Annnotated Bibliography of Point-by-Point Rebuttals of Anti-Transgender Disinformation

Anti-transgender misinformation serve important roles in the early to mid-2020s effort to erase transgender people from everyday life in the United States. Christian-Right leaders and organizations like the Heritage Foundation and the American College of Pediatricians create resources that deliberately or negligently misinterpret and misrepresent the medical consensus on trans-affirming care. That misinformation becomes further distorted as it is amplified by right-wing media and shared by anti-trans medical professionals in opposition to gender-affirming care or student athletics.

It can be hard to respond to anti-trans misinformation on the fly. And perhaps not always wise. While responding in the moment may feel more just, it’s as important to discern whether any response to anti-trans rhetoric will positively impact justice for trans people. Is this an important relationship? If I can change this person’s mind, will they be able to change others’ minds? Is this person asking questions or sharing misinformation in good faith?

If the answers to those questions lead you wanting to respond substantively to anti-trans rhetoric, then you need to become familiar with the popular misinformation in each subject area. Disinformation can be slippery to pin down. In each of the following resources, the authors take apart the most prevalent messages shared by the anti-trans right, and dismantle each. These rebuttals should inform your recognition of and response to disinformation. But please do not confuse these direct rebuttals as talking points or recommended messaging.

The following annotated bibliography consists of the best point-by-point rebuttals of anti-trans misinformation that I could source from research and recommendations. Particularly important or impactful pieces are highlighted. This bibliography contains the following sections:

General
Contagion / So-called “Rapid Onset Gender Dysphoria”
Hormones / Puberty Blockers
Recruitment / Grooming / Transgender Care as Conversion Therapy
Mutilation / Medicalization
Detransition
and a number of articles on various topics.

1 Misinformation is unintentionally sharing incorrect material. Disinformation is intentionally sharing incorrect material.
If you have an addition to the list, please email Heron Greenesmith at h.greenesmith@politicalresearch.org.

General

**ESSENTIAL READING:** American Psychological Association, Resources for Grassroots and State-Level Advocacy on LGBTQ+ Issues Resources Issue by Issue.

The APA shares factsheets on multiple issues, including “Banning Sexual Orientation and Gender Identity Change Efforts,” “Criminalizing Gender Affirmative Care with Minors,” and “Transgender Exclusion in Sports.”

Learn more about policy issues affecting the LGBT community. Includes discussion points and references for more information on each topic.

Human Rights Campaign, Myths and Facts: Battling Disinformation About Transgender Rights.

_HRC answers frequently asked questions about anti-transgender myths, like “Aren't kids too young to transition?”_

“Lawmakers across the country have recently proposed a number of bills that target the transgender community. The majority of these bills attempt to restrict transgender kids’ participation in school sports or ban transgender youth from accessing gender-affirming health care. These bills have given rise to a debate over transgender rights, a debate filled with misconceptions and lies. With this FAQ, we hope to clear up myths about the transgender community and explain the nuances of what's being discussed.”

**ESSENTIAL READING:** Anne Astolt et al., Gender Affirming Care: Evidence-Based Reviews of Legislative Actions, Yale Medical School and others.

Yale Law School, Child Study Center, Department of Psychiatry, and Department of Pediatrics wrote this set of reports together, refuting disinformation shared in hearings and court cases.

“In our cross-departmental and interdisciplinary work, we marshal scientific and legal knowledge to lay bare the misinformation used to justify these medical bans. Our team includes specialists in law, child psychology, child and adolescent psychiatry, pediatric endocrinology, and adolescent medicine. Our detailed, evidence-based reports inform litigators, policymakers, journalists, and medical professionals with a common language that upholds the integrity of science, law and public policy.”

- Amicus Brief Filed to Defend Gender-Affirming Care in Alabama
- Flawed Medicaid Report in Florida
ACLU, **Tough Conversations with Peppermint: Your Guide to Talking About Attacks on Trans Youth.**

*In this video, drag performer Peppermint talked with ACLU attorney Taylor Brown about how to talk about trans justice, including how to speak up when we hear anti-trans misinformation.*

WATCH: [https://www.youtube.com/watch?v=wfqUk0tdjkq](https://www.youtube.com/watch?v=wfqUk0tdjkq) (Video)

“Misinformation is fueling an attack on trans youth in state legislatures. These attacks overwhelmingly focus on youth and schools. They try to make being trans shameful — but they won’t stop youth from being trans. They will only make it harder for kids to grow up at all and make it harder to access the support, education, and community that all young people deserve.

