

YOUR GUIDE TO
UNDERSTANDING
KEY DISCUSSION
POINTS



BELIEF BRIEF



GAYTHER

LGBTQIA+ FOCUS

Transgender Edition



"No pride for some of us without liberation for all of us."

MARSHA P. JOHNSON

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CONTENT WARNING | The Belief Briefs aim to encourage questioning of established ideas, the use of divisive language, and the provision of alternative perspectives. They are not meant to insult or belittle any faith or belief but to challenge assumptions and promote reflection. If questioning your beliefs makes you uncomfortable or you prefer your truths remain unchallenged, approach with caution.

01 ABOUT THE BELIEF BRIEFS



How often have you seen, heard, or had firsthand experience of someone using outdated rhetoric, selective interpretations of religious scripture, or personal opinions to justify how they speak about others and, more importantly, how they treat you?

Too often, these views and opinions are rooted in fear, misinformation, or limited engagement with the communities involved, all of which can lead to racist, homophobic, or transphobic language and actions that clash with modern societal values and with the principles of compassion, dignity, and humanity found across numerous faiths and cultures worldwide.

Even though many of these opinions may come from far-right groups, extremists, bad-faith actors, or simply uninformed individuals, they are still hard to ignore. If we do not challenge them, these false stories and baseless claims can quickly be accepted as truth, shaping public perceptions of people and influencing how they are treated in everyday life, politics, and society.

The Belief Briefs are here to support and inspire open conversations. They are a collection of downloadable guides covering a wide range of topics, from Christianity to transgender identities. Created to gently challenge assumptions, long-standing opinions, and misinformation, they do so without attacking anyone's faith or personal beliefs. The hope is to foster understanding, encourage critical thinking, and promote open, evidence-based dialogue where everyone can feel heard and respected.

These briefs examine how misinformation, selective interpretation, and historical narratives are often accepted as fact without question. They also show how some people or groups might use long-standing beliefs to support personal, political, or ideological aims.

By using historical background, factual details, and thoughtful reasoning, the Belief Briefs are here to help you better understand tricky topics, spot and challenge misinformation, and join in more meaningful conversations.

Think of the Belief Briefs as a helpful guide for tackling fact-related challenges, encouraging critical thinking, and sharing well-informed views on common beliefs and social stories.

02 INTRODUCTION



Today, it is difficult to ignore what feels like a constant wave of negative rhetoric directed at the LGBTQIA+ community. Across parts of the world, governments are reintroducing antiquated laws and policies that many believe are designed to marginalise, degrade, and target LGBTQIA+ individuals. For many within the community and its allies, it feels as though progress is being challenged, and rights once considered secure are increasingly under threat.

Much of this rhetoric is amplified by far-right and deeply conservative groups and political movements that continue to gain visibility and influence globally. For decades, advocates and members of the wider LGBTQIA+ community have worked tirelessly to educate, inform, and challenge harmful misconceptions. Their efforts have sought to dismantle outdated stereotypes, fears, and narratives that have historically been used to divide people. At its core, the message has always been simple: there is far less that separates us than unites us. In many cases, the only difference is who someone loves or how they identify.

Yet increasingly, public discourse appears to be shifting backwards. Narratives that many believed had been left behind generations ago are resurfacing and being reframed for modern audiences. Through the spread of misinformation, exaggerated statistics, and sensationalised stories, fear is once again being used as a political and social tool. Arguments have evolved from claims that LGBTQIA+ people are “turning children gay” to accusations of “brainwashing” through books, education, and media that reflect the reality of modern society.

These narratives are often successful only when uncertainty, fear, or unresolved questions already exist within society. When people are led to believe there is a threat where none exists, division becomes easier to manufacture. The belief briefs are not intended to portray the LGBTQIA+ community as flawless or beyond criticism. As in every community and society, there are individuals whose actions do not reflect the values of the wider group. However, those individuals should not define millions of ordinary people simply living their lives.

LGBTQIA+ people are your friends, neighbours, family members, colleagues, and community members. Their identity does not erase the person they have always been — their childhood, values, experiences, or humanity. The only difference is that they may now openly identify as LGBTQIA+.

At our core, most people are driven by similar hopes, values, and aspirations: the desire to live freely, safely, honestly, and without fear of discrimination. Just as no one should have the right to dictate how you live your life, the same principle applies to those who identify as LGBTQIA+.

03 CORE CLAIMS

In the Core Claims section, we will explore common arguments both supporting and opposing the treatment of the LGBTQIA+ community. While many perspectives seem well-established, rooted in centuries of tradition and belief, closer examination often reveals them to be modern reinterpretations. History indicates that societies and individuals who have shared the same faith for thousands of years did not always view certain beliefs or values as these arguments imply.

Transgender people make up a very small proportion of the population, estimated at around 1% or less. Some may never openly identify as transgender because of stigma, discrimination, or safety concerns. When you hear alarming claims about transgender people, ask yourself: how many transgender people do I actually know? Does the claim reflect reality, or is it based on fear, stereotypes, or isolated incidents? Like many minority groups, transgender people are often talked about more than they are listened to. Understanding begins with evidence, not assumptions.

For a long time, LGBTQIA+ people and other vulnerable groups have been targeted in political discourse not because they pose a threat, but because they are often used to amplify broader social anxieties. These anxieties commonly include fear of change, uncertainty, and difference. In such contexts, misinformation may be presented as fact, statistics can be exaggerated, and isolated incidents may be framed as widespread issues. This can contribute to the politicisation of minority communities, diverting attention from structural issues that more directly affect people's lives, such as governance, economic inequality, and access to opportunity.

