



The Anti-Trans Disinformation Handbook

A handbook for media, civil society,
and Governments for combating
anti-trans disinformation.

A Disinfo Watch Resource

 **Trans
justice
project.**

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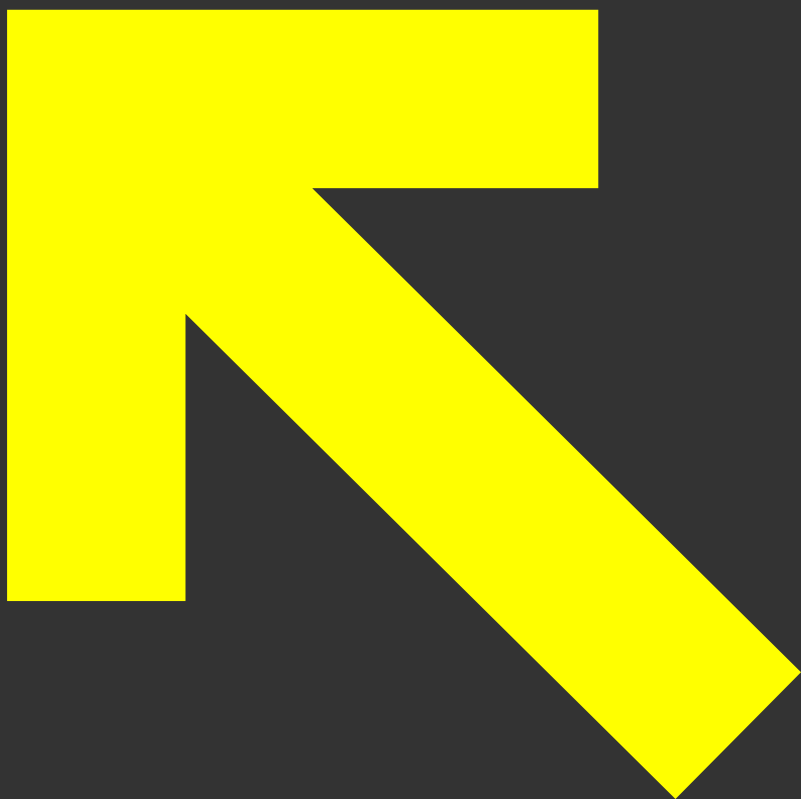
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Acknowledgement of Country

We acknowledge the Traditional Owners of the lands on which we live, work, and organise. We pay our respects to elders past and present. This land was stolen and sovereignty was never ceded. We also pay our respects to Sistergirl and Brotherboy communities across this continent.

Always was, always will be, Aboriginal land.



Thanks from the Project Team

This handbook brings together the hard work of trans scholars, clinicians, researchers, and activists from around the world. The project team would like to acknowledge their expertise and ongoing efforts to build a future where we are all safe, celebrated, and free.

Special thanks to the Amplify Pride Fund and our community who helped to make this project possible.

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Introduction

Trans and gender diverse people deserve the freedom to be themselves, to enjoy the same rights and protections as everyone else, and to feel safe in their communities.

However, in recent years, our community has increasingly become the target of campaigns to erode our rights, our access to health care, and our freedom to live our lives happily and authentically.

A major strategy of these campaigns is disinformation.

Disinformation is false information and media, produced with the intention to mislead the reader, often for political purposes. Anti-trans groups spread disinformation about trans and gender diverse people, our health care, and rights in order to sway public opinion and policy against the trans community.

Their goal is to prevent our community from having the freedom to live our lives, and to build popular support for a highly regressive political agenda.

Many of the groups involved in anti-trans campaigns are also opposed to reproductive rights, LGBTSBIA+ equality, and an inclusive society.

Thus, campaigns of disinformation are a threat, not only to trans and gender diverse people, but to rights and freedoms of all people, and a robust democratic society.

This guide aims to give you the information and tools to fight back against anti-trans disinformation by exposing key actors, collating common myths and themes, providing evidence and research, and offering strategies for stopping the spread of anti-trans hate and lies.