While everyone should be contacting lawmakers and expressing their support for trans youth, we know that these attacks aren’t limited to statehouses. The lies about trans youth spread at the dinner table, PTA meetings, and many other places. It takes all of us speaking out and speaking up.

Watch ACLU’s Ambassador for Trans Justice, Miss Peppermint, and LGBTQ & HIV Project Staff Attorney Taylor Brown tell us the truth about trans youth and then check out these resources, so you know how to respond the next time you hear a lie about trans youth.”

Society for Adolescent Health and Medicine, Response to Dr. Michelle Cretella, July 20, 2017.

*The Executive Committee of the Society for Adolescent Health and Medicine, the national organization advocating for adolescent health and well-being, wrote this excellent point-by-point refutation of an anti-trans screed by the President of the anti-LGBTQ, anti-abortion American College of Pediatricians.*

“Dr. Cretella begins with “What doctors once treated as a mental illness, the medical community now largely affirms and even promotes as normal.” She fails to reference historical medical errors with regard to mental illness such as hysteria, a catch-all diagnosis for outspoken women; nostalgia, an affliction to those who had left their home; or the color purple, once argued to drive people insane. She then lists eight “basic facts” which are anything but, and ends with a conclusion of “Transition-affirming protocol is child abuse.”

SAHM is dedicated to fighting this type of misinformation. To combat this hate speech and vitriolic deception, we would like to refute her points one by one.”

"This straightforward guide goes through common anti-trans myths and how they’re untrue.

“Transgender people are our friends, family, neighbors, and co-workers, deserving of dignity and respect. When it comes to protecting transgender people from discrimination, the truth is more boring than fiction. Here are some common (and incorrect) anti-transgender messages—and just how untrue they are.”


In this presentation, TJ Billard, professor and executive director of the Center for Applied Trans Studies, lays out the mechanics of anti-trans misinformation, and goes over common myths and responses thereto.

“TJ Billard, PhD, presented "The Politics of Transgender Health Misinformation" as part of the Institute for Sexual and Gender Minority Health and Wellbeing’s Current Issues in LGBTQ Health lecture series on June 15, 2021.”

Mallory Moore, Is Sex Real and Natural? And why that’s a really tiresome debate, March 2, 2022.

Mallory Moore is a founder of the UK’s Trans Safety Network, and wrote this detailed analysis of the "gender critical” understanding of sex and gender.

“The Gender Critical philosopher will raise ideas that require a population perspective observation and then refuse to acknowledge the decoherence of those concepts at an individual scale. If you want to imagine what this decoherence looks like, try looking at a picture on a television screen and then try to understand what you’re looking at again through a magnifying glass looking at only one pixel. The picture is a product of the system of pixels relative to each other. It is not coherently a picture anymore at the scale of its unitary elements. The same is true of our models of sex in nature and their relevance to understanding relations between members of our species, rather than inherent clear meaning in any particular individual beings themself.”

Julia Serano, Autogynephilia and Anti-Transgender Activism, October 26, 2021.

Serano collects and reviews the literature debunking the myth of autogynephilia.

“Ray Blanchard's 1989 theory of autogynephilia posited that there are two fundamentally different types of trans women distinguished by their sexual orientation, and that lesbian,
bisexual, and asexual trans women’s gender dysphoria and desire to transition are caused by “autogynephilia” — a proposed paraphilia characterized by sexual fantasies centered on being female and/or feminine. Numerous follow up studies have shown that autogynephilia’s taxonomy and etiology do not hold true, and that significant numbers of cisgender women and men have analogous sexual fantasies (reviewed in Serano, 2020, and references therein).”


*A simple 1-pager on debunking anti-trans athlete myths.*

“Legislators supporting this bill are actively defying medical experts, sports associations like the NCAA and the International Olympic Committee, and school administrators all over the country—all of whom say that the policy proposed by this bill is harmful and unnecessary.

