncharacteristic and professionally questionable for someone to transition over a brief period and without ongoing counseling.

As society and the medical professions continue to debate when and for whom gender reassignment is appropriate, the goals of medical treatment are always to relieve the underlying sense of estrangement and feeling of inauthenticity that trans persons have felt throughout their lives. When the accommodation level is such that the person feels they need not go further, they will halt treatment. It seems that, for most, therapeutic interventions do not progress to surgical interventions. Treatment can be invasive, expensive, and even painful. Whether or not medical interventions are employed, trans persons struggle to find a social life that allows them to feel genuine, authentic, and accepted.

### **What role can counseling play and how can schools help?**

A young person who is struggling with gender identity issues needs support and help when they or others detect that this is interfering with their happiness and well-being. Personal pain may reach the point that a young person needs to be encouraged to seek professional help. A school counselor, faculty or staff member who has become a mentor could suggest counseling or therapy when the usual signs of distress are evident or suspected (e.g., when social life or grades are beginning to suffer). We should note that some physicians balk at the suggestion of assessment and counseling, believing firmly in the early and fixed nature of the trans state. They believe that trans people “know who they are” and should not be encouraged to question their sexual identity. Caring adults will consider whether and when to intervene.

Increasingly, students are coming out as gay or transgender in late elementary and early high school. Often, high schools are the first to address the implications of students who are working through identity issues and how they wish to present themselves. The mental health of these students can depend greatly on how their peers and schools support them or deny them the chance to experiment. Clothes, dating, and participation in the regular activities of the school become major issues impacting self-expression. High schools routinely have dress codes, significant parental involvement in school community activities, policies on gender-specific clubs and organizations, all of which impact their treatment of transgender students. Furthermore, the attitudes of administrators, faculty, coaches, and counselors have significant impact on how and whether the trans student interprets and internalizes the messages of acceptance or rejection. When they come to the university, many trans persons are aware of their unique situation, the difficulty of fitting in, a more or less correct picture of how the world will react to their situation, and an innate sense that the conflict between their identity and the culture of the school will need to be addressed. They may well find the university community a safe place to experiment with a new identity.

### **III. Our Mission and the Church's teaching:**

The Church has traditionally taught that human beings are “created male and female” and that gender differentiation is critical to the Divine plan for the world. For some, there is relatively little to say about gender non-conformity except that it is sinful and against our “natural” condition. Since the period of the Early Church Fathers, theologians have pointed to the Biblical creation narratives in the Old Testament or Paul’s teaching in the New Testament as normative texts for our understanding of the meaning and purpose of sex and gender. Notions of “gender fluidity” or of nature’s “variations” simply amount to a false reading of the natural order, unless to say that exceptions in nature prove the rule.

Nevertheless, a growing number of moral and pastoral theologians, and scripture scholars, have commented on the LBGTQ+ community and the Church’s need to embrace other relationship possibilities as also quite human and not as aberrant. Some pioneering theologians have sought to promote a discussion of gender differences, gender fluidity and sexual attraction for re-examination. Many theologians believe that a new anthropology -- that is to say, an understanding of the human person -- is needed to accommodate and appreciate the diverse ways we express intimacy. The social sciences have widened our understanding, these theologians argue, and appreciation of the experience of gay, lesbian, transgendered, and questioning individuals has taught us to widen our perspective on these issues.

As we know, Church teaching urges fidelity as a crowning achievement and the goal of committed relationships. In his recent encyclical, “*Amoris Laetitia*,” (“On the Joy of Love”), Pope Francis stressed the need for the Church to take the experience of those who struggle with questions of love and fidelity into greater account. Not all doctrinal and moral issues, the Pope states, are settled. Quoting an earlier address, the Pope writes: “Cultures are in fact quite diverse and every general principle...needs to be enculturated if it is to be respected and applied.” Those writing on LBGTQ+

issues take heart from such words and urge us to listen to the experience of LGBTQ+ persons with an open mind and a respectful heart.

