

An Analysis of GSUSA's Policy of Serving Transgender Youth: Implications for Catholic Practice

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RECENTLY THE GIRL SCOUTS OF AMERICA (GSUSA) announced a new policy allowing transgender youth to participate in their troops, though the specifics and implementation of this new policy has been left to the judgment of individual local troops.¹ Given the historic affiliation of Girl Scouts with Catholic schools and parishes in the United States, this change raised questions as to how to respond to this new policy. Some wondered whether Catholic parishes and schools could continue to sponsor such troops without raising the specter of scandal or involving themselves in some unacceptable form of cooperation with evil.

¹ This policy seems to stem from the decision in October 2011 of a Colorado troop to admit a transgender youth who had previously been denied admission. This sparked an effort on the part of a California teen and others in January 2012 to organize a boycott of Girl Scout cookies. See Katia Hetter, "Girl Scouts accepts Transgender Kid, Provokes Cookie Boycott," *CNN* (January 13, 2012), www.cnn.com/2012/01/13/living/girl-scout-boycott/.

The current policy of the Girl Scouts of the United States of America (GSUSA) on transgender youth is as follows:

Q: What is Girl Scouts' position on serving transgender youth?

A: Girl Scouts is proud to be the premiere leadership organization for girls in the country. Placement of transgender youth is handled on a case-by-case basis, with the welfare and best interests of the child and the members of the troop/group in question a top priority. That said, if the child is recognized by the family and school/community as a girl and lives culturally as a girl, then Girl Scouts is an organization that can serve her in a setting that is both emotionally and physically safe.

Q: How does Girl Scouts' position on serving transgender youth apply to situations involving camping or volunteers?

A: These situations are rare and are considered individually with the best interests of all families in mind. Should any girl requiring special accommodations wish to camp, GSUSA recommends that the local council makes similar accommodation that schools across the country follow in regard to changing, sleeping arrangements, and other travel-related activities. With respect to volunteers, Girl Scouts welcomes both male and female adult volunteers and has developed appropriate safeguards regarding roles and responsibilities to ensure that girls receive the proper supervision and support.

Policy available at www.girlscouts.org/program/gs_central/mpmf/faqs.asp#a1.

The reflections which follow aim to provide a brief overview of the transgender phenomenon as understood within contemporary culture, clinical practice, and Catholic teaching on sexuality in order to formulate an ethical and pastoral response to the GSUSA policy from the standpoint of Catholic practice. It is the contention of this analysis that while the designation of children as belonging to the “transgender” category is misguided and often reflects a failure on the part of adults to responsibly care for them or even use them for political purposes, the policy of GSUSA on this issue by itself does not warrant Catholic parishes or schools cutting ties with the organization. Any cooperation in evil on the part of the sponsoring parish should be understood as at most constituting some form of remote mediated material cooperation.

This essay will proceed by first providing an overview of the evolving and contested transgender category as a descriptor of the sexual identity of human persons. It will then briefly discuss equally controversial clinical perspectives on this reality. The third section of the paper will consider recent Catholic teaching and theological reflection on the status of sexual difference. The final section will draw these strands together in an ethical analysis of the specific case at hand—the situation of Catholic parishes and schools who sponsor Girl Scout troops.

WHAT IS “TRANSGENDER”?

The intellectual roots of the identification of certain groups of people as “transgender” lie at least in part in second wave feminism’s separation of “sex” and “gender.” In this view “sex” is the (quite minimal) biological difference between men and women, while “gender” is the social and cultural construction of the meaning of these differences. The connection between the two realities is understood to be partial and often arbitrary. Under the influence of process ontology and post-modern thinking, many feminist thinkers, academics, and scientists influenced by them have come to view the meaning of “gender” and even “sex” as products of culture or of individual choice and self-articulation.²

Current cultural definitions of the phenomenon, though themselves in flux, often tend to focus on people whose self-concept or identity does not conform to accepted gender roles but moves between them;

² Thus, feminist philosopher Judith Butler sees “gender” and “sex” as constraints on individual personhood. See her *Undoing Gender* (Oxford: Routledge, 2004). For a critical overview and analysis of feminist thought regarding human nature and sexual difference from a Catholic “new feminist” perspective, see Michele Schumacher, “The Nature of Nature in Feminism Old and New: From Dualism to Complementary Unity,” in *Women in Christ: Toward a New Feminism*, ed. Michele Schumacher (Grand Rapids: Eerdmans, 2004), 17-51.

people who feel that their biological sexual configuration does not correspond to their inner reality; or the rejection of the gender identity assigned to one at birth. In her book, *Transgender History*, Susan Stryker summarizes the concept of transgender by defining it as “*the movement across a socially imposed boundary away from an unchosen starting place.*”³

Luke Woodward, for example, was born a woman and began to experience same-sex attraction early in her life.⁴ Even though Luke identified as a lesbian, over time, she began to question whether she was actually a woman.⁵ During a studying abroad year in Cuba, Luke notes that people “were genuinely shocked when I said I was a woman. It was disorienting and scary. And I had to really think about it: am I a woman?” Luke became exceedingly uncomfortable with her biological sex, and she notes that she spent a great deal of effort trying “to pass as male.” Eventually, Luke decided to have a double mastectomy in order have her physical appearance match the gender with which she identified.

Jamison Green’s story is similar to Luke’s, but Jamison felt the disconnect between his biological sex and the gender with which he identified at a much earlier age. In her book, *Becoming a Visible Man*, Jamison describes the frustration and oppression that she felt as her parents made her dress like a girl. She writes:

To me, on the other hand, the easier course would have been for them to acknowledge the boy they were trying to suppress and let me wear the clothing in which I felt right. Instinctively, I knew the discrepancy would not be so glaring. But although I could not resist “proper” attire, I could not find the words to say that I felt like a boy.⁶

³ Susan Stryker, *Transgender History* (Berkeley, CA: Seal Press, 2008), 1. Emphasis in original. Transgender persons should not be confused with transvestites. In the latter group, individuals cross-dress but only episodically, and that behavior brings about erotic pleasure. Unlike transvestites, transgender persons live with the daily, persistent feeling that their physical bodies do not match their interior selves, e.g., interiorly a woman may feel like a man, even though she has a female body. For more on this distinction, see Colette Chiland, *Transsexualism: Illusion and Reality*, trans. Philip Slotkin (Middletown, CT: Wesleyan University Press, 2003), 12-16.

⁴ Throughout this article, we have chosen to use the pronoun that corresponds to the biological sex of the transgender person and not the pronoun which matches the chosen “gender” of the individual.

⁵ Luke’s story is captured by Fred Bernstein in his article “On Campus, Rethinking Biology 101,” which originally appeared in the *New York Times* (March 7, 2004): Style, 1-6. The article is available at: <http://fredbernstein.com/articles/display.asp?id=59>. The quotations here are Luke’s own words. For a more substantial and detailed description of the experiences of a transgender person, see Jamison Green, *Becoming a Visible Man* (Nashville, TN: Vanderbilt University Press, 2004).

⁶ Green, *Becoming a Visible Man*, 10-11.