Though we are prepared to fight in the legislature to defend trans rights, it will take more than legislative action. It will require rooting out the inaccurate and harmful beliefs underlying these policies. Below, we debunk four myths about trans athletes using the expertise of doctors, academics, and sports psychologists who are experts on the topic.”


*Another simple 1-pager combating the myths about trans youth in sports.*

“The discriminatory effort by Indiana legislators to ban transgender girls from K-12 school sports attempts to create a “solution” to a “problem” that doesn’t exist, while needlessly demonizing and harming vulnerable kids.

The arguments that proponents of HB 1041 are pushing rest on false assumptions about biology, athleticism, and gender. Believing and perpetuating myths and misconceptions about trans students is harmful. Let’s debunk them.”


*This essay is an excellent exploration of how seemingly liberal-minded people, even queer people, can fall prey to anti-trans disinformation, and how to resist the pull yourself.*

“Claim: “A gay baker shouldn’t have to make an anti-gay cake.”

What are they trying to accomplish? The Alliance Defending Freedom (ADF), which believes homosexuality should be criminalized, has pursued countless legal cases
trying to justify and allow discrimination against LGBTQ+ people. These cases, like the current U.S. Supreme Court case 303 Creative LLC v. Elenis, are often couched in “religious freedom” or freedom of speech claims, but the motivation is quite obviously to chip away at marriage equality just like they spent decades chipping away at abortion. Harmful segregation is the transparent goal.

Knowing that, do they maybe have a point? No. Gay bakers already don’t have to sell anti-gay cakes to anybody, so this is a red herring. The wedding vendors ADF represents want to refuse to sell the identical product to same-sex couples that they sell to different-sex couples. It’s textbook discrimination, and we don’t have to tolerate it to protect free speech or shield ourselves from bigotry.”

Heron Greensmith, “Combating Anti-Transgender Disinformation,” January 27, 2023

Greensmith offers support for disrupting anti-trans disinformation, specifically the most insidious rhetoric used presently.

“Anti-transgender violence, rhetoric, advocacy, and legislation have been accelerating each year since 2020. Disinformation (the intentional sharing of wrong information) and misinformation (the unintentional sharing of wrong information) have proliferated. It is imperative that advocates become fluent in recognizing and combating dis- and misinformation that targets trans people.

This 201-level guide, combined with our other resources on anti-LGBTQ organizing, is the perfect place to start practicing your disruptions.”

Contagion / So-called “Rapid Onset Gender Dysphoria” or ROGD

Transness is not contagious. But Dr. Lisa Littman’s research (in collaboration with anti-transgender blogs) has given anti-trans advocates a citation to use when sharing anti-trans disinformation. Dr. Littman’s disproven theory holds that transness is somehow transmitted
between youth through the internet.


*Zinnia Jones takes one of the earliest looks at the fake diagnosis of ROGD, including where it sprang from and how it is unsupported by any evidence.*

“If researchers have potentially discovered a previously unknown type of gender dysphoria, this would certainly be a fascinating development. There’s just one problem: there is no evidence to suggest that this is any kind of distinct clinical entity. The various features of this purported phenomenon can already be explained within existing models and currently available evidence. And more than that, it appears that the very concept could have originated with a specific group of transphobic activists.”


*Several months after the first article, Jones revisits ROGD.*

“The concept of ‘rapid onset gender dysphoria’ was proposed in July of 2016 by a trio of blogs with a history of overtly transphobic perspectives that are at odds with the current evidence on transness: 4thwavenow.com, transgendertrend.com, and youthtranscriticalprofessionals.org. This ‘diagnosis’ is intended to describe an alleged phenomenon of trans men who abruptly begin to experience gender dysphoria in adolescence, having supposedly been influenced by learning about transgender topics on social media. It is invariably described as a ‘social contagion’.”

**ESSENTIAL READING:** Florence Ashley and Alexandre Baril, Why ‘rapid-onset gender dysphoria’ is bad science, March 22, 2018.

*Ashley and Baril are experts in trans health who jointly wrote a non-academic piece about ROGD and its fatal flaws.*

“The idea of rapid-onset gender dysphoria gives ammunition to those who are eager to oppose gender-affirmative policies. Best explained by transphobia and research study biases, it does not withstand scrutiny.

Those who push the idea of rapid-onset gender dysphoria misrepresent the quality and extent of available science and the structure of gender-affirmative therapies.