In this guide, we focus specifically on disinformation that aims to undermine gender-affirming health care. We have taken this focus because of the central importance of gender-affirming care to the lives of trans and gender diverse people, as well as the sheer volume of disinformation targeted at restricting gender-affirming care



The Consensus on Trans Health Care



Gender-affirming care is life-changing, and often life-saving, health care.

Gender-affirming care is a patient-centred model of trans healthcare. Rather than pathologising trans and gender diverse people, gender-affirming care works to provide us with the freedom needed to make informed decisions about our own healthcare and the means to live full and healthy lives.

‘Gender affirmation’ is an umbrella term for a large range of social, medical, spiritual, cultural, and legal options that trans and gender diverse people can pursue to affirm their gender. This may include gender-affirming hormones, puberty blockers, and surgery, but also things like changing your name, pronouns, presentation, or being initiated into a different cultural role.

Gender affirmation is a non-linear process that can last for many years or even a person’s entire life. No two people will share the same journey, which is why individualised and patient-centered care is so important.





The experts agree, gender-affirming care works

A survey of over ninety thousand trans Americans, conducted in 2022, found that 84% of trans people receiving hormone therapy were “a lot more satisfied” with their lives, and 14% were “a little more satisfied”. Further, the same survey found that 88% of trans people who had received a gender-affirming surgery were “[a lot more satisfied](#)” with their lives and 9% were “a little more satisfied”.¹

Gender-affirming care is widely supported by major medical organisations, both in Australia and internationally. [The Australian Medical Association](#)², the [Royal Australian College of General Practitioners](#)³, the [Royal Australasian College of Physicians](#)⁴, the [Endocrine Society of Australia](#)⁵, the [Australian Psychological Society](#)⁶, the [Royal College of Pathologists of Australasia](#)⁷, and the [Royal Australian and New Zealand College of Psychiatrists](#)⁸ have all released statements supporting gender-affirming care.

Many international organisations also support gender-affirming care including the [World Health Organisation](#)⁹, the [World Medical Association](#)¹⁰, the [World Professional Association for Transgender Health](#)¹¹, the [Endocrine Society](#)¹², the [American Medical Association](#)¹³, and the [American Psychological Association](#)¹⁴, among others.

This broad consensus is reflected in public opinion. Research has found that, in a representative survey of adult Australians, [78% believed that trans people deserve the same rights as everyone else. Among people that knew a trans person, support for trans people rose to 93%](#). Importantly, however, this data also revealed only 11% of Australians know a trans person well or have a trans family member.¹⁵

This lack of familiarity provides the anti-trans lobby with a gap to exploit for their own purposes.



78%

of Australians believe that trans people deserve the same rights as everyone else



93%

of Australians that know a trans person believe that trans people deserve the same rights as everyone else

The Consensus on Trans Health Care

The U.S. Trans Survey

2022 US Trans



The [U.S. Trans Survey](#)¹⁶ is the largest survey of trans people, by trans people, in the United States.

The latest survey recruited **92,329 respondents** from across all 50 states.

Life satisfaction



Social gender-affirmation

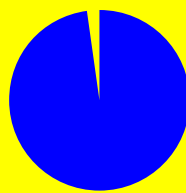


94%

of respondents who lived at least some of the time in a different gender than the one they were assigned at birth ("gender transition") **reported that it improved their life satisfaction.**



Gender-affirming hormones



98%

of respondents who were currently receiving hormone treatment reported that receiving hormones for their gender identity/transition **improved their life satisfaction.**



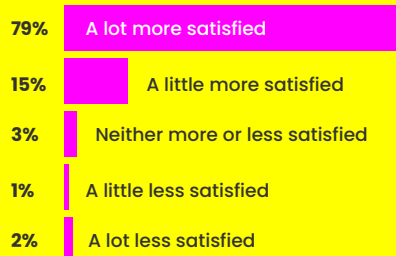
Gender-affirming surgery



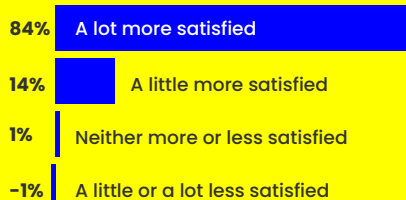
97%

of respondents who had at least one form of surgery for their gender identity/transition reported that it **improved their life satisfaction.**

