

## Sex

Assigned at birth as male or female, usually based on the appearance of the external genitalia.

## Gender identity

A person's intrinsic sense of being male (a boy or a man), female (a girl or woman), or an alternative gender.

## Gender Identity Disorder (or Gender Dysphoria)

Characterized by a strong and persistent cross-gender identification and a persistent discomfort with one's sex or sense of inappropriateness in the gender role of that sex, causing clinically significant distress or impairment in social, occupational, or other important areas of functioning. People with Gender Identity Disorder may seek for medical interventions, including hormonal treatment and sex reassignment surgery.

**The prevalence is lower than 1 in 10,000.**



## Reference:

Catholic Diocese of Hong Kong  
Position Statement on Gender Recognition: The Basic Stance, 20 February, 2018, Kung Kao Po, No.3863.

The World Professional Association for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7, 27 August, 2012.



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# Gender Identity Disorder



## Transsexual

Individuals who seek to change or who have changed their primary and/or secondary sex characteristics through feminizing or masculinizing medical interventions (hormones and/or surgery), typically accompanied by a permanent change in gender role.



## Transgender

Different from Gender Identity Disorder. Individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth.



## The stance of the Catholic Diocese of Hong Kong:

The Catholic Church teaches that there is a natural moral law, accessible to human reason, which is inscribed in the heart and very nature of the human person as an embodied relational being born male or female. The Diocese accordingly believes that not only is its basic stance against gender ideology and the GRL fully justified by a “theological anthropology” (mentioned in the Consultation Paper, Para. 5.35 of p. 133) or on other religious grounds, but it is also strongly supported by natural and secular (i.e., non-religious) reasons.

We recognize, with sympathy and compassion, the genuine distress and suffering of people who are diagnosed with Gender Dysphoria or are afflicted with some form of gender identity problem.

## Consideration on Treatment

We would, at the same time, stress the need in every case to ensure that the measures adopted to alleviate the condition can (after proper investigation into all possible psychosocial interactive factors) be justified not only medically but also ethically and that any associated malady (or “comorbidity”) will likewise be addressed as required.

The effectiveness of care and the risks of possible harm to people of different ages in the course of treatment undertaken as part of

“gender transitioning”, including the long-term effects of hormonal treatment and “Sex Reassignment Surgery” (“SRS”) are also matters of legitimate concern.

**A large cohort study in Sweden (among other studies) shows that, persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population”<sup>1</sup>.**

## The Impacts on Children and Adolescents

Our concern for the welfare of children of course includes but is not restricted to those who are going through some form of gender-confusion or related problems. Certainly, children diagnosed as suffering from “Gender Dysphoria” or “Gender Identity Disorder” are among those who are in need of special love, care, protection, proper therapy and accompaniment. In fact, most children who have gender identity disturbance will grow out from the gender confusion gradually.

**In this connection, the use of puberty-blocking hormones is particularly risky since the intervention radically disrupts the normal sequence of physical and psychological growth that occurs during adolescence and cannot simply be “reversed” if there is a change of mind or some medical or other reason.**

<sup>1</sup> C. Dhejne, P. Lichtenstein, M. Boman, Anna L. V. Johansson, N. Långström, M. Landén. Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. 22 February, 2011. Available at <https://doi.org/10.1371/journal.pone.0016885>.