

Chapter 17: Where's the evidence?

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This is the longest chapter, over 44,000 words not counting the references. I go into a lot of detail discussing particular published research studies, the transgender influence on the higher education knowledge industry, and the weakness (or absence) of the ‘evidence’ transgender relies on. The ‘evidence’ is almost non-existent, not only because of basic methodological mistakes and what can only be deliberate evasions, avoidances and misreadings, but also because it is impossible to provide evidence for a falsehood. The detail is necessary to support that contention.

I begin by discussing the Cass Review (Cass, 2024), the final report of Hilary Cass’ investigations into ‘gender identity services’ for children and young people. I agree with most commentators that her finding that the evidence for the efficacy of transgender medical treatments was ‘remarkably weak’ is a positive step in the direction of getting rid of transgender. At the same time, I argue, the Cass approach continues to support the transgender agenda in various ways.

I then discuss the kind of ‘research’ transgender relies on, pointing out its weaknesses. These range from bald, unsubstantiated assertions, through selection bias and high drop-out rates in the surveys, to a self-referential medical consensus justified only by mutual citation, not by any evidence.

I discuss next what is happening in universities, which should be repositories of trustworthy knowledge but are not, under the transgender influence. The discussion focuses primarily on universities in the UK and their treatment of staff and students who publicly state their disagreement with transgender, or are perceived to be doing so. There are brief mentions of similar situations elsewhere, and I conclude with a short discussion of the situation in Australia.

Finally, I discuss the academic publishing industry and the journals where research results are published. Despite the weaknesses of transgender ‘research’, and sometimes even its sheer absurdity, transgender has fitted neatly into academic publishing, creating new journals and being accepted in those already established.

The Cass final report

It might be assumed that, with the release of the final report of Hilary Cass' Review, there is no need for further commentary on the evidence (or lack of it) for the benefits (or otherwise) of transgender medical procedures. After all, Cass found that '[t]his is an area of remarkably weak evidence' (Cass, 2024: 13 and passim), and WPATH's claim that its Version 8 'Standards of Care' is 'based upon a more rigorous and methodological evidence-based approach than previous versions' (Coleman et al, 2022: S8) has been found, not surprisingly, to be false.

Cass is an honorary physician consultant in paediatric disability and a past president of the Royal College of Paediatrics and Child Health. She was asked by NHS England to chair the Review. In part, it is a summary of the findings of six commissioned systematic reviews of studies of research on children and adolescents referred to 'gender services' (Hall et al, 2024a; Heathcote et al, 2024; Taylor et al, 2024a, b, c, d), plus two reviews of international guidelines (Taylor et al, 2024e, f) and an online international survey of 'gender services' for children and adolescents (Hall et al, 2024b). All of this research was carried out by researchers at the University of York.¹ All are published separately from the Cass report itself although they are referenced there.

These reviews found that there were very few high-quality, and hence reliable, studies of what was happening to the young people, whether they were treated with psychosocial interventions, puberty blockers or cross-sex hormones, or had gone through a process of social transition. (The issue of surgery was not directly addressed because it is only legally available for adults in the UK). There was no aspect of the transgender medical treatment of the young that had sufficient evidence to draw any firm conclusions from it, positive or negative:

The gaps in the evidence base regarding all aspects of gender care for children and young people have been highlighted, from epidemiology through to assessment, diagnosis and intervention. It is troubling that so little is known about this cohort and their outcomes ... Without an established research strategy and infrastructure, the outstanding questions relating to interventions to support this population will remain unanswered, and the evidence gaps will continue to be filled with opinion and conjecture (Cass, 2024: 40, paras.131, 132 136).

Ten studies of psychosocial interventions were reviewed by York's researchers and nine of them were found to be of low quality because it was not clear how the participants were selected and there were no control groups. The other study was only of moderate quality (Cass, 2024: 153, paras.11.20-11.21). Without a control group, there was no way of telling if any changes were due to the psychosocial intervention alone or to other factors. Nonetheless, all the studies were included in their evaluation, despite the fact that no firm conclusions could be drawn about the effects of the various interventions (p.154, para.11.29).

Of the 50 studies 'looking at ... psychosocial, physiological and cognitive outcomes of puberty suppression', only one was of high quality, while 25 were of moderate

¹ York is as trans-captured as any other university (see below), so the standard disclaimer denying any 'competing interests' is not entirely accurate. Still, the researchers did not allow their university's predilection for transgender to influence their findings of weak evidence.

quality and 24 were of low quality. The latter were excluded from the reported results but the rest were included. ‘A large proportion’, the Review said, ‘only looked at how well puberty was suppressed ... and at side effects, with fewer looking at the other intended outcomes’ (Cass, 2024: 175, para.14.19-14.20), i.e. neither the benefits nor the ‘risks’ (pp.176-9, paras.14.21-14.45). There were only two studies that looked at body satisfaction after receiving puberty blockers, and neither showed any change in this symptom (176, para.14.26). The Review commented that, as their research went on, ‘it has become more difficult to be clear about the indications for puberty blockers in this population of young people’ (p.176, para.14.21).

There were 53 studies investigating the effects of cross-sex hormones, only one of which was high quality (looking at side effects), the rest being moderate or low quality (Cass, 2024: 184, paras.15.16-15.18). ‘The studies had many methodological problems’, the Review commented, ‘including the selective inclusion of patients, lack of representativeness of the population, and in many of the studies there were no comparison groups’ (p.184, para.15.19).

There were 11 studies that investigated social transition, nine of which were of low quality while the other two were only of moderate quality (Cass, 2024: 161, para.12.21). The Review discussed all of the studies, but warned that ‘all results should be interpreted with caution’ because ‘[t]he quality of the studies was not good enough to draw any firm conclusions’ (p.162, para.12.22).

The Review summed up the results of the systematic reviews as follows:

The University of York’s systematic reviews demonstrated poor study design, inadequate follow-up periods and a lack of objectivity in reporting of results. As a result, the evidence for the indicated uses of puberty blockers and masculinising/feminising hormones in adolescents are unproven and benefits/harms are unknown’ (Cass, 2024: 194, para.16.14).

Positive responses

The report has received a rapturous response from many of transgender’s critics, largely because it says so clearly that there is little or no evidence for the efficacy of transgender medical treatments. The Society for Evidence Based Gender Medicine regarded it as ‘the single most notable event in the history of youth gender medicine of the last decade’ (SEGM, 2024). Julie Bindel called it ‘a victory for women, children and common sense’. She believed that it had ‘brought us one step closer to throwing the harmful delusion that is gender ideology into the dustbin of history’ (Bindel, 2024). Julie Burchill said that the report ‘marks a milestone for many, most of all for the children of the future who will now grow up into happy homosexuals with un-mutilated bodies’ (Burchill, 2024). Bernard Lane, who has been a major critic in the Australian press of the transgender medical treatment of children since 2019, said that ‘[t]he Cass review holds up a snapshot of missing data, cluelessness and fudging of evidence in gender medicine around the world’ (Lane, 2024a). The UK LGB Alliance said that it ‘welcome[d] the final report of the Cass Review ... and hope[d] that it will usher in the end of a global medical scandal that continues ... to undermine the health and welfare of so many young people’ (LGB Alliance, 2024). Graham Linehan was reported to say that he was “‘proud as punch” and felt vindicated by the Cass

Review’s conclusion that medical treatment in children’s gender care had been based on weak evidence’ (Duell and Sethi, 2024). And J. K. Rowing tweeted:

“the review’s conclusions will have come as a seismic shock to those who’ve hounded and demonised whistleblowers and smeared opponents as bigots and transphobes ... The #CassReview may be a watershed moment, but it comes too late for detransitioners who’ve written to me heartbreaking letters of regret. Today’s not a triumph, it’s the laying bare of a tragedy” (Kruta, 2024).

For an expression of relief that ‘the entire narrative around adolescent gender dysphoria is breaking apart’ as a result of the Cass Review, see: Moore, 2024.

The trans lobby’s reactions

The trans lobby were not pleased. Their first complaint arrived even before the report had been released (Ryan, 2024a). It emanated from trans activist, Alejandra Caraballo (a man claiming to be a ‘woman’), who started with the internet slang ‘TLDR’ (‘Too long, didn’t read’), a statement that was more than borne out by what else he went on to say. He tweeted what appeared to be a direct quote of something said in the Cass Review. “[W]e disregarded nearly all the studies because they weren’t double blinded controlled studies”, Caraballo said the Review said. “We also stopped reviewing newer studies released in the last two years. As a result, we were left with very little evidence”. This is a blatant lie, easily checked. No such statement appears anywhere in Cass’ final report, and neither does it appear in either of the 2020 NICE reviews he went on to quote in a screenshot, alleging they came from the Cass Report when they did not.

The screenshot consisted of a series of quotes from the NICE reviews about studies being ‘downgraded’, e.g. ‘Downgraded 1 level—the cohort study by de Vries et al. (2011) was assessed as at high risk of bias (poor quality overall; lack of blinding and no control group)’. The screenshot, however, did not depict anything from the Cass systematic literature reviews. It was a reproduction of the notes at the bottom of a series of Tables in the two reports of systematic reviews by the National Institute for Health and Care Excellence (NICE, 2020a, b, ‘Appendix G Grade profiles’). (See below for a discussion of the NICE reviews). The NICE reviews were intended to ‘help inform Dr Hilary Cass’ independent review’, but the evidence they produced was ‘inconclusive to the extent that NHS England could not form a policy position on the use of these medications’ (Cass, 2024: 76, para.3.13), and Cass’ discussion of them was brief (pp.75-6, paras.3.5-3.15). Lies, of course, are one of transgender’s most popular tactics.

The criticisms most often repeated by the trans lobby were that the Review had included only two out of the 103 studies of puberty blockers and cross-sex hormones, and that it discussed only random controlled trials (RCTs) (Ryan, 2024a). One of those repeating these claims was Labour MP, Dawn Butler, who said in the House of Commons, “There are around 100 studies that have not been included in this Cass report and we need to know why” (Beal, 2024).

The reference to two out of 103 studies is probably a misreading of what the report actually said about the 50 studies of puberty blockers (Taylor et al, 2024b), plus the 53 studies of cross-sex hormones (Taylor et al, 2024c). There were only two studies of high quality, but they were not the only studies included in the report.

Moreover, Cass did *not* reject research that was not a randomised control trial (RCT). None of the studies included in the Cass Review were RCTs. All she said about RCTs was that they were the ‘gold standard’ of research, and that ‘[t]here are hardly any RCTs in [studies investigating] children and young people receiving endocrine treatment for gender incongruence/dysphoria’ (Cass, 2024: 49-50). She then went on to discuss some of the pitfalls that had to be looked out for with studies that were not RCTs. Figure 7 (p.57) shows an overview of the number and type of studies considered in the University of York’s reviews. Few, if any, were RCTs, but all were included in the reviews. Indeed, it’s *because* they were included that Cass could conclude that the evidence was remarkably weak.

The trans lobby’s reactions varied from the outrageous—their usual anonymous death threats to Cass herself, which the police took seriously enough to advise her not to take public transport (Beal, 2024)—through the usual denial and lies, to a subtle form of pseudo-‘agreement’. Stonewall’s response was an example of the latter. They wrote as though the Review was merely reiterating views that Stonewall itself has held all along, while any criticism was directed towards to ‘NHS England’ and not the Review. They managed to pick up areas where Cass agreed with them (justified at least in part, by Cass’ own acceptance of the transgender agenda—see below). For example, they said that the Review ‘argues that the evidence on puberty blockers is insufficient, but also acknowledges their efficacy for some trans young people’, and it ‘did not call for blanket bans on puberty blockers’ (Stonewall, 2024). Both of these statements are accurate.

The response of Baroness Ruth Hunt, former Stonewall CEO, was less accurate. She was reported in *The Times* to have protested Stonewall’s innocence. They had simply “trusted the experts”, she said. But she was at the helm when Stonewall accepted the money from the Arcus Foundation in 2016, and it was under her watch that Stonewall was transformed from a lesbian and gay organisation into a lobby group for the transgender agenda (Bartosch, 2024). She went on to tell a number of lies: that Stonewall didn’t have a policy of “no debate”; that she herself was “someone who has always been working in the middle ground, trying to build consensus”; and that what needs to happen next is “lots of listening and some forgiveness and some understanding in order to help us move on”. As Helen Joyce commented: ‘the sanctimony!’ (Joyce, 2024. See also: Clark, 2024).

Mermaids also claimed innocence. Their CEO, Lauren Stoner, had her own version of the ‘leaving it to the experts’ denial. She was reported to have told *Sky News*, “We were commissioned to provide some focus groups to the Cass Review, but otherwise we’re not clinician professionals—we don’t get involved in the decisions that are made between a young person, their family and their clinicians”. J. K. Rowling’s reaction to this was typically forthright. Stoner’s response was “total, shameless lies”, she said, “[Mermaids] fingerprints are all over the catastrophe of child transition”:

“Your ex-CEO referred children to the Tavistock gender clinic. [You have] repeatedly claimed puberty blockers are reversible, sent out breast binders to girls as young as thirteen and insisted publicly that unless children are affirmed in their trans identities they’ll kill themselves” (Duell and Sethi, 2024. See also: Doyle, 2024).

Mermaids used the common transgender ploy of interpreting criticism and disagreement as ‘hate’: “Trans children, young people and their families have been

faced with hateful narrative and misinformation since the publication of *The Cass Review*. Not surprisingly, they doubled down on their commitment to the transgenering of the young. '[W]e will continue to campaign robustly for ... holistic, supportive care ... close to home for all trans children and young people, including access to medical interventions such as puberty suppressing and cross gender hormones', they said. They also said, they 'will continue to advocate for **supportive schools**, where young people are able to express themselves authentically' (Mermaids, 2024—original emphasis).

They also typically attributed their own views to 'young people'. 'Young people have told us', they said, 'that they are worried by suggestions in the media that Cass has recommended a block on transition until 25, particularly for neurodivergent young people' (Mermaids, 2024). Whether the source of that suggestion was 'young people', the media or Mermaids itself, it is false. It may be a misinterpretation of the Review's statement, 'neurodiverse young people [may be] potentially vulnerable into their early 20s or longer' (Cass, 2024: 94, para.5.47). But the Review says nothing about 'blocking transition' until the age of 25. Rather, it repeatedly argues that any medical intervention must include 'specialists in autism and other neurodiverse presentations' (p.37, para.116), without any mention of age limits.

The usual transgender lies in their reactions to the Cass Review are sometimes so blatant and so easy to check (see Caraballo above) that it beggars belief that they have any credibility at all. For example, WPATH (and USPATH) said that, after the closure of GIDS, 'there are no new services in operation, and there will be none in the foreseeable future, despite what NHS England or Hillary Cass may claim' (WPATH, 2024). But the Review clearly said: 'Since receiving the Review's interim report, NHS England has taken steps to increase capacity, establishing two new services led by specialist children's hospitals. This is the first step in commissioning a network of regional services across the country' (Cass, 2024: 36, para.103).

Again, WPATH quoted 'one senior psychiatrist at a gender identity clinic in England' who had been reported to say that the Review had failed 'to include those with personal or professional experience' (WPATH, 2024). But the Review says that their approach, 'prioritised two categories of stakeholders: People with relevant lived experience (direct or as a parent/carer) and organisations working with LGBTQ+ children and young people generally; [and] [c]linicians and other relevant professionals with responsibility for providing care and support to children and young people within specialist gender services' (Cass, 2024: 60, para.1.43). In other words, 'stakeholders' were only those who had embraced the transgender worldview, and not those who could see the problems with it.

To give just one more example, WPATH stated baldly (quoting the above 'senior psychiatrist') that '[t]he terms of reference stated that the Cass Review "deliberately does not contain subject matter, experts or people with lived experience of gender services"' (WPATH, 2024). The Terms of Reference, which are included in the Review as Appendix 1, stated no such thing. Rather, they said the opposite: 'The independent review ... will conduct extensive engagement with all interested stakeholders' (Cass, 2024: 266 of 388). Unfortunately, this is not what the Review did. While there was a great deal of consultation with pro-trans sources (see the 'two categories of stakeholders' described in the previous paragraph), transgender's critics were ignored (see below).

WPATH's rejoinder contains other lies by implication. To give just one example, it says that the University of York's systematic reviews 'do not contain any new research that would contradict the recommendations made in professional consensus guidelines' (WPATH, 2024), as though this were a failing on the part of the Review. But systematic reviews are not intended to produce new research. They are overviews of research that has already been completed, and that was the research that the Review repeatedly stated had produced only weak evidence (or none at all).

For a seemingly objective account of the Review, subtly veering towards transgender's point of view, see: Campbell and Weale, 2024;

for the comments of a senior official of the Victorian Equal Opportunity and Human Rights Commission in Australia, that the Review was "based on a very limited number of studies only within the UK" (false), and was "disinformation" from a "village idiot", see: Lane, 2024a;

for an account of the origin of 'the false claim that Cass simply discarded 98 percent of the available studies about pediatric gender-transition treatment', plus critical discussions of other trans activists' reactions to the Cass Review, see: Ryan, 2024a, b.

Cass' defence

Cass did not respond in detail to her detractors. She did presumably avoid public transport and she said she stayed away from X: "There are some pretty vile emails coming in at the moment. Most of which my team is protecting me from, so I'm not getting to see them" (Beal, 2024). Whether she avoided going out in public at all, where she would be equally vulnerable to the enraged reactions of the trans lobby, is not recorded. She did object to what she called the 'disinformation', being spread by trans activists and influential figures such as the Labour MP Dawn Butler, that she had discarded most of the research. "I have been really frustrated by the criticisms", she said, "because it is ... completely inaccurate".

"It started the day before the report came out when an influencer put up a picture of a list of papers that were apparently rejected for not being randomised control trials. That list has absolutely nothing to do with either our report or any of the papers. If you deliberately try to undermine a report that has looked at the evidence of children's healthcare, then that's unforgivable. You are putting children at risk by doing that" (Beal, 2024).

'Both sides'

But while the trans lobby's criticisms are either false or deranged (e.g. the hashtag, #CassKillsKids, from broadcaster and trans activist, India Willoughby) (Bartosch, 2024), there are reasonable objections that can be raised to the Cass Review. One example is the Review's 'both sides' assertions implying that both transgender and its critics are equally responsible for the 'toxicity' and 'polarisation' of the 'controversy surrounding the use of medical treatments':

Despite the best intentions of everyone with a stake in this complex issue, the toxicity of the debate is exceptional. I have faced criticism [by transgender's critics] for engaging with groups and individuals who take a social justice approach and advocate for gender affirmation [i.e. the trans lobby], and have equally been criticised [by the trans lobby] for involving

groups and individuals who urge more caution [i.e. the critics]... There are few other areas of healthcare where professionals are so afraid to openly discuss their views, where people are vilified on social media, and where name-calling echoes the worst bullying behaviour. This must stop (Cass, 2024: 13).

But it's not going to stop if the culprits are not accurately identified. It's not the critics of 'gender affirmation' who are responsible for the 'increasingly hostile and polarised debate' (Cass, 2024: 78, para.4.2). It's not 'people on all sides of the debate' who exaggerate or misrepresent the results of studies (p.13). It's the transgender activists.

It's the transgender activists who are responsible for the vile abusive emails and death threats she received (and that motivated the police to advise her to avoid public transport). She should know this. "If I don't agree with somebody", she is reported to have said, "then I'm called transphobic or a 'Terf'" (Ryan, 2024a). These are trans activist terms. No critic of transgender would use these words to insult someone they disagreed with. And the 'disinformation' (i.e. the lies) she was so concerned about—"I'm much, much more upset and frustrated about all this disinformation than I am about the abuse" (Beal, 2024)—emanated from the transgender lobby (Bartosch, 2024; Doyle, 2024; Joyce, 2024; Mermaids, 2024), not from its critics.

For another 'both sides' position (from *The Guardian*)—"I've seen completely unhelpful views on both sides"—identifying them as "an overly affirming view" and "a more rightwing, moralistic view", with no mention of the women's sex-based rights position, see: Devlin and Sample, 2024;

for Jo Phoenix' identification of the 'both sides' argument of the Open University's Vice Chancellor, see; Employment Tribunal, 2021: paras.452, 453.

The 'both sides' position is itself an example of disinformation. It fails to identify the real culprits and traduces those who are the real defenders of the children's safety. Susan Evans, the former Senior Clinical Lecturer at the Tavistock who publicly raised concerns about what was happening at GIDS in the early 2000s, said that she was 'frustrated to see "what happened at GIDS described as a debate between two sides"'. She had "wanted to ensure that kids were receiving a thorough assessment and that as a team there would be a more holistic exploration". She denied that that amounted to "a toxic debate", it was "clinical discussion and that's what a responsible clinician ought to do":

All I ever did was raise ordinary but important clinical and safeguarding concerns and questions. I was inquisitive (Bartosch, 2024).

No engagement with the critics

But then neither Cass nor the University of York had consulted any of the critics, note the two categories of 'stakeholders' mentioned above. The University of York's 'Qualitative research summary' was even more explicit about who was considered 'stakeholders', namely, Stonewall, Trans Actual, Mermaids and Gendered Intelligence (Cass, 2024: 291 of 388). Neither outspoken, trans-critical women (Julie Bindel, Heather Brunskell-Evans, Julie Burchill, Stephanie Davies-Arai, Sheila Jeffreys, Helen Joyce, Kathleen Stock, to name just a few), nor women's organisations defending women's sex-based rights, nor those who have created trans-critical websites and blogs, were included as 'stakeholders'. Whenever the word 'women'/'woman'

appeared in the Review, it was usually coupled with ‘transgender’ or ‘trans’, although on one occasion it had the ‘cis-’ prefix tacked on—‘an adult cis-woman’ (Cass, 2024: 195, para.16.20)

The Review contained no mention of any of the resources listed on the Transgender home page of this website. While most of these sources are not the formal, academic, peer-reviewed research included in the systematic reviews by the University of York, neither is the ‘information’ provided by the focus groups of ‘transgender’ young people or by the trans lobby (euphemistically named ‘support and advocacy groups’). There is no mention of the Society for Evidence Based Gender Medicine (SEGM) with its lists of formal, academic, peer-reviewed research ‘highlight[ing] [their] position of concern over the proliferation of hormonal and surgical “gender-affirmative” interventions for gender dysphoric youth’.² Neither is there any mention of Gender Health Query/The Homoarchy, which also provides links to peer-reviewed research.³

The work of Michael Biggs was mentioned—two references in the bibliography, one in the text. Biggs has been criticising what was happening at GIDS since at least 2015, when he published on the Oxford University website his annotations to a meeting of the Board of Directors of the Tavistock and Portman NHS Trust (Biggs, 2015). But the single-sentence comment in the Review text on his 2022 paper (illustrated by Figure 9) ignored his critique. It only mentioned that the Dutch study and the UK study differed in the changes in their study populations (Cass, 2024: 71, para.2.21). There was no hint that Biggs’ assessment of both these studies, and of transgender medical treatment in general, was highly critical, citing over five pages of references. The claims made by the Dutch team that ‘puberty suppression was reversible and that it was a tool for diagnosis’ were ‘increasingly implausible’, he said; and while the Dutch study found that the effects of transgender medical treatment—‘puberty suppression followed by cross-sex hormones and surgery’—were positive, the sample was small (70 adolescents), and one of the boys had died as a result of the surgery (Biggs, 2022). Cass’ Review doesn’t mention this.

Other problems

There are a number of other problems with the Review. There’s the language used; there’s the recommendation that using puberty blockers in research is acceptable; there’s the failure to identify which studies belonged in which level of quality; there’s the assumption of good will on the part of transgender researchers.

In the case of the language, there’s the Review’s acceptance of transgender terminology. ‘Cisgender’ appears number of times, used as though it meant something. Did Cass not know it referred to her? I would have thought she would be insulted by being referred to with that term. I know I am. But it’s not just a matter of language. The report accepts transgender’s reality, e.g. “This report uses “transgender” to describe binary transgender individuals and “non-binary” for those who do not have a traditional gender binary of male or female’ (Cass, 2024: 19). This is pure trans gobbledygook. It’s no wonder that Cass had to resort to euphemisms.

² <https://segm.org/studies>

³ <https://thehomoarchy.com/>

For example, there's the Review's comment on GIDS' practice of continuing to dose the young with puberty blockers despite the fact that their own research showed no benefit and even some negative effects for girls, namely, 'a worsening of "internalising" problems (depression, anxiety)' (Cass, 2024: 70, para.2.19). 'From 2014', the Review said, 'puberty blockers moved from a research-only protocol to being available through routine clinical practice. In light of the ... findings [from GIDS' own research], *the rationale for this is unclear*' (p.70, para.2.19—emphasis added). A short while later, the Review says, '[t]he adoption of a medical treatment with uncertain risks, based on an unpublished trial that did not demonstrate clear benefit, is *a departure from normal clinical practice*' (p.73, para.2.31—emphasis added). But it's not just a matter of lack of clarity or departure from normal practice. That GIDS could ignore evidence suggesting caution—no indication of improvement and some indication of worsening—and then try to hide those results, is nothing short of scandalous. The appropriate response is outrage, not pallid euphemisms.

Another problem is the recommendation that puberty blockers continue to be administered to the young as 'research': 'they should only be offered under a research protocol'. While this is an improvement on routinely administering them, it amounts to subjecting children to hazardous experimental procedures in pursuit of the unrealistic aim of (primarily) turning boys into girls. Cass herself was aware of the hazards of puberty blockers. One of the reasons she recommended they be confined to research involved 'the potential risks to neurocognitive development, psychosexual development and longer-term bone health'. The other reason was because they 'only have clearly defined benefits in quite narrow circumstances' (Cass, 2024: 32, para.84). But if the evidence is remarkably weak, what is it that has 'clearly defined' the benefits?

Another problematic aspect of the Review is that, despite a lengthy bibliography, it doesn't identify *which* studies were of low-, moderate- or high-quality. This is frustrating, especially in the case of the two high-quality studies, one investigating puberty blockers and the other cross-sex hormones. Did they show that these interventions had positive or negative effects for the children who were dosed with them? If these trustworthy studies showed positive effects, they would strengthen the evidence for transgender medical interventions; if they showed negative effects, they would weaken the evidence even further. There's no way of telling from what is reported in the Review.

There's also the assumption that the weakness of the evidence was inadvertent and could be remedied with better-designed research and some good advice. In other words, it implies good will on the part of transgender researchers. But the Review's researchers came across at least one instance of bad faith on the part of the transgender medical profession (apart from the weakness of the research studies). '[A]ttempts to improve the evidence base', the Review said in its Summary, 'have been thwarted by a lack of cooperation from the adult gender services' (Cass, 2024: 20, para.9). The University of York said in its 'Overview of study development', that 'six of the seven adult clinics declined to support the [data-linkage] study' (p.300 of 388). A Table (pp. 301-303) lists the reasons the clinics gave for refusing to participate in the study, together with the university researchers' response. For example, the clinic(s) said that extracting the data would be too labour intensive because some of the records were still paper-based. The university replied, 'Support is in place to cover

clinics' workload in relation to research studies, including extraction of clinical data' (p.301). The university answered every one of the clinics' objections, to no avail.

All these problems are the consequence of accepting the assumption that there *are* children and young people who need to change into the opposite sex, and that it's possible to achieve that. Cass makes that acceptance quite clear in the first sentence of her Foreword, 'This Review is not about defining what it means to be trans, nor is it about undermining the validity of trans identities, challenging the right of people to express themselves, or rolling back on people's rights to healthcare' (Cass, 2024: 12). However, the Review did acknowledge, and emphasise, the weakness of the evidence, and in that sense it is a step towards the final defeat of the transgender agenda. The finding that the supposed 'evidence' for the efficacy of transgender medical treatments is 'remarkably weak', even though that's a euphemism for 'non-existent', is a welcome addition to the growing list of trans-critical resources, small and equivocal though it might be.

It is not, however, the last word on evidence, both for all those reasons discussed above, and because the Review was confined to medical treatments for children and young people. The problem of 'remarkably weak evidence', not to mention deliberate obfuscation, is not confined to that context. The Cass report (2024) had nothing to say about the censorship operating in the universities and academic journals where research happens and is reported; nor was there any realisation that most of the 'information' transgender appeals to is in the form of bald assertions unsubstantiated by any argument or evidence (see below).

For a response to the Cass Review by Kemi Badenoch, Minister in the former UK Conservative government, arguing that none of Cass' recommendations will happen 'until we address the underlying problem of ideological capture', see: Badenoch, 2024; for nine key findings from the Cass Review, see: Bannerman et al, 2024; for commentaries on the weakness of the evidence from transgender research published prior to the release of Cass' final report, see: Cantor, 2018; Lane, 2023b; Mason, 2023—'not only is poor evidence allowed, it's heavily promoted by major medical organisations'; for an account of the consequences of the Cass Review for the Australian Family Court see: Lane, 2024c.

