

Chapter 4: ... and statistics

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Official data collections

Despite its falsehoods, the transgender agenda has been inordinately successful in influencing those authorities responsible for collecting the data necessary for understanding important aspects of what is happening in relation to the sexes in modern societies. Given continuing inequalities between women and men, the inaccuracies that follow from that influence are most relevant for women. If public data are not broken down by sex, how is it possible to tell what is happening for women?

Census

The United Nations says, 'Sex and age are fundamental to the majority of the characteristics collected in the census. Census data provide more data than any other single source on gender [sic] differences' (UN, 2017: 157, para.3.415). They mean *sex* differences not 'gender' differences. See, for example, the following statement: 'To meet the need for statistics on *gender*, many activities have been undertaken ... for collection of statistics related to *women and men*', i.e. the two sexes (p.160, para. 3.431—emphases added). However, the point remains that the UN is insistent that census data on sex needs to be accurate, given how important it is.

But national statistical agencies are not immune from policy capture by the transgender agenda, despite their reputation for scientific rigor in the demographic data they produce. They are happy to accommodate the demands of the transgender lobby around the 'sex' question in the census and the periodic surveys, while

claiming to retain the integrity of the data. But since the two cannot be reconciled—it is impossible to tell a lie with integrity—it is the validity of the census data that is sacrificed. If men are calling themselves ‘women’, it is impossible to get accurate figures on the female population. For example, in January 2019 Statistics Canada instructed police to record the ‘gender identity’ of offenders instead of their sex. In answer to a query, they said ‘Given the small percentage of transgender individuals, and the way the data are reported, we expect the differences between the two concepts [i.e. gender and sex] to be so small that they would not impact analysis’ (Halley, 2019, quoting from emails the author received from Statistics Canada—its website is no longer available on the internet). This gives rise to the question of why the change is being made, if the percentage is so small it’s not going to ‘impact analysis’.

Moreover, there is no way of knowing whether or not that is true. In a letter sent to the census authorities in England, Scotland and Ireland (Sullivan et al, 2019), 80 social scientists and other data users said that there was no systematic evidence to support the assumption that men calling themselves ‘women’ made up only a small proportion of the category of ‘women’. The authors pointed out that there were sub-groups of the population where the proportion is likely to make a significant difference.

They gave the example of male prisoners in England and Wales, one in 50 of whom identified as ‘women’. There is a similar problem in the case of sex offenders, where the addition of even a single man calling himself a ‘woman’ can make a significant difference to the proportion of offenders designated ‘female’. Moreover, the numbers of these men are increasing, especially as they don’t have to go through any medical procedures to call themselves ‘women’ and, in the Australian state of Victoria, they can change their minds later too (see the ‘Birth certificates’ section below). And given the ease and speed with which the trans agenda has spread throughout society, calling themselves ‘women’ is likely to become a favourite pastime of misogynist men, who are not small in number.

The Australian Bureau of Statistics have decided not to capitulate completely, but even a minor compromise in favour of a falsehood corrupts data. In November 2020, the ABS announced that the 2021 Census would collect information on sex but not on gender. ‘The sex question is one of the most important in the Census’, they said (echoing the UN position), because ‘along with age and location, it directly feeds into the official estimates of Australia’s population’. However, respondents could choose ‘a “non-binary sex” response category’ if they wanted ‘to report their sex as other than male or female’ (ABS, 2021). But given that there *is* no other sex than ‘male’ and ‘female’, what is it that the ABS is measuring? People who have no sex? Surely not. People who *report* they have no sex when they do because everyone does? Why? What demographic purpose is served by this ‘non-binary’ question? I can think of no other reason than capitulation to a political lobby group, but that hardly counts as a demographic purpose.

In the 2021 Australian Census, there were 43,220 respondents or 0.17% of the population who ticked the ‘non-binary sex option’ on the form. Not surprisingly, the statisticians couldn’t do anything with that information. It ‘did not yield meaningful data’ because it didn’t refer to a single coherent category. ‘Responses show’, the ABS said, ‘the concept of non-binary sex was not consistently understood and was

perceived in different ways by different people'. As a consequence, the ABS 'does not support the use of the non-binary sex category to estimate the prevalence of any specific group in the community' (ABS, 2022).

The ABS, however, are undeterred in their allegiance to the transgender agenda. This article on the results of the 'non-binary sex' question was 'externally peer-reviewed', they said. But while these four 'peer reviewers' might be external to the ABS, they are not external to the transgender agenda. (No women's groups were consulted). One of them was from ACON, our Stonewall equivalent in Australia; another was from the trans organisation, 'LGBTIQ+ Health Australia'; and another is a young lesbian who wants to be referred to as 'they/them'. The fourth reviewer was from Intersex Human Rights Australia. But intersex people are no more 'non-binary' than the rest of us. The trans agenda piggybacks on the intersex category by asserting that transgender is the same kind of category with a biological base (see the 'Piggybacking' chapter).

And despite its meaninglessness, the 'non-binary sex' question is being included in the regular household surveys. The Census question on 'non-binary sex', they said in deference to the trans agenda, 'does provide a strong indication that the male and female options ... [in] previous censuses are not inclusive of many Australians' (ABS, 2022). This is of course a lie, since there is no one, and I'll say that again, *no one*, who is not either female or male, and that includes intersex people.

There is, of course, no way of preventing men claiming to be 'women' from choosing 'female' as their sex. (No need for a 'non-binary' question here). It is supposed to be illegal to give wrong answers on the census form,¹ but given the guarantee of anonymity, there is no way of telling whether the answers are wrong or not. Besides, many of the men calling themselves 'women' say that that's 'the truth'. A trans support network within the UK civil service, called 'a:gender', said that 'people [i.e. men] who have gone through gender reassignment "will no longer regard themselves as trans". As far as they are concerned, they *are* 'women' and they want to be recorded as such, not as 'trans'. "[I]t is grossly insulting", a:gender said, "to suggest that they should be requested to tick some box other than M or F" (Jones and Mackenzie, 2020: 12). So even if a census form gives 'male' and 'female' as the only options, the power of the transgender agenda is such that there are going to be men who tick 'female', especially in those Australian states where 'gender reassignment' by self-id is already an option.

What has happened in the UK can serve as an illustrative example of the transgender policy capture of statistical agencies everywhere, although the Northern Ireland Statistics and Research Agency is an exception. The latter decided against trying to override 'sex' with 'gender identity' in the 2021 Census, on the grounds that "amending the census sex question to gather this information ... would risk the quality of data collected on a person's sex". In contrast to the other two statistical agencies—the Office for National Statistics (ONS) and the National Records of Scotland (NRS)—the Northern Ireland agency was quite clear about the deleterious

¹ 'It is ... an offence for you to make a statement or provide information that you know is false or misleading' (<https://www.abs.gov.au/about/legislation-and-policy/privacy/privacy-abs/2021-census-privacy-statement>)

effects on sex data of including ‘gender identity’ in the national census (Jones and Mackenzie, 2020: 11n2).²

Both the ONS and the NRS have been completely captured by the transgender lobby (although they don’t always get their own way—see the results of the judicial review described below). The initial ONS guidance for the 2021 Census, issued in 2019, said:

“**What is your sex?** Select either ‘Female’ or ‘Male’. If you are one or more of non-binary, transgender, have variations of sex characteristics, sometimes also known as intersex, the answer you give can be different from what is on your birth certificate. If you’re not sure how to answer, use the sex registered on your official documents, such as passport or driving licence, or whichever answer best describes your sex” (quoted in Sullivan, 2021: 5).

The letter from the 80 social scientists mentioned above (Sullivan et al, 2019) saw this as a conflation of ‘sex’ with ‘gender identity’ that ‘effectively transform[s] the longstanding sex question into a question about gender identity’. They were concerned that this would ‘actively undermine data reliability on a key demographic variable, and damage our ability to both capture and remedy sex-based discrimination’. However, they did approve of the decision to include a new question on ‘gender identity’ separate from the one on ‘sex’, because this meant that ‘there is no justification for advising respondents to give inaccurate answers to the sex question’.

In response to these criticisms, the ONS changed the above guidance to the following:

“Please select either ‘Female’ or ‘Male’. If you are considering how to answer, use the sex recorded on one of your legal documents such as birth certificate, Gender Recognition Certificate, or passport” (quoted in Sullivan, 2021: 5).

But this still meant that respondents could answer the question with their ‘gender identity’ rather than their biological sex. In the UK, ‘sex’ on passports can be changed without a Gender Recognition Certificate and without changing the sex on the birth certificate; and the ‘such as’ implied that any document that recorded ‘gender identity’ would suffice as evidence of one’s ‘sex’.

This revised guidance was published on the 12th of February 2021, leaving little time to challenge it before the scheduled date for the Census on the 21st of March. However it *was* challenged, and with some success. A small, grassroots feminist organisation, Fair Play for Women, applied for a judicial review of the ONS guidance. To pay for it they raised just over £100,000 from more than 3,000 contributors within a fortnight. On the 9th March, just days before the Census date, the High Court required the ONS to concede that it couldn’t legally redefine sex in the way it proposed, and to strike out the words ‘such as’ and ‘or passport’. This meant that the final guidance about how to answer the ‘sex’ question in the 2021

² For Statistics Canada’s capitulation to the trans agenda, see: <https://www.canada.ca/en/treasury-board-secretariat/corporate/reports/summary-modernizing-info-sex-gender.html>; for New Zealand, see: <https://www.stats.govt.nz/methods/statistical-standard-for-gender-sex-and-variations-of-sex-characteristics>

Census directed people to answer according to their 'legal sex', namely, 'the sex recorded on your birth certificate or Gender Recognition Certificate' (Sullivan, 2021: 11-13).

While this was an improvement, the signatories to the above-mentioned letter said that they would prefer that the guidance referred only to sex recorded at birth (Sullivan, 2021: 7). After all, many of those with Gender Recognition Certificates would be adult men with male genitals (since surgery is not required for a GRC).

For an earlier criticism of the ONS decision on the 'sex' question in the 2021 Census, see: Gilligan, 2017.

The 2021 Census was not the first time the UK Census authorities had demonstrated their policy capture by the trans agenda. Guidance on the 'sex' question for the previous decennial census in 2011 had said that respondents could answer the 'sex' question according to their 'gender identity'. This guidance originated with the Office for National Statistics (ONS), although the Scottish census authority, the National Records of Scotland (NRS), have been more explicit about their preference for 'gender identity' over 'sex'. In a document dated the 12th of July 2018, the NRS quoted the 2011 guidance in answer to a question asking whether they were "collecting information on biological sex or self-identified sex/gender identity?":

"I am transgender or transsexual. Which option should I select? If you are transgender or transsexual, please select the option for the sex that you identify yourself as. You can select either 'male' or 'female', whichever you believe is correct, irrespective of the details recorded on your birth certificate. You do not need to have a Gender Recognition Certificate" (quoted in Jones and Mackenzie, 2020: 21).

There is no subsequent information about the effect this guidance might have had on the data quality of the 2011 Census, but it is likely that very few respondents saw it anyway. The census had to be completed on paper, and the guidance was only available online.

In an NRS document published slightly later in 2018, the Scottish authorities were even more frank about their preferences and recommendations for the 2021 Census:

"The 2011 Census recognised that society's understanding of sex has changed and guidance provided explained that the question was being asked in terms of self-identified sex. Looking forward to 2021, consultation has identified the need for a more inclusive approach to measuring sex. The sex question being proposed for the 2021 Census will continue to be one of self-identification and will provide non-binary response options. Importantly, the sex question proposed will not seek a declaration of biological or legal sex" (quoted in Jones and Mackenzie, 2020: 27).

This claim that 'society's understanding of sex has changed' is yet another transgender-induced lie. Neither the NRS nor the ONS surveyed the general public about their understanding of sex, nor did they consult with the sex most likely to be affected by men's intrusions, namely women. There had been "no specific consultation with women's groups", the NRS said, but there *had* been 'extensive consultation' with such trans lobby groups as Equality Network, the Scottish Trans Alliance, Stonewall Scotland and LGBT Health (Jones and Mackenzie, 2020: 10,

quoting from a letter the NRS sent to a concerned female Member of the Scottish Parliament in December 2018).

As it turned out, the 2021 Census was delayed in Scotland until 2022 because of the workload generated by the pandemic (Jones and Mackenzie, 2020: 8n1). But according to a draft guidance for Scottish public bodies, respondents to the 2022 Census will be able to answer the 'sex' question according to their 'self-identification': 'Scotland's Census 2022 will ask a binary sex question with guidance that this can be self-identified, and this is followed by a question on trans status/history' (Halliday, 2020: 7. See also: Naysmith, 2018; Walsh and Sitwell, 2019). In August 2021, the NRS announced that the guidance on the sex question would be that people could answer according to their 'gender identity'. "If you are transgender", the guidance reads, "the answer you give can be different from what is on your birth certificate, You do not need a ... GRC" (Murray Blackburn Mackenzie, 2021). Clearly the Scottish statisticians intend to ignore the High Court decision on 'legal sex'.

