Chapter 16: The piggybacking strategy

	Page
Intersex people	3
Lesbians and gays	5
The LGB Alliance	
The law	10
The US Supreme Court	10
'Conversion therapy'	13
Conclusion	
References	

Piggybacking on other people's issues, in particular on intersexuality and lesbian and gay rights, is one of the strategies the transgender agenda has used to insinuate itself into institution after institution. One explanation for this attributes it to the wider society's acceptance of transgender's presentation of itself, namely, that 'trans people' are another oppressed group like lesbians and gays. We (the nice people) are ashamed at how badly they were treated, so we are determined to do better with this new cohort of the oppressed.

As Douglas Murray said, there is 'a wide societal embarrassment over the way in which gay people were treated in the past' (Murray, 2020). The UK Women and Equalities Committee made the same point. 'We strongly welcome', they said, 'the long overdue trend towards the depathologisation of trans identities (decades after the same happened in respect of lesbian, gay and bisexual identities)' (UK Women and Equalities Committee, 2016: 81, para.33). But while that might be true of the 'be kind brigade' (those who believe in the existence of 'trans people' and in their tales of woe), the way transgender treats lesbians and gays (the LGB part of the acronym) suggests something far more sinister than just the arrival of another group needing recognition.

For an explicit argument by trans-friendly misogynist and gay man, Owen Jones, that any criticism of or disagreement with transgender (which is what he is referring to when he says 'Today's media-driven moral panic over trans people and their rights') is similar to the backlash against gay rights, see: Jones, 2017;

for a response to Jones, 2017, arguing (with evidence) that 'concern about rising levels of gender dysphoria in children and young people [is not a] replay... [of] events of the 1980s when social hostility towards homosexuality grew in the wake of the HIV/AIDS epidemic', see: Davies-Arai and Matthews, 2019.

There is the eugenicist sterilising of young lesbians and gays (see the 'Transgendering the young 1: harm' chapter); there's the well-documented fact that most of the young with 'gender dysphoria' resolve their confusion by realising they are lesbian or gay (see below); and there is the 'conversion therapy' legislation that purports to prevent attempts to convert lesbians and gays away from their sexual orientation while actually making it obligatory by including 'gender identity' (see below). Moreover, for the

transgender lobby, lesbianism and male homosexuality are merely variations of transgender, with no autonomous existence. As transgender activist Phyllis Randolph Frye put it, 'There is a huge overlap of transgenders ... Some have successfully argued that when the dust settles and all transgenders come out of their closets, it will be seen that sexual orientation, being straight or gay or bisexual, is a subset of gender identification' (Frye, 2000: 154).

But there is no 'overlap'. Just as the concept of 'gender identification' is a lie, so is subsuming sexual orientation under 'transgender'. The only connection between lesbianism and male homosexuality on the one hand, and transgender on the other, is transgender's attempt to obliterate homosexuality by trans-forming young lesbians and gays into simulacra of the opposite sex. Nonetheless this belief, false though it is, has been accepted everywhere the LGBT(etc.) acronym is used.

Examples of that acceptance are given throughout this present work, but here is another one. The Australian Institute of Health and Welfare said in its 2018 report, 'Collectively LGBTI people are recognised as a specific minority population group' (AIHW, 2018: 1). But from the standpoint of intersex people and lesbians and gay men themselves, this is false. There is no 'collectively'. Lesbians, gay men and intersex people are not 'a specific minority population group' that includes the T, because the T overrides everyone else. As the Coalition of Activist Lesbians said with admirable restraint in their submission to the Queensland government in relation to the 'conversion therapy' legislation (see below), 'The consequences of this Bill for lesbians is the focus of this submission, as in our experience, LGBTIQA+ conglomerates have been unable to adequately represent our views' (COAL, 2020). The L and the G don't even have much in common with each other (but that's a story for another day). As Renée Gerlich said:

Consider this further vital difference between gay rights and transactivism. Historically and currently, homosexuals as a community are threatened by medical establishment intervention, because of the routine pathologisation of homosexuality. Transactivists, on the other hand, *promote* intervention by the medical establishment: they lobby for it constantly. That fundamental difference alone should have us questioning how closely bound the interests of these two movements really are (Gerlich, 2017).

And as Sheila Jeffreys has said (with less restraint), the outcome of this is that '[i]t is not possible now to campaign for lesbian and gay rights without also promoting the notion and practice of "gender identity" and the rights of fetishistic crossdressers' (Jeffreys, 2018).

For an argument that the piggybacking strategy will result in lesbians and gays being tarred with the same brush when society finally wakes up to the damage transgender has done, see: Donym, 2023;

for an extended argument against the notion that 'trans rights' are equivalent to gay rights (an equivalence partly enabled by the misuse of the notion of 'phobia' by the gay movement itself), see: Jones, 2018;

for another argument that 'trans rights' are not equivalent to gay rights, from a left-wing source *not* captured by trans ideology, see: Ó Catháin, 2019.

Intersex people

Both Version 7 and Version 8 of WPATH's 'Standards of Care' (Coleman et al, 2012, 2022) contain sections on 'disorders of sexual development'/'people with physical intersexuality', thus suggesting that intersexuality was a variety of the constituency they were appealing to, i.e. 'transgender and gender variant' (TGD). The T insist upon intersex inclusion in the acronym because intersex conditions are genuine anomalies of biological 'disorders of sexual development' (DSD). The T want to claim it as proof that sex is a spectrum, not binary, and that transgender has a biological basis too, that it is as real as intersex conditions. There are intersex people who have complained about this co-optation (see below), but to no avail. What the T want, the T get, no matter who gets hurt in the process.

Claims for a connection with intersex is a common transgender ploy. One commentator suggested that the reason for such claims was the fact that the surgeries were similar:

The history of transsexual surgery is closely linked with treatment of the intersexed—the chronologies are identical ... surgical procedures overlapped. Genital surgery for the transsexed did not involve clitoral reduction as it did for the intersexed, but penectomies (removal of the penis) and vaginoplasty (construction or modification of the vagina) were performed on both types of patient (Reay, 2014: 1043-4).

However, this is not the connection made by the T themselves. Instead, the claim is that transgender is the same kind of phenomenon as intersex. 'Transsexualism is now widely regarded as ... an intersex condition', said one transgender proponent (Gurney, 2004: 350). The reason given is that transgender, or at least the transsexual condition that preceded it, has a biological cause too: 'The weight of argument is now very firmly on the side of those who conceive of ... the transsexual condition ... as a biological condition, rather than a psychological one'. This person¹ supports this assertion by citing, not medical science, but the law: 'a biological basis is now accepted as a fact proven to the civil standard under Australia's common law' (Gurney, 2004: 341). If transgender has a biological basis (which, by the way, no one has ever discovered) that would give it credibility as a genuine human condition.

But intersex people do not agree that they are a version of transgender. As DSD Families pointed out to the Scottish Parliament, 'DSD/intersex for most people refers to a person's biological characteristics ... and for many is not a sexual or gender identity' (DSD Families, 2019). The qualifiers 'most' and 'many' leave open the possibility that some intersex people might identify as 'trans', and indeed one of the commentators I quote below does. That does not mean, however, that the transgender agenda has anything at all to say about intersex conditions, simply that transgender has managed to insert itself improperly here as it has everywhere else.

Other intersex people are less equivocal:

Intersex is not a part of the trans umbrella ... because intersex is not about gender, or transition. Intersex is about bodies; about congenital physical differences in sex characteristics ... most intersex people identify

¹ Given the propensity for transgender men to use feminine names, this 'Karen' Gurney could be a man.

with sex assigned at birth ... that being transgender is somehow a kind of "brain intersex" ... [is a] flawed idea ... the intersex movement ... has much in common with the disability movement.²

Does having a [disorder of sexual development] make a person transgender? No ... DSD is ... about atypical development of a person's body, not about how a person feels about herself or himself.³

The trans movement's continuous appropriation of people with intersex conditions, using our bodies to defend their ideology, is the most insulting thing of it all ... intersex conditions are not an identity, but a biological reality that myself and many others deal with on a daily basis—after all the acronym community wouldn't hijack other medical conditions like deafness, blindness or mobility disabilities—why are they hijacking people with intersex medical conditions? (Nick Webster, intersex campaigner, quoted in Bartosch, 2021—I can no longer find on the internet either this publication or the journal it appeared in, *Lesbian and Gay News*).