Reactions to Cass in Australia

The Cass Review included Australia in its systematic review of the literature on transgender medical treatments for the young. Although it found no Australian studies either of puberty blockers (Taylor et al, 2024b: 22-3, Supplementary Table S2) or of cross-sex hormones (Taylor et al, 2024c: 18-20, Supplementary Table S2), there were two Australian studies that followed children through the system (Taylor et al, 2024d: 4, Table 2), both at Melbourne’s Royal Children’s Hospital. The reviewers didn’t single out these two studies for special mention, but they were included in the overall generalisations, e.g. about the need for ‘prospective studies that follow up children into adulthood and report information about all possible trajectories and outcomes’ (Taylor et al, 2024d: 7). The implication here is that none of the studies investigated for this review did do that.

The systematic review of guidelines (Taylor et al, 2024e), however, did single out the Australian guidelines (Telfer et al, 2018) for special mention (along with all the others, including WPATH’s). About the guidelines in general, the University of York’s review said:

Across guidelines, it was difficult to detect what evidence had been reviewed and how this informed development of recommendations, and the links between specific recommendations and evidence were often unclear or missing ... The findings from this review, therefore, raise questions about the credibility of currently available guidance (Taylor et al, 2024e: 4, 6).

In a table listing estimates of the quality of each of the guidelines,⁴ the review gave the Australian guidelines only 19% for both ‘Rigour of development’ and ‘Applicability’. Even WPATH scored higher for ‘Rigour of development’: 26% for Version 7 and 35% for Version 8, although only Version 8 scored higher for ‘Applicability’ (24%), Version 7 scoring only a meagre 17%. The Finnish and Swedish guidelines scored somewhat better, with the Swedish guidelines having the highest score of all of them for ‘Rigour of development’ (71%), Finland’s 51% being the next highest score.

Table 1: Critical appraisal of guidelines’ domain scores

	Rigour of development	Applicability
Royal Children’s Hospital Melbourne 2018	19%	19%
WPATH 2012	26%	17%
WPATH 2022	35%	39%
Council for Choices in Healthcare Finland 2020	51%	56%
Swedish National Board of Health & Welfare 2022	71%	25%
American Academy of Pediatrics 2018	12%	6%

Source: Taylor et al, 2024e: 5

So although all the guidelines were found wanting on most criteria (with the exception of those from Finland and Sweden), the Australian guidelines were found to be among the lowest rated of all (although there were some that were rated even

⁴ For the methodology used in the estimates, see: <https://www.agreetrust.org/>.

lower, e.g. the American Academy of Pediatrics 2018 guidelines at 12% and 6% respectively).

The University of York also conducted an e-survey of paediatric ‘gender’ services. They emailed the survey to 39 services and the emails were opened by 36 individuals (although there is no information about whether those individuals were at 36 different services, or whether the emails were opened by multiple individuals at any one service). There were 13 surveys completed in full and two partially completed, making 15 services in all, in eight countries including Australia. This amounted to a response rate of only 38% (Hall et al, 2024b: 2).

There were at least three Australian services that replied,⁵ although the report doesn’t name them for reasons of ‘confidentiality’. However, a list of published papers the research team used to inform the survey questions mentions the Gender Diversity Service at Perth Children’s Hospital, the Gender Service at the Children’s Hospital Westmead, New South Wales, and the Royal Children’s Hospital Gender Service, Melbourne (pp.24-5). So the review’s generalisations about ‘gender’ services apply in Australia as well as in the other seven countries (and presumably the situation is even worse in the countries where no service replied to the survey). The researchers summed up their findings thus:

The lack of evidence about short and long-term outcomes, coupled with the evolving demographics of individuals being referred to gender services [i.e. the increase in adolescent girls] and the different pathways to accessing psychological care, is particularly concerning in this context. Without high-quality data collection, it is not possible to describe or compare outcomes for children and adolescents seen by gender services internationally (Hall et al, 2024b: 8).

Nonetheless, most Australian authorities reacted to the Cass Review’s findings by denying that it had any relevance for Australia. A departmental brief for Australia’s Health Minister, Mark Butler, warned the Minister in April 2024 about the findings of the Cass Review. There was a “lack of robust evidence on the long-term benefits and outcomes” of puberty blockers, and they didn’t improve “gender dysphoria, body dissatisfaction or mental wellbeing”, the brief said. It did note that the Australian guidelines were rated poorly, but it also played down the local implications. It supplied the Minister with the widely-quoted line, “In Australia, the care pathways are different [than in the UK]”. This ‘difference’ was in part supposedly because access to the treatment was ‘centralised’ in the NHS in the UK, whereas in Australia it was spread across the states and territories (Lane, 2024d).

This assertion of ‘irrelevance’ to the Australian situation was reiterated by a senior official in the Department of Health, in response to questions asked in a Senate estimates hearing in June 2024 by One Nation Senator, Malcolm Roberts. This official said, “I think it’s important to understand that the context of the Cass review, compared to the Australian environment provided by the states and territories, is quite different”. The Department did not respond to a request for comment from Bernard Lane (Lane, 2024d).

⁵ Bernard Lane says ‘five’, including the Queensland Children’s Hospital (Lane, 2024a, b).

Tasmania's Department of Health, when asked by Women Speak Tasmania under FOI law for patient data from the government-run gender service in Hobart, refused to supply it, in part because, they said, it was not in a searchable format (Lane, 2024b). The Royal Australian & New Zealand College of Psychiatrists issued a five-paragraph statement rejecting an appeal that they recommend an independent review of gender clinics (Lane, 2024e).

Neither the Royal Children's Hospital Melbourne nor the Australian Medical Association would comment on the Review to the Australian broadcaster, the ABC. The AMA provided instead the inane pronouncement that, "people who are LGBTQIASB+ thrive in health care environments where they feel safe, affirmed, respected and understood". The meaningless expansion of the acronym indicates a thorough capitulation to the trans agenda. They also told the ABC that there should be 'greater access to gender-affirming treatment' (Timms, 2024). It is terrifying that Australia's peak body for the medical profession could be so out of touch with physiological reality.

This defensive response to the Cass report emanated from the trans lobby (whoever it was who actually said it). A Dr Portia Predny, from Australia's version of WPATH (APATH) said that the Cass findings wouldn't have any relevance in Australia because the Review only looked at the NHS in England. This is just another of transgender's lies. She was quoted saying "In Australia, our guidelines for gender affirming care for young people already prioritise holistic, individualised and person-centred care with the involvement of multidisciplinary teams of clinicians with all kinds of areas of expertise, to help and support young people to navigate their gender journey" (Timms, 2024). This implies that the studies Cass reviewed didn't do that. This is another transgender lie. As the report of the survey said, 'All services described a multidisciplinary team of health professionals' (Hall et al, 2024b: 3). It's anyway beside the point, even if it's true. The problem identified by Cass was not any absence of holistic, multidisciplinary etc. The problem was that there was 'remarkably weak evidence' for every aspect of transgender 'treatment' of the young, including in Australia.

The trans lobby ('some Australian clinicians and trans health experts') were dutifully reported by *The Guardian* to also say that Cass' criterion for high-quality evidence was 'unrealistic' because it discounted 'some moderate-quality observational studies' and 'plac[ed] a high emphasis on the need for randomised control trials' (Davey, 2024). Clearly, these 'clinicians' and 'experts' hadn't read the Review, or if they had, they're lying again. The Review did not exclude moderate-quality studies, only the low-quality ones (because they had no validity); and there was no emphasis on RCTs, simply a remark to the effect that it was the 'gold standard', and that there were none among the studies investigated.

These defensive responses on the part of the Australian authorities are not surprising. They have demonstrated their commitment to the transgender cause over and over again. Multiple calls for government reviews of gender clinics since 2019 have been ignored. In August 2023, Australian health minister Butler, had met with the 'gender medicine' lobby group LGBTIQ+ Health Australia, which sits on a healthcare advisory group, to ask about data on puberty blocker use (Lane, 2024e). Well, who else was he going to ask? All the acknowledged 'experts' are trans lobbyists. Those who are aware of what is really going on are individuals with no organisational

connection to what is happening, although many are as conventionally qualified as any transgender clinician, e.g. Dr Dianna Kenny, former professor of psychology at the University of Sydney, journalist Bernard Lane, clinicians at the Children's Hospital at Westmead in Sydney (Kozłowska et al, 2021), Tasmanian Senator Clare Chandler, psychiatrist Dr Andrew Amos at James Cook University, chair of the Queensland Section of Rural Psychiatry within the Royal Australian & New Zealand College of Psychiatrists, Emeritus Professor Patrick Parkinson at the University of Queensland Law School, to name a few, not to mention the innumerable women whose voices have been silenced in malestream ears by cries of 'transphobia', 'hate speech', 'terf' and 'bigot'. None of these are routinely, or ever, consulted by those with the power to do something.

To date (July 2024), the relevant Australian authorities are happy to do nothing in response to the Cass report. The lies have triumphed once again, and Australian children and young people will continue to be mutilated for the foreseeable future.

Research

There are plenty of transgender ‘research’ studies published in mainstream academic journals. The transgender agenda has been prolific in its production of these and singularly successful in getting them published, an output that is extraordinary, given that it’s all based on a lie. Version 8 of WPATH’s ‘standards of care’ (Coleman et al, 2022) has a bibliography of 1,537 items, most of them peer-reviewed articles in academic journals.

To take WPATH’s Version 8 as one example: its authors cite 20 references in support of their assertion, ‘There is strong evidence demonstrating the benefits in quality of life and well-being of gender-affirming treatments, including endocrine and surgical procedures’ (Coleman et al, 2022: S18). But even before the publication of Cass’ final report, the UK National Institute for Health and Care Excellence (NICE) had found not very strong evidence at all for ‘the safety and effectiveness’ of puberty blockers and cross-sex hormones (NICE, 2021a, b) (see below). NICE didn’t review 1,500 research studies, but most of those they did review are mentioned in WPATH’s bibliography (Coleman et al, 2022: S178-S246); and some of the authors of the studies NICE reviewed are among the 119 authors of the WPATH publication. The NICE reviews, however, are not mentioned in this latest version of WPATH’s advice to the medical profession.

Although the studies cited have the appearance of academic research, that appearance is deceptive because their methods are less than rigorous (to put it mildly). This is referred to in the literature as ‘methodological weakness’, the main one mentioned being the lack of control groups. Even the Dutch team has acknowledged that the absence of control groups is problematic. Two members noted, for example, that their conclusion from their review of the medical literature (that 96% of those who had had ‘sex reassignment’ surgery were satisfied with the results) ‘should be carefully qualified ... methodologically’ because none of the studies they reviewed had a control group (Gijs and Brewaeys, 2007: 199).

They went on to say that randomised control trials were ‘not feasible’ for ‘transsexuals who pursue nothing else but SR [sex reassignment]’, because offering anything but surgery to those who desperately wanted it might be unethical. It would also be counterproductive. Those who had already waited so long wouldn’t participate in the research if there was a possibility they would be allocated to the no-surgery group. Hence it would be difficult to get a large enough number of participants, and they wouldn’t be representative anyway (Gijs and Brewaeys, 2007: 215-6). However, there is a ready-made control group. People who have gone through transgender medical procedures can be compared with the general population, matched by relevant criteria (e.g. sex, age, ethnicity, location, etc.). When that is done (as in the Dhejne et al, 2011, study—see below), the results of those medical procedures have been found to be, at the very least, less than efficacious.

But the lack of control groups is anyway not the only problem. There are other reasons why transgender ‘research’ is unreliable. The main reason, of course, is that it’s based on a falsehood, one consequence of which is that its research must be organised to hide that. The lack of control groups is one way of doing this. Other forms of evasion are selection bias, ignoring the high drop-out rates and downplaying the significance of negative findings. Research participants are selected from the kinds

of places where the transgender agenda is likely to find positive affirmation—pro-transgender organisations, websites and networks, and the ‘gender’ clinics whose patients are still caught up in the transgender ethos; the reports of the studies ignore the implications of the fact that the number of participants at the end of the study period is less than the number at the beginning; and evidence undermining transgender’s rosy conclusions is brushed aside.

I discuss some pro-transgender studies elsewhere in various places throughout this work, wherever they are cited as evidence supporting transgender claims. Here, I want to focus on further examples of the research, discussing the ways in which it bolsters transgender’s image of itself and sells it to the wider society. This is not an exhaustive overview. I cannot claim to have looked at every piece of pro-transgender research ever published. Because I am neither employed by a university nor have an emeritus status, I don’t have access to the databases where the information is stored. The systematic reviews do have that access, and all have found transgender ‘research’ wanting. Below, I discuss some illustrative examples intended to give the reader a feel for the kind of research transgender appeals to. These examples may or may not be typical, but they are cited numerous times in the literature as evidence for transgender claims.

For some of the pitfalls of research design in trials of medical treatments, none of which is located with particular studies, see Cass, 2024: pp.50-1.

Bald assertion

Transgender’s favourite form of ‘evidence’ involves unsubstantiated assertions, often cross-referenced with each other’s unsubstantiated assertions. These assertions have been remarkably successful in convincing others that transgender medical interventions are ‘medically necessary’, that ‘trans people’ are a ‘marginalised and vulnerable group’, and that “those espousing gender critical perspectives routinely make transphobic, discriminatory, inaccurate, and harmful claims about trans people specifically, and gender more broadly” (Employment Tribunal, 2021: 63, para.268). (This is a quote from the statement from the London School of Economics objecting to the setting-up of the Gender Critical Network at the Open University by Jo Phoenix and others. The Tribunal hearing Phoenix’ case against the OU (see below) commented that this assertion ‘contained untrue statements’ and ‘provided no evidence or argument to back up their claim’) (p.64, paras.274-5).

I discuss some examples of this practice elsewhere (in the ‘Anti-transgender violence?’ section of the ‘... and statistics’ chapter). Here are a few more examples. One transgender partisan told researchers investigating autogynephilia that they had ‘ethical obligations’ because they were researching ‘marginalized and vulnerable groups’, and they needed to make sure they didn’t cause harm (Veale, 2015). In general terms outside the transgender context, this is good advice—except that the reference is to adult heterosexual men, surely the least marginalised category ever; and the ‘harm’ they were supposedly facing was ‘misgendering’, i.e. being referred to with masculine pronouns.

The critic of Littman’s 2018 paper introducing the concept of ‘rapid onset gender dysphoria’ (Restar, 2020) also referred to ‘this historically vulnerable and marginalized population’, although this time it wasn’t adult men but ‘trans-identified youths and young adults (including their parents)’. (Her arguments are discussed in ‘The

transgendering the young 3' chapter). This critic objected to what she referred to as Littman's 'pathologizing lens', meaning that Littman views transgender as pathology. And yet, if it is not possible to change sex, then there *is* something pathological about claims that it is possible, whether emanating from the young themselves or from the medical profession.

Again, an editorial in the journal, *Nature*, claimed that 'transgender people and those who do not fall into the binary categories of male or female' were 'marginalized groups' (Editorial, 2018). It was a complaint about a draft memo from the US Department of Health and Human Services that proposed to introduce 'a legal definition of whether someone is male or female based solely and immutably on the genitals they are born with'. This, the editorial complained, 'would make it easier for institutions ... to discriminate against people on the basis of their gender identity ... [and] has no foundation in science'.

Nature is arguably one of the most prestigious scientific journals in the world, and yet it has been seduced by the transgender phenomenon into spouting nonsense as 'science', namely, that insisting that there are only two sexes is to 'misuse and ignore science'. This is so obviously false that asserting it as 'truth' betokens something seriously rotten in the academic world. If 'gender identity' is dependent on such nonsensical criteria, those who supposedly possess one are not so much 'marginalised' as non-existent. While lies can certainly influence social reality—one only has to think of some recent political administrations—that influence does not make the lies true.

For a discussion of some of the inanities stemming from *Nature's* embrace of gender ideology, see: Lewis, 2020;

for a biologist's criticism of this editorial, on the grounds that it is 'evolution denialism', see: Wright, 2019.

Another example involved a self-styled 'trans woman' (i.e. a man) inveighing against 'the worst kind of ... scientist', i.e. 'those who use their authority status to peddle two-dimensional stereotypes of marginalized groups' (Serano, 2019). The 'marginalized group' in this instance again consisted of adult men, referred to by this author as 'trans women'. Clearly, he himself is hardly marginalised. He has an expansive presence on social media, has had a number of books published, and has often been invited to speak 'at queer-, feminist-, psychology-, and philosophy-themed conferences', while his writings have been used in teaching materials in 'gender studies' courses across the US (Wikipedia, viewed 18.8.2022).

The examples detailed above and elsewhere are typical of the 'evidence' the transgender agenda relies on to push its case: dubious pronouncements, some of them outright nonsense, unsupported by any evidence, in the absence of which transgender 'experts' cite each other. This practice, called 'citation cartels' or 'circular referencing' (Buttons, 2024), is not confined to the transgender agenda. There is growing concern about it in academe more generally. It involves a group of academics working in the same field who collude to cite each other's work as supporting 'evidence' for their own conclusions. Of course, citing the work of others in one's own field is standard academic practice, but it is only legitimate if there is evidence justifying the citation.

In the case of transgender, that is rarely, if ever, the case. This was made clear in the systematic review of transgender guidelines done for the Cass report (Taylor et al, 2040e). The University of York's researchers found that most of the guidelines around the world cited WPATH's 2012 Version 7 and the Endocrine Society's 2009 guidelines as 'evidence' for their own. But not only did the researchers find that those two sets of guidelines 'lack[ed] developmental rigour and [were] linked through cosponsorship', i.e. they cited each other, in their updated versions they cited those subsequent guidelines as 'evidence'. As the University of York's researchers said,

WPATH V.8 published in 2022 identifies numerous national and regional guidelines published as early as 2012 as potentially valuable resources and cites the APA [American Psychological Association], Australian, New Zealand and University of California, San Francisco, guidelines multiple times to support recommendations, all of which were themselves influenced considerably by WPATH V.7 (Taylor et al, 2024e).

The researchers found that they were able to recommend only the 2020 Finnish and the 2022 Swedish guidelines, because those guidelines took into account the evidence about 'the risks and benefits of medical treatments'. Neither of these two guidelines, they said, 'were included in previously published systematic reviews' (Taylor et al, 2024e).

For Norway's shift to a similar, more cautious approach to medicalising the young with 'gender dysphoria', because of its experimental nature and the insufficient evidence, see: Lane, 2023c.

Selection bias

One of the pitfalls transgender deliberately employs is selection bias, also known as 'convenience sampling'. This involves selecting a population to be surveyed that has characteristics that support the hypothesis, in the transgender case those who are satisfied with the procedures, while excluding anything that might undermine it. In the transgender context it ensures that the transgender agenda will only hear good things about itself. This does not apply to the physiological effects of the treatments, of course. But they either take a long time to manifest or they are argued away or ignored (the effects on bone density of puberty blockers, for example, or the destruction of the young person's future fertility or sexuality).

There is a multitude of small-scale studies done in medical contexts (for a long list, see: Gijs and Brewaeys, 2007) that reach positive conclusions about the transgender phenomenon—that the majority of those who have gone through the medical procedures are happy with the outcome, that there are very few who regret it, and that the procedures are beneficial. (For a discussion of the weakness of the evidence for supposed low rate of regret for undergoing transgender medical procedures, see the 'Rates of regret' section in the 'Surgery' section of the 'Transgendering the young 1' chapter).

But many of the studies supposedly showing that transgender medical procedures are beneficial are able to achieve such results because that's what they are designed to do. They are not designed to pick up adverse reactions to those procedures. The participants included in the eventual write-up of the research are those who say they're satisfied, but they have been recruited from the 'gender' clinics whose 'patients' are still committed to the transgender belief system. These are people who

are still in touch with transgender medical organisations and for whom the grip of transgender ideology is strong. There are no attempts to recruit those who have undergone transgender medical procedures and who deeply regret it, and who no longer have any connection to the places where it happened.

The large-scale surveys (Grant et al, 2011 and James et al, 2016 in the US; and Nodin et al, 2015 in the UK) discussed elsewhere (in the ‘... and statistics’ chapter) all suffered from selection bias because their sampling method only selected respondents who would agree with the study’s hypothesis, namely, those who ‘wanted to ... help to normalise sexual and gender diversity’ (to quote a highlighted statement at the beginning of Nodin et al, 2016) and who believed they faced ‘injustice at every turn’. (The information sheet for the second US survey told respondents that it was ‘the follow up to the National Transgender Discrimination Survey: Injustice At Every Turn’) (James et al, 2015: 251).

Being sourced through transgender networks ensured that only true believers would be recruited. The recruitment sources for the US surveys, for example, involved: ‘more than 800 transgender-led or transgender-serving community-based organizations ... [and] 150 active online community listserves’ (Grant et al, 2011: 12); and ‘individuals who identified as transgender, trans, genderqueer, non-binary, and other identities on the transgender identity spectrum ... [through] transgender- or LGBTQ-specific organizations’ (James et al, 2015: 23, 26). In the UK, initial recruitment was through the transgender organisations running the survey, PACE and RaRE, followed by ‘strategic websites’, Facebook and Twitter, paid online and print advertising, and publicity at events such as conferences (Nodin et al, 2015).

As commentators from the Society for Evidence-based Gender Medicine (D’Angelo et al, 2020) pointed out in relation to the second US survey (James et al, 2015), this targeting of transgender advocacy groups resulted in a ‘highly skewed sample’. Its demographic characteristics were quite different from those of the transgender participants in a sample collected by the US Centers for Disease Control, and it excluded those who identified as ‘transgender’ (or any of the other ‘gender diversity’ labels) but who were not politically engaged. Moreover, telling its potential respondents that the researchers wanted to hear about experiences of ‘injustice’ biased the sample towards the over-reporting of any bad experiences they said they had had because they were ‘transgender’.

In the absence of reliable findings, the survey reports resorted to shock-horror language. There were ‘hundreds of dramatic findings on the impact of anti-transgender bias’, declaimed the report of the first US survey, ‘discrimination was pervasive throughout the entire sample’, etc. (Grant et al, 2011: 2). ‘Pervasive mistreatment and violence’, announced the report of the second survey, ‘severe economic hardship and instability’, ‘a staggering 39% of respondents’, etc. (James et al, 2016: 4-5). But the results of the surveys prove nothing beyond the fact that there do exist people who believe that they are ‘transgender’ (or any of the other ‘gender identities’) and who believe that they are treated unjustly. But whether or not they are ‘faced with injustice at every turn’ is still, at the very least, an open question.

Most importantly, though, all the large-scale surveys excluded those who regretted the transgender experience, the detransitioners and desisters (D’Angelo et al, 2020: 2 of 10). It would be unlikely that they would still be affiliated with the organisations from

which respondents were recruited, but the surveys contained no questions for them anyway. It is unlikely that those whose transgender experience was dreadful would want to have anything to do with research clearly oriented towards reinforcing transgender meanings and values.

Earlier (in the ‘... and statistics’ chapter), I mentioned a number of studies that avoided selection bias because they included the whole population of people who had gone through transgender medical procedures. All of them uncovered a decidedly negative picture of life after transgender medical treatment. One of the earliest of them was a long-term follow-up study of all ‘sex-reassigned transsexual persons undergoing sex reassignment surgery’ in Sweden (Dhejne et al, 2011). It found that these people had ‘considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population’.

It was a whole-population study because the data came from several Swedish national registers (the Hospital Discharge Register, the Total Population Register, etc.). Sweden, along with the other Scandinavian countries, keeps detailed information on everyone who lives in the country, including immigrants. Whenever anyone changes their legal sex status after ‘sex reassignment’ surgery, they are issued a new national registration number, but the National Board of Health and Welfare maintains a link between the old and the new numbers, thus making it possible to follow individuals across registries and over time. (This kind of research would not be possible in Australia because the various state Registries of Births Deaths and Marriages explicitly refuse to keep the information about individuals’ ‘sex changes’).

The researchers looked at the outcomes for 324 ‘transgender’ individuals who ‘transitioned’ between 1973 and 2003, and matched each one with 10 non-transgender people. They looked at figures for ‘mortality, psychiatric morbidity, accidents, and crime following sex reassignment’ for each of the individuals in the study, from the date of ‘sex reassignment’ until either the date of the outcome event (e.g. hospitalisation), the individual’s death or emigration, or the end of the study period (31 December 2003). In the case of the matched non-transgender persons, the study began for them at the date of ‘sex reassignment’ of the person they were matched with. The average follow-up time for mortality was 11.4 years, and 10.4 years for hospitalisation for any psychiatric disorder. The researchers concluded that

The overall mortality for sex-reassigned persons was higher during follow-up ... than for controls of the same birth sex, particularly death from suicide ... Sex-reassigned persons also had an increased risk for suicide attempts ... and psychiatric inpatient care (Dhejne et al, 2011).

The authors said that their results didn’t mean that ‘sex reassignment per se increases morbidity and mortality’. ‘Things might have been even worse without sex reassignment’, they said. However, at the very least, the results do not support any claims that ‘sex reassignment’ is necessary to prevent people wanting to commit suicide, nor that it eases their psychological difficulties. On the contrary, those results suggest that people not only continue to remain troubled after undergoing procedures purported to ‘change’ their sex, their difficulties worsen (Dhejne et al, 2011. See also: Asscheman et al, 2011; Simonsen et al, 2011).

Later, the lead author of the 2011 study (Dhejne, 2017:⁶ 65) insisted that the results of the 2011 study had been ‘misinterpreted’ by being used to argue that ‘gender-affirming treatment should be stopped since it could be dangerous’. She reiterated the earlier point that things might have been even worse without the medical intervention. But while this is a plausible enough hypothesis, it hardly counts as evidence.

She cites Levine (2016) as the single example of an argument supposedly interpreting the earlier work as a warning about the ‘danger’ of trans medicine. But Levine (2016) didn’t say that. His article is a discussion about whether or not (male) prisoners should be given ‘sex-reassignment’ surgery (SRS). He cited the Dhejne et al 2011 article as evidence that ‘the suicide rate 10 years after SRS was high’, and that the adaptations ‘postoperative transsexuals’ have to make to live as ‘women’, even when they’re not in prison, leave them ‘vulnerable to decompensations’ (‘higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population’, as the 2011 article put it). When Levine (2016) suggested that SRS could be dangerous, it was because of the nature of the prison situation, especially that of long-term and life prisoners. For them, the stresses of everyday life are greater than for the general population, and the opportunities for self-motivated behaviour much less. He did not cite Dhejne et al (2011) at this point.

Dhejne (2017) also dismissed the criticisms on the grounds that ‘most’ of them ‘are published in non-peer reviewed papers and the public media in general’ (p.65). This does not apply to the Levine (2016) article, which was published in the peer-reviewed *Journal of the American Academy of Psychiatry and the Law*. Nonetheless, there is a very good reason why trans-critical articles do not on the whole get published in academic journals, a good reason that has nothing to do with the academic calibre of the writing or research. That reason is the capture of the academic sector by the transgender agenda (see the ‘Universities’ and the ‘Journals’ sections below). Suffice it to say at the moment that the university sector, and the academic journal industry that lives off it, have everywhere succumbed to the transgender mystique, having already been softened up by queer theory and postmodernism.

Some time later, in an interview on a transgender website, this researcher doubled down on her insistence that the results of her study had been misinterpreted. She said that the results relating to ‘mortality, suicide attempts, and crime’ were only relevant for the earlier part of the cohort of participants, those who had had the surgery between 1973 and 1988. For those who had gone through it more recently, between 1989 and 2003, ‘those differences [between the transgender participants and their matched controls] disappear’, she said. ‘What the data tells us’, she concluded

is that things are getting measurably better and the issues we found affecting the 1973 to 1988 cohort group likely reflects a time when trans health and psychological care was less effective and social stigma was far worse (Williams, no date. This interview is cited in Jones, 2019).

Dhejne did admit that the more recent group ‘accessed more mental health care’ than their matched, non-transgender controls, but in true transgender-obesant fashion, she put that down to ‘the level of ongoing discrimination the group faces’ (Jones, 2019).

⁶ This document is no longer available on the internet.

In other words, ‘trans people’ are anxious and depressed because of the way they’re treated by others, not because of the consequences of the medical procedures.

Whatever the explanation, it does indicate that people who have gone through the transgender surgical procedures *are* more distressed than people who have not. It may be, as Dhejne says, that it’s not the surgery that causes the distress, but it doesn’t cure it either. And ‘discrimination’ in trans-speak usually means other people disbelieving that someone has changed sex; and relying on disbelievers to collude with the transgender delusion is hardly likely to improve anyone’s mental health.

The results of another study using the Swedish data (Bränström and Pachankis, 2019)⁷ would seem to contradict Dhejne’s claim that the older cohort showed more distress than more recent cohorts. This study, the researchers said, found that the longer it was since people had had the surgery, the less likely they were to need treatment for psychological disorders: ‘increased time since last gender-affirming surgery was associated with reduced mental health treatment’ (Bränström and Pachankis, 2019). However, as critics have noted (Regnerus, 2019; Malone and Roman, 2020),⁸ the reduction in ‘mental health treatment’ only happened for those whose surgery had happened ten or more years before, and there were only 19 of them. For those whose surgery had happened less than ten years before, the percentage needing treatment for ‘mood/anxiety problems’ hovered consistently around 35%, only dropping to 21% at ten years. But 21% of 19 people is only four people. As the critics pointed out, this does not ‘lend... support to the decision to provide gender-affirming surgeries to transgender individuals who seek them’ (as Bränström and Pachankis, 2019 claimed).

