Chapter 20: Conclusion

Page
1
2
6
9
11
14
16
18
25
25
28
32
33
35
37
37
39
42

Subsequent developments

There have been a number of developments in the transgender saga since I uploaded the earlier chapters in this present work. Some of those developments are positive in the sense that they expose the absurdity of transgender, but some are negative, in the sense that they are further manifestations of the hold transgender still has on institutions that should know better. An example of the latter is the passing of the 'Equality' legislation in October 2024 which brings NSW into line with the protransgender legislation in every other jurisdiction in Australia (see below).

The 'gender identity' fiction is now a legal category of persons everywhere in Australia, federally and in every state and territory. What that means in practice is that the rights of women and girls have been ignored, as demonstrated by two other negative developments, the decisions of the courts in the Tickle v Giggle and the LAG cases. There, those decisions found in favour of fetishistic men instead of the women, thereby violating the right of Australian women 'to freedom of peaceful assembly and association', and to not to 'be compelled to belong to an association'

(Article 20 of the *Universal Declaration of Human Rights*), i.e. force-teamed with fetishistic men.

Another negative development is the reaction of the Dutch team to the information about the weakness of any evidence that transgender medical interventions improve matters for the young people subjected to them (Oosthoek et al, 2024). Instead of backing off from their commitment to those interventions, the team double down. They argue that it doesn't matter if 'gender-affirming medical treatment' (GAMT) doesn't lead to improvement, or even if the person's well-being deteriorates. All that matters is that someone wants it. Desire for it is the only criterion justifying the treatment.

However, there are positive signs. There's an enormous number of readily-available critiques of transgender, many of which are cited throughout this present work. There are also many positive signs in the UK, among them the waning influence of both Stonewall and Mermaids (see chapter 13), the criticisms of transgender on the part of at least some police commissioners (see chapter 12), the NHS decision to suspend routine administration of puberty blockers to the young in response to the Cass report, and the decision in the Supreme Court that the legal meaning of 'woman' is confined to the biological sex. In Australia, there's the welcome decision by the Australian Federal Circuit and Family Court that a 12-year-old boy is too young to be dosed with puberty blockers.

For a newspaper article by David Bell, former senior consultant at the Tavistock, who had submitted a critical report to the management of the Tavistock Trust in 2018 (see chapter 6), arguing strongly against any clinical trials of puberty blockers at all, see: Bell, 2025.

Another positive sign is the appearance of a public exposé of WPATH (Hughes, 2024). We didn't need these released files to learn about WPATH's transgressions. They disclosed nothing more than I had already discovered by reading the literature. But they are a welcome addition to mounting evidence against transgender, as are many other signs that at least some institutions are starting to wake up to the absurdity that is transgender

The decision in Tickle v Giggle in the Federal Court of Australia

But not all the signs are positive. The decision in the Tickle v Giggle case (described in chapter 15) in the Federal Court of Australia happened in August 2024 and Sall Grover lost. The judge held that she and her app, Giggle for Girls, 'had engaged in indirect gender identity discrimination against' Tickle. The reason given was that sections 5B and 22 of the Sex Discrimination Act 1984 (Australian Government, 2024) prohibit discrimination on the ground of gender identity in the provision of 'goods, services and facilities' (the app qualifies as a 'service'). The court ordered Grover to pay Tickle's costs (capped at \$50,00), plus \$10,000 to him for 'general damages' (although not his claim for 'separate and additional aggravated damages'). Sensibly, the court didn't order Grover to apologise to Tickle because 'because it is futile and inappropriate to require an inevitably insincere apology to be made' (FCA, 2024: 6, para.12f).

The Court decided that Grover had not discriminated against Tickle *directly* because of his gender identity:

the direct discrimination case must fail ... [because] it has not been established that Ms Grover was aware of Ms [sic] Tickle's gender identity at the time she blocked [him] from the Giggle App. The exclusion, therefore, was not proven to be by reason of Ms [sic] Tickle's gender identity (FCA, 2024: 140, para.131).¹

However, the Court accepted that there was *indirect* discrimination. The *Sex Discrimination Act* 1984 defines indirect discrimination as follows:

a person ... discriminates against another person ... on the ground of ... gender identity if the discriminator imposes ... a condition, requirement or practice that has ... the effect of disadvantaging persons who have the same gender identity as the aggrieved person (Australian Government, 2023: 16, Section 5B(2)).

In line with this definition, the Court decided that Grover had imposed a condition for being accepted as a subscriber to the app, that did discriminate against Tickle and anyone else with the same 'gender identity':

Ms [sic] Tickle's claim of indirect discrimination succeeds ... [because of] a condition being imposed for the use of the Giggle App that [he] was required by that condition to have the appearance of a cisgender woman ... The imposed condition of needing to appear to be a cisgendered female in photos submitted to the Giggle App had the effect of disadvantaging transgender women [sic] who did not meet that condition, and in particular Ms [sic] Tickle (FCA, 2024: 5, para.12(b), 41, para.134).

In other words, Grover was found guilty of indirect discrimination against Tickle because she had imposed a condition on membership of her app, namely, 'the appearance of a cisgender woman', for which neither Tickle nor any other man posing as a 'woman' could qualify.

What the judge is saying here is that no man posing as a 'woman' looks like a woman. Of course, 'the appearance of a woman' was not the condition for joining Giggle for Girls, actually *being* a woman was. But the judge was caught up in the transgender lie that men can be women, and that that means there are two kinds of 'women', 'trans' and 'cis'. One kind, the 'trans' kind, don't look like women. But because they are 'women' (in the transgender mind) they are entitled to everything the other kind, the 'cis' kind, are entitled to.

On 1 October 2024, Grover launched an appeal against the decision (Dumas, 2024).

For further public commentary on the case see: McKinnell, 2024; Panagopoulos, 2024; Smith, 2024.

At the heart of the problems transgender has caused for women and girls in particular, but also for Australian society in general, is the law, primarily the inclusion of 'gender identity' as a ground of discrimination. The deletion of the definitions of 'female' and 'male', and the inclusion of 'a different sex' instead of 'the opposite sex' in the federal *Sex Discrimination Act 1984* (SDA) in 2013 are also problematic, implying as it does that there are more than two sexes. And it's not just the SDA. Every jurisdiction in Australia has included 'gender identity' in its anti-discrimination

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¹ I've corrected the personal pronouns throughout to reflect Tickle's actual sex.

legislation, with NSW a late-comer. (It was the Australian Capital Territory's *Discrimination Act 1991* that provided the rationale for finding that Beth Rep had 'vilified' 'Bridget' Clinch and for fining her \$10,000, later reduced to \$5,000) (see chapter 15).

In the case of Tickle v Giggle, the judge referred to the SDA and its Explanatory Memorandum as justification for his decision. 'These changes made by the 2013 SDA Amendment ... were overt and deliberate ... all point forcefully to an understanding of sex ... that is changeable and not necessarily binary' (FCA, 2024: 19, para.59). 'That conclusion', he said, 'is fortified by the 2013 SDA Amendment's Explanatory Memorandum, which emphasises:

"These definitions are repealed in order to ensure that 'man' and 'woman' are not interpreted so narrowly as to exclude, for example, a transgender woman from accessing protections from discrimination on the basis of other attributes contained in the SDA" (FCA, 2024: 19, para.60).

This meant accepting the following propositions which, he asserted bizarrely, were 'grounded in logic and long-standing authority':

First, sex is not confined to being a biological concept referring to whether a person at birth had male or female physical traits, nor confined to being a binary concept, limited to the male or female sex, but rather takes a broader ordinary meaning, informed by its use, including in State and Territory legislation. Secondly, and accordingly, sex can refer to a person being male, female, or another non-binary status and also encompasses the idea that a person's sex can be changed [citing legal precedents, including In Re Kevin (Validity of marriage of transsexual), Family Court of Australia (12 October 2001)]² ... Thirdly, for the purposes of the SDA, the determination of the sex of a person may take into account a range of factors, including biological and physical characteristics, legal recognition and how they present themselves and are recognised socially ... The acceptance that Ms [sic] Tickle is correctly described as a woman, reinforcing [his] gender identity status for the purposes of this proceeding ... is legally unimpeachable (FCA, 2024: 18, paras.55-7, 63)

Legally unimpeachable' it might be, but legally enforcing the denial of the existence of two and only two sexes is hardly rational. Attempting to legislate reality away always ends badly. The reason that the negative consequences are not more widely known in this instance, is that they fall mainly on women. And as usual, what women want, or even need, is ignored by institutions established by, for and about men.