One man said that he had been asked by transgendered people if he could help them find out if they were intersexed:

What most of them really mean, of course, is "I hope I'm intersexed in some way, because then I'll have a legitimate biological reason for being transgendered that I can throw in the faces of my parents/relatives/boss/friends/spouse/kids/the mullahs/etc." It's as if, in some people's minds, being [intersexed] is more "real", and thus more legitimate, than being transsexual or transgendered (Kaldera, 2000-2004).

This man said he was sympathetic to the transgender cause because he regarded himself as both transgender and intersex. He was brought up as a girl but lived as a man as an adult. But his change had nothing to do with being transgender. Changing from the sex assigned at birth (the terminology is accurate in this case) is typical of intersexed people ('there are a few of us') for very real biological reasons.

For example, this person's condition (congenital adrenal hyperplasia) could have meant that his genitals at birth had a female form, and hence he was sexed as female when he was born, but that at puberty his male chromosomal make-up triggered the release of the relevant male hormones and the subsequent male bodily changes. These are real physiological events and the biology behind them is incontrovertible. This is in stark contrast to the evidence claimed for transsexuality. As this author said, the theory that 'transsexualism may be some sort of intersex condition ... [is] not proven—not even to a reasonable doubt—and basing your political stance on unproven science is a shaky place to plant your flag' (Kaldera, 2000-2004).

Despite his sympathy for the transgender movement, this author was critical of the way that movement used the concept of intersex. He saw it as theft ('please don't steal another minority group's term ... without actually consulting any of them') and the 'colonization of someone else's identity without their permission'. 'Intersexuals' he said,

³ http://www.accordalliance.org/faqs/does-having-a-dsd-make-a-person-transgender/

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² https://ihra.org.au/18194/differences-intersex-trans/ – 3 June 2011

have been continually assaulted by transgender activists who offer to do work for us only because they feel that it will look good on their activist resumé (to have an "in" with the "real" freaks, I suppose), and transsexuals who express envy to those of us who have been mutilated at birth. ("You're so lucky! You got the sex change that I wanted!") This latter disastrous bit of public relations probably stems from thoughtless but well-meaning frustration, but it comes across on the [intersex] end with all the charm of an amputee fetishist expressing envy to a former marathon runner who lost both legs in an accident (Kaldera, 2000-2004).

The claim to being a form of intersex is one of those contradictions the transgender agenda's denial of reality creates. On the one hand it *denies* biology when it denies that there are two sexes and insists that people can change sex, on the other, it *appeals to* biology when it claims to be a form of intersexuality. The trans agenda is not concerned to resolve contradictions, or even admit they exist. It has the power to get itself 'widely regarded' despite its incoherence. But no matter how widely it is regarded, the notion that transsexuality has something to do with being intersex is simply wrong.

Lesbians and gays

The piggybacking strategy has been enormously successful. The T have been able to use the acronym grouping of everyone but the heterosexual missionary position to present themselves as 'a specific minority population group' that is 'vulnerable' to all kinds of 'discrimination', and hence recognised as such in the law. As Sheila Jeffreys has said (using a different metaphor from 'piggybacking'): 'men who crossdress for sexual excitement ... have managed to Sellotape their sexual interests onto the rights of lesbians and gays' (Jeffreys, 2018: 2). The LGBT(etc.) acronym is the piggybacking strategy. The transgender agenda has successfully purveyed to the general public the belief that the acronym refers to all the categories—lesbians, gay men, bisexuals, intersex people and the TGDs—whereas it obliterates the interests of anyone but themselves. The lesbian and gay (and bisexual and intersex) parts of the acronym serve as an alibi to bolster transgender's credentials as 'a specific minority population group', like lesbians and gays, that requires special treatment to redress their supposed 'vulnerabilities'.

As Julian Vigo said, there are many formerly gay and lesbian organisations that have come to embrace 'a narrative of pure homophobia'. '[N]one of these organisations', she said, 'is speaking out for the rights of gay men and women'. Stonewall, for example, has had nothing to say about the surge in the numbers of girls being referred to 'gender' clinics in the UK, a 4,400% increase between 2009 and 2017, from 40 to 1,806 referrals annually (Vigo, 2021). If there is no such thing as 'sex', as the T maintain, then there can be no same-sex attraction. Instead, trans insists on same-'gender' attraction. This opens the way for predatory heterosexual men posing as 'women' to claim 'lesbian' as their 'gender identity', harass lesbians who refuse them sexual access as 'transphobes' and 'bigots', and even rape them (Robinson, 2021: 172). No LGBT(etc.) organisation has shown any concern for the mostly young lesbians subjected to this rapey harassment. Indeed, with their endorsement of the 'transwomen are women' trope, those organisations are important drivers of this aspect of rape culture.

The IGLYO report

The piggybacking tactic was explicitly recommended to trans activists in the IGLYO report (IGLYO, 2019: 2), produced under the auspices of a number of prestigious and powerful organisations who gave their services for free (p.3): the global news and information services company, Thomson Reuters Foundation, and a number of law firms, of which the Dentons was the most prominent: 'ranked as the world's largest law firm by number of lawyers' (p.2). Ironically, the Thomson Reuters Foundation prides itself on 'work[ing] to advance media freedom' (p.2), and yet it lends its name to a publication that recommends censorship in its advice to activists to avoid excessive press coverage and exposure. 'Another [advocacy] technique,' the IGLYO report says, 'which has been used to great effect is the limitation of press coverage and exposure' (p.20).

The publication has a disclaimer saying that the report 'does not necessarily reflect the personal views of any of' the employees of these organisations (IGLYO, 2019: 4). But the Director of TrustLaw, Thomson Reuters Foundation's global pro bono legal programme, wrote the Foreword to the report; and whatever the personal views of its employees, the Thomson Reuters Foundation as an organisation clearly does support the transgender agenda, while its supposed support for 'media freedom' is merely hypocrisy. Another powerful institution supporting this project is the Rights Equality and Citizenship programme 2014-2020 of the European Union, which co-funded it (p.3).

The report recommended a number of strategies for getting the transgender agenda into law: by writing the government's legislation for it ('get ahead of the government and publish progressive legislative proposal before the government [has] time to develop their own'); by 'us[ing] human rights as a campaign point' (IGLYO, 2019: 19); and by combining the supposed 'free development of a young trans person's identity' with 'more popular reform', e.g. same-sex marriage (p.20):

7. Tie your campaign to more popular reform In Ireland, Denmark and Norway, changes to the law on legal gender recognition were put through at the same time as other more popular reforms such as marriage equality legislation. This provided a veil of protection, particularly in Ireland, where marriage equality was strongly supported, but gender identity remained a more difficult issue to win public support for (IGLYO, 2019: 20).

For critical discussions of the strategies recommended in this report, see: Cowen, 2020; Kenny, 2020; Kirkup, 2019.

The transgender lobby didn't really need this advice. The piggybacking strategy was already well under way as part of the 2007 Yogyakarta Principles (Jeffreys, 2014, 2018), with 'sexual orientation' included along with 'gender identity'. Of course, given that sexual orientation was defined in terms of 'same-gender' attraction rather than same-sex attraction, it wasn't really sexual orientation at all, but a version of male heterosexuality, with men calling themselves 'lesbians' hounding lesbian women for sex. It certainly did not mean these men having sex with each other (which would really be 'same-gender'). Still, coupling the words 'sexual orientation' with 'gender identity' made it look as though they were partners in affliction, and most people are not going to notice that one of the partners, sexual orientation, is not what it seems.

Co-opting the G (and sometimes the L)

It is no longer possible to speak about gay and lesbian issues without the transgender label intruding. For example, the T was already firmly fixed onto the LGB at the beginning of the UK Tory government's concern with the trans issue (UK Government, 2010, 2011), e.g. 'We will ... consider what further steps could be taken to tackle homophobic and transphobic hate crime' (UK Government, 2010: 3—bold in the original). But what counts as homophobic and transphobic is not at all the same kind of thing. While homophobic hate crimes are real enough—the murder and bashing of gay men (ACON, 2018), the torture of lesbians (Hawthorne, 2005)—the trans agenda sees 'hate' where there is only disagreement and well-founded criticism. This is not, however, a message that has been allowed to reach the general public or the relevant institutions.

