

“No One Really Knows”: The Impact of Structural Ignorance on Transphobic Disinformation

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This article argues that transphobic disinformation is strengthened by structural ignorance about transgender identities and experiences. While disinformation is often defined as intentional spread of false information, a narrow focus on intent obscures the role of structural oppression in producing both knowledge and ignorance about transgender communities. This article analyzes disinformation appearing in *Brandt v. Rutledge*, a US court case addressing a ban on gender-affirming care for minors in Arkansas, to argue that anti-trans experts leverage gaps in legitimate research about trans people to produce disinformation. For example, fearmongering about the rapid growth of trans youth populations relies on the longstanding historical invisibility of trans people in survey data that assumes a male/female binary. Similarly, disinformation about transition as decreasing quality of life draws on pathologizing research frames that emphasize suffering, thus producing structural ignorance about transgender joy. Understanding ignorance as *structural* implies a need to shift strategies for correcting disinformation. While critiquing disinformation is necessary, mitigating the harm of false claims also requires grappling with the impact of oppression on “legitimate” knowledge production.

KEYWORDS transgender legal cases; transphobic disinformation; structural ignorance; queer data; agnotology

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A growing number of states in the United States of America have passed legal restrictions on transgender people, from bans on gender-affirming care (GAC) for minors and young adults to bans on access to gender-segregated spaces such as athletic teams and restrooms. The rhetoric animating these bans often relies on disinformation, such as the idea that there has been a “surge” of young people claiming a transgender identity. This paper examines disinformation that has become prevalent in anti-trans political rhetoric. I argue that transphobic disinformation is the strategic

mobilization of structural ignorance about transgender identities, communities, and experiences. Structural ignorance about transgender identities and experiences is produced unintentionally through mechanisms of research. For example, structural ignorance about transgender perspectives is produced in survey research through the standard practice of categorizing all respondents as male or female. Structural ignorance about trans people can also be produced as part of research about trans communities, by focusing only on negative experiences and neglecting to collect evidence of trans joy. Disinformation separates data from the context of its production, isolating findings of harm to argue that allowing fewer people to transition will reduce transgender health disparities. Therefore, countering disinformation requires not only less biased and more inclusive research but also understanding and changing the structural conditions that allow false knowledge claims to thrive. Unpacking the structural roots of disinformation is a necessary step toward mitigating the ongoing harms of historical erasure.

My research builds on work by McNamara et al. (2024), who analyzed disinformation in rationales for legal bans on GAC in the United States. They identified numerous disinformation themes and argued that these constitute a threat to public health. McNamara et al. (2024, 5) defined disinformation as “encompass[ing] deliberate use of false or misleading information or omission of correct information,” emphasizing that the difference between disinformation and misinformation is intent. My research extends McNamara et al. by not only examining disinformation (which appears to be intentional), but also conceptualizing disinformation as rooted in structurally produced (unintentional) ignorance about transgender people.¹ I argue that structural ignorance about transgender identities and experiences creates a knowledge vacuum that diminishes resistance to disinformation among various publics.

To develop this argument, I analyze disinformation in *Brandt v. Rutledge*,² a US court case on GAC for minors in Arkansas, as well as its appeal in the Eighth Circuit, *Brandt v. Griffin*.³ The case was brought by four trans youth, their parents, and two doctors, all of whom argued that they were harmed by the ban on GAC. The trans youth and their families argued that their lives were improved by access to GAC, and that they were harmed by the burden of travel to access care outside Arkansas. The medical doctors argued they were prevented from providing medically necessary care. I analyze Arkansas’ defense in *Brandt v. Rutledge*, which rested on several forms of transphobic disinformation. This tactic was noted in the 2023 Eighth Circuit court order:

Throughout this litigation, the State has attempted to meet their heavy burden by offering the following assertions in support of banning gen-

- 1 In extreme cases of transphobia, ignorance about trans people is created by force, as occurred in the 1933 Nazi burning of books at Magnus Hirschfeld’s Institute of Sexual Sciences (Bauer 2014). While openly transphobic actors contribute to the flourishing of ignorance and disinformation, I argue that anti-trans disinformation draws strength not only from spectacles of violence and hatred, but also from everyday practices of research.
- 2 *Brandt v. Rutledge*, 677 F. Supp. 3d 877, 2023 U.S. Dist. LEXIS 106517, 121 Fed. R. Evid. Serv. (Callaghan) 1768, 2023 WL 4073727 (E.D. Ark., Cent. Div., June 20, 2023).
- 3 *Brandt v. Griffin*, 47 F.4th 661, 2022 U.S. App. LEXIS 23888, 2022 WL 3652745 (8th Cir. Aug. 25, 2022).

der-affirming medical care for adolescents: (i) that there is a lack of evidence of efficacy of the banned care; (ii) that the banned treatment has risks and side effects; (iii) that many patients will desist in their gender incongruence; (iv) that some patients will later come to regret having received irreversible treatments; and (v) that treatment is being provided without appropriate evaluation and informed consent. The evidence presented at trial does not support these assertions. (*Brandt v. Rutledge* 2023b, 66–7)

My purpose here is not to analyze the outcome of this case, but rather to make sense of the false claims that were key elements of the state's defense. At the time of writing, the ban on GAC is blocked from enforcement. However, the case is undergoing its second appeal in the Eighth Circuit. While strategies of disinformation have (so far) been unsuccessful in this case, I follow philosophers B. R. George and Stacey Goguen (2021, 15) in “focus[ing] on the structure and function of the rhetorical ‘tool-kit’” used in producing disinformation. This litigation provides insight into expert rationales for bans on GAC. Exploring these rationales is important in understanding how these bans have expanded to 25 states across the US at the time of writing (Movement Advancement Project 2025). The false claims articulated in *Brandt v. Rutledge* are not unique to this case but demonstrate rhetorical strategies underlying bans on GAC across the US.

In this paper, I refer to false claims articulated in *Brandt v. Rutledge* as “disinformation,” though it is difficult to prove intent to mislead. Some expert witnesses and amici may be genuinely convinced that risks to children's health or social order outweigh benefits of transition or bodily autonomy, engaging in ethical debate about medical and legal understandings of acceptable risk. However, my analysis does not rely on proving intent. Instead, my analysis of disinformation is structural, taking institutions of knowledge production into account in evaluating the creation and spread of transphobic claims.

First, I develop the theoretical framework for this paper, synthesizing concepts from transgender studies, queer data studies, indigenous studies, and science and technology studies (STS). Next, I describe my research methods, including selection and analysis of *Brandt v. Rutledge*. Finally, I analyze disinformation from this case study, unpacking specific claims about social contagion and transition regret. I conclude with takeaways about the use of data in correcting disinformation.

STRUCTURAL IGNORANCE OF TRANSGENDER EXPERIENCES

This article builds on growing conversations in trans theory and philosophy about ignorance of trans identities and perspectives. In this literature, ignorance is referred to by many terms, including epistemic injustice (Fricker and Jenkins 2017), mystification (Serano 2007), data silences (Smilges 2022), a joy deficit (Shuster and Westbrook 2024) and erasure (Bauer et al. 2009). Each of these concepts points to the ways that systemic failures to create and share knowledge about trans lives perpetuate the dominant gender order and transphobia. I bring these works together with STS literature in the field of agnotology, or ignorance studies, to argue that ignorance about trans people in research and policy is a structural phenomenon.

Many works in trans theory engage with the concept of “epistemic injustice” to analyze trans exclusion from knowledge production in various settings, including medicine (Fricker and Jenkins 2017; Stewart and Freeman 2022), law (Aultman 2016), media (George and Goguen 2021), and education (Schey 2022). Much of this literature explores the impacts of ignorance about trans identities, using interviews with healthcare providers (Mikulak 2021) and trans people to understand “the experience of being met with ignorance” (Westerbotn et al. 2017, 194). Other contributions are more theoretical: transfeminist theorist Julia Serano (2007, 291) proposes the concept of “enforced ignorance,” arguing that cisgender ignorance is enforced through the assumption that one must be transgender to have interest in, or knowledge of, trans experiences. Serano argues that enforced ignorance produces “mystification,” an inability for privileged individuals to understand or relate to those with marginalized identities (292). Philosopher Blas Radi (2019, 55) similarly argues that ignorance, particularly in the form of universalizing statements such as “we are all trans,” harmfully abstracts the concept of inclusion from the material disparities trans people face. This body of literature primarily investigates “ignorance...as an outcome,” describing its effects on cisgender and transgender communities (Pape 2020, 222).

Queer data studies literature explores issues of ignorance, research gaps, and partial representations of LGBTQI+ communities (Guyan 2022; Keilty 2024; Naylor 2018). This literature brings to light data silences due to the absence of marginalized individuals in knowledge production (Fausto-Sterling 2000; Smilges 2022). Some of these works articulate a clear link between knowledge gaps and disinformation. For example, Hil Malatino analyzes trans and intersex patients’ disappearances in archival records. Malatino (2017, 169) argues that “racialized, classed, and queer absences and misrepresentations” lead to a fixation on medical transition procedures that distracts from “holistic approaches to health.” In other work on queer data, Paisley Currah and Susan Stryker (2015, 2) argue that population data is important in establishing a “national imaginary.” Surveys that limit responses to “male” and “female” shape who is seen as a legitimate citizen deserving of recognition and protection. In turn, survey-based research structures decisions about budgets as well as broader understandings of which identities are real or valid. Furthermore, as my analysis below will show, knowledge gaps and partial representations in LGBTQI+ data are not merely relics of the past but are reanimated in establishing baseline data for contemporary claims about how trans populations have changed over time.

