

Trans Rights

- Gender vs Sex
 - According to the American Psychological Association, **gender** refers to the attitudes, feelings, and behaviors that a culture associates with a person's biological sex, while **sex** describes the biological sex a person was assigned at birth.
 - Gender is a social construct and identity malleable to the needs of an individual
 - Sex is rigidly assigned at birth, determined by hormonal, anatomical, and chromosomal factors.

Debunking Anti-Trans arguments

- “Basic biology”
 - If you're looking for a scientific consensus regarding the validity of trans and non-binary people:
 - Here is an incomplete list of medical associations that separate gender and sex and recognize trans and non-binary as valid:
 - American Psychological Association
 - American Medical Association
 - American Psychoanalytic Association
 - Human Rights Campaign
 - American Academy of Pediatrics
 - American College of Osteopathic Pediatricians
 - Royal College of Psychiatrists
 - United Nations
 - United Kingdom's National Health Service
- “It's a mental illness”
 - “high suicide rates”
 - **Yes, trans people face statistically higher suicide rates.**
 - This, however, is not an indicator that trans people are somehow detached from reality and don't deserve society's acceptance. In fact, it indicates the opposite. Trans people face higher suicide rates due to societal pressures.
 - Social stigmas around trans people have harmed the trans community
 - [A 2012 study](#) on parental support for trans youth found that parental support alone

drastically increases self esteem, physical and mental health, intent to parent, and overall life satisfaction among trans individuals.

Strong parental support for trans youth cuts risk of suicide from 57% to 4%.

- [A UCLA analysis of a 2015 US survey of trans adults](#) found that:
 - Respondents who experienced discrimination or were a victim of violence were more likely to report suicide thoughts and attempts.
 - Access to **gender-affirming** medical care is associated with a **lower prevalence of suicide thoughts and attempts.**
 - **98%** of respondents who had experienced four instances of discrimination and violence in the past year **thought about suicide** that year; **51% attempted suicide** in that year
 - 13% of respondents who had been denied equal treatment because they are transgender reported suicides in the past year
- **Males face higher suicide rates**
 - This is not an indicator that white males are somehow detached from reality and don't deserve society's acceptance. In fact, it indicates the opposite. Men face higher suicide rates due to societal pressures.
- "I can't change my age, species, etc."
 - Age and species are not malleable social constructs and have a rigid definition rooted in strict biological confines. Gender is not the same. Any suggestion that accepting trans validity will lead to "transage" is a slippery slope fallacy and ignores the complexities of gender.
- "This is all new"
 - Gender diverse societies have existed worldwide for centuries
 - Alyha and Hwame (Mohave)
 - Ankole (Uganda)
 - Khanith (Oman)

- Metis (Nepal)
- Lhamana (Zuni)
- Baklas (Philippines)
- Fakaleiti (Tonga)
- Muxes (Oaxaca)
- Winkte (Lakota)
- Three genders of Middle Egypt
- Five genders of the Bugis (Sulawesi, Indonesia)
- Hijras (India)
- Köçeks (Ottoman Empire)
- Waria (Indonesia)
- Māhū (Hawaii)
- Fa'afafine (Samoa)
- Ninaupoxkitzipxpe (Blackfoot)
- Itijjuaq (Inuits)
- Ashtime (Maale, Ethiopia)
- Acaults (Myanmar)
- The western concept of a gender binary is not the standard.
- “Why should I have to call trans people by their preferred pronouns?”
 - The truth is: you don't.
 - Nobody is forcing you to call people by their preferred pronouns
 - My name is Alexander, I prefer to go by Alex.
 - There is nobody **forcing** you to call me Alex, but, if I prefer it, there's no reason not to.
 - To change my name is just as valid as changing my whole gender.
 - However, here are some of the effects of social transition to take into account:
 - [Journal of Adolescent Health: Connolly et al. 16](#)
 - Analyzes consensus on the effectiveness of **social transition** (total people n = 301,500)
 - *“Gender-affirming medical therapy and supported social transition in childhood have been shown to correlate with **improved psychological functioning** for gender-variant children and adolescents.”*
 - [American Academy of Pediatrics: Olson et al. 16](#)
 - Socially transitioned transgender children who are supported in their gender identity have:
 - **Normative** levels of **depression**
 - **Minimal** elevations in **anxiety**