This intrusion involves co-opting issues, usually involving gay men, as though they were transgender issues when they are not. A report by the NSW government, for example, was called *Gay and Transgender Hate Crimes between 1970 and 2010* (NSW Government, 2019), but the hate crimes described in the report were all murders of gay men. There was no mention of transgender victims of hate crimes. I imagine that the framing of this report—'gay and transgender'—would please neither gay men (because they are the real subjects of the report and they are not transgender) nor 'transgender' men claiming they are 'women' (because they are not included despite the promise of the title). It should also be noted that all the victims of the hate crimes included in this report were men. Presumably, the murders of dozens of women every year do not qualify as 'hate crimes', only the murders of men.

An earlier report (ACON, 2018) subtitled Gay and Transgender Prejudice Killings in NSW in the Late 20th Century, did mention two 'transgender women' (i.e. men), but the prejudice behind most of the killings was homophobia, and not anything that might be labelled 'transphobia'. The report was a discussion of 'a list of 88 suspected antigay homicides ... compiled between 1990 through to 2015', two of which involved 'transgender women' (i.e. men). However, while it was clear that the murders of most of the gay men were motivated by prejudice ('homophobia'), it was not prejudice that motivated the killing of the 'transgender' men: 'There is information to indicate homophobia was likely involved in approximately 50% of listed cases; however the two cases involving transgender women [i.e. men] do not appear to have been motivated by transphobia' (p.6, 13).

So for two reasons, the T does not belong in this report, first, because it was actually about the dangers faced by gay men in public because they were gay, and about the innumerable times the police failed them; and second, because the murders of the 'transgender' men were not the result of prejudice. But transgender must be allowed to intrude into the political arena of human rights and anti-discrimination, and one of the best ways to do that is to ride in on the coattails of (usually) gay men.

One more example of the intrusive thrust of the transgender agenda into the concerns of lesbians and gay men occurred in the literature review in the report of the PACE survey (Nodin at al, 2015). 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'. It has subsequently closed down (Artemisia, 2017). The survey was a collaboration between PACE and 'an academic panel' from a number of UK universities (Nodin at al, 2015: 5).

The report states that there is 'evidence to suggest that LGB&T young people may be more vulnerable to suicidal ideation and attempts than their heterosexual counterparts' (Nodin at al, 2015: 13). In support of this statement the text gives six references, four of which have no 'transgender' young people in their study populations at all. Their research subjects were young lesbians, gay men and bisexual people, and the only generalisation the report makes about 'suicidal ideation' refers to 'LGB young people' with not a T in sight (Nodin at al, 2015: 13). The T weren't included in this research about young people and suicidal ideation, so the authors used the figures for LGB young people as though they referred to the T as well.

But the transgender agenda's treatment of the 'L' and 'G' part of the acronym is not just intrusion. In certain aspects, it amounts to obliteration. This is well-illustrated (if unintentionally) in the 2015 update of the US National Transgender Discrimination Survey (James et al, 2016). Respondents were asked which terms best described their sexual orientation. A figure in the text (reproduced below) tells us that 27% of 'trans women' (i.e. men) indicated they were 'gay, lesbian, or same-gender-loving', and 12% of 'trans men' (i.e. women) did too. Moreover, 19% of 'trans women' (i.e. men) and 23% of 'trans men' (i.e. women) said they were 'straight or heterosexual', and 20% of 'trans women' (i.e. men) and 12% of 'trans men' (i.e. women) said they were 'bisexual'.

Table: Trans status and sexual orientation

Gay, lesbian, samegender[sic]-

Trans status	loving	Heterosexual	Bisexual
Trans 'women' (i.e.			
men)	27%	19%	20%
Trans 'men' (i.e.			
women)	12%	23%	12%
0 7 1 2016 77 1 20 70			

Source: James et al, 2016, Figure 4.28, p.59.

But because the transgender agenda denies the existence of sex, these figures make no sense. As other commentators have noted: 'If you get rid of "sex" and replace it with "gender identity" the results of any research study will be meaningless, and much critical information will be lost' (Davies-Arai and Williams, 2017). What proportion of this 27% of men who call themselves 'women' identify (falsely) as 'lesbian' and what proportion identify as 'same-gender-loving' or 'gay'? There's no way of telling because the categories are combined. But it makes a difference.

It is unlikely that these men were identifying as gay, because that would mean admitting they were men. Does 'same-gender-loving' mean that they are attracted only to other men who call themselves 'women'? Unlikely. They were probably 'identifying' as 'lesbian', and in that case they would be lying, because lesbians are women and these men are not women. In fact, they are heterosexual men. Whatever

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⁴ https://www.charitychoice.co.uk/pace

they do and whatever they call themselves, they remain men and their identification as 'lesbian' means they sexually desire women while denying the fact that they are male. But what is even worse, they are colonising a category that should, and in the real world does, belong only to women. Saying they are 'lesbians' denies the existence of real lesbians. The only way of preventing this obliteration is to hold fast to reality, and the reality is that only women are lesbians and that those who call themselves 'transwomen' are men.

LGB Alliance

In response to the transgender domination of LGBT(etc.) politics, groups of people throughout the world—the UK, Ireland, the US, Canada, Spain, Brazil, Russia, Australia (Black and Black, 2020), '14 national groups and counting' (Bartosch, 2020b)—have broken away from the acronym organisations to form LGB Alliances. The first group to break away separated themselves from Stonewall in the UK on 22 October 2019.⁵ Its reasons were that the transgender agenda denied the reality of biological sex, promoted 'gender' and trans issues at the expense of sexual orientation, and had abandoned its original constituency (Swerling, 2019). As members of the LGB Alliance Ireland put it,

In recent years, a dogmatic entry requirement has seeped into the LGBTQIAAPK2S+ movement; you must accept the tenets of radical gender identity ideology, or face public shaming and vilification. Those tenets, by definition, undermine same-sex-attracted people as hateful bigots and transphobes (Black and Black, 2020).

LGB Alliances give priority to lesbians, gay men and bisexuals, but they have said explicitly that they also welcome transsexual people who do not subscribe to trans extremism.

The formation of these LGB Alliances enraged the T, who reacted with their usual bullying name-calling, misrepresentation and lies. Predictably, the LGB Alliance UK has been called 'a trans-exclusionary hate group' (Finn, 2020; O'Neill, 2020) and 'a vile movement' (Kelly, 2020), although they do not in fact exclude transsexual people (or hate anyone). Typical of the T's response were the reactions to the founding of the LGB Alliance Ireland:

we received a wall of death threats, racism, bigotry, homophobia and general name-calling. We have been called "terfs" and "transphobes". Multiple pornographic videos and images have been posted on our social media accounts, both at LGB Alliance Ireland and on founder's personal accounts (Black and Back, 2020).

Another typical transgender reaction to the LGB withdrawal involved the trans lobby successfully calling for censorship. As one commentator noted, trans activists have attempted to shut down the UK LGB Alliance, 'by branding it a "hate group", depriving it of opportunities to raise money, and robbing it of the oxygen of publicity' (O'Neill, 2020). By targeting the companies that advertised in a gay men's publication, trans activists were successful in getting the magazine to back away from its support for the LGB Alliance, and to apologise for the publicity they gave them (Bartosch, 2020a). Trans activists were also successful in preventing the LGB Alliance from

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⁵ https://lgballiance.org.uk/about/; https://www.facebook.com/LGBAllianceUK/

using the online fund-raising resources JustGiving and GoFundMe, and in getting the Chambers of barrister, Allison Bailey, one of LGB Alliance's founders, to investigate her for being 'transphobic' (O'Neill, 2020).

These are extraordinary reactions on the part of these organisations. None of those that caved in to the transgender lobby were transgender organisations—not the gay men's magazine, not the fund-raising websites, not Allison Bailey's law Chambers. Why, then, did they willingly accept transgender lies at the expense of a group of people, the LGB Alliance, who just want to work in their own interests?

The law

One important form of piggybacking involves the law. By combining 'transgender' with sexual orientation, the trans lobby has been unbelievably successful in convincing legislators that 'transgender' denotes a category of persons vulnerable to discrimination, who require legal protection. (For discussions of the law in Australia and the UK, see: the 'More havoc: the law' chapter).

Combining sexual orientation with 'gender identity' in the equal rights legislation gives a superficial gloss of respectability to 'gender identity', camouflaging transgender's many problems behind the acceptable face of sexual orientation. And so powerful is the transgender lobby, there is no way to protect sexual orientation in its own right, or even at all in the case of lesbians. With the legal acceptance of 'lesbian' as a 'gender identity' for men, Australian lesbians can no longer assemble together publicly without the law upholding the 'right' of men calling themselves 'lesbians' to participate.