Ignorance about trans joy can also arise from research that emphasizes oppression. Indigenous studies scholar Eve Tuck (2009, 409) describes research that centers disparities as “damage-centered research.” Tuck (2009, 415) argues that research about oppression in Indigenous communities is easily weaponized as disinformation through obscuring context: “without the context of racism and colonization, all we’re left with is the damage, and this makes our stories vulnerable to pathologizing analyses.” Likewise, while some organizations advocate for heightened visibility of trans identities in data collection, some scholars take issue with the partial nature and limited political impact of the stories often told with data from oppressed populations. Sociologist Laurel Westbrook (2021, 27) argues that “the profusion of narratives about violence experienced by transgender people has not been offset by narratives of transgender joy,” explaining that “this imbalance produces an unlivable life filled with fear”

for trans subjects who only encounter negative representations of themselves in media. stef shuster and Laurel Westbrook (2024, 791) relatedly argue that a “joy deficit” has been produced in research about transgender lives. The spectacle produced by shocking statistics about violence and harm in transgender communities reifies the boundary between normative and othered groups, naturalizing oppression as justified or unchangeable while also creating ignorance about the existence of trans joy. I argue that such spectacularized narratives structure interpretations of data about transgender people, as well as assumptions made about transgender people in the absence of reliable information.

The field of science and technology studies has also made important contributions to understanding ignorance (Croissant 2014; McGoey 2012; Oreskes and Conway 2010; Proctor and Schiebinger 2008). Madeleine Pape (2020, 222), for example, conceptualizes ignorance “as a process: as an act of turning away in a given moment when it was possible to know differently.” This approach works to de-naturalize ignorance, framing ignorance as an ongoing project rather than a default state of non-knowledge. However, understanding ignorance as continually produced does not mean that it is always *intentionally* produced. For example, using binary male and female categories on a survey produces ignorance about trans people, but may stem from a desire for simplicity or lack of thoughtful engagement with trans identities, rather than conscious transphobia. The STS concept of “structural ignorance” (Gershon and Raj 2000) emphasizes ignorance as unintentional, with a “deep-rooted structure” and “societal and historical context” (Juraku and Sugawara 2020, 1423).

In the analysis that follows, I use several key terms to characterize structural ignorance as it facilitates the spread of transphobic disinformation. These concepts include informational erasure and institutional erasure (Bauer et al. 2009), epistemically disadvantaged identities (Tuana 2006), and undoable science (Frickel et al. 2010). Public health scholars Greta Bauer et al. (2009, 352) define “informational erasure” as “both a lack of knowledge regarding trans people and trans issues and the assumption that such knowledge does not exist even when it may.” They describe “institutional erasure” as ignorance resulting from “a lack of policies that accommodate trans identities or trans bodies, including the lack of knowledge that such policies are even necessary” (Bauer et al. 2009, 354). Research projects, such as surveys, often assume binary cisgender identities (institutional erasure), resulting in a lack of knowledge about trans people (informational erasure). These processes of erasure are both structural and individual: decisions about research funding, curricula, and policy are made by individuals or small groups, creating a pattern of trans erasure over time. As I will show below, in *Brandt v. Rutledge*, Arkansas’ experts engaged in informational and institutional erasure to argue that there is not enough research about trans people, while also dismissing existing research projects as biased.

Issues of erasure are compounded due to the construction of transgender as an “epistemically disadvantaged identity” (Tuana 2006, 13). Feminist philosopher Nancy Tuana (2006, 13) uses this term to describe “individuals and groups who are rendered ‘not knowers’ [and] constructed as untrustworthy.” For example, the Fourth Edition of the Harry Benjamin International Gender Dysphoria Association (1990, para. 4.6.1) Standards of Care required two years of gender dysphoria for a diagnosis of transsexualism, proof of which necessitated either a relationship with a “clinical behavioral

scientist” for “an extended period of time,” or an “interview of the patient’s appointed informant (friend or relative).” This policy framed trans people as unreliable narrators of their own life stories, likely to say what doctors wanted to hear to access care (Meyerowitz 2002, 226). In *Brandt v. Rutledge*, Arkansas’ experts leveraged epistemically disadvantaged identities to argue that trans youth should not be trusted to know what is best for their bodies and futures.

Finally, some of the ignorance in *Brandt v. Rutledge* stemmed from problems of “undoable science” (Frickel et al. 2010, 453). STS scholars Scott Frickel et al. use this term to describe questions that are unanswerable because “structural constraints such as limited access to resources coincide with practical constraints” (Frickel et al. 2010, 466). Undoable science often stems from taking a narrow approach to a complex situation. Frickel et al. use the example of risk assessments as undoable science projects, as there are too many variables to efficiently determine whether drugs or chemicals could cause harm over a long period of time or at a broad ecological scale. Similarly, Arkansas’ experts raised unanswerable research questions about the safety of puberty blockers and hormone replacement therapy for minors, arguing that unforeseeable long-term risks of harm or regret render these medications unsafe for youth. Ignorance about the causes of trans identity was leveraged to argue that there is no way to be sure a person will not regret transition later in life.

Structural ignorance, in the forms of informational erasure, institutional erasure, epistemically disadvantaged identities, and undoable science, strengthens disinformation about trans identities and experiences. Systemic oppression of trans people impacts the production of knowledge, creating gaps that are weaponized to cast doubt on whether GAC is appropriate for youth. In the rest of this paper, I explore the role of structural ignorance in supporting disinformation about two topics central to Arkansas’ defense: social contagion and transition regret. Arkansas’ experts relied on institutional erasure of trans identities in survey data to argue that growing numbers of youth identify as trans due to social contagion. Arkansas’ defense also utilized research about disparities faced by trans communities to argue that youth will inevitably regret GAC because it lowers quality of life. While major medical associations agree that GAC is necessary (GLAAD 2024), Arkansas relied on patterns of structural ignorance to cast doubt on whether youth seeking GAC are actually trans, arguing that transition is unnecessary or harmful given the possibility of regret.

METHODOLOGY

This article presents interpretive findings from discourse analysis of the *Brandt v. Rutledge* case. I chose *Brandt v. Rutledge* in large part due to the abundance of documents that were available for analysis, including written declarations and oral testimony from expert witnesses. Because the American Civil Liberties Union (ACLU) is involved in this litigation, all the court documents are hosted on their website. The litigation in Arkansas has been ongoing since 2021, involving a wide range of perspectives and arguments, including amicus briefs. While there are other cases in other states, they are in earlier stages of development, with fewer documents to analyze. Furthermore, Arkansas’ law banning GAC for minors served as a model for the states that followed in

restricting GAC, making analysis of this case relevant to understanding similar laws in states across the US (Wuest and Last 2024).

In *Brandt v. Rutledge*, the court found that the ban on GAC for youth was unconstitutional and imposed a permanent block on the law. Testimony from some of the state's expert witnesses supporting the ban was found irrelevant and discredited by the judge. Despite their failure to convince the judge, I analyze some discredited claims as common examples of disinformation. The purpose of this analysis is not to understand the outcome of the case, but instead to understand these experts' "rhetorical 'toolkit,'" and by extension the rhetoric used in growing movements to ban or restrict GAC (George and Goguen 2021, 15). For each claim I explore in *Brandt v. Rutledge*, I open with an example of how this rhetoric circulates outside of litigation, demonstrating that this discourse does not have to be successful in every legal case to be broadly meaningful in society and culture. Eve Tuck (2009) demonstrates the circulation of legal discourse far beyond the scope of a courtroom, arguing that legal structures of problem definition and proof of harm are taken up by social scientists in the hopes their work will inspire political change. I similarly demonstrate that disinformation in the *Brandt v. Rutledge* case circulates widely through opinion articles, news summaries of research, and activities of the executive branch of the federal government, even though it was unsuccessful in this court.

To start my analysis, I coded court documents using the qualitative data analysis software Atlas.ti. I primarily took an emic and inductive approach to coding, which allowed me to explore the perspectives of different actors in the case, such as the judge and expert witnesses (Tracy 2013). I focused primarily on the use of quantitative data and statistics in supporting legal arguments, descriptively coding the information conveyed through numbers such as "population size" and "suicide." I also descriptively coded the concerns expressed in legal arguments, such as "risk" and "regret." I began by exploring differences between the "Defendants' Proposed Findings of Fact" (*Brandt v. Rutledge* 2023a) and the court's "Findings of Fact and Conclusions of Law" documents (*Brandt v. Rutledge* 2023b). These documents summarize the facts in the case from two perspectives: Arkansas' rationale for their ban on GAC, and the court's justification for blocking the ban. I followed the citations supporting these claims to code their source documents, aiming to unpack the methods and logics used in the construction of transphobic "evidence." I chose to analyze claims evaluating the state of knowledge and ignorance in trans health research, and in which disinformation was not fully corrected by the court.

