

Refutation Of Anti-Queer Claims



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Preamble

The following document is made for the purpose of refuting Right-Wing claims about the LGBT community. This document seeks to correct any misquoted study, disprove any study that has claims that are not validated by the scientific communities, and refute any general claims made by anti-LGBT persons. This document serves to help those in a debate and help learn about LGBT people. While this document does summarize studies/documents/etc. We encourage you to read the studies (both bad and good) to advance your understanding of these topics. We thank you for visiting this document and we hope you learn something new or be able to develop better and new arguments.

If you wish to help please message PanNessMain on discord to gain access or have a portion be added to the doc. Keep in mind while we are open to more sources we can't promise your argument may be put on this document but we still appreciate it nonetheless.

Transgender Specific

Misquoted/Miscited Studies and Sources

- [Dhejne, Cecilia et al. “Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden.” PloS one vol. 6.2 e16885. 22 Feb. 2011. doi:10.1371/journal.pone.0016885](#)
 - Claim: This study is evidence of how SRS is harmful to transgender people by increasing their suicide rate
 - Reality: The study says no such thing, the study compared suicide rates of CIS people with Trans people who went under SRS. The study even says “should not be interpreted such as sex reassignment per se increases morbidity and mortality. Things might have been even worse without sex reassignment.” The study overall is simply saying that despite Trans people going under SRS relive dysphoria, they should still seek out psychiatric and somatic care.
- [Lee, Janet Y et al. “Low Bone Mineral Density in Early Pubertal Transgender/Gender Diverse Youth: Findings From the Trans Youth Care Study.” Journal of the Endocrine Society vol. 4,9 bvaa065. 2 Jul. 2020, doi:10.1210/jendso/bvaa065](#)
 - Claim: This study shows how dangerous puberty blockers are in relation to bone density for children. Bone density is going down due to puberty blockers, so we shouldn't give children puberty blockers.
 - Reality: The study does find that there was lower bone density in trans youth, but they said this may be in part to “suboptimal calcium intake and decreased physical activity” and say that continuous monitoring is still needed. TL;DR it's inconclusive.
- [Delemarre-van de Waal & Cohen-Kette1nis “Clinical management of gender identity disorder in adolescents: a protocol on psychological and paediatric endocrinology aspects. European Journal of Endocrinology, Supplement. 2006. doi: 10.1530/eje.1.02231](#)
 - Claim: This study shows the dangers of puberty blockers to kids by decreasing their bone density. The Study even says that puberty blockers “end with a decreased bone density, which is associated with a high risk of osteoporosis”
 - Reality: This is a misrepresentation of the study as well as the quote. The quote fully says that
 - “During puberty, bone density shows a progressive accretion of bone, which is related to the exposure to sex hormones (12). Peak bone mass will be achieved at the age of 25–30 years. The question arises whether patients participating in this protocol may achieve a normal development of bone density, or will end with a decreased bone density, which is associated with a high risk of osteoporosis.
 - So it's not stating that it will occur, it's questioning if it will occur due to low bone density. The study actually goes on to say that “Treatment outcome in

transsexuals is expected to be more favorable when puberty is suppressed than when treatment is started after Tanner stage 4 or 5.” Additionally, it does say that there would be a decrease in height velocity and bone maturation, however, it states that “Body proportions, as measured by sitting height and sitting-height/height ratio, remains in the normal range. Total bone density remains in the same range during the years of puberty suppression, whereas it significantly increases on cross-sex steroid hormone treatment. GnRHa treatment appears to be an important contribution to the clinical management of gender identity disorder in transsexual adolescents.”