Transgender capture of the UK census authorities predated the 2011 Census, if the transgender lobby group, Press for Change, is any guide. In February 1999, Press for Change posted on their website the ONS reply to a letter from a man posing as a 'woman', asking how he should answer the sex question on the 2001 Census. The ONS reply supposedly said that "it would be reasonable for you to respond by ticking either the 'Male' or 'Female' box whichever you believe to be correct, irrespective of the details recorded on your birth certificate" (Jones and Mackenzie, 2020: 24, quoting the Press for Change website).

Transgender lobby groups such as Press for Change are not the most reliable of sources (and the url cited no longer exists). According to the report of a project supported by Woman's Place UK, the ONS didn't begin work on the 'gender identity' question in the census until 2016 (Jones and Mackenzie, 2020: 24). But by 2009 and the publication of the ONS *Trans Data Position Paper*, it is quite clear that institutional capture of the ONS was well under way by then. The authors had consulted only trans lobby groups (together with the Government Equalities Office and the Equality and Human Rights Commission, both of which had also been captured), and unashamedly reproduced the transgender take on everything.

The authors had nothing to say about the census (apart from noting that a letter from the Trades Union Congress commented that there had as yet been 'no lobbying for inclusion of a question on gender identity ... on the 2011 Census') (ONS, 2009: 11). They preferred to gather data on 'trans people' through 'attitude surveys, administrative data and specialist surveys', although they ruled out household surveys because of 'small sample sizes, privacy and acceptability of terminology'. But however the data gathering happened, it 'would need to be led by those associated with the trans community' because they 'may suffer discrimination and harassment in the community where they live and work' (pp.15, 7). There was no mention of women's groups and no discussion of the implications for women of agreeing to transgender demands.

In fact, the 2021 UK Census was as useless as the Australian one in identifying a recognisable demographic. It supposedly found that there were around 366,000 people (0.54% of the population) who said that their 'gender identity [was] different from [their] sex registered at birth', or that they were a 'transwoman', a 'transman', or

‘non-binary’ (Biggs, 2023).³ But as Michael Biggs has argued, this figure can’t be trusted. It is wildly disproportionate to other sources of data such as referrals to ‘gender’ clinics and signatures on transgender petitions. Moreover, it was highly likely that the ‘gender identity’ question confused many people, because there was an over-representation of responses from people from non-English-speaking backgrounds and those with low educational qualifications. Nonetheless, while noting that ‘[a]ny attempt to recalculate the transgender population is inevitably speculative’ (Biggs, 2023: 12), Biggs estimated that a more accurate figure would be 144,000 persons or 0.30% of the population, a proportion that matches the results of the Canadian Census—0.33%. But while this might be true, all that is being measured is the number of people harbouring a fantasy—that they are the opposite sex or no sex at all. Why are statistical agencies measuring fantasies?

For further discussion of the ‘transgender’ results of the 2021 UK Census, see: Sex Matters, 2023.

Census authorities need to be more frank and honest than they have been to date, about what it is they’re measuring with the concept of ‘gender identity’ (or ‘non-binary’ in the ABS case), giving full weight to the reality of sex. So far, the claims have been neither frank nor honest. Supposedly, they’re trying to measure the size of a population, but if no one can change sex and men cannot be women, there *is* no population apart from the two sexes, and hence nothing for statistical agencies to measure. The reality is that they are allowing data to be corrupted, and data moreover that is particularly relevant for women.

Birth certificates

Another way in which the transgender agenda is corrupting public data is the demand to be able to change the sex on birth certificates, and registries everywhere are complying.

In the UK, only those with a Gender Recognition Certificate can have their sex changed on their birth certificates. This still means that adult men with male genitals can be legally recognised as ‘women’ because surgery is not a requirement for a GRC. A GRC creates the fiction of ‘legal sex’ which operates the same way as actual sex for most legal purposes. (See the discussion above of the judicial review of the ONS’ treatment of the sex question on the 2021 Census). The single exception is the inheritance of a peerage or honorary title. A daughter cannot inherit her father’s land or title by changing her ‘legal sex’ if she has any younger brothers⁴ (and she can’t inherit her father’s title at all). For the British aristocracy, diminished rump though it might be, sex trumps ‘gender’.

In Australia, the birth certificate situation varies from state to state. In New South Wales, someone has to have had ‘sexual reassignment surgery’ if they want to change the sex on their birth certificate:

Application to alter register to record change of sex: (1) A person ... (b) who has undergone sexual reassignment surgery ... may apply to the

³<https://www.ons.gov.uk/census/census2021dictionary/variablesbytopic/sexualorientationandgenderidentityvariables/census2021/genderidentity/classifications> (dated 23 September 2023).

⁴ <https://fairplayforwomen.com/gender-recognition-act-2004-explained/>

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Registrar ... for alteration of the record of the person's sex in the registration of the person's birth ... sexual reassignment surgery means a surgical procedure involving the alteration of a person's reproductive organs (NSW Government, 1996: Part 5A 32B, 32A).

Such a person then becomes a 'recognised transgender person', legally recognised as the sex ('gender') they identify with:

if you are a male to female recognised transgender person, you generally have the right to be considered for a job that is for women only, and to receive a service that is for women only, for example to attend a women-only gym (NSW ADB, 2018: 2).

If someone is not a 'recognised transgender person', they can't legally force people to treat them as their 'preferred gender' (NSW ADB, 2018: 2). However, they can make a complaint of discrimination on transgender grounds without having had surgery:

You do not have to have had any sex change or other surgery to be counted as a transgender under the NSW anti-discrimination law. You do not have to have taken hormones in the past or be taking them now ... What matters is how you live and behave, or how you want to live and behave (NSW ADB, 2018: 1).

So NSW residents can only change their birth certificates if they've had surgery, although they can complain about being discriminated against if they simply identify as 'trans'. But who knows how long that situation will last, given what is happening in other states, and given, too, the election of a self-styled left-wing Labor government in March 2023.

Moreover, the surgery requirement is somewhat equivocal, at least in relation to women claiming to be 'men'. Early in October 2011, the Australian High Court ruled that 'transgender people' had the right 'to have their gender officially recognised' even though not all of their reproductive organs had been 'altered'. The case involved two Western Australian women who had been living as 'men', but who had been refused gender recognition certificates by the state's Gender Reassignment Board, because they still had their uteruses and ovaries (although they had both had mastectomies). The Court held that a person did not have to have undergone every possible surgical procedure to be recognised as the 'gender' they claimed to be. They only had to alter their characteristics sufficiently so that they could be 'recognised' as the opposite sex (Carnie, 2011). The removal of their breasts was sufficient surgery in the eyes of Australia's High Court to allow them to present themselves as 'men'. I don't know whether the creation of artificial breasts on a man would count as 'a surgical procedure involving the alteration of a person's reproductive organs', and hence be sufficient surgery to qualify him as a recognised transgender person, and a 'woman', in NSW. As far as I know, the question has not been tested in court. Anyway, in the light of developments elsewhere, it is more likely that the recently elected NSW government will simply change the law in favour of self-id.

The Australian Capital Territory was the first Australian jurisdiction to allow the sex on birth certificates to be changed without requiring surgery, having passed such legislation in March 2014. The law allows people to change their sex from 'male' to 'female' (and vice versa), and also to register their sex as 'X'. All they need is a certificate from a doctor or psychologist saying that they have received the 'appropriate clinical treatment', which has been deliberately left undefined (Lawson,

2014). Not surprisingly, given that the transgender agenda is a 'left-wing' cause (see the 'Transgender and the Left' chapter), it was a self-styled 'centre left' Labor government that passed the legislation.

The next jurisdiction to be captured is South Australia. In May 2017, the state's Consumer and Business Services issued a press release saying that there were 'new requirements for registering a change of sex or gender identity'. The applicant had to have undergone 'a clinical treatment provided by either an Australian registered medical practitioner or psychologist', although this did not have to be 'invasive'. It could be 'counselling only', involving 'at least three separate counselling sessions totalling 135 minutes or the sessions must have occurred over a period of at least six months'. Applicants could choose to register as 'male', 'female', 'non-binary' or 'indeterminate/intersex/unspecified'. They could change once in a 12-month period, although only three times in their lifetime, although 'exceptions may apply in extenuating circumstance'.⁵

The Northern Territory passed a similar law towards the end of 2018. Again, the law permits changes from 'male' to 'female' and vice versa, and it also makes provision for 'other non-binary and intersex identities'. The NT Attorney-General used the piggybacking strategy to justify the legislation. It was a consequence, she said, of the fact that "Australians voted last year to allow same-sex marriage". She didn't say what this supposed connection between same-sex marriage and changing sex on birth certificates was. And again, the legislation was an initiative of a self-styled 'centre left' Labor government, which held 18 of the 25 seats in the parliament (AAP, 2018).

Tasmania and Victoria were neck and neck in passing legislation to abolish the surgery requirement. In both states it finally took effect in September 2019, although in Tasmania it had been passed by both Houses by April 2019. In Tasmania, its success was due to a strange amalgam of Labor and the Greens, together with the Liberal (conservative) Speaker whose vote defied her own Party's opposition to the legislation. This was a rare show of unanimity between Labor and the Greens. On other issues, the Greens are seen as a deadly enemy by the Labor Party, largely because they share the same 'centre-left' constituency, and many former Labor voters have moved to the Greens in protest at Labor's collusion with the neo-liberal economic agenda. The support of a member of the right-wing Liberal Party is also strange, given that the political Right tends to reject trans ideology (see the 'Feminism and the Right' chapter).

The Tasmanian legislation not only allows people to change their birth certificates simply by statutory declaration, it also extends 'hate-speech' laws to cover 'gender identity' and 'gender expression' (Denholm, 2019). Given how successful the trans lobby has been in winning social acceptance for the notion that disagreement and criticism count as 'hate-speech', this is a very worrying development indeed. The right-wing Liberal government was reported to have said that the law was badly drafted and that it could have unintended consequences, and suggested that they might repeal it. Between the beginning of September 2019 and the end of May 2020, 63 people in Tasmania had applied to change the sex on their birth certificates, and

⁵ <https://www.cbs.sa.gov.au/news/new-requirements-registering-change-sex-or-gender-identity-cbs-news#>

743 people had applied for certificates without their sex recorded (Humphries, 2020. See also: Humphries and Coulter, 2019; Maloney, 2019; Oriel, 2019; Richards and Feehly, 2019; Williams and MacGregor, 2018; Women Speak Tasmania, 2018).

The Victorian government's legislation to remove the requirement for surgery to alter a birth certificate was passed in September 2019. An amendment to the *Births, Deaths and Marriages Registration Amendment Act 2019* (Victorian Government, 2019), it was passed by yet another Labor government. It allows someone to change their birth certificate every year if they want to: 'A person ... may apply to the Registrar for the record of the person's sex in the person's birth registration to be altered if ... the record of the person's sex has not been altered within the 12 months preceding the date of making the application' (Victorian Government, 2019: 30A). So if it's been 12 months or more since you last changed the sex on your birth certificate, you can change it again. Unlike the South Australian regulation, there is no limit on the number of times someone can change their sex registration throughout their lifetime. You don't have to stick to 'male' and 'female' either. You can pick whatever gender term you like in place of your sex: 'a record of sex in a birth registration [can be altered] to a sex descriptor nominated by an applicant' (Victorian Government, 2019: Part 1, 1(a)(i)). The 'sex descriptor' [sic] mustn't be 'obscene or offensive; or ... not practicably established by repute or usage ... [or] too long; or ... symbols without phonetic significance' (Victorian Government, 2019: Part 2, 5(d)). But otherwise, anything goes.

According to a couple of pro-trans commentators, this 'brings [Victoria] in line with the Australian Capital Territory, Northern Territory, SA, Tasmania and WA' (Offer and Kolovos, 2019). While this statement is not entirely untrue, Western Australia had yet to be fully captured at the time of writing. The Law Reform Commission of Western Australia made a number of recommendations in line with the transgender agenda, including repealing the *Gender Reassignment Act 2000* and its regulations, providing an administrative procedure for changing 'the gender classification' on Gender Identity Certificates, and allowing for 'an "indeterminate" sex classification option' on birth certificates (Sutherland et al, 2021). But to date (April 2022), the government had not acted on those recommendations (although presumably it's only a matter of time).