I analyzed examples of claims typical to this case, addressing two topics which appeared in headings in the "Defendants' Proposed Findings of Fact" document: "The Transgender Population" and "Desistence" [*sic*] (*Brandt v. Rutledge* 2023a, 2). The claims I chose were supported by citations to verbal statements made by expert witnesses in trial. I followed these citations to code their sources, exploring their context and alignment with the arguments presented in written testimony. While I focused on one court case, the experts and claims I analyzed do not only appear in this case but are typical of anti-trans political movements in the United States. I center claims made by two expert witnesses for Arkansas, Mark Regnerus and Stephen Levine, who have been critiqued for spreading transphobic disinformation in *Brandt v. Rutledge* as well as in expert witness roles for other cases (Alstott et al. 2024; Caraballo 2022).

Mark Regnerus is most well-known for controversy surrounding a biased study of LGBTQ parents, summarized in *Brandt v. Rutledge* as a reason his previous testimony in another case was found “entirely unbelievable,” as his research “funder clearly wanted a certain result and Regnerus obliged” (*Brandt v. Rutledge* 2022c, 1028). Scholars have critiqued his research methods, analysis, and conclusions (Bailey et al. 2016; Cheng and Powell 2015). The Eastern District of Arkansas ultimately discredited Regnerus’ testimony in this case, as “he lacks the qualifications to offer his opinions and failed to support them” (*Brandt v. Rutledge* 2023b, para. 296). While the claims of expert witness Mark Regnerus were dismissed in *Brandt v. Rutledge*, his arguments are not only relevant to this case. Regnerus remains influential as a tenured professor in the University of Texas at Austin’s sociology department. His website contains a page on his “legal writings,” including six amicus briefs and three expert reports in addition to those submitted in *Brandt v. Rutledge* (Regnerus n.d.). One case in which Regnerus submitted an expert report was *Loe v. Texas*.⁴ In this case, the court found that Texas’ ban on GAC for minors was constitutional.

In contrast, Stephen B. Levine, a psychiatrist and expert witness for Arkansas, testified about his personal experience providing GAC. *Brandt v. Rutledge* is one of many cases in which he argued against GAC, among other work consulting for state Departments of Corrections about GAC for prisoners (Caraballo 2022; Stahl 2021). While other expert witnesses for the state, such as Dr. Patrick Lappert and Dr. Mark Regnerus, had their testimony discredited due to their lack of qualification, Dr. Stephen Levine was “the State’s only expert witness who has experience treating patients with gender dysphoria,” thus “the Court found Dr. Levine a very credible witness” (*Brandt v. Rutledge* 2023b, para. 291, para. 293). He founded the Case Western Reserve University Gender Identity Clinic in 1974 and has been involved in the writing of diagnostic criteria and treatment protocols for medical transition, including developing diagnostic criteria for gender identity disorders and chairing the fifth edition of the HBGDA Standards of Care.

To explore the structural underpinnings of the disinformation that these two experts perpetuated, I chose claims that cited data about trans communities. I analyzed these claims and their underlying evidence through writing memos on two key questions: “What information would correct this disinformation?” and “What allows this disinformation to persist elsewhere?” I found that disinformation often cites legitimate research about transgender people, including CDC surveys and clinical case studies. However, disinformation separates data from the context of its production, relying on longstanding structural ignorance to strengthen false assumptions about transgender communities. In the following sections, I provide context which corrects the assumptions made by Arkansas’ experts. However, the information necessary to correct this disinformation is often impossible to produce (historical survey estimates of trans population size) or devalued as not credible by Arkansas’ experts (findings that transition improves mental health).

4 *State v. Loe*, 692 S.W.3d 215, 2024 Tex. LEXIS 545, 67 Tex. Sup. J. 1421, 2024 WL 3219030 (Tex. June 28, 2024).

CLAIM 1: TRANS POPULATION GROWTH AS SOCIAL CONTAGION

In 2024, columnist Pamela Paul published an opinion piece in the *New York Times* based on interviews with medical experts, parents, and “detransitioners” who returned to a cisgender identity after a period of transgender identification. Paul (2024, under “A New and Growing Group of Patients”) argued that “the small but rapidly growing number of children who express gender dysphoria and who transition at an early age, according to clinicians, is a recent and...controversial phenomenon.” In the same section, she explained that some clinicians and researchers understand this growth “as rapid onset gender dysphoria, in which adolescents, particularly tween and teenage girls, express gender dysphoria despite never having done so when they were younger.” While the theory of rapid onset gender dysphoria (ROGD) has been widely critiqued by academics and clinicians (Bauer et al. 2022; “CAAPS Position Statement” 2021; Restar 2020; Turban et al. 2023), Paul relies on this concept and increasing numbers of trans youth to argue that these youth exemplify a new type of dysphoria which requires mental health care rather than medical transition. She argued that GAC should be delayed or restricted while professionals decide whether adolescents meet the criteria for this diagnosis, which is not recognized by medical associations or in diagnostic manuals. I follow experts’ construction of disinformation about ROGD and increasing numbers of trans youth in *Brandt v. Rutledge*. While Arkansas’ argumentative strategy was unsuccessful in court, the publication of similar rhetoric in *The New York Times* demonstrates that these ideas continue to circulate among credible sources.

Similar to Paul’s (2024) *New York Times* piece, Arkansas’ case in *Brandt v. Rutledge* relied on disinformation about transgender identity as a social contagion. Claims about trans identity as socially contagious were used to cast doubt on whether youth receiving GAC are actually transgender. Arkansas’ expert witness Mark Regnerus argued in a written declaration that “a rapid surge in gender dysphoria” among youth is evidence of social contagion and cause for concern (*Brandt v. Rutledge* 2021b, 4). He supported this claim through citing survey data which shows an increase in numbers of trans-identified youth. I argue that this interpretation of evidence relies on long-standing institutional erasure of trans identities in survey projects which assume all respondents can be categorized as “male” or “female.”

In this case, Regnerus relied on ignorance about trans population size to support his argument that contemporary trans youth are subject to social contagion. Regnerus argued that “a wave of rapid adolescent transitions numbering in the tens of thousands” is not a neutral change in demographics (*Brandt v. Rutledge* 2021b, para. 78). He instead framed this change as a pressing social problem, as it “has been accompanied by a surge of young people who have come to see that their transition was not the answer to their problems after all,” but instead realized their “gender dysphoria was related to other issues” (*Brandt v. Rutledge* 2021b, para. 78). Regnerus argued that these youth are vulnerable victims of social contagion, who must be legally banned from access to “treatments that will almost invariably lead to de facto sterilization” (*Brandt v. Rutledge* 2021b, para. 86). Regnerus constructed modern trans youth as markedly different from transgender populations of the past, for which diagnosis and treatment protocols were designed. Despite the large body of research on GAC, he claimed that “the science of transgender medicine—including but not limited to adolescents—does not speak with a univocal voice about the long-term psychological and physical ben-

efits of hormonal and surgical treatment of dysphoria” (*Brandt v. Rutledge* 2021b, para. 49). Here, Regnerus pitted “rapid-onset gender dysphoria,” a theory widely critiqued by researchers and medical professionals, against “gender dysphoria,” a diagnosis recognized by the American Psychiatric Association (Drescher 2015). Through establishing certain adolescents as exemplifying a new subtype of gender dysphoria, Regnerus asserted they “are not yet understood,” implying that they may be more likely not to be transgender and regret medical interventions later in life (*Brandt v. Rutledge* 2021b, para. 6b) This problematization encouraged urgency through implying that trans identity is both temporary and uncontrollably spread. A growing trans population would mean a future rise in detransitioners.

Regnerus used demographic survey data to support his argument about change over time in trans populations:

Transgender self-identifications have surged in the United States, and throughout much of the West, in the past 10 years. What had once comprised around 0.3 percent of the total population as recently as 2011 doubled to 0.6 percent by 2016 (with adolescent transgender self-identification comprising 0.7 percent). Since then, the pace of increase has accelerated further, especially among youth. Population-based survey data from 10 state and nine urban school districts found that an average of 1.8 percent of high school students identify as transgender. A study in Pediatrics, leaning on a 2016 statewide survey in Minnesota, revealed a figure of 2.7 percent. (*Brandt v. Rutledge* 2021b, para. 13; citations omitted)

Regnerus framed demographic estimates of trans communities as evidence of a growing problem, rather than a growing desire to measure and produce data about transgender identities. A declaration that there is a “surge” in trans-identified individuals implies that there is a clear baseline for comparison, a measure that establishes a status quo from which change can be determined. However, this historical baseline data does not exist.