There is a logic there. It is the logic of transgender, and of male supremacy more generally, based as it is on the foundational premise that only men count as 'human'. It's logical to insist that men can be 'women' only if women don't have a human status of our own. Dehumanising women, however, is the logic of fascism (Thompson, 2020: chapter 12) (although fascism is usually only acknowledged when it dehumanises categories that contain men). The judge didn't *intend* these connotations,

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² 'The applicants, a woman and a transgender man [sic—a woman] named Kevin, applied for a declaration of validity of their marriage ... The Court concluded that both global and domestic trends and scientific evidence compelled it to legally recognise a person's capacity to change gender' – https://www.icj.org/sogicasebook/in-re-kevin-validity-of-marriage-of-transsexual-family-court-of-australia-12-october-2001/

of course, but it's difficult to see what else is logical about asserting that men can be 'women', given that it's not true.

It is, not surprisingly, a biased logic, one that gives preference to transgender while ignoring the arguments and evidence of the other side, no matter accurate and convincing. The judge showed this bias shamelessly. As Anna Kerr, principal solicitor of the Sydney-based Feminist Legal Clinic, said, he acknowledged that the term 'cisgender' didn't appear in the SDA, and yet he used it uncritically 30 times in his judgement (Kerr, 2025: 334) as though it actually meant something.

Moreover, he blatantly favoured the Tickle team, even though he found that both legal teams had made mistakes. As Kerr said, he didn't 'provide the same level of guidance and latitude to the respondents [i.e. Grover and Giggle] to assist their case' as he did to Tickle's case (Kerr, 2025: 334). He criticised Tickle's team because they didn't distinguish between direct and indirect discrimination, 'instead confusing the two' (FCA, 2024: 13, para.41); and he criticised Grover's team because they failed to pick that up: 'None of these shortcomings were identified by the respondents and no objection was taken to [the Tickle team's] statement of claim until these issues were raised by the Court during closing submissions' (p.14, para.43). And yet, despite the fact that the Tickle team didn't unequivocally claim indirect discrimination, the judge claimed it for them and found in their favour. Kerr pointed out that, had the judge taken as rigid an approach to the failures of Tickle's legal team as he did to Grover's team, Grover would have won by default (Kerr, 2025: 334), given how confused Tickle's team were about just exactly what it was they were claiming.

The judge's bias also showed in his dismissal of the extensive evidence Grover's team presented that confining membership of Giggle for Girls to females was 'proportionate and reasonable' (to cite the SDA terminology), in order 'to ensure reliably safe single sex spaces for women, free of male harassment' (Kerr, 2025: 334-5). He also ignored the ample evidence showing that, as Kerr pointed out, 'the condition of excluding males did not result in any real disadvantage to Tickle, who had in fact conceded in evidence that he made little use of the app, which he found boring' (Kerr, 2025: 334):

Tickle's evidence is that, in the months after setting up [his] account, [he] had periodically opened the Giggle App and read posts in the Giggle Talk section. [He] set up a profile in the Giggles section of the App, and joined a few different Giggles. However, [he] found that there were not many users to connect with and lost interest (FCA, 2024: 34, para.113).

As for the 'long-standing authority' that supposedly buttressed his decision, the judge didn't say who or what that was, although he did cite the AHRC Sex Discrimination Commissioner's *amicus curiae* brief in this context. (I've been unable to find this on the internet). Given that the AHRC's notorious pro-transgender bias, the supposed 'long-standing authority' is probably the transgender agenda. But that is not long-standing, dating no further back than the middle of the twentieth century (to give a generous estimate); and if it's an authority, then that is a sad commentary on the institutions whose gullibility has led them to embrace it.

This decision is typical of the contorted logic of the transgender lie. The inevitable consequence of committing to a framework based on lies is either meaninglessness or reversion to the truth, in this case, the truth is that men claiming to be 'women' don't

look like women. The judge saying that 'transwomen' (so-called) don't look like women is actually a win for the 'gender-critical' case (and not for the transgender lobby, although so far they appear not to have noticed). A logic based on reality would say that, if these men don't look like women, then they aren't women. But even though they don't look like women, the *law* says these men are 'women' (because 'gender identity' and they say they are), so by law they have to be accepted as such. The only way to remain grounded in reality is to defy the law, but so far Australian legal authorities—courts, judges, commissions and tribunals—have refused to do that. As Kerr commented (quoting Dickens), "the law is an ass". This judge, she said,

now has the very dubious honour of being the first judge to decide that it is possible to change sex, in a context where the result of his decision is to directly destroy any prospect of women and girls continuing to enjoy safe single sex spaces and services (Kerr, 2024: 337, 341).

On 7 March 2025, Grover tweeted that she was 'taking Australia to the United Nations, because institutional capture has led to women being discriminated against *because* we're female'.³ In a media release, Grover said that she had lodged a formal complaint with the Nations Human Rights Committee 'challenging the Australian Government over a Federal Court ruling that has erased the legal recognition of sex as a protected category'. 'This is not a culture war', Grover said, 'This is about the fundamental human rights of women and girls' (original emphasis).⁴

For reporting on this decision, see: Aitchison, 2025; Smith, 2025a;

for Grover's media release, see: Ovarit, 2025.

The NSW 'Equality Act

In another development, the NSW parliament passed an Act on 17 October 2024, which brought it into line with pro-transgender law other Australian jurisdictions. Called the *Equality Legislation Amendment (LGBTIQA+ Bill 2024* (Equality Act), it is described in the preamble as 'An Act to amend various Acts and other legislation to modernise laws and advance equality for LGBTIQA+ persons in NSW' (NSW Parliament, 2024: 1). It amends the *Births, Deaths and Marriages Registration Act 1995* to allow for people to change the sex registered on their birth certificates simply by filling in a statutory declaration and supplying 'a support statement by an adult who has known the applicant for at least 12 months' (p.4, Schedule 1, Division 2, 32B(2)(b-c). Parents can also alter the record of a child's sex (pp.4-5, Schedule 1, Division 3, 32C, 32D). The allowable 'sex descriptors' (note, not 'gender descriptors') are: (a) female, (b) male, (c) non-binary, (d) non-specified, (e) any descriptor prescribed by the regulations (whatever that means) (p.4, Schedule 1, Division 1, 32A).

The only (mildly) redeeming feature of this legislation is that someone who has been charged with or convicted of an offence ('an inmate', 'a person on remand', 'a parolee', etc.) (pp.9-10, Schedule 1, Division 6, 32GA(1)(2)) can't apply on their own behalf to have their record of sex changed. They have to get 'the written approval of the supervising authority' (p.10, Schedule 1, Division 6, 32GB(1)(2)), who 'may

³ https://x.com/salltweets/status/1897778166812246343

⁴ https://x.com/salltweets/status/1897778166812246343/photo/1

approve the making of an application ... only if the supervising authority is satisfied the change of sex is necessary or reasonable' (p.10, Schedule 1, Division 6, 32GC(1)). Leaving aside the fact that it can never be necessary or reasonable to record the wrong sex on a birth certificate, the Act proceeds to list a number of occasions when '[t]he supervising authority must not approve the making of an application ... for the registration of a change of sex of a restricted person', namely, when it would

adversely affect the security, discipline or good order of premises or a facility at which the restricted person is held or accommodated ... or jeopardise the restricted person's or another person's health or safety ... or be used to further an unlawful activity or purpose... or be used to evade or hinder the supervision of the restricted person ... or the proposed change of sex would be reasonably likely to be regarded as offensive by a victim of crime or an appreciable sector of the community (NSW Parliament, 2024: 10, Schedule 1, Division 6, 32GC(2)(a)(i-iv)(b)).