Moreover, despite the fact that this was a whole-population study, it too suffered from selection bias. As their critics pointed out, the study only included those who were alive at the time of the study. ‘That means’, said one critic, ‘that those who died by suicide before 2014—and hence were at highest risk for suicide attempt—are excluded’ (Landén, 2020). Seeking help for psychological problems is not the only sign of distress. Killing oneself is a far stronger indication. But by restricting the investigation only to ‘mental health treatment utilization’, the study deliberately excluded this information. It did include information about hospitalisation for suicide *attempts*, but not for deaths by suicide, nor deaths for any other reason. Such information is available in the registers. It was included in the Dhejne et al, 2011 study, which came to far less optimistic conclusions (its lead author’s qualms notwithstanding).

In response to their critics,⁹ the authors acknowledged that ‘our analysis contains a very small number of suicide attempts and no information about previous attempts and completed suicides’ (Bränström and Pachankis, 2020). But, they said, that was a ‘drawback to using only one year of mental health treatment utilization data’, and

⁷ This study was supported by Swedish Research Council and the Swedish Research Council for Health, Working Life, and Welfare.

⁸ At the end of their paper, the authors (Bränström and Pachankis, 2019) list six letters to the journal criticising their methodology, plus their reply to those critics. All appeared in the Letters to the Editor section of the August 2020 issue.

⁹ <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.1778correction>

anyway, they had reported this limitation in their original article. But the single year of data (for the 2,679 people who had a diagnosis of ‘gender incongruence’ between 2005 and 2015) wasn’t the only limitation.

Limiting their ‘outcome measures’ to ‘mental health treatment’ meant they didn’t look for completed suicides at all, or deaths for any other reason, even in that single year of data. They didn’t admit that this limitation might have skewed their data away from the most distressful outcomes of treating ‘gender incongruence’ as a medical concern. They didn’t address the methodological weakness of using 19 persons as evidence for a drop in ‘mental health treatment’ visits. They continued to insist that their study ‘lends support for expecting a reduction in mental health treatment as a function of time since completing [‘gender-affirming’] treatment’ (Bränström and Pachankis, 2020), despite the fact that it does no such thing. As two of its critics said,

Because of the limitations in the study design, it is not possible to determine the cause of the differences in mental health service utilization or whether true reductions in psychological distress actually occurred. Therefore, the authors’ conclusion that the results of their study should be interpreted to support policies that provide gender-affirming surgeries cannot be supported (Malone and Roman, 2020. See also: Kuzma, 2020)

Selection bias is probably inevitable, including in research projects with initial premises diametrically opposed to transgender, namely, that ‘transgender’ is an fictitious category generated by peer-group frenzies on social media (e.g. Littman, 2018), and that transgender medical procedures are harmful, not helpful. Selection bias is inherent in the choice of research participants. But whether or not it adds to knowledge in the area depends on the purpose of the procedures. Are they intended to give a voice to those who are not being heard in the dominant research in the area (as Littman’s research aimed to do); or are they designed to exclude those voices? In the case of the studies discussed here, the way participants were chosen excluded an important aspect of the transgender phenomenon, namely, those who were harmed by it.

Selection bias has served a purpose for the transgender agenda. It has demonstrated that there *are* people who say they’re ‘transgender’ (etc.). But in doing so, it simply reproduces the transgender lie. The studies are not concerned to discover any truth about the transgender phenomenon, to expose its falsehood and the havoc it has wreaked in the lives of so many people. They are no more than public relations exercises, using suspect ‘research methods’ to put a glossy superficial veneer over an illusion.

Drop-out rates

Selection bias is connected to high drop-out rates, also called ‘attrition’. It is most likely to be those who are satisfied with their treatment who participate in the studies, but they are not the only people originally included in the research populations. Too often, the study starts with a certain number of people, but by the time the study is finished, only a proportion of that original population remains. It is true that attrition in a study that surveys a population over time is normal, even inevitable. All longitudinal studies have drop-out rates. But it is among the drop-outs that the dissatisfied and the regretful are to be found, along with the information needed to

give a more accurate picture of the transgender medical regime than the unrelieved self-congratulatory reports of the supposed ‘benefits’.

One example is a study by the Dutch researchers that came to the positive conclusion that ‘there is no reason to doubt the therapeutic effect of sex reassignment surgery’, because the majority of respondents to their study said that they were ‘happy’ or ‘very happy’ with the results (Kuiper and Cohen-Kettenis, 1988). But a significant proportion of people were excluded from their original intended sample because they couldn’t be contacted. The original sample was 229 people, i.e. all those attending the principal organisation providing care to ‘trans’ people in the Netherlands, the Netherlands Gender Center Foundation, at the time of the study. But there were only 141 people who participated in the study (105 men who called themselves ‘women’, and 36 women who called themselves ‘men’). Eighty-eight of the 229 people (38%) weren’t contactable—seven refused to cooperate, 39 did not respond to the recruitment letters, and 42 could not be traced. So the results relate to only 62% of their intended sample. If those who didn’t participate had been included, there might have been very good reasons indeed to doubt the benefits of ‘sex reassignment surgery’.

There were other reasons to doubt it, too. The authors themselves raised the possibility that even the positive responses might not be altogether trustworthy. ‘The self-reported happiness may have been distorted by wishful thinking’, they said. ‘It is possible that ... the persons simply cannot accept the notion that all has been in vain’ (Kuiper and Cohen-Kettenis, 1988: 453). They also said that ‘the subjective nature of the data places restrictions on any attempt to answer the question of reliability, because it is impossible to apply hard, objective criteria’ (p.452). In other words, people don’t always tell the truth when they’re answering survey questions (‘the subjective nature of the data’), and there is no concrete evidence against which their answers can be tested. These caveats, however, were not seen as a good reason to doubt ‘the therapeutic effect of sex reassignment surgery’.

Another example of a high drop-out rate concerns a study by Olson-Kennedy and her colleagues (Olson-Kennedy, Okonta et al, 2018).¹⁰ It ‘examin[ed] the physiologic impact of gender-affirming [i.e. cross-sex] hormones in a cohort of adolescents aged 12-24 years’ at the Center for Transyouth Health and Development at Children’s Hospital in Los Angeles (p.399). The researchers assured us that ‘gender-affirming [i.e. cross-sex] hormone therapy is safe over a time period of approximately two years’ (p.401). But the original sample size was 101 young people, and by the time of the two-year follow-up, there was data only for 59 of the original sample.

The authors don’t tell us directly why an unacknowledged 41% of their sample dropped out before the two-year period was up. They wouldn’t know because they didn’t follow them up. But they did say that their study was ‘limited by the variability in the adherence rates to medication’ (which is a euphemistic way of saying that some of their sample dropped out, without saying how many). They hypothesised that the young people might have had difficulties getting access to the medication or to follow-up appointments, or they might have moved somewhere else. But whatever the reason for the drop-out, losing 41% of the sample over the course of the study does not justify any generalisations about the safety of the hormonal regime,

¹⁰ For a number of critiques of the work of Johanna Olson-Kennedy, see the website *4thWaveNow*.

especially given how young the research subjects were—13 of the remaining sample of 59 were under 16 years of age when they started on the hormonal regime (p.399). While this study did indeed find no evidence of harm, that might be because its design—short-term, no attempt to follow up the drop-outs—ensured that it wouldn't.

The Dutch researchers mentioned above (Gijs and Breweays, 2007) did discuss the drop-out rates in the studies they reviewed, and the (negative) implications for 'the external validity or generalizability' of the studies' conclusions (p.200). '[P]atient numbers', they said, 'are seriously skewed' because a large number of the original participants in most of the studies 'were lost at follow-up'. The drop-out rate for the females who had had surgery ranged from 0% to 81% with an average of 24%, while the rate for males ranged from 0% to 73% with an average of 39%. This makes it 'very difficult', the reviewers said, to make any accurate assessments of the effects of the transgender surgery. It is possible that it is within the drop-out group that the bad effects of the surgery are to be found (p.199). Nonetheless, their conclusion, they said, 'still stands': 'Despite methodological shortcomings of many of the studies, we conclude that [sex reassignment surgery] is an effective treatment for transsexualism and the only treatment that has been evaluated empirically with large clinical case series ... 96% of the persons who underwent [the surgery] were satisfied and regret was rare' (pp.178, 215). But if the 'large clinical case series' consisted of studies that ignored the drop-out rate, their findings are not sufficiently valid to justify generalising from them.

An internet blogger explained why people with bad experiences might not want to have anything to do with the transgender agenda, including its 'research'. She published two posts (which have since been deleted) explaining why people who are dissatisfied with their 'transition' experiences might be reluctant to talk about it. '[I]t's important for those facilitating medical transition', this blogger said, 'to know that detransitioned people may not be forthcoming about our experiences because our transitions are associated with trauma, self-destructiveness and shame, among other things'.¹¹ A year later, this woman said,

I wrote "Lost to Follow-Up" [the original post] to describe how anxiety, fear and other intense feelings could get in the way of a detransitioned person contacting their old medical providers and informing them of their detransition. People often overlook how many detransitioned people don't trust their old providers, feel shame about transitioning or otherwise experience strong emotions that could prevent them from coming forth and how this could lead providers into thinking that detransition is much less common than it is. How can you accurately gauge how many people detransition if many of us don't want to talk about it for one reason or another?¹² (For more stories of regret, see: Carol F., 2019; Dodsworth, 2020; GHQ 8, no date).

For another piece by the same author, see: crashchaoscats, 2016 (also no longer available on the internet);

¹¹ [no longer available] <https://crashchaoscats.wordpress.com/2017/01/30/lost-to-follow-uphow-far-can-you-follow-me/>.

¹² [no longer available] <https://crashchaoscats.wordpress.com/2018/02/08/follow-up-to-lost-to-follow-up/#more-1764>

for a detailed account of this author's 'transgender' experience and her detransitioning, see: Anderson, 2018: chapter three.

Researchers in another field found that the patients who had been lost to follow-up were most likely to be those suffering the worst outcomes. The study (a 16-year follow-up of 2,268 people who had had hip replacements) found that those who had dropped out were those who had had significantly worse clinical outcomes at their last assessment than a control group. So conclusions that don't take such patients into account are likely to generate false positives. In the interests of preventing such unreliable results, the authors suggested using 'a loss-to-follow-up quotient'. If more patients are lost than the number of respondents who express dissatisfaction or regret, then little reliance can be placed on any positive results (Murray et al, 1997).

I have come across no transgender studies that follow this advice, or have even heard of it. Over and over again, pro-transgender studies come to positive conclusions that are only vaguely justified by their results. But unless transgender studies take into account their selection bias and the drop-out rates, little reliance can be placed on their findings. Of course, if they do take those methodological weaknesses into account, they might find out what they don't want to know, namely, the harm caused by transgender medical procedures.

Reviews

Even before Cass, there were systematic reviews of studies extolling the benefits of transgender medical procedures, all of them finding methodological weaknesses, the chief one being the lack of random control trials. But the selection bias and high drop-out rates described above are rarely mentioned in these reviews; and while the acknowledged 'low certainty' of the evidence casts doubts on the validity of the conclusions of the reviewed studies, none of the reviews finds that a sufficient reason to recommend an end to transgender medical practices.

The UK National Institute for Health and Care Excellence (NICE) produced two reviews of transgender research studies for evidence of 'the clinical effectiveness, safety and cost-effectiveness' of puberty blockers and cross-sex hormones. Their overall conclusion was that that evidence was invariably of 'very low certainty' (NICE, 2021a, b).

The first NICE review (NICE, 2021a) examined nine studies of puberty blockers, while the second examined ten studies of cross-sex hormones (NICE, 2021b). None of the studies in either category had control groups, so any differences they found could have been due to chance, the normal maturation process, or any other treatment they were receiving. The authors did note that there were 'ethical issues' involved in using control groups because it would mean withholding treatment from some of the research participants. But, they also said, those not receiving the hormones could be 'given close psychological support', and this 'may reduce ethical concerns in future trials' (NICE, 2021a: 40; NICE, 2021b: 47). They also said that comorbidities were reported 'very poorly', and treatments apart from the puberty blockers and cross-sex hormones were not reported at all. As a consequence, there was no way of telling whether any of the observed changes were due to the puberty blockers/cross-sex hormones, or whether they were due to other treatments (NICE, 2021a: 41; NICE, 2021b: 13).

In relation to the puberty blocker studies, NICE commented that the changes reported in the studies were ‘either of questionable clinical value’, or were ‘not reliable’ (NICE, 2021a: 13). In relation to the cross-sex hormone studies, they noted the studies’ short follow-up periods with treatments lasting on average between one and just under six years; the poor reporting of participant numbers and of the treatment regimes (medicines, doses, how administered); and the use of different scoring tools and methods to assess the same outcome, often with conflicting results from one study to another (NICE, 2021b: 13).

The Dutch team didn’t comment on the NICE findings, but they did object to a similar finding by the UK High Court in the Bell case, namely, that ‘gender-related medical treatment’ was ‘highly uncertain’. The Dutch team cited two of their own studies that supposedly showed ‘promising findings on [its] effectiveness’ (de Vries et al, 2021: 3). Unfortunately for their argument, the earlier of those studies (de Vries et al, 2011) was one of those investigated by NICE and found to be ‘of low certainty’.

Another two studies the Dutch team cited (Achille et al, 2020; Kuper et al, 2020), supposedly showing ‘the decline in [young people’s] depression and anxiety scores and [their] improved quality of life’, had also been unfavourably reviewed by the NICE team, as had another study, this time by GIDS staff (Costa et al, 2015). The Dutch team agreed about ‘the relative [sic] paucity of scientific evidence’ (de Vries et al, 2021: 2-3), but their only response to this ‘paucity’ (‘relative’ to what?) was to call for further research. There was no suggestion that the dearth of evidence might be a warning sign that all was not well with ‘gender-related medical treatment’; nor was there any hint that it should be halted until and unless the confirming evidence was available.

The two NICE reviews were intended to inform the Cass review (see ‘The young (2)’ chapter). Cass’ comment on them was that their findings were ‘not conclusive enough to inform policy decisions’ (Cass, 2022: 90). But the findings of the pro-transgender ‘research’ are not conclusive either, as shown by the reviews of that research discussed here, and yet they have influenced policy decisions everywhere. Moreover, the finding that the evidence for the effectiveness and safety of the medications was of ‘very low certainty’ *should* inform policy decisions. Why are the young being dosed with them if there is little or no evidence that they are doing what is claimed for them, and some evidence that they are harmful?

The NICE reviews were preceded by a number of other systematic reviews, all of which came to much the same conclusions. A review of studies claiming positive results from transgender surgery, by an organisation at the University of Birmingham called the Aggressive Research Intelligence Facility (ARIF, 2004), was initially carried out in 1997 and updated in 2004 (although not since). Its overall conclusion was that,

[t]he degree of uncertainty about any of the effects of gender reassignment is such that it is impossible to make a judgement about whether the procedure is clinically effective (ARIF, 2004).

This review surveyed earlier reviews of transgender research, which together covered more than 100 studies of people who had had ‘gender reassignment’ surgery. It was commissioned by *The Guardian* newspaper after they had been contacted by several people who regretted ‘changing gender’ (Batty, 2004).

The text from which I have taken this information (ARIF, 2004) is no longer available on the internet (although *The Guardian* article—Batty, 2004—is). A URL on the University of Birmingham website tells us that

ARIF was a specialist unit set up in 1996 ... It's aim was to improve the incorporation of research findings into health care decision making in the NHS in the West Midlands ... These reports undertaken by ARIF are likely to no longer be current given the high likelihood of more recent research being undertaken in the last decade. For this reason reports are no-longer available and more recent assessments of research evidence should be sought or new ones undertaken.¹³

ARIF ceased to exist in 2011. We are told that the ARIF databases are 'are still available for searching', but there were no results from entering 'gender reassignment surgery' (the title of the 2004 text) into the ARIF 'Search' function. In other words, this review, with findings unfavourable to the transgender ethos, would seem to have been eliminated.

The University of Birmingham's excuse for this elimination—that the ARIF findings 'are likely to no longer be current'—is yet another transgender lie, for the simple reason that the ARIF findings continue to be replicated by subsequent reviews. Over two decades before the NICE reviews, ARIF reported that the studies they reviewed did not give sufficient detail about their methods to be sure that bias had been avoided; and most of the research designs the studies used to answer the question about the effects of 'gender reassignment' surgery had a marked tendency towards bias. They also mentioned the lack of control groups. Most importantly, there were the high rates of loss to follow-up in many studies, over 50% in some cases. It could be that the reason why people could not be followed up was a result of the surgery itself, e.g. they were traumatised by it, or they had committed suicide. The director of the research facility that carried out the survey admitted as much. He was quoted saying that there were "still a large number of people who have the surgery but remain traumatised—often to the point of committing suicide" (Batty, 2004).

Another review of studies on the consequences of transgender medical procedures also found that those studies were too weak methodologically to be able to say anything definitive about how 'trans people' were faring after their treatment:

"Statistically significant improvements have not been consistently demonstrated by multiple studies for most outcomes. Evidence regarding quality of life and function in male-to-female (MtF) adults was very sparse ... The study designs do not permit conclusions of causality and studies generally had weaknesses associated with study execution as well" (Hayes Inc. (2014) 'Hormone therapy for the treatment of gender dysphoria' *Hayes Medical Technology Directory*, quoted in Anderson, 2018: chapter 5).

More recently (June, 2022), Florida's Agency for Health Care Administration produced an extensive review of the transgender medical literature, which investigated 75 prior reviews of studies on puberty blockers, cross-sex hormones and surgery. All of the evidence in the studies reviewed, suggesting that these 'treatments' improved 'gender dysphoria' and other distress such as depression, was of 'low certainty' and 'very low certainty'. The main reason once again was lack of control groups, which

¹³ <https://www.birmingham.ac.uk/research/activity/mds/projects/haps/pheb/arif/index.aspx>

meant that it was impossible to know what had actually caused the reported improvements (Lane, 2022b).

For doubts about the informed consent process in the management of so-called ‘gender-affirmative care’, because of the ‘very low quality evidence’, see: Levine et al, 2022.

Medical consensus

As well as relying on its ‘remarkably weak’ research, transgender relies on what it refers to as ‘expert professional consensus’ (Coleman et al, 2022: passim). For the American Psychiatric Association’s ‘gender identity disorder’ task force (Byne et al, 2012), the consensus among the medical profession was the reason why transgender medical practices should be allowed to continue, despite the fact that ‘[t]he quality of evidence pertaining to most aspects of [‘gender identity disorder’] treatment ... was determined to be low’. ‘[A]reas of broad clinical consensus were identified’, they said, ‘and were deemed sufficient to support recommendations for treatment’ (p.759). That consensus, they said, involved six areas of agreement: (1) what counts as a diagnosis of ‘gender identity, gender role behavior, and gender dysphoria’; (2) the need to diagnose ‘any coexisting psychiatric conditions in the child’; (3) addressing ‘mental health concerns in the caregivers and difficulties in their relationship with the child’; (4) what to include in ‘fully informed consent’, including the fact that ‘knowledge regarding the influence of childhood treatment on outcome’ is ‘currently incomplete’; (5) information for the child; and (6) assessment of the child’s situation ‘in terms bullying and stigmatization related to gender atypicality’ (p.764).

But these areas of agreement do not justify transgender medical practice, they are simply a description of it. They wouldn’t exist were it not for a more basic agreement, namely, that people can change sex, or at least change to a workable simulacrum of the opposite sex, and that medical transgender interventions are beneficial not harmful, or at least that the benefits outweigh the harm. There is also a consensus that there is a spectrum of sexes rather than just two. Calling sex ‘gender’ might disguise what the ‘spectrum’ terminology really means and hide its ridiculousness. ‘Gender’s’ inherent slipperiness of meaning is particularly suited for this purpose. The APA’s ‘gender identity disorder’ task force (Byne et al, 2012) could recommend transgender medical practices despite the ‘low quality’ of the research evidence, because they did not address this prior consensus (which can’t be rationally defended because it is false).

But the fact that there is a ‘broad clinical consensus’ is the *problem*. It is a consensus engineered by vested interests powerful enough to override common sense, reason and reality itself. Consensus is not in itself a reason to recommend transgender medical ‘treatment’. The history of modern medical practice is full of examples of a broad clinical consensus about medical practices that were later agreed to be dangerous.

As Alison Clayton noted, there are

multiple examples of what may be called dangerous medicine. Such medicine is invasive, risky, and lacking a rigorous evidence base, but is enthusiastically embraced and celebrated by members of the medical profession and the public. Then, with the passage of time, such medicine is viewed with more scepticism. It is recognized as not being as beneficial

as claimed and as causing more harm than acknowledged. It comes to be mostly seen as misguided, occasionally even criminal (Clayton, 2022: 691).

For the deep sleep therapy carried out between 1963 and 1979 at Chelmsford Private hospital in New South Wales, see: Commonwealth of Australia, 1993; Walton, 2013;

for the career of ‘America’s father of gynecology’, J. Marion Sims, see: Carlton, 2020; Daly, 1978: 225-6; Grant 2006.

Something more than broad clinical consensus is needed as a recommendation for transgender medical procedures. What that something else might be is not immediately obvious, especially as what should be immediately obvious, namely, that no one can change sex, is routinely ignored. Still, a clinical consensus that appeals to dubious research is not a recommendation.

It would seem, though, that the consensus is ‘cracking’ (as Bernard Lane has put it) (2022b). Health authorities in the US state of Florida, for example, issued a report advising against Medicaid payment for transgender medical procedures for children. None of the medical organisations that support such treatments, the report is quoted saying, “relies on high quality evidence”. “Their eminence in the medical community alone”, it said, “does not validate their views in the absence of quality, supporting evidence” (Lane, 2022b).

The lack of reliable evidence for transgender medical procedures has been known for a long time, and there has been some change in the right direction, e.g. the decisions by the Finnish and Swedish health authorities and the NHS to prohibit dosing the young with puberty blockers other than within research projects. Hopefully, the consensus about transgender medicine will eventually come to its senses, and its dangers become the broad consensus and with medical consensus following, through legal compulsion if need be.

Misquoting

Another of the ploys transgender uses to interpret research in their favour is to misquote it. They even misquote their own research. As mentioned elsewhere (in ‘the PACE survey’ section of the ‘... statistics’ chapter), Mermaids’ CEO, Susie Green, falsely quoted the findings of the PACE survey, when she claimed that 48% of the young people surveyed had attempted suicide while implying that that was 48% of ‘more than 2000 trans people in the UK’, and without acknowledging that it applied only to 13 out of 27 individuals. Admittedly, the report of the survey she quoted (Nodin et al, 2015) also fudged its own findings. It heavily emphasised the 48%—separated out in 73pt purple type in the right-hand column on page six—without mentioning anywhere in the text that it referred only to 13 individuals.

It is only possible to find that out by a careful reading of a somewhat misleading graph comparing ‘suicide indicators [for] Cis vs Trans* young people’ (Nodin et al, 2015: Figure 3, p.49). The graph is misleading because it assumes comparability by using percentages rather than numbers. We are told that 48.1% of ‘trans* young people’ had attempted suicide, and 26.2% of ‘cis [sic] young people’. Stated like that, it does look as though more ‘trans* young people’ had attempted suicide than those who made no claims to be a sex other than the one they actually were. But the *numbers* are vastly different. While there were only 27 survey respondents who qualified as ‘trans* young people’, there were 458 young people who didn’t qualify as ‘trans*’. The

percentages refer to 13 individuals in the ‘trans* young people’ category, and 220 individuals in the other category of young people. Nothing of any significance hangs on the difference between the two numbers. There are always going to be more people who are not ‘trans’ (with or without an asterisk) than those who believe themselves to be ‘trans’. But it *is* significant that the researchers failed to mention that the much-trumpeted 48% referred only to 13 individuals.

Also as mentioned elsewhere (in the ‘Surgery’ section in “Transgendering the young 1’ chapter), two of GIDS’ workers partly justified mastectomies for girls under the age of 18, by citing six earlier studies supposedly showing that mastectomy is a beneficial procedure for girls and young women who claim to be ‘male’ (Richards and Barrett, 2013: 93). But these studies provided no justification for such drastic surgical interventions on the bodies of healthy girls. They simply exercised the usual transgender ploy of unsubstantiated assertion.

Two of the studies (Hage and Bloem, 1995; Monstrey et al, 2008) are just discussions of the surgical procedures, e.g. ‘For breasts with minimal to moderate skin redundancy, a concentric periareolar de-epithelialization technique, in combination with a subcutaneous mastectomy by a transareolar approach, is used’ (Hage and Bloem, 1995). But the fact that it is done is once again the *problem*, not a justification for continuing to do it. The second asserted that ‘patient satisfaction is high’ (Monstrey et al, 2008), but then, so was their drop-out rate. Of the 92 women (20 to 60 years of age) who underwent mastectomies between May 1991 and February 2003 at the Department of Plastic Surgery, Gent University Hospital, Belgium, only 28 were included in the study about satisfaction, a drop-out rate of nearly 70%.

Another two of the studies (Barrett, 2007; Wylie, 2004) are cited as evidence that bilateral mastectomy is ‘standard clinical practice in the UK’, as indeed it is, but again, the fact that it has become widely accepted is the problem, not proof that it is beneficial. Another of the cited studies (Monstrey et al, 2001) doesn’t attempt to justify amputating girls’ breasts. Its main concern is to extol the effectiveness of its ‘multidisciplinary gender team’. It just asserts that the surgery ‘greatly facilitates the real-life test [the period of time a girl or young woman must live as ‘male’ before being considered for genital surgery] or his [sic] adjustment to a male life style’, and that ‘a male chest contour is of utmost importance for [female-to-male] transsexuals’.

The last of these six studies (Newfield et al, 2006) was quoted by Richards and Barrett (2013) as evidence that ‘chest reconstruction [sic] “not only enhances the [female-to-male] transgender identity, increases self esteem, and improves body image, but provides some security and safety for those who remove their shirts in public areas”’. This is an accurate quote, but the evidence doesn’t justify this conclusion from the reported study. The aim of the survey was to examine the quality of life of ‘FTM [female-to-male] transgender people’, including those who had had mastectomies, and to compare their quality of life with that of the US population in general.

It’s true that those of their respondents who had had mastectomies (‘top surgery’) had higher quality-of-life scores than those who hadn’t. But despite the authors’ optimistic assertion above about ‘enhancing self-esteem’, in fact they found that the US participants ‘had diminished mental-health related [quality of life] compared with the general US population’ (Newfield et al, 2006: 1452). They then went on to assert that the physical well-being of their respondents overall did not ‘appear to be diminished’,

and neither were they less physically healthy than women of the same age. But when compared with *men* of the same age, their respondents did ‘appear to have diminished physical health’. The authors went on to comment that, ‘[b]ecause FTM people are biologically female, they may be more physically similar to women than to men’ (p.1453). Well, yes. Despite the best efforts of the transgender agenda, they remain female.

So the studies that supposedly showed that mastectomy ‘increases self esteem’ (etc.) did no such thing apart from the usual bald assertions. Any positive findings about the quality of life of ‘transgender’ young women could be the result of the usual problem of selection bias. For example, the 446 respondents to the Newfield et al (2006) survey of ‘transgender’ girls were recruited ‘using email, Internet bulletin boards, and postcards’ and directed to an internet site called ‘transurvey.org’ (Newfield et al, 2006: 1447). Those disaffected or harmed by the transgender medical pathway would be unlikely to participate, and thus negative responses were excluded from the start.

Another example: Olson-Kennedy and her colleagues (Olson-Kennedy, Warus et al, 2018: 432) tell us that ‘regret is present in less than 1% of transmasculine patients’ (i.e. young women who have had their breasts removed). They cite Gijs and Brewaeys (2007) as evidence for this 1%, but these researchers didn’t say that. Instead, they concluded (unjustifiably) from their review of the literature that 96% of people who had undergone transgender surgery were satisfied with it (see above). But that is a rate of regret of 4%, not 1%; and anyway, it is not a reliable indicator of the rate of regret because of the methodological weaknesses of the studies reviewed.

For detailed criticisms, including esoteric statistical analysis, of a study of young people at Seattle Children’s Gender Clinic, whose authors claimed that puberty blockers and hormones improved their mental health when their own data showed that it didn’t, see: Singal, 2022a.

Follow-up studies

One of the most reliable ways of investigating the effects of transgender medical interventions is to follow up those who have been treated for years afterwards. There are studies within the transgender framework that claim to be follow-up or longitudinal studies, but they are not very informative, being small scale and short term. They don’t follow up the whole of their original sample, only carefully selected sub-samples, and only for a short time, usually two years. All of them are prone to selection bias because participants are recruited from the ‘gender’ clinics, and drop-outs are usually not followed up.

Moreover, following up children during the ‘social transition’ stage, for example, (e.g. Steensma et al, 2011, 2013) is quite different from following up those who have gone through any of the medical procedures, all of which have serious repercussions for bodily integrity. As well, the relevant information is often not fully reported, and sometimes the way the results are written up is so confusing it is difficult to discover just exactly what it is the research has found. As even WPATH acknowledges, ‘Despite the slowly growing body of evidence supporting the effectiveness of early medical intervention, the number of studies is still low, and there are few outcome studies that follow youth into adulthood. Therefore, a systematic review regarding outcomes of treatment in adolescents is not possible’ (Coleman et al, 2022: S46).