The US Supreme Court

While most US (and all Australian) legislation accommodates transgender by including 'gender identity'/'transgender' as a separate category within anti-discrimination/equal opportunity legislation, a ruling of the US Supreme Court included 'transgender status' (and sexual orientation) under the category of 'sex'. On 15 June 2020, the Court decided by a vote of 6-3 that prohibiting discrimination in employment 'because of sex', in Title VII of the *Civil Rights Act 1934*, did extend to both 'transgender status' and sexual orientation (National Law Review, 2020).

This was the Court's ruling in what is usually referred to as the Bostock v. Clayton County case. There were actually three cases: Bostock v. Clayton County; Zarda v. Altitude Express; and Stephens v. Harris Funeral Homes. The first two involved gay men who had been dismissed from their employment because they were homosexual. Gerald Bostock was a county employee who was fired for "conduct unbecoming" when he participated in a gay softball team. Donald Zarda was a skydiving instructor who was fired after he told a woman that she needn't worry about being strapped to him during a dive, because he was "100 percent gay" (Williams, 2020). 'Aimee' Stephens (original name William Anthony Beasley Stephens) (SCOTUS, 2018: 3) was fired when he told his employer that he intended to 'transition' to be a 'woman' and wanted to wear women's clothing at work. But while there were no good reasons for firing the gay men, there were reasons why a funeral home might not want a cross-dressing man interacting with their grieving customers.

Neal Gorsuch, the judge who wrote the majority opinion in the *Stephens* case, described it thus, staunchly upholding transgender's pronoun mandate:

R. G. & G. R. Harris Funeral Homes fired Aimee Stephens, who presented as a male when she [sic] was hired, after she [sic] informed her [sic] employer that she [sic] planned to "live and work full-time as a woman" ... [i]n her [sic] sixth year with the company ... after she [sic] returned from an upcoming vacation. The funeral home fired her [sic] before she [sic] left, telling her [sic] "this is not going to work out." (Gorsuch, 2020).

Stephens' employer argued that their sex-specific dress code (men wearing pants suits and women wearing skirt suits) was "an essential industry requirement that furthers [the] healing process" for people who have lost loved ones. He said that he had no problem with Stephens wearing feminine garb outside the work environment. But allowing him to wear feminine clothing at work would "disrupt... the grieving and healing process" of people who were "mourning the loss of their loved ones", and that "female clients and staff would be forced to share restroom facilities with Stephens" (SCOTUS, 2018: 2-3, 4). He also said that allowing Stephens to wear feminine clothing would be "supporting the idea that sex is a changeable social construct rather than an immutable God-given gift" (p.2). At one point, the funeral home defence included an argument that their decision was based on religious grounds and therefore was an exception to the *Civil Rights Act*. But this argument was unsuccessful and they didn't appeal that decision (Gorsuch, 2020).

The Court clearly subscribed to the piggybacking strategy (WoLF, 2020). They saw a similarity between the cases involving the gay men and the *Stephens* case. '[A]nalysis of the issues [sexual orientation and 'gender identity'] may overlap' they said (SCOTUS, 2018: 14). *Bostock* and *Zarda* 'present a similar question [to the *Stephens* case] ...: whether treating employees differently because of another non-biological-sex attribute ... constitutes sex discrimination in violation of Title VII' (p.13). (The other grounds of discrimination are race, color, religion and national origin). The Court justified combining the three cases by interpreting both sexual orientation and 'gender identity' as 'non-biological-sex attributes' (SCOTUS, 2018: 13). But this is simply not true. Both sexual orientation (in this case male homosexuality) and 'gender identity' have everything to do with biological sex. The first involves same-*sex* attraction (not the same-*gender* attraction transgender wants to trans-form it into), while the second involves denying the reality of biological sex altogether, a denial that is false and therefore ought to be repudiated, not blindly accepted.

The Court probably meant that neither male homosexuality nor 'gender identity' has anything to do with discrimination against women, which was what the 'sex' category in this Civil Rights Act really meant. But that real meaning can't be voiced aloud because it excludes men, and worse, because it gives women precedence over men. It says the focus must be on women because it is women who are discriminated against, not men. But using de-gendered language for a phenomenon that is thoroughly sexed (discrimination against women) leads to absurdity. One absurdity in this case is accepting transgender's denial of the existence of two, and only two, sexes. Another is denying that male homosexuality has anything to do with the existence of two sexes. Throughout history, gay men have been penalised, even executed, for sexual activity with one sex and not with the other. Lesbians have also been penalised for the same reason (with the sexes reversed), predominantly by suppressing knowledge of its

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⁶ https://www.eeoc.gov/laws/statutes/titlevii.cfm

existence and by all the ways women are denied an autonomous existence unfettered by obligations to men.

Asserting a similarity between sexual orientation and 'gender identity' is another absurdity, not least because 'gender identity' is a lie. There is no good reason for discriminating against lesbians and gays, but whether or not a transgender person is being discriminated against depends on whether or not there is agreement with their definition of 'discrimination'. Firing someone because they are transgender could be discrimination, but transgender makes other claims to discrimination that are more dubious. They claim they are being discriminated against if fellow employees refuse to use feminine pronouns to refer to men, or if their co-workers refuse to address obvious male persons as 'miss', 'Ms' or 'Madam'. They claim discrimination when a rape crisis centre or a women's refuge refuses to hire men as staff, and when an employer refuses to allow male transgender employees to use the female toilets. The transgender agenda has complained vociferously about all these things, and yet there are good reasons for disagreeing with those complaints, especially the implications for women's sex-based right to freedom from male encroachment.

Stephens had first brought his complaint to the Equal Employment Opportunity Commission (EEOC) in September 2014 (US EEOC, 2020). At that time, the EEOC was already interpreting Title VII to include 'transgender status' within the 'sex' category, at least as early as 2012. In that year, the EEOC had held that 'intentional discrimination against a transgender individual because that person is transgender is, by definition, discrimination based on sex and therefore violates Title VII' (US EEOC, 2021).

During those eight years before the Supreme Court's decision upheld that interpretation, the EEOC was misinterpreting the law. As the US Department of Justice said in 2017:

Title VII's prohibition on sex discrimination encompasses discrimination between men and women but does not encompass discrimination based on gender identity *per se*, including transgender status (US DoJ, 2017).

The Supreme Court also said, prior to hearing the *Bostock v. Clayton County* cases, that Title VII did not at that point 'apply to discrimination against an individual based on his or her gender identity': 'the court of appeals' conclusion that gender-identity discrimination categorically constitutes sex discrimination under Title VII is incorrect ... the ordinary meaning of "sex" does not refer to gender identity' (SCOTUS, 2018: 21). However, they also noted that Congress had 'specifically prohibited discrimination based on "gender identity" in other statutes, as a separate protected category in addition to "sex" or "gender" (SCOTUS, 2018: 17), thus foreshadowing the Court's eventual decision that 'transgender status' was indeed included under 'sex'.

After the *Bostock* decision, the Biden administration issued an Executive Order (13988) that extended *Bostock's* reasoning on employment to other civil rights laws that prohibit sex discrimination in housing and education (US DoJ, 2022). While prohibiting discrimination against gay men is not likely to impinge on women's rights, transgender's claims of discrimination do, when men claim to be 'women' and demand a 'right' to enter women's intimate spaces or any other positions reserved for

women. This is another crucial difference between the two and another reason why the piggybacking strategy is a lie.

For the ACLU's argument in the Supreme Court in support of Stephens, see: Cole, 2019;

for an account of the jubilation at the Supreme Court's decision in *Stephens*, of Chase Strangio, the deputy director for transgender justice at the ACLU's LGBT & HIV Project, see: Gessen, 2020;

for the US Department of Justice's response to and acquiescence in the *Bostock* ruling and the Biden administration's subsequent Executive Order (13988), see: US DoJ, 2022;

for WoLF's amicus curiae brief to the Supreme Court in the Stephens case, see: WoLF, 2019a;

for WoLF's reply to one of their critics who argued that the *Stephens* case would not have deleterious consequences for women, see: WoLF, 2019b. (This is no longer available on the internet).