Respectful arguments about the Church's stand on the transgender phenomenon have come from other sources as well. History, writes Daniel Walden, ([D. Walden, "Gender, Sex and Other Nonsense," \*Commonweal\*, March 2021](#)) is replete with stories of gender non-conformity.

Anthropologists have pointed to the near-universal presence of trans persons in all societies, some of which hold transgender individuals in high esteem. Walden argues: "They are not 'mistakes.'" He points out that a host of theologians who have written about sex—from Augustine to Hans Urs von Balthazar—who would agree with their more conservative brothers and sisters that transgender people's understanding of their own gender is "defective" are flat-out wrong. "Of course, it is," he writes, "in the same way that yours or mine are defective... Our ideas of gender are formed in a fallen world, in societies created by fallen human beings who have taught us the importance of fighting wars and having babies, but have frequently neglected to teach us the greater importance of being courageous and raising children..." He concludes: "What the life stories of trans people tell us is that we do not understand Scripture, that 'male and female He created them' is not a template but a mystery, one deep enough that we cannot yet fully map its contours but must approach it with hearts humbled by love."

Moral theologian, William O'Neill, SJ, (W. O'Neill, [Catholic moral theologian: Pastoral care of transgender persons must emphasize human dignity and "embodied freedom"](#), America Media, "Outreach: A LGBTQ+ Catholic Resource," September 2022) sees a shift in the Church's teaching with relevance for our discussion of transgendered persons. This shift has grown out of the Church's social teaching and is centered on the innate dignity of persons. He writes:

the equal dignity of persons, guaranteed in a regime of equal basic human rights and correlative duties, becomes the decisive normative principle. Dignity signifies that persons, as persons, are irreducibly valuable, possessed of intrinsic and absolute worth (whatever their full conception of the good or perfection might be). The dignity of persons obtains independently of properties distinguishing them (e.g., race, ethnicity, or gender), and is "given" prior to any legislative enactment or judicial decision. As the philosopher Immanuel Kant reminds us, **persons have worth, not price.**

He concludes:

The modern primacy of dignity does not preclude our distinctive religious beliefs, nor need we bracket them, even in public discourse. It is, after all, religious belief that for many undergirds their recognition of dignity (e.g., their appeal to the *Imago Dei*). But religious appeals to classical teleology, like hierarchical role-differentiation or gender complementarity, must be rendered consistent with the primacy accorded equal dignity. Pope St. John Paul II, for instance, rejects the Scholastic belief that women are in a state of natural subjection.

Care for those with gender dysphoria, then, does not imply acceptance of a “gender ideology” which some Church authorities imply. Rather, acceptance and support simply imply a respect for the dignity of all God’s children.

The Church’s reluctance on this issue is not surprising. Given all that we do not yet know, this apprehension to embrace the position that transgender individuals should be celebrated, that they represent a distinct identity, is quite understandable. It is equally unchristian to tell someone that their condition of suffering is nothing to be worried about. Transgender persons may feel, at this point, caught between those who condemn them as abnormal and those who want them to consider their anxieties regarding gender as something to embrace. Can we respond, as a faith community, in a manner that brings comfort and healing, that is not judgmental or draws a conclusion, when so many aspects of this sexual reality are unsettled? Catholicism is a wisdom tradition that can manage exceptions without committing ourselves to one ideological position or the other.

### **Transgender students and staff in our university: a checklist of considerations.**

It is very likely that, on our campuses, there is a small number of transgender students and staff, with differing levels of comfort in presenting themselves in authentic ways. Some are likely to have come from schools, communities and/or families that have not provided a safe place for expressing their gender identity. These students and staff may be less likely to show themselves. Some may experience a crisis, often referred to as “medical and psychological emergency” that leads to the need to engage this reality during their time in our community. The campus environment may offer the distance from family and friends needed to deal with gender identity issues more openly. Being with others who are already “out” may offer the necessary courage and example for those who have hidden themselves. It is likely that the safer our campus environment is or becomes, the more likely we will be challenged by and blessed with students dealing with gender identity and confusion, or with staff who intend to live more openly and honestly.

