

MYTHS AND FACTS

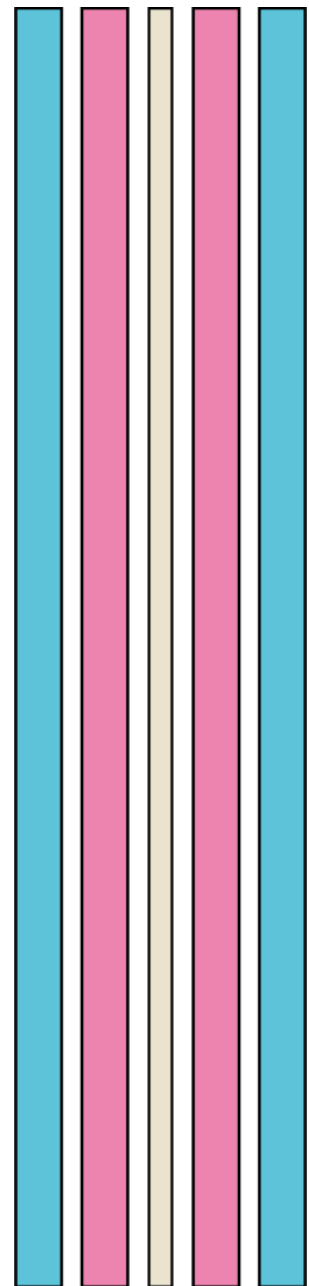
ABOUT TRANSGENDER AND GENDER DIVERSE KIDS

MYTH: TRANSGENDER CHILDREN ARE JUST GOING THROUGH A PHASE AND WILL GROW OUT OF IT.

FACT: THERE IS A GROWING BODY OF RESEARCH THAT SUPPORTS THE IDEA THAT TRANSGENDER CHILDREN ARE NOT GOING THROUGH A PHASE. RESEARCH HAS DEMONSTRATED THE FOLLOWING TO BE TRUE:

- CHILDREN WHO IDENTIFY AS TRANSGENDER CONSISTENTLY AND PERSISTENTLY TYPICALLY MAINTAIN THEIR GENDER IDENTITY OVER TIME, EVEN IN THE FACE OF SOCIAL PRESSURE TO CONFORM TO THEIR ASSIGNED SEX.
- CHILDREN WHO IDENTIFY AS TRANSGENDER EXPERIENCE HIGH LEVELS OF DISTRESS AND ANXIETY WHEN THEIR GENDER IDENTITY IS NOT AFFIRMED AND SUPPORTED.
- CHILDREN WHO IDENTIFY AS TRANSGENDER HAVE A CLEAR AND CONSISTENT UNDERSTANDING OF THEIR GENDER IDENTITY FROM A YOUNG AGE (I.E. AS YOUNG AS 3 YEARS OLD)

OVERALL, THE RESEARCH SUGGESTS THAT TRANSGENDER CHILDREN ARE NOT GOING THROUGH A PHASE AND THAT THEIR GENDER DENSITY IS A DEEPLY INGRAINED PART OF THEIR SENSE OF SELF. IT IS IMPORTANT FOR PARENTS AND CAREGIVERS TO LISTEN TO AND SUPPORT THEIR CHILDREN AS THEY EXPLORE THEIR GENDER IDENTITY AND TO SEEK OUT QUALIFIED PROFESSIONALS WHO CAN PROVIDE GUIDANCE AND SUPPORT.



MYTH: PARENTS CAN CAUSE THEIR CHILDREN TO BECOME TRANSGENDER.



FACT: THE MYTH THAT PARENTS CAUSE CHILDREN TO BE TRANSGENDER IS NOT SUPPORTED BY SCIENTIFIC EVIDENCE. ACCORDING TO THE AMERICAN PSYCHOLOGICAL ASSOCIATION, "NO SPECIFIC PSYCHOSOCIAL OR FAMILY DYNAMIC CAUSE FOR TRANSGENDER IDENTITY HAS BEEN IDENTIFIED". IN FACT, RESEARCH SUGGESTS THAT GENDER IDENTITY IS LIKELY DETERMINED BY A COMBINATION OF GENETIC, HORMONAL, AND ENVIRONMENTAL FACTORS THAT ARE NOT YET FULLY UNDERSTOOD. FURTHERMORE, THE IDEA THAT PARENTS CAN CAUSE THEIR CHILD TO BE TRANSGENDER IS BASED ON THE FALSE BELIEF THAT BEING TRANSGENDER IS A CHOICE OR A MENTAL DISORDER, WHICH HAS BEEN REPEATEDLY DEBUNKED BY MEDICAL AND MENTAL HEALTH ORGANIZATIONS.