'Conversion therapy'

Another example of the success of the trans piggybacking strategy in the legal sphere is the passing of laws prohibiting so-called 'conversion therapy'. These laws include 'gender identity' along with sexual orientation (or 'transgender' along with lesbian, gay and bisexual). They create an offence of 'conversion therapy' with which health service providers can be charged if they engage in any 'practice that attempts to change or suppress a person's sexual orientation or gender identity'. As is the case wherever 'gender identity' is coupled with sexual orientation, these laws will operate at the expense of lesbians and gays.

The examples I discuss here are all Australian, but as with the transgender agenda more generally, it's happening everywhere. At the time of writing, four Australian jurisdictions had passed such laws. The Queensland Labor government included the offence of 'conversion therapy' as part of an amendment to the *Health Legislation Amendment Act 2020* on 13 August 2020; the Labor-Greens coalition government of the Australian Capital Territory passed the *Sexuality and Gender Identity Conversion Practices Bill 2020 (ACT)* on 27 August 2020; the Victorian Labor government's *Change or Suppression (Conversion) Practices Prohibition Act 2021* became law on 16 February 2021; and on 27 March 2024, that laggard, NSW, amended the *Anti-Discrimination Act 1977* to allow 'complaints about conversion practices to be made to Anti-Discrimination NSW for conciliation'. All these state/territory governments are nominally on the political Left.

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⁷ I have been unable to find a copy of this Act, and hence most of what follows focuses on the Queensland and Victorian legislation. However, when the Bill was first introduced in parliament, the ACT government issued a media release describing it (Barr, 2020); and there are a number of commentaries available (e.g. Doherty and Roy, 2020; Time Base, 2020).

 $^{^8\} https://antidiscrimination.nsw.gov.au/anti-discrimination-nsw/about-us/news/2024/nsw-parliament-passes-bill-to-ban-lgbtq--conversion-practices.html$

Unnecessary

There are (not surprisingly) a number of serious problems with this legislation. The first is that the legislation is unnecessary. It creates an offence when the practice alluded to doesn't happen. The legislation is everywhere described as legislation against *gay* conversion therapy, and yet gay conversion therapy hasn't been happening in Australia for decades, and there are already other provisions for complaints against health care providers. In Victoria, the relevant authority is the Health Complaints Commissioner. In Queensland, there is an Office of the Health Ombudsman that can deal with such complaints. In their submission to the Queensland parliament, the Ombudsman said that their office had not received complaints about any type of conversion therapy on the part of either health services or religious organisations, and hence 'this jurisdictional issue remains untested' (McArdle, 2020).

Most, if not all, of the conversion therapy horror stories that still appear in the media happened decades ago (e.g. Game, 2020). In submissions the Queensland government received, they were told that there was no evidence that health care providers were engaging in conversion therapy, either of lesbians and gays, or of 'gender identity'. As Mark McArdle, a member of the right-wing Liberal National Party in the Queensland parliament, put it: 'here we have a criminal act being proposed within the bill but there is very scant evidence that the actions contained within the clauses are being undertaken by health service providers' (McArdle, 2020). Conversion practices happened in religious and other community settings (if they happened at all), not in health care, the parliament was told.

Even the report of a research project that supposedly found evidence of recent incidents of 'LGBT conversion therapy' acknowledged that '[a]ll Australian health authorities, including the Christian Counsellors Association of Australia, now "strongly oppose any form of mental health practice that treats homosexuality as a disorder, or seeks to change a person's sexual orientation" (Jones et al, 2018: 3). (I have been unable to find any mention of homosexuality, transgender or LGBT on the website of the Christian Counsellors Association of Australia). The reference for the quoted statement is to the Australian Psychology Society's 'Position statement on sexual orientation', and can be found on the APS website.⁹ Note that only homosexuality is mentioned, not 'gender identity', although by February 2021, the Australian Psychology Society had caught up with the trans program and included 'gender identity' along with sexual orientation: 'the APS strongly opposes any form of mental health practice that tries to change or suppress someone's sexual orientation or gender identity'.¹⁰

Claims that it is still happening

There are claims that conversion therapy was still happening as recently as 2016, according to the research report mentioned above (Jones et al, 2018). The incidents referred to were: 'watch[ing] DVD testimonies from ex-gay church leaders ... pray[ing] together, read[ing] different ex-gay testimonies, and discuss[ing] Bible passages ... used as evidence that homosexuality is a sin' (p.30). These hardly qualify

⁹ https://www.psychology.org.au/About-Us/news-and-media/Media-releases/2018/

¹⁰ https://www.psychology.org.au/About-Us/news-and-media/Media-releases/2021/

as conversion therapy as it is commonly understood, although they are included in the Victorian legislation (see below).

The report described their research as 'the first academic research on the nature and extent of LGBT conversion movements in Australia and the first detailed accounts of the impact of conversion therapy on the lives of LGBT Australians of faith' (Jones et al, 2018: 3). But in fact it is not about conversion therapy, but about the negative attitudes towards homosexuality on the part of the religious communities the 15 research subjects used to belong to. There were two exceptions: 'Jamie', a lesbian who was confined to a mental hospital in the late 1980s and tortured in order to get rid of her lesbianism (p.36); and 'Huong', an international student and 'transgender' woman (claiming to be a 'man'), who was threatened with conversion therapy if she returned to her country of origin (p.37).

But for the other 13 respondents, 'it was the insidious and unrelenting ex-gay messaging that ate away at their wellbeing and self-worth' (Jones et al, 2018: 30), and not conversion therapy at all. In fact, the other transgender research subject, this time a man who called himself 'Bethany' and had the gall to 'identify as a lesbian', didn't report any nasty attitudes on the part of other people. His complaints were: that he was referred to a Christian counsellor even though he was Jewish; and that his rabbi said he had to dress as a man and sit in the men's section at his son's bar mitzvah, and suggested that it might be best if he went and lived where no one knew who he was (pp.23, 32, 33). The only nasty attitudes he reported were his own. He felt suicidal and said that he believed that he had to comply with the expectations of society, his parents and the Jewish community. 'During university', he said, 'my gender dysphoria just went like unbelievable ... my mind was being ripped apart' (p.29). These were undoubtedly unpleasant experiences, but they do not amount to 'conversion therapy'.

Hence, this report is *not* evidence of 'the nature, extent and impact of gay conversion therapy in Australia', as one less than critical commentator described it (Purtill, 2018); nor is it about 'people who experienced conversion practices', as another equally uncritical commentator said (Doherty and Roy, 2020). The single Australian incident of conversion therapy mentioned took place more than 40 years ago, and the unpleasant attitudes towards homosexuality held by some fundamentalist Christian congregations are not conversion therapy.

The Victorian legislation does include religious practices within the category of 'change or suppression practices': 'carrying out a religious practice, including but not limited to, a prayer based practice, a deliverance practice or an exorcism' (Victorian Government, 2021: 8, Part 1, s.5(3)(b)). This is in sharp contrast to the legislation in the Australian Capital Territory and in NSW. In response to concerns expressed by the Association of Christian Schools and the ACT Law Society about the consequences of the legislation for parents and teachers, an amendment was introduced into the ACT legislation exempting religious belief from legislative interference:

The amendment put forward by the [ACT] Government will now allow a person "the right to freedom of thought, conscience and religion, including the freedom to demonstrate their religion or belief in worship, observance, practice and teaching, either individually or as part of a community and whether in public or private," under section 14 of the Human Rights Act 2004. "It is not intended that a mere expression of a

religious tenet or belief would constitute a sexuality or gender identity conversion practice," the amendment states (Doherty and Roy, 2020).

The NSW legislation also exempts religious beliefs from qualifying as 'conversion practices'. It says that 'stating what relevant religious teachings are or what a religion says about a specific topic ... does not constitute a conversion practice' (NSW Government, 2024: Part 2, s.3(4)(a)—emphasis added). The Queensland legislation doesn't have any exemptions for religious belief (although it does have other exemptions—see below).

Definitions

A further problem is the vagueness of the legislation's definition of key concepts, especially the stipulated criminal offence, 'conversion therapy/practice'. Both the Queensland Law Society (2020) and the ACT Law Society (2020) raised concerns about this. The Queensland Law Society said in their submission to the Queensland parliament that the section that defined 'conversion therapy' was 'extremely broad and does not provide sufficient certainty as to what conduct is targeted and what practices are excluded'. The chair of the ACT Law Society's Criminal Law Committee also said that the definition of 'sexuality or gender identity conversion practice' was too broad, and that it was 'too vague to be a proper basis for a proposed criminal offence' (ACT Law Society, 2020).