Currently, changing the sex registered on a birth certificate in Western Australia is not simply a matter of self-identification with a bit of form-filling as it is in most of the other states. It involves acquiring a gender recognition certificate from the Gender Reassignment Board before approaching the Registry of Births, Deaths and Marriages, and that certificate will only be granted if the person has undergone a 'reassignment procedure', as well as fulfilling other criteria. The reassignment procedure doesn't have to involve surgery, but it does involve the applicant convincing the Board that they are the 'gender' they say they are, that they've adopted the appropriate lifestyle, and that they've received 'proper counselling'. As well, the applicant must have letters from two medical practitioners involved in the 'reassignment procedure', a counsellor, and people close to the applicant saying they believe the person's new 'gender'.⁶ The successful applicant takes the gender recognition certificate issued by the Board to the Registry of Births, Deaths and

⁶ <https://www.legalaid.wa.gov.au/find-legal-answers/your-rights/lgbtiqa/changing-gender>

Marriages, and is issued with a new birth certificate on which ‘no reference is made to your old gender’.⁷

For a critical account of the changes, see: Urban and Lane, 2019;
for a pro-trans account, see: Hancock, 2020.

The relevant authorities appear not to care that changing sex on a birth certificate (and it *is* sex, not ‘gender’) falsifies the information on that certificate. This information is used ‘for statistical, medical research, community planning purposes, law enforcement and other uses provided for by law’.⁸ Changing sex on birth certificates at will invalidates these uses concerned with sex ratios in the general population, i.e. purposes that are relevant for all of us, not just ‘transgender people’. It is true that those claiming to be ‘transgender’ are few in number, at least in NSW. Those wanting to have their new ‘sex’ recorded on their birth certificate must ‘have undergone a sex affirmation procedure’, i.e. castration for men. But the numbers are likely to grow, given that so many other Australian jurisdictions have already removed that requirement.

Again, the usual excuse for allowing this is that the numbers are too small to make any difference. For example, the European Court of Human Rights decided that a post-operative British transgender man could change the sex on his birth certificate, and that that precedent wouldn’t ‘pose the threat of overturning the entire system’ because there were so few post-operative transsexual men in the UK (ECHR, 2002: para.87). The Court clearly knew nothing about the self-id movement and its potential for a surge in numbers of people claiming to be the opposite sex. In 2018, the UK Government ‘estimate[d] that between 200,000 and 500,000 people identify in this way’ (UK Government, 2018: 10). If that many people, and who knows how many more, changed the sex on their birth certificates, that would indeed pose a threat to the entire system.

But whatever their numbers, the fact that some birth certificates have been changed means that no entry can be trusted. There is no way of telling whether the sex marked ‘female’ on a birth certificate refers to an actual female, or whether it refers to a man claiming to be ‘female’, unless there is some marker that indicates the change. This is something that ‘trans’ activists (men who call themselves ‘women’) strongly resist, and it would seem that they have prevailed with the Western Australian government whose registry says that no reference will be made to someone’s old ‘gender’ (i.e. their actual sex). The NSW government’s 1996 Act also says that ‘Any such [altered] birth certificate must *not* include a statement that the person has changed sex’ (NSW Government, 1996: Part 5A 32E(2)—emphasis added), and the Registry states, ‘The new Birth Certificate’, ‘will not disclose that a sex change has taken place’.⁹ So if some of the birth certificates that indicate ‘female’ actually belong to males, we cannot know which is the genuine article and which is not. This threatens to render useless what used to be an reliable source of demographic data for research purposes involving the two sexes, especially women.

⁷ https://grb.justice.wa.gov.au/B/birth_certificate.aspx

⁸ <https://www.bdm.nsw.gov.au/Documents/privacy-of-birth-data.pdf>

⁹ NSW Registry of Births Deaths and Marriages, ‘Change of sex’. It was not possible to copy the URL.

Crime

In the case of crime, police forces are already recording crimes committed by men claiming to be ‘women’ as crimes committed by women. For example, there were at least 16 regional police forces in the UK in 2021 that recorded the ‘gender identity’ of suspected offenders rather than their actual sex, following the advice of the National Police Chiefs’ Council (Kirkup, 2021). This means that men who are charged with, or even convicted of, rape or child sexual abuse are recorded for official purposes at the Home Office as ‘female’ if they say so. The Police Chiefs’ Council asserted that this practice wouldn’t have any effect on the statistics because there were so few men making that claim. “There is no evidence”, they were reported to have said, “to suggest that recording a person’s gender based on the information that they provide will have an impact on an investigation or on national crime statistics, because of the low numbers involved” (Hellen, 2019).

But these ‘low numbers’ refer only to the men claiming to be ‘women’. There are also low numbers of female sex offenders, and no matter how low the number of male sex offenders claiming to be ‘women’, recording them as ‘female’ instantly skews the data (Sullivan, 2021: 3). As James Kirkup pointed out in an article in *The Spectator* (2021), adding just one or two men to the female data has a significant impact immediately. He gave the example of one conviction for attempted murder at Birmingham Crown court in 2017, which involved a man recorded as ‘female’. This single conviction raised the official number of females convicted of attempted murder that year in England and Wales by around 20%. He also said that a BBC program had reported data from 45 regional police forces in the UK between 2015 and 2019, showing that there had been an increase of 84% in reported cases of child sex abuse by ‘female’ perpetrators during that period. We can’t tell, he said, whether this is a real increase in female offenders, or whether it’s a statistical artefact of recording men as ‘women’. It is, of course, most likely to be the latter. Women haven’t changed, but the recording of data has.

Newspaper articles are also reporting male transgender sex offenders as ‘female’. Newspaper articles cannot tell us how widespread is the practice of recording men as ‘female’ in official statistics, but they are an indication that it is happening. For example, an article in the *Brisbane Times* in Queensland (Lynch, 2019) informed us that ‘a transgender woman’ had had ‘her’ [sic] conviction for possession of child pornography wiped from the record (because he was under 18 when the offences occurred). His conviction was not recorded, so it isn’t added to the figures on female sex offenders. Nonetheless, the newspaper recorded this consumer of child pornography as a ‘woman’, including referring to him with feminine pronouns. Even though the fact that it’s a man is registered with the use of ‘transgender’, readers have to know that ‘transgender women’ are men if they are not to be misled about the sex of this offender.

Sometimes care is needed to read between the lines for clues that the sex offender being referred to as ‘a woman’ is in fact a man. For example, the *East Anglian Daily Times* reported in 2016 that a judge at the Ipswich Crown Court found it “appalling” there were not any sex-offender treatment programs for women. He made this remark when he was sentencing what the article called ‘a 20-year-old Ardleigh woman who admitted downloading child porn’. It isn’t until the penultimate paragraph that the reader finds out that this is not a woman at all but a man, when

his defence counsel is reported saying that he ‘lived in a rural area where there was not a very good understanding of identity and transgender matters’ (Hunt, 2016). Even so, the average reader is not likely to know what this means, and hence is left with the impression that this consumer of child pornography is a woman.

Again, a headline in another UK newspaper said ‘Sheffield woman found with over 1,000 indecent images of children hauled before the court’ (Marshall, 2019). In the text of the article it was admitted that this ‘woman’ was ‘a transgender woman [sic] whose legal forename is Anthony’, but the damage had already been done by calling the offender a ‘woman’ and referring to him with feminine pronouns: ‘She [sic] also downloaded 53 images of “extreme pornography”’. This offence would no doubt be recorded by the South Yorkshire Police as committed by a woman.

Some of the news reports of people being attacked with an axe in Sydney’s inner west gave not the slightest hint that the ‘woman’ with the axe was in fact a man (ABC, 2017; Gardiner, 2017). He was referred to by a feminine name, ‘Evie’, and as ‘Ms’ with feminine pronouns throughout. There was one report that did at least provide a clue in the last sentence: ‘Ms [sic] Amati asked the court that she [sic] be supplied with the type of medication commonly taken by person changing gender from male to female’ (Sutton, 2017). Undoubtedly, this violent offence was recorded as committed by a woman, and it is unlikely that that record was changed when Amati decided two years later that he wasn’t a woman any more. He ‘had made the decision to begin “de-transitioning”’, it was reported, ‘after coming to the realisation that she [sic] will never be accepted as a female by the community’ (Cormack, 2019). However, he was still being called a ‘woman’ and referred to with feminine pronouns. At least in this article it was possible to find out that he wasn’t a woman, although it still wasn’t acknowledged that he was male.

The Australian Press Council is the body that, in its own words, ‘sets standards and responds to complaints about material in Australian newspapers and magazines, as well as a growing number of online-only publications’. It also claims to ‘promote freedom of speech and responsible journalism’.¹⁰ And yet it forbids the mass media to acknowledge the sex of male transgender offenders. Early in 2019, the Council released its decision in relation to an article in the *Daily Mail Australia* headlined ‘Transgender sister, 31, of football star is charged with manslaughter over the death of her [sic] boyfriend, 51, after “domestic violence” incident at a house in Sydney’s south’.

The Council said that the article breached its Standards of Practice because identifying the offender as transgender ‘was not relevant to the alleged criminal acts reported’. ‘Identifying her [sic] as such’, the Council said, ‘could lead some readers to conclude that this characteristic was either the cause of, or a factor in, the alleged crime and could contribute to substantial prejudice against transgender people’ (APC, 2019). But identifying the offender as transgender *is* relevant, otherwise the crime is recorded as committed by a woman. This gives the false impression that ‘women are just as violent as men’. That the Press Council could not see this, is yet one more instance of misogynist indifference to women. Up to 22 July 2021, the Australian Press Council had adjudicated 14 ‘transgender’ complaints (Adjudications 1802, 1800, 1783, 1772, 1763, 1757, 1756, 1755, 1714, 1709, 1707, 1655, 1650 and

¹⁰ <https://www.presscouncil.org.au/>

1586) always displaying the utmost ‘caution and sensitivity’ towards transgender men claiming to be ‘women’, while ignoring the implications for women.

The Council doesn’t ban all mentions of ‘transgender’. In its decision in relation to another *Daily Mail Australia* article, the Council did not object to the references to Amati as ‘transgender’ because that was already a matter of public record (Australian Press Council, 2017). It did not adjudicate on the *Brisbane Times* article. Perhaps the Press Council is not being very vigilant, or more to the point, the trans lobby missed this one.

But although newspaper reports such as those described above blame women for the crimes of men, they are not the statistical issue. It is the official recording of violent crimes committed by men, and particularly sex offences, as though they had been committed by women, that is of particular concern. Given that women are less likely than men to commit violent crimes, especially sex offences, adding just a few men to the tally of ‘female’ offenders falsifies the information. That the relevant authorities seem to be perfectly comfortable with this state of affairs speaks volumes for the power of the trans lobby and the misogyny that drives it.

For Statistics Canada’s decision to require police departments to record offenders’ self-declared ‘gender identity’ instead of their sex, see: Halley, 2019.

Transgender’s alleged vulnerability

The transgender agenda is not lying about its extraordinary success. When it suits its purposes, it boasts about it. Mermaids, for example, lists the number of institutions they have influenced, ‘provid[ing] resources for ... schools, local authorities, police forces, social services, NHS who signpost families to us, Childline, Scouts, plus many more’ (from their website, viewed 2.6.2019). This is not a lie. It is the stark truth. Their agenda has indeed been accepted by all these institutions throughout the UK.

But it is more common for the trans agenda to complain about how vulnerable ‘trans people’ are. For example, an article in *The Guardian* (Fazackerley, 2020) cited ‘academics’ saying that ‘gender-critical’ feminist arguments ‘make trans staff and students feel vulnerable’. The arguments that supposedly had this dire effect were: that ‘gender is a social construct rather than innate’; and feminists saying that their attempts to explore trans issues were ‘being stifled in British universities’. The truth of this feminist statement was borne out by the number of incidents of censoring of feminists reported in the article.

Only one of the academics complaining about ‘gender-critical’ arguments was cited, ‘Tam Blaxter, a historical linguist at Cambridge University’ and a man claiming to be a ‘woman’. He is referred to as ‘she’, and quoted saying: “Universities are communities of staff and students first and foremost ... They will always have a function of discussing difficult issues, but making minority members feel safe and welcomed must come first”. No examples are given of minority members *not* being made to feel safe and welcomed.

A newspaper article cannot be expected to cite sources as rigorously as an academic article, but the lack of any substantiation is typical of transgender claims, including claims to ‘vulnerability’. Those claims are simply asserted more or less stridently and repeated over and over again with never any evidence to back them up—because there isn’t any, the evidence is all the other way. It is the feminists who are made to

feel unsafe and unwelcome, as the article itself made clear. Typical is the reaction to a proposed talk by one feminist: ‘Twitter roared into action, with several [University of] Essex staff and students tweeting allegations that a “transphobe” would be on campus ... some students were threatening to shut down her lecture’ (Fazackerley, 2020). The university eventually cancelled her talk, because of the threats of violence. It was not, however, feminists who were threatening violence, it was the transgender acolytes. Given the incidents described in the *Guardian* article, it is abundantly clear that the vulnerable staff and students are the feminists, not the trans mob.