In the past five years, public rhetoric and media narratives about the transgender community have often been misleading, exaggerated, and, at times, demonstrably false. The result has been a climate of misunderstanding that has contributed to stigma, discrimination, and poor mental health outcomes for many transgender people. While some of the arguments outlined in this section reflect comments people genuinely make, they also reveal the extent of the misinformation, fear, and misunderstanding that continues to surround this small but vulnerable community.

The evidence is clear: transgender people are not inherently a threat; they are not unnatural; and no evidence shows that allowing people the freedom and legal right to transition undermines the rights, safety, or freedoms of others. What transition affects is the well-being, dignity, and quality of life of the transgender person themselves.

This discussion will now turn to some of the key arguments that have been made, and continue to be made, about transgender people, and compare them with the evidence, lived experiences, and realities that too often go unheard.

THERE ARE ONLY TWO GENDERS

Only men and women exist



- Some people believe that gender is strictly binary, with humanity divided into only male and female categories. This view is often supported by references to religious texts that describe creation in terms of a man and a woman, as well as by the observation that most biological sex traits fall into two broad categories.
- From this perspective, sex assigned at birth is understood as fixed and directly determinative of a person's gender, with little or no variation.
- Some also argue that deviations from this binary framework indicate a medical or psychological condition that requires correction rather than affirmation.
- However, this interpretation reflects one particular way of understanding sex, gender, and human variation, and is not the only framework used in biology, medicine, or contemporary social science.

THE REALITY

- Biological sex, gender identity, and gender roles are related but distinct concepts.
- “Natural” generally refers to things that exist in or arise from nature rather than being created by humans. Under this definition, transgender and intersex people are no less natural than anyone else.
- Biological sex is typically described in terms of anatomy, chromosomes, and reproductive function, and is often categorised as male or female. However, human biological variation is more complex than a strict binary would suggest. Some people are born with intersex traits, meaning their chromosomes, hormones, or anatomy do not fit typical definitions of male or female.
- Intersex traits are not rare anomalies created by modern society but naturally occurring variations in human biology that have existed throughout recorded history.
- Broader biological diversity is also common in nature. Across many species, sex characteristics and reproductive roles can change over a lifetime, overlap, or function in ways that do not fit a strict binary model. While humans are not these species, they demonstrate that biological systems in nature are often more varied than simple categories suggest.
- Gender refers to the social, cultural, and personal experience of identity, often understood as being a man, a woman, both, neither, or along a spectrum. Throughout history, different cultures have recognised and structured gender in different ways.
- Modern medical and psychological organisations do not classify being transgender as a mental illness. While some transgender individuals may experience distress related to incongruence between assigned sex and gender identity, this distress is distinct from identity itself.

Act like a man, behave like a woman



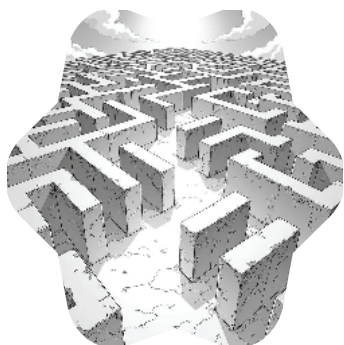
- Many people view men and women as occupying distinct social roles and expectations.
- In some cultures, girls are often expected to be nurturing, gentle, emotionally expressive, and interested in traditionally feminine activities. In contrast, boys are often expected to be strong, competitive, protective, and emotionally restrained.
- Individuals who do not conform to these expectations may be described as masculine women, feminine men, “butch,” or “effeminate,” reflecting how gender expression is interpreted against these norms.
- Because these patterns are widely observed across societies, some people interpret them as evidence that gendered behaviours are natural and biologically determined rather than socially shaped.

THE REALITY

- Both biology and the environment shape human behaviour.
- There is an ongoing academic debate about the relative influence of inherited traits and learned experience. Some aspects of human behaviour, such as basic stress responses and certain emotional tendencies, have biological foundations, while others are significantly shaped by culture, upbringing, and the social environment.
- Many ideas about masculinity and femininity are learned through family, religion, culture, the media, and wider social expectations.
- For example, there is no biological basis for associating colours such as blue or pink with specific sexes. These associations have changed over time and vary across cultures.
- Gender roles also differ significantly around the world. Behaviours considered masculine in one cultural context may be interpreted differently in another, suggesting that many gendered expectations are socially constructed rather than biologically fixed.
- From early childhood, people are often taught what is considered appropriate behaviour for boys and girls. These expectations can influence how individuals express themselves and how others perceive them.
- Because gender roles are socially learned, individuals may express their gender in ways that do not align with traditional expectations. In this context, gender identity can be understood as involving both internal self-understanding and social experience, rather than being determined solely by anatomy.

#3 THE TRANSGENDER “EPIDEMIC”

Exaggerating the size and impact of transgender people



- Some modern political campaigns and media narratives portray transgender people as a growing source of social concern or controversy.
- Common concerns in this context include access to gendered spaces such as bathrooms and changing rooms, with arguments often centred on safety, privacy, or safeguarding.
- Others express concern about the visibility of transgender identities in education and public life, particularly regarding how children understand gender and identity.
- Debates also frequently arise over transgender participation in sport, with arguments focusing on fairness, competitive advantage, and the criteria used to determine eligibility.
- More broadly, some people believe that increasing recognition of transgender identities reflects an attempt to redefine or expand traditional understandings of what it means to be a man or a woman.