The aim of one follow-up study (Olson et al, 2022)¹⁴ was to provide what the researchers referred to as ‘the first estimate of retransitioning’, by reporting on ‘the current gender identities of youth an average of 5 years after their initial social transitions’ (p.1). The study ran for just under five years, July 2013 to December 2017, but the children had all made ‘complete social transitions including pronouns and names (not just hairstyle and clothing changes)’ (p.4) before they were recruited for the study. The researchers’ conclusion was that very few children (2.5%) reverted to their real sex—‘retransitions are infrequent’ (p.1). But very few of their sample of 317 children, who were aged between three and 12 at the beginning of the study, had even started puberty blockers at that time (only 37 or 11.7%), much less the other two medical interventions; and the authors don’t report the medical status of the 291 participants remaining at the end of the study. So the 2.5% doesn’t refer to the percentage of those who had ‘retransitioned’ after going through all of the medical stages, or even through any of them. The only stage mentioned is ‘social transition’ (p.2). There is no information in the write-up of the study about whether or not any of the 37 children on puberty blockers were among the 2.5%.

But it’s difficult to know what to make of their findings anyway, because of the confusing way they reported them. They said that they observed ‘comparable’ percentages to the 2.5% rate no matter which block of participants they examined: the original 317 participants; the 291 participants they eventually followed up (just under 92% of the original number); the 200 participants who had been followed up five years after they socially transitioned (63% of the original number); or the 280 who were not on puberty blockers at the start of the study (88% of the original number) (Olson et al, 2022: 3-4). Given that it seems unlikely that groups of such different sizes would have identical percentages of young people who had left the transgender pathway (2.5%), it is doubtful that much credence can be placed on their results.

Just because something is called a follow-up or longitudinal study, that doesn’t mean that it is. In 2019, Johanna Olson-Kennedy and her colleagues announced the formation of a ‘longitudinal, observational study’, the Trans Youth Care study, investigating the effects of puberty blockers (90 participants) and cross-sex hormones (301 participants) over a 24-month period, with data gathered at baseline and at four subsequent six-month intervals (Olson-Kennedy, Chan, Garofalo et al, 2019). Or at least, that is what one report said. Another said: ‘Since initiation of funding in 2015, a total of 497 participants have been enrolled in TYC ... [puberty-blocker] cohort youth (n=93), [puberty-blocker] cohort parents (n=93), and gender affirming hormone cohort youth (n=311)’ (Olson-Kennedy, Chan, Rosenthal et al, 2019: 304, 310). The exact size of the original population included in the study continues to vary across the subsequent studies drawn from this project (see below).

The study involves a network of four university-affiliated ‘gender’ clinics, at the University of Southern California, Harvard University, Northwestern University and

¹⁴Although the study reported in Olson et al, 2022 is called the ‘Trans Youth Project’, it is not the same as the study with a similar name, the Trans Youth Care study (Olson-Kennedy, Chan et al, 2019) (see below). The lead researcher of this latter study is Johanna Olson-Kennedy, and despite the similarity of the names, they are not the same person. Kristina R. Olson is in the Department of Psychology at Princeton University, while Johanna Olson-Kennedy is at the Center for Transyouth Health and Development at the Children’s Hospital in Los Angeles.

the University of California San Francisco. ‘All four sites’, they said, ‘employ similar models of care ... and are considered the national leaders in the care of transgender children and adolescents’ (Olson-Kennedy, Chan, Garofalo et al, 2019: 4). These two reports contain no data from the study because even the first-enrolled participants hadn’t completed their 24-month visit until July 2018, and the last-enrolled wouldn’t have their final interview until September 2020.

But in yet another example of confusion, the authors of the first report say that there was an 88% retention rate for the 24-month visit, despite the fact that, as they themselves said, they were still ‘in the process of conducting the 6, 12, 18, and 24-month visits with the study participants’ (Olson-Kennedy, Chan, Garofalo et al, 2019: 7). They don’t explain how they knew that there was an 88% retention rate for the 24-month visit, when some of the participants had not had their 24-month visit at the time of writing.

None of the subsequent reports of the Trans Youth Care study to date follow up the whole of the original participant population, and hence do not qualify as longitudinal. Judging from those subsequent reports, it would seem that the participants provide a ready-made resource from which the researchers can pick and choose according to their own research interests. The study reported by Lee and her colleagues (and submitted for publication in February 2020) (Lee et al, 2020), for example, involved only 63 of the original 90 (93?) children in the puberty-blocker cohort, and none of the 301 (311?) in the cross-sex hormone cohort. The authors did give reasons for the restrictions on the numbers—they were only interested in those who were in early puberty in the puberty-blocker cohort. But while this study had its own rationale, it was not a follow-up study of all of the original 391 participants. It was also cross-sectional (at baseline), not longitudinal.

Again, the study reported by Millington and her colleagues (and submitted for publication in September 2020) (Millington, Schulmeister et al, 2020) is a report of some baseline characteristics of both cohorts, of height, weight, BMI and blood pressure, and the numbers were again reduced—78 in the puberty-blocker cohort, 296 in the cross-sex hormone cohort. These authors also had a reasonable explanation for the reduced numbers—they only wanted to investigate those in early puberty in the puberty-blocker cohort, and only those in mid- to late-puberty in the cross-sex hormone cohort. But again it is cross-sectional and doesn’t include all the participants, and hence it too doesn’t qualify as a follow-up study.

Another study, by Chen and her colleagues (published in June 2021) (Chen et al, 2021: 9), was also concerned only with baseline data, although the report gave different numbers again: 95 young people in the puberty-blocker cohort, and 316 in the cross-sex hormone cohort. They gave no explanation for the different numbers. They said that, at the time the participants were recruited, 28.6% of those intending to take puberty blockers had ‘elevated depression symptoms’, 22.1% had ‘clinically significant anxiety’, and 23.6% had had suicidal feelings at some point in their life, while 7.9% had attempted suicide. In the case of those intending to take cross-sex hormones, 51.3% were depressed, 57.3% had clinical levels of anxiety, and 66.6% reported suicidal feelings while 24.6% had attempted suicide. The ‘life satisfaction’ of all of the youngsters was lower than ‘population-based norms’ (Chen et al, 2021: 1, 7). While this did include the whole population of the Trans Youth Care study, again it was baseline information only. There was no comparison with the same population at

each of the later six-month intervals, after they had been taking the medications for some time.

Yet another study, by Schulmeister and her colleagues and (Schulmeister et al, 2022) (submitted for publication in March 2021) investigated ‘growth and height velocity’ in 55 of the puberty-blocker cohort at baseline and at the six- and 12-month follow-up, using data from medical records. The authors do give reasons why there were only 55 participants, rather than the original number (although they say that that number was 92 rather than the 90 reported in the original announcement, or the 95 reported by Chen and colleagues (2021). For example, one of those reasons was the exclusion of young people who started on cross-sex hormones before the 12-month follow-up (p.109). But again, this is not a follow-up of the whole population of the Trans Youth Care project.

A further study by Millington and her colleagues (Millington, Barrera et al, 2022) investigated the effects of cross-sex hormones on serum creatinine, a marker of kidney function. They found that taking cross-sex hormones ‘leads to changes in serum creatinine within 6 months of treatment’. It decreased for the boys and increased for the girls. After 12 months, it was, these researchers said, ‘more similar when compared by gender identity than by designated [sic] sex’. While this might be a source of gratification for the transgender agenda, it is also extremely worrying because it means changes in kidney function. As far as I know (I was not able to get access to the full text of this article), these authors did not treat this as a warning sign about the use of cross-sex hormones. Their only recommendation to clinicians was the use of different measures if the standard measure which shows how well the kidneys are filtering the blood (eGFR or estimated glomerular filtration rate) ‘is concerning’. And again, there were fewer participants than the whole of the enrolled, cross-sex hormone population—286 rather than 301 (or 311, depending on which report is used), and none of the participants were on puberty blockers.

Another self-styled ‘follow-up’ study much referenced in the literature (de Vries et al, 2011) was cited by Olson-Kennedy and her colleagues (Olson-Kennedy, Chan, Rosenthal et al, 2019: 306) as evidence for ‘a decrease in behavioral and emotional problems, a decrease in depressive symptoms, and improved general functioning for youth with gender dysphoria treated with puberty blockers’. While this is an accurate representation of what the authors of the study themselves claimed, it is not an accurate representation of the evidence, which the UK National Institute for Health and Care Excellence found to be of ‘very low certainty’ (NICE, 2020a).

The study (de Vries et al, 2011) involved 70 adolescents attending the Amsterdam clinic between 2000 and 2008, ranging in age from 11 to 17 at the beginning of the study. These 70 adolescents were part of a group of 111 adolescents who were prescribed puberty blockers at the clinic during that time, and they were the first of the 111 to move on to cross-sex hormones. Any improvements, such as they were, applied only to those 70 young people, i.e. to only 63% of the original sample. The authors said that ‘[n]o adolescent withdrew from puberty suppression’ (de Vries et al, 2011: 2276), but that was because they only *chose* those who didn’t withdraw, i.e. the first 70 of the original 111. Perhaps no one of the initial 111 withdrew, but what happened to the other 41 individuals (37%) is not mentioned. Perhaps that’s where the *non*-benefits can be found. But anyway, a study population of 70 hardly justifies dosing the young with medications that have known, or even possible, harmful

effects. Moreover, the report doesn't say how long the young people had been on puberty blockers between the time they were first assessed—'when attending the gender identity clinic, before the start of GnRHa'—and when they had their second assessment—'shortly before the start of cross-sex hormone treatment'. While some of the original sample were followed up, not all of them were; and there is no indication of the length of the follow-up time.

Although transgender research appears to follow up on the children and young people medicalised in its name, that appearance is deceptive, largely because of the 'low' and 'very low certainty' of the findings of the research projects. Despite the Trans Youth Care study's initial boast that it was 'longitudinal', so far it has not lived up to that promise. A genuine longitudinal study would follow the whole population (apart from those who can't be contacted as the study proceeds), for the whole length of the study, in order to find out whether, and if so to what extent, these factors had changed. To date that has not happened in the Trans Youth Care project.

For another current self-styled longitudinal study, called the 'European Network for the Investigation of Gender Incongruence' (ENIGI), and billed as 'a unique collaborative study of four European gender identity clinics' in Amsterdam, Ghent, Hamburg, and Oslo and the 'largest study involving transgender people', see: Cocchetti et al, 2022; Dekker et al, 2016; Kreukels et al, 2010; Reardon, 2019.

Arguing away the evidence

The transgender medical agenda does sometimes acknowledge the selection bias, the drop-out rate, the lack of follow up, and even the negative findings and the criticisms. But these are brushed aside and not seen as a reason to modify the optimistic conclusions drawn by the researchers.

For example, three clinicians from the Urology Department at New York University (Nolan et al, 2019: 186) said that transgender 'healthcare' ('for appropriately selected individuals') has been found to be 'unambiguously associated with ... decreased rates of psychiatric comorbidities'. As evidence they cited a review of studies which together covered 247 'transgender' adults (White Hughto and Reisner, 2016). But the findings of this review were far from 'unambiguous'. On the contrary, the evidence in these studies for improvement in psychological functioning was the usual 'low quality', with a number of 'methodological shortcomings' including selection bias. 'This review', the authors said, 'is unable to offer conclusive evidence regarding the effects of hormone therapy on quality of life for transgender individuals overall' (p.30). Despite this, even the reviewers said that the findings from their review 'support current clinical care guidelines such as the WPATH Standards of Care' (p.30). In that sense, the New York urologists (Nolan et al, 2019) were in agreement with the reviewers. But they ignored the reviewers' caveat about being 'unable to offer conclusive evidence', as did the reviewers themselves.

Again, a review of 38 studies 'investigating the prevalence of psychiatric disorders among trans individuals' (Dhejne et al, 2016) admitted that many of the studies they examined were 'methodologically weak' and that 'most' of them 'showed selection bias'. Nonetheless, the authors concluded that those studies had found that 'trans people' improved once they had had 'gender-confirming' medical treatment. In many cases, they improved to the extent that they were no different from the general

population. There was no consideration of the possibility that the improvement might have been due to the acknowledged selection bias.

Another review of the supposed benefits of transgender hormonal regimes, this time of 28 studies, (Murad et al, 2010: 229), concluded with the statement: ‘Very low quality evidence suggests that sex reassignment that includes hormonal interventions in individuals with GID likely improves gender dysphoria, psychological functioning and comorbidities, sexual function and overall quality of life’. But this way of putting it is deceptive. If the evidence is of very low quality, it doesn’t suggest anything. A more accurate way of putting it would be to say that the studies investigated all indicated that ‘sex reassignment ... likely improves’ things for its recipients, but that this conclusion is based on ‘very low quality evidence’, and hence claims of improvement are questionable. The authors even cited two studies that concluded that there was *no* improvement: ‘individuals with GID who undergo this transition *continue to have* high prevalence of psychiatric comorbidities such as depression and anxiety disorders, as well as a suicide rate that is higher than that of the general population’ (Murad et al, 2010: 214—emphasis added). (These two studies were not among the 28 studies reviewed because they were not focused on hormonal intervention).

The report of the Olson et al (2022) study said that there were ‘several large studies’ which had found that only ‘a minority of youth’ still identified as ‘trans’ when they were followed up (Olson et al, 2022: 5). The four studies they named hardly count as *large* studies—participant numbers ranged from 25 to 139. Nonetheless, their findings were contrary to the finding of their own study, that the percentage of those who were still ‘trans’ after five years was 94% (the other 6% being made up of the 2.5% who desisted altogether plus the 3.5% who were ‘living as nonbinary youth’) (Olson et al, 2022: 3). In one of these studies (Drummond et al, 2008), only 12% of young people (3 girls out of 25) ‘were judged to have GID or gender dysphoria’ when they were followed up; in another (Singh et al, 2021), only 12% of the boys (17 out of 139) ‘were classified as persisters’; and in another, only 27% (21 out of an original 77 of both sexes) ‘were still gender dysphoric’ at follow-up (Wallien et al, 2008). The fourth cited study, Richard Green’s *The “Sissy Boy Syndrome” and the Development of Homosexuality* (1987) found that most effeminate boys grow up to be homosexual, not transsexual.

Such discordant results had to be accounted for, and these researchers (Olson et al, 2022) briefly mentioned a number of reasons why the other studies might be wrong. Their first reason was the children in those studies weren’t really ‘trans’ after all. There are ‘some’ (authorities?), they said, who ‘question whether the majority of those children were the equivalent of transgender children today or not’. The reason for the questioning was that ‘about 90% of the children supplied answers that aligned with their sex at birth’ when they were asked whether they were a boy or a girl (Olson et al, 2022: 5). (For a discussion of the ‘not trans after all’ claim, see ‘The young (3)’ chapter). But the medical profession certainly saw them as ‘transgender children’. A more pertinent question is why the medical experts couldn’t tell the difference between the supposedly true ‘trans kid’ and the false. The authors didn’t ask this question. The Dutch team (Steensma et al 2011, 2013) have said that it is the intensity of the childhood dysphoria that predicts whether or not children will persist with their opposite-sex ‘gender identity’. But children don’t turn up at ‘gender’ clinics

unless their feelings are intense. As Jane Galloway has commented in relation to girls who had come to regret their ‘transgender’ experience, ‘they certainly felt *something* strongly enough to take Testosterone and have a double mastectomy’ (Galloway, 2019, 2022: 64—original emphasis).

Another reason these authors gave for the differences between their own findings and those of the cited studies was that society had changed. There were ‘greater rates of acceptance and acknowledgment of transgender identities’ nowadays, especially on the part of parents (Olson et al, 2022: 5). It’s true that there has been a change, an enormous one, and that is the surge in the numbers of young people, especially girls, presenting to ‘gender’ clinics, dating from around 2014-2015 (see the ‘Increase’ chapter). But that change can be explained in terms of the social contagion of a powerful ideology that has penetrated every social institution, rather than by the sudden appearance of so many hitherto hidden ‘transgender’ children, as these authors are implying. As well, if anecdotal evidence, social media posts and an internet presence are any guide, one of the changes is a surge in the numbers of ‘detransitioners’ too. The authors don’t mention this either.

Another reason they gave (Olson et al, 2022: 5) was that the children in the earlier studies probably hadn’t ‘socially transitioned’. Children who socially transition, ‘especially completely’, before they even start the medical procedures, are the ones most likely to persist with their ‘trans identity’. Here, the authors have inadvertently reinforced the fear of transgender’s critics, that socially transitioning children before they are put on the medical pathway is likely to embed them firmly within the transgender ethos. But then they undermined their own argument by saying that those children who had ‘socially transitioned’ before they were six years of age were the ones most likely to withdraw from the transgender ‘trajectory’ (their word): ‘Later cisgender identities [sic] were more common among youth whose initial social transition occurred before age 6 years; their retransitions often occurred before age 10 years’ (p.1). But then the numbers are so small—seven out of 124 who ‘retransitioned’ before the age of six, and one out of 193 who ‘retransitioned’ at six or later—they hardly count as evidence of anything at all.

Nonetheless, according to these researchers (Olson et al, 2022), the studies showing that only a minority of children persisted with their ‘gender identity’ were flawed because the children weren’t ‘trans’ after all, they hadn’t been socially transitioned before being included in the study, and society has changed. There is some truth in all of these objections. Indeed, because there is no such thing as ‘trans’ anyway, none of the children qualified, whether they remained on the trans trajectory or not. Moreover, socially transitioning very young children may indeed ensure that they stay with their chosen ‘gender identity’, but that is not a cause for celebration, but rather for dismay; and society has indeed changed in the direction of greater acceptance of the transgender agenda, although not for the better since it is acceptance of a falsehood. These objections can cut both ways. While these authors see them as arguments against the evidence for high desistance rates, they can also support a trans-critical stance that finds the transgending of children abhorrent, and regards the social transitioning of small children as grooming and the widespread social acceptance of the transgender agenda as a nightmare.

For further criticisms of this study, see: Donym, 2022.

Another way of arguing away the evidence is to ignore its implications. Transgender medical research does sometimes find that the medications have adverse effects, but that is never seen as a reason to cease using them. Instead, the unhealthy consequences are seen as ‘side effects’. It is well-known that all medication has side effects, and transgender medication is regarded as no different from any other kind. Either the patients just have to put up with it if they want to have the effect the medication is designed for, or the side effects are managed by changing the dosage or the timing, or moving to another brand. Usually, however, the evidence is simply reported with no acknowledgement that this might be evidence of harm. One example is the evidence for changes in young people’s kidney function after six months on cross-sex hormones (Millington, Barrera et al, 2022) (see above). The authors of the study seemed blithely unaware that taking cross-sex hormones might damage the kidneys. Clearly, in the transgender mind the benefits of living a lie outweigh any physical damage or lifelong dependence on medication.

A report of the European Network for the Investigation of Gender Incongruence (ENIGI) quoted Asscheman et al (2011) to the effect that ‘the largest increase in incidence of lethal cardiovascular events in trans women [i.e. men] seems to occur after 10 years of [taking cross-sex hormones]’ (Dekker et al, 2016: 998). But, they went on to say, the hormone these men were taking was a different one from the one being used in the ENIGI study. So that’s all right then, even though the ENIGI study was not even close to following up its participants for the median 18.5 years of the Asscheman et al (2011) study.

The belief that the benefits of living a lie outweigh any damage is most clearly demonstrated in transgender surgery. While the effects of the medications might be remediable, especially if taken for only a short time, the surgical removal of breasts and genitals cannot be remedied. And yet such glaringly obvious detrimental effects are treated with blithe indifference. ‘Gender-affirmation surgery’, says version 8 of WPATH’s ‘standards of care’, is ‘medically necessary ... to align a person’s body with their gender identity’ (Coleman et al, 2022: S128).

Sex, not gender

As already mentioned, the most basic methodological problem with transgender ‘research’ is that it is based on a falsehood, i.e. the refusal to acknowledge the reality of two sexes. But reality makes itself felt, no matter how vigorous the denial. The transgender agenda keeps bumping up against it. Despite its best efforts, that denial cannot be maintained. The use of the term ‘bisexual’, for example, indicates the existence of two sexes if it has any meaning at all—‘bi’ means ‘two’. Acknowledging the category ‘bisexual’ undermines their own attempts to replace the two sexes with multiple ‘genders’. It’s true that the trans agenda inherited the term ‘bisexual’ as part of its piggybacking strategy. It doesn’t play a big part, or any part at all, in trans discourse. The L and G part of the piggybacked acronym are more important, and lesbians and gays, especially lesbians, have been incorporated into the ‘sex doesn’t matter’ paradigm by defining them as attracted to the same ‘gender’ rather than the same sex.

But there are other ways in which the denial of the sex binary breaks down. Both of the US surveys included ‘crossdressers’ under the trans umbrella, presumably because this involves men wearing women’s clothing and hence supposedly transgresses

stereotypical masculinity. But the existence of two sexes is essential for male transvestite sexual desire. It is the contrast between his own male anatomy and the feminine clothing he is wearing that generates his sexual excitement. This is not a spectrum of 'genders', but a juxtaposition of two incommensurable extremes. Although the 'female' side will be stereotypical femininity rather than any real femaleness, the fact remains that what motivates the transvestite is the difference between the sexes, of which there are two and only two. Transvestism therefore reinforces the reality of two sexes, it doesn't undermine it.

Again, the transgender agenda insists on including intersex people among their ranks (despite being told by intersex people themselves to stop doing that) (see the 'Piggybacking' chapter). But intersex conditions reinforce the knowledge that there are two sexes, because they make sense only on condition that the existence of two sexes is taken for granted. 'Inter' means 'between (two groups)' and the relevant groups are the two sexes, not the ever-growing profusion of 'genders' invented by the transgender agenda.

It is inexorably *sex* that transgender medical practices are involved with, whether it be puberty blockers to prevent the development of secondary *sex* characteristics, hormones belonging to the *sex* opposite to that of the person presenting to the 'gender' clinic, or '*sex*-reassignment' surgery to remove *sex* organs. The transgender agenda cannot escape the two sexes, probably because it is impossible to abolish reality, no matter how clever, imaginative or socially powerful the attempts.

For a detailed critique of the original Dutch research, see: Abbruzzese et al, 2023;¹⁵
for approving commentaries on the Abbruzzese et al, 2023 study, see: Lane, 2023;
for a lengthy, rambling, pro-trans account of the development of 'transgender health care' for the young, repeating the transgender falsehoods that 'the rate of regret is very low' and that the opposition to transgender is the result of 'a right-wing backlash' and 'anti-trans vitriol', see: Bazon, 2022;
for discussions of the growing pressure for systematic reviews of the evidence, prior to the release of Cass' final report, see Lane, 2023a, d; SEGM, 2023a;
for an argument that the transgender medical profession's 'failure to investigate ... psychological support represents a failure ... to satisfy the long-standing principle of evidence-based practice' and that '[i]t represents both bad science and bad medicine', see: Hruz, 2017;
for an overview of what constitutes good and bad research, plus a critique of a number of (very bad) transgender research projects, see: Lesbians United, 2022;
for a lengthy critique of a study (Temple-Newhook et al, 2028: 14) that attempts to undermine the evidence for desistance from transgender procedures, arguing that

¹⁵ This study is referenced in Taylor et al, 2024f, the overview of recommendations commissioned for the Cass Review. However, while the report of the Abbruzzese et al study states unequivocally that the Dutch protocol was 'methodologically flawed and should have never been used in medical settings as justification' for subsequent transgender interventions, Taylor et al did not address that conclusion, nor the evidence behind it. Instead, their only comment is that 'there remains debate about the most appropriate assessment and care pathways' (p.1). The Abbruzzese et al study is not referenced in Cass' final report.

clinicians need ‘to move beyond longitudinal studies of identity that seek to predict children’s futures, and instead prioritize respect for children’s autonomy in the present’, see: Zucker, 2018;

for further discussions of the limitations of transgender research, all of them preceding the release of Cass’ final report, see: Heneghan, 2019; Heneghan and Jefferson, 2019; Lane, 2022a; La Scapagliata, 2018; Overwhelmed, 2016; Regnerus, 2019, 2020; SEGM, 2021a, b; Transgender Trend, 2016, 2019, 2022.

None of these resources was cited in the Cass Review (Cass, 2024). It’s true that they don’t qualify under the search criteria, i.e. inclusion in academic databases of ‘peer-reviewed’ articles. They are newspaper articles and blog posts. (One—Heneghan and Jefferson, 2019—was a blog on the *BMJ* website, but it probably wouldn’t have been included in a database). Thus the Review’s failure to notice the censorship happening in the university sector excluded a vast range of important literature critical of transgender, substantiated with solid argument and evidence more credible than that supplied by the Review’s two categories of trans-captured stakeholders.

Conclusion

All the seeming ‘evidence’ transgender relies on to justify its claims is suspect. Either it consists of bald assertions backed up by no evidence at all, or it involves methodological tricks that give the appearance of research while proving nothing very much at all, apart from the fact that there *are* people who embrace the transgender agenda. On that, both transgender and its critics can agree. Where they differ is in their ethical reaction to that fact. Transgender views the existence of people who claim ‘trans’ status as a good thing, while the critics view it as a disaster. From a trans-critical perspective, no evidence is strong enough to show transgender agenda in a positive light, or even that it is an ethically neutral phenomenon of no relevance to anyone but the people involved. In the final analysis, resolving the contradiction between opposed ethical stances is not a question of evidence at all, but of opposed ethical stances. An ethical stance like transgender’s simply ignores any evidence against it. If it can deny one of the most basic facts of human existence, it can deny anything. But if research has any purpose at all, it is the systematic uncovering of aspects of reality that are not immediately apparent. The key word here is ‘reality’, and trans ‘research’ has already disqualified itself from investigating reality by substituting fictional ‘gender identities’ for sex.

Nonetheless, despite the methodological problems with the pro-transgender research, it could be argued that most of the studies are showing that a majority of research subjects report positive outcomes from their transgender experience. But while this is true, it is an artefact of the methodology that makes no attempt to trace those who have dropped out, either of the particular research project or of the clinical treatment more generally. Moreover, surveys of the views of the patients themselves are unlikely to uncover the long-term physiological effects of the treatments. Patients are unlikely to know that their bones are not growing as strong as they should, for example, or that their kidneys are under stress, or that they are at increased risk of heart disease.

When studies actually measure what they purport to measure using appropriate methodologies, or their authors report their findings honestly, they uncover the negative consequences of transgender medicine. As one commentator noted ‘the best studies show the worst outcomes’ for the transgender agenda (Dirks, 2019). He

named and described eleven such studies, which found, either that the post-treatment groups were worse off than they had been before they had had the treatment, or there was no difference between the pre- and the post-treatment groups, or there was such a high loss-to-follow-up rate, almost 50% in one case, that any findings were unreliable (Dirks, 2019). Only three of these studies were included in WPATH's lengthy reading list (Coleman, 2022), one of which was the 2011 Dhejne et al study. Dirks (2019) commented that there is still so much that is unknown: how the young people will be faring in 30 years time; how many have detransitioned; what has happened to those lost to follow-up. He called for '[h]onest interaction with the medical literature', which already 'throws up enormous warning signs'. Given the drastic measures being employed by the transgender medical process, this lack of knowledge, he said, 'is nothing short of scandalous'.

If the favourable reports from transgender research are not being driven by the evidence, something else must be driving them. As any number of critics have said, that driver is ideological, mandated by powerful vested interests (see the 'Explanations' chapters). That the academic research community could be so easily captured by such a spurious worldview as that of the transgender agenda, is a sad commentary on the state of academic research, especially in the medical sciences. If medical science can be so misled in the case of transgender, what else has it got wrong?

Universities

Universities are where research happens. They are, as one commentator noted, ‘our primary institutions for knowledge creation’ (Glover, 2020). Hence it is assumed that what universities teach and produce will be as truthful as possible given the state of knowledge at any one time. And yet, universities have willingly allowed themselves to be overrun by the transgender agenda, not only granting ideological activists the most extraordinary power to dictate how we are permitted to understand the phenomenon (Biggs, 2018), but also granting the most extraordinary power to a falsehood.

Most of what follows is devoted to the situation in the UK, once again because that is where most of the information is. The situation elsewhere is mentioned now and again. For example, health insurance in more than 150 US colleges, universities and campuses covers puberty blockers, cross-sex hormones and surgery, while another 28 cover the hormones but not the surgery.¹⁶

There is also a section on the situation in Australia; and I discuss pockets of resistance, although not all of them located in universities. The transgender agenda does not have it all its own way, despite its enormous influence.