As Sue Donym has commented, ‘one of the catch-cries of the trans movement is that they are the most ignored and the most marginalized group in America’ (Donym, 2018). This is easily disproved by acknowledging the enormous influence the transgender agenda has had. Institution after institution has introduced policies and practices based on the belief that grown men are ‘marginalised and vulnerable’, without making any attempt to investigate that claim, or even think twice about it. Moreover, the transgender lobby is enormously wealthy, funded by billionaire sponsors and governments alike (see the ‘Money’ section of the ‘Explanations’ chapter). No group with that much money behind can plausibly claim to be ‘marginalised and vulnerable’. As Donym said, ‘I wouldn’t think the most marginalized group in America would have a well-funded lobby group behind them’ (Donym, 2018). The fact that the transgender agenda does indeed have a well-funded lobby group behind them is a strong indication that there is nothing marginalised about them.

Trans organisations do sometimes *attempt* to provide evidence that ‘trans people’ are peculiarly vulnerable. One such attempt is the list provided on the website of the US trans lobby group, Human Rights Campaign (HRC, no date—viewed 17.8.2022). This is a list of what the HRC call the ‘specific issues’ of ‘severe discrimination, stigma and systemic inequality’ faced by ‘the transgender community’. But what counts as ‘severe discrimination’, etc., in HRC terms too often involves other people simply being sensible, e.g. using masculine pronouns to refer to a man posing as a ‘woman’. According to the transgender agenda, this is ‘discrimination’ (if not ‘violence’).

Moreover, the word ‘specific’ implies that these disadvantages are unique to ‘the transgender community’ and that no one else suffers from them, or not to the same extent. In order to make that claim, however, in most cases it is necessary to compare the ‘transgender’ population with the population in general, but the HRC does not do that, nor does the transgender agenda more generally.

Lack of legal protection

The first of the ‘specific issues’ discussed by the HRC is ‘lack of legal protection’. Here, they object to the lack of a ‘comprehensive non-discrimination law that includes gender identity’, while acknowledging that the federal government and a number of States *have* passed such laws. They also object to ‘legislation specifically designed to prohibit transgender people from accessing public bathrooms that correspond with our gender identity’, and ‘exemptions based on religious beliefs’.

These objections are transgender-specific, it is true. But they are not instances of discrimination against ‘transgender people’ because they have implications for other people which the HRC deliberately ignores. No one is arguing that those who

‘identify’ as the opposite sex should be unjustly discriminated against. But whether an alleged instance of discrimination is unjust or not depends on what counts as ‘discrimination’.

According to the US federal government’s Equal Employment Opportunity Commission, an example of ‘LGBT-related unlawful sex discrimination’ would be:

[h]arassing an employee because of a gender transition, such as by intentionally and persistently failing to use the name and gender pronoun that correspond to the gender identity with which the employee identifies, and which the employee has communicated to management and employees (US EEOC, 2015).

If someone cannot bring themselves to refer to men with feminine pronouns, and a man posing as a ‘woman’ complains about it to the EEOC, that someone can be called before the Commission for ‘conciliation, conference, and persuasion’. If they still refuse, the Commission can ‘file suit in federal court’. But is it reasonable to coerce other people into making changes in their language usage? No one should have a right to make unreasonable demands of other people, and it is hard to imagine a more unreasonable demand than that men be recognised as women, unless it is backing up that demand with punitive sanctions. Transgender cries of ‘discrimination’, then, are not evidence of their vulnerability, but rather, of the vulnerability of the rest of us to the political power of the transgender agenda itself.

The ‘bathroom issue’ is also trans-specific, but not specific to ‘transgender people’ in general, only to men (although the HRC do not acknowledge this). It is only men calling themselves ‘women’ who are claiming they are entitled to enter places where females perform intimate bodily functions and are partly or wholly naked, e.g. toilets, change rooms, showers, locker rooms, etc. These are adult men who are not only larger and physically stronger than women, they also retain their male genitals.

There are good historical reasons why public spaces for intimate bodily functions are separated by sex, given the prevalence of rape, sexual harassment and the pornographic imagination that slavers over the bodies of women and children. Permitting men to enter these women’s spaces denies those spaces to women and girls, who are unlikely to use spaces where naked adult male strangers are free to enter at any time. In this case, it is women and girls who are vulnerable to unwanted intrusion by adult men.

Poverty

Another of the Human Rights Campaign’s specific issues is poverty. The HRC say that ‘The National Transgender Discrimination Survey found that 15 percent of respondents were living in severe poverty (making less than \$10,000/year)’ (HRC, no date). They do not compare this figure with the equivalent percentage in the general population, although there is a comparison in the report of the NTDS survey they cite (Grant et al, 2011). This report says: ‘Our sample was nearly four times more likely to have a household income of less than \$10,000/year compared to the general population’. The table illustrating this point shows that 15% of the survey sample had household incomes under \$10,000, compared with 4% of the US population overall (Grant et al, 2011: 2). In a footnote (p.9), the authors say that this information came from the US Census Bureau’s 2008 *Current Population Survey*.

But the US Census Bureau said that there were 13.2% of people living in households below the poverty line in the US population overall in 2008, the year of the survey, not 4%.¹¹ While 15% (of survey respondents) is greater than 13.2% (of the population overall), it is certainly not four times greater. It is true that the poverty threshold used by the Census Bureau in 2008 to calculate the proportion of the population in poverty was slightly different from the threshold used in the NTDS survey—\$10,991 for a single person, not \$10,000.¹² Nonetheless, the US Census Bureau did *not* say that only 4% of the US population lived in extreme poverty in 2008; and the comparative percentages do suggest that the ‘the transgender community’ may not be all that much poorer than the general population, especially as the NTDS survey is not a reliable source of information for any population but its own respondents. While any proportion of people in extreme poverty is certainly evidence of ‘systemic inequality’, this survey is unable to tell us whether ‘the transgender community’ is more financially disadvantaged than the rest of the population.

The report of the later *US Transgender Survey* (USTS), updated in 2015 (James et al, 2016), said that 29% of its survey respondents were living in poverty, and compared that to 12% in the US population overall (p.5). This figure of 29% is nearly twice the 15% cited in the earlier survey. It might be assumed that the later figure of 29% is a more accurate assessment of poverty among the transgender population, because the later survey had 27,715 respondents (‘transgender adults, 18 and older’), while the earlier survey had only 6,450 respondents (‘transgender and gender non-conforming’) (Grant et al, 2011).

But the two percentages are not comparable. The earlier survey used a poverty threshold of \$10,000, while the later survey used a figure that was 125% of the official poverty threshold. In 2015, the poverty threshold for a single person was \$12,082,¹³ and 125% of that is \$15,102.50, i.e. around 50% more than the figure quoted in the earlier survey report.

Moreover, the comparable percentage for the US population is not 15%. Although 15% is the percentage of the US population living below the poverty line in 2015, the percentage of those who were living on or below 125% of the poverty threshold was 17.9%. And this figure was quoted in the same publication referenced in the survey report (i.e. Proctor et al, 2016: 18). Since the figure of 17.9% (of the US population) is less than 29% (of the transgender survey respondents), it would seem that the transgender population is on average somewhat poorer than the rest of the US population. That conclusion is reinforced by comparing the median household income of the survey respondents with the median income of the US population. In

¹¹ <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-01.2008.html>.

¹² <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

¹³ The poverty threshold varies according to the size of the family, e.g. in 2015 the US poverty threshold for two people was \$15,391, for three people, \$18, 540, etc. (<https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>).

2014, median household income was \$53,657,¹⁴ whereas the median income of the survey respondents was just under \$40,000.

However, the results of the survey (James et al, 2016) cannot be taken at face value because its respondents were not representative of any whole 'transgender population'. It is impossible to identify any 'whole' population because of the indefiniteness of what counts as 'trans'. Moreover, 41.4% of survey respondents had incomes of \$50,000 or more, while a significant proportion of them (16.7%) had very high incomes of \$100,000 or above (James et al, 2016: 249). And if 'trans people' are poor, the organisations that claim to represent them are not (see the 'Money' section of the 'Explaining' chapter).

There is no doubt that many people who identify as 'trans' are poor. But poverty in the US is at horrendous levels, especially among women and especially since the Clinton Administration's 1996 'welfare reform'. Employment is not the way out of poverty in the US low-wage economy, where people can be in full-time work and still have incomes low enough to qualify them for food stamps: 'Food stamps have been found to increase by 36 percent the purchasing power of a family of four supported by a full-time, year-round minimum wage worker' (Ratcliffe et al, 2007: 1).

And most of the poor are women. According to a report released in 2014 (around the same time as the later 'transgender' survey), one-third of women in the US lived in poverty, along with their children.¹⁵ This information is not strictly comparable with the information in the 'trans' survey because 'poverty' is defined in this report as \$47,000 a year for a family of four. But the 'feminisation of poverty' has long been recognised as a major social problem.¹⁶ If the transgender lobby wants to claim that 'trans people' are vulnerable specifically because they are poor, they have to show that they are poorer than anyone else. This the trans lobby has failed to do.

Harassment and stigma

'Harassment and stigma' are another trans-specific issue. The Human Rights Campaign say that it is 'based on over a century of being characterized as mentally ill, socially deviant and sexually predatory'. But this statement needs to be unpacked if we are to see what is really going on. In the first place, even the transgender agenda acknowledges the psychic distress of people who present with what the medical profession calls 'gender dysphoria', and psychic distress is a form of mental illness. But that is not what HRC means by 'characterized as mentally ill'. They mean characterising someone as mentally ill because they claim to be the opposite sex.

It might be the case that so-called 'transgender people' are not mentally ill on any of the usual criteria. This is certainly the view of the DSM-5 (APA, 2013: 451). This fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* refers to 'gender dysphoria' instead of the term, 'gender identity disorder', used in the previous edition, DSM-IV. The reason given for the change was that 'gender dysphoria' was 'more descriptive than the previous DSM-IV term and focuses on dysphoria as the clinical problem, not identity per se'. In other words, what counts as a 'disorder', and

¹⁴ <https://www.census.gov/library/publications/2015/demo/p60-252.html>

¹⁵ <https://time.com/2026/11-surprising-facts-about-women-and-poverty-from-the-shriver-report/>

¹⁶ <https://www.sciencedirect.com/topics/psychology/feminization-of-poverty>

qualifies it for inclusion in the Manual, is the distress ‘trans’ people feel, not the fact that they are ‘trans’. The ‘identity’ itself is not a disorder.

The World Professional Association for Transgender Health (WPATH) is more explicit about its rejection of any hint of mental illness. ‘[T]ranssexual, transgender, and gender-nonconforming individuals are not inherently disordered’, they said in version 7, and called for ‘the de-psychopathologization of gender nonconformity worldwide’ (Coleman et al, 2012: 6, 4).

But what the transgender agenda asserts *is* crazy, literally crazy, i.e. dissociated from reality. Quite sane people can do and say crazy things. That doesn’t mean that they are mentally ill on any clinical criteria. The craziness of the transgender agenda is not a personality characteristic of those who claim to be ‘trans’. It is, however, characteristic of the discourse of the trans agenda because that discourse denies reality. What that agenda asserts about reality is not the truth, even if those who assert it are as sane as anyone else. So it is not a question of the psychological health or otherwise of individuals, but of the rationality of the ‘transgender’ discourse. That discourse is thoroughly irrational, even though its adherents might not be mentally ill.

The craziness of the trans discourse is not confined to ‘transgender’ individuals. It has been embraced by institutions throughout society. It is that aspect of society that is crazy, and this applies not only to those aspects captured by the trans phenomenon. A society is not a sane society when women are denied a fully human status, where prostitution and pornography are acceptable (as ‘sex work’ and ‘free speech’), where war and mass murder by powerful nations is never-ending, where refugees are imprisoned or sent back to countries devastated by those very nations, where lying is commonplace, where health systems everywhere are lethally corrupted by the profit motive (Garcia, 2019), where male supremacist capitalism threatens to destroy the very ecosystem we live in. Given the current state of the world (although when has it ever been any different?), the huge success of the trans agenda is hardly surprising. Thankfully, sanity has not completely deserted the human race. There *is* resistance to all the evils a male supremacist society is capable of, and refusing complicity with the trans agenda is one example of that resistance.

As for the social deviance that HRC believes is behind the harassment and stigmatising of ‘transgender’ people, they *are* socially deviant. They’re proud of it. If they are treated with disrespect because they are socially deviant, that’s unfortunate. But many of the incidents they see as ‘disrespectful’ are not, e.g. men who call themselves ‘women’ being addressed as ‘sir’ and referred to by masculine pronouns. It is not disrespectful to refuse to recognise a man as a woman. On the contrary, it is disrespectful to placate someone by pretending to agree with them when you don’t. It is disrespectful to comply with what one knows is a delusion, because it assumes that the other is incapable of seeing reason.