THE REALITY

- Public discussion can sometimes create the impression that transgender people make up a larger share of the population than they do, particularly when media coverage and political debate amplify the topic.
- In reality, transgender people remain a small minority. Estimates in many Western countries typically place the transgender population at approximately 0.5% to 1.5% of adults, though figures vary depending on methodology and definition.
- Transgender people are not a new phenomenon. Historical records from multiple cultures describe individuals who lived outside conventional male and female roles long before contemporary political or medical terminology existed.
- Biological sex is real, but human biological variation is more complex than simple binary categories can capture. Intersex traits, involving variations in chromosomes, hormones, or anatomy, have existed throughout human history and illustrate this diversity.
- Research in psychology and related fields generally views gender identity as emerging from a complex interplay of biological, developmental, psychological, and social factors.
- Major medical and psychological organisations do not classify being transgender as a mental illness.
- As with other areas of public policy, discussions about healthcare, education, sport, and public accommodation are typically most robust when grounded in evidence rather than in fear, assumptions, or stereotypes.
- In principle, questions of rights and protections are determined not solely by population size but also by considerations of fairness, dignity, and equal treatment.

Being authentic is seen as an illness



- Being transgender was historically classified as a mental disorder in some medical classification systems, though this classification has since been revised in many contemporary frameworks.
- Some people argue that distress related to gender identity reflects a psychological condition that should be addressed by approaches aimed at changing or aligning identity rather than affirming it.
- Others view being transgender as a choice, or suggest that some individuals may adopt a transgender identity for social reasons, such as attention, identity exploration, or perceived social advantage.
- It is also argued that, in different social or cultural contexts, or under stronger gender role expectations, fewer people might identify as transgender.

THE REALITY

- For many years, medical and psychiatric frameworks did not fully understand transgender identities, and being transgender was classified as a mental disorder in some diagnostic systems.
- The World Health Organisation (WHO) removed “transgender identity” from the mental disorders section of the International Classification of Diseases (ICD-11) in 2019.
- Major medical organisations do not classify being transgender as a mental illness. However, gender dysphoria is a recognised clinical condition that describes the distress that can arise from a mismatch between a person’s gender identity and their sex assigned at birth. The diagnosis concerns distress, not identity itself.
- Research indicates that access to gender-affirming care is associated with improved mental health outcomes for many transgender individuals, including reduced distress, anxiety, and depression.
- Higher rates of anxiety, depression, and suicidal ideation observed among transgender populations are widely understood in the clinical literature to be associated primarily with external factors such as discrimination, stigma, and lack of social support, rather than with being transgender itself.
- Studies also suggest that supportive environments in families, schools, and workplaces are associated with better mental health outcomes for transgender people.
- Discussions about rights, healthcare, and public policy are generally most robust when grounded in empirical evidence and when they do not require denying the existence or validity of minority identities.

BEING TRANS DOES NOT MEAN YOUR IDENTITY IS REAL

Legal recognition is separate from how you see yourself



- In biological terms, some people understand sex as strictly binary, with only male and female categories.
- From this perspective, sex assigned at birth is seen as fixed, and social or legal recognition of gender identity is not considered sufficient to alter that classification.
- Some also argue that an individual's internal sense of identity does not obligate others to recognise them by that identity in social or institutional contexts.
- Within this framework, it is sometimes claimed that trans women are not women and trans men are not men, based on a definition of gender that is tied exclusively to biological sex.
- It is also sometimes suggested that because research into gender identity is relatively recent or evolving, experiences of gender incongruence are less established or less reliable than more traditional classifications of sex.

THE REALITY

- Real women exist. Real men exist. Real trans women and trans men also exist; human experience does not reduce neatly to a single checklist.
- Transgender individuals typically understand the distinction between biological sex and gender identity. Transition does not erase biological characteristics, but it can align external life with an internal sense of self.
- Gender is not determined solely by chromosomes, genitals, or hormones. It is generally understood to involve a complex interplay of biological factors, identity, and social recognition.
- The term “real” is culturally loaded and can carry different meanings depending on context. Denying someone's gender identity does not change their lived experience, but it can affect how they are treated and socially recognised.
- Research suggests that gender identity often emerges early in life and is relatively stable for individuals with persistent and consistent transgender identification. Some older studies reported higher rates of “desistance” among children. However, later analyses have noted that these often included broader groups of gender-nonconforming children rather than those meeting stricter definitions of transgender identity.
- Gender identity is understood in clinical and psychological literature as an internal experience, not solely defined by external expression such as clothing, appearance, or behaviour. Social recognition and support are widely associated with better psychological outcomes.
- Major medical, psychological, and human rights organisations recognise transgender identities as valid and emphasise that respectful recognition of gender identity is important for wellbeing.

TRANS PEOPLE ARE CONFUSED OR DELUSIONAL

Rationalising difference



- Some people believe that transgender individuals may be confused about their identity, sometimes attributing this to developmental experiences, social influences, or past trauma.
 - Others view transgender identity as a misperception or distortion of self and argue that physical transition or social recognition does not align with biological reality.
 - It is also sometimes claimed that being transgender is a temporary phase, particularly among younger people, and that individuals may later identify with the sex assigned at birth.
- Within this perspective, transgender identity is framed as a cognitive or psychological interpretation of self rather than an accurate reflection of reality.