IT IS IMPORTANT TO RECOGNIZE THAT BLAMING PARENTS OR EXTERNAL FACTORS FOR A CHILD'S GENDER IDENTITY CAN LEAD TO HARMFUL AND STIGMATIZING ATTITUDES TOWARD TRANSGENDER INDIVIDUALS. INSTEAD, PARENTS AND CAREGIVERS SHOULD FOCUS ON PROVIDING A SUPPORTIVE AND AFFIRMING ENVIRONMENT FOR THEIR CHILD REGARDLESS OF THEIR GENDER IDENTITY. BY ACCEPTING AND AFFIRMING THEIR CHILD'S GENDER IDENTITY, PARENTS CAN HELP PROMOTE THE HEALTH AND WELL-BEING OF THEIR CHILD AND CREATE A MORE ACCEPTING AND INCLUSIVE SOCIETY FOR ALL TRANSGENDER INDIVIDUALS.

MYTH: TRANSGENDER CHILDREN ARE BEING EXPERIMENTED ON WITH HORMONE THERAPY AND SURGERY.

FACT: THE MYTH THAT TRANSGENDER CHILDREN ARE BEING EXPERIMENTED ON WITH HORMONES AND SURGERY IS COMPLETELY FALSE AND UNFOUNDED. IN FACT, THE

MEDICAL CARE THAT TRANSGENDER CHILDREN RECEIVE IS BASED ON ESTABLISHED STANDARDS OF CARE THAT HAVE BEEN DEVELOPED THROUGH YEARS OF RESEARCH AND CLINICAL PRACTICE.

FOR EXAMPLE, THE WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH) HAS DEVELOPED STANDARDS OF CARE FOR TRANSGENDER INDIVIDUALS THAT ARE BASED ON EVIDENCE-BASED RESEARCH AND BEST PRACTICES. THESE STANDARDS OF CARE RECOMMEND A MULTI-DISCIPLINARY APPROACH TO CARE THAT INCLUDES MENTAL HEALTH SUPPORT, SOCIAL SUPPORT, AND SOMETIMES MEDICAL INTERVENTIONS SUCH AS HORMONE THERAPY AND GENDER-AFFIRMING SURGERY.

MEDICAL INTERVENTIONS SUCH AS HORMONE THERAPY AND SURGERY ARE NOT EXPERIMENTAL TREATMENTS, BUT RATHER ESTABLISHED TREATMENTS THAT HAVE BEEN SHOWN TO BE EFFECTIVE IN IMPROVING THE HEALTH AND WELL-BEING OF OFTRANSGENDER INDIVIDUALS. HORMONE THERAPY CAN HELP ALLEVIATE GENDERDYSPHORIA AND IMPROVE MENTAL HEALTH OUTCOMES, WHILE GENDER-AFFIRMING SURGERY CAN HELP IMPROVE QUALITY OF LIFE AND REDUCE DISTRESS ASSOCIATED WITH GENDER DYSPHORIA.

IT IS ALSO IMPORTANT TO NOTE THAT MEDICAL INTERVENTIONS FOR TRANSGENDER CHILDREN ARE NOT TAKEN LIGHTLY AND ARE ONLY PROVIDED AFTER A THOROUGH EVALUATION BY A QUALIFIED MEDICAL PROFESSIONAL. PARENTS AND CAREGIVERS ARE AN IMPORTANT PART OF THE DECISION-MAKING PROCESS AND ARE INCLUDED IN DISCUSSIONS ABOUT TREATMENT OPTIONS AND THEIR POTENTIAL RISKS AND BENEFITS.





MYTH: TRANSGENDER CHILDREN ARE MENTALLY ILL

FACT: TRANSGENDER INDIVIDUALS ARE NOT MENTALLY ILL. WHILE THERE IS A DIAGNOSIS OF GENDER DYSPHORIA IN THE DIAGNOSTIC MANUAL FOR MENTAL HEALTH PROFESSIONALS, THIS IS CONSIDERED A CONDITION RELATED TO THE STIGMA, DISCRIMINATION, AND MARGINALIZATION THAT TRANSGENDER INDIVIDUALS OFTEN FACE. THESE CHALLENGES ARE NOT CAUSED BY BEING TRANSGENDER, BUT RATHER BY NEGATIVE SOCIETAL ATTITUDES TOWARD TRANSGENDER INDIVIDUALS. MOREOVER, STUDIES HAVE FOUND THAT TRANSGENDER INDIVIDUALS WHO ARE ABLE TO LIVE AS THEIR AUTHENTIC SELVES EXPERIENCE IMPROVED MENTAL HEALTH OUTCOMES AND DECREASED DISTRESS.

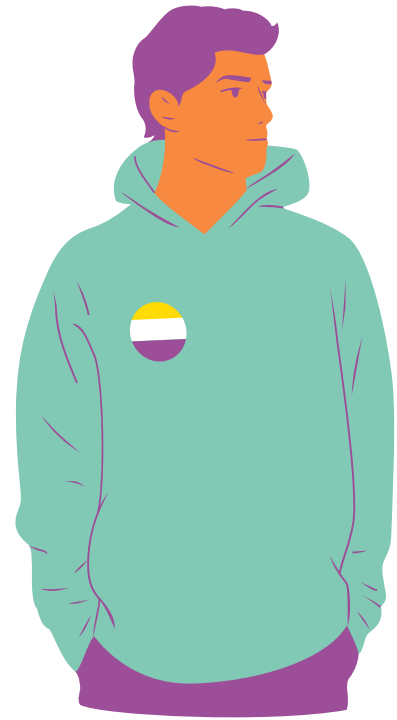
MYTH: PERMITTING TRANSGENDER CHILDREN TO USE RESTROOMS AND LOCKER ROOMS MATCHING THEIR GENDER IDENTITY VIOLATES THE PRIVACY RIGHTS OF NON-TRANSGENDER PEOPLE.