Transsexuals often seek a variety of treatments in order to overcome the disconnect that they experience with their physical sex. On the one hand, despite the risks, expense, and pain of surgery, like Woodward and Green, many transsexuals opt for sexual reassignment surgery in order to correct what they frequently refer to as a “mistake of nature.”⁷ On the other hand, some transsexuals choose hormone therapy or no medical intervention at all.⁸ However, it should be noted that transsexuals often resist psychotherapy, because they are convinced that they are in the wrong body. Therefore, when they do seek treatment, frequently it is in the form of some type of medical intervention that will bring about changes in their physical bodies.⁹

CLINICAL PERSPECTIVES

Clinical psychology recognizes the existence of disorders that affect one’s self-identification as male or female, and among those disorders is gender identity disorder (or GID—which has now come to be called “gender dysphoria”).¹⁰ Thus, the older *Diagnostic and Sta-*

⁷ Chiland, *Transsexualism*, 2. Woodward’s surgery was partial sexual reassignment surgery, because her genitalia were not altered. Green, conversely, opted for complete sexual reassignment surgery, which included a bilateral mastectomy as well as a metoidioplasty (114). For a fuller explanation of transgender surgeries, see Benedict M. Guevin’s article, “Sex Reassignment Surgery for Transsexuals: An Ethical Conundrum?” *National Catholic Bioethics Quarterly* 5, no. 4 (Winter 2005): 728-29.

⁸ Gayle Salamon, *Assuming a Body: Transgender and Rhetorics of Materiality* (New York: Columbia University Press, 2010), 84.

⁹ Joanne Meyerowitz, “A ‘Fierce and Demanding’ Drive,” in *The Transgender Studies Reader*, eds. Susan Stryker and Stephen Whittle (New York: Routledge, 2006), 368. Guevin makes this same point in his article “Sex Reassignment,” 727.

¹⁰ While the diagnosis of gender identity disorder was included in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the American Psychiatric Association renamed the disorder in the fifth edition of the manual that was published in 2013. Gender identity disorder was replaced with gender dysphoria. While this change may appear to be minor, it is actually a very significant. First, it is a serious step toward the normalization of the transgender phenomenon both among psychiatrists and in American culture. Second, it provides a glimpse into how many psychiatrists think that the disorder should be treated in children, adolescents, and adults. In an informational bulletin about the switch, the APA explains, “DSM-5 aims to avoid stigma and ensure clinical care for individuals who see and feel themselves to be a different gender than their assigned gender. It replaces the diagnostic name ‘gender identity disorder’ with ‘gender dysphoria’ as well as makes other important clarifications in the criteria. It is important to note that gender nonconformity is not itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.”

There was actually a substantial push to remove gender identity disorder from the DSM-5 completely rather than merely renaming it. Even though many in the APA supported that move, there was a concern among the Gender Identity Disorders Work Group that removing the condition as a psychiatric condition would prevent people

tistical Manual of Mental Disorders of the American Psychiatric Association (DSM IV TR) describes GID as a strong and persistent cross-gender identification with at least four of the following marks:

- A repeated stated desire to be of the opposite sex
- In boys a preference for cross-dressing or simulating female attire and, in girls, wearing stereotypical masculine clothing with a rejection of feminine clothing such as skirts
- A strong and persistent preferences for cross-sex role in play
- A strong preference for playmates of the opposite sex
- Intense desire to participate in games and pastimes of the opposite sex.

As Dr. Richard P. Fitzgibbons notes, “in adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.”¹¹ Children who have this disorder are often ostracized by their peers or targeted for bullying, and many suffer from low self-esteem or depression. Such children are often at higher risk for alcohol and drug use, prostitution, and homosexual activity, and their condition may manifest itself in other disorders in adulthood as in the case of individuals who live as transvestites or transsexuals or those who develop Body Dysmorphic Disorder.¹²

with GID from getting insurance coverage for all treatment options, including counseling, hormone therapy, and sexual reassignment surgery. See the informational bulletin on gender dysphoria at www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf.

We have chosen to use “gender identity disorder” rather than “gender dysphoria” throughout this paper, because we believe that renaming the condition “gender dysphoria” minimizes the condition and the suffering of the person who experiences it. In the aforementioned bulletin, the APA suggests that gender dysphoria focuses more on the distress caused by the condition rather than the condition itself. Our focus here is both on how to treat the condition as well as the distress that it causes the individual. Furthermore, the change also seems to be based as much or more on political as scientific considerations.

¹¹ See Richard P. Fitzgibbons, “Gender Identity Disorder” on his website Marital Healing available at <http://maritalhealing.com/conflicts/genderidentitydisorder.php>.

¹² See Fitzgibbons, “Gender Identity Disorder.” Ashley, DeBlois, and O’Rourke also see transvestitism as a separate reality and probably a form of fetishism. See Benedict Ashley, O.P., Jean DeBlois, C.S.J., and Kevin O’Rourke, O.P., *Healthcare Ethics: A Catholic Theological Analysis*, 5th ed. (Washington, D.C.: Georgetown University Press, 2006), 109. Their discussion focuses on what they term “transsexualism” or gender dysphoria. Its characteristics include: a “sense of discomfort and inappropriateness about one’s anatomical sex”; the “wish to be rid of one’s own genitals and to live as a member of the other sex”; “the disturbance has been continuous (not limited to periods of stress) for at least two years”; the “absence of physical intersex or genetic abnormality”; and the condition is “not caused by another mental disorder such as

The development of such disorders is not necessarily caused by or related to physical conditions which result in an ambiguous manifestation of physical sex—ambiguous genitalia, hormonal imbalances which affect secondary sex characteristics in the body, or genetic abnormalities. These conditions—today often referred to as a person being “intersexed”—sometimes result in one being “assigned” a sexual identity at birth or in early childhood by parents in consultation with doctors. But many such persons develop an ego-syntonic view of their given (or assigned) sexual identity and do not develop symptoms of GID.¹³

While each case of GID in children is somewhat unique, there are essentially two different models for treatment.¹⁴ On the one hand, some mental health professionals and LGBT advocates embrace the accommodation model and advocate the “de-medicalization” of GID. They argue that it should not be regarded as a disorder but simply as a feature of human sexual diversity.¹⁵ Proponents of this approach point to the de-medicalization of homosexuality by the APA in 1973 and insist that, like homosexuality, transgenderism should no longer be viewed as a mental disorder.¹⁶ Alice Dreger points out that according

schizophrenia” (109). While the conditions are expressed somewhat differently, especially in regard to their duration, they closely resemble those of GID described above.¹³ However, cases of intersexed persons are complicated by the fact that many “gender rights” activists have used these conditions to advance a particular social and political agenda. Thus, some point to the fact of the intersexed condition to argue against the hegemony of male-female sexual dimorphism in the sciences and even in theology. For example, Patricia Beattie Jung and Anna Marie Vigen argue that there are some 5.5 million intersexed persons in the world today and that this fact calls into question the sexual dimorphism upon which Catholic teaching rests. See their “Introduction” to the volume which they coedited, *God, Science, Sex, Gender: An Interdisciplinary Approach to Christian Ethics*, eds. Patricia Beattie Jung and Anna Marie Vigen (Chicago: University of Illinois Press, 2010), 7-8. Many of the essays in this volume (most of which come from a series of symposia at Loyola University in Chicago in 2007) seek to advance a similar argument through various disciplines (science—particularly evolutionary biology—philosophy, theology, ethics, and literature).

¹⁴ Alice Dreger, “Gender Identity Disorder in Childhood: Inconclusive Advice to Parents,” *Hastings Center Report* 39, no. 1 (2009): 26-9. In what follows, we borrow the names that Dreger assigns to these models.

¹⁵ The recent revisions to the *DSM* exemplify this position. See footnote 10. For more on this position, see also Alice Dreger, “How and Why to Take ‘Gender Identity Disorder’ out of the *DSM*,” *Bioethics Forum* (June 22, 2009), www.thehastingscenter.org/Bioethicsforum/Post.aspx?id=3602.