Given that '[a] person received into custody must be managed as the gender with which they identify' is NSW Corrective Services policy (NSW Corrective Services, 2023: 4), it is doubtful that these caveats will have any influence on departmental practice.

The Equality Act also amended a number of other Acts, inserting 'gender identity' wherever it was conceivably possible.

In the Children and Young Persons (Care and Protection) Act 1998 No 157 'gender identity, variations of sex characteristics' was to be inserted after 'religion' in section 9(2)(b) (NSW Parliament, 2024: 13, Schedule 2(1)). This section of the Children and Young Persons Act refers to what must be taken into account in 'all actions and decisions made under this Act ... that significantly affect a child or young person', namely, 'the culture, disability, language, religion and sexuality of the child or young person'. In February 2025, I was unable to find a version of this Act that included the 'gender identity' wording. The latest version was dated 3 April 2024 (and hence before the October amendments to the Equality Act), and the only wording after 'religion' in section 9(2)(b) was 'and sexuality of the child or young person'. But taking a child's 'gender identity' into consideration is the very opposite of care and protection of the child (see chapters 5, 6 and 7). And whatever eventually happens to the 'gender identity' insertion, it is to be hoped that those responsible for 'actions and decisions made under this Act' do not take into account a child's sexuality, given the paedophilic implications.

The Equality Act amends, too, the *Crimes (Domestic and Personal Violence) Act 2007 No 80*, by inserting 'the person's gender history' in a list of examples of what counted as 'intimidation ... that may amount to harassment of a person':

Intentionally disclosing or threatening to disclose any of the following about a person without the person's consent, known as "outing"—(a) the person's sexual orientation, (b) the person's gender history, (c) that the person has a variation of sex characteristics, (d) that the person lives with HIV, (e) that the person is, or has been, a sex worker [sic] (NSW Government, 2007: 18, s7(1)(a)(1)).

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⁵ https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-157/lh

'Gender history' means 'the sex recorded at birth for the person is different to the sex the person identifies with, lives in or seeks to live in, whether or not the person's record of sex is altered'. Given that men claiming to be 'women' don't look like women (see above), their appearance exposes their 'gender history' without anyone needing to 'out' them.

The Crimes Act also includes 'cyberbullying' as 'conduct ... amounting to harassment or molestation of the person' (NSW Government, 2007: s7(1)(a)). Note that these 'conducts' qualify as 'personal violence', and anybody who 'commits' them can have an Apprehended Personal Violence Order taken out against them (NSW Government, 2007: Parts 5 and 10). If the Order has been finalised, the accused person can be arrested, 'even though the defendant [i.e. the accused person] is not alleged to have committed an offence' (s88(2)).

So it would seem I am committing a crime here in NSW by referring to named individuals as men posing as 'women', because that means I am disclosing their gender histories and hence intimidating them. But I doubt I will be faced with an Apprehended Personal Violence Order. My point is a general one and I don't focus on any one individual (although I do name some of them). Moreover, it would require one of the named individuals to notice; and although I have posted what I have written on a publicly-available website, it isn't very noticeable. But then, the trans lobby are a litigious lot, and the law has been shown to support them every time, so I suppose it could happen.

The Equality Act also amends the *Crimes (Sentencing Procedure) Act 1999 No 92*, by inserting "gender identity" after "language" in section 21A(2)(h)' (NSW Parliament, 2024: 15, Schedule 4). This section of that Act refers to 'aggravating factors to be taken into account in determining the appropriate sentence for an offence', and the relevant paragraph reads:

the offence was motivated by hatred for or prejudice against a group of people to which the offender believed the victim belonged (such as people of a particular religion, racial or ethnic origin, language, gender identity, sexual orientation or age, or having particular variations of sex characteristics or a particular disability) (NSW Government, 1999: 28, Part3, Division 1, 21A(2)(h)).

This is similar to the UK legislation on 'hate crimes' (see chapter 12), whereby a violent crime receives a harsher sentence if it can be shown that it was motivated by 'hate'. The NSW police also make provision for 'hate incidents' (equivalent to the UK 'non-crime hate incident').⁶

The Equality Act also amends the Summary Offences Act 1988 No 25, and the Surrogacy Act 2010 No 102 (NSW Parliament, 2024: 18, 19), but I'm not going to discuss them at any length here because neither of them is relevant to 'gender identity', except to say that the first involves deleting 'Section 15 Living on earnings of prostitution' from Part 3 of the Act, 'Prostitution', while the remaining sections involve the spurious equality of referring to everyone as 'a person' and 'another person', thus denying the reality that prostitution exists solely because of male demand for the ever-present availability to them of the bodies of women. The amendment to the Surrogacy Act

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⁶ https://www.police.nsw.gov.au/crime/hate_crimes

makes provision for overseas commercial surrogacy to be legally acceptable even though commercial surrogacy is unlawful in NSW. As ever, men get what men want.

The Equality Act had not come into force at the time of writing (February 2025). It was due to commence either on 1 July 2025 or on 'a day or days to be appointed by proclamation' (NSW Parliament, 2024: 2). As far as I know, it hasn't yet (April 2025) been appointed by proclamation.

The Equality Bill was introduced in the Lower House by a gay man, Alex Greenwich (Independent), and in the Upper House by Penny Sharpe (Labor), who is a lesbian (FitzSimons, 2023). Neither of them appeared to be aware that transgender involves the destruction of their own sexual orientation, as transgender's 'gender affirmation' procedures turn young lesbians and gays into simulacra of the opposite sex by mutilating their bodies. In that sense, they have betrayed their own communities. But then, they also appeared to be unaware that transgender's insistence that people can change sex is a lie.

The Bill was not passed by a majority of the members of the Legislative Council, the NSW Upper House. According to Green Left, only 27 members of the NSW Upper House, the Legislative Council actually voted, with 15 votes for and 12 against (Adams, 2024). But there are 42 Legislative Council members. This means that the Bill was passed by only just over a third (35.7%) of the members—hardly a ringing endorsement.

For a largely favourable discussion of the Bill from the ABC, the national broadcaster, that discusses some criticisms of it from members of the right-wing Liberal Party, but typically, none from feminists, see: Dole, 2024;

for a report of the NSW Bar Association's LGBTQIA+ Language & Pronouns Guide, launched by three state judges and the Sex Discrimination Commissioner, Anna Cody, in February 2025, that 'educates' barristers in NSW on the importance of 'addressing stakeholders by their appropriate pronouns', including "xe/xem/xyrs" or "sie/ze/hir/hirs", and 'discourages' the use of such terms as "transitioning" or "transgendered", see: Dudley, 2025a.

The decision against LAG

Another negative development is the decision against the Lesbian Action Group's application, on 8 November 2023, to the Victorian Administrative Appeals Tribunal (re-named the Administrative Review Tribunal) for a review of the Australian Human Rights Commission's refusal to grant them (LAG) an exemption to discrimination on the grounds of 'gender identity' in the *Sex Discrimination Act* (Victorian ART, 2025: 4, para.5). An exemption would have enabled them to publicly organise events without having to include men 'identifying' as 'lesbians' (see chapters 10 and 11). On 20 January 2025, LAG were once again refused an exemption, when the AHRC decision was affirmed by the Victorian Administrative Review Tribunal.

In sum, the Senior Member hearing the case admitted that LAG were 'a discrete minority within a group in the community that is already identified by their sex and sexual orientation' and hence were entitled to 'the protection of the SDA'. But they

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⁷ https://www.parliament.nsw.gov.au/members/pages/all-members.aspx?house=LC

were 'seek[ing] to actively discriminate against another group in the community identifiable by their gender identity, a characteristic also protected under the SDA', and the Member 'determined that endorsing overt acts of discrimination cannot be the intended effect of the s 44 exemption power in the SDA' (Victorian ART, 2025: 49, para.172).