UK

It would seem that the whole of the university sector in the UK has been captured by the transgender agenda, including those two legendary centres of learning, Oxford and Cambridge, and most, if not all, of the other Russell Group universities.¹⁷ (Interestingly, two of this group of universities, Leeds and York, did not appear on a now-deleted list of ‘over 900’ Diversity Champions on Stonewall’s website, and yet both are staunch trans allies. The omission must have been an oversight). Around 120 UK universities are Stonewall ‘Diversity Champions’ (Bartosch, 2021), and 14 of Stonewall’s ‘Top 100 Employers’ are universities, including Oxford at one point (although not Cambridge).¹⁸

The University of Oxford actually boasts about its transgender affiliation. It is, it says, ‘proud to be part of [Stonewall’s] Diversity Champion Programme, and ‘makes a yearly submission to the Stonewall Workplace Equality Index’. At one point they were ‘delighted to announce that the University is now one of Stonewall’s Top 100 Employers’, but by June 2024 that statement no longer appeared on the website. They still say that ‘**Stonewall** is a recognised brand and we encourage all departments to use the logo in all recruitment and communications’.¹⁹

The ad-speak (‘brand’) is no accident. Since the neo-liberal capture of the tertiary education sector, money is all that matters, and Oxford’s predilection for the transgender agenda can be explained, at least partly, by money. In 2012, it received a

¹⁶ <https://www.campuspride.org/tpc/student-health-insurance/>

¹⁷ ‘a self-selected association of twenty-four public research universities in the United Kingdom ... established in 1994 to represent its members’ interests, principally to government and parliament ... sometimes perceived as representing the “best” universities ... so named because the first ... meetings took place at the Hotel Russell in Russell Square, London’ (Wikipedia).

¹⁸ <https://www.stonewall.org.uk/full-list-top-100-employers-2020>

¹⁹ <https://edu.admin.ox.ac.uk/stonewall-workplace-equality-index>

grant of \$US116.4 million from the Crankstart Foundation, owned by a partner in a global venture capital firm that invests in medical and technological advancements (Hoge, 2012). With its influential ideological demolition of sex, transgender is heavily involved in such ‘advancements’, examples of which Jennifer Bilek lists as, ‘nano-technology, bio-technology, genetic alterations, xenotransplantation, human interfacing with AI, and the techno-medical incursion into human reproduction’ (Bilek, 2022).

Whether or not Oxford deserves its reputation as one of the world’s leading centres of knowledge and learning, it is clear that intellectual brilliance is no match for ideological control. The brightest minds of any generation are as vulnerable to ideological capture as anyone else. Intellectual intelligence does not always mean emotional or ethical intelligence, and the brightest minds can exercise their talents on inventing and expanding dissociated games at the expense of remaining grounded in reality. This is especially the case under conditions of male domination, which demands dissociation in the interests of male entitlement (Thompson, 2020).

For a critical discussion of Oxford’s ‘official doctrine on gender, promulgated by its Equality and Diversity Unit’, see: Biggs, 2018;
for Oxford’s equivocal ‘Freedom of speech’ policy, see Reindorf, 2021: 108 of 108, *Appendix 7*.

The same analysis applies to the University of Cambridge, which is as enthusiastically involved in transgender as Oxford is (and probably every other institution of ‘higher learning’ in the country and across the world). Cambridge has an LGBT+ Staff Network for ‘all individuals ... who identify as lesbian, gay, bisexual and/or transgender (LGBT+)’, the inevitable Students Union LGBT+, a ‘Q+STEM @cam’ research network, and links with LGBT+ groups in Cambridgeshire.²⁰

The student culture on campus displays the same mindless transgender knee-jerking as campuses everywhere. When a porter at Clare College publicly announced his disagreement with transgender ideology, the student union called for him to be sacked. His repudiation of trans ideology had occurred when he resigned from his position as a Labour councillor on the local council rather than support a motion declaring “Trans women are women. Trans men are men. Non-binary individuals are non-binary” (Kirkup, 2020; Watson, 2020). He then had the audacity to give a resignation speech on Zoom, explaining his action and giving it even more publicity (Varsity News, 2020). I have been unable to find out whether or not the university complied with the students’ demands, but there is no record of their having leapt immediately to his defence; and given their embrace of the trans agenda, they are unlikely to have defended him, whether they sacked him or not.

Policy

This policy capture of the university sector, with its coerced speech, intimidation, ‘cancel culture’ and covert bans on disinterested research, has happened despite the official line on academic freedom. The UK *Education Reform Act 1988*, for example, says

²⁰ <https://www.lgbtq.sociology.cam.ac.uk/queer-cambridge>

Denise Thompson

[A]cademic staff have freedom within the law to question and test received wisdom, and to put forward new ideas and controversial or unpopular opinions, without placing themselves in jeopardy of losing their jobs or privileges they may have at their institutions (s.202(2)(a), quoted in Suissa and Sullivan, 2021: 9).

UK universities include the above statement in their statutes and charters, and yet they are willing to apply negative sanctions to anyone who resists the transgender onslaught, and to turn a blind eye to the fact that so many who work or study in the sector are intimidated into silence.

Michael Biggs gives the example of University College London where staff are warned that “[i]f a trans person informs a staff member that a word or phrasing is inappropriate or offensive then that staff member should take their word for it, and adjust their phraseology accordingly” (Biggs, 2018; UCL, 2016: 6). UCL’s guide doesn’t say what will happen to staff members who refuse to comply with this directive, but given the precariousness of academic employment, it’s easy to guess.

In May 2021, the Queen’s speech at the state opening of parliament said that the Tory government would be introducing new laws to make it easier for anyone who was denied a public voice to take action against universities and, for the first time, against student unions (Woolcock, 2021). (There was also a plan to require social media companies to protect free speech and to make provision for routes of appeal when posts are removed. As far as I know, this didn’t happen, and there was no mention of the violence against women perpetrated on social media).

The universities’ response to this was predictable. They claimed that the laws were unnecessary and would just add “much more complexity to university governance, including significant new compliance requirements” (according to an associate at a law firm that advises universities on free speech). They also claimed that reports of censorship were exaggerated (Woolcock, 2021). But their denials are unconvincing, given universities’ pro-transgender policies and the numerous reports and anecdotal accounts of censorship and intimidation.

The Universities and College Union for staff in UK universities, both academic and support, voted in May 2019 at the national Higher Education Sector Conference, to reject a motion calling for the union to defend academic freedom from harassment and intimidation. The reason given for the rejection was ‘transphobia’ (of course), because the motion had been introduced by three women who had been harassed for their ‘gender critical’ views (Leiter, 2019).

The rejection wasn’t unanimous. It was only defeated by 80 votes to 72 with 27 abstentions (Leiter, 2019). Presumably, these abstainers were people who had some doubts about having to vote for or against something so obviously important as academic freedom, but were too intimidated, or confused, to commit themselves. As one philosopher commented,

It is truly astonishing that we have reached a situation where the largest national union representing university staff in the UK, and among them the academic workforce, should choose to dismiss explicitly defending academic freedom to engage in research and debate on sex and gender, in the face of clear examples of harassment and abuse (Leiter, 2019).

Or rather, it would be astonishing, were it not for the fact that this kind of thing is happening throughout the university sector everywhere.

For the encouragement this decision gave to trans activists at the University of Edinburgh, to intimidate and harass a panel discussion on the future for women's sex-based rights, see: Benjamin, 2019.

Athena SWAN Charter

The majority of universities in the UK, if not all of them, are signed up to the Athena SWAN Charter, which was established in 2005 to advance the careers of women in science, technology, engineering, maths and medicine (the STEMM disciplines). 'SWAN' is an acronym for 'Scientific Women's Academic Network'.

In 2015, the Charter was expanded to include the arts, humanities, social sciences, business and law, not just the scientific disciplines, and staff in professional, technical and operational positions, not just academic staff. At the same time, it caved in to trans demands and dropped the exclusive focus on women 'to address gender equality more broadly, not just barriers to progression that affect women' (Athena SWAN Charter Group, 2020). 'The Charter', said the Steering Group given the task to investigate and make recommendations, 'must embrace the wider definition of gender', and its first recommendation was that 'The Athena SWAN Charter continues to focus on gender equality but ... it broadens its scope to reflect gender as a spectrum, rather than focusing on the binary definition of men and women' (p.9). Thus, the Athena SWAN Charter, which was 'originally designed to advance the careers of women in science, is now used as leverage to enforce gender doctrine' (Biggs, 2018).

Athena SWAN is managed by Advance HE, a self-proclaimed 'member-led, sector-owned charity that works with institutions and higher education across the world to improve higher education for staff, students and society'. They are, they say, 'experts in higher education with a particular focus on ... tackling inequalities through our equality, diversity and inclusion (EDI) work', and state categorically that the 'Athena Swan Charter covers all gender identities'.²¹

The organisation is a charity and a not-for-profit organisation. It has no official standing or government imprimatur, and hence no power to sanction universities that refuse to comply with the risible trans demand to 'cover all gender identities'. It sees its role as 'helping': 'we will play our role in helping higher education shape its future ... by helping members deliver successfully on their strategies' (Advance HE, 2021: 2). But it can withhold the goodies it gives out, the 'professional development programmes and events, Fellowships, awards ... (including accreditation of teaching and learning, equality charters, research, knowledge and resources)'.²² Hence it can have a deleterious effect on the government portion of the funding of any university that defies the transgender mandate. This is a strong incentive for universities to fall into line, although perhaps even that threat is not necessary, so all-pervasive and seemingly unquestionable is the transgender phenomenon. But whatever the reason for universities' acquiescence in that phenomenon, pointing to their involvement in

²¹ <https://www.advance-he.ac.uk/equality-charters/athena-swan-charter>

²² <https://www.advance-he.ac.uk/about-us>

the Athena SWAN Charter and the awards they have been granted is no guarantee that they have women's interests at heart.

For an 'impact evaluation' of the Athena SWAN Charter at Loughborough University, with a discussion of 'broadening the agenda' to include 'disability, LGBT, ethnicity' as well as 'gender' (NB no mention of 'women'), see: Graves et al, 2019.

The treatment of critics of transgender

Academics, whether staff or students, who criticise the transgender agenda no matter how mildly, or who have the temerity to expose the ways in which male supremacy treats women, are attacked, vilified and silenced, largely by students but with the connivance of university administrations who have jumped on the transgender bandwagon in the interests, they say, of those empty abstract nouns, 'equality, diversity and inclusion'. Judith Suissa and Alice Sullivan summarise some of the tactics gender-critical academics, both staff and students, have been subjected to:

attempts to prevent research or suppress research evidence; no-platforming and shutting down of events and conferences; dis-invitations from academic events and publications; blacklisting, and attempts to get people fired; harassment and smear campaigns (Suissa and Sullivan, 2021: 6).

This is particularly pernicious, given that employment in the higher education sector is so precarious. As Suissa and Sullivan point out (Suissa and Sullivan, 2021), this means that it is too risky to speak out against what has become a dominant, and false, ideological belief system, out of fear either of being attacked or of not having their short-term employment contracts renewed. University administrators are more concerned with 'reputational damage' than with either academic freedom or the employment rights of their staff. That their 'good' reputations require subservience to the transgender phenomenon, and that their reputations would be damaged if they defied it by telling the truth, is a shocking indictment of the university sector.

There are numerous accounts of the personal experiences of academics intimidated into silence because they publicly disagreed with the trans agenda.²³ Here, I give just a few examples in order to convey the sense of what is happening in universities, most of them in the UK, under the influence of the transgender agenda.

Jo Phoenix—the University of Essex

One example is the no-platforming of Professor Jo Phoenix at the University of Essex. Her talk, 'Trans rights, imprisonment and the criminal justice system', was cancelled by Essex University's Centre for Criminology on 5 December 2019, 'due to security concerns' but on the understanding that it would be rescheduled. However, the Department of Sociology later rescinded the invitation, decided not to invite her to the university again, and apologised 'for the hurt caused to the trans community' (Reindorf, 2021: 3 of 108). (See below for a discussion of the Reindorf report).

Why this 'community' received an apology when it caused all the trouble, is one of those mysteries transgender is constantly generating (not least the mystery of how men can become women). 'The trans community' reacted to the news of Phoenix'

²³ See, for example, Stock, 2018b. See also: <https://www.gcademianetwork.org/>

appearance with the usual strategies of lies, insults and threats of violence. They complained that she was a ‘transphobe’, that she was likely to engage in ‘hate speech’, and that ‘people felt unsafe and threatened by the prospect of her appearing on campus’. And there was the trans mob’s ‘credible threat’ to barricade the room where the seminar was to be held. They had also circulated a flyer which, as Reindorf put it, bore ‘violent and profane imagery’ and the words “SHUT THE **** UP, ****” (the censored words here presumably being ‘fuck’ and ‘cunt’) (Reindorf, 2021: 3 of 108). They also made their displeasure known to the Vice Chancellor in an Open Letter dated 18 December (reproduced as Appendix 4 of the Reindorf report, pp.98-102).

These bullying tactics were rewarded and they were given what they wanted, *and* an apology! This is despite the fact that they were the ones threatening the security of the university. The only people who were unsafe (whether they ‘felt’ it or not) were Phoenix and those who supported her. They were the ones being threatened with violence and it was the trans mob of students who were threatening them. Akua Reindorf, who was commissioned to report on the incident (and the similar treatment of Professor Rosa Freedman—see below), could see quite clearly that it was not Phoenix who threatened the university’s security. She said, ‘There was no reasonable basis for thinking that Prof Phoenix would engage in harassment or any other kind of unlawful speech’ (Reindorf, 2021: 3 of 108. See also: Fazackerley, 2020). She didn’t criticise the students outright, but she did recommend that the university condemn the flyer and discipline ‘any similar conduct’ (Reindorf, 2021: 87 of 108, Recommendation 21).

Rosa Freedman—the University of Essex

The other event where Essex initially succumbed to transgender bullying involved the cancellation of an assurance given to Professor Rosa Freedman of Reading University in December 2019, that she would be invited to be on a panel discussing ‘The State of Antisemitism Today’ as part of Holocaust Memorial Week, to be held on 30 January 2020. But ‘[c]omplaints had been made’, Reindorf said, ‘to the effect that she had published “**** viewpoints” which were “hate speech”’ (Reindorf, 2021: 2). (Most of the paragraph where this statement appears has been blacked out, so there’s no more information available about these complaints or about who made them. I have no idea what the redacted description of her ‘viewpoints’ might be).

As a result of these complaints, and of the ‘[c]oncerns about her views on sex and gender’ that were ‘raised and discussed internally’, it was decided not to invite her. ‘The organisers’, Reindorf said, ‘were afraid that if she attended, controversy or disruption would overshadow the event’. The report doesn’t say who was likely to incite the controversy or disruption, but it would not have been Freedman or her supporters. Freedman didn’t meekly accept this decision. She contacted her MP, the Universities Minister and the *Sunday Times*, complaining that she had been blacklisted. The university then reinstated the invitation and she participated in the panel (Reindorf, 2021: 2).

The Reindorf report—the University of Essex

The Essex Vice-Chancellor commissioned a report investigating ‘the circumstances resulting in and arising from [these two events]’ (Reindorf, 2021: 88, Terms of Reference). The report was written by Akua Reindorf, a barrister who specialises in anti-discrimination law.

The publicly available version of the report is a peculiar document in that a great deal of it is blacked out—the whole of the ‘Facts and evidence’ section (pp.4-38), as well as parts of the summary of the Holocaust Memorial Week event, most of the ‘External Speaker Code of Practice and notification procedure’ section (pp.57-9), the actions taken following each of the two events (pp.88-9), all of Appendix 2, ‘Witnesses’ (pp.93-5), and some of the Registrar’s email about the Holocaust Memorial Week event (p.103). No reason is given for this censorship. We are told on the title sheet of the report that the ‘redactions’ were made by the international law firm, Eversheds Sutherland, ‘for the purposes of publication’, but not why this was seen to be necessary. Still, there is enough of the text left to provide a damning indictment of the way universities operate under the influence of the transgender agenda.

Reindorf was highly critical of Essex’ management of the two incidents. The cancellation of the Criminology seminar and of Phoenix’s presentation, Reindorf said, ‘amounted to a breach of [her] right to freedom of expression’, as well as a breach of the associated legal duties of the university. The decision to exclude and blacklist Phoenix was ‘unlawful’, and the flyer was ‘wholly unacceptable’. Those responsible for it should have been the subject of ‘a timely disciplinary action’, she said. She also said that the university should publicly apologise to Professor Phoenix, and provide her with another opportunity to give a seminar at the Centre for Criminology.

In relation to the treatment of Professor Freedman, Reindorf said that her right to freedom of expression, too, would have been interfered with if the ban on her speaking had gone ahead. ‘This would have been particularly egregious’ Reindorf said, ‘given that the topic on which she was due to speak was entirely unconnected to the question of gender identity and was a matter of academic expertise’. (The rest of this sentence was blacked out). Freedman was also owed a public apology, she said (Reindorf, 2021: 2).

The Vice-Chancellor replied in May 2021, soon after the report’s release. Not surprisingly, given that the University of Essex is one of 120 university Stonewall ‘Diversity Champions’ (Bartosch, 2021), this reply consisted mostly of platitudinous pronouncements designed to disguise what really happened. ‘Over the last 18 months’, the VC said, ‘we have had to address the very serious issues raised by the cancellation of a seminar, a decision not to re-invite the external speaker who was due to speak at the cancelled seminar, and the failure to invite a chosen external speaker to another event’ (Forster, 2021). While this is strictly speaking true, it is neither the whole truth nor the relevant truth. There is no mention of the fact that the speakers were treated the way they were because of their trans-critical repudiation of the transgender agenda. Neither is there any mention of the behaviour of the trans mob—their threat to block entry to the venue and the brutal threats on the flyer they distributed.

The VC’s reply was also riddled with spurious equality. What amounted to unjustified attacks, whether by cancellation or outright threats of violence, were referred to as though it were all just a matter of opinion between equally matched competing viewpoints: ‘moments of contestation’, ‘difficult and sometimes uncomfortable conversations’, ‘ideas that some may find challenging or unpopular’. On questions of what it was that was being contested, who it was that was finding conversations

difficult and uncomfortable, and what the ideas were that were challenging or unpopular and who said so, there was a resounding silence.

It is clear, though, that the reprehensible behaviour of the trans lobby is not what the VC is calling difficult or unpopular. It would seem that, however badly they behaved, they could do no wrong. They deserved only help and compassion. The reply ends with the advice that '[t]here will ... be opportunities offered for members of our LGBTQ+ community to meet with the relevant Inclusion Champions to discuss any issues or concerns that they may have'. There is no mention of any support for those with trans-critical views, who are trying to defend the real existence of two sexes against transgender's absurd lies. They too might have been traumatised by the fact that their views were the ones being censored, not to mention the vile behaviour of the trans forum and its allies.

Reindorf's report made 28 recommendations, most of which relate to the university's 'External Speaker Code of Practice' (Reindorf, 2021: 81-6). The university said they had taken all these 'External Speaker' recommendations on board (Essex University, 2021). There was one recommendation, however, that the university refused to accept—Reindorf's warning about its relationship with Stonewall. Recommendation 28 stated that '[t]he University should give careful and thorough consideration to the relative benefits and disbenefits of its relationship with Stonewall ... If the University considers it appropriate to continue its relationship with Stonewall, it should devise a strategy for countering the drawbacks and potential illegalities described above' (Reindorf, 2021: 86).

Essex' immediate response to this was to say that 'Stonewall has been a valued University partner and we have been working with Stonewall across a wide range of issues', and that they 'will review how we address the specific issues raised in the report' (Essex University, 2021). On further reflection, they made it abundantly clear that they were not going to sever their connection with Stonewall. On the contrary, in an update of their response to the review, the university said that 'the University's Senate and Council have endorsed the University's continued participation in Stonewall's Global Diversity Champions programme and submission to the Workplace Equality Index'. This decision was made, they said, as a result of 'careful and thorough consideration, including taking account of the views of the members of the University community, the majority of whom regard Stonewall as a valued partner' (Essex University, 2022a).

The reader was then referred to another document that gave an account of 'the basis upon which this decision was taken'. One of the reasons given in this document was that '[e]nding our relationship with Stonewall would lead to a breakdown in the relationship with our LGBTQ+ community' (Essex University, 2022b: 5, para.14). But there is no LGBTQ+ community, or rather, the only 'community' supported by the acronym, and Stonewall, is the trans lobby.

Although the acronym purports to include lesbians, gay men and bisexuals, as well as 'trans people' (and whoever wants to be included in the 'Q' and the '+'), in fact it does not. As Jo Bartosch (among others) has pointed out, 'There is no link between people who identify as trans and those who are same-sex attracted; the addition of the 'T' to the 'LGB' was more about funding than facts' (Bartosch, 2021). (In 2015 Stonewall received a large donation conditional on including the 'T' in its political

work). In fact, by defining ‘homosexual’ as ‘same-*gender*-attracted’ instead of ‘same-sex attracted’, Stonewall works only in the interests of the ‘T’, and not for lesbians and gays at all. The consequences for lesbians in particular are horrific. They are sexually harassed by men claiming to be ‘lesbians’ because the men see themselves as the same ‘gender’ as lesbians, and bullied and insulted when they refuse to have sex with those men. The consequences for gay men are less horrific because the women claiming to be ‘gay men’ are women, and hence feel less entitled and are more easily fended off.

Another reason the University gave for maintaining the relationship with Stonewall was ‘to allow the University to continue to participate in the Workplace Equality Index’, and the reason for this continued participation is that the WEI ‘allows the University to benchmark its performance against a range of other relevant organisations’. It is, they said, ‘the only well-established LGBTQ+ charter available, and promotes inclusivity for the whole LGBTQ+ community’ (Essex University, 2022b: 7-8, para.23). But because there *is* no ‘LGBTQ+ community’, the WEI does not ‘promote inclusivity’ for anyone but the trans lobby. By continuing its connection with Stonewall, Essex University doesn’t include its lesbians and gays, it abandons them. This also tells us quite clearly that what counts as the university’s reputation is decided by the trans lobby .

It also abandons women. It is grossly insulting to women, and misogynist, to accept men as ‘women’ as though women were nothing but a male creation that any man could step into at any time. As well, the university’s preference for what men want over what women need is shown by their policies. The university said that a ‘Tackling Misogyny, Sexual Harassment and Violence Against Women’ policy would be being considered by management in the Autumn Term of 2022 (Essex University, 2022b: 7, para.21). But they had had a ‘Supporting Trans and Non Binary Staff’ policy since May 2019 (Reindorf, 2021: 61, para.222).

Moreover, the consulting mechanism organised for the ‘violence against women’ policy will ensure that anything said on behalf of women will be drowned out by trans voices. At least two of the organisations they are consulting with, the university’s Essex Women’s Network and the Students’ Union, are sympathetic to the transgender cause, if not wholly captured by it (Essex University, 2022b: 7, para.20); while two of the members of the University Steering Group that will be considering the policy are ‘Inclusion Champions’ for the trans lobby, one for ‘Trans, non-binary and gender non-conforming people’, the other for ‘LGBTQ+’. There is no ‘Inclusion Champion’ for women. There is one for ‘Sex, Gender, Pregnancy and Maternity, Marriage and Civil Partnership’, which probably includes women,²⁴ but it seems the university is reluctant to use the word ‘women’ in the context of ‘inclusion’. This doesn’t bode well for any anti-misogyny policy, and neither does their inability to see that working with Stonewall and ‘LGBTQ+ inclusion’ are themselves instances of misogyny.

As Julie Bindel commented on what the Reindorf report exposed, ‘This is part of an ongoing pattern of behaviour from many universities across the UK and elsewhere’ (Bindel, 2021). The report does have its limitations, the chief one being the acceptance of the basic premise of trans ideology, that there does exist a category of ‘trans and nonbinary’ persons. Of course, Reindorf had no choice about this. Being

²⁴ <https://www.essex.ac.uk/governance-and-strategy/senior-staff/university-steering-group>

commissioned by the university, she had to use the university's terms of reference and its terminology. But using that terminology led her to slip either into a dissociated 'objectivity' that obliterated the power relations involved, e.g. the 'fraught nature of public discourse on the subject of gender identity' (p.67, para.236.2), or into transgender's outright falsehood, e.g. 'in some respects there is a conflict of rights between natal women and trans women' (p.71, para.243.5).

Still, what her report uncovers is testimony to the power and influence of the trans lobby within the university sector. It shows that at least one university ignores the transgender cohort's thuggery, that they refuse to denounce it, that they rush to soothe the 'hurt feelings' of the trans lobby while ignoring the insult and damage to their victims, that they capitulate to trans demands for censorship of any disagreement, and that they continue to work with the transgender lobby in defiance of all rational criticism. Reindorf's report, its limitations notwithstanding, did expose a scandalous level of compliance with what should be recognised as the falsehood it is. That the intellectual elite, and hence supposedly the best thinkers among us, could so adamantly persist in supporting an easily disproven lie—no, men can't be women and no one can change sex—is one of those mysteries that surpasses human understanding (despite my attempt to explain the success of the transgender phenomenon in the 'Explanations' chapters).

For further discussions of the Reindorf report, see: Cloisters News, 2021; Macaskill, 2021; Murkett, 2021; Vigo, 2021;

for Essex' 2018 statement (still on the website, July 2024) that they are 'very proud to have been included in Stonewall's Top 100 Employers 2018 list', see: <https://www.essex.ac.uk/news/2018/01/31/proud-to-be-one-of-the-most-lgbt-inclusive-employers-in-britain>.

Jo Phoenix—The Open University

Phoenix was also hounded and harassed for her public trans-critical stance at her place of employment, the Open University.²⁵ The harassment largely took the form of being shunned. At least one colleague,²⁶ is on record telling another colleague,²⁷ to ignore her (10 September 2019) (Employment Tribunal, 2021: para.62). In fact, Downes took three weeks to reply to an email from Phoenix about research into transgender prisoners. While the content of that reply is not available, Downes did say in her evidence at the Tribunal (see below), 'that they [i.e. she] felt that the expression of the Claimant's gender critical beliefs made them [i.e. her] feel palpably

²⁵ What follows is taken from the report of the Employment Tribunal hearing of Phoenix' complaints of discrimination, harassment, unfair dismissal and victimisation against the Open University (Employment Tribunal, 2021).

²⁶ Victoria Cooper, a Co-Director of the Harm and Evidence Research Collaborative (HERC) and Co-Deputy Head of Social Policy and Criminology (SPC).

²⁷ Dr Julia (Leigh) Downes, Senior Lecturer in Criminology in the Department of Social Policy and Criminology (SPC) and the Faculty's Academic Lead for Equalities, Diversity and Inclusion (EDI). This woman insisted on being referred to as 'they' in the Tribunal hearing, thus adding to the difficulty of reading a 155-page report. There are a number of people mentioned and it's often not clear whether the 'they' refers to one person or to everyone. It's also impossible to tell the sex of who is being referred to because the Tribunal members are being 'respectful' in using requested pronouns (para.7).

uncomfortable'. The Employment Tribunal members said that they found 'that this delayed response to [Phoenix] was an example of the coldness that [Phoenix] felt from Dr Downes since March 2019' (para.62).

Phoenix was also verbally insulted even beyond the usual transgender gobbledegook. She said that Professor Louise Westmarland²⁸ said in a chat in her (Westmarland's) office that "having me in the Department was like having a racist uncle at the Christmas dinner table" (para.82). This happened on 23 October 2019, although Westmarland had originally tried to set up this meeting on 30 May. It had had to be postponed because Phoenix was on leave (para.75). In her evidence at the Tribunal, Phoenix said that she became extremely upset at this remark. She started crying and told Westmarland that she had been ostracised. Westmarland's response was not to apologise nor to offer to deal with the problems Phoenix was facing, but to offer to get her counselling (para.82). In other words, the problem was not the toxic environment Phoenix was being subjected to, it was her inability to cope with it.

In her evidence before the Employment Tribunal, Westmarland denied saying the 'racist uncle' remark, but the Tribunal members didn't believe her (paras, 84-5).

Phoenix was also insulted personally by another 'colleague', Dr Deborah Drake, Senior Lecturer in Criminology and Head of SPC at the time. In a telephone conversation on 11 June 2021, Drake told Phoenix that she was like Charles Murray (a sociologist notorious for arguing that races differed in IQ and that some race(s)—guess who?—were innately more intelligent than others). This was Drake's response to Phoenix ringing her to tell her that the Forstater decision meant that her (Phoenix)' 'gender critical beliefs' were protected in law, and to discuss the treatment she had been subjected to in the Department. Drake did apologise for the 'Charles Murray' remark, but only after Phoenix had made a fuss about being accused of racism. Phoenix didn't accept the apology, both because it was half-hearted and because she had found it 'unbelievably upsetting'. The Tribunal members tended to agree with her. 'We find that Dr Drake's apology was not unequivocal and heartfelt', they said, 'as she only apologised when [Phoenix] pushed back, and she [Drake] then went on to say that [Phoenix] was the cause of toxicity in the department' (paras.119-21).

The last straw came with the publication of a statement by the Vice-Chancellor (see below), although in the meantime there had been a number of other publications intended to insult and humiliate Phoenix, mainly through attacks on the Gender Critical Research Network (GCRN) which Phoenix had founded together with five of her colleagues and launched on 16 June 2021 (paras.139ff). (A list of these attacks, although without any details, can be found on pp.9-10, para,19, 2(g-s) of the Tribunal's report). All of them called for the University to dissociate itself from the GCRN and publicly accused Phoenix, both within the University and beyond, of saying the usual nasty things about 'trans people' ('transphobia', 'hate speech', etc.), even at one point accusing GCRN (and Phoenix, by implication) of contributing to a 'crisis, with human lives at stake' (para.288).