- **Lower rates of internalizing psychopathology** (a spectrum of conditions characterized by negative emotion) than non-socially transitioned people
- [Trujillo et al. 17](#)
 - Helping trans individuals cope with harassment and rejection, particularly by drawing on social support, may **promote better mental health**, which could help **reduce suicidality** in this population.
- [Journal of the American Academy of Child and Adolescent Psychiatry: Durwood et al. 16](#)
 - **Children who socially transition** report levels of depression and anxiety which **closely match** levels reported by **cisgender children**, indicating social transition massively decreases the risk factor of both.
- [Russell ST, et al. 18 \(cited\)](#)
 - Compared to those without chosen name usage, trans people with chosen name usage experienced:
 - **71% drop in severe depression**
 - **34% drop suicidal ideation**
 - **65% drop in suicide attempts**
- “Why do ppl need medical transitions?”
 - Medical transition (including sex reassignment surgery) decreases dysphoria, suicide attempts, and improves depression and anxiety
 - [Cornell University](#)
 - **ENORMOUS** meta-analysis on transgender people and the effect gender transition has on their mental health
 - **Of 56 studies, 52** indicated transitioning has a **positive effect** on the mental health of transgender people and **4** indicated it had **mixed or no results**.
 - **ZERO** studies indicated gender transitioning has **negative results**
 - [Murad et al. 10](#)
 - **ANOTHER** meta-analysis of **28** studies on transition and hormones
 - Sex reassignment/hormonal improvements:

- **80%** of individuals reported significant improvement in **dysphoria**
- **78%** of individuals reported significant improvement in **psychological symptoms**
- **72%** of individuals reported significant improvement in **sexual function**
- overall quality of life was found to have increased significantly
- Lower quality evidence, see methodology. Still significant and helpful findings regardless.
- [Vries et al. 14](#)
 - Longitudinal study on the **effectiveness of puberty suppression, hormones, and later sex reassignment surgery** on trans individuals in improving mental outcomes
 - **Unambiguously positive results** - results indicate puberty suppression, support of medical professionals & SRS have markedly **beneficial outcomes** to trans individuals' mental health and productivity.
 - These indicators were "similar to or better than same-age young adults from the general population"
- [The Endocrine Society 15](#)
 - *"A new study has confirmed that **transgender youth often have mental health problems** and that their depression and anxiety **improve greatly with recognition and treatment of gender dysphoria**"*
- [Nobili 18](#)
 - Longitudinal meta-analysis which indicates **transgender people** have a **lower quality of life** than the general population.
 - However, that quality of life **raises dramatically** with '**Gender Affirming Treatment**', the nature of which is detailed extensively in-text.
- "puberty blockers are harmful/not ethical"
 - Puberty blockers are safe, well-studied, completely reversible, endorsed by credible medical and endocrinological associations, and effective at reducing dysphoria, anxiety, and depression.
 - Focusing strictly on the ethicality of puberty blockers, this paper argues that the general improved quality of life, including substantially reduced risk of suicide, outweighs the ethical considerations of disrupting puberty. Puberty blockers can be used to relieve stress from a patient

and give them more time to get an accurate diagnosis of the situation, as was the case here - certainly more ethical to go forward with an accurate diagnosis than without one.