I have to admit to not understanding this latter assertion. Surely, the intended effect of an exemption just *is* to 'endorse overt acts of discrimination'. As section 44 of the SDA says, '[t]he [Australian Human Rights] Commission may ... grant ... an exemption from the operation of a provision of [the Division of the Act relating to 'Discrimination in other areas' than work] (Australian Government, 2023: 62, s44(1)). The segment of that section that is relevant to LAG is the one relating to 'goods, services and facilities', and it says:

It is unlawful for a person who, whether for payment or not, provides goods or services, or makes facilities available, to discriminate against another person on the ground of the other person's ... gender identity [etc.] ... (a) by refusing to provide the other person with those goods or services ... [or] facilities ... (b) in the terms and conditions on which [the goods, etc. are provided] ... or (c) in the manner in which [the goods, etc. are provided] (Australian Government, 2023: 36, s22).

All this describes overt acts of discrimination, and it is exactly what s44 exempts 'persons' from complying with. The AHRC doesn't have to grant exemptions (as LAG has found to its cost). But when it does under s44, endorsing overt acts of discrimination is exactly what happens. Or rather, 'endorsing' is the wrong word. Exempting someone from compliance with anti-discrimination law is not to approve, support or recommend that lack of compliance, it is simply to permit it. As far as I can see—I have no training in the law, but I can read—there is nothing in the SDA that prevents the AHRC or other relevant authorities from granting LAG an exemption. The authorities' preference for 'gender identity' (i.e. men) over 'sex' (i.e. women) must be motivated by something other than the wording of the SDA.

LAG were considering appealing again (Southwell, 2025), but actually getting an exemption was not the main purpose of the exercise anyway. LAG were aware that they were likely to be refused. The main reason was to generate publicity. As Carole Ann, one of LAG's spokeswomen, was quoted saying, "We didn't think we could beat the law and get an exemption, so our main aim was to raise awareness to put it out there as widely and as loudly as possible the insanity of it" (Southwell, 2025).8 In that, they have been successful beyond their wildest dreams, with support pouring in from all over the world. (Carole Ann, personal communication).

For the Lesbian Action Group's position, see: https://lesbianactiongroup.org.au/lag-vs-ahrc-legal-battle

for a *Guardian* article that gives an account of the decision, that quotes transgender— Anna Brown, the CEO of Equality Australia—favourably, and cites the risible AHRC assertion that 'granting the LAG an exemption from usual gender discrimination laws

⁸ The *Daily Mail* has been staunchly critical of the transgender agenda for years, but this article is a strange mixture of sense and nonsense. It sensibly quotes Carole Ann at length and neither quotes nor cites anything transgender. The nonsense is the use of trans terminology as though it meant something—'trans people' and 'non-biological women' (to refer to men posing as 'women').

could contribute to *heightened health risks* among transgender lesbians [sic]', see: Dumas, 2025 (emphasis added);

for objections to the AHRC's reasoning in rejecting LAG's application for an exemption, arguing in particular that '[t]he unverifiable and subjective belief in a gender identity should not be a state mandated belief', see: Finlay et al, 2023.

More Australian reactions to the Cass report

Queensland

Another development involves further reactions in Australia to the Cass report. (See chapter 17 for earlier reactions). Queensland Health was initially dismissive. The report of a government-sponsored evaluation of the Queensland Children's Gender Service (QCGS, 2024) (released around June)⁹ treated the Cass Review as though it were a recommendation for continuing, even increasing, 'gender services' for children. As one critic put it,

"[the report has] cherry-picked the parts of the Cass review that suggest increasing the level of services, while completely ignoring the parts that criticise the model being used—particularly puberty blockers" (Queensland academic psychiatrist Dr Andrew Amos, quoted in Lane 2024b).

The report ignored the Cass review's poor ratings for the three 'gender-affirming treatment' guidelines that 'guided' the evaluation, namely, the 'Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents, Version 1.4', WPATH's Version 8, and the 2017 'Endocrine Society Clinical Practice Guideline' (QCGS, 2024: 17). It cited them as though no qualms had ever been raised about their validity as recommendations for transgender 'health care' for the young. The Cass Review's finding that they scored very low on criteria such as 'rigour of development' and 'applicability' was not mentioned (see chapter 17).

There is also an attempt to undermine the Cass review's main finding, namely, the remarkably weak evidence of positive outcomes from taking puberty blockers and cross-sex hormones, by asserting that 'there is now a further debate about [its] accuracy' (although the word 'weak' wasn't used, instead the evidence was described as 'variable or insufficient') (p.9). There is also the usual series of unverified claims that the work of the Queensland Service is 'evidence based' or 'evidence-informed' (QCGS, 2024: 7, 28, 37, 40, 54, 55, 56, 69, 89).

There is no acknowledgement of the harms of 'gender-affirming' medical interventions, 'the potential risks to neurocognitive development, psychosexual development and longer-term bone health', as Cass put it (Cass, 2024: 32, para.84). There is mention of 'risks ... of medical interventions on changes to all body systems including mental health and bone density, bone growth, and height'. This is in the context of what is to be discussed 'with the child or young person and their family before consent is gained for either puberty blockers or gender affirming hormone treatment' (QCGS, 2024: 56). But the text combines 'risks' (that euphemism for 'harm') with 'effects' and 'benefits'—'Effects, risks and benefits of medical

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⁹ There is no date on the report, but it does say that the evaluation was conducted 'between December 2023 and June 2024' (QCGS, 2024: 5).

interventions'—thus euphemising what is really at stake by implying that the medical interventions could have beneficial effects on the development of young bones. This is the only mention of bones in the whole report.

There were only two risks the evaluation identified as in need of risk management. One was a concern about long waiting lists 'which may compromise patient safety and redirect presentations to emergency departments and inpatient units ... The risk was rated as high' (QCGS, 2024: 68). The other was the self-interested risk of 'reputation damage ... pertaining to the societal perceptions and views towards gender affirming care for children and adolescents'. This was interpreted by the authors as 'misinformation' that could be 'exacerbated' by 'the heightened media attention and scrutiny surrounding gender services'. This 'risk', too, was 'currently rated as high' (pp.68-9). Thus was well-founded criticism dismissed as falsehood.

Nonetheless, despite the flaws in the evaluation, the government released a media statement saying that it had found that the 'Queensland Children's Gender Service ... provide[d] safe, evidence-based care that is consistent with national and international guidelines' (QCMD, 2024).

For a lengthy critical discussion of the report, see: Lane, 2024b.

And then, in January 2025, shortly after the report's release, Queensland Health announced a review into 'paediatric gender services'. In the meantime, until the review was finished, no new patients would be started on the hormone regimes (QCMD, 2025; Queensland Health, 2025).

It would seem that one of the reasons for the review was '[i]ssues with Cairns Sexual Health Service [which] raise[d] concerns about paediatric gender therapies State-wide' (QCMD, 2025). What those issues were was reported by *9News*. 'An investigation is under way', a reporter said, 'after a clinic in north Queensland was allegedly found to be prescribing "unauthorised" puberty blockers to children' (Glover, 2025). The hormones were being given in a manner that may not [even] align with The Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents'), the standards issued by the Melbourne Royal Children's Hospital under the auspices of WPATH (namely, Telfer et al, 2020. In particular, a 12-year-old child had been dosed with puberty blockers without any of the mandatory multi-disciplinary consultation required for anyone under 14 years of age.

Since the Australian transgender 'Standards' (like WPATH) don't mention any age limits (except for breast amputation—'[c]hest reconstructive surgery (also known as top surgery)'—for 16-year-olds) (Telfer at al, 2020: 25), it is clearly not the 'authority' that required the multi-disciplinary consultation. Nonetheless, the Queensland Minister for Health and Ambulance Services said that '[t]he alarm was raised when a public interest disclosure was lodged regarding puberty blockers prescribed to a 12-year-old' (Glover, 2025). As well, Queensland Health was taking notice of developments overseas, the "contested evidence surrounding the benefits of Stage 1 and Stage 2 hormone therapy for children and adolescents with gender dysphoria emerging from studies throughout the world", the Minister said (QCMD, 2025).

For further discussion from the ABC of the government's decision, quoting transgender sources at length and no feminists (of course), see: McKay, 2025.