¹⁶ On the APA decision, see Ashley, DeBlois, and O’Rourke, *Healthcare Ethics*, 67-8. Oftentimes an effort is made to distinguish “transgender” from issues of sexual orientation, but this is not wholly successful as transgender persons and sexual orientation are often lumped together in advocacy for Lesbian, Gay, Bisexual, and Transgender (LGBT) issues. Recognition of the rights and needs of transgender persons is therefore often part of a larger effort to accommodate and promote sexual diversity against the perceived oppressive hegemony of the heterosexual norm within society

to the accommodation model, the problem is with our intolerant, close-minded culture and not with the transgender child. Thus, the role of medicine is not to resolve the child's GID but to provide him or her with the necessary hormones, surgeries and psychological support to deal with a hostile world.¹⁷

On the other hand, juxtaposed to the accommodation model, the therapeutic model recognizes GID as a psychological condition and treats it as such. The therapeutic approach maintains that the child's desire to grow up as the opposite sex represents a problematic fantasy that can be made to dissipate with proper treatment in many cases.¹⁸ Dr. Kenneth Zucker, who is the Psychologist in Chief and Head of Gender Identity Services in the Child, Youth, and Family Program at the Centre for Addiction and Mental Health in Toronto, rejects the notion that GID can simply be attributed to biology. Instead, he argues that there are a myriad of factors contributing to GID, including family dynamics.¹⁹ Thus, for Zucker, the key to treatment is to find and address the underlying causes of the condition. Comparing ethnic identity disorder to GID, Zucker asks, "If a 5-year-old black kid came into the clinic and said he wanted to be white, would we endorse that? I don't think so. What we would want to do is to say, 'What's going on with this kid that's making him feel that it would be better to be white?'"²⁰ Similarly, Zucker maintains that the best way to treat GID is find and fix the psychological root of the problem rather than merely accepting the condition and offering hormone therapy or sexual reassignment surgery as the solution.²¹

and the Church. For example the "Yogyakarta Principles" adopted by a meeting at Gadjah Madah University on Java in November 2006, purports to be an application of international human rights law to LGBT issues. See the English summary and overview provided at www.yogyakartaprinciples.org/principles_en.htm. In point of fact, these principles are often used to assess the "friendliness" of various groups and organizations to LGBT causes and to advance this agenda under the banner of human rights and international law. See Jane Adolphe, "New Rights' in Public International Family Law?: What International Law Actually Says." *Ave Maria Law Review* 10, no. 1 (2011): 149-68; and *eadem*, "Gender Wars at the U.N." *Ave Maria Law Review* 11, no. 1 (2012): 1-31.

¹⁷ Dreger, "Gender Identity Disorder," 27.

¹⁸ Dreger, "Gender Identity Disorder," 26.

¹⁹ Kenneth Zucker and Susan Bradley, "Re: Children with Gender Nonconformity," *Journal of the American Academy of Child and Adolescent Psychiatry* 42, no. 3 (2003): 267.

²⁰ Qtd. in Hanna Rosin, "A Boy's Life," in *The Atlantic* (November 2008), www.theatlantic.com/magazine/archive/2008/11/a-boys-life/307059/.

²¹ It must be noted that Zucker and Bradley seem to believe that there are cases among adolescents where hormone therapy and surgical sex-reassignment may be the best approach. See their letter "Re: Children with Gender Nonconformity," 267. While they suggest that these options are needed in only a rare number of cases, we reject these as ethical treatment options for reasons that we outline in the next two sections.

Echoing Zucker, Fitzgibbons argues:

A loving and compassionate approach to these troubled children is not to support their difficulty in accepting the goodness of their masculinity or femininity, which is being advocated in the media and by many health professionals who lack expertise in GID, but to offer them and their parents the highly effective treatment which is available.²²

He goes on to specify some of the forms which such treatment can take.

For boys it might include the following:

- Increasing quality time for bonding with the father
- Increasing affirmation of the son's masculine gifts by the father
- Participating in and support for the son's creative efforts by the father
- Encouraging same sex friendships and diminishing time with opposite sex friends
- Coaching the son in the development of athletic confidence and skills if possible
- Slowly diminishing play with opposite sex toys
- Encouraging the boy to be thankful for his special male gifts
- Slowly leading the boy into team play if the athletic abilities and interest improve
- Working at forgiving boys who may have hurt him
- Communicating with other parents whose children have been treated successfully for GID and who have come to appreciate and to embrace the goodness of their masculinity and femininity
- Addressing the emotional conflicts in a mother who wants her son to be a girl
- In those with faith, encouraging thankfulness for one's special God-given masculine gifts.

For girls struggling with GID the treatment is similar yet distinct:

- Encouraging the daughter to appreciate the goodness and beauty of her femininity, including her body
- Encouraging same sex friendships and activities
- Increasing the mother-child quality time
- Encouraging parental praise of their daughter
- Working with the daughter to forgive peers who have hurt her
- Encouraging pursuit of a balance in athletic activities
- Addressing conflicts in parents who want her to be a boy
- In those with faith, encouraging thankfulness for one's special God-given femininity.²³

²² Fitzgibbons, "Gender Identity Disorder."

²³ Fitzgibbons, "Gender Identity Disorder." See also the analysis provided by the NARTH Scientific Advisory Committee, "Gender Identity Disorders in Childhood

The therapeutic model has been highly effective in treating children suffering from GID, particularly those who began treatment prior to adolescence. Writing about their experience with the therapeutic model, Zucker and Susan Bradley, in their book *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*, remark:

It has been our experience that a sizable number of children and their families achieve a great deal of change. In these cases, the gender identity disorder resolves fully, and nothing in the children's behavior or fantasy suggests that gender identity issues remain problematic. In a smaller number of cases, there is minimal or no evidence of change in the children's cross-gender identification and other behavioral difficulties. All things considered, however, we take the position that in such cases a clinician should be optimistic, not nihilistic, about the possibility of helping the children to become more secure in their gender identity.²⁴

Despite their successes, Zucker and others who use the therapeutic model often are heavily criticized by activists in the transgender community and proponents of the accommodation model. They view the therapeutic model as highly repressive and an affront to greater acceptance of the LGBT community.²⁵ Sadly, in their opposition, activists frequently lump the disparate issues of adolescents and pre-adolescents with GID together with highly contested and politicized issues involving LGBT adults.

One unfortunate result of the politicization of these issues is that children who suffer from GID are sometimes employed to advance a particular agenda and are used to leverage greater acceptance of "sexual diversity" (variously understood) in schools and youth organizations. For example, Helen Carroll, who serves as the sports director at the National Center for Lesbian Rights, wrote a model policy for school systems, struggling to deal with the question of whether children with GID can play on teams of the opposite sex. While the number of students nationally who request this accommodation is very low, Carroll and other activists are happy that at least a few "transgender" kids are pushing school districts to have these conversations. Carroll

And Adolescence: A Critical Inquiry And Review Of The Kenneth Zucker Research," (March 2007), www.narth.com/docs/GIDReviewKenZucker.pdf.

²⁴ Kenneth Zucker and Susan Bradley, *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents* (New York and London: The Guilford Press, 1995), 282.

²⁵ See for example, Simon Pickston-Taylor, "Children with Gender Nonconformity," *Journal of the American Academy of Child and Adolescent Psychiatry* 42, no. 3 (2003): 266.

notes, “Generally, our society is becoming more accepting in its understanding of gender identity and what that means, and we’ve been very lucky that in the last few years this cadre of young kids has started identifying themselves as trans from a young age. It’s really pushing folks to really grapple with and understand what it means.”²⁶ Unfortunately, oftentimes in these heated public debates, the suffering of the children with GID seems to be overlooked by activists, and as Carroll’s quotation intimates, the children become a means of pushing people toward greater acceptance of the LGBT population.