Whether or not someone is being harassed depends on what counts as ‘harassment’, and most of the transgender claims do not qualify. The Human Rights Campaign’s examples of what they see as harassment and stigma include: ‘lawmakers who attempt to leverage anti-transgender stigma to score cheap political points ... family, friends or coworkers who reject transgender people upon learning about our transgender identities and ... people who harass, bully and commit serious violence against transgender people’. They do not give any details about these lawmakers who

score cheap political points, so it is not possible to evaluate this claim. It is just one of those unsubstantiated assertions the transgender agenda is so fond of. As for rejection by families, etc., are they rejected as people (i.e. the families will have nothing to do with them), or is it just their claim to be transgender that is rejected? There is a difference. And then there are the claims of violence against ‘trans people’. This question is discussed below (in the ‘Anti-transgender violence?’ section), but for the moment it is sufficient note that, again, no evidence is cited.

And then there is the accusation that ‘transgender’ men (who claim to be ‘women’) are said to be ‘sexually predatory’. This is a (deliberate?) distortion of the feminist argument against allowing men who call themselves ‘women’ to freely enter women’s intimate spaces. These men have the same pattern of male violence as men in general, whatever they call themselves. Men are far more violent than women, and transgender men are no exception. They do not leave that pattern behind when they say they’re ‘women’. Any man can say he’s a ‘woman’ and authority says he must be believed, whether he’s a sexual predator or not.

This is particularly a problem in prisons, when sexually predatory men who say they’re ‘women’ are housed with women (see the ‘Prisons’ chapter). Critics of the transgender agenda are not saying that all men who say they’re ‘women’ are sexual predators. They are saying that sexual predators are men, that men posing as ‘women’ are men, and that the motives of men entering women’s intimate spaces cannot be trusted. Moreover, sexual predators have been known to take the opportunity provided by the transgender licence to get access to vulnerable women in prison, and sometimes children.

‘Trans people’ are not being harassed and stigmatised any more than any other category of people. Indeed, they are probably not being harassed at all, if the examples they give are any indication. It is not harassment to refer to a man with masculine pronouns, or to refuse to identify oneself with third-person pronouns in work email addresses. Neither is it harassment to forbid men access to women’s intimate spaces. The claim is simply a bald assertion repeated over and over again without any facts.

Identity documents

The ‘lack of identity documents’ supposedly constitutes ‘systemic inequality’ for transgender people. The Human Rights Campaign says that there is a ‘widespread lack of accurate identity documents among transgender people’. Although they do not give any example of ‘accurate identity documents’ (or inaccurate ones either), they are presumably talking about birth certificates. A birth certificate is the prerequisite for the information on other documents, at least in Australia, and the demand to be able to change the sex ‘assigned’ at birth to ‘preferred gender’ on the birth certificate is one of the transgender agenda’s demands finding a sympathetic ear with governments everywhere. The implications of this have already been discussed in the ‘Birth certificates’ section above.

Barriers to health care

As for those ‘barriers to healthcare’ mentioned by the Human Rights Campaign, no examples are given of the kind of healthcare transgender people lack, but it is described as ‘transgender-sensitive’ (HRC, no date). In other words, there are some ‘transgender people’ who cannot get access to those medical procedures—puberty

blockers, cross-sex hormones, surgical castration, breast amputation, etc.—necessary to turn them into a simulacrum of the opposite sex. The HRC also says that ‘the NTDS found that almost 20 percent of respondents had been refused medical care outright’. One can only feel relief that at least some health professionals in the US are not buying into the transgender agenda.

Anti-transgender violence?

The most common claim of ‘vulnerability’ is the claim that ‘trans’ people are subjected to high levels of murder and other forms of violence, with the implication that these levels are higher than in the general population. A typical example is provided by the American Civil Liberties Union LGBT & HIV Project: ‘In recent years, the number of transgender and nonbinary people murdered has hit record highs’ (Strangio, 2018). As supposed evidence for this claim, there’s a link to a *CNN* article (Lee, 2019).¹⁷ But this article contains no evidence of these ‘record highs’, just the same bald assertion: ‘Violence against this community is at an all-time high, activists say. According to the Human Rights Campaign, 2017 was the deadliest year on record for the transgender population’. In the absence of evidence of these ‘all-time highs’ and ‘deadliest year’, the article simply discusses the organisation that ‘is trying to do something about it’ (Lee, 2019). Even Statistics Canada (who should know better) repeat the ‘violence against trans people’ mantra: ‘Studies have shown that people who have identity documents that do not correspond with their lived gender are more likely to face discrimination and violence’.¹⁸ Typically, no references are cited for these ‘studies’.

Under the heading of ‘anti-transgender violence’, the Human Rights Campaign (HRC, no date) only discusses murder, although there are other forms of violence. But whether or not ‘transgender’ people suffer greater levels of violence than the population overall depends on what counts as ‘violence’. As in the case of ‘harassment’ and ‘discrimination’, that depends on what will best serve the transgender purpose of insisting they are oppressed. There is little or no evidence that men who call themselves ‘women’ are attacked to any greater extent than anyone else, nor that they are attacked because they are transgender.

Too often, what is called ‘violence’ is simply disagreement. For example, ‘trans’ activist Katherine Cummings (a man who calls himself a ‘woman’), wrote in *Polare*, ‘Perhaps the greatest violence committed against transgender people is the general refusal to allow medical intervention before a person attains legal majority’ (Cummings, 2005). On this account, disagreeing with the medicalising of children is ‘violence’. It could be said with more validity that it is the *medicalising* of children that constitutes the violence, that in fact it is child abuse (see the ‘Transgendering the young’ chapters).

Polare is the journal of the Gender Centre, an NGO funded in part by the NSW government. This NGO runs a ‘Children’s Camp’ for ‘predominantly regional and remote Transgender and Gender Diverse youth’. ‘These children’, the authors continue, ‘represent some of the most vulnerable members of our community and

¹⁷ The article was first published in 2018 and updated in 2019.

¹⁸ <https://www.canada.ca/en/treasury-board-secretariat/corporate/reports/summary-modernizing-info-sex-gender.html>

remain a target of so much of the hatefulness expressed in the media'.¹⁹ Typically, no examples of this 'hatefulness' are given.

The transgender agenda frequently refers to disagreement as 'violence'. A number of instances can be found in a 'transgender studies' anthology (Stryker and Whittle, eds, 2006). (The photo on the cover of this book depicts an abdomen with the navel prominently displayed. I can't decide whether this is unconscious irony and hence an undermining of transgenderism's central claim that men can be 'women'—the navel is a sign that we are all born of women not men—or whether it is yet one more crazy imperialistic claim that everyone can give birth because everyone's got a navel).

However that may be, one example of the supposed 'violence' involved 'supporters of the status quo, who acted out their feelings of fear and loathing by directing violence and hostility towards transgender people' (Stryker and Whittle, eds, 2006: 236). In this case, the 'violence' was disagreement with the transgender insistence that being one sex or the other doesn't matter. 'Gender terrorists', the author said, 'are those who ... [uphold] a gender system which is *real* and *natural* [i.e. that there two sexes]; and who then use gender to terrorize the rest of us. These are the real terrorists: the Gender Defenders' (p.236—original emphases). So people who insist that there are two sexes and disagree that anyone can change sex are 'terrorists'.

In another example the author says: 'we do not willingly abide the rage of others directed against us' (Stryker and Whittle, eds, 2006: 254). Here, the 'rage' is supposedly directed against 'trans people' because they have shown everybody that 'the natural order' is 'constructed'. People don't like to hear that reality is constructed, it would seem, so they become enraged at anyone who says it is: 'Confronting the implications of this constructedness can summon up all the violation, loss, and separation inflicted by the gendering process that sustains the illusion of naturalness. My transsexual body literalizes this abstract violence' (p.254). But this is a very strange argument. The idea of 'social construction' is a truism of sociology (e.g. Berger and Luckmann, 1967), and it has been widely used within feminism—it is the meaning the term 'gender' attempts to denote—without any eruptions of rage on the part of the populace. However once again, what is being interpreted as 'rage' and 'violence' is simply disagreement with the transgender agenda.

Another author tells us that '[h]ate-motivated violence deserves an extended consideration' (Stryker and Whittle, eds, 2006: 714). This 'extended consideration' involves a 'relationship between the refusal of recognition and hate violence'. The author says that this 'relationship' is 'multi-layered' but he also says it's a 'causal relationship', i.e. 'non-recognition promotes hate crimes by allowing perpetrators to regard victims as targets who "deserve" to be hated'. Again, it is disagreement—refusal to recognise a man as a woman—that is being interpreted as 'violence'.

Mostly, though, the claims about anti-transgender violence are simply reiterated without the slightest attempt to provide supporting evidence or arguments. This anthology (Stryker and Whittle, eds, 2006) contains a number of examples of such unsupported assertions. In fact, apart from interpreting disagreement as 'violence', nowhere in this volume are any examples given of the 'violence' that these authors

¹⁹ <https://gendercentre.org.au/polare-magazines>

are so preoccupied with. In the Foreword, one of the editors says: 'In many parts of the world, having a trans identity still puts a person at risk of discrimination, violence, and even death' (p.xi). No examples of these risks are given. The text goes on to discuss the different types of 'trans identities'. The other editor says in 'An introduction to transgender studies': 'The field of transgender studies is concerned with ... what we ... are going to do, politically, about the injustices and violence that often attend the perception of gender nonnormativity and atypicality' (p.3). Again, no examples are given of these 'injustices and violence'.

Other examples refer to fiction texts: 'the true-crime drama *Boys Don't Cry*, has become emblematic of the chronic undercurrent in our society of deadly anti-transgender violence' (Stryker and Whittle, eds, 2006: 9-10). The statement is about a film—no evidence is given of the 'chronic undercurrent' apart from the film. Again: 'It is actually transvestites and transsexuals who have been the victims of grisly murders [as opposed to the transvestite/transsexual murderer depicted in *The Silence of the Lambs*]' (p.220). The statement is not even about a film, but about a supposed reality the film does not portray, no evidence for which is given. And a final example: 'We don't deserve the ridicule, the stares, the fist in our bellies' (p.241). In this case, the ridicule, etc., was a question from the audience at the US daytime television talk show, 'Geraldo', namely, whether the transsexual panellist could 'orgasm with that vagina'. Admittedly, that question was ill-mannered but it hardly amounts to 'the fist in our bellies', or even ridicule. The audience member may have been genuinely curious, although it was none of their business. But bad manners is not violence, unpleasant though it might be.

Although I have not done an exhaustive survey of transgender literature, I would suggest that most if not all of the claims of violence against 'trans people' are similar to those quoted above. Either they are hyperbolic reactions to being disagreed with, or they are bald assertions lacking any supporting evidence. If a lengthy academic text such as the one cited above (over 700 pages not counting the index) can supply no evidence at all for its claims of violence, it is highly likely that the evidence is not there.

Bullying and physical assault, not to mention murder, certainly count as violence. But bullying is rife in a society where boys are to be brutally inculcated with the meanings and values of male supremacy (and girls too, but differently). Those claiming to be the opposite sex, especially men claiming to be 'women', are as vulnerable to bullying as anyone else whose difference catches the eye of the bully, especially given how basic the difference between the sexes is. To the extent that there is violence against 'transgender people', it is part of the system of male domination that devalues women and despises men who show any signs of 'femininity'.

This is an insight that appears to have been lost in the recent upsurge of transgender activism. A couple of decades ago two researchers could say quite clearly:

Violence against transgenders bears many similarities to violence against women and to anti-homosexual victimization ... Violence against women (committed by men) is often justified by the perpetrators as having been their right as an intimate partner in control of the relationship (and thus of the woman), or as being a reasonable action to take against a woman who is transgressing social restraints ... Sexual violence against transgenders often receives similar justification by its perpetrators: a genetic male who dresses in women's clothing accepts (de facto) the

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“woman’s role,” and is thus a legitimate target for sexual assault. In other cases, male-to-female cross-dressers and transgenders are simply mistaken for women and attacked as such (Witten and Eyler, 1999: 466).

Nowadays such an insight would be taboo, as those who first identified and challenged the system of male supremacy, i.e. radical feminists, are vilified by a transgender agenda seeking to obliterate the category of ‘women’ altogether. As such, transgender has become wholly absorbed into the system that should be seen as its real enemy, because it is that system that is the source of the violence, not radical feminism.