While this is a step in the right direction, it may not have much influence in practice. There are signs that the transgender-dominated medical system will simply defy the government's mandated pause. In February 2025, Bernard Lane reported that the Children's Gender Service was going to by-pass the government's mandate by referring new 'patients' for puberty blockers to private practitioners, who are not covered by the government ban which only applies to government-funded services (Lane, 2025a). Lane said that this information was given in a social media post by a Queensland GP, listed as a 'gender-affirming' provider, who was "'communicating closely with staff' at the public gender service' and raising money to subsidise the costs of the private provision of the hormones. One of the private providers mentioned by name was an AusPATH board member and former director of the Cairns Sexual Health Service. This person operated an online 'gender' clinic offering blockers and hormones to minors. AusPATH had also called on practitioners in private medical practice 'to help work around the treatment pause' (Lane, 2025a). There will be no penalty for this defiance unless the government prohibits transgender medical interventions on children across the board, and possibly not even then, given how influential transgender is.

Federal

At the end of January 2025, the federal government also announced a review. The Health Minister said that the National Health and Medical Research Council is 'to undertake a comprehensive review of the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents in Australia, and to develop new national guidelines'. The Minister's statement said, 'The NHMRC will develop the guidelines with an expert committee that includes lived experience and will be informed by public consultation, and international work' (Butler, 2025).

But it's not clear how much reviewing the federal review will be doing. The federal Deputy Health Minister was reported to have said on social media that what the federal government intended was an "update" of the 'Australian Standards' guidelines, which she described as "excellent". As Chair of the government's LGBTIQA+ Health and Wellbeing 10-year National Action Plan Expert Advisory Group, she is unlikely to support any questioning of the 'standards', especially as the government would be advised by AusPATH and the trans activist group, Transcend (Lane, 2025a).

The federal Health Minister also said in a media conference that he had told the Queensland Health Minister that that state should abandon its own review because the NHMRC was 'a guarantor of national consistency' (Lane, 2025a). But the federal Labor government is biased towards transgender, as evidenced by the Deputy Health Minister's statements. Moreover, in his statement announcing the NHMRC review, the federal Minister made no mention of the health department's acceptance of involvement by trans lobby groups; neither did he mention the open letter addressed to the Prime Minister, the Leader of the Opposition, the Health and Shadow Health Ministers, and all state and territory Health and Shadow Health Ministers (Lane, 2025a). Signed by over 100 people, some of them senior health practitioners, it called for a public inquiry into 'youth gender medicine' and 'a pause on all medical gender transitions for children and young people until this inquiry is complete'. The letter emphasised that "gender-affirmation" interventions for children and young people' were threatening to be a 'potential public health disaster of generational significance',

giving examples and evidence from overseas all pointing in that direction (Spencer et al, 2025).

Again, the federal Minister said that, in his statement to the Queensland Minister, he had stressed "the crucial importance of ensuring that young trans and gender-diverse Queenslanders have access to the best possible comprehensive and appropriate care". As Lane commented:

This presupposes that self-declared trans identity is the key issue affecting distressed children and that the hormonal interventions promoted by the RCH guideline are the most effective and safe therapeutic response (Lane, 2025a).

In other words, there's not much hope that the federal government will come to its senses and recognise the harms of transgender, or even the lack of evidence for its benefits (as Cass did), even when euphemising that lack as 'weak' rather than non-existent. It's unlikely, too, that the government will give due weight to transgender's critics, to "the experiences of both detransitioners, who have been harmed by gender medicalisation, and parents who advocate for a cautious 'watchful-waiting' approach', as Genspect spokesperson put it (Lane, 2025a). It's true that the NHMRC is not the federal government and perhaps it can be disinterested enough to view the evidence objectively, even if only in part (as Cass did—see chapter 17).

It is unlikely however that the NHMRC will come to the conclusion that transgender medical interventions on the young have no justification whatsoever and must be discontinued immediately and permanently, with compensation awarded to those who have been harmed, and criminal sanctions for those who continue to provide those interventions. Even Cass couldn't go that far. And yet, that is what must happen. Paediatric transgender medical interventions are based on the lie that sex can be changed, or more recently, that people can have no sex at all (the egregious 'non-binary' label). If the scandal is not to worsen, paediatric transgender 'medicine' must cease.

For the national broadcaster's account of the federal Minister's announcement, again without quoting any feminists, see: Miles, 2025.

It is important to note that none of these reviews, including the Cass report, has any implications for the self-id and 'gender identity' laws. These will simply remain as they are, the effects on women and girls of no consequence.

The ALP's embrace of the Yogyakarta Principles

Yet another development is my access to the motions from the 2011 National Conference of the Australian Labor Party, which indicated the Party's acceptance of the Yogyakarta Principles prior to the 2013 amendments to the Sex Discrimination Act. 10 Amendment 153A in Chapter 11 of the Party Policy, 'Australia's place in a changing world', stated:

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¹⁰ I am grateful to Helen Daintree for this information. She also told me (email dated 22.2.'25) that Shannon Fentiman (Queensland State Minister for Women—November 2020 to October 2024—and Attorney General and Minster for Prevention of Family and Domestic Violence [sic]—November 2020 to May 2023) refused all contact and meetings with Brisbane feminists to hear their objections to the Queensland conversion therapy bill (the amendment to the *Health Legislation Amendment Act 2020*,

Denise Thompson

That there be inserted in the section headed "Human rights", after 51 on p182, as new paragraphs, the words:

Under Labor, Australia will support the Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity, and will continue to sponsor and promote resolutions in support of the implementation of human rights protections for lesbians and gay men and bisexual and transgender and intersex people at the Human Rights Council and the General Assembly of the United Nations.

Australia under Labor will actively encourage the repeal of anti-gay laws, especially criminal laws against homosexual sexual conduct, and most urgently against such laws where they impose the death penalty, and generally to encourage steps to implement the actions required by the Yogyakarta Principles.

Labor in government will work strategically to support international civil society organisations promoting LGBTI human rights.¹¹

The Party's approval of transgender was also indicated by a number of other amendments. Amendment 154A stated:

That paragraph 27 on page 165 be amended by inserting into the list of women facing particular issues in its final point the words "lesbians, bisexual women," and the words "women of transgender or intersex background" (see previous footnote).

Amendment 148A stated:

That the "Men's health" section be amended by adding after Paragraph 50 on page 124, as a new paragraph:

"Labor will consult with the LGBTI communities about the specific health needs of gay and bisexual men, and men of transgender or intersex background, and about the provision of culturally appropriate health services, and will ensure their appropriate resourcing and promotion" (see previous footnote).

And Amendment 462A stated: 'Change all references to "sexual orientation," to include the words "gender identity" (see previous footnote).

It's not clear that these amendments were actually carried. They're not included in the list of 'selected successful motions' from that conference.¹² Nonetheless, the fact that they were introduced at a national conference indicates where the Party stood on the transgender issue two years before the changes to the 2013 Sex Discrimination Act inserted 'gender identity' as a ground of discrimination and deleted 'female' and 'male' as legally identifiable categories of person (see chapter 11).

see chapter 16) and the self-id bill. Daintree also noted that Mark Dreyfus was the federal Attorney General when the 2013 amendments were drafted, and that he was currently (March 2025) federal Attorney General again.

¹¹ https://ouralp.net/2011/12/04/all-the-motions-from-national-conference-2011/

¹² https://ouralp.net/2011/12/03/selected-successful-motions/

For a submission by the Erinyes Autonomous Activist Lesbians group, to the Australian Human Rights Commission's 2010 consultation on the proposal to include 'gender identity' as a ground of discrimination in the Sex Discrimination Act, arguing against that inclusion on the ground that it would erode the rights of women, see: Erinyes, 2010.