²⁸ Professor of Criminology and at that time Deputy Head, and later Head, of SPC.

The trans lobby's²⁹ reaction to the GCRN's launch was immediate. For example, there was the Open Letter signed by 368 staff members and postgraduate students (paras. 150-220). Called 'Open Letter from OU staff—Response to the launch of the Gender Critical Research Network', it was published on google. docs on or around 17 June 2021. It was eventually taken down in September 2021 (para.428).

There was the statement on behalf of the Open University's LGBT+ Staff Network Committee (paras.221-232), that was published on Yammer, the University's intranet, also on 17 June 2021, with a link to the Open Letter, which repudiated any connection with the GRCN. The University refused to take it down.

There was the retweeting of a statement from the London School of Economics (LSE) by 'someone' in the University's Sociology Department on 18 June 2021 (paras.264-276), asking the University to "rescind its support for this network [the GCRN]" (para.267), and regurgitating the usual transgender lies: "As numerous scholars and activists have documented, those espousing gender critical perspectives routinely make transphobic, discriminatory, inaccurate, and harmful claims about trans people specifically, and gender more broadly, that have profoundly negative effects on social and political life" (para.268). The statement was eventually taken down by the LSE, after Phoenix and other members of the GCRN told them that it was defamatory, and why (para.273).

There was the statement by the Reproduction, Sexualities and Sexual Health research group (RSSH) in the Wellbeing, Education and Language Studies Faculty ("WELS/RSSH Statement") published on 24 June 2021 (paras.277-308). It said that they "question[ed] the good faith of [GCRN]'s aims" giving four reasons, none of which stand up to close investigation, except perhaps for the statement, "the term 'Gender Critical' is widely perceived as questioning trans-people's self-identity" (para.278). This is accurate but not evidence of a lack of good faith. It is perfectly possible to question 'trans-people's self-identity' in good faith, especially when men say they identify as 'women'. In fact, it would be bad faith *not* to do so. Not that the trans-captured are capable of seeing it that way, of course. Again, the University refused to take it down (paras.430-441).

And then there were the constant tweets and retweets among her 'colleagues' reinforcing their faith in the transgender agenda and justifying their harassment of Phoenix and the GCRN (paras.329-387). Phoenix said she received hundreds of tweets, 14 of which she told the Tribunal amounted to harassment or direct discrimination (para.332). One example of a tweet that was shared around was: "Just a heads up that the @OpenUniversity have just launched their own transphobic/ TERF/GC campaign network". This was combined with screenshots of the photos and Twitter handles of Phoenix and two other GCRN members, Rosa Freedman and Joe Pike (paras.334-335).

In an email on 24 June 2021, Phoenix sent a grievance to the University (paras.416-429), complaining that, 'over the last few years she had been ostracised, silenced, bullied and harassed because of her beliefs', as had other members of GCRN

²⁹ Downes called the notion of a trans lobby 'fictional' (Employment Tribunal, 2021: 21, para.55). She doesn't *like* transgender's influence being identified as a trans lobby, but it is an accurate description of a like-minded coterie all committed to pushing the pro-trans line, including attacking those who disagree with them.

(para.417). Phoenix complained about the delay in resolving her grievance, and she was told that the reason was that the issues were ‘complex’ (a juju word handy for avoiding naming the real issues) and there were so many people to interview. (The Tribunal accepted this explanation for the delay) (para.429).

The above is by no means an exhaustive list of what Phoenix was subjected to because she dared to criticise the transgender agenda. But the final indignity, what caused her to finally resign, was the posting on 10 November 2021 of an update of his 24 June public statement by the Vice-Chancellor, Tim Blackman. The earlier statement (paras.253-263) referred to the “strength of views and level of distress on all sides connected with a new academic initiative, the Gender Critical Research Network”, and said that “the establishment of this network, based on critical scholarship about sex and gender, has caused hurt and a feeling of being abandoned among our trans, non-binary and gender non-conforming staff and students. It has also distressed many others in the wider OU community. This, and the well-being of all colleagues, greatly concerns me” (para.258). But despite the reference to ‘all sides’ and ‘the well-being of all colleagues’, there was no mention of the distress Phoenix and the members of GCRN might be feeling as a result of the relentless attacks by those same ‘trans, non-binary and gender non-conforming staff and students’ (para.259). This is a nice example of the reverse-victim-and-offender DARVO tactic.

The 10 November update contained another vague, generalised reference to ‘listen[ing] to all voices’, but again no mention of the voices that had been harassing Phoenix and the GCRN members, nor of the University’s refusal to listen to the GCRN members (para.260).

On the 2 December 2021, Phoenix resigned (paras.442-461). She said that the VC’s 10 November statement had “triggered off a severe episode of PTSD—I could not think straight” (para.442). In her letter of resignation she gave details of what she had been subjected to, and said that her reason for resigning was ‘her treatment over the last 2 years and in summary “being made to feel like a pariah” and that specifically the last 6 months made her position untenable’ (para.447). After she had resigned, the University supposedly ‘suspended’ the investigation into her grievance because she had resigned and submitted a claim to the Employment Tribunal. However, the Tribunal found that the University ‘had no intention of ever resuming the Claimant’s grievance investigation to give her an outcome. [They] outsourced the grievance to the Employment Tribunal’ (paras.462-470).

Phoenix brought her complaint to the Employment Tribunal, first on 3 November 2021 (before she had resigned) and again on 24 December (para.1). Her list of complaints included: direct discrimination; harassment related to her ‘gender critical beliefs’; constructive unfair dismissal; wrongful dismissal; and post-employment victimisation and harassment. The Tribunal decided (in a judgement posted on 4 January 2024) that all the claims were ‘well-founded’, thus vindicating Phoenix, the members of the GCRN, and the holding of ‘gender critical beliefs’.

In fact, the Tribunal members were scathing about the behaviour of Phoenix’ ‘colleagues’ and of the University’s failure to protect her from the attacks of the ‘gender affirmative’ crew.³⁰ ‘We find’, they said, ‘that since May 2019 [Phoenix] had

³⁰ One of Phoenix’ ‘colleagues’, Professor Ian Fribbance, Executive Dean for the Faculty of Arts and Social Sciences and member of the Vice-Chancellor’s Executive, admitted under cross-examination

been working in a hostile environment. From 16 June 2021, the hostile environment intensified' (para.413). They said that they thought that 'the majority of the witnesses we heard from were academics ... professionals who had been trained in the methodology of research and presentation of fact and analysis producing argument'. But although they therefore 'expected a certain basic level of rigour in presenting the evidence', there were some witnesses 'who did not meet this standard' (para.22).

Not only was there not a 'basic level of rigour', some of them were clearly lying (not that the Tribunal members used that word). Instead, they said that they didn't believe the witnesses (para.152), or that they didn't accept the evidence (para.285), or that it was 'suspicious' (para.157) or inconsistent (para.52) or 'evasive and not credible' (para.213), or that there were 'untrue statements' (para.274), or that there was no evidence for the witnesses' assertions (para.39). On at least one point, the Tribunal found 'all the witnesses to be evasive and resistant to providing the truth to the Tribunal' (para.157). In contrast, the Tribunal said that they 'found [Phoenix] to be an honest and impressive witness who was measured in her tone and responses' (para.112).

I've spent so much time on this one case both because there is so much detailed information available, and because it exposes so clearly what is happening in universities captured by the transgender agenda. It is also a much-needed, independent vindication of the resistance to transgender demands and exposure of the dishonesty of the transgender cause.

For Phoenix' own response to the Tribunal's decision, see: Phoenix, 2024;
for other favourable accounts of the Tribunal's decision, see: JL, 2024; Sodha, 2024.

Other 'gender-critical' academics who have been harassed and bullied include Kathleen Stock at the University of Sussex, Selena Todd at the University of Oxford (briefly discussed in the 'Violence' section of the 'Some transgender strategies: violence, rights' chapter) (Turner, 2020), Raquel Rosario-Sanchez at Bristol University, and Louise Moody at the University of York where the independent reviews for the Cass report were carried out.

In the Philosophy Department at the University of York, all associate (i.e. honorary, i.e. unpaid) research positions, together with library and database access, were abolished by the Head of Philosophy, Professor Alan Thomas, as a way of dealing with one research associate, Louise Moody. She had used social media to criticise Rachel MacKinnon (a man claiming to be a 'woman' who was competing in and winning women's cycling races and insulting women online). '[N]ot only is McKinnon a man', she had said, 'but a "narcissistic misogynistic man"—admittedly, this felt so liberating that I *may* have made judicious use of CAPS LOCK. MAN. MAN. MAN' (Moody, 2019).

The Philosophy Head was reacting to complaints from two of the usual suspects, Adrian Harrop and Stephanie Hayden,³¹ who accused Moody of 'compromising the

that 'there was more of a gender affirmative culture' in the University (presumably than of a 'gender critical' culture) (Employment Tribunal, 2021: para.59).

³¹ 'Editors note—a self-identified lawyer who still finds time to play golf whilst suing Caroline Farrow, Kate Scottow, Helena Wojtczak, Dr Moody, the *Daily Mail*, and Mumsnet' (Moody, 2019).

“potential safety” of LGBT students’ by calling a man a man. Thomas’ stated reason though, was the university’s policy on social media: ‘Employees are also responsible for content they publish in a personal capacity, whether on a blog, social media platform or any other form of user-generated media. Be mindful that what you publish will be permanent and it’s very difficult and often impossible to remove’.³² This does not, of course, deal with the *content* of what Moody said. Presumably Thomas either regarded its wickedness as self-evident, or he didn’t want to defend such silliness outright, even though he had to comply with it. His abolition of all research associate positions was a cunning way of avoiding being seen to discriminate against a single individual, should any such eventuality arise. But as Moody pointed out, his ‘blunt attempt to magic away my stating certain truths (trans women just *are* biological men) has harmed the academic careers of others’ (Moody, 2019). And presumably the university allowed him to get away with this.

Kathleen Stock

Kathleen Stock was hounded out of her job in Philosophy at the University of Sussex by students who were ‘offended’ by her trans-critical views expressed especially in her 2021 book, *Material Girls: Why Reality Matters for Feminism* (Stock, 2021). It was students who held up a large banner saying ‘Stock Out’ alongside burning flares, who organised a rival ‘trans-solidarity’ event, and who hurled the usual ‘transphobe’ and ‘terf’ epithets at her (the vocabulary of trans-speak is severely limited). Students also stuck posters up in the tunnel from the railway station to the campus, along which Stock walked on her way to work, saying that she ‘makes trans students unsafe’ and calling for her to be fired. When she saw them she said she ‘burst into tears and ran back to the train station and tried to get home’ (Griffiths, 2021).

Stock was treated to the same kind of exclusion from collegiality, the shunning, as Phoenix was. Hundreds of academic staff, most of them from the US, UK and Canada, wrote an open letter criticising the decision to award Kathleen Stock an OBE in the New Year Honours in January 2021. The reasons they gave were the usual: that she was ‘a prominent critic of trans-inclusive stances and policies’ (as though this were a bad thing); and that ‘trans people’ are so ‘vulnerable’: ‘Trans people are already deeply marginalized in society, facing well-documented discrimination, ranging from government policy to physical violence. Discourse like that Stock is producing and amplifying contributes to these harms’.³³ But this latter is an outright lie. Adult men are not marginalised or discriminated against, not even when they wear frocks; and ‘marginalised and discriminated against’ hardly describes what the young women and the children caught up in the trans phenomenon undergo. ‘Abuse’ is a better description, not, however, on the part of society (or the British government), but on the part of a transgender agenda that tells them they can change sex by subjecting themselves to medical and surgical interventions. That nearly 800 academics could sign this nonsense, influential and widely accepted though it might be, is a sad commentary on the state of intellectual life in academe everywhere.

Stock said she could put up with the shunning, but the final straw came when 40 of her colleagues attended the ‘trans-solidarity’ event with one of her critics, deliberately

³² <https://www.york.ac.uk/admin/hr/policies/information/social-media/>

³³ <https://sites.google.com/view/trans-phil-letter/>

organised to happen at the same time as her own research talk in her department. She was so upset that she had to take sick leave. “It just got me”, she was reported saying, “I can’t really even say why, but the things that get me are when it’s your tribe” (Hinscliff, 2021). She too resigned, in October 2021.

Sussex didn’t give in to the students’ demands. They didn’t fire Stock, she left of her own accord when it all became too much for her. A spokesperson from the university made a public statement that they were ‘extremely concerned to see the harassment towards our staff member’ (Duell, 2021; Lawrie, 2021). The VC even went on record in an email to staff saying that they had hoped she would come back and that they would have supported her if she had (BBC, 2021). He was also reported saying

“We are investigating activity on our campus which appears to have been designed to attack Professor Kathleen Stock for exercising her academic freedoms. Disturbingly, this has included pressuring the university to terminate her employment. Everyone at the university has the right to be free from harassment and intimidation. We cannot and will not tolerate threats to cherished academic freedoms and will take any action necessary to protect the rights of our community” (Duell, 2021).

As Stock herself commented, although she had been through a difficult few years, ‘the leadership’s approach more recently has been admirable and decent’ (Howard, 2021).

She also received support from the Sussex Police, who regarded the posters as harassment and launched an inquiry. They advised her to stay off campus and teach online, or to go on campus only when accompanied by security guards. They also gave her a hotline to call and advised her to install security cameras at her front door (Griffiths, 2021).

Raquel Rosario-Sanchez

Raquel Rosario-Sanchez was an overseas student from the Dominican Republic.³⁴ She started a PhD at Bristol University in January 2018. She was bullied and harassed by students from the time she arrived (because she was already a recognised feminist who had published in both English and Spanish). The harassment increased when she agreed to chair a Woman’s Place UK meeting on 8 February 2018. She was subjected to the usual thuggish transgender treatment. ‘I’ve been called terf, scum, trash, nasty, bigot, heinous and sickening’, she said (Sanchez, 2020).

The University failed to protect her, and she sued them for negligence, breach of contract and sex discrimination. She lost the case because the ‘the university could not be expected to have an influence on things published on social media’, the judge said (BBC, 2022). Interestingly, the members of the Employment Tribunal in Phoenix’ case found exactly the opposite in the case of the Open University: ‘We find that the OU policy did regard personal tweets as falling within the social media policy’ (Employment Tribunal, 2021: para.644). However, the judge in Sanchez’ case did agree that she had been subjected to “violent, threatening, intimidating behaviour or language” and that the University had taken an “excessively long time” to “properly respond to [her] safety concerns” (Sanchez, 2022).

³⁴ <https://www.raquelrosariosanchez.com/>

For a brief account of what Sanchez and other women have been subjected to by trans activists in Bristol, and the city's capitulation to the trans agenda, see: Egret, 2019;³⁵

for brief, not unsympathetic, accounts of Sanchez' case in the mainstream media, see: Griffiths, 2019; Middleton, 2020.

for a discussion of the cancellation of another academic, Rachel Ara, by Oxford Brookes university, and her eventual reinstatement after she threatened them with legal action, see: Hussain, 2019;³⁶

for a series of unsolicited messages Stock received from other academics describing the way they were treated when they were perceived to be resisting the transgender mandate, see: Stock, 2018b;

for Stock's criticism of the current climate in universities as a result of the influence of Stonewall and Gendered Intelligence, see: Stock, 2018c;³⁷

for testimony from 26 'gender critical' academics, one doctoral student and a former student (22 women and 6 men), about their experiences at their universities, all of them with stories of 'campaign[s] of intimidation [that have] silenced everyone and it's been left to the undaunted few to speak', see: Stock, 2019;

for a list of extracts of selected universities' trans policies, see: Stock, 2020;

for an account of the treatment of a Christian conservative man by his university, Shawnee State University in southern Ohio (because he refused to use feminine pronouns to refer to a male student claiming to be a 'woman' or address him as 'Ms/Miss'), see: WoLF, 2020a, b;

for one man's experience of being unable to pursue his career in evolutionary biology in academe because of his inability to be silent about 'dishonest propaganda that masquerades as social justice', see: Wright, 2023a.

Trans-critical students

A few days after the Queen's speech about introducing legislation to give people redress for being cancelled (Woolcock, 2021), there were newspaper reports that a student at Abertay University in Dundee was being investigated for making 'offensive' and 'discriminatory' remarks in a seminar. The remarks in question were a reference to the fact that 'women were born with female genitals', and the student's insistence that "the difference in physical strength of men versus women is a fact". She was

³⁵ Strangely (because this is a trans-critical feminist piece), it still appears at the original *Medium* url.

³⁶ <https://www.crowdjustice.com/case/academic-freedom-of-speech/>

³⁷ The urls for these two publications by Stock no longer work. Attempts to enter them bring up the message: 'This account is under investigation or was found in violation of the Medium Rules'. This is not surprising, given that *Medium* has joined transgender's censorship brigade. (See the 'Censorship' section of chapter 13).

reported by fellow students in the seminar (on ‘Gender, feminism and the law’), but she had also been muted by the lecturer in a Zoom session when she expressed concern about a ‘trans woman’ (i.e. an adult man claiming to be a ‘woman’) competing against women in mixed martial arts. She said that she was worried about the chances of her becoming a lawyer if the complaints were upheld. The university released a statement saying that the reporting was inaccurate and that “students are free to express any lawful views they wish to, as long as this is not done in an intolerant or abusive way” (Fine, 2021; Horne, 2021; Patel, 2021).

A later report (Gordon, 2021) said that the complaints against her were eventually dismissed, but it took the university two months to finally exonerate her, causing her great anxiety during her final year exams. They denied that the case was about her gender-critical views. It was about her behaviour in class, they said. But as is typical when organisations weigh in on the ‘trans’ side, this is another lie. Given that the Student Disciplinary Board dismissed that complaint, there was clearly nothing wrong with her behaviour and hence nothing in her behaviour that might have given rise to a complaint. As well, ‘offensive’ and ‘discriminatory’ are common trans knee-jerk reactions to any attempt to defend women’s sex-based rights, in this case, the right not to have to compete against men in sports reserved for women. These terms are a dead giveaway that this was a trans-motivated complaint and as such, a form of intimidation meant to silence disagreement. These are indeed intolerant and abusive tactics, and in taking the complaint seriously, the university was hardly upholding its own stated policy of freedom to express lawful views.

Another example involved a student lecturer who was fired in 2018 from his position as assistant editor at Durham University’s philosophy journal, *Critique*. Students accused him of ‘transphobia’ because he tweeted the comment “women don’t have penises”, gave a link to a *Spectator* article, and defended his views on the subject. In February 2019, the Free Speech [sic] Society at the University of Bristol obediently de-platformed him under orders from the student union. To pile irony upon irony, the event was a panel discussion entitled ‘Is there a problem with free speech on campus?’ The reason the student union gave for banning him was ‘due to his presence on campus being a “high risk”, and “that security would be needed to ensure this event could run safely and smoothly” (BBC, 2019; Patel, 2021). In other, more accurate words, the student union were threatening violence if he were to be allowed to speak. There is no information about the universities’ responses, if any.

Student perpetrators

The transgender push in universities comes largely from the students, not all (or even most) of whom are transgender themselves. As Michael Biggs put it: “The culprits are ultrawoke students—most [of whom] do not identify as transgender but style themselves as “allies”” (Biggs, 2018). Biggs also said that ‘some feminist academics’ are culprits, but because transgender is inimical to women, these academics’ support of it cannot be called ‘feminist’. Calling women ‘feminists’, when what they are supporting is *anti*-feminism, is one of the consequences of using the word ‘feminist’ to refer to persons. But feminism is not an identity, a personality characteristic or a personal opinion. It is a framework that has its own meanings, values and logic, the basic principle of which is to challenge male supremacy and assert the human status of women. Nothing that bolsters male supremacy and harms women, as transgender

does, qualifies as ‘feminist’. The trans lobby *calls* itself ‘feminist’ (‘Trans liberation is part of feminism’) (Cambridge SU, 2021). But then the trans lobby lies.

Students are central to the issue of reputation: maintaining a ‘good’ reputation seems to involve colluding with student demands, no matter how loud, noisy, public, threatening or absurd. Because universities are now money-making institutions (as a result of their capitulation to, or coerced acceptance of, neo-liberalism), and because their main source of income is student fees, universities bend over backwards to comply with what students want. Indeed, any cause taken up by students with sufficient vociferousness to be noticed by the wider society and potentially harm the university’s reputation as a nice place for students to be, is likely to find a sympathetic ear among university administrators. If their campus is seen to be unsafe, students won’t enrol and the university will lose its fee revenue.

That this is indeed one of the reasons why university administrations might be sympathetic to the students’ cause (although not the University of Sussex, whose VC was very supportive of Stock) was exposed by the Sussex students when they said that Stock’s salary ‘comes from our pockets’. ‘We’re not paying £9,250 a year for transphobia’, they said (Duell, 2021). In the era of neo-liberal university funding, students are paying customers and he who pays the piper calls the tune, especially when the tune penetrates as many ears as transgender does.

It is the students who are in the forefront of the harassment of trans-critical staff. It was students at Sussex who formed an anonymous collective called ‘Anti Terf Sussex’, described as an ‘unaffiliated[!] network of queer and trans students’ (Duell, 2021). It was the students at Sussex who had an Instagram account which posted a ‘mission statement’ claiming to be from ‘an anonymous, unaffiliated group of queer, trans and non-binary students who will not allow our community to be slandered and harmed by someone who’s [sic] salary comes from our pockets’ (Lawrie, 2021). It was the students who stuck the posters up in the tunnel. And it was students who made and displayed the banner saying ‘Stock Out’ (Griffiths, 2021).

Students organise through the students’ unions, which appear to be all on board with the trans agenda. The Cambridge University Students’ Union, for example, has a publication on its website called ‘How to spot terf ideology’ (Cambridge SU, 2021). This gives an accurate account of the trans-critical position—they have, after all, been given all the arguments—while presenting it as a hateful ‘ideology’ (‘a deep hatred for trans women’). The text says that ‘terfs’ often refer to themselves as ‘gender critical’ and ‘adult human females’, that they believe in ‘sex-based’ and ‘LGB rights’ and in ‘protecting women and girls’, that they refer to ‘trans people’ as ‘TRAs’ (trans rights activists), ‘the trans lobby’ and ‘the trans debate’, that they reject the term ‘cisgender’ (the text trivialises this rejection by referring to it as ‘typically dislike’), etc. But all this is ... wait for it! ... ‘transphobia’. Who would have guessed?

I wonder how some of Cambridge’s most famous graduates, people whose commitment to the truth had some integrity (no matter how often they failed to attain it or, in Wittgenstein’s case, gave up trying) would have reacted to this. What would Charles Darwin, Rosalind Franklin, Stephen Hawking, Isaac Newton, John Maynard Keynes, Bertrand Russell or Ludwig Wittgenstein have thought of the depths to which a great university has sunk? We know what another famous graduate, Germaine Greer, thinks. But then, Cambridge is not alone in its transgender trough.

For brief discussions of the student bullying of Selina Todd at Oxford, Kate Newey at Exeter, Rosa Freedman at Reading, and Kathleen Stock at Sussex (among others), see: Fazackerley, 2018; Somerville and Griffiths, 2019;

for an account of a Swedish university's actions against a professor of neurophysiology because he said there were biological differences between men and women and a student said his statements were "transphobic" and "anti-feminist", see: RT, 2018;

for the experience of one casual academic in a university in the US, who found that '[s]tudents [aided by woke staff] can harass instructors out of a job if they do not like what or how instructors are teaching', see: Weinbaum, no date;

for a brief account of the removal of Associate Professor Kathleen Lowrey from an associate chair position at the University of Alberta in Edmonton, Canada, in March 2020, because she 'characterized trans women as men', see WHRC, 2021.

Censorship

As trans-captured organisations, universities use all of transgender's strategies to silence dissenting voices, including censorship and the condoning of violence.

That trans-critical views are indeed being censored in UK universities was exposed in a report on academic freedom released in August 2020 by the UK think tank, Policy Exchange (Kaufmann, 2020; Adekoya et al, 2020). While its main interest was political affiliation, not the transgender threat to academic freedom, the investigation did find that '[g]ender-critical scholars may face more discrimination than conservatives and [Brexit] Leavers' (the other two categories that the investigation found were likely to be discriminated against in academe) (Adekoya et al, 2020: 10). What the authors called the 'transgender rights debate' was 'probably responsible for the largest number of academic freedom-related controversies in recent years' (p.29). Moreover, having a 'gender-critical perspective' was the most frequent reason given for they agreed that t-censorship 'among left-leaning respondents' (p.8). 'Sensitivities around the transgender rights debate', the authors said, 'was the most common reason for self-censorship among those on the left' (p.57).

One of the most shocking findings was that 63% of the 820 current and retired academics who responded to the survey said that they would feel uncomfortable 'sitting next to someone [at lunch] who, in relation to transgender rights, advocates gender-critical feminist views', such as 'oppos[ing] admitting transwomen [i.e. men] to women's refuge centres' (Adekoya et al, 2020: 7, 10, 12, Figure 1). As the authors noted, 'Collegiality is an important part of academic wellness, and social ostracism represents an example of Mill's "despotism of custom" in action' (p.57). Such ostracism leads to self-censorship because it is a form of torture. Kathleen Stock identified it accurately when she referred to working "somewhere where people make it clear that they loathe you" (Grove, 2020). Hence, as the authors noted,

[r]eported dismissals and no-platforming incidents are the visible evidence of infringed academic freedom, but number at most 50 per year

in the UK. Nonetheless, they are the “tip of the iceberg”, with much larger [self-censoring] effects being hidden (Adekoya et al, 2020: 11).

Unfortunately, the authors accepted without question the claims made by the transgender agenda. In a discussion of whether ‘some kinds of speech should not be welcomed in universities’, they say, ‘Free speech may easily be used as a cover for people to denigrate transgender individuals’ (Adekoya et al, 2020: 36). As is typical of the transgender narrative, no examples are given of speech denigrating ‘transgender individuals’.

The creators of the ‘Gender Critical Academia Network’ website agreed with the authors of the report of the Policy Exchange survey that the no-platforming of individuals was just the tip of the iceberg as far as censorship of trans-critical views is concerned (Anonymous, 2022: 6). As well as self-censorship in reaction to fear of job loss or abuse, there’s also the trans lobby’s influence over social media, whereby trans-critical accounts disappear with no warning and no explanation.

One example is that very Gender Critical website, which was formed in February 2021 ‘as an anonymous place for those involved in university life ... to post their experiences of being gender critical’ (p.5). The authors said that the website was ‘temporarily removed from service providers’ within the first week, after it was reported for ‘hate speech’. But it would seem that that removal was not temporary. By July 2024, their url (<https://www.gccademiannetwork.org/>) was no longer available on the internet. Pasting it into a browser brought up the message: ‘Secure Connection Failed ... The page you are trying to view cannot be shown because the authenticity of the received data could not be verified’. Their twitter account went to UCU Edinburgh showing the transgender message ‘No hate on campus’, sometimes combined with a pornographic video clip of a woman with enormous breasts juggling them invitingly up and down. Thus is the link between transgender and male sexual fetishism made perfectly clear.

For a newspaper article describing Brown University’s removal of Lisa Littman’s report of her research from its website, supposedly because of ‘concerns over methodology’, but actually because of complaints from the trans lobby (“conclusions of the study could be used to discredit efforts to support transgender youth and invalidate the perspectives of members of the transgender community”, said Bess H. Marcus, dean of the Brown University School of Public Health), see: Rudgard, 2018.

Violence

As should be clear by now, transgender brings violence into the universities. But instead of disciplining the perpetrators, university authorities either condone the violence by giving them what they want by cancelling trans-critical events, or they go to the trouble and expense of using security personnel to keep the peace. It is difficult to know what universities could do to discipline students who threaten violence. They can’t exclude them from classes or expel them. These are paying customers after all, and the customer is always right. Still, universities do need to abandon their commitment to the trans agenda, which is anti-intellectual with its falsehoods and its ‘no debate’ stance.

One example of an event cancelled because of ‘security concerns’ was Jo Phoenix’ paper at the Criminology seminar at Essex University (see above). On other occasions

the event is not cancelled, but ‘security concerns’ mean involving security guards if it is to go ahead, or even sometimes if the staff member is to be able to continue her (more rarely, his) normal working day, as happened in Kathleen Stock’s case. Selina Todd at Oxford was also accompanied to her lectures by security guards throughout 2020 because of threats made against her on email networks. She said that a few students turned up at her most recent lecture in T-shirts with trans activist messages on them, but they didn’t cause any trouble, she said, because there were ‘two big burly guys’ at the back of the lecture theatre (Turner, 2020).

Again, the University of Wollongong ‘beefed up security’ at Holly Lawford-Smith’s presentation at the Australasian Association of Philosophy conference because of transgender reactions before the conference. The presence of security meant that the protests were muted, but the university had to go to the trouble and expense of employing the guards (Lane, 2019).