The advocacy of LGBT activists on behalf of children with GID raises still more complex issues of the relationship between gender identity, sexual attraction, and what some refer to as “sexual orientation.”²⁷ It is safe to say that that these concepts in themselves as well as the relationships among them are complex and contested. It is beyond the scope of this paper to attempt to adjudicate these debates. In regard to the last of these concepts, a few basic observations are in order. First, there is not now, and there never has been one universally agreed upon definition of “sexual orientation.”²⁸ Second, even those who tend to speak in terms of sexual orientation rather than attraction

²⁶ Sandhya Somashekhar, “A question for schools: Which teams should transgender students play on?,” *Washington Post* (October 2, 2014), www.washingtonpost.com/politics/a-question-for-schools-which-sports-teams-should-transgender-students-play-on/2014/10/02/d3f33b06-49c7-11e4-b72e-d60a9229cc10_story.html.

²⁷ For an outstanding analysis of the complex interplay of gender identity and sexual orientation in the psychological care of persons struggling with same sex attraction (SSA), see Philip Sutton, “Who Am I: Psychological Issues in Gender Identity and Same Sex Attraction,” in *Fertility and Gender: Issues in Reproductive and Sexual Ethics*, ed. Helen Watt (Anscombe Bioethics Centre: Oxford, 2011), 70-98.

²⁸ Michael Hannon notes that the very concept of “sexual orientation”—whether homosexual or heterosexual—is a very recent modern invention. He writes, “Contrary to our cultural preconceptions and the lies of what has come to be called ‘orientation essentialism’, ‘straight’ and ‘gay’ are not ageless absolutes. Sexual orientation is a conceptual scheme with a history and a dark one at that ... Over the course of several centuries, the West had progressively abandoned Christianity’s marital architecture for human sexuality. Then, about one hundred and fifty years ago, it began to replace that longstanding teleological tradition with a brand new creation: the absolutist but absurd taxonomy of sexual orientations. Heterosexuality was made to serve as this fanciful framework’s regulating ideal, preserving the social prohibitions against sodomy and other sexual debaucheries without requiring recourse to the procreative nature of human sexuality.” See “Against Heterosexuality,” *First Things* 241 (2014): 27-34. His historical claim here builds on the work of Michel Foucault who argued that the 19th century took a category of forbidden acts (i.e., sodomy) and turned it into “an interior androgyny a hermaphroditism of the soul” and a “new specification of individuals” See *The History of Sexuality* Vol. 1: *An Introduction*, trans. Robert Hurley (New York: Vintage Books, 1978), 42-43. The result was that what had been treated as matter for confession was now turned into a medical pathology (cf. 67).

admit to some degree of plasticity in the concept.²⁹ Third, the relationship between these realities in adults is different from that of adolescents whose brains (and self-concepts) are undergoing significant development as a result bodily biochemical and neurological changes and even more than in pre-adolescent children.³⁰

Our focus here is on adolescent and pre-adolescent children with GID and their treatment options. In the following section, we will explain how the therapeutic model described above is in many ways congruent with recent Catholic teaching on sexuality.³¹

CATHOLIC TEACHING ON SEXUAL DIFFERENCE

In the face of growing modern confusion about sex differences caused in differing ways by second wave feminism and the resulting dissociation of sex and gender, the sexual revolution powered by oral contraception, and its own internal theological disagreement, the

²⁹ Thus, the widely used scale developed by Kinsey and his associates in 1948 envisions sexual orientation as a 7 point scale with 0 being an exclusively heterosexual person and 6 being exclusively homosexual with many gradations (representing most of the adult population) in between. The Klein Sexual Orientation Grid (KSOG) takes this further, factoring in sexual desire and arguing that orientation can and does change over time. See Fritz Klein, *The Bisexual Option* (New York: Arbor House, 1978). Many recent studies document the fluidity of sexual orientation and attraction among persons and groups. See, for example, J.D. Weinrich and Fritz Klein, "Bi-gay, bi-straight, and bi-bi: Three bisexual subgroups identified using cluster analysis of the Klein sexual orientation grid," *Journal of Bisexuality* 2, no. 4 (2002): 109–139; O.F. Kernberg, "Unresolved issues in the psychoanalytic theory of homosexuality and bisexuality," *Journal of Gay and Lesbian Psychotherapy* 6, no. 1 (2002): 9–27. Neil and Brian Whitehead, *My Genes Made Me Do it: A Scientific Look at Sexual Orientation*, 3rd ed. (October 2013), www.mygenes.co.nz/download.htm.

This idea of the malleability of sexual orientation/attraction is taken to another level by groups and therapeutic approaches which argue for the possibility of change. For an overview of such "reparative" therapies, see Joseph Nicolosi, *Shame and Attachment Loss: The Practical Work of Reparative Therapy* (Downers Grove, IL: IVP Academic, 2009). See also the report by the National Association for the Research and Therapy of Homosexuality (NARTH) "What Research Shows: NARTH's response to the APA Claims on Homosexuality," *Journal of Human Sexuality* 1 (2009): 1-121. For contrary read of the data and a critical evaluation of these therapeutic approaches and their impact see the American Psychological Association (APA) report *Appropriate Therapeutic Responses to Sexual Orientation* (Washington D.C.: APA, 2009), 1-130.

³⁰ For a helpful (and generally non-politicized) overview of the impact of adolescence on brain development, see Luann Brizendine, *The Female Brain* (New York: Broadway Books, 2006), 31-56; and *eadem*, *The Male Brain* (New York: Random House, 2010), 30-53.

³¹ The APA report argues that there is no conclusive evidence to show that such therapies directed at children have the ability to change later adult sexual orientation. It further cautions that they could increase self-stigma and stress in children but offers no evidence to support this concern. See *Appropriate Therapeutic Responses to Sexual Orientation*, 4.

Church has repeatedly affirmed the goodness and profound significance of sexual difference.³² Created together in the image of God (cf. Gen. 1:27), men and women are both fundamentally equal their humanity and irreducibly different as embodied persons. Church teaching has often described this equality in difference through the language of “complementarity.” Thus the *Catechism of the Catholic Church* states:

Man and woman were made “for each other”—not that God made them half-made and incomplete: he created them to be a communion of persons, in which each can be “helpmate” to the other, for they are equal as persons (“bone of my bones...”) and complementary as masculine and feminine.³³

Thus man and woman together are in the image of God whom Revelation discloses to us as a communion of Person’s in His inner Trinitarian life.³⁴

Saint Pope John Paul II used much of his magisterium to deepen the Church’s understanding of the importance and anthropological depth of sexual difference. Addressing the Church in the wake of the 1980 Synod on Family, he taught in *Familiaris consortio*: “In creating the human race ‘male and female’ God gave man and woman an equal personal dignity, endowing them with the inalienable rights and responsibilities proper to the human person.”³⁵ Yet within this equal dignity exists a profound personal difference. In his catecheses on the body, he used the language of the “originality” of men and women as persons to mediate this reality:

³² By internal disagreement we refer particularly to the bitter controversy and theological dissent which wracked the Church after Pope Paul VI’s encyclical letter *Humanae vitae* (1968). This contentious debate started with the issue of birth control but quickly spread to other issues of sexual ethics. In this same period, the Church has been further polarized by ongoing arguments in favor of the ordination of women which have not been entirely quelled by authoritative statements by the Church’s teaching office in *Inter insigniores* (1976) and *Ordinatio sacerdotalis* (1994).

³³ CCC, 372. The citation is from the Second Edition. Libreria Editrice Vaticana. English translation by the USCC. (Washington: USCC, 1997), 95.