The transgender surveys have uncovered some evidence that ‘transgender’ people are subjected to more violence than the rest of the population (at least in the case of those who responded to the survey):

Those who expressed a transgender identity or gender non-conformity while in [school] grades K-12 reported **alarming rates of harassment (78%), physical assault (35%) and sexual violence (12%)**; harassment was so severe that it led **almost one-sixth (15%) to leave a school** in K-12 settings or in higher education (Grant et al, 2011: 3—original emphases).

It is unlikely that 35% of school children in general have experienced physical assault, or that 15% of those who attended an educational institution left because they were harassed. But the violence faced by ‘transgender’ people is part of the male supremacist system that loathes ‘feminine’ men because it holds women in contempt. Consequently, the first step in any solution is to find common cause with the radical feminism the transgender agenda dismisses so viciously. And the first step in that common cause is for men to stop claiming they’re women. Or perhaps the first step should be ending the transgendering children. Either way, it would mean the end of the transgender agenda.

Murder

As mentioned above, the Human Rights Campaign places murder under the heading of anti-transgender violence. They say that ‘At least 13 transgender women [i.e. men] were murdered [in the US] in 2014, and 2015 is on track to see even higher numbers’ (HRC, no date). It did seem at one point as though the numbers were increasing, from 13 in 2014 (HRC, no date) to 21 in 2015 (HRC, 2015). It would also seem that their prediction of ‘even higher numbers’ in 2015 was accurate. The figure of 27 ‘transgender people’ killed in the US in 2016 reported by another US activist organisation (GLAAD)²⁰ would also appear to confirm that prediction. However, the numbers did not increase in the next few years—according to GLAAD, there were 26 ‘transgender people’ murdered in 2017, and 24 in 2018; and they are far too tiny to indicate any kind of trend.

But anyway, transgender men (who call themselves ‘women’) are not the only people murdered in the US, and the HRC authors don’t compare these numbers with the

²⁰ GLAAD is a media monitoring organisation founded by lesbians and gay men working in the media in the US. Originally the acronym stood for ‘Gay and Lesbian Alliance Against Defamation’, but the acronym is now the whole name in the interests, it is said, of including bisexual and transgender issues – <https://www.glaad.org/blog/glaad-calls-increased-and-accurate-media-coverage-transgender-murders-0>.

numbers of people killed in the general population. Comparisons with the US population overall suggests that transgender men (who call themselves ‘women’) are *less* likely to be murdered than anyone else.

To take the year with the highest number ‘transgender people’ murdered, in 2016 there were 17,250 murders overall in the US (most of them black men), and 27 is 0.15% of this figure (Donym, 2019). While it is not possible to know the true size of the ‘transgender’ population, or even if there is one, one estimate was 0.3% of the total US population (Haas et al, 2014: 16). From these proportions—0.15% of all murder victims in comparison with 0.3% of the population overall—the transgender murder rate is only half that which might be expected from their incidence in the general population. While anyone’s death by violence is to be deplored, these figures do not support any claims about the transgender population being more vulnerable than anyone else, much less suggest that record high numbers of ‘trans’ people are murdered.

To put this another way, in 2016 the US population was 324,118,787,²¹ and 0.3% of this figure is roughly 970,000. The figure of 27 is thus 2.8 per 100,000 ‘trans’ people. But that figure is much less than the murder rate for the rest of the population (6 per 100,000), much, much less than the rate for men (9.7 per 100,000) (who tend to kill each other), and not a great deal higher than the rate for women (2.4 per 100,000).²²

Table: Death rates by sex per 100,000: United States, 2016

	Male	Female	Both
Assault (homicide): rate per 100,000	9.7	2.4	6.0
Number	15,467	3,895	19,362
Assault (homicide) by discharge of firearms: rate per 100,000	7.7	1.3	4.5
Number	12,213	2,202	14,415

Source: US CDC, 2018, pp.42, 45.

Twenty-seven is a small number, and estimates of the size of the ‘trans’ population are guesswork at best, even so, there is nothing in the available figures to suggest any record high numbers of murdered ‘trans people’.

Figures from the UK also suggest that ‘trans people’ are not at any great risk of being murdered, and also that they are not murdered because they’re ‘trans’. One study (Melodie, 2017) found that very few ‘trans women’ (i.e. men) were murdered in that country between 2008 and November 2017. Even broadening the definition of transgender to include transvestites, there were only seven ‘transwomen’ (all biological males) who were murdered in that decade, all killed by men. But they were not murdered because they were ‘trans’. They were murdered:

- by prostitution punters (two, in 2009);
- by another ‘transwoman’ (one, in 2010);

²¹ <https://www.populationpyramid.net/united-states-of-america/2016/>.

²² The rates per 100,000 quoted in the text leave out the ‘homicide by discharge of firearms’ rates because the source quotes those figures separately.

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- for his disability benefits and savings (one, in 2011);
- by a drug dealer to whom he owed money (one, in 2012).
- by his partner who was also his pimp (one, in 2015); and
- by a mentally-ill homeless man (one, in 2016).

There were another two ‘transwomen’ (i.e. men) who died during this time, one was a suicide in prison (2015), the other (in 2013) was recorded as ‘not suspicious’. There were no ‘trans’ deaths recorded in the UK in 2008, 2013, 2014 or 2017 (up to November) (Melodie, 2017).

During the same period (2008 to November 2017) in the UK, there were 12 homicides *committed* by ‘transwomen’ and transvestites (all biological males):

- a transvestite killed his sister-in-law (in 2008);
- a transvestite killed his male partner (2010);
- a ‘transwoman’ killed another ‘transwoman’ (2010);
- two ‘transwomen’ killed their male partners (2010 and 2013);
- a male transvestite tortured and killed a female business associate (2013);
- two ‘transwomen’ killed male friends/acquaintances (2013 and 2016);
- a ‘transwoman’ killed a male neighbour (2013);
- a male transvestite killed his wife (2015);
- a ‘transwoman’ killed his father; (2015);
- a ‘transwoman’ tortured and killed a female flatmate (2016); and
- four cases of attempted murder by ‘transwomen’ (Melodie, 2017).

So in the UK, seven ‘trans people’ (all men) were murdered between 2008 and November 2017, while 16 ‘trans people’ (all men) murdered or attempted to murder someone else.

Of course the figures are small, and such tiny numbers do not justify making any generalisations about any ‘trans’ population overall, whatever it might be. Nonetheless, they are certainly not evidence that there are record high numbers of ‘transwomen’ being murdered. As Sue Donym put it:

All these figures say the same thing—*there is no trans murder epidemic* ... the majority of those 27 killed [in the US]? Black prostitutes. No middle-aged white trans women [i.e. men] were killed at all (though some did commit murders) yet they are the ones bleating about #StopTransMurders and working in activist organizations. And the sex-work and transgender lobby does not seem to care about those vulnerable prostitutes, beyond using their names and deaths as a political prop (Donym, 2018—original emphasis).

She referred to the transgender use of statistics as ‘cherrypicked statistics’, and said they ‘are very much a repeating pattern when it comes to transgenderism’ (Donym, 2018).

For another US investigation that also concluded that the ‘violence “epidemic” against transgender people is a myth’, see: Greene, 2019.

Suicide

One aspect of the supposed ‘violence’ that trans activists claim is suffered by ‘transgender people’ is not being ‘affirmed’ in their ‘preferred gender’ or being prevented from ‘transitioning’. This leads, the trans lobby says, to a high rate of suicidal feelings, especially among children, although it is not just children who are supposedly at risk of suicide. Urological surgeon, James Bellringer, was quoted saying, ““There’s no other treatment that works. You either have an operation or suffer a miserable life. A fifth of those who don’t get treatment commit suicide”” (Batty, 2004). At the time, Bellringer was working at the main NHS Gender Identity Clinic for adults at Charing Cross hospital in west London (established in 1966).²³ He had done ‘gender reassignment surgery’ on more than 200 people between 2000 and 2004. He didn’t say where he got this figure of one-fifth, and it is most likely nothing but a guess, given that ‘those who don’t get treatment’ are not followed up by transgender clinics. Actually, neither are those who do get treatment.

The main focus in the transgender discussions about suicide is children and young people. The transgender suicide narrative insists that suicidal thoughts and attempts on the part of ‘trans’ children are the result of being prevented from ‘transitioning’. But the facts are not quite so straightforward. Mermaids’ Green herself has said that her own child’s attempts were a reaction to horrendous bullying at school. When he moved to another school, the bullying stopped and so did his suicide attempts. This child was not suicidal because he was being thwarted. His mother was an enthusiastic supporter and even his father eventually came round. (‘She [sic] wraps him around her little finger’).²⁴ His suicide attempts were a reaction to being bullied.

If the young person’s suicidal feelings were a result of being denied access to transgender medical procedures, then getting access to those procedures should diminish those feelings or eradicate them altogether. But even transgender’s own research, the 2008 US National Transgender Discrimination Survey (Grant et al, 2011), provides some evidence that ‘transition’ doesn’t improve matters. The report of the survey said that those who had ‘transitioned’ had *higher* rates of attempted suicide than those who had not: 45% of those who had medically transitioned compared with 34% of those who had not, and 43% of those who had surgically transitioned compared with 39% of those who had not (Grant et al, 2011: 82).

Further support for the hypothesis that ‘transition’ does not eradicate suicidal feelings comes from the results of the experiment by the Tavistock and Portman NHS Trust monitoring the use of a puberty blocker on younger adolescents between 2011 and 2019 (see the ‘Transgendering the young 2’ chapter). They found that, after a year on the medication, there was ‘a significant increase’ in the proportion of children agreeing with the statement ‘I deliberately try to hurt or kill self’ (Biggs, 2015). There would seem to have been a concerted effort on the part of the Trust to hide this finding (Biggs, 2019a, b).

²³ <https://gic.nhs.uk/charing-cross-gender-identity-clinic-holding-information-session-gps-healthcare-professionals/>

²⁴ <https://www.youtube.com/watch?v=2ZiVPh12RQY>.

The Swedish whole-population study (Dhejne et al, 2011) also found that '[s]ex-reassigned persons ... had an increased risk for suicide attempts'. (For a discussion of this study, see the 'Research' section of the 'Evidence' chapter).

For a whole-population Dutch study that found a mortality rate (from suicide, HIV/AIDS, heart disease, drug abuse and other causes) among those who had been taking cross-sex hormones, that was 51% higher than the general population, see: Asscheman et al, 2011;

for another whole-population study—98% of all individuals who underwent 'sex-reassignment surgery' between 1978 and 2010 in Denmark—which found 'substantially high rates of psychiatric morbidity among this cohort', but came to the unenlightening conclusion that such surgery 'may reduce psychological morbidity for some individuals while increasing it for others', see: Simonsen et al, 2016; and

for a more recent whole-population Dutch study which also found 'an increased mortality risk' among those taking cross-sex hormones, see: de Blok et al, 2021.

So given that 'transition' doesn't stop people feeling suicidal, including children, it would seem that being prevented from 'transitioning' is not the reason why the young people feel suicidal. This conclusion is not surprising, given the best available information about suicide prevention. The US Centers for Disease Control and Prevention, for example, have issued guidelines for the responsible reporting of suicide. One of its recommendations is that the media avoid 'presenting simplistic explanations for suicide' because suicide 'results from a complex interaction of many factors and usually involves a history of psychosocial problems'. The guidelines also warn against 'engaging in repetitive, ongoing, or excessive reporting of suicide in the news' because this kind of reporting

tends to promote and maintain a preoccupation with suicide among at-risk persons, especially among persons 15-24 years of age. This preoccupation appears to be associated with suicide contagion (Davies-Arai et al, 2016).

These warnings are ignored by the transgender lobby when they feed the media with stories about children who are 'suicidal and self-harming because their body is changing against their will' and they are being denied 'medical intervention'. The warnings are also being ignored by media that push the transgender agenda by attributing a child's suicide to an environment unsympathetic to the transgender narrative, rather than to any number of other factors contributing to the child's distress. The emphasis on a single cause for suicidal feelings can only be detrimental to the welfare of young people. It also contributes to social contagion among the vulnerable young (see the 'Transgendering the young 3' chapter).

The PACE survey (UK, 2014)

One piece of research supposedly showing high rates of suicidal feelings among the young was cited by Mermaids' CEO, Susie Green. In a Powerpoint presentation shown in at least two public venues, she claimed that '59% [of] trans youth [have] considered suicide; 48% [have] attempted suicide ... [and] 57% actively self-harm'.