Unpacking the methods used to arrive at the statistics Regnerus cited reveals the extent to which this “growth” claim is an expansion of data collection, rather than of the trans population itself. The earliest claim Regnerus cited was from a 2011 report by the Williams Institute, an LGBTQI+ law and public policy research center at UCLA. In this report, demographer Gary Gates (2011) estimated that 0.3% of the US population identified as transgender. Gates produced this figure through averaging findings from the 2007 and 2009 Massachusetts Behavioral Risk Factor Surveillance Surveys (BRFSS), as well as the 2003 California LGBT Tobacco Survey. Gates (2011, 5) relied on data from only two states to produce a national estimate, as he explained that “Population-based data sources that estimate the percentage of adults who are transgender are very rare.”

The next number Regnerus cited was from a 2016 Williams Institute report (Flores et al. 2016). By the time this report was published, the BRFSS question about transgender identity piloted in Massachusetts had expanded to eighteen other states. Williams Institute researchers used mathematical modeling, specifically multilevel regression and post-stratification, to fill in the gaps between these data points. The authors identified demographic characteristics correlated with trans identity in

BRFSS data. They produced state and national estimates of transgender population size through projecting these demographic trends to states where transgender identity data was not collected. The national estimate, 0.6%, doubles the estimate from five years prior, but this is primarily because the 2011 estimate was more conservative, given limited data collection about transgender identity.

The estimate of 0.7% of US adolescents identifying as trans came from another report by the Williams Institute, published in 2017 (Herman et al. 2017). This report also relied on BRFSS data, which had expanded to 27 states by 2015, illustrating the rapid growth of data collection over a short period. However, the BRFSS is only given to adults. Herman et al. used multilevel regression and post-stratification to estimate the number of trans youth in each state. They again identified demographic characteristics correlated with trans identity in BRFSS data, and projected these trends, particularly among 18- to 24-year-old respondents, to predict trans identity among 13- to 17-year-olds.

The 1.8% figure Regnerus cited represents the first time that youth were asked about trans identity in a national survey. In 2017, the CDC Youth Risk Behavior Survey (YRBS) piloted a question about trans identity in ten states and an additional nine urban school districts (Johns et al. 2019). In contrast to the previous secondary analyses conducted by the Williams Institute, this data was released in a report by the US Department of Health and Human Services and Centers for Disease Control and Prevention.

While Regnerus' citations were chronological through 2017, he then turned to a slightly older and more localized survey, conducted in Minnesota in 2016 and published in 2018 (Rider et al. 2018). In contrast, the YRBS data was collected in a variety of states and school districts in the US in 2017 and published in 2019 (Johns et al. 2019). The jump from a newer national estimate to an older statewide survey suggests that the 2.7% figure was chosen due to its large size, rather than its relevance to trans youth in Arkansas.

Despite Regnerus' comparison of these different trans population metrics, the court decision in *Brandt v. Rutledge* does not discuss rising numbers of trans people according to survey data. The judge instead focuses on growth in the provision of GAC:

There is evidence of a rise in referrals to gender clinics in the United States in recent years. The increase in gender clinic patients is not surprising given the undisputed testimony that there is an increase in awareness of gender dysphoria and an increase in the number of gender clinics and insurance coverage for treatment, making such care available when it previously was not. (*Brandt v. Rutledge* 2023b, 8)⁵

The court decision did not provide a correction to bad data, but instead introduced

5 This claim includes a citation to testimony given by Dan Karasic, a psychiatrist, in support of GAC. Karasic spoke of his experience providing GAC since the 1990s, arguing that the recent rise in referrals is due to increases in “insurance coverage” and the number of “centers that are providing care,” as well as “more awareness in society of the possibility of getting care” (*Brandt v. Rutledge* 2022a, 78–9). Karasic further explained that survey measures of trans identity “are not people who received a diagnosis,” drawing a line between self-identification as trans and medical treatment of gender dysphoria (*Brandt v. Rutledge* 2022a, 82).

different data to contextualize the historical and structural factors underlying survey measures. The judge in *Brandt v. Rutledge* concluded that broader access to GAC increases its uptake. I similarly conclude that broader adoption of trans-inclusive survey measurements increases numbers of trans people identified in surveys.

While alternative stories can be told about the causes of growing transgender population statistics, there is no “baseline” demographic survey estimate for trans youth, because surveys have long relied on a male/female binary. For example, the US Census has never collected data on transgender identities, despite Census Bureau testing of trans-inclusive questions in smaller surveys (Edgar et al. 2018). In 2017, the Census Bureau reversed their announcement that a gender identity question would be included in the 2020 Census (Naylor 2018). Missing data about trans identities constitutes institutional erasure due to a lack of trans-inclusive measurement of sex and gender in survey research. Regnerus framed contemporary trans youth as new and different from previous transgender populations based on a change in how data about transgender people is collected, operationalizing ignorance caused by longstanding institutional erasure of transgender identities from surveys.

Historical estimates of transgender population size exist, but these are based on clinical data such as diagnoses and medical interventions which incorporate various gatekeeping procedures (Collin et al. 2016, Shuster 2016). These estimates leave out those who do not desire, or cannot access, medical transition, establishing trans identity as exceedingly rare. In one historical example, Ira Pauly (1968), a psychiatrist who worked with trans patients in the 1960s, estimated that the US trans population consisted of 1 in 100,000 people assigned male at birth and 1 in 400,000 people assigned female at birth. The following year, Pauly (1969, 56) explained that this ratio would lead to an estimate of “2000 male transsexuals in the United States alone,” but noted that in recent years, “the Gender Identity Clinic of the Johns Hopkins Hospital ha[d] received applications from over 2,000 persons requesting a change-of-sex operation.” Pauly’s estimate was based on the number of people who would qualify for surgery rather than the greater number of people who desired surgery. Archival research found that only 32 patients received gender-affirming surgeries at Johns Hopkins by 1972 (Siotos et al. 2019, 133). This discrepancy demonstrates the distinction between those who considered themselves transgender and the much smaller number of people who were able to access GAC.

In contrast to medical estimates, survey estimates present different challenges. Measurement of small populations is complex for broad population surveys, as the Federal Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys (2016) explained: “it is labor-intensive and costly to recruit a large enough sample in general population surveys for meaningful analysis of these populations and their subgroups” (20). Methodological obstacles, as well as understandings of transgender identity as a rare medical diagnosis rather than a common demographic category, led researchers to rely on a male/female binary in survey research for decades, producing ignorance about transgender identity through institutional erasure.

The uptake of gender identity measures in surveys constitutes a shift in researcher construction of transgender identity, and a correction to “undone science” about transgender demography (Frickel et al. 2010, 444). Clinical estimates of trans-

gender population size reify medical providers' decisions about who is trans enough to deserve diagnosis and treatment. In contrast, self-identification metrics on surveys allow anyone, rather than only those deemed eligible by a clinician, to label themselves as transgender. Changing definitions and measurements of trans communities complicate efforts to compare trans demographics over time.

While Regnerus' claim about growing trans populations could be countered through baseline data on transgender youth, determining the number of adolescents who would have identified as trans on a survey fifteen years ago is undoable science, as no surveys were asking that question. Regnerus mobilizes this undoable science problem to argue that the population of trans youth is growing rapidly, and that this growth is due to social contagion. His rapid growth hypothesis implies deviation from a baseline population of transgender individuals, yet historical data on trans populations used a diagnostic approach, rather than a self-identified survey approach, to measure trans identity. While trans-inclusive survey measures have increasingly been adopted in US surveys over the past decade (National Academies 2022), such inclusion does not mitigate the legacy of harm stemming from institutional erasure. The longstanding use of binary sex categories in surveys led Regnerus to naturalize sex and gender as binary, framing alternative measures as biased and politicized. In the bench trial, Regnerus argued that the inclusion of survey measures designed to understand details about sex and gender are not tested and validated survey methods, but instead a case of "ideological capture" (*Brandt v. Rutledge* 2022c, 994). This term reflects his belief that gender is a political ideology forced on social scientists, rather than a phenomenon social scientists explore through survey methods. Regnerus' argument reveals the limitations of "more inclusive" research as a correction to structural ignorance. Because longer-standing knowledge is framed as more trustworthy, trans population data can be dismissed as a new trend requiring further validation. The assumption that trans youth did not exist until surveys began measuring them cannot be corrected by survey data alone, but requires grappling with the role of oppression in the production of knowledge and ignorance.

CLAIM 2: REGRET AND QUALITY OF LIFE

In recent years, transgender regret and quality of life during and after GAC have been important topics in discourse about the ethics of, and protocols for, providing such care. *Fox News* has published articles arguing that "so-called 'gender-affirming care'" has not improved mental health outcomes, but instead "created new mental health struggles and, for many, introduced suicidal thoughts for the first time" (Rudy 2025, 2024). The *New York Times* released an article about pediatrician Johanna Olson-Kennedy's choice to delay publication of a study on puberty blockers due to concerns this work would be politically "weaponized," or used to justify restrictions on GAC (Ghorayshi 2024). Under the Trump administration, the U.S. Department of Health and Human Services (2025, 46) published a report demonstrating that trans people reported happiness after gender-affirming surgery, but cautioning that "objective measures told a different story" of suicide attempts, unemployment, and a lack of romantic partners. Similarly, the Trump administration ordered the National Institutes of Health to pursue research on regret and detransition (Stein 2025). Through analysis of *Brandt*

v. Rutledge, I argue that this focus on regret, despite transgender self-reports of satisfaction, stems from damage-centered research, informational erasure, and epistemic disadvantaging of trans perspectives.