What is not acknowledged in any of the agent-deleted talk about ‘security concerns’ is the responsibility of the trans mob for those concerns. They are discussed as though both parties were equally responsible. And yet it is not the trans-critical commentators who are spewing insults and hatred at their opponents and sending death threats. Transgender wants to say that the trans-critical disagreement that men can be women, its concern for the children and young people subjected to unnecessary medical interventions, and its defence of women’s right not to be intruded upon by men, is ‘hate speech’. But no matter how often or how loudly transgender says it, it remains a lie.

Nothing any trans-critical person has said comes anywhere near the virulence of the transgender-identified. To give just one example of this virulence, a student at the London School of Economics presented a paper in the Department of Gender Studies in April 2021, which said in part:

“If TERFs think trans* is an endemic threat to feminism, let us be the threat to feminism ... Picture this: I hold a knife to your throat and spit my transness into your ear. Does that turn you on? Are you scared? I sure fucking hope so” (Vigo, 2022).

This is not an isolated example. On the contrary, it is typical. Another example involved a student at Reading University who screamed at Rosa Freedman outside the students’ union, that she was a “transphobic Nazi who should get raped” (Fazackerley, 2018).

There is little or no acknowledgement of the fact that it is the trans mob who are responsible for the ‘security concerns’. They are the ones who threaten the violence that the university fears is going to happen if they let any trans-critical event proceed. Trans-critical feminists have never ever threatened violence. Why is this not acknowledged in academe? Why are the non-violent penalised, while the violent ones get off scot-free every time (apart from sanctimonious platitudes about how important free speech is)? As Julian Vigo commented, ‘violent fantasies with sexual malice are part of this movement’s modus operandi’ (Vigo, 2022), and as J. K. Rowling said on Twitter in September 2022, ‘Violence is not a bug, but a feature of this authoritarian movement’. Why can the supposed intellectual elite not see this?

For capitulation to trans activist intimidation (the ‘thugs’ veto’) on the part of Massey University in Aotearoa/New Zealand, when the university revoked an agreement with

Speak Up For Women to host their 'Feminism 2020' event at their Wellington Campus, pleading 'its health, safety and wellbeing obligations', see: Speak Up for Women, 2019.

University support for trans activism

In contrast to the treatment of academics critical of the trans agenda, most of them women, trans activists are welcomed in universities. They are promoted to professorships and awarded large grants by tertiary education funding committees to carry out their 'research', '(which really, at this point, must be put into quotes)', a Julian Vigo said (Vigo, 2019). No matter how reprehensible their situations or actions, they can do no wrong in the eyes of a university sector enmeshed in the trans agenda.

To take one example in the UK, Jacob Breslow remained on the staff of the London School of Economics (as assistant professor of gender and sexuality, of course), although even Mermaids had 'accepted [his] resignation' when they learned that, as a graduate student in 2011, he had given a talk at a conference organised by B4U-ACT, a pro-paedophile organisation founded in 2009 by convicted child rapist Michael Melsheimer. B4U-ACT is approved by the North American Man/Boy Love Association (NAMBLA) and attempts to gain public acceptance for paedophilia by claiming that it aims to prevent child abuse. Mermaids had presumably not noticed Breslow's extensive and long-standing academic history promoting the sexualisation of children (Bannerman, 2022; Gluck, 2022).

His 2011 talk was called 'Sexual alignment: critiquing sexual orientation, the pedophile, and the DSM V'. He wants paedophilia, which he euphemises as 'minor attraction', to be treated as just another sexual orientation like homosexuality:

[The DSM 5] [a]llowing for a form of non-diagnosable [i.e. non-pathological] minor attraction [i.e. paedophilia] is exciting, as it potentially creates a sexual or political identity by which activists, scholars and clinicians can begin to better understand Minor Attracted Persons [i.e. paedophiles].³⁸

He is outraged that he should be accused of supporting paedophilia. He says that his work 'does not seek to normalise paedophilia' and that he 'unequivocally condemn[s] childhood sexual abuse'. But if a quote from his 2011 paper is any indication, this is simply a lie. He subscribes to an extreme form of sexual fetishism, with a child as the dehumanised fetish:

"Just as the desire to and the act of cumming on a shoe requires a rethinking of the shoe ... I want to now argue that the desire to and the act of cumming on or possibly with a child requires a rethinking of both the child and of the person for whom the child is a sexual fantasy or partner" (Gluck, 2022).

After a supposedly 'independent' investigation, the LSE found that there was no reason to take action against him.³⁹

³⁸ Putting the title in a research engine results in a number of links to the B4U—ACT website, none of which works. However, the abstract is available (Breslow, 2011).

³⁹ <https://web.archive.org/web/20230509111702/https://drjacobbreslow.wordpress.com/press-statements/>

His acceptance by the academic establishment was not confined to 2011. An organisation (established by Professor Sally Hines—see below) at the University of Leeds published an essay by him in 2021 which compared feminists to Nazis, and called for “a sustained campaign of resistance against them”. And in January 2022, he spoke at Cambridge University’s Centre for Gender Studies during an online event titled “‘Sex is real’, and other gender critical non sequiturs: a TERF grammar book” (Gluck, 2022). He did, however, resign from the LSE in August 2023, supposedly “because my department, my colleagues, and I have continued to be subject to harassment, despite LSE’s independent investigation exonerating me” (Grove, 2023). This sounds hopeful. Given that transgender complaints of ‘harassment’ usually refer to public disagreement, perhaps the LSE is finally coming to its senses.

Sally Hines is another UK example. A staunch defender of the transgender faith, she actually is a woman and not a man masquerading as a ‘woman’. (But then, Judith Butler is also a woman, her sex being no barrier to guru status for the transgender queer brigade). Since 2019 Hines has been Chair of Sociology and Director of Equality, Diversity and Inclusion at Sheffield University, and was formerly Director of the Centre for Interdisciplinary Gender Studies at Leeds University. While still at Leeds, she received a grant of £502,251 from the Economic and Social Research Council, the university sector’s funder for research in the social sciences. The project, which ran from 2017 to 2020, was called ‘Pregnant men: an international exploration of trans male experiences and practices of reproduction’. The project was not about men at all, of course, since men cannot get pregnant. It was about women who call themselves ‘men’, variously referred to as ‘trans men’, ‘males’, ‘trans masculine’ and ‘gender diverse people’ (Vigo, 2019).⁴⁰ The mind-blowing absurdity of this—calling pregnant women, ‘men’—was no deterrent to the funder splurging half a million pounds on nonsense.⁴¹ As Julian Vigo asked in exasperation, ‘How is it that academics with PhDs ... got this study past an ethics committee?’ (Vigo, 2019).

Hines doesn’t hold back from publicly making known her views on ‘gender-critical’ feminists, especially lesbians. She is known for tweeting that ‘A woman, for me, is someone who feels that they are a woman’ (Peak Trans, 2020). I wonder if she, as a woman herself, ‘feels like a woman’. I know I don’t. Being a woman has nothing to do with feelings. It just is.

She was the author of a tweet following the Forstater decision on 12 June 2021, that was retweeted by Downes at the Open University as part of the harassment of Jo Phoenix. “Anyone celebrating the Forstater ruling”, Hines wrote, “is basically (and mistakenly) celebrating the right to be a bigot. These things just show people as they really are” (Employment Tribunal, 2021: para.130).

She was reported to have posted a series of tweets, one of which asked if “transphobic lesbians” could be “shaggable”. As a self-confessed ‘queer woman’, she probably meant by her. Whatever she meant, she was unrepentant, responding to the criticism by saying “one thing I have learned today... [was] that the word ‘shaggable’ (probably) has 2 gs”. Once she was approached for comment by the newspaper, however, she deleted 18 tweets and changed her account from public to private. The

⁴⁰ This article also still appears on *Medium*.

⁴¹ <https://gtr.ukri.org/projects?ref=ES%2FN019067%2F1>

University of Sheffield received a number of complaints about her behaviour but wouldn't say whether or not it was investigating. When it finally gave the paper a comment, it was the usual meaningless waffle about "principles of academic freedom" and "does not comment on individual cases" (Somerville, 2019).

For a criticism of Hines' arguments in her 2009 article, 'Riding the waves: feminism, lesbian and gay politics, and the transgender debates' (in G. K. Bhambar and I. Demir, eds. *1968 in Retrospect: History, Theory, Alterity* London: Palgrave Macmillan), see: Brunskell-Evans, 2020: section 1.2).

These are only two people, but a 'transgender history of the United States' (Beeman, 2014) lists more 'scholars whose primary area of research was transgender people', not all of them in the US: Susan Stryker (a man claiming to be a 'woman'); C. Jacob Hale (sex?); Aaron Devor (a woman claiming to be a 'man'); Judith Halberstam (a woman also known as 'Jack'); Jay Prosser (British, at Leeds, sex?); Jason Cromwell (a woman claiming to be a 'man'); Viviane Namaste (sex?); and Stephen Whittle (British, a woman claiming to be a 'man'). This source also says that 'the development of queer studies in the early 1990s helped create a space for transgender people', aided by the acceptance of the work of these 'scholars' (p.31).

It is also a consequence of the welcome universities extend to trans organisations and what they teach. Stonewall is not the only one to have gained a firm foothold within universities. The oxymoronically named Gendered Intelligence is also a fixture in academe. For example, as well as their unshakeable commitment to Stonewall, Essex have also 'commissioned training from Gendered Intelligence (specifically on the subject of trans-awareness)', together with another trans lobby group at one of their campuses (Essex University, 2022b: 6, para.17).

Michael Biggs said that GI's 'Trans Awareness' course is run in dozens of universities, including his own university, Oxford, where Merton College paid it to 'train' staff members in key positions such as the Academic Office, the Welfare Team and Human Relations (although not academic staff). The Oxford University Student Union recommended that 'training' by Gendered Intelligence be 'mandated', not only for 'LGBTQ+ and Trans Leads', but also for 'all staff in key welfare roles', including deans, senior tutors, porters(!) and chaplains (Biggs, 2018; Oxford SU, 2018: 32). The ease with which universities have so easily succumbed to ideological manipulation suggests there is something drastically wrong with the way intelligence is measured.

Money

Like its activist organisations, trans 'research' is extraordinarily well-funded. The transgender agenda has been highly successful in getting money from the bodies that fund research in universities in the UK. Pro-transgender 'research' has received millions of pounds from the higher education research funding body, the Economic and Social Research Council.

Table 2 below gives a list of some of these funded transgender research projects. Between 2008 and 2019, transgender 'research' received \$5,075,844 from the Economic and Social Research Council and the National Institute for Health Research, over a third of it (\$1,843,715 or 36%) to projects where Sally Hines was the Principal Investigator.

That such projects should get government funding is astonishing. Very few grant applications are funded. An assessment by the ESRC found that only 20% were funded in 2015/2016, 16% in 2016/2017, and 25% in 2017/2018 (although up to 50% of those judged ‘fundable’ but not funded in the first instance were eventually funded). The majority are judged ‘unfundable’—67% in 2015/2016, 54% in 2016/2017, and 57% in 2017/2018—and are rejected (ESRC, no date). To put this another way, between 2015 and 2020 the University of Leeds applied to the ESRC for 154 grants of which only 37 (24%) were successful, while the University of Sheffield applied to the ESRC for 150 grants of which 57 (38%) were successful.⁴² It beggars belief that transgender research projects should be funded, especially one that unashamedly refers to ‘pregnant men’, when so many other projects are not.

Table 2: Selected UK academic grants for transgender research/activism

Body ¹	£	PI ²	Duration	Title	Institution
ESRC ³	579,717	Davina Cooper	2018-21	Reforming legal gender identity: a socio-legal evaluation	Kings College London
NIHR ⁴	1,310,647	Eilis Kennedy	2019-23	Outcomes and predictors of outcome for children and young people referred to [GIDS]	Tavistock and Portman NHS Foundation Trust
NIHR	618,868	Melissa Stepney	2019-21	Meeting the transgender challenge; improving the experience of health services for gender diverse young people and their families	University of Oxford
NIHR	722,897	Richard Holti	2019-21	Before, during and after adult specialist [GIDS]: improving the integration of care	Open University
ESRC	79,553	Sally Hines	2008-10	Gender diversity, recognition and citizenship	University of Leeds
ESRC	697,084	Sally Hines	2018-19	Living gender in diverse times	University of Leeds
ESRC	360,471	Sally Hines	2019-20	Living gender in diverse times	University of Sheffield
ESRC	502,251	Sally Hines	2017-19	Pregnant men: an international exploration of trans male experiences and practices of reproduction	University of Sheffield
ESRC	165,993	Sally Hines	2019-20	Pregnant men: an international exploration of trans male experiences and practices of reproduction	University of Sheffield
ESRC	38,363	Sally Hines	2012-13	Recognising diversity? Equalities in principle and practice	University of Leeds
Total	5,075,844				
SH ⁵ total	1,843,715				

Source: (Biggs, 2020 [‘LGBT facts and figures’]). Notes: 1.Funding body; 2.Principal Investigator; 3.Economic and Social Research Council; 4.National Institute for Health Research; 5.Sally Hines

For Jennifer Bilek’s arguments that the transgender push into universities is funded by ‘rich white men’, see: Bilek, 2018, 2020, 2022a, b;

⁴²<https://public.tableau.com/app/profile/uk.research.and.innovation.ukri./viz/CompetitiveFundingDecisions2015-16to2019-20/UKRICompetitiveFunding>

for a similar argument (that ‘the rapid and essentially unquestioned rise of trans ideology in academia’, is a consequence of universities accepting funding from ‘rich and powerful men’), see: Lowrey, 2018.

Research

Because of the transgender policy capture of universities, it is impossible to know how many research projects perceived to be trans-critical have never even been proposed, much less rejected by so-called ‘ethics’ committees. But we do know of at least one research project that has been banned for that reason. In November 2016, the ethics committee of Bath Spa University in the UK rejected a research proposal on ‘detransitioning’ (i.e. when people come to regret their decision to ‘change’ their sex and seek to reverse the process).

The committee had initially approved the proposal, which was originally focused only on people who were seeking to reverse the surgery. The researcher, a mature-age student named James Caspian, had enrolled in a Masters course in counselling and psychotherapy with the specific purpose of studying research methodology in order to investigate detransitioning. He was already familiar with the transgender phenomenon, having worked as a psychotherapist for 10 years counselling people who were considering ‘gender reassignment’. He found that he was having difficulty finding anyone who would speak to him about their attempts to reverse the surgery. One person he spoke to suggested that they were too traumatised. So he revised his proposal to focus on those who had had the surgery but were not seeking to reverse it although they now realised the transition process was a mistake—‘We just live with the scars’, he was told by some women who had undergone double mastectomies.

It was when he submitted his revised proposal to the ethics committee that they rejected it. The reasons given by the committee were ideological, that it was “politically incorrect” and “might cause offense” and that it might lead to the university being criticised on social media. Caspian took his case to the UK High Court, to the Court of Appeals and to the European Court of Human Rights (Caspian, 2019a, b; Caspian, 2021), only to be rejected ‘on procedural grounds’ every time.⁴³ These rejections by the courts were not a result of transgender influence. The High Court judge was even sympathetic to Caspian’s case. But the university’s rejection of his research proposal was straight out of the transgender playbook (BBC, 2017; Bindel, 2018; Vigo, 2020).

Another, more recent example involved what researcher Laura Favaro referred to as the ‘gender wars’ in academia. It involved 50 interviews with feminist ‘gender critical’ academics, 20 interviews with self-styled ‘trans-inclusive feminists’, 11 interviews with academics who had ‘principal editorship roles at feminist, gender and sexuality studies journals’, 16 interviews with academics whose views on the issue she didn’t know beforehand, and a survey of a representative sample of social scientists in England and in Ireland. It directly addressed what transgender was doing, and it predictably ran afoul of the trans lobby, with the connivance of her employer, City, University of London. She had managed to go ahead with her research, but as soon as she made it public, there were attempts to shut it down (Favaro, 2022).

⁴³ https://www.mumsnet.com/talk/womens_rights/4185003-James-Caspian-detransitioners-research-ECHR-application-declined

When she published descriptions of her research, she was subjected to the usual bullying and shunning by ‘colleagues’ in the Gender & Sexualities Research Centre where she worked, and refusal to allow her to present her findings. There were also attempts to get her to destroy the transcripts of her interviews, and when she refused, they were withheld, as was full access to her survey data together with an attempt to refuse to make it public. She was also pressured to return the grant she received from the British Academy, was made redundant, and she was asked to return all research data.⁴⁴

She took a case to the Employment Tribunal, and by December 2023 she was able to get her interview and survey data transferred to Bournemouth University where she was then working. The final hearing of the case against the City, University of London, for the hostile working environment she was subjected to there, had not been held at the time of writing (it was to be held in September 2024). (See the footnote above).

As Cass’ Review showed, there is an urgent need for research that genuinely attempts to discover what is happening. There is not enough known, for example, about the effects of preventing the normal development of puberty. A letter in the *Archive of Diseases in Childhood* (Richards et al, 2019) said that treatment with puberty blockers (GnRHa) was ‘a momentous step in the dark’. The letter gave three reasons for concern:

First, their use leaves a young person in developmental limbo without the benefit of pubertal hormones or secondary sexual characteristics, which would tend to consolidate gender identity ... Second, their use is likely to threaten the maturation of the adolescent mind ... Third ... puberty blockers are now being used in the context of profound scientific ignorance (Richards et al, 2019: 611).

The authors of the letter concluded by saying:

To halt the natural process of puberty is an intervention of momentous proportions with lifelong medical, psychological and emotional implications. We contend that this practice should be curtailed until we are able to apply the same scientific rigour that is demanded of other medical interventions (Richards et al, 2019: 611).

The pro-trans medical fraternity know this. As already noted (‘The Tavistock experiment’ section in the ‘Transgendering the young 2’ chapter), the research proposal for the GIDS study of puberty blockers admitted that it was ‘not clear’ what their long-term effects would be (Biggs, 2020: 2). As Biggs said, the word ‘experiment’ is a more accurate designation of the GIDS research than the word ‘study’, because ‘it involved a drug regime that has never been licensed for this condition anywhere in the world’ (Biggs, 2019: 3. See also: Heneghan and Jefferson, 2019).

One of the paediatricians working on the GIDS study was reported in the *Daily Mail* to say, “If you suppress puberty for three years the bones do not get any stronger at a time when they should be, and we really don’t know what suppressing puberty does to your brain development. We are dealing with unknowns” (Biggs, 2020: 2, 12). Even the Director of GIDS, Polly Carmichael, was aware of how little was known about

⁴⁴ https://www.crowdjustice.com/case/academicfreedomforfeminists/?utm_source=case_page_social

the effects of these drugs. She was quoted in *The Guardian* saying, “The question is, if you halt your own sex hormones so that your brain is not experiencing puberty, are you in some way altering the course of nature?” (p.2).

The fact that there is ‘no evidence of harm in published data’, as the UK Health Research Authority put it (although, they said, ‘there were *theoretical* risks with suppression of puberty’) (UK HRA, 2019—emphasis added) is a consequence of research studies that are ‘remarkably weak’ because they are designed to hide the reality, not uncover it. This is the way the transgender lobby and the policy-captured medical profession prefer it. Studies that showed that the harm is actual and not ‘theoretical’ at all, would undermine the transgender cause, and that must not be allowed to happen, hence the policy capture of the universities, i.e. of the places where research happens.

For an argument that there have never been any rigorous studies of psychological interventions to help the young (or anyone else) to cope effectively with their ‘gender dysphoria’ and become more comfortable in their bodies without having them modified, see: Horváth, 2018;

for a detailed account of a ‘shameful episode’ on the part of the University of Washington, when they said publicly, ‘in a coordinated, highly polished PR campaign’, that their research showed beneficial outcomes for transgender medical treatment when it did not, see: Singal, 2022b.

Resistance

Transgender policy capture of the university sector is not absolute. There are instances of clear-thinking resistance, the Cass and Reinhold reports for example (whatever their limitations), plus legal decisions such as the one in Jo Phoenix’ case against the Open University. Not everyone is taken in by the transgender agenda, although many of the critics, like Cass and Reinhold, accept transgender’s basic premise that there are such people as ‘trans people’. Only those speaking from a radical feminist standpoint are outspokenly critical of transgender, although they usually stop short of saying it rests on a lie.

For the refusal of the VC of Cardiff University to capitulate to the trans lobby’s demands to ban Germaine Greer from speaking at the university, see: Fazackerley, 2020.

For example, an article in *Inside Higher Ed* in 2019 (Bermudez et al, 2019), by 12 philosophers from Europe, North America and Australia, criticised the silencing in academe of ‘skepticism about the concept of gender identity or opposition to replacing biological sex with gender identity’. Their argument was that these positions should be allowed a voice even though they’re ‘controversial’. But they’re only controversial because of the *power* of the trans lobby, not because it has any validity. The existence of two and only two sexes was far from controversial before transgender came along (and probably still is among the vast majority of the population), and neither was there any controversy about the fact that people can’t change sex nor that men couldn’t be women.

These philosophers also made the usual (futile) attempt to sooth transgender’s hurt feelings by asserting that they believed in ‘the right of transgender and gender-

nonconforming individuals to live free of harassment and abuse’, saying that they ‘welcome[d] them enthusiastically as fellow participants in the profession of philosophy’. But not only is there no evidence that such individuals suffer any more harassment and abuse than anyone else (especially the adult heterosexual men claiming to be ‘women’), the philosophers also say that they want the debate ‘to be pursued through rational dialogue’. But there’s no possibility of rational dialogue with a lie. That’s why transgender has to resort to censorship and thuggery—because there’s no possibility of defending their position rationally. Still, perhaps these philosophers have realised by now (five years later) that transgender is not open to reason, and that any attempt to moderate criticism to make it more palatable to transgender ears is doomed to failure. And they were clear at the time that they condemned transgender’s resorting to ‘cruel and abusive rhetoric’ and censorship (Bermudez et al, 2019).

For a discussion of a letter to *The Sunday Times* signed by more than 30 academics, arguing that universities should sever their links with Stonewall if Stonewall won’t commit itself to fully supporting academic freedom of thought, see: Somerville and Griffiths, 2019a.

Another example of resistance came from the head of the UK’s Equality and Human Rights Commission, Baroness Faulkner. She wrote to *The Times* denouncing students who engaged in bullying behaviour simply because they ‘disagree[d] with someone’s entirely lawful expert views’. She emphasised the importance of academic integrity and freedom of expression on university campuses, while also insisting that ‘trans rights must be protected’ (Howard, 2021). But it is an exercise in futility to try to compromise with the transgender agenda. If ‘trans rights’ includes shutting down disagreement, as the trans mob insist that it does (because disagreement is ‘transphobia’), it’s simply not possible to have both ‘trans rights’ and freedom of expression, not to mention academic integrity.

Still, at least Baroness Faulkner was able to recognise bullying behaviour when she saw it, unlike many of the university administrations described here. And despite the disgraceful reactions of many of her colleagues, Stock did receive support from a number of her fellow academics who wrote a letter to *The Times* (Biggs et al, 2021). Headed ‘We will not bow to trans activist bullies on campus’, it didn’t mention Stock by name, but it did refer to an earlier *Times* article that had described the security measures the police had advised her to take (Griffiths, 2021). It condemned universities for ‘creating an intimidating and hostile environment for staff and students who recognise that sex matters’, and for their continuing connections to Stonewall (Biggs et al, 2021).

If the reactions of the University of Sussex’s administration, including their VC, are any indication, all is not lost. There *are* those in the university sector who can see what’s happening under the hegemony of the trans agenda, even if they’re not trying to do something about it. Still, even Sussex is a ‘Stonewall Diversity Champion’, as it announces proudly on the Home page of its Equality, Diversity and Inclusion Unit.⁴⁵ The Unit also has a ‘Race Equality Charter’ and proclaims itself a ‘Disability Confident Employer’. Thus are Stonewall’s ‘trans people’ located with other

⁴⁵ <https://www.sussex.ac.uk/equalities/>

categories of vulnerable people at the University of Sussex. It is a wonder, then, that the VC was able to stand up against this kind of pressure.

Australia

I know of no overview of how far the transgender influence reaches into Australian universities. The local Sydney transgender mouthpiece, the *Star Observer*, reported plaintively in 2015 that ‘only one in 10 Australian universities’ equal opportunity policies fully reflect legally binding anti-discrimination legislation when it comes to protecting LGBTI students’ (Brook, 2015). The information comes from ‘the first-ever Australian LGBTI University Guide’, which was launched by the Human Rights Commissioner and widely reported in the media. But it is no longer available and would be out of date now anyway.

I don’t know whether all Australian universities have succumbed to the transgender lure or whether some have resisted, although I would be very surprised to hear of any university that did not have its ‘diversity and inclusion’ set-up firmly in place. Certainly, some have signed up to the Stonewall-inspired, ACON-initiated Australian Workplace Equality Index, with RMIT University receiving the highest AWEI accolade for 2022, the ‘Platinum Employer (Long Term Gold Employer)’ award. Macquarie University, the University of New South Wales, the University of Queensland and the University of Sydney were all AWEI Gold Employers; Griffith University, Monash University and Victoria University were Silver Employers; and Charles Sturt University, Edith Cowan University, the University of Melbourne, the University of Western Australia and the University of Wollongong were all Bronze Employers.⁴⁶ Clearly, this indicates that at least some of the university sector has succumbed to the transgender sway.

Certainly, the organisation that funds research in the universities, the Australian Research Council (ARC), has as much faith in the transgender agenda as its UK counterpart. Table 3 lists ‘LGBTI’ projects it has funded. In some of these projects ‘LGBTI’ is coupled with issues that could apply to anyone, namely, the experiences of people in natural disasters, health disparities among older Australians, cancer care and survival, alcohol and tobacco use. The funding body’s reviewers must have believed the researchers’ claims that ‘LGBTI people’ are peculiarly vulnerable in these situations in comparison with everyone else. This is not surprising, given that the ‘peer reviewers’ the ARC uses would be devotees of the transgender faith. Other projects were wholly focused on transgender with no other redeeming feature, namely, LGBTI military service, the history of a transgender identity, and ‘gender affirmation’ in childhood; and one of the projects availed itself of the piggybacking strategy, investigating homosexuality while purporting to also include ‘transgender, intersex and queer students’.

On average, only 24% of all grant proposals received between 2002 and 2020 were funded, with percentages ranging from 33.9% in 2002 (4,517 projects received, 1,531 funded) to 19.5% in 2020 (6,656 received, 1,295 funded).⁴⁷ As far as I know, the ARC doesn’t list the unsuccessful projects, so it is impossible to know what research missed out in favour of these transgender projects.

⁴⁶ <https://www.pid-awei.com.au/2022-lgbtq-inclusion-awards-results/>

⁴⁷ <https://www.arc.gov.au/funding-research/funding-outcome/grants-dataset/trend-visualisation/ncgp-trends-success-rates>

Denise Thompson

Table 3: ARC grants for ‘LBGTI’ projects

Title	Institution	Rationale	Year	Funding
‘Queering disasters in the Antipodes: investigating the experiences of LGBTI people in natural disasters’	Western Sydney University	‘to investigate experiences of LGBTI (lesbian, gay, bisexual, trans, intersex) people in Antipodean natural disasters, because they are especially vulnerable’	2013	\$345,600
‘Reducing health disparities for older LGBTI Australians’	La Trobe University	‘Older LGBTI Australians have vastly poorer health outcomes than the broader population’	2016	\$308,710
‘Serving in silence? Australian LGBTI military service since 1945’	Australian Catholic University	‘It aims to reveal the untold experiences of LGBTI personnel, the processes of change to policies and practices, and wider cultural shifts around sexuality and gender’	2016	\$172,081
‘The effectiveness of global sexual rights policy in education’	Macquarie University	‘to explore the usefulness and harmfulness of global rights-based policy processes for <i>gay, lesbian, bisexual, transgender, intersex and queer students</i> . New global sexual rights policies for schools and related transnational processes paradoxically appear to have contributed to the criminalisation of (and even capital punishment for) education on <i>homosexuality</i> in several countries’	2016	\$316,468
‘LGBTI experiences of cancer survivorship and care’	Western Sydney University	‘This vulnerable population reports higher rates of cancer related distress and dissatisfaction with care than the general population’	2018	\$388,197
Transgender Australians: the history of an identity’	Australian Catholic University	‘By revealing transgender people’s histories, the project will explore the ways gender diverse Australians have expressed their identities amidst changing social norms’	2018	\$220,489
‘Alcohol and tobacco use among lesbian, bisexual and queer identifying women’	La Trobe University	‘alcohol and tobacco use among lesbian, bisexual and queer-identifying (LBQ) women ... are considerably higher compared to heterosexual women’	2021	\$308,507
‘Gender affirmation in childhood: protective factors and strategies’	Western Sydney University	‘TGD young people are a rapidly growing population, disproportionately affected by intentional self-harm and suicidality’	2024	\$372,138

Source: <https://dataportal.arc.gov.au/NCGP/Web/Grant/Grants#/20/1//transgender/>

Sandstone universities

Australia's prestigious 'sandstone universities', equivalent to Ivy League in the US, or Russell Group in the UK are the Universities of Sydney, Melbourne, Adelaide, Tasmania, Queensland and Western Australia. All are trans-struck, along with most if not all of the other universities. Since there is no point in endlessly repeating the same trans verbiage, I don't discuss all of them, just a few whose egregious trans dedication happened to catch my eye.