THE REALITY

- Most transgender people report a clear and consistent understanding of their gender identity, often emerging early in life. Research suggests that children who consistently, persistently, and insistentlly identify as a gender different from their sex assigned at birth are likely to maintain that identity into adolescence and adulthood.
- Being transgender is generally understood in clinical and psychological literature as a matter of self-identity rather than cognitive dysfunction. Terms such as “confusion” or “delusion” imply psychiatric conditions, whereas transgender identity is not classified as such by major medical organisations.
- Gender dysphoria, the distress that can arise from a mismatch between assigned sex and gender identity, is recognised by bodies such as the World Health Organisation (WHO) and the American Psychiatric Association (APA). Evidence indicates that gender-affirming care is associated with improved mental health outcomes for many individuals experiencing this distress.
- Claims that transgender identity is “just a phase” are not supported by most current research on persistent gender identity and can overlook the experiences of those who maintain their identity over time.
- Transgender people have been documented across many cultures and historical periods. Increases in visibility are generally understood to reflect greater social recognition and reduced stigma rather than the emergence of a new phenomenon. Visibility does not create identity; it allows existing

Perceived risk based on fear



- Some media coverage and political rhetoric have portrayed transgender people as posing a risk to others, particularly regarding safety in public spaces.
- In this framing, concerns are sometimes expressed that transgender inclusion may conflict with established social norms or traditional understandings of gender and sex-based spaces.
- Isolated incidents involving transgender individuals are at times highlighted in public discourse and presented as evidence of broader or systemic patterns, even when such conclusions are disputed.

THE REALITY

- A small number of incidents does not necessarily indicate a systemic problem. Individual cases should be assessed on their own facts rather than used to conclude an entire group.
- Transgender people, like any population group, include individuals who may commit offences. However, available evidence does not suggest that transgender people are more likely to offend than the general population.
- Research has found no credible evidence that trans-inclusive policies increase safety risks in public spaces, schools, workplaces, or bathrooms. The broader body of available research does not support claims that such policies lead to higher rates of assault or misconduct.
- By contrast, transgender people are significantly more likely to experience harassment, discrimination, and violence than to perpetrate it. Multiple studies indicate that trans individuals are disproportionately affected by victimisation and hate-motivated abuse.
- Fear of transgender people is often shaped by unfamiliarity, stereotypes, or the amplification of isolated incidents, rather than by population-level evidence. Media attention can also distort perception by making rare events appear more common than they are.
- Claims that transgender inclusion threatens societal values often reflect broader disagreements about social change rather than demonstrable risks. From this perspective, extending dignity, safety, and equal treatment to transgender people is not seen as diminishing the rights or freedoms of others.
- Historically, periods of social change have sometimes produced moral panic narratives in which minority groups are framed as threats despite limited or inconsistent evidence.
- Overall, this perspective distinguishes between identity and behaviour, arguing that safety concerns are most effectively addressed through evidence-based policy focused on conduct rather than assumptions about gender identity.

Reflecting your truth



- Some people believe that gender transition is unnatural.
- From this perspective, transitioning is seen as conflicting with perceived biological “rules,” or with religious, cultural, or moral frameworks that define gender in fixed terms.
- Gender-affirming actions may therefore be framed as excessive or unnecessary, with the underlying assumption that aligning one’s life with their gender identity is itself inherently problematic.
- Critics of this view often argue that such positions reflect moral or philosophical assumptions about a “natural order,” rather than purely biological or scientific claims.

THE REALITY

- Transgender people have been documented across societies and civilisations throughout history, suggesting that gender diversity is a recurring aspect of human experience rather than a modern development.
- Some research in neuroscience and psychology has explored potential biological correlates of gender identity, with findings suggesting that aspects of brain structure and function in transgender individuals may, in some respects, more closely align with their experienced gender than with sex assigned at birth. However, this remains an evolving area of study and is not understood as a single or definitive biological explanation.
- Variation in sex- and gender-related behaviours is also observed across the animal kingdom, including in certain species of fish, birds, and mammals, indicating that biological systems can exhibit diversity beyond rigid binary patterns.
- Clinical evidence indicates that restricting access to transition-related care can be associated with increased psychological distress. Transgender individuals who are unable to access desired forms of transition often report higher rates of depression, anxiety, and suicidal ideation. In contrast, access to supportive care is associated with improved mental health outcomes.
- The term “unnatural” is often used as a moral category rather than a scientific one. By that reasoning, many widely accepted medical interventions—such as surgeries, hormone treatments, or vaccinations—could also be described as “unnatural,” despite their therapeutic value.
- Gender-affirming hormone therapy and surgical interventions are recognised in major medical frameworks as treatment options for gender dysphoria. Studies commonly report improvements in quality of life and psychological well-being for many individuals following transition, though outcomes can vary.
- Transition is a personal process that primarily concerns an individual’s identity, health, and lived experience. Available evidence does not indicate that transgender people are more likely to harm

others; rather, research consistently highlights the importance of supportive environments in reducing self-directed harm and distress.

- Overall, supporting a person's gender identity and access to appropriate care is associated with improved health, safety, and quality of life in the clinical literature.

#9

TRANS RIGHTS HARM CISGENDER PEOPLE

The fear of extending rights



- Some people believe that laws, rights, and protections for transgender individuals challenge or expand traditional definitions of sex and gender.
- Others argue that broader legal and social recognition of transgender identities may create confusion about sex-based categories or affect how existing rights and protections are understood in practice.
- Some also feel that increased recognition of transgender people represents a shift away from long-established social norms and expectations surrounding gender roles and classification.
- Critics sometimes argue that, in certain contexts, institutions and governments have prioritised transgender-related policies in ways perceived as overlooking or conflicting with the concerns of cisgender individuals.