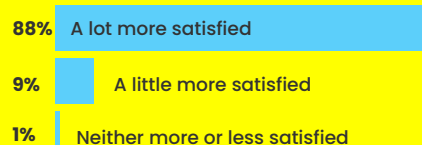
Life satisfaction since socially affirming gender ("transitioning gender")



Life satisfaction with receiving hormone treatment



Life satisfaction after gender-affirming surgery



The Anti-Trans Lobby

Anti-trans groups are spreading misinformation and disinformation to obscure the science that supports trans health care.

In spite of the broad consensus supporting gender-affirming care, anti-trans disinformation both in Australia and abroad, has focused heavily on attacking trans people's right to access gender-affirming care, and in particular gender-affirming hormones and puberty blockers.

Since 2019 we have seen the rapid emergence of a number of anti-trans organisations who attempt to pass themselves off as experts in the field of trans health care, despite having little credibility.

Organisations such as Genspect, SEGM (Society for Evidence Based Gender Medicine), and Therapy First (formerly Gender Exploratory Therapy Association) have played a key role in influencing government policy, while asserting a highly pathologizing view of gender diversity.

Spokespeople with connections to these organisations have been frequently hired to serve as [‘expert’ witnesses](#) to defend State laws that would restrict or ban gender-affirming care in the US.^{17 18}

None of these groups are recognised medical organisations, they do not work with established trans health organisations, many support fringe anti-trans theories, and they typically do not involve trans people in developing their standards of care.

Further, many of these organisations also share the same key figures as founders, board members, and advisors. Stella O'Malley (Irish psychotherapist), Lisa Marchiano (American psychotherapist), and Sasha Ayad (American counsellor) are common figures in a number of anti-trans organisations as board members or advisors, either currently or formerly.

In 2023, [Stella O'Malley](#) had founded or was serving as an advisor for at least 10 anti-trans organisations, seven of which were launched in 2021. In this same year, two of the most prominent anti-trans organisations, Genspect and SEGM, shared seven of the same advisors.¹⁹

The prominence of these figures highlights what seems to be an attempt at “astroturfing”, a term which refers to a practice in which a small and organised campaign attempts to pass itself off as a popular grassroots movement.

As such, prominent anti-trans groups, like Genspect and SEGM, should not be understood as emerging from widespread concerns in the established medical community.

The new climate denial

This astroturfing strategy recalls the approach used by far-right think tanks to mainstream climate denial in the early 2000's. At this time, US think tanks [spent billions](#) of dollars propping up climate deniers, geo-engineers, and conspiracy theorists to publicly campaign against climate action and obscure the scientific reality of climate change²⁰.

It seems that far-right organisations may be employing a similar strategy here with regards to their support for the broader anti-trans movement.

Just as with the anti-climate movement, many anti-trans organisations have deep associations with far-right Christian organisations, think tanks, and publications.

U.S. conservative organisations have donated money to anti-trans groups, such as the Alliance Defending Freedom's donation to the Women's Liberation Front (WoLF)²¹. They have also assisted in the production and dissemination of anti-trans materials, such as the Heritage foundation's contribution to a "Gender Resource Guide", and anti-trans politics now serves as a key feature of the Trump presidential platform and Project 2025²².



Media, civil society, and governments have a key role to play in fighting disinformation

Disinformation threatens the freedom and safety of marginalised communities and undermines democratic values.

Our institutions have a responsibility to make sure that they are engaging strategically to limit the impact and reach of anti-trans disinformation, to challenge anti-trans bias, and to ensure that they draw upon reputable evidence when addressing issues affecting trans people.

Combating Disinformation

4 Key Principles for Combating Disinformation



#1 Limit the reach

Ensure as few people as possible see the disinformation and ensure that it doesn't spread across platforms. Many anti-trans campaigns stay exclusively on X (formerly Twitter) and do not make mainstream news sources. Avoid engaging with these micro campaigns to prevent spreading their influence.