Melbourne

I discuss Melbourne University first, largely because of the treatment of Associate Professor in Philosophy, Holly Lawford-Smith (see below). Melbourne's 2024 *Gender Affirmation Policy*⁴⁸ commits the university 'to building a culture that is safe, inclusive and respectful for all transgender and gender diverse (TGD) members of the University community'. Interestingly but not surprisingly, the university's policy on 'sexual misconduct' doesn't mention a 'safe, inclusive and respectful' culture for women, nor of course does it mention men as the perpetrators.⁴⁹ Indeed, 'sexual assault and other sexual offences', the university's website says, 'can impact people of all ages, abilities, genders, sexual orientations, and cultural backgrounds'.⁵⁰ The fact that sexual assault mainly 'impacts' women, literally, and is perpetrated by men seems to have escaped the awareness of this institution of higher learning.

An earlier statement by the university (August 2021) said that they were 'drafting a new "gender affirmation policy" that may ban public acts deemed transphobic or attacking gender diversity'.⁵¹ The statement was the university's response to a petition from the usual culprits, the students' union 'Queer Political Action Collective', reacting to Lawford-Smith's 'Feminism' course, which the students said was 'transphobic'. The university seemed to agree.

Although Melbourne didn't rank very highly in the AWEI Awards for 2022, receiving only a Bronze Award, its commitment to the transgender agenda is nothing less than whole-hearted, if the reported remarks of its Vice-Chancellor, Duncan Maskell, are any guide. Those remarks come straight from transgender ideology, with particular emphasis on the 'marginalised and vulnerable' trope. In June 2021, it was reported that he had warned staff 'that their right to academic freedom does not give them licence to write or say things that cause harm to transgender people' (Carey, 2021).

This warning occurred in an address to staff where Maskell engaged in the usual spurious equality of "deep disagreements and widely divergent views amongst our community about questions concerning gender identity". He characterised these disagreements as "a stand-off between the academic freedom of colleagues to pursue particular questions concerning transgender identity, versus the damage and harm that

⁴⁸ <https://policy.unimelb.edu.au/MPF1364/>

⁴⁹ 'The University of Melbourne uses the term 'sexual misconduct' to describe any sexual act or behaviour that a person does not consent to, including sexual assault (and other sexual offences) and sexual harassment' – <https://www.unimelb.edu.au/respect>

⁵⁰ <https://www.unimelb.edu.au/respect/sexual-misconduct#sexual-misconduct>

⁵¹ <https://umsu.unimelb.edu.au/news/article/7797/2021-08-09-university-drafting-new-gender-affirmation-policy-condemning-transphobia/>

our transgender colleagues experience from those questions being pursued”. His preference was clearly for the ‘transgender colleagues’, who are, he said, “first and foremost people”. When “inappropriate words [are] spoken and written”, he said, they suffer “emotional distress and anguish”, and “it is the responsibility of all of us not to add to this burden”. Like all good trans allies, he referred to “the sometimes daily threat of physical violence that transgender people confront” (Carey, 2021).

Like all claims about the ‘violence’ to which ‘transgender people’ are supposedly subjected, this statement is false. ‘Transgender people’ are not ‘daily threatened with physical violence’, especially not when they are men posing as women. It is women and girls who are daily threatened with physical violence (Critical Thinker, 2021). But truth is a weak beacon light for minds blinded by the eye-watering glare of the transgender spotlight.

Lawford-Smith originally aroused the transgender lobby’s ire in 2018 when she started writing trans-critical feminism, and the campaigns against her continued throughout 2019 and 2020. Typical of the kinds of protests made by the trans lobby and its allies is a sign that said: ‘Terf graves are gender neutral bathrooms’ (Lawford-Smith, 2021). In other words, women who disagree with transgender ideology must die, and transgender men are justified in pissing on their graves. (It could only be a man or men who made this threat. It is men who engage in targeted pissing. Women don’t have the appropriate anatomy). No one at this university so concerned about the unacceptable risk of harm to ‘transgender colleagues’ noticed that this death threat might constitute an unacceptable risk of harm to women, and to Lawford-Smith in particular. It stood outside the building which contained Lawford-Smith’s office during the whole of one protest. Security did not remove it, and the university administration made no comment.

But it was her setting up a website called ‘No Conflict They Said’⁵² in February 2021 that really sent Melbourne University’s trans lobby into paroxysms of rage. The purpose of the website was to give women a place where they could tell their stories of the unpleasantness, harassment and violence they had experienced in women-only spaces when they were intruded upon by men claiming to be ‘women’. The point about ‘no conflict’ is that this is the justification given for all the pro-trans legislation that is being passed. There is no conflict, we are told, between affirming ‘gender identity’ and the rights of women. ‘If we can’t collect data’, the introduction to the website says (because that kind of research is forbidden in a university sector policy-captured by the transgender agenda), ‘we can at least collect stories’.

This gave rise to an Open Letter of protest from trans allies,⁵³ supported by the Melbourne branch of the National Tertiary Education Union and the student union, and signed by over a hundred academic staff and students. The letter predictably said that the website and Lawford-Smith’s ‘Feminism’ course were instances of ‘transphobia’ and ‘hate speech’, and called for ‘swift and decisive action by the Faculty and University’, although they didn’t specify what kind of action they were calling for. They were especially incensed that the website ‘promote[d] the harmful stereotype of

⁵² <https://www.noconflicttheysaid.org/>

⁵³ <https://docs.google.com/document/d/1sDbh6iO9bYvStZyeiI4We5Z9EgxEfk1UhvjtO1zJyMI/mo bilebasic>

trans people as predatory ... [and] deliberately fram[ed] trans women as a threat to cis women'. The website consists of women's stories of their experiences of male behaviour. It is not the *website* that promotes and frames men as predatory and threatening, it's the behaviour of the men themselves.

The university did not wholly give in to the trans demands. Lawford-Smith was subjected to a lengthy process of investigation, but no official action was taken against her. Sanity prevailed at least to that extent.

For a defence of Lawford-Smith, together with a list of organisations fighting cancel culture and defending free speech, see: Chavura, 2021;

for petitions supporting Lawford-Smith, see: Ellingsen et al, 2021; LGB Alliance, 2021;

for pro-transgender accounts of the university's reaction to Lawford-Smith's website, referring to it as 'transphobia', see: Hirst, 2021; Weinberg, 2021;

for a criticism of Melbourne's 'wacky gender policy', see: Nguyen, 2021.

Sydney

Sydney University is well-provided with transgender resources. It has a 'Gender centre', a 'Pride Network', a 'Diversity and Inclusion Team', and clubs run through the Student Union—'Queers of Colour', 'Shades' and 'Queer STEM'.⁵⁴ In March 2023, it was students from Sydney who attempted to disrupt the Let Women Speak meeting in Victoria Park next door to the university. They shouted through loud hailers, shrieked abuse and made other deafening noise the whole time women were speaking. (Some of them also did Morris dancing, the reason for which was unclear). They were unsuccessful in their attempt at disruption because the NSW police kept them at bay just far enough away from the women speaking that the noise couldn't overwhelm what the women were saying. (For what happened at the Let Women Speak event in Melbourne, see chapter 14, 'Another strategy: violence').⁵⁵

WA

In 2018 the University of Western Australia cancelled a talk by Quentin Van Meter, visiting American paediatrician and endocrinologist and Fellow of the American College of Paediatricians, who is known to be opposed to the medicalising of children. And again, it was student protests that led to the university administration cancelling the talk (Urban and Lane, 2019).

Tasmania

The University of Tasmania refused to publish in a student-edited journal a paper critical of the pro-transgender laws being passed in that state. The author of the paper, the Dean of Law at the University of Queensland, said that the paper had been rejected because the reviewers disagreed with his views. The Law faculty adviser to the student editors denied that, saying that there were "substantive flaws" in the paper, including "its handling of empirical data". The paper's author said that those were not the reasons given in the reviewers' reports. Rather, they objected to his use

⁵⁴ <https://www.sydney.edu.au/students/gender-affirmation/resources-and-support-networks.html>

⁵⁵ For a video of the events in Sydney, see: <https://www.youtube.com/watch?v=rDSe3ot5EmE>

of the terms “biological female” and “opposite sex”, which they found “offensive”, and because the paper “would not do any good to the advancement of human rights”. The university supposedly investigated the author’s concerns but sided with the journal (Denholm, 2020).

It might be noted that the initial review process hardly counted as *peer* review. The reviewers were students whereas the paper’s author was a senior academic of many years standing. Still, the main problem was not this ignoring of the academic hierarchy, but the ignoring of reality on favour of an ideology that finds references to biological females ‘offensive’. This certainly deserves an award under transgender’s Workplace Equality Index, although the University of Tasmania had not received one at that time.

TASA

As a sociologist myself, I am particularly interested in the Australian Sociological Association’s (TASA) position in relation to transgender (although I have long known that the discipline of Sociology has succumbed). In 2016, the TASA Executive endorsed the formation of a new Thematic Group called ‘Genders and Sexualities’ whose topics of interest demonstrate in no uncertain terms its commitment to the transgender cause, namely ‘Gendered Identities (incl. genderqueer, non-binary and emerging identities)’, ‘Trans* lives’, ‘Examinations of privileged sexual and gender practices (e.g., cisgenderism, heterosexuality)’. Most tellingly, a ‘sex work’ topic exposes this Thematic Group as anti-feminist. TASA also published an ‘Open Letter on anti-trans rhetoric’⁵⁶ signed by over 90 sociologists in Australia and New Zealand. They said that they ‘stand unequivocally in support of the dignity and rights of trans and gender diverse people’, and denied that allowing men into women’s intimate spaces ‘poses any kind of risk or danger to others’ (a euphemism for ‘women’), or that ‘trans subjectivities’ were fetishistic. They claimed to be speaking on behalf of ‘high quality research’ and ‘academic rigor’, although it’s hard to imagine that either can be found in support of a falsehood.

They don’t say who or what they are objecting to, but it could be Dr Petra Bueskens’ 2020 article, ‘An apology to JK Rowling’, in *Arvo Magazine*. Initially, TASA’s official Twitter account congratulated Bueskens on the fact that her article was the most read of all the articles in that magazine in 2020. But they were very smartly brought back into line when TASA members replied to this tweet expressing their disapproval and insisting that Bueskens’ article was “‘transphobic” and harmful’ (Bueskens, 2020). The initial tweet was deleted and instead TASA posted two tweets denying that they supported ‘transphobia commentary’, apologising “‘for the hurt this would have caused in our membership””, and affirming that they “‘value[d] critical scholarly debate but not one that is based on discrimination and harm”” (Glover et al, 2021). To describe Bueskens’ article in this way gives rise to the question: did they even read it?

For Bueskens’ reply to TASA, see: Bueskens, 2021;

for a letter of support for Bueskens from TASA members, see: Glover et al, 2021. See also: Glover, 2020.

⁵⁶https://docs.google.com/forms/d/e/1FAIpQLSe2eZJpLLqlog1yIjg4idwpgENSONj05h7GYKwKWQvJE_dAkA/viewform?gxids=7628 (undated, but one of the references cited is dated January 2021—viewed 29.8.2021).

Journals

Academic journals are where the findings of research studies are reported, the validity and reliability of the research supposedly guaranteed by their ‘peer review’ process. But this process fails in the face of the transgender onslaught, not to mention its precursor, postmodernism, or indeed of any dominant narrative driven by ideology and emotion rather than intellectual integrity. Below are a few examples of this failure, a couple of them from medical journals. If a journal supposedly devoted to science can endorse the outrageously false claim that the existence of two sexes is not a scientific fact, the peer review process has demonstrably failed. If this can happen in the physical sciences, peer review in the social ‘sciences’ so-called is even more prone to influence from vested interests, dealing as it does with social life and its meanings and values. Either any claim to objectivity is spurious (ever-more-sophisticated statistical calculations notwithstanding) and the debate is framed by surreptitious values nonetheless, or the meanings and values and the truth of the matter are lost altogether.

Much of the transgender research is published in journals specifically devoted to transgenderism, all well-entrenched in the academic world-taken-for-granted. The *International Journal of Transgender Health*, WPATH’s house journal, is published by Taylor & Francis Online, well-known academic publisher of ‘millions of quality, peer-reviewed journal articles’ in both the sciences and the Humanities.⁵⁷ Its original name was the *International Journal of Transgenderism*, which ran from 1997 to 2019.⁵⁸

Then there is *Transgender Health*, a different journal with a different publisher. It is indexed and abstracted in such prestigious academic databases as PubMed, Web of Science: Social Sciences Citation Index, Current Contents®/Clinical Medicine, Current Contents®/Social & Behavioral Sciences, ProQuest and PsycINFO.⁵⁹ Its Chief Editor is Robert Garofalo, one of the authors of WPATH’S ‘standards of care’. There’s also *Transgender Studies Quarterly*, published by Duke University Press. One recent issue (9(2), 1 May 2022) was devoted to ‘The intersex issue’, ignoring the protests intersex people have made about being drawn under the ‘trans umbrella’

The Endocrine Society, trans ally since at least 2009, publishes a number of academically acceptable journals: *Endocrinology*, ‘the flagship basic science journal of the Endocrine Society’; *Endocrine Reviews*; *The Journal of Clinical Endocrinology & Metabolism*; *The Journal of the Endocrine Society*; *JCEM Case Reports*, ‘a new online-only Open Access journal’.⁶⁰

Other journals that accept reports of transgender ‘research’ are not transgender-specific, and yet they take the transgender worldview for granted and reproduce it as though there were no room for doubt, e.g. *The American Journal of Psychiatry*; *Journal of Autism and Developmental Disorders*; *Journal of Homosexuality*; *Journal of Public Management & Social Policy*; *Gender and Society*. Most worryingly, some of them are medical journals

⁵⁷ <https://www.tandfonline.com>

⁵⁸ <https://www.ncbi.nlm.nih.gov/pmc/journals/3745/>

⁵⁹ <https://home.liebertpub.com/publications/transgender-health/634/overview>

⁶⁰ <https://www.endocrine.org/journals>

devoted to the care of children, *Journal of Child Psychology and Psychiatry*; *Journal of Adolescent Health*; *Archives of Pediatrics & Adolescent Medicine*; *Pediatrics*; *Pediatric Nephrology*.

Criticism of transgenderism rarely appears in academic journals, being mainly confined to internet blogs, social media, and volunteer organisations with none of the academic prestige or the huge amounts of money devoted to transgenderism. There are, however, some exceptions. For example, the *British Medical Journal* has published a critical review of GIDS practices (Cohen and Barnes, 2019) and of transgender research (Heneghan and Jefferson, 2019). In the latter case, the authors include the usual disclaimer that ‘The views and opinions expressed on this site are solely those of the original authors. They do not necessarily represent the views of the BMJ’ (Heneghan and Jefferson, 2019). As indeed they do not. While these authors are critical of the transgender agenda (although they still believe that ‘transgender’ is a meaningful category of persons), the *BMJ* ricochets between pro-trans and trans-critical, with a preference for the former.

On the one hand, the *BMJ* did publish these critical texts (see also SEGM’s approval of its endorsement of the Cass review in the box below), but it has also published articles that are unequivocally pro-transgender. One of these articles tells us that ‘In the 50 years since UK NHS services started, more than 130 000 people have changed social gender role ... [with the involvement of] [v]arious specialist clinicians’ (Barrett, 2017: 1 of 5). It occurs neither to the authors of this article nor to the *BMJ* and its reviewers that there is something strange about needing ‘specialist clinicians’, and the medical interventions they prescribe, in order to change ‘social gender role’. If something is social it is a question of meaning not medicine. But transgender is too well-entrenched in the medical industry to allow such questions to be asked.

Another tells us that ‘Recent years have seen political and social progress for people who identify as LGBT+ (lesbian, gay, bisexual, and transgender; the “+” indicating inclusion of other minority sexual and gender identities)’ (Salkind et al, 2019: 1 of 4). The authors give the usual reasons why these categories of persons might need medical intervention, social and political progress notwithstanding. There are ‘ongoing health and social inequalities in this group’, the authors say, and they are at greater risk of ‘self harm, suicide, and family rejection or abuse’. But why ‘social inequalities’ should require medical intervention is not stated or even questioned; and taken literally, the acronym doesn’t refer to a ‘group’, but to a disparate grouping of categories of persons who have little in common (apart from friendships, family relationships and humanity). Of course, transgender’s piggybacking strategy doesn’t take the acronym literally. Instead, the lesbian girls and women, the gay men and boys, and the bisexuals disappear and all that is left is the T+. That the *BMJ* ignores this is both ethically and scientifically reprehensible.

Philosophers should know better too. Acceptance of transgender ideology on their part doesn’t have the same deleterious consequences as acceptance by the medical profession. But philosophers have a reputation for being able to think, and accepting the transgender agenda as a true account of the human condition requires a deliberate and sustained decision not to. One example: in March 2018, the journal *Philosophy and Phenomenological Research* published two articles that made uncritical use of the term ‘terf’. A number of feminist philosophers (Allen et al, 2018a) registered a complaint with the journal about this usage, saying that it was ‘at worst a slur and at best derogatory’. ‘Proper oversight’, they said, ‘would have seen the term “TERF”

replaced with a neutral counterpart'. In support of their case, they provided two internet resources that compile examples of the pejorative, even brutal, usage of 'terf' on social media and online platforms.

The journal editor replied that he had 'consulted with several senior distinguished scholars in the relevant field' and their consensus was that the term, 'terf', was simply 'descriptive', like 'denigrating uses of "Jew" and many other terms'. He said that it was 'a matter of academic disagreement between you and the author of this article, it is not the role of the editors to decide this issue'.

But the denigrating use of 'Jew' is not at all the same as the denigrating use of 'terf'. 'Jew' is a purely descriptive term, that's its dominant usage, whereas 'terf' is nothing but derogative. There is *no* descriptive usage of the term 'terf' (despite some feminist attempts to redeem it—see below). As noted in one newspaper report, 'Arguably, [terf] is commonly used as a slur, perhaps even in the spirit of hate speech, since the patterns of its use often dehumanise and convey hatred, contempt and the threat of violence' (Fine, 2021). Being reported in a daily newspaper not long after the interchange in this philosophy journal, this information is some indication that it is common knowledge. Thus the journal's editors and reviewers should have been aware of it, especially as they were given the chance to find out by being supplied with the internet resources mentioned above.

To interpret 'terf' as simply descriptive is a refusal or inability to take into account the actual meanings and values involved here. In doing so, the editor has misperceived the reality of the social situation. This is not just a matter of academic disagreement, but of obliterating the 'social facts' (in Durkheim's sense), of falsifying the data. In talking about social reality, the facts are importantly moral and political; and objectivity in the sense of refusing to recognise relevant moral and political positions cannot represent that reality. True, this is a philosophy journal and not an organ of social science. Nonetheless, even philosophers should get their facts right, and the facts in this case are that the term 'terf' is intended as an insult.

In this so-called 'matter of academic disagreement' there are two adamantly opposed moral and political positions with unequal access to the power to be heard: misogyny and male supremacy on the transgender side, and defence of the human dignity of women on the feminist side. That 'terf' is indeed a slur intended to denigrate women is indicated by the contexts in which it is used, namely, combined with horrendous insults and threats against women. Allen et al (2018b: 4)⁶¹ list a number of them: 'kill all TERFs'; 'shoot a terf today' ... 'All TERFs need to cease existing. All of them. Gone. Wipe them from the Earth. They are a plague to be purged', etc. To use it neutrally, as though it were simply a descriptive term identifying a certain category of women (like lesbian or feminist or mother), is to disguise the misogyny by pretending it doesn't exist while at the same time upholding it.

It's true that there are some feminists who have taken up the term and use it positively, possibly because they agree that men *are* excluded from the category of 'women', whatever those men call themselves and however they dress. Feminists have even devised an adjective from it, 'terven', as a synonym for trans-critical (or gender-

⁶¹ See also: terfisaslur.com.

critical), as in ‘I hope all my terven sisters are having a good day!’⁶² That usage is in the feminist tradition of trying to turn common insulting terms for women into positive terms, ‘slut’, for example. But it’s still a slur. Using it in a faux-neutral sense not only doesn’t change that, it reinforces it by pretending that it’s not.

The reason why ‘terf’ is an insult is a male supremacist one. It refers to women rejecting men, and in the male supremacist mind-set, women rejecting men is the most heinous transgression imaginable. ‘Lesbian’ has the same connotations, and that is probably why it has vanished from the trans lexicon (except as the initial ‘L’ in the piggybacking acronym). Taken literally, the term ‘terf’ could be a badge of pride (although it is reality that excludes men from the category of ‘women’, not ‘radical feminists’). But its dominant meaning is derogatory, and it is driven by male rage at women’s rejection of them. It’s true that the originator of the term was a heterosexual woman (in 2008), but she got the idea, she said, from ‘passionate trans women [i.e. men] activists online ... [who] showed me just how dehumanizing the trans-hostile rhetoric is from some radfems about them’ (Smythe, 2018). But the fact that a woman is so defensive of the hurt feelings of men at women’s expense doesn’t make the term ‘terf’ woman-friendly. There have always been women who defend men against women’s own interests. That is, after all, where the power lies, including the power to define what counts as real.

In the spurious equality of interpreting the conflict as no more than an academic disagreement, the journal editor and his illustrious colleagues have taken sides—with the transgender agenda and against women. But then, that is not surprising. Male supremacy is the default option. That’s part of the meaning of male supremacy, that when women’s needs come into conflict with male prerogatives, it is men’s interests that prevail, not women’s needs. And the transgender agenda does involve male prerogatives, whether they be adult men with or without intact male genitals claiming they’re ‘women’, young women trying to destroy their own femaleness, children and young people being chemically and surgically mutilated, transgender acolytes enthusiastically embracing the opportunity to express their hatred of women, or just women rushing to the defence of what they see as a ‘vulnerable and marginalised group’. Of course, the journal editor and his illustrious colleagues are unlikely to know this, although they could have found out some of it by following up the resources they were given.

The peer-review process for these two articles would have sent them to those ‘in the relevant field’, which is ‘transgender studies’. In that field, the term ‘terf’ is perfectly acceptable, and ‘transgender studies’ is the dominant academic paradigm having anything to do with women (who are called ‘gender’). Whatever the reasons for the dominance of the transgender agenda (and not just in academe), the meanings and values it espouses are detrimental to women. But that cannot be seen unless those meanings and values are made explicit. Keeping them hidden by interpreting the conflict as something neutral like academic disagreement, allows them to continue to operate unchallenged.

⁶² It’s even reached the dictionary and Wikipedia –
<https://www.urbandictionary.com/define.php?term=terven>

For Kathleen Stock's explanation for philosophers' failure to discuss the threat to women's and girls' safety posed by the proposed changes to the Gender Recognition Act, and 'no mainstream published philosophical paper has explicitly argued for the GC [gender-critical] position', see: Stock, 2018a.

The stance taken by the editor of *Philosophy and Phenomenological Research*, that the feminists' complaints about the usage of the word 'terf' were simply a matter of academic disagreement, is at least superficially reasonable (as long as no one bothers to think about the issue, and dissenting voices are silenced or ignored). However, there are other academic writings that go well beyond the bounds of reason, the *Nature* editorial discussed above being one example.

One particularly unhinged example of censorship by an academic publisher, Springer, involved their decision to retract an article on ROGD by Michael Bailey and 'Suzanna Diaz' ('a pseudonym to protect the privacy of her daughter, who suffers from gender dysphoria') (Diaz and Bailey, 2023), that had appeared in the journal *Archives of Sexual Behavior*. Springer's action was pandering to complaints from the trans lobby, including WPATH president, Marci Bowers (a man claiming to be a 'woman'), and by refusing to reverse the decision despite a letter in support of the article signed by 2,000 academics (Sapir and Wright, 2023; Wright, 2023b).

What was particularly unhinged about the decision was the reason they gave, namely, that the participants in the study hadn't given their permission for the results to be published in 'in a scholarly or peer-reviewed journal', although they *had* been asked for permission for the results to be published. This 'reason' is of course a lie. The real reason was capitulation to the trans agenda. And like all publicly announced lies, the follow-through is disastrous (or it would be if Springer had followed through). No report of surveys published by academic publishers, including Springer, asks participants for this kind of permission, including the trans lobby's own 'research' (e.g. James et al, 2016).

The implication of accepting Springer's 'reason' is that every report of survey data ever published in an academic journal should be withdrawn, and Springer is reported to have agreed to retract a few survey papers they had published that lacked this kind of newly-required, and retrospective, consent (once Bailey had pointed them out). As Colin Wright pointed out, there would be 'many thousands of research papers published by Springer likely do not meet the standards that the Diaz and Bailey study is being arbitrarily held to' (Wright, 2023b). As indeed there are. SEGM undertook an analysis of the MEDLINE database that found 73,677 Springer-published articles that would be potentially affected by their decision (SEGM, 2023b).

But the censorship of research in academic publishing that is perceived to be trans-critical ('transphobic') doesn't require overt activism. It is standard operating procedure. As Kathleen Stock has said in relation to the UK (although it is relevant elsewhere as well),

the refereeing system for ... research grant applications, journal submissions, and so on, means that those applications and submissions which are critical of accepted narratives are vulnerable to rejection, if they come across the wrong sort of referee. And they will very often come across the wrong sort of referee, given the power dynamics in Universities currently (Stock, 2018c).

She went on to say that any academic discussion of females at all is increasingly likely to be rejected. She gave the example of an article on the female medical complaint, vaginismus, which was rejected by a journal partly on the grounds that vaginismus was something only women could get. ‘I’m not joking’, she said (Stock, 2018c).

For an account of the rejection by the *Psychiatry* journal of the American Medical Association, of criticisms of a pro-transgender study (i.e. Turban et al, 2020) that purported to show that survey respondents who reported having been subjected to conversion therapy had poorer mental health than those who did not, see: D’Angelo et al, 2020;

for an account of the sacking of Sarah Honeychurch from her position as editor of the journal *Hybrid Pedagogy* because she was one of the signatories to a letter questioning universities’ relationships with Stonewall, see: Fazackerley, 2020;

for a letter to the *Journal of Medical Science* ‘call[ing] upon authors and editors to resist non-scientific pressures to suppress honest and accurate discussion ... [of the fact that] there are two sexes, male and female, and in humans, sex is immutable ... in the field of medicine where diagnosis, prognosis and treatment can depend on a patient’s sex’, see: Hilton et al, 2021.

for a particularly egregious example of the academic publishing industry’s embrace of transgender, because it involved the *Journal of Ethics* from the American Medical Association (how ethical is it to purvey a lie?), assuming that ‘transpeople’ have ‘rights’ when there’s no such category of persons, see: Powell et al, 2016;

for an article discussing the costs of transgender’s ‘curtailing discussion on [the] fundamental demographic and conceptual categories’ of sex, see: Suissa and Sullivan, 2021;

for an article in *The Times* about the attempt to remove Michele Moore from her position as editor-in-chief of the journal *Disability and Society* because of her trans-critical position, see: Yeomans, 2019.

Conclusion

These are just a few examples of the depths to which academic standards have sunk under the influence of the transgender agenda (and its precursor, postmodernism). This is not an exhaustive overview of the transgender influence on the academic industry. The examples I have discussed here may or may not be typical, although it’s difficult to imagine any pro-trans academic articles that would be any more rational than those described above. Ignoring women’s justified complaints is standard operating procedure from a standpoint that can’t hear them, even without the transgender influence. But academe’s belief that men can be women, that men can breast feed and potentially give birth, is at best sheer fantasy. At worst, it is complicit with male supremacy’s ugly dream of a world without women. That such a farrago of pernicious nonsense should have been embraced by academe is nothing less than scandalous, and not only from a standpoint that recognises the humanity of women. On any criterion, the beliefs entailed by the transgender agenda are absurd.

For that reason alone (and leaving aside their pernicious consequences), acceptance of those beliefs indicates an absence of goodwill. No one who accepts the assertion that men can be women in the first place is open to argument and evidence. Many of

transgender's critics say they want debate and dialogue, but there is no possibility of debate with a lie. There is no middle ground. The only rational way to treat a lie is to deny it, which is what transgender's critics are doing no matter how conciliatory they try to be. Transgender is indefensible by any rational means, which is why anything short of outright affirmation is seen as criticism, and why it reacts to perceived criticism with bullying, censorship and threatened or actual violence. That so many of those reputed to be the world's best thinkers cannot see this bodes ill for humanity.

Of course, acceptance of transgender is not the only ill humanity faces. Male supremacy is approaching its apogee and getting more and more shameless as it tries to halt its decline. Or perhaps it already reached its apogee in the twentieth century, with two world wars, the Great Depression, and most telling of all, the Nazi period, and its decline has already started, aided by this latest wave of feminism. In comparison with what else is happening in the world, transgender might seem unimportant. But it seeks to destroy one of the most basic facts of the human condition, namely, the autonomous existence of the female sex. Not surprisingly, this is the fact that male supremacy has tried to destroy throughout its entire existence. In that sense, transgender goes to the heart of male supremacy's most brutal desire. It's a pity that arguing for this kind of insight is not possible in what are regarded as the world's great centres of learning.

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