They say that 60 to 90 percent of transgender children grow up not to be transgender. This is false.”
ESSENTIAL READING: Julia Serano, Jesse Singal's “When Children Say They’re Trans” piece: resources & a response, June 19, 2018.

Author and expert Julia Serano collected together her responses and other resources that can be used to combat Jesse Singal's misinformation-filled article for The Atlantic, questioning gender-affirming care for trans youth.

Julia Serano, Everything You Need to Know About Rapid Onset Gender Dysphoria, August 22, 2018.

Serano collects her work on ROGD.

“While ROGD is scientifically specious, the concept serves a very clear practical purpose. It provides reluctant parents with an excuse to disbelieve and disaffirm their child’s gender identity, under the presumption that it is merely a by-product of ROGD. It also provides a rationale for restricting their child’s interactions with transgender peers and access to trans-related information, as such things are the imagined cause of the condition. In addition to these parental motivations, ROGD provides political cover for those who wish to rollback trans rights and healthcare.”


Ashley writes for PsychCentral about the problem with ROGD: it remains unsupported and so far not replicable.

“Rapid-onset gender dysphoria (ROGD) is the name given to a hypothesized new clinical subgroup of transgender youth, which would be characterized by coming out as transgender out of the blue in adolescence or early adulthood. Under this hypothesis, which is unsupported by evidence, children with ROGD falsely believe they are transgender due to social influence, trauma, and experiences of sexual objectification. ROGD is mostly strongly associated with the work of Dr. Lisa Littman, who published a study purporting to substantiate the hypothesis of ROGD. The study was based on the reports of parents recruited from well-known, anti-trans websites.”


Serano goes through the origins of the myths of social contagion and ROGD, highlighting the arguments’ weaknesses.

“First, the notion that ‘transgender is caused by social contagion’ seems to have been
invented by a reluctant parent of a trans child in February 2016. It was then reiterated by other parents and posters on these websites, and then was subsequently picked up and parroted by conservative media outlets and gender-disaffirming practitioners as though it were an actual condition rather than mere hearsay. Second, there was a lot of overlap and coordination between these three websites, and eventually with gender-disaffirming practitioners as well, in creating, popularizing, and disseminating these ideas – in other words, this was an activist campaign.”


Serano looks at stigma-contamination—the idea that transness or any stigmatized category of people is contagious.

“While the hypothesis that trans identities can ‘spread’ via ‘social contagion’ is dubious, the fact that this idea resonates with many people is not at all surprising given the stigma-contamination mindset: Once again, stigmatized outsiders (in this case, other people’s ‘trans-infected’ children) are imagined to potentially ‘contaminate’ and ‘corrupt’ otherwise ‘pure’ ingroup children.”

Hormones / Puberty Blockers

Puberty-blocking medication and cross-sex hormones are parts of the normal standards of care for transgender people who wish to pursue hormonal treatment. Despite medical consensus supporting blockers and hormones for use with youth, anti-trans advocates continue to fear-monger and spread mis- and disinformation.

WPATH, USPATH and WPATH Respond to NY Times Article “They Paused Puberty, But Is There a Cost?” published on November 14, 2022.

The World Professional Association for Transgender Health takes a point-by-point look at an anti-trans New York Times article full of mis- and disinformation about healthcare for trans youth.

“The recent New York Times article, ‘They Paused Puberty, But Is There a Cost?’, furthers the atmosphere of misinformation and subjectivity that has grown to surround the area of gender affirming medical interventions for transgender youth. The methods of the authors of this piece come up short in their interpretation and application of available data; the article supports inaccurate narratives that puberty blocking medicines are conclusively harmful to long-term bone density or other health outcomes, and that transition reversal/regret is a common outcome for these treatments. Additionally lacking in the article is an explicit statement that any harms which may exist are
outweighed by the substantial benefits these treatments confer to transgender youth, and we wish to respond below to certain specific statements and references made in this article."

Recruitment / Grooming / Trans as Conversion Therapy

One of the most violent pieces of disinformation is the lie that transgender people are recruiting or grooming children, or that being transgender is a type of mixed-up conversion therapy for lesbian and gay children. These lies spurred the Club Q Massacre and harassment campaigns against drag events across the country.