³⁴ This does not mean that God is male or female. As a divine and spiritual being, God transcends the distinctions of biological sex. However, both Scripture and the Church’s tradition have analogously applied qualities of human masculinity and femininity to God *simpliciter* or to the Persons of the Trinity. See CCC, 370 and John Paul II, Apostolic Letter, *Mulieris dignitatem*, no. 8.

³⁵ See Apostolic Exhortation, *Familiaris consortio*, no. 22. The citation is from *The Role of the Christian Family in the Modern World*. Vatican trans. (Boston: Daughters of St. Paul, 1981), 39.

The knowledge of man passes through masculinity and femininity, which are, as it were, two incarnations of the same metaphysical solitude before God and the world—*two reciprocally completing ways of “being a body” and at the same time of being human*—as two complementary dimensions of self-knowledge and self-determination and, at the same time, *two complementary ways of being conscious of the meaning of the body*.³⁶

The bodily differences of men and women point to two unique personal ways of existing as a person within a common human nature. As the late pope says: “Their unity *denotes* above all *the identity of human nature; duality on the other hand, shows what, on the basis of this identity, constitutes the masculinity and femininity of created man*.”³⁷ Yet these differences are themselves a summons to the self-gift of love in the communion of persons—a reality that John Paul II frequently described as “the spousal meaning of the body.”³⁸ The same focus on the mutual relation and irreducible difference of men and women as persons within a shared human nature can be found in his 1988 Apostolic Letter *Mulieris dignitatem* and was at the basis of his call for women to more fully explicate their unique gifts in a “new feminism” in his 1995 Encyclical Letter, *Evangelium vitae*.³⁹

³⁶ The citation is from *Man and Woman He Created Them: A Theology of the Body*, trans. Michael Waldstein (Boston: Pauline, 2006), 10:1, 166. Emphasis in original.

³⁷ John Paul II, *Man and Woman* 9:1, 161. Emphasis in original. This distinction between person and nature as a key to understanding sexual difference has been highlighted in recent Catholic theological reflection on sexual difference. Hence Walter Kasper speaks of male and female as the “two equally valuable but different expressions of the one nature of humanity.” See “The Position of Women as a Problem of Theological Anthropology,” trans. John Saward, in *The Church and Women: A Compendium*, Helmut Moll, ed. (San Francisco: Ignatius, 1988), 58-59. Michele Schumacher speaks of “one nature in two modes” see “The Nature of Nature in Feminism,” 38-41. Put more sharply, one might speak of sexual difference as accidental on the level of nature but essential to existing human persons. Cf. John S. Grabowski, “The Status of the Sexual Good as a Direction for Moral Theology,” *Heythrop Journal* 35 (1994), 15-34.

³⁸ Waldstein in the index to *Man and Woman* (pp. 682-83) notes that the term is an important and wide-ranging one in the ToB catecheses, appearing some 117 times. For an overview of the range of meaning of the term as employed in these catecheses see Earl Muller, S.J., “The Nuptial Meaning of the Body,” in *John Paul II on the Body: Human, Eucharistic, Ecclesial*. Festschrift for Avery Cardinal Dulles, S.J. ed. John McDermott, S.J. and John Galvin, S.J. (Philadelphia: Saint Joseph’s University Press, 2008), 87-120.

³⁹ On these points see *Mulieris dignitatem*, nos. 7, 10, and *Evangelium vitae*, no. 99 respectively.

Pope Benedict XVI continued and even deepened some of these same emphases found in the teaching of his predecessor.⁴⁰ In his first encyclical letter *Deus caritas est*, he pointed to the love of man and woman as the key to understanding the mystery of God's love for us:

Corresponding to the image of a monotheistic God is monogamous marriage. Marriage based on exclusive and definitive love becomes the icon of the relationship between God and his people and vice versa. God's way of loving becomes the measure of human love.⁴¹

It is in this way that we can understand that authentic human love, particularly sexual love, is simultaneously *eros* (passionate desire for union) and *agape* (sacrificial self-gift for the other) as we see these same qualities displayed in God's love for his people particularly as expressed in Christ's incarnation, life, death, and resurrection and continued Eucharistic presence in the Church.⁴²

In his 2012 Christmas address to the Roman Curia, Pope Benedict described the false and misleading nature of the separation of "gender" and "sex" in modernity which ends up undermining the very concept of human nature. Because of their profundity and importance for the subject at hand, his remarks deserve to be quoted at length:

The Chief Rabbi of France, Gilles Bernheim, has shown in a very detailed and profoundly moving study that the attack we are currently experiencing on the true structure of the family, made up of father, mother, and child, goes much deeper. While up to now we regarded a false understanding of the nature of human freedom as one cause of the crisis of the family, it is now becoming clear that the very notion of being—of what being human really means—is being called into question. He quotes the famous saying of Simone de Beauvoir: "one is not born a woman, one becomes so" (*on ne naît pas femme, on le devient*). These words lay the foundation for what is put forward today under the term "gender" as a new philosophy of sexuality. According

⁴⁰ Following John Paul II and Benedict XVI, Pope Francis has continued to emphasize the importance, significance, and beauty of complementarity. See the "Address of His Holiness Pope Francis to Participants in the International Colloquium on the Complementarity Between Man and Woman Sponsored by the Congregation for the Doctrine of the Faith" (November 17, 2014), available at: https://w2.vatican.va/content/francesco/en/speeches/2014/november/documents/papa-francesco_20141117_congregazione-dottrina-fede.html. See also his weekly general audience on Marriage of April 29, 2015 available at: <https://w2.vatican.va/content/francesco/en/audiences/2015/documents/papa-francesco20150429udienza-generale.html>. In his 2013 Apostolic exhortation, *Evangelii gaudium* Pope Francis speaks of a need for a greater recognition of "the feminine genius" in society (see no. 103).

⁴¹ Benedict XVI, *Deus caritas est*, no. 11. The citation is from the Liberia Editrice Vaticana edition (Vatican City: Liberia Editrice Vaticana, 2006), 29.

⁴² See *Deus caritas est*, nos. 9-10, 12.

to this philosophy, sex is no longer a given element of nature, that man has to accept and personally make sense of: it is a social role that we choose for ourselves, while in the past it was chosen for us by society. The profound falsehood of this theory and of the anthropological revolution contained within it is obvious. People dispute the idea that they have a nature, given by their bodily identity, that serves as a defining element of the human being. They deny their nature and decide that it is not something previously given to them, but that they make it for themselves. According to the biblical creation account, being created by God as male and female pertains to the essence of the human creature. This duality is an essential aspect of what being human is all about, as ordained by God. This very duality as something previously given is what is now disputed. The words of the creation account: “male and female he created them” (*Gen* 1:27) no longer apply. No, what applies now is this: it was not God who created them male and female—hitherto society did this, now we decide for ourselves. Man and woman as created realities, as the nature of the human being, no longer exist. Man calls his nature into question. From now on he is merely spirit and will. The manipulation of nature, which we deplore today where our environment is concerned, now becomes man’s fundamental choice where he himself is concerned. From now on there is only the abstract human being, who chooses for himself what his nature is to be. Man and woman in their created state as complementary versions of what it means to be human are disputed. But if there is no pre-ordained duality of man and woman in creation, then neither is the family any longer a reality established by creation.⁴³

For the Holy Father, the separation of “gender” from “sex” begun in second wave feminism is a “profound falsehood”—a denial of our bodily identity as male and female and their complementary duality and hence a denial of our created nature as human beings.⁴⁴ Humanity

⁴³ Pope Benedict XVI, “Address of His Holiness Benedict XVI on the Occasion of Christmas Greetings to the Roman Curia” (December 21, 2012), www.vatican.va/holy_father/benedict_xvi/speeches/2012/december/documents/hf_ben-xvi_spe_20121221_auguri-curia_en.html. In these reflections, one can clearly see the intersection between the thought of John Paul II and Benedict XVI. One could say that in these remarks he lays the historical and epistemological foundations for the need for something like his predecessor’s articulation of “the spousal meaning of the body.” Both popes stress how sexual difference is a gift, while focusing on different aspects of that gift. Recall that for John Paul II, sexual difference is a call to a self-gift of love in the communion of persons. Conversely, here Benedict emphasizes the importance of accepting the gift of sexual difference—our maleness and femaleness—that comes from the Creator. Taken together, their thoughts form a kind of continuum, where sexual difference is received as a gift and then it summons one to make a gift of self in one’s vocation.