THE REALITY

- Rights are not a finite resource. Extending legal protections to one group does not remove protections from another. Rights are not a zero-sum system.
- Most cisgender people are not meaningfully affected in their daily lives by laws that protect transgender individuals from discrimination, harassment, or exclusion.
- Legal definitions and frameworks can evolve to reflect changing understandings of society and human experience. Expanding protections does not erase existing identities; it extends legal recognition and safeguards to additional groups.
- Transgender people are a small and often vulnerable minority who experience disproportionately high levels of discrimination, harassment, and violence. Legal protections are generally intended to address these inequalities rather than to grant preferential treatment.
- Available evidence from jurisdictions that have introduced trans-inclusive policies does not indicate systematic reductions in the rights, safety, or freedoms of cisgender people.
- For many transgender individuals, transition is a deeply personal process focused on living authentically and safely rather than on changing or challenging the rights of others.
- Practical concerns about public spaces and facilities are often more complex than simplified narratives suggest. Many approaches in practice aim to balance dignity, privacy, and safety for all individuals involved.

- Inclusion is not a matter of choosing between cisgender and transgender people. It is based on the principle that both groups can coexist with equal rights, dignity, and legal protection.
- Overall, this perspective challenges the assumption that extending protections to one group necessarily diminishes the rights of another, instead framing equality as a framework in which rights can be shared rather than competed for.

#10

MOST TRANS PEOPLE REGRET TRANSITIONING

Baseless claims designed to devalue



- Some people argue that a significant number of transgender individuals eventually regret transitioning or return to identifying with their sex assigned at birth.
- This view is often linked to the belief that being transgender is a temporary phase or something individuals may grow out of.
- Cases of detransition are sometimes highlighted in public discussion and used to suggest that transition is inherently harmful or generally mistaken.
- Critics of this view argue that it can reflect misunderstandings about the diversity of transgender experiences, the reasons detransition may occur, and the medical and social processes involved in transition.

THE REALITY

- It is important to distinguish between exploration, social transition, and medical transition. People may explore gender expression in different ways before arriving at a clearer or more stable understanding of themselves.
- Social transition can include changes to name, pronouns, appearance, and social role. For some individuals, this may be part of an ongoing process of identity exploration rather than a single, fixed decision.
- Research indicates that some people who explore gender identity, particularly those who are gender-nonconforming or questioning, may not go on to identify as transgender long-term. This is generally understood to reflect the diversity of human developmental pathways rather than to invalidate transgender identities.
- Medical transition is a separate process that typically involves clinical assessment, informed consent procedures, and, in many contexts, a period of living in one's affirmed gender role before access to hormone therapy or surgical interventions.
- Because of this structured process, regret following medical transition is reported to be uncommon in modern clinical literature. In contrast, many studies report high levels of satisfaction and improved

quality of life among those who proceed with transition.

- Detransition does occur in a small number of cases. However, research suggests that the reasons are varied and may include social pressure, stigma, lack of support, or changes in circumstances, rather than regret about gender identity itself.
- In medicine generally, low rates of regret are not unusual and do not, on their own, indicate that a treatment is ineffective or inappropriate.
- Overall, the available evidence does not support the claim that most transgender people regret transition. Instead, it suggests that for many individuals who pursue it, transition is experienced as a beneficial and affirming step.

#11

CHILDREN SHOULD NOT BE ALLOWED TO TRANSITION

Undeveloped minds should not explore



- Some people believe that greater visibility of LGBTQIA+ identities in schools and wider society is leading more children and young people to identify as transgender or LGBTQIA+.
 - This view often rests on the assumption that education on diversity, inclusion, and gender identity may prompt children to adopt identities they would not otherwise have considered.
 - Some also argue that children are not developmentally able to fully understand gender identity and therefore should not be supported in social transition at school or in other social settings.
- It is sometimes claimed that schools, peers, or broader cultural influences may encourage children to identify as transgender before they have developed a stable or fully formed sense of self.

THE REALITY

- It is important to distinguish between exploration, social transition, and medical transition. These represent distinct processes with varying degrees of permanence, clinical involvement, and support.
- Social transition can include changes to name, pronouns, clothing, and presentation. For some children and young people, this may form part of broader identity exploration rather than a fixed or final decision.
- There is no credible evidence that learning about diversity or inclusion causes children to “become” transgender. Education about different identities is generally understood to support understanding of self and others rather than altering a child’s underlying identity.
- Increased visibility of transgender and LGBTQIA+ people is widely interpreted as reflecting greater social acceptance and safety, allowing more individuals to express their identities openly, rather than indicating a sudden change in underlying prevalence.
- Children naturally explore identity in multiple ways as they develop. Gender identity can be one

aspect of this broader developmental process, alongside personality, interests, and social self-concept.

- Some studies suggest that children who are supported in their gender identity may experience better mental health outcomes than those who are not supported, although outcomes can vary depending on individual circumstances.
- Concerns about “confusion” are not supported by evidence from evaluations of school-based inclusion programmes, which are generally associated with improved wellbeing and safety outcomes for students, without evidence of influencing children’s gender identity development.
- Medical transition in minors is uncommon and typically subject to strict clinical oversight. It generally involves specialist assessment, multidisciplinary teams, and careful eligibility criteria, with many interventions not considered until later adolescence or adulthood.
- Puberty blockers, when prescribed under medical supervision, are understood in clinical practice to have reversible effects on the progression of puberty and are used in some cases to provide time for further assessment and decision-making. Other gender-affirming medical interventions are carefully assessed for risks, benefits, and long-term considerations.
- Safeguarding considerations are central in all cases involving minors. Decisions are typically made with clinical oversight and, where appropriate, parental involvement, with a focus on the young person’s wellbeing, mental health, and safety.
- Importantly, some young people benefit from early support and later maintain their affirmed identity, while others may come to different understandings over time. Support is therefore framed as enabling exploration and well-being, rather than determining outcomes.