Arkansas' Proposed Findings of Fact document claimed that trans people will come to experience regret because "gender transition surgery is correlated with a worsening quality of health" (*Brandt v. Rutledge* 2023, 22). While this example of disinformation misinterprets correlation as causation, I argue that this claim is strengthened by the prevalence of damage-centered research which documents harm in marginalized communities. Emphasis on proving harm creates a joy deficit in trans studies, as evidence of trans suffering is more prevalent than evidence of trans fulfillment and happiness. Arkansas' experts invoked this joy deficit in framing transition as inherently harmful to youth throughout the case, informationally erasing findings that GAC is beneficial. Levine argued that "the profile of the health and the social problems of adult trans communities are so problematic" that providing GAC to youth entails "putting them on a pathway to join that community of problems" (*Brandt v. Rutledge* 2022b, 792–3). The state's "Proposed Findings of Fact" document addressed "desistence" [*sic*], defined as "individuals who at one point had a gender identity discordant with their biological sex later desiring to allow their body to proceed through development consistent with their sex" (*Brandt v. Rutledge* 2023a, 3). Two self-identified detransitioners, Billy Burleigh and Laura Smalts, testified in support of Arkansas. Additionally, an amicus brief filed by Arkansas and other states opposing GAC argued that "no one really knows what percentage of children come to regret their transition" (*Brandt v. Rutledge* 2021a, 30). Prediction of which children would experience regret and later identify as cisgender was framed as undoable science. Because it was seen as impossible to predict who might regret GAC, Arkansas' experts and supporters argued that GAC should be restricted for all youth.

Importantly, a person does not need to medically detransition, or even state that they regret their transition, for Arkansas' witnesses to categorize them as regretful and irreversibly harmed by GAC. In his written declaration, Mark Regnerus described a Dutch case study to demonstrate that medical transition results in a lower quality of life.

not even all who experience regret or difficulties attributable to their transition will actually seek to physically detransition. There are many reports of individuals having regret but seeking to make the best of the irreversible changes and situation they find themselves in. Consider the pioneer patient of the Dutch protocol, "B," who was followed for 22 years until the age of 35. It was reported that "he indicated no regrets about his treatment." However, B "scored high on the measure for depression. Owing to 'shame about his genital appearance and his feelings of inadequacy in sexual matters,' he could not sustain a romantic relationship." One cannot help but wonder whether B could have enjoyed greater lifetime wellbeing if he had not been placed on the medicalized transgender trajectory at the tender age of 13. (*Brandt v. Rutledge* 2021b, para. 80; citations omitted)

Regnerus argued that B experienced regret, despite the statement that B "indicated no regrets about his treatment," due to epistemic disadvantaging of transgender per-

spectives. When trans stories are told by clinicians, ignorance is produced about trans people's feelings on their own lives and medical decisions. While Regnerus included a quote in his description of B, this quote comes from a medical provider; B's own words are not included in this frame (Cohen-Kettenis et al. 2011). In the bench trial, Stephen Levine similarly participated in informational erasure through framing trans joy as anecdotal when compared to harm documented in "the public health data":

I'm one of the people who say wait a second, one of the things we need to think about when we're considering giving hormones and reinforcing and supporting the idea that you can live a happy, successful life as a trans person is to look at the lives of adults who are trans. I'm not talking about picking out one person who's successful or five people who are successful but look at the public health data. The public health data which has been published in very reputable journals all recognize that the trans community is a problematic community in terms of public health parameters. (Brandt v. Rutledge 2022b, 793)

Levine engaged in informational erasure through asserting that knowledge about transgender happiness or success does not exist, despite evidence of trans joy, which I explore later in this section.

Stories of trans joy appeared in an amicus brief by "Elliot Page, Major Griffin-Gracy, Gwendolyn Herzig, Jazz Jennings, and fifty-four others" who are transgender, which was filed in support of the trans plaintiffs in this case (Brandt v. Griffin 2023b). Authors included celebrities, activists, pharmacists, teachers, and police officers. Their arguments focused on trans people's ability to build fulfilling lives, with subheadings such as "Amici Have Meaningful Careers and Do Important Public Service" and "Amici Find Joy in Family Life and Care for Others" (2). Arkansas' argument constructed trans success as anecdotal compared to "reputable" public health data. A sole focus on the partial perspectives provided by quantitative data and interpretations from medical providers, rather than from trans people themselves, demonstrates epistemic disadvantaging of transgender perspectives, in addition to informational erasure of existing knowledge on transgender joy.

The court concluded that "the body of medical research as a whole shows that gender-affirming medical treatments are effective at improving mental health outcomes for adolescents with gender dysphoria" (Brandt v. Rutledge 2023b, 34). Judge Moody compared GAC to other medical treatments, arguing that "The risks of [GAC] are not categorically different than the types of risks that other types of pediatric healthcare pose" (Brandt v. Rutledge 2023b, 35). While the court ruled in favor of the trans adolescents in this case, their view of transition relies on medical authority and diagnosis with gender dysphoria. Medical transition is not provided because it creates joy, but because it lessens the mental health impacts of gender dysphoria, further contributing to a negative framing of trans people as suffering.

Claims about regret and detransition rely on structural ignorance about what Levine terms transgender "success," or happiness. Shuster and Westbrook (2024, 792) describe this ignorance as a "joy deficit" that is "particularly prevalent in trans studies." While scholars work to demonstrate the impacts of transphobic oppression, such an emphasis on negativity in research has broad effects on how transgender people are understood. Shuster and Westbrook further argue that "when scholars equate oppres-

sion with misery in the study of social inequalities, this way of thinking becomes culturally entrenched in how cisgender people understand trans people and how transgender people come to understand themselves” (792; citations omitted).

Ignorance about the possibility of trans joy is structurally produced through a focus on suffering in scholarship, which Tuck (2009, 409) calls “damage-centered research.” Tuck argues that research documenting the “pain and loss” of oppression borrows its theory of change “from litigation discourse,” where harm must be proven for a court to act (413). The longstanding lack of governmental data collection on transgender people has motivated advocacy organizations to spend money and resources collecting data in studies such as the “National Transgender Discrimination Survey” (Grant et al. 2011) which aim to make problems visible to governments as part of a “data-driven decision making” approach (Tuck 2009, 411). Given the relatively limited resources of these organizations, the priority is documenting damage, producing shocking statistics that aim to motivate political change rather than nuanced portrayals of complex transgender lives. For example, the amicus brief filed by California and other states cites the National Transgender Discrimination Survey to establish that “restricting access to gender-affirming medical care significantly harms transgender minors”:

If unaddressed or untreated, gender dysphoria can affect quality of life and trigger decreased social functioning. The symptoms of gender dysphoria, and the compounding effects of societal discrimination, can also be fatal. One study in 2014 found that suicide attempts are nine times more common among transgender people than in the overall U.S. population (41% versus 4.6%). (Brandt v. Griffin 2023a, 13)

This quote makes clear that “untreated” dysphoria and “discrimination” can increase suicide attempts, rather than blaming trans individuals for their suffering. However, Tuck argues that damage-centered arguments are easily manipulated for disinformation through decontextualization, isolating individuals from the structural causes of harm. She states, “without the context of racism and colonization, all we’re left with is the damage, and this makes our stories vulnerable to pathologizing analyses” (Tuck 2009, 415).

Arkansas’ experts in *Brandt v. Rutledge* similarly isolate findings of harm and poor health from the context of transphobia, producing disinformation through blaming trans suffering on the provision of GAC, rather than structural and interpersonal transphobia. Levine argued that because “adult individuals living transgender lives suffer much higher rates of suicide and negative physical and mental health conditions than does the general population,” “‘affirmation’ treatments will increase the number of individuals who suffer” (*Brandt v. Rutledge* 2021c, para. 8i, para. 8e). The absence of data-driven narratives about trans joy strengthens the argument that trans health concerns can be prevented by allowing fewer people to transition. Levine obscured the role of structural oppression in trans lives, as well as the presence of trans joy, in equating trans identity with suffering. In Levine’s declaration, findings about mental health disparities and even fetishization of transgender individuals are isolated from the social context of oppression, cited only to demonstrate that people would face fewer struggles if they could be prevented from identifying as transgender (Anzani 2021; Reisner et al. 2015). While research does not demonstrate that greater access to GAC

causes greater harm among trans people, studies documenting poor mental health among trans people, even after gender-affirming surgery, are used to argue that this care has no benefit.