Some steps to limit the reach of a disinformation campaign include:

Don't repeat the opponent's words

- Instead tell your positive counter-narrative, like 'Trans people deserve to thrive'.
- "Not" statements are counter-productive (e.g. Trans people are **not** sick) because they spread the original claim.

Don't boost the algorithms

Whatever you fight, you fuel. Think carefully about whether responding to content directly is likely to make the problem worse by driving engagement.

Mythbusting is counter-productive

Research has shown that the tactic of 'mythbusting' is at best ineffective, and at worst, actively damaging to our campaigns. Repeating your opponents claims or wording activates their story, essentially reminding your audience of the bad message that you want them to reject. Rather than debunking a myth, it is far more effective to simply say the truth. Our accuracy statements below are an example of this strategy, note that they do not use opponents words or repeat their claims.

These strategies were adapted from a response model developed by [Purpose](#) and the Research & Action Hub. **We thank and acknowledge them for their contribution to this vital work.**

4 Key Principles for Combating Disinformation



#2 Develop counter-narratives

Tell your own story, rather than directly responding to the opponent's claims. Your counter-narratives should appeal to widely held values, have a clear villain or conflict, and centre trans people as actors. [The Center for Story Based Strategy](#) has produced this useful resource to help you construct a powerful counter-narrative.



#3 Delegitimize opponents

Where appropriate directly address actors disseminating a claim to undermine their authority and legitimacy. Particularly for organisations that are presenting themselves as legitimate medical organisations, this can prove highly effective in ensuring their work does not gain mainstream support. Identify the specific actor, what they are doing, their agenda or motivations, and the specific harm it causes. Choose delegitimization targets carefully as these tactics will inevitably boost their reach.



#4 Inoculate key audiences

Inoculation strategies aim to expose people to the opponents' messages in a controlled environment, so that they are more resilient to the myths when they encounter them in the real world. Typically, you expose participants to your messages, then show them the opponents claims, demonstrate why they are untrue or misleading, and then unpack the agenda and actors behind the claims. This makes people more resilient to pieces of disinformation when they encounter it in the real world.

Addressing Key Issues and Themes

In this section, we highlight key anti-trans themes and provide you with the research that responds to and refutes this disinformation.

Here is a quick template for the layout of each theme:

 Accuracy statement Quotable statements designed to be used for media releases, public commentary, or social media in responding to disinformation or anti-trans campaigns.	 Opponent agenda Explanation of the narratives pushed by the anti-trans lobby and disinformation groups. Not designed to be quoted.	 Research Briefing Deeper information to inform further reading and education.
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➤ *Here are the key themes:*

- 01 Gender-affirming care
- 02 Gender diversity exists around the world
- 03 Detransition and Retransition
- 04 Puberty blockers
- 05 Social Contagion and Rapid Onset Gender Dysphoria
- 06 Trans people and autism
- 07 The Cass Review
- 08 Evidence for care is low quality
- 09 Active Watchful Waiting

01 Gender-affirming care

Accuracy statement

Gender-affirming care is necessary care for trans and gender diverse people. The majority of professional medical organisations in Australia have expressed their support for this care.

Opponent agenda

The anti-trans lobby seeks to prevent trans and gender diverse people from accessing gender-affirming care by questioning its legitimacy and promoting alternative standards of care that are unsupported by evidence and not endorsed by major medical organisations.

Research Briefing

Organisations that have issued statements in support of gender-affirming care include the World Professional Association for Transgender Health (WPATH) (Coleman et al, 2023), the Australian Professional Association for Transgender Health (AusPATH) (AusPATH, 2022), the Australian Medical Association (AusMA, 2024), the Royal Australian College of General Practitioners (Cundill, 2020), the Royal Australasian College of Physicians (RACP, 2020), the Endocrine Society of Australia (Cheung et al, 2019), the Australian Psychological Society (Riggs, 2018), the Royal College of Pathologists of Australasia (RCPA, 2022), and the Royal Australian and New Zealand College of Psychiatrists (RANZCP, 2023).

Internationally, gender-affirming care is supported by the American Medical Association (AmMA, 2021), the American Psychological Association (APA, 2024), the World Health Organisation (MacDonald et al, 2022; WHO, 2024), the World Medical Association (WMA, 2015), and the Endocrine Society (Hembree, 2017), among many others.