Compiled studies on puberty blockers

CREDIBILITY	INFO	LINK
Human Rights Campaign report	Affirms the validity of transgender youth , encourages appropriate care and respect for their transness and provides resources on how to do so; Reports that hormone blockers are the ONLY treatment used on adolescents and are COMPLETELY reversible .	Human Rights Campaign et al. 16
International Journal of Transgender Health report	Key finding is that that provision of puberty delaying medications to adolescents with gender dysphoria is not experimental, Hormone blockers are not new <i>"Since the mid 1990s, puberty delaying medications have been prescribed to some adolescents (not prepubertal children) with severe and persistent gender dysphoria, in cases in which such distress was aggravated by pubertal development."</i> <i>"The Royal College of Psychiatrists, in 1998, recommended delaying puberty in young adolescents who experienced strong and persistent 'cross-sex identification' and distress around the physical body that intensifies with the onset of puberty."</i> <i>"Puberty blockers are not 'novel' treatment. They were recommended by prominent bodies of medical opinion in the</i>	International Journal of Transgender Health 2020

	UK and internationally over two decades ago, and have thus been part of standard medical treatment for many years.” “GnRHa has been used in the treatment of gender dysphoria since the mid 1990s, and their efficacy in delaying puberty in adolescents is documented by numerous studies and scientific publications” (21 scientific studies are then listed)	
Greek study on the cognitive effects of puberty blockers	“Current evidence does not support an adverse impact of gender-affirming hormone therapy on cognitive performance in birth-assigned either male or female transgender individuals	Karalexi et al. 20
Study on the executive functioning side effects of puberty blockers	“our results suggest that there are no detrimental effects of GnRHa on EF”	Staphorsius et al. 15
Endocrine Society	“Puberty suppression typically relieves distress for trans adolescents by halting progression of physical changes such as breast growth in trans males and voice deepening in trans females and is reversible in its effects” “Puberty suppression medication is reversible”	Endocrine Society Guidelines: Hebrée et al 17
2008 study on psychological function before and after puberty blockers	“Behavioral and emotional problems and depressive symptoms decreased, while general functioning improved significantly during puberty suppression”	De Vries et al. 11

- “But bathrooms”
 - *Evidence for the public safety argument in regards to bathroom bills is unsubstantiated in data.*
 - [Hasenbush et al. 19 \(non-paywall\)](#)
 - **Analysis of crime & privacy violations** as they relate to concerns raised by those who advocate for ‘**trans bathroom bills**’
 - Analysis indicates there is **no empirical evidence to support these concerns**; such crimes & privacy violations are **exceedingly rare**.
 - Calls for trans bathroom bills are **fearmongering**, plain and simple.
 - If a cisgender man wanted to use the bathroom as an excuse to rape women, **he doesn't have to fake being a woman to go in there**. The law won't physically prevent him from going in there.
 - Rape and sexual harassment are already illegal, so if your primary concern is women being sexually harassed or raped by men in the bathroom, then there's already laws to address your concerns.
- “But athletes”
 - *Trans athletes are at no significant advantage in athletics, especially since hormones reverse any strength discrepancies, yet face substantial discrimination in athletics.*
 - [Jones et al. 17](#)
 - Meta-analysis covering prior research on **trans individuals' performance in sports** and preexisting **sports policies** concerning trans people
 - “There is no direct or consistent research suggesting transgender female individuals (or male individuals) have an athletic advantage at any stage of their transition
 - (includes cross-sex hormones, gender-confirming surgery)
 - competitive sport policies that place restrictions on transgender people need to be considered and potentially revised.
 - Additional findings show most sports policies are **not evidence-based** and trans individuals experience **substantial discrimination** from sports institutions.
 - [National Collegiate Athletic Association: Griffin et al. 10](#)

- “Any athletic advantages a transgender girl or woman arguably may have as a result of her prior testosterone levels **dissipate after about one year** of estrogen therapy”
- “According to medical experts on this issue, the assumption that a transgender girl or woman competing on a women’s team would have a competitive advantage outside the range of performance and competitive advantage or disadvantage that already exists among female athletes is **not supported by evidence.**”
- “They/Them isn’t grammatically correct”
 - [Grammarly - Mora 18](#)
 - They/Them Pronouns are academically approved
 - As of 2019, most big style guides—including the Associated Press, the Chicago Manual of Style, the MLA style manual, and the APA style manual—accept the usage of the singular they.
 - [Oxford English Dictionary](#)
 - Traces singular they back to 1375, demonstrating a large historical precedent.
 - “They” is grammatically similar to “You,” which “was a plural pronoun that had become singular as well.”