FACT: ALLOWING TRANSGENDER CHILDREN TO USE FACILITIES THAT ALIGN WITH THEIR GENDER IDENTITY IS AN IMPORTANT ASPECT OF ENSURING THAT THEY ARE ABLE TO PARTICIPATE FULLY IN THEIR DAILY ACTIVITIES AND FEEL SAFE AND SUPPORTED. TRANSGENDER CHILDREN WHO ARE FORCED TO USE FACILITIES THAT DO NOT ALIGN WITH THEIR GENDER IDENTITY MAY EXPERIENCE ANXIETY, DISTRESS, AND AN INCREASED RISK OF BULLYING OR HARASSMENT.

MOREOVER, THERE IS NO EVIDENCE TO SUGGEST THAT ALLOWING TRANSGENDER CHILDREN TO USE FACILITIES

MYTH: THERE ARE ONLY TWO BIOLOGICAL SEXES.

FACT: THE MYTH THAT THERE ARE ONLY TWO BIOLOGICAL SEXES IS ONE THAT IGNORES THE FULL COMPLEXITY OF HUMAN BIOLOGY. WHILE MOST PEOPLE ARE BORN WITH EITHER MALE OR FEMALE REPRODUCTIVE ORGANS, THERE ARE INDIVIDUALS WITH INTERSEX TRAITS OR GENETIC VARIATIONS THAT DO NOT FIT TYPICAL MALE OR FEMALE CLASSIFICATIONS. BIOLOGICAL SEX IS NOT ALWAYS A BINARY OR FIXED CATEGORY. A PERSON'S BIOLOGICAL SEX IS DETERMINED BY A COMBINATION OF FACTORS INCLUDING CHROMOSOMES, HORMONES, AND PHYSICAL



CHARACTERISTICS. SOME PEOPLE ARE BORN WITH PHYSICAL SEX CHARACTERISTICS THAT DO NOT FIT TYPICAL MALE OR FEMALE CLASSIFICATIONS (AKA INTERSEX). THESE TRAITS CAN INCLUDE VARIATIONS IN GENITAL ANATOMY, HORMONES, OR CHROMOSOMES.

IN ADDITION TO INTERSEX INDIVIDUALS, THERE ARE ALSO PEOPLE WHO ARE BORN WITH GENETIC VARIATIONS THAT DO NOT FIT THE TYPICAL MALE OR FEMALE SEX CHROMOSOMES. FOR EXAMPLE, SOME PEOPLE ARE BORN WITH XXY CHROMOSOMES OR XX MALE SYNDROME, WHICH CAN RESULT IN PHYSICAL TRAITS THAT ARE NOT TYPICALLY MALE OR FEMALE.

THERE ARE FAR MORE THAN TWO BIOLOGICAL SEX VARIATIONS, FURTHER JUSTIFYING THE PRESENCE OF A DIVERSITY IN GENDER IDENTITIES AND EXPRESSIONS. THAT ALIGN WITH THEIR GENDER IDENTITY POSES A THREAT TO THE PRIVACY OR SAFETY OF NON-TRANSGENDER INDIVIDUALS. IN FACT, STUDIES HAVE SHOWN THAT ALLOWING TRANSGENDER INDIVIDUALS TO USE FACILITIES THAT ALIGN WITH THEIR GENDER IDENTITY DOES NOT INCREASE THE RISK OF SEXUAL ASSAULT OR HARASSMENT.

MYTH: REGRET AND DETRANSITION ARE COMMON AMONG TRANSGENDER INDIVIDUALS WHO UNDERGO GENDER-AFFIRMING HORMONES AND SURGERY

FACT: RECENT STUDIES SUGGEST THAT REGRET AND DETRANSITION ARE RARE. ACCORDING TO A REVIEW OF 27 STUDIES INVOLVING ALMOST 8,000 TEENS AND ADULTS WHO HAD TRANSGENDER SURGERIES, MOSTLY IN EUROPE, THE U.S AND CANADA, ONLY 1% ON AVERAGE EXPRESSED REGRET. ANOTHER LONGITUDINAL STUDY INDICATED A REGRET RATE OF LESS THAN 0.5%, AND A SURVEY OF 767 TRANSGENDER PEOPLE IN



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IT IS IMPORTANT TO NOTE THAT WHILE REGRET AND DETRANSITION ARE RARE, THEY CAN STILL OCCUR. FOR THIS REASON, INDIVIDUALS WHO UNDERGO MEDICAL TRANSITION MUST EXPLORE THESE RISKS WITH A MULTIDISCIPLINARY TEAM OF MEDICAL PROFESSIONALS.