See 'The Consensus on Trans Health Care' from [page 5](#) for more information.

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Gender-affirming care

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02 Gender diversity exists around the world

Accuracy statement

Gender diversity exists across all cultures and throughout all of history. Many cultures have gender systems and roles that go beyond simply male and female, or man and woman.

Opponent agenda

A key aspect of transphobia is that it paints gender diversity as a uniquely Western and recent construct, denying the long history of gender diversity that exists across cultures.

Research Briefing

There are many different forms and expressions of gender diversity across cultures and throughout history. Examples include Hijra communities in India (Harvard Divinity School, 2018; al-Mamum et al, 2022), Fa'afāfine in Samoa (Kanemasu and Liki, 2021; Encyclopedia of New Zealand, 2021), a variety of different identifications among First Nations people in Australia, including Sistergirls and Brotherboys (Riseman, 2023), and Two Spirit people (a term used to capture the broad array of gender diverse formations among First Nations peoples in North America) (Cameron, 2005).

Looking to cultures around the world, then, we see that the gender binary is far from universal and rather that gender and sexual diversity is typical. Indeed, a key part of the European colonial project was to pathologise, criminalise, and erase sexual and gender diversity (Elnaiem, 2021; Butler 2024), which has resulted in the repression of many cultural identities that did not match Western binary understandings of gender.

In their own words

Hijra: "Indian activist Laxmi Narayan Tripathi on the third gender", 2017, Women in the World, <https://www.youtube.com/watch?v=Mzhf29NBWbw>

Fa'afāfine: "Fa'afāfine documentary", 2005, Tagata Pasifika, <https://www.thecoconet.tv/coco-docos/pacific-doco-features-current-affairs/faafafine-documentary>

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Gender diversity exists around the world

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03 Detransition and Retransition

Accuracy statement

Gender-affirming care enjoys one of the highest satisfaction rates of out of any treatment model in modern medicine. People who have received gender-affirming care rarely re-identify as the gender they were assigned at birth.

Opponent agenda

So-called “detransition” narratives are weaponised by anti-trans lobbyists to cast doubt on the efficacy of gender-affirming care and to delegitimise the self-determination of trans and gender diverse people. The anti-trans lobby over-emphasises rates of people re-identifying as their gender assigned at birth in order to create barriers for trans people accessing gender-affirming care.

Research Briefing

A number of studies on detransition have found the rates to be very low. A study of 552 trans young people referred to the Child and Adolescent Health Service Gender Diversity Service at Perth Children’s Hospital found that only 5.3% re-identified with the gender they were assigned at birth. The vast majority of re-identifications occurred in the early stages of assessment, with only two people receiving access to puberty blockers or gender-affirming hormones (Cavve et al, 2024).

A study of over three hundred trans young people found that, after a five-year period, 94% had maintained a binary transender identity (Olson et al, 2022). A further 3.5% had moved from a binary trans identification to a non-binary identification (Olson et al, 2022).

A US survey of over 27,000 trans people found that only 8% had ever detransitioned (James et al, 2016, p.111). Of this cohort, 62% had only detransitioned temporarily and at time of survey were living as a gender other than what had been assigned to them at birth (James et al, 2016, p.111).

Discrimination or hardship related to being trans is a major reason why people may choose to detransition. A survey of over 17,000 trans people found that only 13.1% had detransitioned, either temporarily or permanently. Of this cohort, the survey found that for the vast majority (82.5%) their decision was at least partly driven by external factors, like a lack of support, pressure from family and friends, or legal reasons (Turban et al, 2021). In contrast, only 15.9% reported the decision to detransition being driven by one internal factor, like uncertainty or a shifting sense of identity (Turban et al, 2021).

Similarly, research on gender-affirming surgeries has shown that the regret rates for surgery are remarkably low (Bustos et al, 2021; Bruce et al, 2023).

Detransition and Retransition

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04 Puberty blockers

Accuracy statement

Puberty blockers are a vital and commonly prescribed medication for trans young people. They have a demonstrable positive impact on the mental health of trans young people and help them to live authentic lives.