⁴⁴ Pope Francis also has expressed similar concerns over “gender ideology.” For example, see his “Address of His Holiness Pope Francis to the Bishops of the Episcopal

is reduced to self-creating spirit whose bodily reality and sexual make up is comprised by an assertion of will. Such a false understanding of the human person constitutes one of the heresies which besets our times.⁴⁵ It is also a view common among some contemporary gender rights activists whereby all manner of self-articulations as a sexual (or asexual) beings are celebrated as part of human diversity.

ETHICAL ANALYSIS

The Church's teaching summarized above sheds light on ethically appropriate means of treating and caring for individuals who must contend with the psychological challenges of conditions such as GID or ambiguous physical sex.

Even though adults who are not ego-syntonic with their own physical sex are able to give informed consent in regard to their care, both Catholic moral theologians and clinicians have rightly questioned the ethical propriety of using so-called sexual reassignment procedures as a means of treatment in these cases. For example, John Hopkins, which was once a leading center for sexual reassignment surgery, decided to stop prescribing this type of surgery in the late 1970s at the urging of Dr. Paul McHugh, the psychiatrist-in-chief at Hopkins at the time.⁴⁶ Based on the research of Jon Meyer, who followed-up with adults who had received the surgery, McHugh discovered that patients "were no better in their psychological integration or any easier to live with [after their surgery]." He writes, "With these facts in hand I concluded that Hopkins was fundamentally cooperating with a mental illness. We psychiatrists, I thought, would do better to concentrate on trying to fix their minds and not their genitalia."⁴⁷

Conference of Puerto Rico on Their 'Ad Limina' Visit" (June 8, 2015), http://w2.vatican.va/content/francesco/en/speeches/2015/june/documents/papa-francesco_20150608_adlimina-porto-rico.html. In his 2015 Encyclical Letter *Laudato si*, he speaks of the importance of accepting one's body including one's masculinity or femininity as gifts (see no. 155). For their part, Catholic new feminists reacting to de Beauvoir and her impact on modern thought argue for the need to reunite these realities. See Beatriz Vollmer Coles, "New Feminism: A Sex-Gender Reunion," in *Women in Christ*, 52-66.

⁴⁵ Perhaps a sign of such times can be found in the recent decision by Facebook to give users some 50 different options for their gender self-identification. On this see Aimee Lee Ball, "Who Are You on Facebook Now? Facebook Customizes Gender with 50 Different Choices," *The New York Times* (April 4, 2014), www.nytimes.com/2014/04/06/fashion/facebook-customizes-gender-with-50-different-choices.html?_r=0.

⁴⁶ Paul McHugh, "Surgical Sex," *First Things* 147 (2004), 34-8.

⁴⁷ McHugh, "Surgical Sex." Similarly, Colin Ross notes that if sexual reassignment surgery is offered as a viable treatment option, then gender identity disorder is the only diagnostic category where the psychiatrist agrees with the with the patient's de-

As McHugh suggests, even though many transsexuals see surgery as the solution to their dissatisfaction with their biological sex, unfortunately it actually does not solve their problem. While surgery and/or hormone therapy may make the person's body appear to be the opposite sex, in reality, these procedures fail to actually change a person's physiological sex and therefore offer no true benefit. Ultimately, these procedures prioritize the individual's subjective experience of him/herself over objective reality, and they simply enable the transsexual person to live a lie while also failing to address the underlying psychological issues.⁴⁸

From the perspective of Catholic theology, all creation is a gift from God, including our bodies. As a gift from God, our bodies must be valued and respected, particularly in medical decisions. As Pope Pius XII explains, "Because he [the patient] is a user and not a proprietor, he [the patient] does not have unlimited power to destroy or mutilate his body and its functions."⁴⁹ However, as the Pope goes on to note, under the principle of totality, "the patient can allow individual parts to be destroyed or mutilated when and to the extent necessary for the good of his being as a whole."⁵⁰

Unfortunately, sexual reassignment surgery ignores the goodness of the body and is completely contrary to the principle of totality. The surgery is unnecessary. It permanently mutilates healthy sexual organs while offering no physical benefit to the patient. Such mutilation sadly leaves the person unable to bear children as a member of their cosmetically reassigned sex. In light of the Church's teaching described above, hormone therapy, including medications that delay or inhibit puberty, and sexual reassignment surgery can be understood as a tragic rejection of the gift of one's own sexual constitution and a misguided attempt to re-make oneself in pursuit of happiness or psychological relief.⁵¹ Therefore, Catholic doctors and theologians have consistently recommended psychotherapeutic means of treatment and pastoral care

lusion. See his article, "Ethics of Gender Identity Disorder," *Ethical Human Psychology and Psychiatry* 11, no. 3 (2009): 165-170. For more on this particular point, see p. 167.

⁴⁸ William E. May echoes this point in his article "Sex Reassignment Surgery," *Ethics & Medics* 13, no. 11 (1988): 1-2.

⁴⁹ Pope Pius XII, "The Moral Limits of Medical Research and Treatment" (September 14, 1952), no. 12, www.ewtn.com/library/PAPALDOC/P12PSYCH.HTM.

⁵⁰ Pope Pius XII, "The Moral Limits of Medical Research and Treatment," no. 13. Here he is specifically referring to the well-being of physical body.

⁵¹ Obviously, one's culpability for making such a choice can be mitigated by factors such as psychological distress or confusion about the meaning of sexuality.

which have actually been proven to be more effective at alleviating psychological distress in such persons.⁵²

These procedures can be distinguished from surgical intervention or hormonal and other therapy aimed at clarifying the physical expression of one's sex when it is ambiguous. When a child is born who is intersexed in some fashion, the parents may have to choose, in consultation with their doctors, the gender in which to raise the child.⁵³ Usually the decision has been made on the basis of a judgment about which sex the child would be best able to function, frequently resulting in such children being raised as girls.⁵⁴ Yet there is emerging evidence that many children raised in a manner different than their genetically given sex, may come to resent this decision made on their behalf after they reach puberty. As a result, parents must exercise great care in making such decisions. Such persons upon reaching adulthood or mature adolescents with the consent of their parents (and after adequate counseling), might rightly elect to undergo surgical or medical treatments aimed at clarifying the gender that is determined to be the most appropriate for him or her.⁵⁵

What about the case of an adolescent or pre-adolescent child who is not intersexed, but nonetheless manifests symptoms of a condition such as GID? In light of both the clinical information considered above and the perspective afforded by the Church's teaching, the best option to care for such children is offer them effective psychological therapy aimed at helping them to accept and affirm the bodily expression of their sex as an integral part of their personal identity.⁵⁶ Given that parents can be a factor in children's non-acceptance of their sexual identity, such therapy should generally include parents as well as the affected child.