The Dutch team doubles down

At first sight it would seem that the Dutch team (the originators of the 'Dutch protocol'—the 'gender-affirming' administration of puberty blockers to minors to prevent the development of adult secondary sex characteristics) have acknowledged the weakness of the evidence for claims that 'gender-affirming medical treatment (GAMT)' benefits its recipients (Oosthoek et al, 2024). In fact, only one of the listed authors, Annelou L.C. de Vries, is a member of the original team. She may not have contributed very much to the actual writing of the article, but she would have certainly vetted it and given her approval. 'The authors', the text says, 'represent varying gender identities and sexual orientations, including trans, queer, and cis. One of the authors has experience with accessing GAMT in the Netherlands as a young adult' (p.5); and a note on the first page says that the first two listed authors 'contributed equally to this work'.

With such a line-up, unbiased reporting is unlikely. And indeed, despite admitting to the evidence, the authors held firmly to their belief in the necessity of GAMT, if not in its beneficence. Instead of admitting that the criticism undermines its validity, they doubled down on their commitment to it. They saw the weakness of the evidence as no reason to question GAMT's status as 'legitimate and essential care' (p.5), much less a reason to stop using it. Indeed, the possibility that the criticisms might lead to abandoning GAMT altogether was explicitly addressed by the authors and roundly condemned:

the (implicit) normative expectation that GAMT should result in improvements across multiple physical, psychological, and psychosocial outcomes risks undermining the provision of this care practice. Indeed, critics often refer to the supposed failure of GAMC [C = 'Care'] to result in improved psychological well-being and psychosocial functioning to question the validity of GAMT ... legislators have used studies suggesting that GAMT shows insufficient psychological and psychosocial improvement as a basis to outlaw this care for minors (Oosthoek et al, 2024: 15).

They argued that it didn't matter if the young person's well-being didn't improve after treatment. To focus on improvement didn't 'acknowledg[e] the intrinsic complexity of GAMT' (p.2).

The authors used what they called 'trans negativity as a theoretical lens' to analyse 16 of the articles mentioned in the 'Research evidence' section of the 'Adolescents' chapter in SOC8 (Coleman et al, 2022). 'Trans negativity' meant focusing on 'distress and suffering' and evaluating GAMT for the extent to which it alleviated that distress. The authors admitted that GAMT often didn't lessen the severity of the young person's suffering, referring to 'the often enduring presence of negative affect [i.e. feeling or emotion] throughout and beyond transition' (Oosthoek et al, 2024: 2). But, according to the authors, this focus reflects the attitudes imposed by an oppressive

society—'the implicit and explicit normative assumptions underlying "effective" GAMT outcomes', including 'restrictive binary narratives that depict gender transition as a linear journey from man to woman or vice versa' (pp.2, 4). So it's the oppressive society that judges GAMT on whether or not it improves matters for the young.

But like so many of transgender's self-serving pronouncements, this is simply not true. It is not 'normative assumptions' or 'restrictive binary narratives' that expect GAMT to lead to improvements. This is one of transgender's own claims. Take this earlier statement from the Dutch team (including Annelou de Vries herself):

After gender reassignment, in young adulthood, the GD [gender dysphoria] was alleviated and psychological functioning had steadily improved. Well-being was similar to or better than same-age young adults from the general population. Improvements in psychological functioning were positively correlated with postsurgical subjective well-being (de Vries et al, 2014).

But instead of admitting that they got it wrong, that the evidence for these 'improvements' was too weak to support such a definitive statement, the authors simply switch tactics. Instead of claiming that GAMT improves the well-being of young people, they now claim that failure to improve is just one of the 'diverse perspectives on what GAMT ought to do, moving beyond normative notions of improvement that might limit the diverse experiences and needs of TGD individuals' (Oosthoek et al, 2024: 13—original emphasis). After all, the authors said, 'it seems there is not yet consensus on how to evaluate [the] efficacy ... [of] GAMT for adolescents' (p.15), thus ignoring the fact that there is consensus among unbiased researchers, not just about GAMT's lack of efficacy, but also about the damage it causes. But then, it would seem that the damage is just part of 'more diverse and nuanced experiences of GAMT' (p.15), just one aspect of 'the wide range of potential developments and treatment outcomes', such as 'changes in the individual's gender identity, treatment preferences, regret, and the possibility of retransition or detransition' (p.16).

Some of the evidence that improvement is not necessary to validate GAMT is a quote from an article in the *New York Times* by Andrea Long Chu (a man claiming to be a 'woman') (shame on the newspaper of record!). In an article titled 'My new vagina won't make me happy', Long Chu admitted that he felt "demonstrably worse since [he] started on hormones" and that he had "increased suicidal ideation after GAMT". He said that he wanted to transition whether or not it made him happy, and that "no amount of pain, anticipated or continuing", would justify refusing to let him go through with it. The only justification for GAMT should be that someone wants it: 'the only prerequisite for GAMT should be a demonstration of desire' (Oosthoek et al, 2024: 16). In other words, what men want should be provided, no matter how bizarre or damaging or who gets hurt in the process.

But quoting adult men is no justification for providing the same procedures for children and young people, who do not have the maturity to know what they want, especially when what they think they want is so damaging. Moreover, there's one form of damage ignored by the authors of this defence of GAMT-no-matter-what, and that is the physiological damage. Do the authors really believe that desire for GAMT outweighs bone density levels in the young that are not normally seen until middle-age, or the permanent loss of fertility, sexual sensation and healthy organs, or

any number of as yet unknown long-term irreversible negative effects of unnecessary medical interventions on initially healthy bodies? It would seem that they do believe it, but only by begging the question of physiological harm, by ignoring the evidence and focusing only on 'negative affect – such as distress and suffering' (Oosthoek et al, 2024: 2).

They are certainly ingenious, those who cling so tightly to the transgender agenda despite the evidence. If the truth eventually prevails and the full horror of GAMT becomes general knowledge, it is to be hoped that those loyalists admit their mistakes and apologise (although apologies are no use to those mutilated in their youth). But that is unlikely to happen. Apologists for havoc seldom, if ever, admit they were wrong. The only hope is that the rest of society, especially the medical profession, withdraws its permission, and soon, before too many other young people are harmed.

For commentary on this paper, including J. K. Rowling quoting Hannah Arendt ("This astounding paper reminds me of Hannah Arendt's *The Banality of Evil*: 'The net effect of this language system was not to keep these people ignorant of what they were doing, but to prevent them from equating it with their old, "normal" knowledge"), see: Lane, 2024a.

Fetishism

Another negative development, or more precisely, non-development, is the continuing failure of society to recognise that adult male 'gender identity' is a sexual fetish. That failure is yet another manifestation of male supremacy, of the hypervaluation of penis-possession and the dehumanisation of women.

Interestingly, what Freud said about fetishism turns out to be highly relevant to the adult male transgender phenomenon, despite the fact that, as far as I know, he had no male patients who thought they were 'women'. Neither did he have any awareness of the dehumanisation of the female, although his famous question—'What does a woman want?'—implies that he might have had a tiny inkling (Jones, 1967: 474). Still, he did have some insight into male sexuality, although he called it 'human sexuality' (Freud, 1977a). He was honest enough to admit that 'the sexual life of adult women is a "dark continent" for psychology' (Freud, 1986: 312-313), but that insight didn't enable him to admit that his general statements about sexuality were largely about men. After all, talking about men just \dot{w} to talk about the only human beings who matter in the male supremacist mindset, and Freud was a loyal scion of the male supremacist social order.

Still, for that very reason he could be forthright about what he was observing. Well, mostly. He was completely open about the hyper-valuation of the penis because he didn't see anything wrong with it. But there is Jeffrey Moussaieff Masson's argument in *The Assault on Truth* that Freud eventually disbelieved his female patients' reports of having been sexually abused by their fathers as children, not because he found that those reports were untrue, but because of his inability to accept what it said about 'respectable' men in Viennese society. Given that male sexual abuse of children within families continues to this day, Moussaieff Masson's argument, and the evidence he cited, are plausible. Still, what Freud said about fetishism resonates with the adult male aspect of the transgender phenomenon.