One issue that may surface is how to record their preferred gender. This includes employment and student records. A student who has not legally changed his or her gender and name cannot insist on the university doing so. Faced with this issue, some institutions have opted to include favored names and pronouns on class lists to accommodate the wishes of trans students and others.

Accommodations in our residence halls is, or may become, an issue. How should we prepare to accommodate for this population in student housing? Some universities have opted to provide housing for a variety of gender-diverse students, allowing them to select roommates, for example. Others have decided to allow assigned roommates the task of “working things out.” It is important that the policy be clear and well stated in order that students and parents know ahead of time what to expect. What policy seems right for the community? Should students be challenged to accommodate, and will parents be cooperative?

Counseling services, even beyond those we currently offer, may be an issue for us to consider. We might consider identifying a clinic or therapist(s) that share concerns that an 18–21-year-old may still

need time to reflect on the consequences of a decision to transition. That said, our undergraduates are legal adults and will eventually make these decisions for themselves.

Restrooms have become a challenge. What are best practices with regard to providing restroom spaces on campus? Many campuses have moved to providing single, sex-neutral bathrooms as often as possible.

Intercollegiate athletics is a growing area of concern. We need to be aware of how the various divisional associations are handling this issue. Usually, an assessment of testosterone and estrogen levels to qualify as male or female are mandated before assignment to a team or intercollegiate play. This does not, of course, address the psychological stresses of trans students.

Should we have a general non-discrimination policy for student organizations that includes this category of students? Young people are more accepting of gender differences and expressions. Media and popular culture are likely to display mixed-gender and other social activities as normative. If this issue is being “handled” without intervention, there may be no need to codify it. If students complain of discrimination or harassment, then staff need to weigh in.

#### **IV. The Jesuit University and the obligation to care and to support.**

##### **How then ought we to consider approaching this topic on our campuses?**

1. First and foremost, we should accept and respect transgender students and staff in ways that reflect the compassion inherent in our mission. Ignoring their presence sends signals that they are not welcome or respected for who they are and for their struggles. While prejudices against trans persons is inappropriate in a Jesuit University community, as a learning community, we have a duty to address such behavior as an opportunity for opening the minds and hearts of all students, faculty and staff. We should not be surprised to hear that transgender students experience prejudice, insensitive remarks, and even insults. They may justifiably feel threatened and unwelcome. How do we educate, intellectually and affectively, those who harbor feelings and attitudes against transgender persons?
2. At the same time, we should also respect those who remain uncomfortable with “still unknown” components of the science, diagnosis, and treatment of the trans population. Is this a gender identity issue, or a person with a dysphoria due to gender confusion that should be treated with the resources of medicine and psychiatry? Let’s recognize that the best thing for one person may not be the best thing for another. We may have our differences but the person who is entrusted to us deserves love and acceptance. (For a well-written pastoral letter on this issue, see the Australia Bishops Conference report, “[Created and Loved](#)”)