These figures were drawn, she said, from a ‘2014 survey of more than 2000 trans people in the UK’ (Transgender Trend, 2016).²⁵

These figures have been widely reported. For example, the supposed results of the survey were quoted in a 2014 article in *The Guardian*: ‘A survey found that 48% of trans people under 26 said they had attempted suicide, and 30% said they had done so in the past year, while 59% said they had at least considered doing so’ (Strudwick, 2014). Green’s figure of 48% of young ‘trans’ people attempting suicide was quoted as fact in the UK government’s report on the Transgender Equality Inquiry: ‘Mermaids said there was a significant risk of self-harm or suicide where hormone treatment is not yet being given; they drew attention to evidence that the attempted suicide rate among young trans people is 48 per cent’ (UK Women and Equalities Committee, 2016); and it was mentioned eight times during the Transgender Equality Debate in the House of Commons on December 1st (Transgender Trend, 2016).

The survey cited as the source for these figures is commonly referred to as the PACE survey and the RaRE (Risk and Resilience Explored) study (Nodin et al, 2015).²⁶ It was a collaboration between PACE and ‘an academic panel drawn from three UK universities’ (p.5)—the University of Worcester, Brunel University of London and London South Bank University—although the University of East London is also mentioned in the acknowledgments, and another university, Aston University, is mentioned in the context of ‘ethical approval’ (p.35). The implication is that this ‘research’ has the support of these universities, especially the first three, whose logos appear at the bottom of the title page. If that is the case, it is a sad commentary on academic standards (see the ‘Evidence’ chapter). As further evidence of the mainstream’s embrace of that agenda, the survey was funded by the Big Lottery.²⁷

But the figures quoted by Green, and emphasised in the report of the survey (Nodin et al, 2015), are misleading. The findings of the survey are not quite as advertised. Although there were 2,078 people who responded to the survey, not all identified as ‘transgender’. Indeed, they were not even all ‘LGB&T’ (as the report kept putting it). Seven hundred of them were heterosexual (because ‘comparisons between heterosexual & cisgender and LGB & Trans* people were to be made’), and only 120 identified as ‘transgender’ (Nodin et al, 2015: 36—asterisk in the original).

The widely reported figure of 48% of young ‘trans’ people attempting suicide did not refer to all 2,078 participants, and neither did the other percentages quoted. It did

²⁵ Transgender Trend is a parents’ group campaigning against the transgender medicalising of children. Stephanie Davies-Arai is its founder and director, and she is probably the author of the texts referenced as Transgender Trend. In June 2022, she was awarded a British Empire Medal in the Queen’s Birthday Honours for services to children (Transgender Trend, 2022). The fact that the British government could give such recognition to a vigorous campaigner against the transgenering of children is a wonderfully positive sign that the transgender lobby does not have things all its own way, powerfully influential though it is.

²⁶ PACE was a registered charity in London engaged in ‘promoting the mental health and emotional well-being of the lesbian, gay, bisexual and transgender community’ (<https://www.charitychoice.co.uk/pace>). It has subsequently closed down (Artemisia, 2017).

²⁷ ‘Every year the Big Lottery Fund (BIG) gives out millions of pounds from the UK’s National Lottery to good causes, with money going to community groups and health, education and environment projects’ (<https://www.gov.uk/government/organisations/big-lottery-fund>).

not even refer to all of the 120 ‘transgender’ participants. The discussion of ‘suicide and self-harm among young LGB&T people’ involved a subset of survey participants aged 26 and under, only 27 of whom identified as ‘trans’. So any generalisations about young ‘trans’ people from the results of this survey do not refer to ‘more than 2000 trans people in the UK’, but rather, to 27 individuals only. The 48.1% of young ‘trans’ people who had ‘attempted suicide at least once’ amounts to only 13 individuals (Nodin et al, 2015: Figure 3, p.49).

Thirteen individuals out of 27 does not make a statistical trend. No one who cited these ‘statistics’ so glibly—not the organisers of the events where Green presented the doctored figures, not her audience, not the media, not the UK government inquiry, not the UK government itself—bothered to check the figures against the source she said she took them from.

For another discussion of Green’s misuse of these statistics, see: Artemisia, 2017.

The NTD surveys (US, 2011, 2016)

Other research quoted in support of the claim that there are high levels of suicide attempts among young ‘trans’ people is also suspect. One of the most widely quoted surveys is the US National Transgender Discrimination Survey, *Injustice at Every Turn* (Grant et al, 2011).²⁸ As Sue Donym has pointed out,

the US Transgender Survey ... is forming the basis of transgender policy around the world ... It is regurgitated to politicians by professional activists, forms the basis for governmental and health policy, has its stats posted in Twitter arguments, and is regarded as sacrosanct among the trans community (Donym, 2018).

The report of this survey said that ‘a staggering 41% of respondents reported attempting suicide’ compared to 1.6% of the general population (Grant et al, 2011: 2, 72—original emphasis). The later update of this research had a similar finding: ‘Among the starkest findings is that 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%)’ (James et al, 2016: 5). There was no explanation for why the attempted suicide rate in the general population increased nearly three-fold (1.6% to 4.6%) in the five years between the two surveys—if it did. I was unable to find the source for the figure of 1.6% quoted in the earlier report. It is not mentioned in the reference cited as the source.

There was a warning against extrapolating the findings to the ‘transgender’ population in general because the samples were not randomly selected and hence were not representative of the US ‘transgender’ population (Grant et al, 2011: 13; James et al, 2016: 26). However, they did not heed their own caveat, e.g. the 41% and 40% figures are compared to the whole US population, even though on their own admission, their samples are not representative of a whole ‘transgender’ population.

There are other problems that cast doubts on the reliability of these surveys as sources of information. In the earlier 2008 NTDS study (Grant et al, 2011), the 41% cited was based on only one suicide question with a ‘yes/no’ answer and no follow

²⁸ The suicide component of this survey was reported in depth in Haas et al, 2014, usually referred to as the ‘Williams Report’ because it was produced under the auspices of the Williams Institute at UCLA.

up. The Williams report of the suicide component of the survey (Haas et al, 2014) noted that this could overestimate the percentage of 'yes' responses, because some people interpret their self-harm behaviour as a suicide attempt, even though it is not intended to lead to death (p.3). The Williams report said that a national survey of the whole US population had found that the prevalence of lifetime suicide attempts nearly halved when people were asked about those attempts in personal interviews.

In the later US survey (James et al, 2016), the 40% rate of suicide attempts quoted was based a series of questions, not just on one question (Section 16 of the questionnaire). These questions asked about 'thoughts of suicide', 'plans to kill yourself', attempts 'to kill yourself', and medical attention and hospitalisation as a result of 'trying to kill yourself', both in the past year and 'at any time in your life'. There were also questions asking how many times the person had tried 'to kill yourself', how old they were when they tried, and how old they were the first time and the most recent time (James et al, 2016: 276).

However, there were no questions about whether the suicide attempts occurred before 'transition' or after. This is the key question: do young people's suicidal feelings lessen after they have gone through the 'transgender' medical procedures, given that lessening suicidal feelings is one of the most cited reasons for recommending those procedures to young people? The survey could not answer that question because of the way the question about medical procedures was framed.²⁹

Respondents were asked, 'Have you had *or do you want* any of the health care [sic] listed below for gender transition?' (emphasis added). (The 'health care' listed is surgery, e.g. 'Top/chest surgery reduction or reconstruction', 'Orchidectomy/' "orchy"/removal of testes'). Hence, it is not possible to separate out those who had gone through the 'transition' from those who had not, and compare the two groups for prevalence of suicide attempts. So the important question of whether or not 'transition' stops young people from attempting to commit suicide cannot be answered by this research, despite the proliferation of the suicide questions asked. There is, however, some evidence from this survey that suggests that 'transition' is not a cure for what troubles people (see below).

Like the PACE survey in the UK, the NTDS surveys in the US quoted generalisations from the whole survey sample as though they referred to 'transgender people' only. Not all the 6,456 respondents in the earlier 2008 NTDS survey identified as 'transgender' (Grant et al, 2011), and yet its generalisations ('41% reported attempting suicide') implied that they were. The criterion for inclusion in the research was identifying as 'transgender/gender non-conforming', and a quarter of the sample were not 'transgender': '(75% of our sample fell into the transgender category)' (p.12) (although the table on p.24 shows 65% as transgender). Thus the 41% contained a proportion of respondents who were not 'transgender' (lesbians, gay men and bisexuals?), although it is impossible to know the size of that proportion.

The researchers said that they included those who were 'gender non-conforming' because '[i]nformation about [LGB] experiences of discrimination could better shape

²⁹ Q.12.15 for females, and Q.12.18 for males. The information about the sex of the respondent was elicited in Q.2.1: 'What sex were you assigned [sic] at birth, on your original birth certificate?' Respondents had to answer this question in order to continue.

debates ... and shed light on the relationship between gender identity/expression and discrimination' (Grant et al, 2011: 12). This is the piggybacking strategy. It insists, falsely, that there are similarities between the LGB and the T in order to sponge off the success of the gay rights movement.

But there are vitally important differences between 'transgender' and LGB. LGB people are not attempting to change their sex; they are not trying to change the law (except for the egregious laws against male homosexual activity, a battle that has been won in most countries); they are not demanding changes to the language, insisting on being referred to by gendered pronouns opposite to their sex, or intimidating people into using neologisms, e.g. 'cis-', 'terf', etc. Lesbians, gay men and bisexual people are not trying to change the way institutions, whether governments or otherwise, deal with the issue of sex, they are not trying to force their way into places where they are not wanted or entitled to go, and they are not pushing the medicalisation of children. There are many more differences than similarities between LGB people and the transgender agenda. In fact, it is difficult to think of any similarities at all.

As Suzanne Moore put it,

We [older straight people] don't understand that ... the current fight over trans rights is EXACTLY the same as the fight for gay rights was ... because it isn't. Straight people gave up nothing to make life a bit more tolerable for homosexuals however much we/they may have congratulated ourselves on our open-mindedness (Moore, 2021).

The later US survey (James et al, 2016) included a final sample of 27,715 respondents (p.21), i.e. over four times the number of respondents in the earlier survey. Not all of the respondents to this survey 'identified' as 'transgender' either: 'Eighty-eight percent (88%) of respondents reported that they thought of themselves as transgender, while the remaining 12% used other terms to describe their gender and related experiences' (p.44). They were included anyway if they answered the next eight questions about 'gender' identity appropriately (p.60n1).

One question listed the terms: 'woman, man, trans woman (MTF), trans man (FTM), non-binary/genderqueer, and crossdresser', and asked respondents to choose the one that best described their 'gender identity'. Based on their answers to this question, respondents were grouped into four categories: 'transgender women' (i.e. men), 'transgender men' (i.e. women), 'non-binary' people (80% of whom were female), and 'crossdressers' (all male).

The categories 'woman' and 'man' were collapsed into the 'trans' categories (James et al, 2016: 44-5). Anyone who said he was a woman became a 'trans woman', and anyone who said she was a man became a 'trans man'. Once this grouping was done, fewer than two-thirds of the respondents (62%) were found to be 'transgender' (not the 88% who had originally identified as such). Thirty-three per cent were classified as 'transgender women' (i.e. men), and 29% as 'transgender men' (i.e. women). Thirty-five per cent were 'non-binary or genderqueer' and 3% were 'crossdressers' (p.45). So although it is not possible to say what proportion of the research sample were 'transgender', it is clear that some were not. And yet all the generalisations about poverty, employment, education, etc., were worded as though they referred only to 'transgender people'.

Of course, what counts as ‘transgender people’ is a movable feast, given the proliferation of ‘gender identities’. But generalising from the whole sample that includes those who don’t claim to be ‘transgender’ masks important differences, in particular between women and men, and between those who identify as ‘trans’ and those who are lesbian, gay or bisexual. It is possible that distress is higher among young lesbians than among the rest of the survey sample. That this is the case is suggested by the research discussed below (Davies-Arai and Williams, 2017). But it is impossible to find out from these two NTDS surveys.

Women and girls

It is the refusal to acknowledge the existence of two sexes that makes it impossible to find out if there are any differences between the sexes within the populations surveyed by these ‘transgender’ surveys. Data from the US population in general show that there are clear sex differences between those who attempt suicide and those who succeed. Almost 80% of those who *succeed* in committing suicide are males, while around 75% of those who *attempt* suicide but survive are females (Haas et al, 2014: 4).

There is some support for these relative proportions in the results of the 2008 NTDS survey, which found that the highest percentage of those who had attempted to commit suicide were those who had been sexually assaulted: 64% of those who had ever been sexually assaulted, and 69% of those who had been sexually assaulted by teachers (Grant et al, 2011: 83). Women are more likely to be sexually assaulted than men, according to the Victorian Centres against Sexual Assault—‘Since the age of 15 ... [a]pproximately one in five women (18% or 1.7 million) compared to one in twenty men (4.7% or 428,800) has experienced sexual violence’ (ABS, 2017). (Note the euphemism, ‘experienced sexual violence’, that carefully deletes any mention of the perpetrators). Hence, it is likely that these latter percentages contain a higher proportion of women than men. But that fact is hidden by the prohibition on calling women, women and men, men.