He interpreted fetishism as a search for the mother's (missing) penis, motivated by the fetishist's castration anxiety. The fetish stands in for the penis his mother didn't have, and reassures him that therefore there are no people who don't have penises and he won't lose his:

the meaning and the purpose of the fetish turned out, in analysis, to be ... a substitute for the woman's (the mother's) penis that the little boy once believed in and—for reasons familiar to us—does not want to give up ... if a woman had been castrated, then his own possession of a penis was in danger; and against that there rose in rebellion the portion of his narcissism which Nature has, as a precaution, attached to that particular organ (Freud, 1977b: 351-2).

Leaving aside the reference to 'Nature'—there's nothing natural about men's narcissistic reverence for their penises—autogynephilic men who retain their penises are acting out castration anxiety by 'proving' that women do have penises after all. I suspect that those who get themselves castrated, the transsexuals and the eunuchs, are so overwhelmed by the anxiety that castration is the only way to end it. If you don't have your penis any more, you don't have to worry about losing it. However that may be, the men who keep their penises while claiming to be 'women' have 'solved' the (male) problem of castration anxiety. They are 'women' with penises.

That solution is no solution at all, of course, because it's not true that these men are women. It's an infantile 'solution' (as is the whole transgender project, as I argued earlier—chapter 9), a fantasy owing nothing to mature reasoning and knowledge of reality. It does ease the anxiety superficially, but it doesn't heal it altogether because it doesn't address the real issue, namely, the hyper-valuation of penis possession and the consequent devaluation of women. Castration anxiety can only be cured by granting women full human status. If women were recognised as fully human, no man who claimed to be a 'woman' would be believed. Once women are unequivocally recognised as fully human, penis-possession will no longer be the standard of 'human' status, and men will no longer have to worry about losing it.

But is it true that castration anxiety is the source of autogynephilia? I haven't been able to find any mention of it in the literature criticising transgender. Certainly, no autogynephile man has ever admitted to it, and the truth of any psychoanalytic explanation lies with the client, i.e. the one whose motives are being explained, in this case autogynephilic men. As one psychoanalyst said: 'The therapist posits a meaning to the pattern (i.e., makes an interpretation) and the client confirms or disconfirms it. The decision as to what counts as true always rests with the client' (Burgo, 2024). But while that might be true for the psychoanalytic situation where the search for the truth is paramount, it's not true of the transgender situation where lying is endemic and the truth is met with shrieks of denial, bullying and censorship. In that situation, the 'clients' are the least likely to know the truth of their condition.

Freud's account of fetishism and its connection to castration anxiety does fit the adult male aspect of the transgender phenomenon. But it's not just an account of individual motivation. Men posing as 'women' are assuaging, not just their own fear of losing their penises, but also the fear that clearly permeates the whole of society (because of how successful the transgender phenomenon has been), that men will lose their penisderived power if women acquire the fully human status promised by feminism. Clearly, castration anxiety is not just an individual problem, given the alacrity with

which transgender has been accepted through society. But being able to see that requires the feminist insight into the nature of male domination. Although the evidence for the hyper-valuation of penis-possession is overwhelming (e.g. the prevalence of rape and the reluctance to acknowledge it as rape, much less prosecute it), it's invariably interpreted as something else (e.g. an inexorable male sex drive that must not be reined in and that feeds on the availability of women and children, coerced if necessary, and on prostitution and ever more violent pornography).

Still, even without the insight into castration anxiety, the fetishistic nature of men posing as 'women' has been well-known for some time (see my earlier discussion and references in chapter 9). That acceptance means that acknowledging male posturing as 'women' as male sexual fetishism is (deliberately?) made difficult by the euphemistic terms used to refer to it, the chief of which is, of course, 'gender identity'. This masks the reality, namely, that men posing as 'women' is a perversion, because it's not a mutual activity, involving as it does frightening, antagonising, shocking or bullying women, and because it's motivated by a desire to demean women.

The word 'perversion' has been dropped from the canons of psychological expertise in favour of 'paraphilia'. 'Perversion' originally referred to any sexual activity that was not the heterosexual, penis-in-vagina-to-male-orgasm kind that was necessary for procreation (Martins and Ceccarelli, 2015). But with the advent of sexology (the Kinsey research being the most popular and widely known) (Kinsey et al, 1949), together with sexual 'liberation', it became obvious that non-penis-in-vagina sex was so common that it couldn't possibly involve perversions. It was unthinkable that so much of the population could be perverts (male population that is, but that was never said). So (male) sexual behaviour had to be de-moralised, protected from moral censure and disgust because it was so normal (Jeffreys, 2022). But although extricating homosexuality (and masturbation) from moral opprobrium was a step in the right direction, disposing of the concept of 'perversion' altogether de-moralises sexual activities that deserve the name, not because they don't involve procreative sex, but because they are social problems.

The bible of the psychotherapeutic professions, the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM5) (APA, 2013) says that

[t]he term *paraphilia* denotes any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners (APA, 2013: 685).

But although 'paraphilia' is intended as a polite euphemism for what used to be known as 'sexual perversion', it's not a euphemism at all once the original Greek words from which it is derived are translated into English. The term was popularised by John Money in the 1980s, although it was probably coined as early as 1903 and was in regular use in the 1920s. It first appeared in the DSM in 1980 (Wikipedia, 'Paraphilia'). 'Paraphilia' is derived from two words in ancient Greek, 'para' meaning 'other than' or 'outside of' (e.g. 'paranormal'), and 'philia', which is one of the many forms of love recognised in the ancient Greek language.

One source (which lists nine forms of love in ancient Greek) describes the connotations of 'philia' as follows:

In contrast to the physical, sexual nature of Eros, Philia $(\varphi\iota\lambda i\alpha)$ is a platonic feeling. This Greek word for love implies spiritual connection, trust, and sharing of the same values. Philia usually grows between friends or family members. While it is not as overwhelming, euphoric, or exciting as Eros, it is often more fulfilling and rewarding in the long term. Philia is not relegated to non-sexual and non-romantic relationships, however. It is a vital component of romantic love between couples, and any connection without it is not likely to last. A love that features Eros but not Philia is often a possessive, self-centered love. 13

So a *para*philia is what philia is *not*. It is a sexual desire that is 'possessive and self-centred' and something *other than* 'spiritual connection, trust, and sharing of the same values'. In other words, there's no 'consenting human partner'. Hence, 'paraphilia' functions as a euphemism only because of the word's unfamiliarity. (Who is familiar with ancient Greek these days? And even when it was widely taught, it was only ruling class men who had access to it). Incidentally, I suspect that current users of the terms are unaware of those connotations.

'Autogynephilia', the 'gender identity' of the adult transgender male, is also a euphemism, both because it's a neologism (and hence its meaning is not easily recognisable), and because it looks like an official term backed up by decades (generations?) of research and professional expertise. It is recognised as a paraphilia. Ray Blanchard, the originator of the term, said: 'The term autogynephilia denotes a male's paraphilic tendency to be sexually aroused by the thought or image of himself as a woman' (Blanchard, 1991. See also: Blanchard, 1989a, b). The DSM5 says that autogynephilia is one form of the paraphilia called 'transvestism' (the latter doesn't always involve the cross-dressing man thinking he's a 'woman'):

Transvestic disorder in men¹⁴ is often accompanied by *autogynephilia* (i.e., a male's paraphilic tendency to be sexually aroused by the thought or image of himself as a woman). Autogynephilic fantasies and behaviors may focus on the idea of exhibiting female physiological functions (e.g., lactation, menstruation), engaging in stereotypically feminine behavior (e.g., knitting), or possessing female anatomy (e.g., breasts) (APA, 2013: 703).

In other words, paraphilia is sexual arousal and behaviour that is not mutual, i.e. there is no 'consenting human partner'.

Strictly speaking, what the autogynephile is sexually aroused by is showing himself off in public garbed in superficial *femininity*, since the outward, stereotypical trappings are all he and transgender know about what a 'woman' might be. It is femininity that is the fetish, not women. Men posing as 'women' are not interested in the more mundane and nurturing aspects of womanhood, as Jan Morris' daughter, Suki Morys, pointed out (see chapter 10) (Morys, 2022). They are not interested in doing the housework, for example, or caring for children. They are unlikely to be found doing

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https://www.greecehighdefinition.com/blog/9-different-types-of-love-according-to-the-ancient-greeks

¹⁴ 'Transvestic disorder is ... extremely rare in females' (APA, 2013: 703). This is a euphemism. It's most likely non-existent. Although women do dress in men's clothes, the element of sexual arousal is lacking.

the dishes or the laundry, making the beds, dusting the furniture or vacuuming the floors, or doing the shopping, meal preparation and cooking for the family.