- [Haas et al. “Suicide Attempts among Transgender and Gender Non-Conforming Adults.” UCLA. \(2014\)](#)
 - Claim: This survey says that the Transgender suicide rate is 41%, and it makes no difference whether or not someone accepts your gender identity (a claim originally made by Ben Shapiro and parroted by his fanboys).
 - Reality: The survey does say that 41% stat however it’s the ATTEMPTED SUICIDE, not successful suicides. Additionally, it attributes the stat to mental health, discrimination, victimization, violence, harassment, and rejection due to you being trans. IT says that ON THE FIRST PAGE SUMMARY. Example Stat: “[When] family chose not to speak/spend time with [Transgender/GNC person]: [the attempted suicide rate is] 57%”
- [Islam, Noreen et al. “Is There a Link Between Hormone Use and Diabetes Incidence in Transgender People? Data From the STRONG Cohort.” The Journal of clinical endocrinology and metabolism vol. 107.4 \(2022\): e1549-e1557. doi:10.1210/clinem/dgab832](#)
 - Claim: Islam 2021 shows that hormones is link with someone having type 2 Diabetes, showing how hormone therapy is unsafe.
 - Reality: This is a mischaracterization, the study says there is a higher risk for trans fem people compared to cisgendered women, it’s not discernable compared to cisgendered men. The study even goes on to say that “Moreover, there is little evidence that [Type 2 Diabetes] occurrence in either transfeminine or transmasculine persons is attributable to [Gender Affirming Hormone Therapy] use.”
- [Hontscharuk, Rayisa et al. “Penile inversion vaginoplasty outcomes: Complications and satisfaction.” Andrology vol. 9.6 \(2021\): 1732-1743. doi:10.1111/andr.13030](#)
 - Claim: This review shows that “Rates of complications following penile inversion vaginoplasty range from 20% to 70%” meaning the procedure is unsafe
 - Reality: This is true but it’s misleading. The review goes on to say “*Most complications are minor and self-limited in nature, (ie, minor wound healing disruptions) and are managed non-operatively or with minor secondary surgical procedures.*” Additionally the conclusion reads “*Penile inversion vaginoplasty is a safe and effective therapy to alleviate gender dysphoria and improve quality of life.*”

- [Poteat, Tonia et al. "2148 Understanding the health effects of binding and tucking for gender affirmation." Journal of Clinical and Translational Science vol. 2, Suppl 1 76. 21 Nov. 2018. doi:10.1017/cts.2018.268](#)
 - Claim: This study shows that back pain, shortness of breath, bad posture, chest pain, and light-headedness, are common side effects of chest binding making it dangerous.
 - Reality: This is true however, in said study they say "Of those who had bound, 51% bound 7 days/week, 62% bound 8+ hours per day" which is against the recommendations of medical professionals who say not to bind more than 8 hours a day and to commonly take breaks ([Webmb 2023](#)) ([OHSU](#)). So the problem isn't necessarily chest binding, it's unhealthy binding that's problematic.

Bad/Debunked Studies and Sources

- [Littman, Lisa. "Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria." PloS one vol. 13.8 e0202330. 16 Aug. 2018. doi:10.1371/journal.pone.0202330](#) Original Trash Here-> [Trash](#)
 - Claim: This study shows how children are getting Rapid Onset Gender Dysphoria due to social media exposure to trans content
 - Reality: This "study" has horrible data. This study asked the PARENTS of trans children about the signs of ROGD, never asking the children why they transitioned. Additionally, the sites where the surveys were conducted were on anti-trans websites, tainting the results (Sites were 4thwavenow, transgender trend, and youthtranscriticalprofessionals).
- [\[2020\] EWHC 3274 \(Admin\) Bell -v- Tavistock](#)
 - Claim: A British High court ruled that "It is highly unlikely that a child aged 13 or under would be competent to give consent to the administration of puberty blockers. It is doubtful that a child aged 14 or 15 could understand and weigh the long-term risks and consequences of the administration of puberty blockers." So puberty blockers should under no circumstances be given to children.
 - Reality: This is actually true, HOWEVER, this decision was overturned by the [Court of Appeals](#). In the Appeals court, they said that in regards to puberty blockers "it is for the clinicians to exercise their judgment knowing how important it is that consent is properly obtained according to the particular individual circumstances."
- [Steensma, Thomas D et al. "Desisting and persisting gender dysphoria after childhood: a qualitative follow-up study." Clinical child psychology and psychiatry vol. 16,4 \(2011\): 499-516. doi:10.1177/1359104510378303](#)
 - Claim: In this study, 24 kids (45.3%) out of 53 trans kids detransitioned, showing that detransition is common
 - Reality: This study is hugely flawed because it claimed "*did not reapply for treatment at the Gender Identity Clinic during adolescence. As the Amsterdam Gender Identity Clinic for children and adolescents is the only one in the country, we assumed that their gender dysphoric feelings had desisted, and that they no*

longer had a desire for sex reassignment.” So basically they assumed they detransitioned leaving our possible factors like cost, parental discrimination, outside medical issues, moving to another place, etc. TL;DR it’s unreliable.