#12

TRANS PEOPLE ARE JUST ATTENTION SEEKERS

Authenticity is not seen as truth



- Some people believe that transgender individuals transition not because of an internal sense of gender identity, but for external reasons such as attention, social recognition, or a desire to be seen differently.
- This perspective often frames transgender identity as a choice or as a manifestation of underlying psychological factors rather than as a stable aspect of self.
- Critics of this view argue that it can overlook or dismiss the lived experiences of transgender people by reducing identity to behaviour or performance, rather than recognising it as an internal sense of self.

THE REALITY

- Confusing the need for recognition and respect with “attention-seeking” is widely regarded as inaccurate and stigmatising.
- Research and clinical observations indicate that most transgender people do not seek public attention; many pursue transition privately or within supportive environments, often to reduce distress and avoid stigma.
- Transgender people also face disproportionately high levels of discrimination and mental health challenges. Large-scale surveys report elevated rates of workplace discrimination and significantly higher rates of suicidal ideation and suicide attempts than in the general population. These outcomes are generally understood in the context of minority stress, stigma, and lack of social support rather than attention-seeking behaviour.
- Stereotypes in this area often stem from misunderstandings of different forms of gender expression. For example:
 - Drag performers are entertainers, and their performances do not necessarily reflect gender identity.
 - Cross-dressing may relate to expression, performance, or personal comfort and does not inherently indicate a transgender identity.
 - Transgender individuals typically experience a persistent incongruence between gender identity and sex assigned at birth, which for many is present from early development.
- Social recognition, being acknowledged in one’s affirmed gender, is widely understood in the clinical literature as an important factor in psychological well-being, rather than a form of performance or attention-seeking.
- Overall, the “attention-seeking” narrative is generally viewed as reflecting misunderstanding or stigma rather than an evidence-based interpretation of transgender experiences. Most transgender people report a desire to live authentically, often with minimal attention and without exposure to discrimination or public scrutiny.

#13

TRANS PEOPLE ARE A MODERN INVENTION

The perceived recent phenomenon



- Some people believe that transgender identities are a recent phenomenon and that transgender people did not exist in significant numbers in the past.
- Because many people grew up with little or no visible exposure to transgender individuals, it can seem that transgender identities have emerged only in recent decades.
- This perspective sometimes frames transgender identity as a mental illness or psychological condition requiring treatment rather than

recognition or support.

- The increased visibility of transgender people in the media, education, and public life is therefore sometimes interpreted as creating new identities rather than revealing individuals who may previously have remained hidden due to stigma, discrimination, or social pressures.

THE REALITY

- Transgender and gender-diverse people have been documented across cultures and throughout history. Greater visibility in modern societies does not mean these identities are new; it largely reflects greater social recognition, legal protection, and the ability of more people to live openly.
- Historical and anthropological records describe gender-diverse roles and identities in many societies, including:
 - Hijra communities in South Asia
 - Two-Spirit individuals in some Indigenous North American cultures
 - Fa'afafine in Samoa
 - Gender-diverse or gender-variant individuals documented in ancient Greece, Rome, and other historical societies
- Cultural understandings of gender have varied considerably, and historical identities do not always correspond directly to modern concepts of being transgender. However, they demonstrate that experiences of gender diversity are not unique to the modern world.
- Throughout history, gender-diverse people have been viewed differently, depending on the culture and period in which they lived. In some societies, they held respected social or spiritual roles, while in others they faced stigma, exclusion, or persecution.
- Modern perceptions are often shaped by media coverage, social networks, and political debate rather than by direct personal experience. Because transgender people represent a small minority of the population, many individuals may know few or no transgender people personally, which can contribute to the perception that transgender identities are a recent phenomenon.
- The historical and anthropological evidence suggests otherwise. While language, social understanding, and public visibility have changed over time, gender-diverse people have been present throughout recorded history. What is new is not their existence, but their increased ability to be openly seen, recognised, and acknowledged.

TRANSITION IS DANGEROUS AND EXPERIMENTAL

Lack of understanding of the process



- Some people believe that gender-affirming medical treatments, including hormone therapy and surgery, are experimental, unsafe, or insufficiently understood.
- This concern is sometimes shaped by historical periods when gender-transition treatments were less regulated, less accessible, or undertaken without the standards of care that exist today.
- Some also worry about the long-term effects of medical interventions and question whether individuals, particularly young people, can fully understand the implications of treatment decisions.
- Others argue that gender dysphoria may be better addressed through psychological or psychiatric treatment alone, viewing transition as a response to an underlying mental health condition rather than as an appropriate form of care.
- Underlying these concerns is the belief that medical transition may not address the root causes of distress and that greater emphasis should be placed on mental health assessment, counselling, and alternative forms of support before medical intervention is considered.