Despite the abundance of medical data about trans suffering, trans advocates in *Brandt v. Rutledge* frequently cite data that shows not only harm, but improvement. For example, the amicus brief filed by California and other states argues that GAC “improve[s] mental health”: “for teenagers and young adults ages thirteen to twenty, receiving [GAC]...was associated with 60% lower odds of moderate or severe depression and 73% lower odds of having suicidal thoughts over a twelve-month follow-up” (*Brandt v. Griffin* 2023a, 14).⁶ However strong the literature about trans joy and effectiveness of GAC, proponents of bans on GAC continually point to the past, framing trans suffering as longstanding due to its documentation in clinical research. In the Defendants’ Findings of Fact document and Mark Regnerus’ declaration, findings about benefits of GAC were dismissed as “anecdotal” or “too few and too new” (*Brandt v. Rutledge* 2023a, para. 146; *Brandt v. Rutledge* 2021b, para. 33). While correcting the “joy deficit” in trans studies is important in understanding trans strategies of resiliency, Arkansas’ experts dismiss existing data about the benefits of GAC, instead emphasizing longstanding “damage-centered” research on trans suffering.

CONCLUSION

Analysis of Arkansas’ argument in *Brandt v. Rutledge* demonstrates that disinformation is strengthened by longstanding structural ignorance about transgender lives and experiences. While these claims about rapid-onset gender dysphoria and regret were not convincing to the judge in this case, similar claims continue to circulate broadly in news stories, opinion articles, and policies enacted by the executive branch of the federal government. Arkansas’ experts relied on longstanding institutional erasure of transgender respondents in surveys to argue that transgender youth are victims of social contagion. Arkansas’ experts also relied on damage-centered research and epistemic disadvantaging of trans perspectives to argue that trans suffering is a result of GAC. Overall, these disinformation strategies are strengthened by the abundance of transgender research that occurs in the fields of medicine and public health. Case reports in which clinicians describe their patients’ experiences, and surveys evaluating surgery outcomes, attempt to isolate individual transgender bodies from experiences navigating structural and interpersonal transphobia. Because transgender medical research has existed for longer than gender-affirming social science work, such as trans-inclusive surveys and studies of trans joy, Arkansas’ experts produced disinformation through manipulating medical research findings and devaluing other projects as too new or too ideologically driven to be trusted. Understanding the structures underlying these areas of research and ignorance help to contextualize these attempts at disinformation.

6 The brief cites an article on “Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care” by epidemiologist Diana Tordoff et al. (2022) to support this claim, demonstrating that not all clinical research is damage-centered. However, the data is framed as lowering depression and suicidality, rather than increasing happiness or satisfaction.

Through historicizing ignorance and analyzing anti-trans disinformation in *Brandt v. Rutledge* and its appeals, I have argued that contemporary transphobic disinformation is strengthened and legitimated by legacies of structural ignorance about trans people. In the face of malicious, intentionally spread disinformation about trans people and GAC, structural ignorance creates confusion in the public imagination about what it means to be trans. If federal survey data on an identity enrolls that group into a national imaginary, the absence of LGBTQI+ identities in contexts such as the US Census undoubtedly impacts public perceptions of acceptability and legitimacy of these identities. However, as I have argued, simply adding more trans-inclusive studies today will not repair this situation of ignorance. Longstanding erasure creates a faulty baseline for any future comparisons.

While many researchers frame ignorance “as an outcome,” analyzing its effects on trans people, this article follows Pape (2020, 222) in investigating ignorance “as a process,” asking “what has prevented the broader recognition of...alternative feminist accounts of sexed bodies?” (Pape 2020, 220). Outcome and process framings imply different strategies for addressing ignorance. While ignorance as an outcome may seem simple to correct through education, understanding ignorance as an ongoing, historically situated process reveals erasures that lead to varied interpretations of evidence, impacting the information that various publics are primed to believe or distrust. Disinformation does not stem from a contemporary lack of data about trans people, but a failure to seriously engage with the power dimensions underlying the production of knowledge and ignorance. Understanding ignorance as structurally produced helps to contextualize the non-linear path of knowledge growth about trans identity, such as the late-breaking reversal of plans to include a gender identity measure on the US Census in 2017 (Naylor 2018).

More broadly, this work contributes to growing literature on queer data. While some works focus on the emergence of queer identity representation in data (Guyan 2022; Naylor 2018), and others approach queer data as a method of questioning various assumptions in data collection and analysis (Keilty 2024; Malatino 2017), this article evaluates the consequences of erasure and epistemic disadvantaging of trans experiences in data. Evaluating the causes and impacts of ignorance and disinformation can help to target surveys and research where data is most needed. However, attention to queer data studies also necessitates grappling with data as a starting point, not a political solution, as research requires amounts of time and resources that are incompatible with the political urgency of bans on GAC.

It is easy to dismiss LGBTQI+ inclusion in government data as a doomed project; queer people can exceed the official categories that are provided for them or strategically conceal parts of their identities in contexts that feel unsafe. Through historicizing tensions, inconsistencies, and absences in data about trans lives, this article argues that data collection about LGBTQI+ identities is important, but insufficient in mitigating the harm of disinformation. Even when data on trans experiences does exist, longstanding erasure of these communities strengthens false claims that trans identities are new, or that there is not enough data supporting the existence of trans youth. Data is one of a variety of strategies to use in resisting disinformation, but particularly among publics who are not comfortable reading scientific articles, merely linking “good” research about trans people does little to overcome legacies of ignorance and

research neglect. Historical narratives can help to unpack the reasons for oppression and ignorance, rather than naturalizing phenomena of trans exclusion as common sense.

REFERENCES

- Alstott, Anne, Melisa Olgun, Henry Robinson, and Meredith McNamara. 2024. "‘Demons and Imps’: Misinformation and Religious Pseudoscience in State Anti-Transgender Laws." *Yale Journal of Law and Feminism* 35 (1): 223–87.
- Anzani, Annalisa, Louis Lindley, Giacomo Tognasso, M. Paz Galupo, and Antonio Prunas. 2021. "Being Talked to Like I Was a Sex Toy, Like Being Transgender Was Simply for the Enjoyment of Someone Else’: Fetishization and Sexualization of Transgender and Nonbinary Individuals." *Archives of Sexual Behavior* 50 (3): 897–911. <https://doi.org/10.1007/s10508-021-01935-8>.
- Aultman, B. Lee. 2016. "Epistemic Injustice and the Construction of Transgender Legal Subjects." *Wagadu: A Journal of Transnational Women’s & Gender Studies* 15 (1): 11–34.
- Bailey, J. Michael, Paul L. Vasey, Lisa M. Diamond, S. Marc Breedlove, Eric Vilain, and Marc Epprecht. 2016. "Sexual Orientation, Controversy, and Science." *Psychological Science in the Public Interest* 17 (2): 45–101. <https://doi.org/10.1177/1529100616637616>.
- Bauer, Greta R., Rebecca Hammond, Robb Travers, Matthias Kaay, Karin M. Hohenadel, and Michelle Boyce. 2009. "‘I Don’t Think This Is Theoretical; This Is Our Lives’: How Erasure Impacts Health Care for Transgender People." *Journal of the Association of Nurses in AIDS Care* 20 (5): 348–61. <https://doi.org/10.1016/j.jana.2009.07.004>.
- Bauer, Greta R., Margaret L. Lawson, and Daniel L. Metzger. 2022. "Do Clinical Data from Transgender Adolescents Support the Phenomenon of ‘Rapid Onset Gender Dysphoria’?" *The Journal of Pediatrics* 243 (April): 224–227.e2. <https://doi.org/10.1016/j.jpeds.2021.11.020>.
- Bauer, Heike. 2014. "Burning Sexual Subjects: Books, Homophobia and the Nazi Destruction of the Institute of Sexual Sciences in Berlin." In *Book Destruction from the Medieval to the Contemporary*, edited by Gillian Partington and Adam Smyth, 17–33. Basingstoke: Palgrave Macmillan. <https://doi.org/10.1057/9781137367662.0006>.
- Brandt v. Griffin*. 2023a. Brief of California et al. as Amici Curae Supporting Plaintiffs-Appellees, US Court of Appeals for the Eighth Circuit, No. 23-2681. <https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=Amicus-Brief-of-California-et-al-in-Support-of-Plaintiffs-Appellees>.
- Brandt v. Griffin*. 2023b. Brief of Elliot Page et al. as Amici Curae Supporting Plaintiffs-Appellees, US Court of Appeals for the Eighth Circuit, No. 23-2681. <https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=Amicus-Brief-of-Elliot-Page-et-al-in-Support-of-Plaintiffs-Appellees>.
- Brandt v. Rutledge*. 2021a. Brief of Alabama et al. as Amici Curae Supporting Defendants, US District Court for the Eastern District of Arkansas, Central Division, No. 4:21-CV-00450, Document 49. <https://www.aclu.org/cases/brandt-et-al-v->

[rutledge-et-al?document=Amicus-Brief-of-Alabama-et-al-in-Support-of-Defendants-Appellants](#).

Brandt v. Rutledge. 2021b. Declaration of Dr. Mark Regnerus, US District Court for the Eastern District of Arkansas, Central Division, No. 4:21-CV-00450, Document 45-2. <https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=-Declaration-of-Mark-Regnerus>.

Brandt v. Rutledge. 2021c. Declaration of Stephen B. Levine, M.D., US District Court for the Eastern District of Arkansas, Central Division, No. 4:21-CV-00450, Document 45-1. <https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=Declaration-of-Stephen-Levine>.