- [Cantor, James. “Do trans kids stay trans when they grow up?” *Sexology Today!*, 11 January 2016.](#)
 - Claim: These 11 studies prove that transgender kids DO NOT stay transgender as they age.
 - Reality: Responses partly taken from Jangles ScienceLad’s [Video](#) (WATCH IT). [in progress b/c it’s long]
- [Singh, Devita et al. “A Follow-Up Study of Boys With Gender Identity Disorder.” *Frontiers in psychiatry* vol. 12 632784. 29 Mar. 2021. doi:10.3389/fpsy.2021.632784](#)
 - Claim: This study of 139 AMAB children with gender identity disorder (GID) had a 87.8% desist rate with only 12.2% persisting. Therefore Detrans is common
 - Reality: This study is riddled with methodological problems. First, 51 (36.7%) were subthreshold for GID, you can’t desist from something you were never qualified for. Next problem is that 53 fell under the DSM-III and 45 fell under the DSM-III-R which doesn’t even require one to insist on being a girl, in the DSM-3R it states that it’s rare for a child to insist on being a girl (Zucker 2009). Additionally we don’t know why these kids desist or even if they were transgender in the first place.

Refuting Transphobic Arguments And Myths

- Uvalde School Shooter Myth
 - Claim: The Uvalde shooter was a “transsexual leftist illegal alien.”
 - Reality: This is completely disingenuous and disgusting slander. The two images being spread are not of the shooter but of ALIVE and young transgender women. They merely look a tad similar to the shooter, and they have posted on their social media accounts after the shooting showing they are not the shooter and are alive and well (unlike the shooter) ([MacGuill 2022](#)).
- Lia Thomas Myths
 - Claim: Lia Thomas had an unfair advantage against her cisgender competitors and basically stole NCAA Division I national championship for women's 500-yard freestyle. She jumped from 462 in the Men's event to 1st in the Women's event.
 - Reality: This isn’t true. Lia Thomas was on an equal playing field. Not only did her times decrease overall before HRT, she broke no records at the tournament, while Katie Douglass, a cis woman, had broken 18 of the NCAA records ([Dodds 2022](#)). Two months before the NCAA event she lost to 4 cisgender women and 1 transgender man who wasn’t on testosterone ([Kinsey 2022](#)). Thomas followed all NCAA guidelines when it came to trans competitors ([Webb 2022](#)). Lia was on HRT one year before going on the women’s team, according to said guidelines ([Levenson 2022](#)).

Additional Resources

- [☰ Trans Research Compilation](#)
 - Document on Trans issues in and research by Ari/Nipple Clampz
- [☰ Mini Debunk Doc](#)
 - The document “Mini Debunk Doc” owned by PanNessMain/Sleepy Ness Mai
- <https://source-library.github.io/source-library/trans-rights>
 - Source Library’s Trans section by Scuter and others

Replies to transphobic copypastas

(Note: these are meant to be offensive, do not use with good-faith people who have genuine questions about trans people)

1. There are cis women who do not have wombs, ovaries, and eggs. Are they not real women? Not all trans girls are straight, there are trans lesbians or trans bisexuals. also who the hell ever thought nature was perfection, there are a lot of things that can be improved upon in nature.

2. what about other trans people? I'm sure they don't laugh at their friends' appearances. even the fact that you assume we must depend on the validation of others is naïve. If I may be brutally honest, if you don't like the way I look or the way I live, you can go fuck yourself. It's a free country and I intend on keeping it that way.

3. Why exactly would I care about the opinions of a scared cunt like you? if I want to know if men actually like me, I will go talk to a man who has touched grass more than twice in his life. You greatly overestimate your ability to clock a trans person, and when you try to intentionally look for trans people all you do is make yourself even more terrified of cis women who you think are trans because they have a big nose. Face it, our ability to pass scares you. And what axe wound? I'm confused as to what you mean.

4. I'm actually getting quite a bit of malevolent glee out of responding to this message, damn, if the sweet pleasure of winning a debate isn't happiness idk what is.

5. Thanks for your kind suggestion, but I will keep living purely out of spite for you. I can see your face turning red from here. My parents can't mark my grave with my birth name, because I have legally changed my name and to do so would be a crime. Also, I'm chill with my bone structure, it doesn't actually look too masculine.