Opponent agenda

The anti-trans lobby promotes the lie that puberty blockers are harmful or that their effects are not fully known in an effort to deny young people access to necessary health care. However, they offer no similar criticism of the routine prescription of puberty blockers to cisgender young people to treat precocious puberty.

Research Briefing

One study of over 700 trans young people on puberty blockers (GnRHa) found that 98% of them went on to receive gender-affirming hormones (van der Loos et al, 2022). Research into the prescription of puberty blockers has shown that they alleviate distress in trans young people (Horton, 2022). As such, puberty blockers are an effective intervention for young people seeking gender-affirming care (Ristori et al, 2024).

The effect of puberty blockers on bone density has been raised as a point of concern, however research suggests that the prescription of gender-affirming hormone therapy brings bone density in line with pre-treatment levels (On average, trans feminine young people have low bone densities even before they start puberty blockers; while blockers lower this further, estrogen treatments bring density levels back in line with pre-treatment levels) (Schagen, 2020).

Further, puberty blockers are used in a variety of treatments beyond gender-affirming care, including the treatment of precocious puberty (i.e. puberty with an early onset) (Ismail et al, 2022). Banning puberty blockers only for gender-affirming care represents a clear double standard which denies effective and proven health care to trans young people.



Puberty blockers

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05 Social Contagion and Rapid Onset Gender Dysphoria

Accuracy statement

As visibility and awareness of trans and gender diverse people has increased, it has become safer for more people to come out as trans and express their authentic selves.

Opponent agenda

Rapid onset gender dysphoria/Social contagion theory is a pathologising myth deployed exclusively by anti-trans lobby groups. The theory argues that transness is “contagious”; a queerphobic trope that has a long history (Knauer, 2000). It represents an attempt to normalise scepticism towards people who come out as trans and advocates for the restriction of trans health care.

Research Briefing

Rapid onset gender dysphoria was initially proposed in an academic paper that was quickly corrected by its author for basing its conclusions on parental observations of their child’s gender affirmation, rather than the experience of trans young people themselves (Littman, 2019).

The participants in the original study were recruited from anti-trans parent groups such as “4th Wave Now” and “Transgender Trend in the UK” (Littman, 2019).

The journal that published the article issued an apology to the trans and gender diverse community for its publication (Heber, 2019).

Research has demonstrated that trans young people often realise their gender identity years before they choose to disclose this to another person—even their parents (Turban et al, 2023). This means that a parent’s perception of their child’s transition cannot be counted on to accurately reflect the reality of their child’s experience (Sansfaçon et al, 2022).

An investigation into rapid onset gender dysphoria found that it was unsupported by clinical data (Bauer et al, 2022). Rapid onset gender dysphoria is not recognised as an authentic diagnosis by any major professional health association, including WPATH (WPATH, 2018).

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06 Trans people and autism

Accuracy statement

Trans people deserve the freedom to be themselves. Denying someone proven and effective health care on the basis that they are neurodivergent is medical discrimination.

Opponent agenda

The anti-trans lobby weaponises the high rates of autism diagnoses and self-reported autistic traits in the trans community to try and create barriers to gender-affirming care.

Research Briefing

Research has shown that there is a higher rate of autism diagnoses among trans people, and that trans people self-report a higher number of autistic traits when compared to cisgender people (Warrier et al, 2020; Kahn et al, 2023).

Commentary on these findings state that they do not delegitimise the self-determination of trans people with autism, nor should they be deployed as a justification for anti-trans legislation (Hadland et al, 2023).

Research has shown that trans young people with autism report a vivid sense of gender incongruence and a sense of urgency for receiving gender-affirming care (Strang et al, 2018). It is essential that the perspectives of trans people with autism be foregrounded when considering issues that address this group.



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07 The Cass Review

Accuracy statement

The findings of the Cass Review has been widely critiqued outside of the UK and have limited applicability to the provision of gender-affirming care in Australia.

Opponent agenda

The anti-trans lobby seeks to use the Cass Review as a way to limit access to gender-affirming care in Australia.