Serano takes on the myth of transition as conversion therapy for gay and lesbian people.

“While the field as a whole has since moved on, there remain a few researchers who still adhere to the sexual inversion model, and they continue to cite past research studies (often centered around a belief in 80% desistance) that they feel support it. Thus, as with most forms of science denialism, anti-trans groups can point to a handful of articles and authorities that seem to support their claims, even though they are not representative of the current scientific consensus.”


Serano looks at the myth of the trans bathroom predator.

“In this piece, I will make three general points in the following sections: 1) I will delve into the actual data that demonstrates that trans people do not pose a threat to anyone in public restrooms, nor are trans-inclusive restroom policies exploited by sexual predators. 2) I will review historical data chronicling how this ‘bathroom predator’ myth has its origins in Religious Right claims from the 1970s and 1980s that centered on how ‘homosexuals’ were supposedly ‘child molesters’ and ‘pedophiles’ who were out to ‘recruit children.’ It was only during the 2000s, just as said claims were losing their effectiveness against gay, lesbian, and bisexual people, that Religious Right organizations shifted their efforts toward targeting trans people instead. 3) I will highlight additional ways in which anti-trans campaigners have taken to falsely smearing trans people as ‘predators’ who are out to ‘groom’ and ‘sexualize’ children.”

*Serano's analysis of the groom and contagion myths.*

"While anti-trans/LGBTQ+ campaigners may frame their interventions in terms of 'safeguarding children,' they rarely if ever express similar concern over actual cases of grooming and CSA, the overwhelming majority of which are perpetrated by cis-hetero men who are family members or close acquaintances of the child."

**Mutilation / Medicalization**

*Anti-trans advocates claim that gender-affirming care damages healthy bodies, implying that trans children would be better off not accessing any gender-related care.*

**Detransition**

*Several right-wing organizations and media outlets platformed anti-trans detransitioned people in 2022 and 2023, including FoxNews, the Heritage Foundation, the Family Research Council, and the Daily Wire.*


*Serano looks at the common myths surrounding detransition.*

“You've probably seen some of these articles. They raise concerns about ‘80% desistance,’ and offer examples of trans people who have since ‘detransitioned,’ and they will leave you with the impression that trans health practitioners are engaging in some kind of reckless sociological experiment. Whenever transgender people object to these misrepresentations or the old gatekeeper ideologies, these pundits and journalists will decry ‘transgender activists are attacking science!‘ without ever acknowledging the countless trans advocates, researchers, and health providers who actually agree with us on many of these matters.

Rather than write a short pithy critique or rebuttal of the latest ‘children are at risk!’ or ‘activists are out of hand!’ article-du-jour, I decided to write this lengthy nuanced piece. It is intended to be a step-by-step guide for anyone interested, one that fills in all the holes, reads between the lines, and unpacks the many assumptions that riddle the typical op-ed or think-piece about transgender children.”

*Kelley Winters directly refutes the commonly heard myth that “80% of ‘trans’ kids will not be trans by the time they’re adults.”*

“It is frequently repeated in mental health literature and popular media that the vast majority of children whose gender identity differs from their assigned birth-sex, or who are severely distressed by their birth-sex, will ‘desist’ in their gender identities and gender dysphoria by adolescence. As a consequence, gender dysphoric children are pressed to remain in their birth-assigned roles throughout the world. But are gender dysphoria and diverse gender identities just a phase?

This presentation reexamines research in Canada and The Netherlands that underlies the ‘desistance’ axiom, with respect to methodological rigor and validity of claims.”

Julia Serano, stop pitting detransitioners against happily transitioned people, June 30, 2017.

*Serano looks at the weaponization of detransitioned people.*

“Trans people are a marginalized group. People who detransition are also a marginalized group. Here is my advice to all journalists who may want to write about this subject in the future: STOP PITTING MARGINALIZED GROUPS AGAINST ONE ANOTHER!”


*Boston’s Fenway Health interviewed detransitioned people and found that the majority had done so due to negative external pressures.*

“A new study published in LGBT Health found that 13.1% of currently identified transgender people have detransitioned at some point in their lives, but that 82.5% of those who have detransitioned attribute their decision to at least one external factor such as pressure from family, non-affirming school environments, and increased vulnerability to violence, including sexual assault.”