3. When dealing with transgender students in our counseling and pastoral outreach programs, we should be aware of the current social context of the student—where they live and with whom they live and interact. This includes their relationships with those who may not be present on campus, such as family, who may, or may not, accept them. Are we prepared to accommodate, in some way, the environment for these students, should that need arise?
4. Not everyone is prepared to assist such individuals. Not everyone is able to reserve judgement and listen to the individual's struggle and their weighing of choices. We might ask ourselves: Is there someone (or are there several people) within the community with pastoral or counseling skills available for these students? Have we signaled to these members of the community that we appreciate that they are available for assisting students and staff who are trans?
5. Is this an opportunity to offer a Catholic perspective on a complex issue that is such an important part of adolescent and young adult development? Both cisgender and transgender individuals present a broad range of expressions of masculinity and femininity. For those who have been schooled to think the range of possibilities is rather clear and narrow, this may be difficult to appreciate. What we can offer, however, is an invitation to examine sexuality and sexual behavior in light of deeper Christian values. At a time in their lives when experimentation is to some extent expected, the need for a moral compass is more important than ever. The culture that surrounds young people is hardly conducive to reflection on consequences of one's action in light of these deeper values. Where on our campuses does the discussion of a Christian approach to sexuality take place?
6. Many transgender individuals, especially students, may be weighing whether to embark upon a process of transitioning. Therefore, sensitivity to what they wish to be called and the pronouns they wish others to use may be part of that process. There are also legal issues to a complete change of name and identification. Have the faculty and staff discussed this? Is there a forum and process for such a discussion? How do we assist faculty or student life personnel who are being asked to accommodate the requests of students?
7. Some on staff may need training in matters related to trans students, such as: How should we handle tensions among students? How might we counsel trans students who believe elective surgery is the answer to their dilemma? How do we advise faculty who are dealing with the requests or demands of students? How should we respectfully address the topic in our classroom or with an individual student? Although some may be comfortable with being known as "trans," others may fear being "outed" by references to their gender identity. The issue becomes even more delicate when facilities or special accommodations are dedicated to trans individuals.

We should always remember that transgender individuals do not think of themselves as "choosing" their situation. Many tried for years to repress their feelings of being in the "wrong body." For

many, or perhaps most, affirming their gender identity was something of a crisis that had to be addressed. This has been validated in study after study. Therefore, to educate ourselves and others, it might be best to listen to and to review information that they have produced. The trans community has numerous websites and abundant literature available for the general public.

## V. CONCLUSIONS:

Negotiating one's gender identity is complex and difficult. This necessarily involves becoming comfortable with one's body. It also involves adaptation to the gender role assignments of the wider society in which one is born. Finally, it involves attraction and intimacy. This process of achieving a relative level of comfort with these three interrelated but relatively distinct areas of sexuality seem to be more challenging. More young people today report feeling uncomfortable with the roles assigned to each gender. It is unclear whether this represents a revolution in gender role expectations or perhaps a struggle for individuality and acceptance. Our categories for gender expression are certainly becoming more fluid and need to accommodate a wider range of expressions. Regardless of our social and cultural turmoil, those who suffer from gender dysphoria experience a great deal of pain. They deserve our empathy and support.

The present approach of many therapists is to assist those in late childhood or early adolescence to slow the onset of puberty in order to give them the opportunity to express their confusion and inner turmoil. Adolescent psychologists stress the need for more time to weigh and test one's internal state and reactions and those of others. Supportive approaches, that is, an accepting support network including parents (if capable and if desired), counselors, teachers and friends, clearly produce the healthiest results. The incidence or risk of depression, anxiety disorders and even suicide diminishes as these individuals experience acceptance. At the same time, the medical and therapeutic communities working with this population recognize that their interventions are experimental and must be tailored to the individual.

Does accommodation or a transition enable trans persons to be happier, more fulfilled and more productive? Meanwhile, compassionate accompaniment and safety for trans persons in our community should be our goal. It is important that they feel others are with them and are making all available resources available to them. Separating the ideological and the political from the clinical is important, but not easy in today's climate.

In sum, as Catholic colleges and universities, we are called to walk with those who enter our community facing this human reality. The supportive role that the university community can play should not be underestimated. Just as we should not underestimate the damage rejection and isolation can have on these individuals. Preparing and educating the community, supporting efforts that will assist LGBTQ+ students, and this relatively small subset of that population, are part of the faith and justice mission we profess. The key here is that we can do so without compromising our entire heritage and commitment to our Catholic heritage. As Catholic and Jesuit institutions, we embrace all persons as mysteries made in God's image with special attention to those who are marginalized and stigmatized.

## **Suggested Reading:**

About Transgender People, National Center for Transgender Equality.

<https://transequality.org/about-transgender>

Australian Catholic Bishops Conference, “Created and Loved: A guide for Catholic Schools on identity and gender.” <https://bit.ly/CreatedandLoved>

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