

201

COMBATING ANTI-TRANSGENDER DISINFORMATION

By Heron Greenesmith | January 2023

Introduction

This resource is Part 2 in a series. [Go here for Part 1 \(101: Anti-LGBTQ Organizing\)](#). 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.

For other PRA work on LGBTQ Justice, please visit politicalresearch.org/research/lgbtq-justice/.

Strategy and Implementation

It can be difficult to think of responses to common anti-transgender disinformation in the moment. Responding directly to anti-trans talking points may also provide attention and validation to the disinformation, rather than correction. Evidence shows that “[prebunking](#),” or inoculating people to disinformation *before* they hear it from a disreputable source, can be highly effective in preventing the spread of dis- and misinformation. In general, when combating anti-trans rhetoric, try to respond from a place of inclusion rather than exclusion, and a place of united *justice* rather than identity-based *politics*. We all, including trans people, deserve access to health care; we all, including trans people, deserve access to a quality, safe education.

Anti-trans rhetoric appears in many forms, and originates from many messengers. Some messengers you can't reach at all: the leaders of Christian Right organizations, for example, or the anonymous Twitter troll. But you can have inoculating conversations with your friends, family, coworkers, extended networks, care and service providers, lawmakers, and policy leaders.

When we disrupt anti-trans talking points, we have several different approaches at our disposal: we can be factual, humorous, logical, or rhetorical. A factual argument might be that the International Olympic Committee has long had guidelines in place to permit transgender athletes to compete as their own gender. A humorous argument might include pointing out that stopping someone from using the bathroom has never stopped someone from *needing* to use the bathroom—trans people, like all people, still need to pee. A logical argument would point out that since all major medical associations support gender-affirmative care, and we trust those institutions with our health in other areas, we should trust them here. And a rhetorical argument might wonder why lawmakers are spending resources on attacking bodily autonomy, while social safety nets desperately need funding.

Don't forget we can also always choose to ignore anti-trans rhetoric if the arguments are made in bad faith or are particularly offensive. Focus instead on individual stories, personal accounts and connections, and a shared vision for a liberatory future.

<i>Disinformation</i>	<i>Disruption</i>
Detransition / Desistance / Regret	<ul style="list-style-type: none"> • DO contextualize people who detransition among the whole of the trans community. Each of us is on our own gender journey, and some of us have many stops. • DO contextualize detransition. <ul style="list-style-type: none"> • The regret rate for trans-related care is 1 percent. • While 13 percent of trans people report having detransitioned at some time in their life, over 80 percent of those say that their detransition was due to at least one external factor, like unwelcoming family or increased vulnerability to violence. This survey data indicates, not that people aren't trans, but that the social barriers to living authentically are tremendous. • DON'T say detransitioned people don't exist, or that detransition doesn't happen. They do. It does. Denying detransition isn't accurate, and it invalidates individual experiences. • ALWAYS call attention to the outlets and organizations platforming the anti-trans detransitioned person. Name the outlets and organizations (an example of prebunking) as such, e.g. Daily Wire, Heritage Foundation, Alliance Defending Freedom.

<i>Disinformation</i>	<i>Disruption</i>
Contagion and ROGD (so-called “rapid-onset gender dysphoria”)	<ul style="list-style-type: none"> ● DO talk about the trans youth you know who are thriving. ● DO talk about the important protective factors of community support. ● DO raise the fact that the academic paper upon which the ROGD/contagion myth was founded has been soundly debunked. ● DON'T concede to the argument that the growing population of trans youth is in itself harmful or indicative of some nefarious plan. Of course there are more trans youth now: legal protections, social safety nets, and visibility have all increased sharply in the last decade, but with these, exposure to violence has also increased.
Puberty Blockers and Hormones	<ul style="list-style-type: none"> ● DO talk about the benefits of gender-affirming care, including blockers and hormones, to young people’s health. ● DO talk about the irreversible, harmful effects of not medically intervening and letting someone go through a puberty that might irrevocably harm them. Not acting with medical intervention is also a choice with serious consequences, not a neutral activity. ● DO talk about the consensus of the medical community (including the American Medical Association, American Psychological Association, and the American Academy of Pediatrics) that gender-affirming care, including puberty blockers and hormones, is necessary health care. ● DON'T engage in discussion or debate about medical nuances—that’s between individual patients and doctors (like discussing whether someone has had “the surgery,” for instance).

<i>Disinformation</i>	<i>Disruption</i>
Recruitment / Grooming	<ul style="list-style-type: none"> • DON'T engage with these talking points; engagement is validation. • DO pivot the conversation or change the topic. E.g. “I find that very offensive.” Or, “Oh stop, you don’t believe that’s true.” • DO understand <i>disproportionality</i> and <i>scapegoating</i>. <ul style="list-style-type: none"> • <i>Disproportionality</i> occurs when the relative size of a population is vastly overestimated and takes on negative attributes. People vastly overestimate the sizes of minority populations in general; in one study, participants estimated that 21 percent of Americans identify as transgender. The correct percentage is around 1 percent. • <i>Scapegoating</i> sets a person or population as the cause of a certain societal ill, as a distraction from the real cause. Blaming transgender people for hurting children is a misdirection from the facts: sexual violence is rampant in the United States and is committed largely by cisgender men.