6. Fate does not exist, I did not choose who I am. I hope to god I never look back on my transition.

7. What about trans men? Are you too scared to face one of them down, pussy?

Sexual Orientation Specific

Misquoted/Miscited Studies and Sources

- [Freund, K, and R J Watson. "The proportions of heterosexual and homosexual pedophiles among sex offenders against children: an exploratory study." Journal of sex & marital therapy vol. 18,1 \(1992\): 34-43. doi:10.1080/00926239208404356](#)
 - Claim: This study shows that Homosexuals are more likely to become pedophiles, 50% of gay men are pedophiles, and 33% of LGBT folk are convicted, child molesters.
 - Reality: THIS IS A GROSS MISCHARACTERIZATION OF THIS STUDY. The last sentence of the abstract says that the findings of the study "would not indicate that androphilic males have a greater propensity to offend against children." It goes on to even say that near the end and even [CITES A DIFFERENT STUDY](#)¹ saying that being gay doesn't equal a higher chance of being a pedophile. Additionally no where does it indicate that 50% of gay men are pedophiles nor says the LGBT folk are convicted, child molesters. The closest number to this was the study saying that the ratio of heterosexual to homosexual pedophiles was 11:1 (meaning that 8.33% of gay men are pedos according to the study). The study says that "[the data] suggests that the resulting proportion of true pedophiles among persons with a homosexual erotic development is greater than that in persons who develop heterosexually" however they never really define what qualifies as homosexual erotic development nor heterosexual erotic development.

Bad/Debunked Studies and Sources

- [Regnerus, Mark. "How different are the adult children of parents who have same-sex relationships? Findings from the New Family Structures Study." Social science research vol. 41.4 \(2012\): 752-70. doi:10.1016/j.ssresearch.2012.03.009](#)
 - Claim: Children adopted by LGBT parents are 1150% more likely to be molested and have a 250% increase of getting an STD
 - Reality: Broken families were excluded from the straight group but did not do so for gay and lesbian couples. Additionally, the range of the sample of children was born in the range of 1971 and 1994, when same-sex marriage was illegal in the whole USA, which means that many could have been in a straight relationship and fell out due to sexuality of the LGB partner and/or biphobia. Overall, all the study really shows is broken homes are bad.
 - [Video Debunking Study](#)

¹ Freund, K., Watson, R., & Rienzo, D. (1989). Heterosexuality, homosexuality, and erotic age preference. Journal of Sex Research, 26(1), 107–117. <https://doi.org/10.1080/00224498909551494>

- [+200 Researchers' response to the study](#)
- An Audit of the study but it was posted by a [news source](#).
- [Washington Post talking about a response study](#) and here is the link to the study but it's behind a [paywall](#).
- [Heath and Moan 1972 \("SEPTAL STIMULATION FOR THE INITIATION OF HETEROSEXUAL BEHAVIOR IN A HOMOSEXUAL MALE"\)](#)
 - Claim: Homosexuality can be cured by: drilling holes in a gay person's brain, stimulating the said brain with electrodes, then making them have sex with a woman.
 - Reality: Not a big study group, this "experiment" was only performed on one person who was male. Fun Fact, having one person in an experiment does not prove that you can "cure homosexuality." This is a laughable study.
 - [Bizarre Brain-Implant Experiment Sought to "Cure" Homosexuality - Scientific American Blog Network](#)

Refuting Anti-LGB Arguments and Myths

- Claim: gay men are a scourge because they transmit disease.
 - The most common way of transmitting an STI is through unprotected anal intercourse, but not all gay men participate in that activity. There are ways to have safe anal intercourse, but many gay people do not learn these due to uninclusive sexual education. Your point also completely disregards gay women, who have the lowest STI transmission rate of all. This article has good info on why the disparity on STI transmission is so high.
<https://www.verywellhealth.com/why-do-gay-men-have-an-increased-risk-of-hiv-3132782>
- Claim: gay people are immoral because God does not like them. They will go to hell.
 - Well, that is your religion and you have a right to it. That does not mean you can force your religion on anyone else, or force your interpretation of it on anyone else. Religious freedom goes both ways.
- Claim: gay people do not fulfill their duties to society and contribute to decreasing birth rates
 - There are more than 400k children in the US foster care system, many of which get adopted by queer couples. In a way, they fix the mess that is irresponsible sex leading to pregnancy. Also, nowhere in the constitution or in any other commanding document that is secular does it state: "Thou shalt have a baby." no one has any obligation to reproduce if they do not want to.
- Claim: it has become a new trend to be gay and they are poisoning the minds of our children
 - We don't actually know what causes sexual preference, but we know that being queer is not a "social disease"
(<https://blogs.scientificamerican.com/guest-blog/is-homosexuality-a-choice/>). What we do know is that seeing queer individuals being themselves in public and being able to exercise the freedoms everyone deserves allows queer children to

feel more comfortable with themselves, boosts self-esteem, and lowers the risk of suicide by over 50%. Your child will not become gay by seeing two women kiss at a public park or seeing two men holding hands. Many children feel as though they were always gay, just like you have always been straight. The only thing that queer media portrayal does is allow a marginalized community to finally get a glimpse of themselves in a mirror.

Additional Resources

- <https://source-library.github.io/source-library/gsrmlgbtq>
 - Source Library LGB section by Scuter and others