Unfortunately, there are parents or adult guardians of children who, for a variety of reasons, are unwilling to seek such therapeutic assistance for children suffering from conditions such as GID. In some cases, they may themselves be ambivalent about their child's physical sex, wishing that the child had been born other than he or she is or

⁵² See Ashley, DeBlois, and O'Rourke, *Healthcare Ethics*, 110-12; and Richard Ritzgibbons MD, Philip Sutton PhD, and Dale O'Leary, "The Psychopathology of 'Sex Reassignment Surgery': Assessing its Medical, Psychological and Ethical Appropriateness," *National Catholic Bioethics Quarterly* 9, no. 1 (Spring 2009): 97-125.

⁵³ "Gender" is used here in the older sense as a synonym for sex difference.

⁵⁴ Ashley, DeBlois, and O'Rourke note that this practice has generally been approved by Catholic moralists. See *Healthcare Ethics*, 112.

⁵⁵ This is the position of Ashley, DeBlois, and O'Rourke. See *Healthcare Ethics*, 112-13.

⁵⁶ If such surgery is not a wise ethical choice for adults with GID who are capable of giving informed consent, then this is even more certain for children and adolescents whose self-concept and sexual identity is still in a process of development.

exacerbating the child's struggle with GID while mistakenly thinking that they are being supportive. As Fitzgibbons argues, this can be a factor in a child's development of this disorder. In other cases the parents or guardians might be unwilling to seek therapy on other grounds (e.g., fear, ignorance, or poverty). If this is a deliberate choice on the part of the parents or guardians, it is an unfortunate one as it subjects children to a great deal of psychological stress and interpersonal problems which might have been alleviated with appropriate psychological intervention. Such parents or guardians are guilty of failing to act in the best interests of the children entrusted to their care.⁵⁷

But more troubling still is the case of parents or guardians who, for whatever reason, find their child's gender non-conformity as something to be publically identified (perhaps even celebrated) and which must be accommodated by the wider community. In some cases such parents find willing accomplices in school officials and community leaders who use the psychological struggles of these children to advance the cause of "gender rights" or "sexual diversity" in the groups and institutions with which they are affiliated. In these instances, a particular ideological agenda is being advanced at the expense of the psychological well-being of particular children. The children in this case are generally unwitting victims who are often being used in ways that they do not fully understand. The responsible adults around them who use them in this way are guilty of more than just a failure to act in the children's best interests; they are guilty of a kind of exploitation of these children for ideological or political purposes. They are also responsible for causing scandal within their communities by furthering the growing social confusion about the goodness and meaning of sexual difference highlighted by Pope Benedict XVI.⁵⁸

APPLICATION TO GSUSA POLICY AND CATHOLIC PARISHES

Having identified the particular evil involved in "using" children described as "transgender" persons to promote sexual diversity and inclusiveness in school and community organizations, how does this bear upon the current policy of the Girl Scouts USA and the practice of Catholic parishes that sponsor troops?

It should be noticed that the GSUSA policy as formulated seems to be aimed at prudential judgment of cases—not at general advocacy for sexual inclusiveness or gender rights. The policy states: "Placement of transgender youth is handled on a case-by-case basis, with the welfare and best interests of the child and the members of the troop/group

⁵⁷ Though if they are constrained by factors such as ignorance or fear in this failure, then their culpability for such choices is correspondingly lessened.

⁵⁸ Again, factors such as ignorance can reduce one's moral culpability. Many crusaders for "gender rights" act out of sincerity and goodwill.

in question a top priority.” It does not state that all groups must include such members. It makes the well-being of individual children and the harmony of individual troops the key concern for the policy.

In addition, the policy does not distinguish between physiological and psychological manifestations of sexual ambiguity—that is between intersexed children and those who suffer from psychological conditions such as GID. In the case of the former group, there really are children who have ambiguity in the physical expression of their sexuality. Such individuals should not be ostracized or shunned because of such a condition. There should indeed be, as the policy suggests, a “setting that is both emotionally and physically safe” for such children. In a Catholic scout troop, this presents a unique opportunity to practice hospitality and love of one’s neighbor for a vulnerable peer. These cases are significantly different than those in which a child is physically a boy but is not ego-syntonic with this identity and wants (or has parents who want him) to be accepted and treated as a girl. This might prove to be disruptive to an individual troop, but the prudential tone of the policy mentioned above seems to leave some discretion to the leaders of individual troops in such matters.

Yet even in the case of children who are physiologically boys suffering from a condition such as GID and who want to take part in a group dedicated to the development of girls, it is not clear that this is inherently destructive. Historical and anthropological studies have shown that female sexual identity tends to be more stable than that of males and therefore less threatened by the presence of males in a female-oriented setting whereas the presence of a girl in a group of boys might well have much more profound impact on the activities and identity of that group.⁵⁹ Furthermore, in the case of children and families who are open to therapeutic help, it may provide some stimulus to seek it and actually help the confused child begin to work through his misidentification with the opposite sex. What the troop is doing in including a child like this is supporting a sexually confused child—rather than adding rejection to his psychological struggles—not advancing a larger agenda.

These considerations suggest that GSUSA and its fairly nuanced policy of openness to accommodating individual children who manifest different forms of a confused sexual identity should not necessarily be taken as advancing an agenda of sexual confusion under a banner of gender rights. The practice of the organization therefore need not be construed as any kind of formal cooperation with this evil,

⁵⁹ On this point, see the outstanding study of Walter Ong, S.J., *Fighting for Life: Contest, Sexuality, and Consciousness* (Ithaca: Cornell University, 1981; rpt. Eugene, OR: Wipf & Stock, 2011).

especially insofar as it is aimed at accommodating the needs of individual children and troops on a case by case basis. It is also clearly remote from the actual evils identified in the analysis above—the decision of parents or adult guardians of sexually confused children not to seek appropriate therapeutic assistance for them or, worse, for parents or others in positions of authority to “use” such children for ideological or political purposes. The GSUSA policy represents an effort to accommodate in individual cases decisions made by parents or guardians of children outside of the group.

The Catholic parish which chooses to sponsor such a troop devoted to the development of girls—even in light of the GSUSA policy—is more remote still from these evils. In light of this, there does not seem to be justification or any kind of moral necessity for Catholic parishes to cut ties with GSUSA or forbid the group to meet on Church property at this point.

Two caveats should be appended to the analysis above. First, concerning transgender youth, “GSUSA recommends that the local council makes similar accommodation that schools across the country follow in regard to changing, sleeping arrangements, and other travel-related activities.”⁶⁰ Unfortunately, some school districts and states have adopted policies that permit transgender youth to choose the bathroom and locker rooms that they want to use based on the sex with which they identify.⁶¹ Therefore, an adolescent boy (who views himself as a young girl) may use female restrooms and locker rooms.

This policy is troubling for a number of reasons. On the one hand, it seems replete with the potential for abuse, particularly by older students. For example, some school districts require very little evidence to support the student’s asserted gender identity. In Massachusetts, for instance, a letter from a health care provider or a parent is not required for a student to be recognized as a different gender. The testimony of the transgender student’s friends appears to be sufficient to enable him/her to use the facilities of the other sex. The policy states, “Confirmation of a student’s asserted gender identity may include a letter from a parent, health care provider, school staff member familiar with the student (a teacher, guidance counselor, or school psychologist, among others), or other family members or friends.”⁶² School officials

⁶⁰ See footnote 1 for a link to the policy.

⁶¹ Don Thompson, “Transgender Bathroom Rights Bill Passed By California Lawmakers,” *HuffingtonPost.com* (July 3, 2013), www.huffingtonpost.com/2013/07/03/transgender-bathroom-rights3543601.