In fact, the legislation doesn't tell us what kind of practice it is. The Queensland Act doesn't define 'conversion therapy', although it gives three examples—'inducing nausea, vomiting or paralysis', 'using shame or coercion', and 'encouraging' the belief that 'being lesbian, gay, bisexual, transgender or intersex is a defect or disorder' (Queensland Government, 2020: 18, s.213F). But it is unlikely that health service providers in Queensland are using such tactics, much less using them frequently enough to justify legislating against them.

The Victorian Act does appear to define 'change or suppression practice', but the definition is circular and hence uninformative. The text tells us that a 'change or suppression practice' is 'a practice or conduct directed towards a person ... for the purpose of changing or suppressing the sexual orientation or gender identity of the person' (Victorian Government, 2021: 7, s5). In other words, a change or suppression practice is a change or suppression practice. However, a clue to the meaning of 'change or suppression practice' is provided in the way the Act characterises what is not a change or suppression practice, namely, 'a practice or conduct ... [that] is supportive of or affirms a person's gender identity or sexual orientation' (p.7, s5). So a 'change or suppression practice' is anything that is not 'supportive of or affirms a person's gender identity or sexual orientation'. This poses a dilemma for any interpretation of the legislation because (as has already been noted) supporting or affirming 'gender identity' means not supporting or affirming sexual orientation (and vice versa).

The vagueness of the legislation's key terms is a consequence of the fact that there is no such thing as 'gender identity'. It's impossible to accurately define something that has no real existence. 'Gender identity' is defined in the Queensland Act as 'the person's internal and individual experience of gender, whether or not it corresponds with the sex assigned [sic] to the person at birth' (Queensland Government, 2020: s.213G). But this definition says nothing about 'gender', other than that it manifests

as a person's feelings and it might or might not have something to do with 'sex'. But if 'gender identity' is something 'internal and individual', how is it recognised by anyone else? When a man says he 'feels like a woman', or that he is a 'woman', why should anyone believe him when he looks and behaves nothing like a woman, when he still looks like a man, especially (although not only) if he retains his male genitals, and still behaves with the same sense of overblown masculine entitlement? Why should we accept that young girls and boys are the opposite sex, when that is simply not possible and attempting to make it so involves such damaging medical procedures? With so much at stake, legislation purporting to 'support or affirm gender identity' needs something more tangible than 'internal and individual' feelings as evidence for its existence.

It might be argued that the only evidence that someone is homosexual is also that they say they are. But acceptance of homosexuality does not have the same consequences that acceptance of 'gender identity' does. As the Gender Health Query website put it: 'homosexuality does not involve drugs, surgeries, sterilization, possible effects on IQ and sexual function, and minors making permanent decisions about their fertility and mental and sexual development as ten-year-old children'. Moreover, gay liberation and lesbian feminism did not make the kinds of demands on the rest of society that the transgender agenda does. The only demand was an end to the culture of disrespect, and in the case of gay men, the repeal of the laws penalising male homosexual activity.

The Victorian Act uses the definition of 'gender identity' in the Victorian Equal Opportunity Act 2010, which states: 'gender identity means—(a) the identification on a bona fide basis by a person of one sex as a member of the other sex'. 'A bona fide basis'? 'Bona fide' means 'in good faith'. How is it possible to tell a lie in good faith? And even this most trans-positive legislation cannot escape reality. In an ironic undermining of transgender's own position, 'gender identity' is defined in terms of 'sex': 'a person of one sex as a member of the other sex'.

Penalties

A further problem with the legislation is that 'conversion therapy', whatever it might turn out to be in practice as a ground of complaint, can be treated as an offence attracting harsh penalties. In the Queensland Act, not affirming someone's 'gender identity' attracts a maximum penalty of \$13,345 or 12 months imprisonment, or over \$20,000 or 18 months imprisonment if the someone is a 'vulnerable person' (i.e. 'a child; or ... a person with an impairment that is likely to significantly limit the person's ability to understand a particular service offered by a health service provider') (Queensland Government, 2020: 20-1, s.213H).¹³

Under this legislation, an 'attempt to change or suppress a person's sexual orientation or gender identity' is a criminal offence, although a misdemeanour rather than a felony (Queensland Government, 2020: 20, s.213H). It can be heard in a magistrate's

¹¹ https://www.genderhq.org/conversion-therapy-laws-gay-lesbian-transgender

 $^{^{12}}$ https://content.legislation.vic.gov.au/sites/default/files/29c43705-c5ac-3ef7-9ca2-366392ee6f7e_10-16aa020%20authorised.pdf

¹³ The penalty units were 150 and 100 respectively. At 1 July 2020, the value of a penalty unit in Queensland was \$133.45 (https://www.lgtoolbox.qld.gov.au/penalty-unit).

court, although the magistrate can commit the 'offender' for trial (pp.21-2, s213I). The Queensland Law Society (2020) advised against making 'conversion therapy' a criminal offence because of the lack of evidence, either that health service providers were actually doing it, or that existing laws were not already dealing with it. 'In our view', they said, 'a prohibition of conduct does not need to be in the form of a criminal offence ... [and] should not be monitored by the police'. Rather, such conduct more properly falls within the scope of already existing health regulation authorities. Their advice was ignored.

In the ACT legislation, penalties include a \$24,000 fine and up to 12 months in jail. However, there is also provision for a civil mechanism through the ACT Human Rights Commission. If no agreement can be reached there, the complaint can be referred to the ACT Civil and Administrative Tribunal (ACAT), which has the power to issue orders for redress and compensation against the people complained about, including fines. It seems that the scope of the ACT legislation is explicitly confined to 'protected persons' (similar to the Queensland Act's 'vulnerable persons') (Time Base, 2020), and hence does not cover 'conversion therapy' with adults.

The Victorian legislation has the harshest penalties: up to 10 years imprisonment or a fine of up to nearly \$200,000 for a person, and a fine of up to nearly a million dollars for a corporation, 14 in the case of 'change or suppression practices' causing 'serious injury'. The penalties are less if the practice only causes 'injury'. It too makes provision for a civil mechanism as well as the criminal sanctions. As well as 'denouncing' and 'prohibiting', another purpose of the legislation is to 'establish a civil response scheme within the Victorian Equal Opportunity and Human Rights Commission' (VEOHRC) (Victorian Government, 2021: s.1). This scheme involves providing education about 'change or suppression practices' (including 'educating' those who have been allegedly been engaging in those practices), and receiving complaints ('reports') of such practices and dealing with them appropriately (pp.16-29, Part 3). Given that the Act creates a criminal offence, the police can become involved. One of the ways VEOHRC can deal with complaints is to refer them on to 'another person or body', including the police (s.29). The police can also use their own initiative to bring 'proceedings for an offence' of 'advertising a change or suppression practice' or any other 'offence' under the Act (s.16, s.49), and the Commission can 'support persons ... to voluntarily report ... to police' (s17).

Some exemptions

There is some leeway. All these pieces of legislation allow for some exemptions from outright support or affirmation of 'gender identity'. In the case of the NSW legislation, religious beliefs are exempt (as already mentioned), as is the 'health practitioner's reasonable professional judgement', although they have to be 'genuinely assisting' someone with their 'gender identity' (NSW Government. 2024: Part 2, s.3(3)(a)(i)), which presumably means not suggesting that the problem the person is experiencing might not relate to any 'gender identity'.

18

¹⁴ 1200 penalty units or \$198,264 for a person, and 6000 units or \$991,320 for a corporation. A penalty unit was \$165.22 as at 1 July 2020 (https://www.justice.vic.gov.au/justice-system/fines-and-penalties/penalties-and-values).

The Queensland legislation is most explicit about exemptions, in the modifications that were inserted into the Bill before it was passed. The original Bill's list of acceptable practices, those that *didn't* count as 'conversion therapy', implied that the only therapeutic intervention allowed was wholehearted agreement with someone's 'gender identity', and that any doubt, hesitation or questioning, any 'wait and see' approach, was prohibited. Before the Act was passed, however, an extra clause was inserted referring to '(a) the provider's reasonable professional judgement', '(b) a health service ... that is safe and appropriate', and '(c) the provider's legal or professional obligations' (Queensland Government, 2019, 2020: s213F). Another clause gave a specific example of a practice that wasn't 'conversion therapy', namely, 'advising a person about the potential side effects of sex-hormonal drugs or the risks of having, or not having, surgical procedures' (s.213F).