THE REALITY

- Historically, some transgender people lacked access to safe, legal, or affordable healthcare and, as a result, sometimes turned to unregulated or unsafe alternatives. This underscores the importance many transgender individuals place on aligning their appearance and lived experience with their gender identity.
- Since the early twentieth century, understanding of gender dysphoria, together with advances in hormone therapy, surgical techniques, and clinical standards of care, has advanced considerably. As with any medical intervention, gender-affirming treatments carry risks and potential side effects, but modern care is delivered within established clinical frameworks designed to assess and manage those risks.
- Non-surgical interventions, including hormone therapy and, in some cases, puberty blockers, have been used in clinical practice for many years. Their use remains the subject of ongoing research and professional debate, particularly regarding treatment pathways for young people. Decisions about care are typically made through specialist assessment, informed consent processes, and careful consideration of risks and benefits.
- Major medical organisations worldwide, including the World Professional Association for Transgender Health, have published standards of care and clinical guidelines intended to support evidence-based treatment. These guidelines draw on decades of research and clinical experience.
- A growing body of research suggests that many transgender people who receive gender-affirming

care report improvements in wellbeing, reduced gender dysphoria, and higher life satisfaction. Outcomes vary between individuals, and ongoing research continues to examine long-term benefits and risks.

- Access to competent, respectful, and appropriate healthcare is widely recognised as an important factor in the wellbeing of transgender people. Conversely, barriers to care, social stigma, discrimination, and lack of support are associated with poorer mental health outcomes.
- The central question is not whether gender-affirming care involves risks, virtually all medical treatments do, but whether those risks are outweighed by the potential benefits for the individual concerned. Modern healthcare systems generally approach this question through clinical assessment, evidence-based practice, and informed decision-making rather than through assumptions about transgender identities themselves.

#15

TRANS PEOPLE ARE JUST GAY PEOPLE PRETENDING

The difference between gender identity and sexuality



- Some people conflate gender identity and sexual orientation, assuming that transgender people are simply confused about their sexuality or that being transgender is closely linked to being gay or lesbian.
- This perspective often treats gender identity and sexual orientation as the same phenomenon, rather than recognising them as distinct aspects of a person's experience.
- Some believe that transgender individuals transition to align their gender with their sexual orientation, or that transition is motivated primarily by attraction to others rather than by a person's internal sense of self.
- Others assume that a person's sexual orientation automatically changes when they transition. For example, a person previously understood as a gay man may be viewed as becoming a straight woman after transition.
- Underlying these beliefs is a misunderstanding of the difference between who a person is and who they are attracted to. Gender identity concerns a person's sense of being male, female, both, neither, or another gender, while sexual orientation concerns patterns of romantic or sexual attraction.

THE REALITY

- Sexual orientation and gender identity are distinct aspects of human experience. Gender identity is a person's internal sense of gender, while sexual orientation concerns who a person is romantically or sexually attracted to.
- Being transgender concerns gender identity, not sexual orientation. A transgender person may be gay, straight, bisexual, asexual, or any other sexual orientation, just as a cisgender person can.

- For example, a transgender woman assigned male at birth may be attracted to women, men, both, neither, or people of various genders. Her transition reflects her gender identity rather than a change in who she is attracted to.
- Because sexual orientation is often described relative to a person's gender, the labels people use may change after transition. For instance, someone previously described as a gay man may later identify as a straight woman. This reflects a change in how their orientation is understood in relation to their gender, not necessarily a change in the underlying pattern of attraction.
- In many societies, increasing acceptance of LGBTQIA+ people has reduced social pressures that historically encouraged people to conceal aspects of their identity. This has helped increase visibility of both transgender identities and diverse sexual orientations.
- Transitioning is typically a significant personal process that may involve social, legal, medical, and financial considerations. It is undertaken to align a person's life with their gender identity, not as a means of pursuing particular relationships or altering sexual orientation.
- The belief that transgender identity can be explained by sexual orientation reflects a misunderstanding of two distinct concepts. Gender identity concerns who a person is; sexual orientation concerns who they are attracted to. Conflating the two overlooks both lived experience and contemporary scientific understanding.

#16

GENDER DYSPHORIA IS CAUSED BY SOCIAL CONTAGION

How we see ourselves is affected by how others see us



- Some argue that the growing visibility of transgender identities reflects a form of "social contagion" rather than a greater willingness among individuals to openly express their gender identity.
- According to this view, gender dysphoria and transgender identification may be influenced by peer groups, social media, online communities, or broader cultural trends.
- Supporters of this perspective suggest that some individuals, particularly adolescents and young adults, may adopt transgender identities through social influence, imitation, or a desire for belonging, rather than because of a deeply held internal sense of gender.
- The argument is often linked to the observation that more people are openly identifying as transgender than in previous generations. From this perspective, increased visibility is interpreted as evidence that transgender identities are spreading through social exposure.
- Underlying this belief is the assumption that gender identity is highly susceptible to external influence and that social environments can play a significant role in shaping whether a person comes to identify as transgender.

THE REALITY

- Experiences now described as gender dysphoria have been documented throughout history, long before modern medical terminology existed. Although the term "gender dysphoria" was formally introduced in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* in 2013, medical and psychological literature had described similar experiences for decades.
- The hypothesis that transgender identities are primarily the result of "social contagion" is not supported by the current consensus of major medical and psychological organisations. While social environments may influence how people understand, describe, or disclose their experiences, increased visibility alone does not demonstrate that transgender identities are being created through social influence.
- Many researchers argue that rising numbers of openly transgender people are better explained by greater awareness, reduced stigma, improved access to information, and increased willingness to seek support.
- Gender dysphoria is a clinically recognised condition characterised by distress that may arise when a person's gender identity does not align with their assigned sex at birth. The diagnosis concerns distress rather than transgender identity itself.
- Treatment approaches vary depending on the individual, their age, and their circumstances. They may include psychological support, social transition, hormone therapy, puberty blockers in some cases, and surgical interventions for some adults.
- Puberty blockers are used in certain clinical settings to pause aspects of puberty and provide additional time for assessment and decision-making. Their use, particularly in young people, remains an area of ongoing research and policy discussion.
- A growing body of research suggests that many transgender individuals who receive appropriate gender-affirming care report reduced gender dysphoria and improvements in wellbeing, mental health, and quality of life. Outcomes vary between individuals, and researchers continue to study long-term effects.
- The available evidence does not support the claim that gender dysphoria is caused by social contagion. Rather, current research suggests that greater visibility and awareness help some people recognise, understand, and articulate experiences that may previously have remained unspoken or misunderstood.