Brandt v. Rutledge. 2022a. Transcript of Bench Trial Volume 1, US District Court for the Eastern District of Arkansas, Central Division, No. 4:21-CV-00450. <https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=Transcript-of-Bench-Trial-Volume-1>.

Brandt v. Rutledge. 2022b. Transcript of Bench Trial Volume 5, US District Court for the Eastern District of Arkansas, Central Division, No. 4:21-CV-00450. <https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=Transcript-of-Bench-Trial-Volume-5>.

Brandt v. Rutledge. 2022c. Transcript of Bench Trial Volume 6, US District Court for the Eastern District of Arkansas, Central Division, No. 4:21-CV-00450. <https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=Transcript-of-Bench-Trial-Volume-6>.

Brandt v. Rutledge. 2023a. Defendants' Proposed Findings of Fact, US District Court for the Eastern District of Arkansas, Central Division, No. 4:21-CV-00450, Document 257. <https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=Defendants-Proposed-Findings-of-Fact>.

Brandt v. Rutledge. 2023b. Findings of Fact and Conclusions of Law, US District Court for the Eastern District of Arkansas, Central Division, No. 4:21-CV-00450, Document 283. <https://www.aclu.org/cases/brandt-et-al-v-rutledge-et-al?document=Findings-of-Fact-and-Conclusions-of-Law>.

"CAAPS Position Statement on Rapid Onset Gender Dysphoria (ROGD)." 2021. Coalition for the Advancement & Application of Psychological Science. <https://www.caaps.co/rogd-statement>.

Caraballo, Alejandra. 2022. "The Anti-Transgender Medical Expert Industry." *Journal of Law, Medicine & Ethics* 50 (4): 687–92. <https://doi.org/10.1017/jme.2023.9>.

Cheng, Simon, and Brian Powell. 2015. "Measurement, Methods, and Divergent Patterns: Reassessing the Effects of Same-Sex Parents." *Social Science Research* 52 (July): 615–26. <https://doi.org/10.1016/j.ssresearch.2015.04.005>.

Cohen-Kettenis, Peggy T., Sebastiaan E. E. Schagen, Thomas D. Steensma, Annelou L. C. de Vries, and Henriette A. Delemarre-van de Waal. 2011. "Puberty Suppression in a Gender-Dysphoric Adolescent: A 22-Year Follow-Up." *Archives of Sexual Behavior* 40 (4): 843–47. <https://doi.org/10.1007/s10508-011-9758-9>.

Collin, Lindsay, Sari L. Reisner, Vin Tangpricha, and Michael Goodman. 2016. "Prevalence of Transgender Depends on the 'Case' Definition: A Systematic Review." *The Journal of Sexual Medicine* 13 (4): 613–26. <https://doi.org/10.1016/j.jsxm.2016.02.001>.

- Croissant, Jennifer L. 2014. "Agnotology: Ignorance and Absence or Towards a Sociology of Things That Aren't There." *Social Epistemology* 28 (1): 4–25. <https://doi.org/10.1080/02691728.2013.862880>.
- Currah, Paisley, and Susan Stryker. 2015. "Introduction." *TSQ: Transgender Studies Quarterly* 2 (1): 1–12. <https://doi.org/10.1215/23289252-2848859>.
- Drescher, Jack. 2015. "Queer Diagnoses Revisited: The Past and Future of Homosexuality and Gender Diagnoses in DSM and ICD." *International Review of Psychiatry* 27 (5): 386–95. <https://doi.org/10.3109/09540261.2015.1053847>.
- Edgar, Jennifer, Polly Phipps, Robin Kaplan, Jessica L. Holzberg, Renee Ellis, Matthew Virgile, and Dawn V. Nelson. 2018. *Assessing the Feasibility of Asking About Sexual Orientation and Gender Identity in the Current Population Survey: Executive Summary*. Survey Methodology #2018-02. Research Report Series. Washington, DC: U.S. Census Bureau. <https://www.census.gov/content/dam/Census/library/working-papers/2018/adrm/rsm2018-02.pdf>.
- Fausto-Sterling, Anne. 2000. *Sexing the Body: Gender Politics and the Construction of Sexuality*. New York: Basic Books.
- Federal Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys. 2016. *Current Measures of Sexual Orientation and Gender Identity in Federal Surveys*. Washington, DC: Federal Committee on Statistical Methodology. <https://nces.ed.gov/FCSM/pdf/buda5.pdf>.
- Flores, Andrew R., Jody L. Herman, Gary J. Gates, and Taylor N. T. Brown. 2016. *How Many Adults Identify as Transgender in the United States?* Los Angeles: The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Adults-US-Aug-2016.pdf>.
- Frickel, Scott, Sahra Gibbon, Jeff Howard, Joanna Kempner, Gwen Ottinger, and David J. Hess. 2010. "Undone Science: Charting Social Movement and Civil Society Challenges to Research Agenda Setting." *Science, Technology, & Human Values* 35 (4): 444–73. <https://doi.org/10.1177/0162243909345836>.
- Fricker, Miranda, and Katharine Jenkins. 2017. "Epistemic Injustice, Ignorance, and Trans Experiences." In *The Routledge Companion to Feminist Philosophy*, edited by Ann Garry, 268–78. Routledge Philosophy Companions. New York: Routledge, Taylor & Francis Group.
- Gates, Gary J. 2011. *How Many People Are Lesbian, Gay, Bisexual, and Transgender?* Los Angeles: The Williams Institute. <https://escholarship.org/uc/item/09h684x2>.
- George, B. R., and Stacey Goguen. 2021. "Hermeneutical Backlash: Trans Youth Panics as Epistemic Injustice." *Feminist Philosophy Quarterly* 7 (4). <https://doi.org/10.5206/fpq/2021.4.13518>.
- Gershon, Ilana, and Dhooleka Sarhadi Raj. 2000. "Introduction: The Symbolic Capital of Ignorance." *Social Analysis: The International Journal of Social and Cultural Practice* 44 (2): 3–14.
- Ghorayshi, Azeen. 2024. "U.S. Study on Puberty Blockers Goes Unpublished Because of Politics, Doctor Says." *The New York Times*, October 23, 2024. <https://www.nytimes.com/2024/10/23/science/puberty-blockers-olson-kennedy.html>.
- GLAAD. 2024. "Medical Association Statements in Support of Health Care for Transgender People and Youth." GLAAD. June 26, 2024. <https://glaad.org>.

[org/medical-association-statements-supporting-trans-youth-health-care-and-against-discriminatory/](https://www.thetaskforce.org/medical-association-statements-supporting-trans-youth-health-care-and-against-discriminatory/).

- Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. 2011. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force. https://www.thetaskforce.org/app/uploads/2019/07/ntds_full.pdf.
- Guyan, Kevin. 2022. *Queer Data: Using Gender, Sex and Sexuality Data for Action*. Bloomsbury Studies in Digital Cultures. London: Bloomsbury Academic.
- Harry Benjamin International Gender Dysphoria Association (HBIGDA). "1990 Harry Benjamin Standards of Care." http://www.genderpsychology.org/transsexual/hbsoc_1990.html.
- Herman, Jody L., Andrew R. Flores, Taylor N. T. Brown, Bianca D. M. Wilson, and Kerith J. Conron. 2017. *Age of Individuals Who Identify as Transgender in the United States*. Los Angeles: The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Age-Trans-Individuals-Jan-2017.pdf>.
- Johns, Michelle M., Richard Lowry, Jack Andrzejewski, Lisa C. Barrios, Zewditu Demissie, Timothy McManus, Catherine N. Rasberry, Leah Robin, and J. Michael Underwood. 2019. "Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017." *MMWR. Morbidity and Mortality Weekly Report* 68 (3): 67–71. <https://doi.org/10.15585/mmwr.mm6803a3>.
- Juraku, Kohta, and Shin-Etsu Sugawara. 2021. "Structural Ignorance of Expertise in Nuclear Safety Controversies: Case Analysis of Post-Fukushima Japan." *Nuclear Technology* 207 (9): 1423–41. <https://doi.org/10.1080/00295450.2021.1908075>.
- Keilty, Patrick, ed. 2023. *Queer Data Studies*. Seattle: University of Washington Press.
- Malatino, Hil. 2017. "Queering and Racializing Absence in Trans & Intersex Archives." In *Queer Feminist Science Studies: A Reader*, edited by Cyd Cipolla, Kristina Gupta, David A. Rubin, and Angela Willey, 157–71. Seattle: University of Washington Press.
- McGoey, Linsey. 2012. "The Logic of Strategic Ignorance." *The British Journal of Sociology* 63 (3): 533–76. <https://doi.org/10.1111/j.1468-4446.2012.01424.x>.
- McNamara, Meredith, Quinnehtukut McLamore, Nicolas Meade, Melisa Olgun, Henry Robinson, and Anne Alstott. 2024. "A Thematic Analysis of Disinformation in Gender-Affirming Healthcare Bans in the United States." *Social Science & Medicine*, 351 (June): 116943. <https://doi.org/10.1016/j.socscimed.2024.116943>.
- Meyer, Jon K., and Donna J. Reter. 1979. "Sex Reassignment: Follow-Up." *Archives of General Psychiatry* 36 (9): 1010–1015. <https://doi.org/10.1001/archpsyc.1979.01780090096010>.
- Meyerowitz, Joanne J. 2002. *How Sex Changed: A History of Transsexuality in the United States*. Cambridge, MA: Harvard University Press.
- Mikulak, Magdalena. 2021. "For Whom Is Ignorance Bliss? Ignorance, Its Functions and Transformative Potential in Trans Health." *Journal of Gender Studies* 30 (7): 819–29. <https://doi.org/10.1080/09589236.2021.1880884>.
- Movement Advancement Project. 2025. "Bans on Best Practice Medical Care for