The Victorian and the ACT legislation lack the detailed exemptions of the Queensland legislation. The Victorian legislation *includes* 'carrying out a religious practice' as an example of a 'change or suppression practice' (Victorian Government, 2021: s.5); it *doesn't* include 'advising a person about the potential side effects' (etc.) as a permitted practice; and the terminology is more severe: 'The main purposes of this Act are—to *denounce* and prohibit change or suppression practices' (Victorian Government, 2021: s1—emphasis added).

However, both contain a clause allowing health professionals to use their own judgement. The Victorian legislation says that it's not 'conversion therapy' if it (b) 'is a practice or conduct of a health service provider that is, in the health service provider's reasonable professional judgement, necessary—(i) to provide a health service; or (ii) to comply with the legal or professional obligations of the health service provider' (Victorian Government, 2021: s5). The ACT legislation contains a similar clause (Time Base, 2020). These insertions might provide a defence against the offence of 'performing conversion therapy on another person', on the grounds of clinical appropriateness, safety, and/or the provider's legal or professional obligations. But having to mount a defence of one's clinical practice in a court of law or a tribunal is an expensive, time-consuming and nerve-wracking process; and being charged with an offence, even if the charge is dismissed or dropped, can be detrimental to one's career prospects.

And whether or not a defence is possible depends on whether the commissions, tribunals and courts rely on ordinary language definitions, or whether they prostrate themselves before the linguistic demands of the transgender lobby. The transgender agenda treats ordinary language usages with contempt. From its foundational premise that men can be 'women', through the many derogatory terms for women and the ever-expanding list of terms for the myriad of 'genders', to the redefining of disagreement as 'hate speech', 'transphobia' and 'bigotry', the transgender agenda sends a wrecking ball through ordinary language. What the legal system does with the wreckage remains to be seen, but there are no grounds for hope that the courts will show any sense.

Secrecy

Another problem, at least with the Victorian legislation, is the provision for secrecy (Victorian Government, 2021: ss50-52). In a section titled 'Secrecy', the text says that the information obtained by VEOHRC in the course of proceedings under the Act is

'protected information', and that the Commission 'must not ... make a record of, disclose or communicate' such information (s.50, s.51). There are a number of exclusions (s.51), e.g. information can be disclosed if 'it is necessary to do so to prevent ... harm', or 'to comply with a mandatory reporting obligation'. One of the exclusions is 'disclosure ... to a court'. If the offence is being heard in a court, the secrecy provision doesn't apply. VEOHRC is obliged to tell the court everything it knows, and the proceedings are publicly available. But secrecy is the default option of the legislation. Hearings within VEOHRC itself are unavailable for public scrutiny. Given that secrecy is one of transgender's favourite tactics for misleading the public (IGLYO, 2019: 20), this is a very worrying development indeed.

The Victorian Act in particular is a very frightening piece of legislation. Although it allows for health service providers to use their own judgement (s.5), that has to be argued for, in secret, in front of VEOHRC. Its penalties are extremely harsh, and it empowers VEOHRC to create offences, even though it is a non-elected, politically-appointed body, which is not part of the judicial court system and hence is not subject to that system's rules (Deves, 2020). In fact, the Act explicitly excludes such considerations. In empowering VEOHRC to act in secret, the Act by-passes one of the main principles of judicial fairness, i.e. that matters be heard in an open court. It does allow for a number of exemptions from the secrecy provision, but arguments in favour of disclosure must be made separately, and there is no guarantee that they will be successful.

Natural justice

It is also equivocal on the issue of natural justice. It says it is bound by such principles and then says it isn't:

In conducting an investigation, the Commission is bound by the principles of natural justice, *unless otherwise expressly provided in this Division* (Victorian Government, 2021: s.35(2)—emphasis added)

The Act doesn't specify when and how VEOHRC might forego the principles of natural justice, while giving it unfettered power 'to conduct investigation as it considers fit' (Kerr, 2021; Victorian Government, 2021: s.35). Given that the transgender agenda defines disagreement as 'harm' ('hate speech'), it is unlikely that any organisation doing its bidding is capable of recognising real harm.

The Queensland legislation is somewhat less worrying than the Victorian legislation. It does at least have get-out clauses relating to what does *not* count as 'conversion therapy', and it has no secrecy provisions and no exemption from natural justice.

'Gender identity' trumps sexual orientation

The main problem with this legislation, the one from which all the other problems flow, is that it is by, for and about the transgender agenda, and not sexual orientation at all. Despite the trans lobby's assertion (speaking through the American Civil Liberties Union) (ACLU, 2017) that they respect and accept everyone, 'regardless of sexual orientation or gender identity/expression', their insistence on 'affirmation' at any cost is just *not* respecting and accepting sexual orientation. The vast majority of the young presenting with 'gender dysphoria' grow out of it to become (or already are) lesbian or gay.

For evidence of, and commentary on, the fact that 'gender dysphoria' is a passing phase for most children, and most likely to be a sign of a lesbian or gay orientation, see:

APA, 2013: 455—'For both natal male and female children showing persistence [of 'gender dysphoria'], almost all are sexually attracted to individuals of their natal sex';

Bailey and Blanchard, 2017—'Children with childhood-onset gender dysphoria have a much higher likelihood of non-heterosexual (i.e., homosexual or bisexual) adult outcomes compared with typical children';

Bannerman, 2019—"It feels like conversion therapy for gay children";

Cantor, 2016—'Only very few trans-kids still want to transition by the time they are adults. Instead, they generally turn out to be regular gay or lesbian folks'

Kreher, 2016—'There is ample evidence that most gender dysphoric children (including ones with an official gender identity disorder diagnosis) grow out of it and are significantly more likely to be gay, lesbian, or even bisexual adults';

Lane, 2019—'Sceptical clinicians say the affirmation model too readily puts children on a path to medical intervention when evidence suggests the vast majority of those with early "gender dysphoria" will grow out of it, many emerging as gay or bisexual';

Levine et al, 2022—'Research in desistance confirms that the majority of youth whose gender dysphoria resolves naturally do indeed grow up to be gay, lesbian, or bisexual adults' (2 references);

Staphorsius et al, 2015: 192—'The adolescents with GD ['gender dysphoria' in their study] were all sexually attracted to partners of their natal sex';

Steensma et al, 2011: 15—'The high bi/homosexual outcome in our study corresponds with the findings from the prospective quantitative literature on gender dysphoric children (10 references);

UK Department of Health, 2019: 4—'Boys in these studies were more likely to identify as gay in adulthood than as transgender' (4 references); and

Yardley, 2017—'there is a real danger that gender non-confirming behaviour in children is being interpreted ... as being "transgender". Should children continue to transition at the increasing rates we have been seeing, there is a danger this will annihilate our lesbian and gay population'.¹⁵

Setting young potential gays and lesbians on the 'affirmation' path to 'transition' is to interfere with the process of maturing out of 'gender dysphoria' and into a gay or lesbian orientation as an adult. It is not possible to respect and accept *both* sexual orientation and 'gender identity' if the natural maturation process is interfered with. Accepting 'gender identity', then, is just exactly *not* accepting sexual orientation because it replaces it; and waiting to see if a child/young person grows out of their 'gender dysphoria' is to question the validity of 'gender identity'.

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¹⁵ See also: https://www.segm.org/; https://www.genderhq.org/trans-children-gender-dysphoria-desistance-gay

The wording of the legislation described above makes it obvious that its main, if not only, focus is 'gender identity', and not sexual orientation. Despite the inclusion of sexual orientation in the clause purporting to define a 'change or suppression practice', the following sub-clauses make it clear that the focus of both the Victorian and the Queensland Acts is only 'gender identity'. Something is not a 'change or suppression practice' if it is 'for the purposes of: 'assisting a person who is undergoing a gender transition; assisting a person who is considering undergoing a gender transition; assisting a person to express their gender identity' (Queensland Government, 2020: 19, s.213F; Victorian Government, 2021: 7, s.5). All these 'assisting' sub-clauses refer only to 'gender identity'. There is nothing about sexual orientation either in these three sub-clauses, or in the other two following sub-clauses.