⁶² Massachusetts Department of Elementary and Secondary Education, *Guidance for Massachusetts Public School Creating a Safe and Supportive School Environment: Nondiscrimination on the Basis of Gender Identity* (Malden, MA: 2013), 5. Available at www.doe.mass.edu/ssce/GenderIdentity.pdf. While acknowledging the possibility that a student may assert the opposite gender for an improper purpose, the document

do not even seem to require parental consent for the child to switch genders at school, because according to Massachusetts' policy, students may not feel comfortable expressing their transgender struggles with their parents and ultimately the decision rests with the student anyway.⁶³

On the other hand, these policies leave little room for school administrators to make prudential judgments about particular cases and render them powerless to take into account the emotional, moral, and physical well-being of non-transgender youth. Because they are open to abuse by curious youth or sex offenders, these policies pose serious physical risk to other non-transgender students. In addition, while these policies respect and obviously preference the feelings of transgender youth, the emotional and moral impact that sharing bathrooms and locker rooms with the opposite sex will have on very young, impressionable non-transgender children is extremely unclear and should not be ignored.

Therefore, if GSUSA is recommending that local councils follow some school districts by adopting these types of policies concerning transgender youth, then our moral analysis of the GSUSA's policy would differ substantially. In other words, if GSUSA is suggesting that transgender youth be able to share bathing and sleeping facilities with young girls, then we would oppose their policy, because it would potentially endanger the physical, emotional, and moral well-being of the rest of the troop while also undermining parental authority and the ability of local leaders to decide what is in the best interest of their individual troops.

The second caveat to our moral analysis concerns the purported relationship between GSUSA and Planned Parenthood. There have for some time been accusations that GSUSA surreptitiously donates money to the International Planned Parenthood Federation and has supported some of that group's radical sexual education programs.⁶⁴ These accusations have had enough of an impact that the same Girl

also states, "In most situations, determining a student's gender identity is simple. A student who says she is a girl and wishes to be regarded that way throughout the school day and throughout every, or almost every, other area of her life, should be respected and treated like a girl. So too with a student who says he is a boy and wishes to be regarded that way throughout the school day and throughout every, or almost every, other area of his life. Such a student should be respected and treated like a boy" (4).

⁶³ Massachusetts Department of Elementary and Secondary Education, *Guidance for Massachusetts Public School Environment*, 6. This point was brought to our attention by Kirsten Andersen in her report "Massachusetts forces schools to let 'transgender' boys use girls' restrooms, lockers," *LifeSiteNews.com* (February 19, 2013), www.lifesitenews.com/news/massachusetts-forces-schools-to-let-39transgender39-boys-use-girls39-restro.

⁶⁴ See, for example, the information and accusations compiled at the website Honest Girl Scouts. Available at www.honestgirlscouts.com/.

Scout website that articulates the policy on “transgender” youth includes a denial of any support for abortion as well as a denial of any relationship with Planned Parenthood.⁶⁵

Should these public denials by GSUSA prove to be false and the accusations by their critics prove to be true, that would substantially alter the conclusions reached above. For then the policy on “transgender” youth would appear not to be a prudential approach to accommodate sexually confused young people on a case by case basis in an organization aimed at fostering the development of youth, but part of a larger and more systematic assault on traditional understandings of sexuality and the family by that organization. In such a case GSUSA would appear to be engaged in some sort of formal cooperation with the evil of “using” sexually confused children as part of an organizational effort to advance a destructive agenda and ideology. In such a case Catholic parishes might well want to discontinue their relationship to the Girl Scouts since it would be scandalous for them to support an organization dedicated to advancing the sexual confusion which is endemic to our time.⁶⁶

⁶⁵ Responses to these accusations may be found at www.girlscouts.org/program/gc_central/mpmf/faqs.asp#a1. Below are the most relevant sections:

Q: What is Girl Scouts of the USA’s position regarding human sexuality, birth control, and abortion?

A: Girl Scouts of the USA (GSUSA) does not take a position or develop materials on these issues. We feel our role is to help girls develop self-confidence and good decision-making skills that will help them make wise choices in all areas of their lives.

Parents or guardians make all decisions regarding program participation that may be of a sensitive nature. Consistent with that belief, GSUSA directs councils, including volunteer leaders, to get written parental permission for any locally planned program that could be considered sensitive.

Q: Does GSUSA have a relationship with Planned Parenthood?

A: No, Girl Scouts of the USA does not have a relationship or partnership with Planned Parenthood.

Q: Did GSUSA distribute a Planned Parenthood brochure at a United Nations event?

A: No, we did not. In 2010, GSUSA took part in the 54th Commission on the Status of Women at the United Nations. Our participation in that conference was the subject of numerous Internet stories and blogs that were factually inaccurate and troubling. Girl Scouts had no knowledge of the brochure in question and played no role in distributing it.

⁶⁶ For more information on the relationship of GSUSA to the World Association of Girl Guides and Girl Scouts (WAGGGS), to sex ed programs including those of IPPF, to local troops, and to Catholic groups and parishes which sponsor them see the reportage of the dialogue between the USCCB’s Committee on Laity, Marriage, Family and Youth and representatives of GSUSA entitled “Questions and Answers About Girl Scouts of the USA (GSUSA) and About Catholic Scouting” available on the USCCB website at www.usccb.org/beliefs-and-teachings/who-we-teach/youth/catholic-scouting-questions.cfm.

CONCLUSION

In our brave new world of gender reinvention and confusion, riven by ideological wars over sexual identity, rights, and desires, it is little wonder that some children find themselves confused about their own identities. After all, many adults show themselves to be confused as well by both their words and their deeds. Unfortunately, there are those who prey on such confusion in others and seek to use such children to advance a particular social and political agenda.

The fact that GSUSA allows individual troops to admit “transgender” young people to their ranks is not in itself objectionable. In many respects it is laudatory and could be prudently accepted and implemented by troops sponsored by Catholic organizations. A young person struggling with the burdens of ambiguous physical sexuality (i.e., an intersexed child) or psychological acceptance of their biological sex (i.e., GID) could certainly use a safe environment in which to foster friendships and develop interpersonal and leadership skills. At the same time, it is incumbent on the adults who care for these children to seek appropriate medical and psychological assistance for them in dealing with and, to the degree possible, working through these physical or mental challenges.

However, this analysis has also pointed out ways that such a policy could be misused to the detriment of these children. When responsible adults (parents, educators, administrators, politicians) affix labels such as “transgender” to confused and struggling children in order to use them as a wedge to advance a particular agenda of sexual rights or politics in an organization or community, this is a violation of the dignity of the children entrusted to their care. When such policies open the door to inappropriate access of older, more sexually aggressive, children to younger ones or to outright sexual abuse, they must be viewed as the threat which they are. And if it becomes clear that such policies are tied to a larger agenda hostile to the Church’s vision of the dignity or the human person as male and female and the beauty of marital sex as ordered to both love and life, then Catholic groups would do well to specify the grounds of their opposition.

Surely hospitality and providing welcome to the vulnerable is an ethical responsibility incumbent upon followers of Jesus—but so is the protection of children from those who would use them for their own ends. The same Savior who said, “Let the children come to me, and do not prevent them; for the kingdom of heaven belongs to such as these” (Matt. 19:14b-d) also warned those who cause “little ones” who believe in him to sin of “millstones” (cf. Matt. 18:6).⁶⁷ Catholic

⁶⁷ The citations are from the NAB. It should be noted that the reference to “little ones who believe in me” in Matthew 18:6 and its parallels may well refer to the simple

groups who have a relationship with GSUSA therefore need to exercise prudence in their oversight of troops which they sponsor. **M**

faith of disciples within the Christian community. For our purposes, this does not significantly change the point or relevance of the warning.