Research Briefing

The Cass Review was an inquiry into the NHS's gender identity service that has had a damaging impact on access to gender-affirming care in the UK.

The anti-trans lobby has attempted to use the Cass Review to build political support for a similar review into gender-affirming care in Australia. However, Australian medical experts have argued that this is unnecessary (Wisebey, 2024; Equality Australia, 2024). They have argued that denying gender-affirming care to trans young people on the recommendations provided by the Cass Review would be cruel and unethical (Wisebey, 2024).

This is in line with the positions of both the Royal Australian and New Zealand College of Psychiatrists, who declined to support an inquiry into gender-affirming care following the release of the Cass Review (RANZCP, 2024), and of the Royal Australasian College of Physicians, who recommended against a similar review before the release of the Cass Review in 2020 (RACP, 2020).

Where similar reviews have been carried out in Australia, the results have been favourable. A review into the Queensland Children's Gender Service in 2024 found that staff had a "commendable" dedication to patient outcomes and that there was no evidence that patients were "hurried" through the service. Indeed, the review recommended that the service be expanded to better match the needs of trans and gender diverse young people throughout the state (QLD Government, 2024).

Finally, the Cass Review has received major criticisms for its methodological approach (Noone et al., 2024), its cisgender perspective on trans healthcare (Horton, 2024), and for its conclusions (McNamara et al., 2024) since its release. The criticisms of the review include that it has misinterpreted its own evidence, that it has ignored key findings supporting gender-affirming care, and that a number of its claims about trans people and gender-affirming care are largely unsupported (McNamara et al., 2024). Given these concerns, and the robust practices of gender-affirming care already in place in Australia, the Cass Review has limited applicability in this country.

The Cass Review

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08 Evidence for care is low quality

Accuracy statement

In medical research, “low quality evidence” is a technical term that has been shown to apply to many clinical care practices. It is not to be taken as a strict indication on the efficacy of a treatment.



Opponent agenda

The anti-trans lobby uses the term “low quality evidence” to mislead the public about the wealth of research that underpins gender-affirming care.

Research Briefing

“Low quality evidence” is a technical term that refers to clinical research that does not use a randomised control group. Any “observational studies”, for example, are considered to provide a low quality of evidence (Guyatt et al., 2008b). Under this categorisation, investigations have shown that a large majority of medical care practices are based on “low quality evidence” (Fleming et al., 2016) and, further, that the quality of evidence for these practices does not improve over time (Howick et al., 2020).

This means that treatments based on “low quality evidence” can still receive a “strong recommendation” depending on a variety of other factors, including desirable effects on the patient (Guyatt et al., 2008a). As observational studies on the effects of gender-affirming care have consistently shown that it has a beneficial effect on the lives of trans and gender diverse people, the claim that gender-affirming care is based on “low quality evidence” is deeply misleading (McNamarra et al, 2024).

It has been argued that any analysis of the efficacy of gender-affirming care should take into account patient self-conception and goals for embodiment (i.e. how happy the patient is with the care received), as is the case with clinical care for reproductive health (Ashley, 2022). The framework for benefits under gender-affirming care are thus different from a more typical clinical practice.



Evidence for care is low quality

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09 Active Watchful Waiting

Accuracy statement

The denial of gender-affirming care to trans young people, causes demonstrable harm to their happiness, health, and wellbeing.

Opponent agenda

Active Watchful Waiting is a rationale for monitoring cancer symptoms that the anti-trans lobby misuses in order to argue for denying, or greatly delaying, trans young people's access to gender-affirming healthcare.

Research Briefing

Active watchful waiting is referred to by both the Cancer Institute of NSW and Cancer Council NSW as a method of monitoring prostate cancer (Cancer Institute NSW, 2022; Cancer Council NSW, 2024). Active surveillance is for cancer that is “localised, slow growing, and not causing any symptoms” (Cancer Institute NSW, 2022), and watchful waiting is for monitoring cancer when the patient is “older and the cancer is unlikely to cause a problem in [their] lifetime” (Cancer Council NSW, 2024).