The ‘transgender’ category is concealing the extent of suicide attempts and self-harm among girls and young women. Stephanie Davies-Arai and Nic Williams (2017) examined the 2017 Stonewall *School Report* in the UK (Bradlow et al, 2017) for evidence of this kind of cover-up (as well as for evidence that young lesbians were ‘identifying’ out of both womanhood and lesbianism). This 2017 Stonewall report was the first to include the ‘T’ category (earlier reports had included only LGB school students). The 2017 research showed a drop in rates of self-harm and suicide attempts among those identifying themselves as ‘female gender’ when compared with the rates for girls in the Stonewall’s 2012 *School Report*.

Davies-Arai and Williams said that this was an anomaly, since all other studies, including NHS data, show that young women’s rates of self-harm and attempted suicide have increased significantly since 2012. However, the ‘male gender’ category in the 2017 research showed a marked increase in all three areas of self-harm, suicidal ideation and suicide attempts in comparison with the ‘boys’ category in 2012.

Davies-Arai and Williams suggested that the reason was that there was a significant number of ‘male’-identified *girls* in the ‘male gender’ category, and that this was where the results for girls and young women were hidden. Using the percentages in the 2012 study, they calculated that, for the trans-identified girls in the 2017

Stonewall *School Report*, 81% had self-harmed, 100% had had suicidal ideas (actually 99.5%), and 40% had attempted suicide. The transgender agenda had rendered invisible this level of distress among young women—yet another way in which it obliterates any separate category of ‘women’. (See also: Biggs, 2018).

Another unanswerable question is whether passing as ‘men’ protected the women from sexual assault: were there fewer ‘trans men’ (i.e. women) sexually assaulted than the female population in general? As Davies-Arai and Williams asked:

Is “identifying as a boy” just the latest coping mechanism for girls brought up in a culture where images of women being sexually abused in porn are casually passed around in playgrounds, and the internet ensures no escape from the pressure on girls to be “perfect”? And is the world so dangerous for lesbians that being seen as a man is a safer alternative? (Davies-Arai and Williams, 2017).

When ‘gender’ trumps sex, it becomes impossible to ask questions about important issues that concern girls and women.

Trans culpability

To the extent that there are high levels of suicidal feelings and suicide attempts among young people presenting to ‘gender identity’ clinics, the transgender agenda itself must take much of the blame. In a discussion prompted by a *Washington Post* article about the suicide of a 14-year-old trans-identified girl (Davies-Arai et al, 2016), Stephanie Davies-Arai said that transgender advocacy groups’ messages to young people (and their parents) need to be challenged if there is to be any hope of ‘truly support[ing] vulnerable young people in building a strong inner sense of self and identity’. Messages like the one that says ‘that being “misgendered” is a devastating attack from which it is hard to recover’, as well as ‘the common narrative of “affirmation or suicide”’, mean that the children’s sense of self is dependent on what others think of them. As a consequence, ‘a child is left helpless and dependent on the whims of other people, on what they are led to believe is a life or death issue’.

Moreover, the transgender agenda promises people something they cannot have. Not only can no one change their sex, it is impossible to make other people act or speak against their own most deeply held convictions; and no conviction is more deeply held than the existence of two sexes. Another of the discussants, Lane Anderson pointed out that it was a particularly bad idea to tell young people that they could demand ‘the suspension of disbelief within others’:

We should encourage trans-identified youth to understand that most people will probably have some trouble digesting the whole transgender concept. While it may appear as if people are fully onboard with affirming a person’s self-proclaimed identity, this may be due to fear of being called transphobic [and not to any genuine belief] (Davies-Arai et al, 2016).

She also pointed out that young people ‘who are hurting for absolutely legitimate reasons’ could be being seduced into seeing the new ‘transgender’ social categories as mirrors of their own pre-existing inner states of deprivation and alienation. The ‘collective narratives of oppression’ purveyed by the transgender agenda could be exacerbating those pre-existing inner states, and worsening the young people’s ability to cope.

Denise Thompson

Davies-Arai agreed, saying that “gender reassignment” was fast becoming an instant panacea for all the underlying problems an adolescent may be experiencing’, at the expense of trying to find out ‘the initial causes of this child’s desperate unhappiness’. As a consequence, the children are being ‘denied the normal level of care and support from professionals to explore and manage these issues’:

When a condition comes with as devastating a prognosis as “affirmation or die” we really need to be looking at how helpful the sole diagnosis of “gender dysphoria” really is for young people (Davies-Arai et al, 2016).

The third discussant, Lisa Marchiano, added:

What a frightening vision of the world trans-identifying teens must have! They are told that that their choices are “transition or die.” Transgender activists online warn them to be perpetually on guard for being misgendered or “dead named,” and fuel fear and unhappiness by stating that these are both “actual violence.” No wonder trans-identifying teens are scared (Davies-Arai et al, 2016).

For further detailed refutations of the transgender ‘suicide’ narrative, see: 4thWaveNow, 2015; Bailey and Blanchard, 2017; Biggs, 2022; Canadian Gender Report, 2020; Colson, 2005; GHQ, 2019; Holloway, 2019; Horváth, 2018; Hruz, 2017; Hungerford, 2015; Marshall et al, 2016; Transgender Trend, 2020; Withers, 2019; Witkin, 2014.

Conclusion

The transgender lobby claims that there are the high rates of suicide and attempted suicide among young ‘trans’ people, and that the reason is that they are being prevented from getting the medical treatment necessary to ‘transition’. But the research cited in support of these claims (when any is cited at all) is either misquoted or it is too methodologically weak to support such a conclusion. Attempts to coerce parents into ‘affirming’ their child’s ‘preferred gender’, on the grounds that there is a high risk that the child might commit suicide, is not supported by the best available evidence.

There is research that has supposedly found that people are satisfied with their ‘transition’ (and presumably no longer suicidal), but close investigation shows that the way the research is structured excludes those who might be dissatisfied. The selection bias of the procedures used to locate the research subjects, together with the high loss to follow-up, means that the researchers are unlikely to reach those suffering regret.

As well, there is research that suggests that suicidal tendencies (and distress more generally) remain high even after people have gone through the medical procedures. Given the findings of this research, it is unlikely that the transgender insistence on the benefits of ‘transition’ are true. Transgender pronouncements about satisfaction rely on the fact that most people wouldn’t have the training to be able to evaluate the research, or even know of its existence. And the transgender lobby is doing its best to ensure that no research that brings their agenda into question is ever carried out (see the ‘Research’ section in the ‘Evidence’ chapter, and the ‘Censorship’ section in the ‘Strategies’ chapter).

To the extent that young ‘trans people’ have high levels of suicidal feelings and other forms of distress, it is not necessarily for the reasons given by the transgender agenda, i.e. that they’re not being allowed to ‘transition’, or that they’re being subjected to ‘violence, harassment, or hatred’ because of their ‘gender identity’. It could be because of the messages they are being given by the trans agenda itself, e.g. that feeling suicidal is an appropriate reaction to disbelief in their ‘gender identity’, and that that disbelief is a form of violence directed against them personally. The transgender agenda is fraught with cognitive dissonance, with the disjunction between ordinary common sense and outlandish claims that people can change their sex. Getting caught up in that dilemma would be distressing for anyone.

The transgender research shows the same misogynist indifference to the needs of women and girls as the malestream more generally. The refusal to identify the sex of the survey respondents means that it is impossible to tell whether there are any differences in levels of distress between girls and boys. There are indications that girls are more distressed than boys, but that fact is hidden from the casual reader of the research reports.

The transgender emphasis on a risk of suicide is largely used as an argument in favour of starting pre-pubertal children on the medical road to ‘transition’. But the adult men who say they’re ‘women’ are claiming a right not to have to go through any medical procedures at all. They want to be able to ‘self-identify’ as ‘women’ and have the rest of society accept them as such. Why, then, the dogged insistence on the ‘transitioning’ of children? Why is there such widespread dosing of children with puberty blockers by the medical profession, and later, young people with cross-sex hormones, when the leaders of the transgender surge are saying they don’t want it for themselves, they want ‘self-id’? It would seem that this conflict within the transgender agenda is being kept hidden from the general public, including the medical profession.

And none of the ‘transgender’ research asks the respondents if they regret their ‘transition’. Any talk of what has come to be called ‘detransitioning’ or ‘desistance’ is forbidden in the trans narrative. All the researchers are interested in is the bad treatment ‘trans people’ are supposedly subjected to. The US NTDS reports said that the research uncovered ‘[h]undreds of dramatic findings on the impact of anti-transgender bias’ (Grant et al, 2011: 2), and ‘high levels of mistreatment, harassment, and violence’ (James et al, 2016: 4). But it is difficult to know how much credence to place on these assertions, given that even the mildest disagreement is called ‘transphobia’, ‘hate speech’ and ‘violence’.

In sum, there is no evidence to support the transgender claim that they are a vulnerable category of persons. Men posing as ‘women’ are not more likely to be harassed, stigmatised or murdered than the rest of the population; and although they might have higher rates of suicide attempts, especially the children and young people, the rates do not drop after transgender medical ‘treatment’, and the transgender lobby’s own scare tactics must bear much of the blame for this. The research the trans lobby rely on to bolster their case has little validity. It cannot be used to generalise about any whole population because the respondents to the surveys are not representative, they are self-selected and too few in number, and there is no way of estimating a whole population anyway.

The transgender agenda's claims to vulnerability do not hold up under close investigation because those claims are not backed up by any evidence. Any claims to special forms of vulnerability must compare the 'trans' population with the population overall. We are all vulnerable in male supremacist, neo-liberal societies where 'might makes right' and violence is all too common. If the agenda is going to claim that 'trans' people are more vulnerable, oppressed, discriminated against, etc., than the population in general, then that has to be demonstrated, not simply asserted. But evidence is not the transgender agenda's strong point. The claim that high numbers of 'trans' people are murdered because they are 'trans', for example, is not true (if the little available evidence is any guide). They are not murdered at a higher rate than the population overall. Neither are they markedly poorer than the population in general, and some of them are very wealthy indeed.

Further evidence that transgender claims to vulnerability are false can be found in the fact that no group of vulnerable people could have gained so much social influence as fast as the transgender agenda has; nor would they have the backing of powerful wealthy men; nor would they need to resort to lies as 'evidence' for their vulnerability. Given the extent of that influence, transgender does not look like a vulnerable group of people who need their 'rights' upheld.

Moreover, vulnerable people do not make unjustifiable demands on the rest of us. The complaint that 'trans' men (who call themselves 'women') are vulnerable to violence in men's toilets and hence they need to access public restrooms that correspond with their 'gender identity', is in fact a demand for legal access to women's intimate spaces, and for legal sanctions against any women (or men) who object to the presence of men in these spaces. Their demand for 'legal protection' places women and girls in danger, and is anyway already being recognised by human rights legislation and organisations everywhere. The demand for 'accurate identity documents' is a demand to falsify birth certificates, with serious ramifications for the demographic information necessary for modern societies. The healthcare they want is no such thing, but rather mutilating surgery and life-long dependence on drugs, and a demand that these procedures be used on children. As for 'harassment and stigma', that is nothing but a demand that other people see the world their way. It is a demand that other people accept men as 'women', whether they agree or not.

As for complaints of 'violence', seldom if ever are any examples given of actual violence directed against 'trans people', and what is called 'violence' is just disagreement or criticism. The violence in fact is all on the transgender side, with people who disagree labelled 'transphobic', prevented from speaking publicly (no-platformed), and threatened with numerous sanctions ranging from loss of jobs to physical assault. Indeed, the behaviour of the transgender activists, and their acolytes throughout society, bears all the hallmarks of male supremacist thuggery, happy to defend the indefensible through threats and insults when they can't get their own way.

The strongest evidence against the 'vulnerability' of 'trans people' is the phenomenal success the transgender agenda has had. It has prevailed throughout society because it is motivated by 'the desires of rich, powerful males who want to be classed as women', as Helen Joyce said. Society's capitulation to these desires has meant, she said, 'harm to children's bodies; the loss of women's privacy; the destruction of women's sports; and the perversion of language' (Joyce 2021: chapter 11). All this is

‘collateral damage’ from the dissociated male entitlement that pervades every institution in our society; and like all the collateral damage wreaked by powerful men everywhere, it is ignored in favour of what men want.

These are not vulnerable people. The children and young people are, but that is a creation of the trans agenda itself, the damage denied in favour of yet another lying trans narrative about children’s distress. This is the power of male supremacy, which prevails, not because it has truth on its side, but because it exercises power over people, including violence. It is a dehumanised system, rendered grotesque by its denial of the humanity of women.

For another debunking of the transgender ‘vulnerability’ trope, see: Smith, 2021.

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