Following the transgender mandate, the Queensland Act defines 'sexual orientation' as a *form* of 'gender identity': 'sexual orientation, of a person, means the person's capacity for emotional, affectional and sexual attraction to, and intimate and sexual relations with, persons of a different *gender*, the same *gender* or more than 1 *gender*' (Queensland Government, 2020: 213E—emphasis added). The Victorian Act at least stays with the usual definition: 'sexual orientation has the same meaning as it has in the *Equal Opportunity Act 2010*, namely, 'homosexuality (including lesbianism), bisexuality or heterosexuality' (Victorian Government, 2021: 5, s.4).

This legislation, far from prohibiting conversion therapy for lesbians and gays, in fact makes it obligatory. The way the Gender Identity Development Service (GIDS) in the UK has been operating shows that this is exactly what happens when health providers are required to 'affirm' the 'gender identity' of children. Two articles in *The Times* in April 2019 reported that staff had resigned from GIDS because they were worried about the treatment of children who were presenting to the clinic. They were concerned that the children were being wrongly diagnosed as 'transgender' when in fact they were gay or lesbian and struggling with their sexuality. So prevalent was this propensity for diagnosing the young as 'transgender', these dissenting clinicians commented that 'there was a dark joke among staff that "there would be no gay people left" (Bannerman, 2019). One former GIDS staff member said that she had nightmares about the work she did there. She said that she would even call it 'an "atrocity":

"I know that sounds quite strong, but it felt as if we were part of something that people would look back on in the future, and ask, what were we thinking? In the future I think there will be lots and lots of detransitioners who feel their bodies were mutilated as young people and who will ask, why did you let me do this? It is very disturbing" (Bannerman, 2019).

This is what the Australian legislation is condoning, as is similar legislation elsewhere.

And yet, despite the fact that the legislation is so detrimental to lesbians and gays, it is everywhere described as *banning* gay conversion therapy. It has been sold to the public as a way of combatting attempts to convert lesbians and gays to heterosexuality, while the 'gender identity' it is really focused on goes unmentioned. The offence created by the legislation is almost invariably referred to as 'gay conversion therapy' in the mainstream press, e.g. 'Gay conversion legislation puts Andrews on a collision course with churches' (Tomazin, 2020. See also: Wilkins, 2020). Neither of these discussions mentioned the 'gender identity' aspect of the legislation; and neither quoted any of the

feminist voices that had been campaigning against 'gender identity' aspect of the legislation for months, including talking personally to a number of members of parliament.

Fluidity'

Another problem with the legislation is that its assumption that 'gender identity' is something fixed and unchangeable conflicts with one of transgender's most cherished beliefs—that 'gender' is infinitely variable, with as many different varieties as the human mind can devise. The legislation's prohibition on attempts to change it assumes 'gender identity' is immutable. And yet central to the ideology of transgender is the notion of 'fluidity' which, if it means anything, means that 'gender identity' can be changed at will. 'It is useful', said one source, 'to view gender identity and expression as fluid to maintain a non-pathologizing, non-judgement stance towards a wide range of gender expression, and to accept that some people may change their gender expression and/or identity multiple times' (Butler and Hutchinson, 2020). The second US National Transgender Discrimination Survey, for example, listed 25 'genders' respondents could 'identify with', including a 'gender not listed above' (James et al, 2016: 44).

This is reinforced in the Victorian Births, Deaths and Marriages legislation (Victorian Government, 2019), which allows the sex on one's birth certificate to be changed every year (s.2019: 30A). If it's been 12 months or more since you last changed the sex on your birth certificate, you can change it again. And every time you change it, you might want the support of a medical professional, even if only for counselling. According to the 'conversion therapy' legislation, this counseling would be legal only if you were changing to the opposite sex, but not if you wanted to change back again. As one commentator noted, 'if we take the notion of fluidity and self-definition fully seriously, what would be the objection to conversion therapy in principle?' (Rundle, 2020). Indeed.

It would seem that the Victorian parliament takes 'fluidity' seriously in the case of birth certificates, but not in the case of medical provision. But then, birth certificates are not a lesbian and gay issue, whereas 'conversion therapy' is commonly and automatically regarded as gay. It can be revived and put to good use in the transgender cause, in line with the IGLYO advice about tying campaigns to 'more popular reforms'. The fact that two pieces of legislation contradict each other—'fluidity' of 'gender identity' in birth certificates, immutability of 'gender identity' in a medical context—is neither here nor there, not least because no one appears to have noticed (apart from Rundle quoted above). Piggybacking on lesbian and gay issues is too important a strategy to allow logical coherence to get in the way. After all, it's pretty incoherent to insist that men are 'women' and that they be referred to by feminine pronouns. Lesbians and gays are the T's alibi for social acceptance. Going it alone might expose transgender for the fraud it is—or perhaps not, given the extraordinary ease with which transgender has imposed its agenda on society, despite its incoherence.

For an account of the transgender take-over of 'conversion therapy' in the UK, see: Charlesworth, 2021.

Children and young people

The most pernicious form of the transgender piggybacking strategy involves children and young people. The transgender agenda finds 'gender dysphoria' even in toddlers. As the primary trans lobby group, the World Professional Association for Transgender Health (WPATH), said, 'Children as young as age two may show features that could indicate gender dysphoria' (Coleman et al, 2012: 172). They define this as 'discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)' (Coleman et al, 2012: 168). This (not to put too fine a point on it) is ludicrous. Two-year-olds, and even older children, are unlikely to notice any such discrepancy, much less feel distressed about it. (A detailed discussion of the transgender capture of childhood can be found in the 'Transgendering the young' chapters).

Conclusion

This so-called 'conversion therapy' legislation is typical of the insertion of 'transgender' into the institutions of society. It is unnecessary in the case of sexual orientation because conversion therapy is not being practised by any health provider anywhere in Australia; and it is unnecessary in the case of 'gender identity' because there is no such thing if it means claiming to be the opposite sex. Given that it is unnecessary, it is not surprising that there are so many problems with it: secrecy; equivocation on the question of natural justice; wording that is vague to the point of meaninglessness; harsh penalties; and worst of all, its 'support and affirmation' for transing the gay away.

'Assisting gender transition' is the only procedure that is not 'conversion therapy' (apart from the exemptions in the Queensland legislation and the professional judgement exemptions in the other Acts). Exploring the possibility that a non-gender-conforming young person presenting to a health provider might be lesbian or gay would not be assisting someone with their 'gender transition'. It would be to suggest that 'gender transition' was not necessary. Health providers who do that—who advise caution about or refuse to accept claims to being the opposite sex, or explore alternatives to medicalisation, or give priority to any psychological problems the child might have (e.g. depression, autism)—would not be assisting any 'gender transition', and hence could be charged with an offence under this legislation. This shows scant regard for sexual orientation, despite the near-universal references to the legislation as a prohibition on 'gay conversion therapy'.

The crux of this problem for health practitioners, confused young people and the legal process is that this legislation mandates an impossibility. It is impossible to support both 'gender identity' and sexual orientation, because supporting 'gender identity' means *not* supporting sexual orientation (and vice versa). 'Assisting' a masculine-seeming girl to 'transition' to being a 'boy' denies her the possibility that she might be a lesbian; and assisting a feminine-seeming boy to 'transition' to being a 'girl' denies him the possibility that he might be gay. In order to resolve this dilemma a choice must be made, and the choice of the legislators is clear: 'gender identity' is paramount and sexual orientation doesn't matter.

This preference for 'gender identity', far from outlawing 'conversion therapy' for lesbians and gays, in fact mandates it. Rather than protecting sexual orientation, the

legislation is a covert way of colluding with the trans agenda's obliteration of sexual orientation along with its obliteration of the category of 'women'. By prohibiting any approach to 'gender identity' that doesn't unequivocally affirm people as the opposite sex (or no sex at all), 'gender identity' becomes conversion 'therapy' for lesbians and gays. If it is against the law to be unsupportive of or fail to affirm someone's 'gender identity', then suggesting that someone might be lesbian or gay is against the law. When 'gender identity' is included alongside sexual orientation, all non-conformity to conventional sex roles becomes interpreted as 'transgender', vide the legislation's changing of same-sex attraction to same-gender attraction. As Kath Deves said, 'This completely erases the concept of homosexuality ... and replaces it with an ephemeral, subjective description that could apply to anyone's feelings of any kind about anyone else' (Deves, 2020). The effect of the trans agenda's piggybacking strategy is to 'trans the gay away'.

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