04 QUICK REFERENCE

In the Quick Reference section, we provide a concise sheet summarising the main points and counterarguments. It's a handy guide for quickly checking facts or preparing a reasoned response, whether online or in person

#	POINT	CLAIM	COUNTERARGUMENT
1	THERE ARE ONLY TWO GENDERS	Only males and females exist; anything else is unnatural or an illness.	Biological sex is more complex than a strict binary (e.g. intersex traits). Gender identity is distinct from sex and recognised across cultures. Major medical bodies do not classify transgender identity as a mental illness.
2	GENDER IS A SOCIAL CONSTRUCT	Gender roles are fixed biological realities.	Many gender roles are culturally learned and vary across societies. Biology influences behaviour, but culture strongly shapes gender expression and identity.
3	THE "TRANSGENDER EPIDEMIC"	Trans people are rapidly increasing and pose societal risks.	Trans people remain a small minority (~0.5–1.5%). Increased visibility reflects awareness and acceptance, not "spread." Policy should be evidence-based, not fear-based.
4	TRANS PEOPLE HAVE A MENTAL ILLNESS	Being trans is a psychological disorder.	Gender identity is not a mental illness. Gender dysphoria refers to distress, not identity. Medical consensus supports gender diversity as a normal variation, with treatment focused on well-being.
5	TRANS IDENTITY IS NOT REAL	Gender is fixed at birth and cannot change.	Gender identity is an internal lived experience distinct from biological sex. Major medical and human rights organisations recognise and affirm transgender identities.
6	TRANS PEOPLE ARE CONFUSED OR DELUSIONAL	Being trans reflects confusion or a phase.	Trans identities are typically persistent and consistent over time. Gender dysphoria is recognised clinically; affirming care improves mental health outcomes.

#	POINT	CLAIM	COUNTERARGUMENT
7	TRANS PEOPLE ARE A THREAT	Trans people pose a danger in public spaces.	No evidence shows trans people are more dangerous than others. Trans people are more often victims than perpetrators. Fear is driven by misinformation and moral panic, not data.
8	TRANSITIONING IS UNNATURAL	Transition goes against nature or morality.	Gender diversity has existed across history and cultures. Medical transition is evidence-based healthcare. "Natural" is not a reliable standard for morality or medicine.
9	TRANS RIGHTS HARM CIS PEOPLE	Trans rights reduce cisgender rights.	Rights are not zero-sum. Legal protections for trans people do not remove rights from others. Inclusive policies show no harm to cisgender populations.
10	MOST TRANS PEOPLE REGRET TRANSITION	Transition is usually regretted.	Regret rates are consistently low in modern studies. Most people report improved well-being. Detransition is rare and often driven by external pressures rather than identity regret.
11	CHILDREN SHOULDN'T TRANSITION	Children are too young to understand gender identity.	Social transition is exploratory and reversible. Medical transition in minors is rare and carefully regulated. Evidence shows that supportive environments improve mental health.
12	TRANS PEOPLE ARE ATTENTION SEEKERS	Transition is for attention or validation.	Most trans people do not seek attention and often face stigma instead. Trans identities are persistent and internal, not performative.
13	TRANS PEOPLE ARE A MODERN INVENTION	Trans identity is new.	Gender-affirming care is evidence-based and medically established. All medical treatments carry risk, but outcomes generally improve well-being and mental health.

#	POINT	CLAIM	COUNTERARGUMENT
14	TRANSITION IS DANGEROUS/EXPERIMENTAL	Treatments are unsafe or untested.	Gender diversity has existed throughout history and cultures (e.g. Hijra, Two-Spirit, Fa'afafine). Visibility has increased, not existence itself.
15	TRANS PEOPLE ARE JUST GAY	Trans identity is about sexuality.	Gender identity and sexual orientation are separate. Trans people can be of any sexuality. Transition does not change who someone is attracted to.
16	GENDER DYSPHORIA IS SOCIAL CONTAGION	Trans identity spreads socially like a virus.	No evidence supports the “social contagion” theory. Gender dysphoria predates modern visibility and is clinically recognised. Increased reporting reflects awareness, not imitation.

05 FURTHER READING

The Belief Briefs are intended to encourage critical thinking and informed discussion by examining assumptions, long-held views, and common misconceptions. Their purpose is not to challenge or undermine faith or personal belief systems, but to promote a deeper understanding of the topics explored.

If you would like to continue learning about this subject, we recommend the following resources for further reading.

SUGGESTED READING

Explore a selection of articles, publications, and educational materials designed to help you deepen your knowledge and engage with a range of perspectives on the subject.

- Transgender 101: A Simple Guide to a Complex Issue – Nicholas M. Teich
- The Gendered Brain – Gina Rippon
- The ABC's of LGBT+ – Ashley Mardell
- Transgender History – Susan Stryker
- Being Heumann: An Unrepentant Memoir of a Disability Rights Activist – Judith Heumann
- Beyond Magenta: Transgender Teens Speak Out – Susan Kuklin
- Invisible Lives: The Erasure of Transsexual and Transgendered People – Viviane Namaste

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