- Transgender Youth.” LGBTMAP. https://www.lgbtmap.org/equality-maps/healthcare_youth_medical_care_bans.
- National Academies of Sciences, Engineering, and Medicine. 2022. *Measuring Sex, Gender Identity, and Sexual Orientation*. Edited by Nancy Bates, Marshall Chin, and Tara Becker. Washington, DC: National Academies Press. <https://doi.org/10.17226/26424>.
- Naylor, Lorenda A. 2018. “Counting an Invisible Class of Citizens: The LGBT Population and the U.S. Census.” *Public Integrity* 22 (1): 1–20. <https://doi.org/10.1080/1099922.2018.1487748>.
- Oreskes, Naomi, and Erik M. Conway. 2010. *Merchants of Doubt: How a Handful of Scientists Obscured the Truth on Issues from Tobacco Smoke to Global Warming*. New York: Bloomsbury.
- Pape, Madeleine. 2020. “Ignorance and the Gender Binary: Resisting Complex Epistemologies of Sex and Testosterone.” In *Sports, Society, and Technology: Bodies, Practices, and Knowledge Production*, edited by Jennifer J. Sterling and Mary G. McDonald, 219–45. Singapore: Springer. https://doi.org/10.1007/978-981-32-9127-0_10.
- Paul, Pamela. 2024. “Opinion | As Kids, They Thought They Were Trans. They No Longer Do.” *The New York Times*, February 2, 2024. <https://www.nytimes.com/2024/02/02/opinion/transgender-children-gender-dysphoria.html>.
- Pauly, Ira B. 1968. “The Current Status of the Change of Sex Operation.” *The Journal of Nervous and Mental Disease* 147 (5): 460–71.
- Pauly, Ira B. 1969. “Adult Manifestations of Male Transsexualism.” In *Transsexualism and Sex Reassignment*, edited by Richard Green and John Money, 37–58. Baltimore: Johns Hopkins Press.
- Proctor, Robert, and Londa L. Schiebinger. 2008. *Agnotology: The Making and Unmaking of Ignorance*. Stanford, CA: Stanford University Press.
- Radi, Blas. 2019. “On Trans* Epistemology: Critiques, Contributions, and Challenges.” *TSQ: Transgender Studies Quarterly* 6 (1): 43–63. <https://doi.org/10.1215/23289252-7253482>.
- Regnerus, Mark. n.d. “Legal Writings.” Mark Regnerus. Accessed June 4, 2025. <https://www.markregnerus.com/projects-2>.
- Reisner, Sari L., Ralph Vetter, M. Leclerc, Shayne Zaslow, Sarah Wolfrum, Daniel Shumer, and Matthew J. Mimiaga. 2015. “Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study.” *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* 56 (3): 274–79. <https://doi.org/10.1016/j.jadohealth.2014.10.264>.
- Restar, Arjee Javellana. 2020. “Methodological Critique of Littman’s (2018) Parental-Respondents Accounts of ‘Rapid-Onset Gender Dysphoria.’” *Archives of Sexual Behavior* 49 (1): 61–66. <https://doi.org/10.1007/s10508-019-1453-2>.
- Rider, G. Nicole, Barbara J. McMorris, Amy L. Gower, Eli Coleman, and Marla E. Eisenberg. 2018. “Health and Care Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study.” *Pediatrics* 141 (3): 1–8. <https://doi.org/10.1542/peds.2017-1683>.
- Rudy, Melissa. 2024. “Gender-Affirming Treatments Don’t Benefit Youth, Says

- Pediatricians Group: ‘Irreversible Consequences.’” *Fox News*, February 8, 2024. <https://www.foxnews.com/health/gender-affirming-treatments-dont-benefit-youth-pediatricians-group-irreversible-consequences>.
- Rudy, Melissa. 2025. “Trans Surgeries Increase Risk of Mental Health Conditions, Suicidal Ideations: Study.” *Fox News*, March 5, 2025. <https://www.foxnews.com/health/trans-surgeries-increase-risk-mental-health-conditions-suicidal-ideations-study>.
- Schey, Ryan. 2022. “Queer and Trans Youth (Not) Knowing: Experiences of Epistemic (in)Justice in the Context of an LGBTQ+-Inclusive Secondary Curriculum.” *English Teaching: Practice & Critique* 21 (4): 428–42. <https://doi.org/10.1108/ETPC-04-2022-0054>.
- Serano, Julia. 2007. *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Berkeley, CA: Seal Press.
- shuster, stef m. 2016. “Uncertain Expertise and the Limitations of Clinical Guidelines in Transgender Healthcare.” *Journal of Health and Social Behavior* 57 (3): 319–32. <https://doi.org/10.1177/0022146516660343>.
- Shuster, Stef M, and Laurel Westbrook. 2024. “Reducing the Joy Deficit in Sociology: A Study of Transgender Joy.” *Social Problems* 71 (3): 791–809. <https://doi.org/10.1093/socpro/spac034>.
- Siotos, Charalampos, Paula M. Neira, Brandyn D. Lau, Jill P. Stone, James Page, Gedge D. Rosson, and Devin Coon. 2019. “Origins of Gender Affirmation Surgery: The History of the First Gender Identity Clinic in the United States at Johns Hopkins.” *Annals of Plastic Surgery* 83 (2): 132. <https://doi.org/10.1097/SAP.0000000000001684>.
- Smilges, J. Logan. 2022. *Queer Silence: On Disability and Rhetorical Absence*. Minneapolis: University of Minnesota Press.
- Stahl, Aviva. 2021. “Prisoners, Doctors, and the Battle over Trans Medical Care.” *Wired*, July 8, 2021. <https://www.wired.com/story/inmates-doctors-battle-over-transgender-medical-care/>.
- Stein, Rob. 2025. “White House Orders NIH to Research Trans ‘Regret’ and ‘Detransition.’” *NPR*, April 11, 2025. <https://www.npr.org/sections/shots-health-news/2025/04/10/nx-s1-5355126/trump-nih-trans-regret-detransition-research>.
- Stewart, Lauren, and Heather Freeman. 2022. “The Problem of Recognition, Erasure, and Epistemic Injustice in Medicine: Harms to Transgender and Gender Non-Binary Patients – Why We Should Be Worried.” In *Epistemic Injustice and the Philosophy of Recognition*, 297–325. New York: Routledge.
- Tordoff, Diana M., Jonathon W. Wanta, Arin Collin, Cesalie Stepney, David J. Inwards-Breland, and Kym Ahrens. 2022. “Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care.” *JAMA Network Open* 5 (2): e220978. <https://doi.org/10.1001/jamanetworkopen.2022.0978>.
- Tracy, Sarah J. 2013. *Qualitative Research Methods: Collecting Evidence, Crafting Analysis, Communicating Impact*. West Sussex: John Wiley & Sons.
- Tuana, Nancy. 2006. “The Speculum of Ignorance: The Women’s Health Movement and Epistemologies of Ignorance.” *Hypatia* 21 (3): 1–19. <https://doi.org/10.1111/j.1527-2001.2006.tb01110.x>.

- Tuck, Eve. 2009. "Suspending Damage: A Letter to Communities." *Harvard Educational Review* 79 (3): 409–28. <https://doi.org/10.17763/haer.79.3.n0016675661t3n15>.
- Turban, Jack L., Brett Dolotina, Thomas M. Freitag, Dana King, and Alex S. Keuroghlian. 2023. "Rapid-Onset Gender Dysphoria Is Not a Recognized Mental Health Diagnosis." *Journal of Adolescent Health* 73 (6): 1163–64. <https://doi.org/10.1016/j.jadohealth.2023.09.009>.
- U.S. Department of Health and Human Services. 2025. "Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices." <https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf>.
- Westbrook, Laurel. 2021. *Unlivable Lives: Violence and Identity in Transgender Activism*. Oakland: University of California Press.
- Westerbotn, Margareta, Tobias Blomberg, Evelina Renström, Nina Saffo, Lina Schmidt, Britten Jansson, and Arthur Aanesen. 2017. "Transgender People in Swedish Healthcare: The Experience of Being Met with Ignorance." *Nordic Journal of Nursing Research* 37 (4): 194–200. <https://doi.org/10.1177/2057158517695712>.
- Wuest, Joanna, and Briana S. Last. 2024. "Agents of Scientific Uncertainty: Conflicts over Evidence and Expertise in Gender-Affirming Care Bans for Minors." *Social Science & Medicine* 344 (March):116533. <https://doi.org/10.1016/j.socscimed.2023.116533>.

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