

Trans Misconceptions and Facts

About this resource

As anti-transgender rhetoric becomes more and more commonplace, Keshet has developed this guide to help dispel myths and provide accurate, factual information. We intend for this to be used to better understand common misconceptions about transgender and nonbinary people, as well as to provide starting conversational points to guide difficult conversations. We believe that the way to change hearts and minds is to engage openly in dialogue and to be responsive to each individual person's values. The response suggestions in this guide are meant to help facilitate this process, but we encourage you to find and adapt the language that resonates the most with you.

The Jewish principle of ***kol yisrael arevim zeh bazeh*** - all of Israel are responsible for one another (Shavuot 39a) means that it is our collective responsibility to disrupt bias and harmful rhetoric in order to support our transgender and nonbinary community members. We hope this guide is a first step to feel more prepared to engage in difficult conversation.

"Sex is biological, and there is only male and female."

"I understand why you would think that, it's what we were taught! The reality is that biological sex has a wide range of variations dependent on chromosomes, primary and secondary sex characteristics, hormone levels, and androgen levels. Despite this biological reality, we live in a culture that *enforces a rigid binary categorization, starting at birth*. When someone else, usually a doctor, assigns sex to a baby at birth, it is based on their interpretation of that person's body. About 1.7 — 2% of the population have bodies that defy the binary either/or category of male or female. This is called being **intersex**. Being intersex is not itself a medical problem. Most people who are intersex are assigned male or female at birth. We make the best judgments we can at birth, but it's important to know that these judgments can be provisional. We need to honor a person's identity once they are able to express it. Remember that nature doesn't decide where the categories of 'male' and 'female' end and the category of 'intersex' begins: humans decide."

“People can’t just choose their gender.”

“There is an immense variety in how people do or don’t identify with their assigned gender at birth. I bet that your idea of what makes you a man/woman/person and the way that you express that is different from the person next to you.

Gender identity is a person’s inner understanding of their own gender(s). This is each person’s unique knowing or feeling, and it is separate from a person’s physical body or appearance. It can’t be determined by anyone else. There are many people who don’t identify as strictly a man or strictly a woman, and/or whose gender identity is different from the sex they were assigned at birth.

Transgender and nonbinary people do not ‘choose’ a gender identity, but rather express long-held understandings of themselves. It is an honor when a trans or nonbinary person chooses to share their identity with you. Harm is caused when people’s real understandings of themselves are denied or dismissed.”

“Conversations about LGBTQ+ identities are adult and are not age-appropriate for children.”

“LGBTQ+ identities are not more ‘adult’ or ‘sexual’ than cisgender or straight identities. Just as we talk about cisgender and straight identities in age-appropriate ways from a very young age (pointing out or describing characters in stories as boys or girls, talking about families having mothers/fathers/other caregivers, encouraging dress-up and creative play in gendered ways, answering questions about what it means to be a boy or girl or what it means to form a family), it is important to include LGBTQ+ identities in the conversation in age-appropriate ways. Gender, family structure, and clothing are not inherently taboo topics. If a question is asked, an age-appropriate answer can be given.

The U.S. National Center on Parent, Family, and Community Engagement and the American Academy of Pediatrics, among others, say that kids as young as two or three begin to understand and ask questions about the concepts of gender and sexual orientation, and by kindergarten many children have an emerging understanding of their own identities.

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Because kids learn about their gender and sexuality at a young age, it can actually be harmful to prohibit them from discussion. It's important for LGBTQ+ kids to have the language to be able to express themselves, and for non-LGBTQ+ kids to understand these concepts so that they do not inadvertently cause harm based on misunderstanding. Youth are never too young to be reminded that their whole selves have your affirmation and love, especially for those who are internally questioning their gender or sexuality."

"Transgender women are threatening women's sports and have an unfair advantage."

"Personally, I don't think that sport categories will ever be completely equitable. Our human bodies are all so different! Many athletes, for example, Michael Phelps, have physical differences that give them an advantage.

Medical experts as well as the International Olympic Committee have stated there is no biological advantage that transgender women have over cis women.

What's more important to me is to live in a world where everyone can participate in sports regardless of their gender. Transgender and gender-expansive athletes just want to participate like everyone else, and they should be able to do so in an environment that is affirming of who they are."

"Transgender kids are too young for gender-affirming care."

"Many people are not sure what the term 'gender-affirming medical care' means.

Gender-affirming care covers a wide spectrum of care, including supportive and affirming psychotherapy, reversible medications that may delay the onset of puberty, and/or medical care designed to bring a person's body into alignment with their internal sense of self.

There is no one-size-fits-all approach to genderaffirming medical care, but most medical care available to youth is focused on emotional support, mitigating and coping with the distress that may accompany not having one's gender recognized or navigating systems of oppression, and delaying the onset of the physical changes associated with puberty to allow for more time for discernment and decision-making.

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Puberty blockers are well studied, safe, and reversible. Side effects of puberty blockers are in line with side effects of many commonly prescribed medications, and each youth considering these medications weighs the potential side effects and benefits in collaboration with their caregiver(s) and medical professionals. There is no need to further restrict access to these medications.

It's hard to know what the right thing is to do when a child is experiencing a crisis due to their gender identity, and I can understand why some parents are scared to make the wrong decision. Part of the problem is that there are not enough care providers educated in transgender-affirming care, and not enough access to information and options. For most transgender kids, allowing them to access care can be lifesaving, and supportive parents can reduce the risk of depression and suicide. You're right that this is really hard, and I trust each family to make the best decisions for themselves — and want for them to have the best information and medical support through the process.”

“It is not safe for transgender women to be allowed in women’s restrooms.”

“I hear you that you are concerned about women’s safety! Safety is also important to me. Of the hundreds of cities, school districts, and states who have enacted laws to protect transgender peoples’ right to use restrooms, there have been zero reported instances of violence perpetrated by transgender people or of people pretending to be transgender in order to gain access to restrooms.

While we are considering data around safety in restrooms, we should look at what the data show about the safety of transgender women in restrooms. According to Williams Institute at UCLA School of Law, transgender people are four times more likely to be victims of violent crime than their cisgender counterparts. Many transgender people report that restrooms are places where they routinely experience harassment and violence.

All people, including trans and nonbinary people, deserve safe access to bathrooms.”

“Kids are saying they’re transgender now because it’s ‘cool’ and their friends are doing it.”

"What worries you about that? Identity exploration may be fluid, and that's OK. Supporting kids in this exploration ensures that they feel affirmed and loved.

Increased representation and visibility have given many people, including youth, the opportunity to explore their full selves.

Trusting our kids when they tell us who they are is a powerful form of affirmation, and giving them the space to experiment will help them grow into healthy adults.”

“Some people regret transitioning.”

“You’re right, some people do. It’s a small number — 1% as compared to other procedures like knee replacement surgery (18%), prostatectomy (30%), and even other life decisions like having children (7%) or getting a tattoo (16.2%) (NIH 2020 and 2024).

What’s more important for me is for people to have autonomy over their own lives. People make decisions they regret all the time — that doesn’t mean that we should stop them from being able to make them. It seems unfair to me that we treat medical intervention for transgender people as something that is worthy of more gatekeeping or obstacles compared to other medical decisions.”