

There are few recent statistics on sexual assault by trans people in bathrooms, but data as of 2018 indicates that... there have been no reported cases in the U.S.<sup>2</sup> In 2021, there was a case where a genderfluid high school student assaulted someone, but it was before the district enacted a trans-inclusive bathroom policy.<sup>3</sup> Transgender teens are actually at a much higher risk of sexual assault than their cisgender peers: 8% of high school students overall faced sexual assault, vs. 25% of trans students.<sup>4</sup> And in any case, the majority of sexual assault victims know their attacker.<sup>5</sup> Blaming trans women obscures that and puts people in danger.

# FACT



Cisgender (not trans) men are pretending to be trans to assault women in restrooms.

# FACT

The "grooming" narrative echoes other rhetoric used against LGBTQ+ people, and stems from attempts to teach children about gender identity and romantic orientation - neither of which are inherently sexual, and will not force them to question either. And there's no such thing as rapid onset gender dysphoria. It was proposed in 2017 by transgender teens themselves. Statistics don't back it up at all. Gender dysphoria can appear "suddenly" at puberty because that's when physical characteristics society links to gender, like breasts and body hair, develop.



Trans people are indoctrinating or grooming children and teens. If it's not intentional, influenced by their peers and get "Rapid Onset Gender Dysphoria" at puberty.

# MYTH



# FACT

The medications that trans people take are already used by cisgender people.<sup>6</sup> They may have side effects, but so does every medication, and few are severe.<sup>7</sup> Any competent doctor will explain the risks. Current standards require waiting periods before beginning medical treatment.<sup>8</sup> And partially-reversible hormone therapies are much more common than surgeries<sup>9</sup>, especially among minors<sup>10</sup>. Pre-pubescent children do not medically transition at all. But yes, people still detransition. There isn't a lot of good research currently available, but what exists suggests that it's rare<sup>11</sup>.

Transgender treatments are dangerous and mutilating, and are pushed ahead carelessly by doctors, often onto children. Many people regret transitioning.

## parting words

Around the U.S., states are declaring bans on transgender education, medical care, and existence. Outside of legislature, trans and gender nonconforming people are threatened day-in and day-out by the right and the culture at large. I ask you to refuse to participate. Call and tell your senators you don't support restrictive laws. Disagree with friends and family members that spread misinformation. If you don't think you know a trans person, you probably do, and they could use some support. Finally, you can unfold this zine to see footnotes and find a link to sources. Keep educating yourself, and be open-minded.

# transparent lies

want sources? unfold me all the way!

# footnotes

Do you want sources? Good! That shows you're a thorough and investigative person. Because this is a piece of paper you're holding in your hand, I've put the links to my sources up at [caveangelpress.neocities.org/links](https://caveangelpress.neocities.org/links) where they are easier for you to access. Please do go take a look at them. Here are assorted footnotes and explanations.

1. The percentage of American teens who identified as transgender declined from 2.4% in 2017 to around 1.6% in 2019. Additionally, the paper claims that people who are assigned female at birth are uniquely susceptible to Rapid Onset Gender Dysphoria. Aside from playing into stereotypes of women as weak and easily-influenced, there are more trans teens who were assigned male at birth than assigned female. If they were truly more vulnerable, wouldn't there be more of them?

5. This includes the girl who was assaulted in 2021 that I mention earlier.

6. These are called hormone therapies. Estrogen is used to treat cis women going through menopause, and trans women may take it to have a more feminine body. Testosterone is used to treat cis men experiencing common signs of aging, and trans men may take it to have a more masculine body. Both may be given to someone who has thyroid issues. The author of this zine takes spironolactone to treat PCOS; it lowers the amount of testosterone in the body, and is also given to trans women.

7. Mayo Clinic's articles on feminizing hormone therapy and masculinizing hormone therapy discuss this more. Either way, risks for cardiovascular issues and cancer can be higher than average, but not alarmingly so. Infertility is also a potential risk, but it's not a done deal. Many people on masculinizing hormone therapy still get pregnant.

8. The standards created by the World Professional Association for Transgender Health, or WPATH, are the most common around the world and in the United States. The most recent edition recommends that adults wait to start medical transition after "marked and sustained" gender incongruence - feeling as though you are another gender - and a minimum of 6 months of hormone therapy before undergoing any surgery. Prepubescent children have no recommendations for surgery or medical intervention, because they don't need them yet.

9. As of 2014, 10.9% of trans adults who sought medical transition underwent surgery. I haven't found more recent statistics, unfortunately.

10. In 2021, roughly 42,167 Americans under the age of 18 were diagnosed with gender dysphoria. 4,321 started hormone therapy. 282 of them underwent breast reduction, and 56 had genital surgeries.

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