This framework has limited utility when applied to the treatment of trans people, as it frames being trans as a pathology that needs to be “monitored”. Instead, as advocated by WPATH and numerous other medical organisations listed above, the medical treatment of trans people should be patient-centred as a means to facilitate self-determination (Coleman et al., 2022).

Some have drawn an analogy between the principles of gender-affirming care and those of reproductive health care—both represent a medical intervention driven by patient self-conception and life goals rather than traditional understandings of healthy or unhealthy (Ashley, 2022). This framework demonstrates that the “active watchful waiting” approach is inadequate and highly unsuited for the provision of gender-affirming care.



Active Watchful Waiting

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Further ways to support the trans community



#1 Book in a disinformation training

We will train you and your team how to identify anti-trans disinformation, how to use the strategies in this guide, and provide expert advice in implementing them in your organisation.

Book yours now

transjustice.org.au/training



#2 Become a Solidarity Member

Solidarity Members are people who support our work by making a monthly donation. Monthly donations help us to plan ahead, be financially independent, and stay effective.

Sign up here

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#3 Invest in trans communities

Trans organisations and services are drastically underfunded, especially in remote and regional communities. Consider partnering with local trans justice organisations for fundraisers, hiring them to do training with your staff, or paying them to speak at your events.



#4 Develop plans for how to address attacks from anti-trans groups

Anti-trans groups are using strategic litigation, exploiting complaints processes, and vicious media campaigns to attack the rights of trans people in the workplace. Being prepared for these attacks before they happen can significantly limit their impact.

Introduce a gender affirmation policy, gender affirmation leave, and ensure your bullying policies and code of conduct specifically protect people on the basis of gender identity.

Further resources



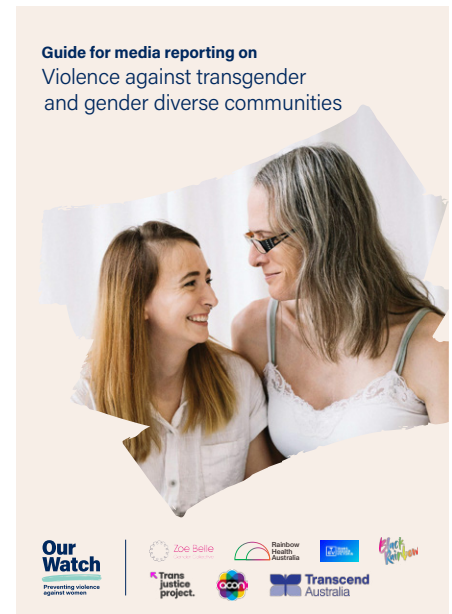
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[Trans Justice Project – Fuelling Hate Report: Abuse, harassment, vilification and violence against trans people in Australia](#)



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[Trans Justice Project – Conversations for Trans Justice](#)



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[OurWatch – Media reporting on violence against transgender and gender diverse communities](#)

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Language

Replace	Embrace	Explanation
Transgender	Trans Trans and gender diverse	'Trans' is used as an umbrella term the encompasses a large range of identities. Gender diverse is used to acknowledge that some people in our community might not identify as trans (e.g. some non-binary people).
'Was born a girl' People who identify as men/women AMAB/AFAB	Trans woman Trans man Trans masculine Trans feminine Non-binary Sistergirl Brotherboy	Use the current way a person describes their gender. Don't refer to a person's assigned gender unless it is strictly relevant.
Transitioning	Gender affirmation Affirming your gender	'Gender affirmation' denotes a greater diversity of experiences – including social and legal affirmation. 'Transitioning' tends to frame gender affirmation as a linear and binary process.
Non-trans Biological woman/man	Cis / Cisgender people	Cisgender means someone who identifies with the gender they were assigned at birth. 'Biological woman/man' is a term used exclusively by anti-trans lobby groups.
Trans activists	Trans people Trans community People who are trans	Anti-trans lobbyists use 'trans activists' to politicise our human rights. Refer to us as people first.
Transphobes TERFS Gender criticals Anti-trans movement	Anti-equality lobbyists Anti-trans lobbyists	Use terms that are more familiar to the public. Make it clear that their values are out-of-step with broader society.

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