The DSM5 says that a paraphilia is only a disorder if it's 'causing distress or impairment to the individual' (APA, 2013: 685-6). If the man is perfectly happy with his feelings and behaviour, then his paraphilia is not a disorder (according to the DSM5). What the DSM5 means here is that the paraphilia doesn't require medical treatment if the man isn't distressed by it. But the DSM5 also says that if 'satisfaction [of the paraphilia] has entailed personal harm, or risk of harm, to others', then it is a disorder; and all of them involve harm in some sense.

The DSM5 names eight paraphilias in the 'Paraphilic Disorders' section (although '[t]he eight listed disorders do not exhaust the list of possible paraphilic disorders') (APA, 2013: 685): voyeurism ('spying on others in private activities'); exhibitionism ('exposing the genitals to strangers'); frotteurism ('touching or rubbing against a nonconsenting individual'); sadism ('inflicting humiliation, bondage, or suffering'); masochism ('being humiliated, beaten, bound, or otherwise made to suffer, as manifested by fantasies, urges, or behaviors'); pedophilia ('sexual focus on children'); fetishism ('using nonliving objects or having a highly specific focus on nongenital body parts'); and transvestism ('engaging in sexually arousing cross-dressing ... often accompanied by autogynephilia') (pp.685-705).

The vast majority of these are male behaviours, although the DSM5 doesn't say so. It does now and again say that they are 'rarely' to be found in women, e.g. the comment about 'transvestic disorder'. But it nowhere notes that sexual behaviour that is dissociated because there is no consenting partner, or no actual or desired form of reciprocity, is typically male, or why that might be so.

That word 'consenting' is crucial to understanding paraphilias, since they typically involve non-consensual sexual activity. Indeed, some of them involve behaviour that is illegal, namely, that 'entail actions for their satisfaction that, because of their noxiousness or potential harm to others, are classed as criminal offenses' (APA, 2013: 685). This applies to voyeurism, frotteurism and pedophilia. Exhibitionism used to be an offense called 'indecent exposure', but with the transgender-driven acceptance of men in women's intimate spaces it is presumably no longer an offence, at least in those spaces and when the man exposing his genitals calls himself a 'woman'. Sadism and masochism aren't illegal either. BDSM (Bondage Discipline Sado-Masochism) has been defined as just another form of 'human sexuality'. It is seen as 'consensual', and its adherents claim it does involve 'spiritual connection, trust, and sharing of the same values'. But given that those shared values involve the 'role-playing' of degradation, slavery and torture, any notion of trust is debatable, and the 'values' are thankfully not widely shared outside the BDSM occasions.

Incidentally, BDSM is not confined to men. There was a time when libertarian and anti-feminist lesbians in the US were publicly defending it as 'a form of eroticism based on a consensual exchange of power' (Samois, ed., 1982. For a feminist critique of sadomasochism, see: Linden et al, 1982). But the fact that women engage in sadomasochist practices doesn't make those practices typically female in the same way as paraphilias are typically male.

Fetishism and transvestism aren't illegal either (although in the US the latter was a crime for both men and women as late as the 1960s). The DSM5 discusses fetishism separately from transvestism (although saying they can co-exist), and from all the other paraphilias. But all the paraphilias qualify as fetishes because they are characterised by the absence of a consenting partner. The woman who is leered at by the voyeur, the woman or women who are exposed to the erect penis of the flasher, the woman who is rubbed up against by a man's erect penis in a crowded public venue, the child who is sexually assaulted, are all non-consenting others. BDSM supposedly involves 'consent', but it's debatable that torture, humiliation and dehumanisation can ever involve genuine consent. (For the debate, see the references cited in the previous paragraph).

But although it's not illegal, men posing as 'women' do indeed cause harm to others, namely, shock, embarrassment, or humiliation on the part of the women and children who are forced to share intimate spaces with naked and/or sexually aroused men, the women athletes who have lost competitions to men, the women, especially lesbians, who are legally prohibited from publicly advertising their events unless they include men. In that sense, autogynephilia is a disorder. Of course, the harm is mostly suffered by women and is ignored, as is usual with malestream institutions.

The DSM5 doesn't make the connection between fetishism and the other paraphilias, probably because its characterisation of fetishism is too narrow. By focusing only on objects and body parts in the elicitation of fetishistic sexual desire, it misses the point that the chief defining characteristic of fetishism is that it is a sexuality that involves the avoidance of any relationship with another human being.

The Wikipedia entry for 'Sexual fetishism' gives a slightly more accurate account by widening the definition. '[F]etish can, in common discourse', it says, 'also refer to sexual interest in specific activities, peoples, types of people, substances, or situations'.16 'People' here doesn't mean an actual human relationship. It means 'people' with characteristics that are fetishised, e.g. race, obesity, old age, disability, scarring, limb amputation. Despite the greater accuracy though, this Wikipedia entry suffers from the usual spurious equality by implying that women are just as likely as men to have a fetish. Although it does mention 'the rarity of female fetishists', the entry includes two illustrations of 'Sexual fetishism', the first of which depicts a woman kissing the foot of another woman. No source is given for the illustration, although the source for the second illustration, a man kissing a woman's foot, is a 1931 pornographic publication, Dresseuses d'hommes ('Men's trainers') (no, not the footwear-'dresseuse' means 'trainer' in the sense of dominatrix, the woman is holding a whip). The first illustration probably has a similar origin, namely, pornography produced for men. But as even the DSM5 said, 'Fetishistic disorder has not been systematically reported to occur in females. In clinical samples, fetishistic disorder is nearly exclusively reported in males' (APA, 2013: 701).

If all paraphilias are fetishes in the sense of substituting something else in the place of any desire for mutual interaction with another human being, so is autogynephilia. In this case, that 'something else' is the trappings of femininity, but it's also the reactions

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¹⁵ https://www.history.com/news/stonewall-riots-lgbtq-drag-three-article-rule

¹⁶ https://en.wikipedia.org/wiki/Sexual_fetishism (viewed 5.2.'25).

of other people, especially women. As the two men quoted below make clear, they were sexually aroused by being in women's public spaces and being 'recognised as women'. These men were informants quoted by Anne Lawrence, himself an autogynephile, in his book *Men Trapped in Men's Bodies* (described by Sue Donym as 'the best resource on autogynephilia' (Donym, 2021). One of them said:

"I am really turned on by the idea of going into the women's shower and being surrounded by femaleness and of just being able to legally belong in the women's restroom. What I'm saying is that to truly fit in as another woman in these places means a great deal sexually to me" (Donym, 2021).

The other one said:

"Most of my early masturbatory fantasies involved being transformed into a woman and living as a woman. I don't really care about the clothes. It is about being able to see myself as a woman or at least with feminine qualities. My most enjoyable moments are imagining experiencing the more tame parts of life as a woman (e.g., playing golf, going to the women's room or locker room, being able to shop for feminine clothes and shoes, and being seen as a woman.) The few times I have been in a women's locker room have been overwhelming. The smell is so inspiring and alluring and the idea of being able to go there and be accepted as a woman" (Donym, 2021).

Whatever it is that these men find sexually arousing, there is no consenting partner, and if they require a public audience, their behaviour does entail personal harm to others because it is a noxious intrusion on others. Hence, even though the autogynephile himself feels no distress (or shame) at his condition, autogynephilic sexual arousal, coupled with demands that others acknowledge him as a 'woman', does qualify as a disorder and a fetish. And yet, far from being illegal, the law supports men in their fetish. It mandates the acceptance of autogynephilia as another category of person, one with 'gender identity', who is entitled to 'rights'. (See chapter 15). That acceptance imposes the demands of a male sexual fetish throughout society. The transgender push has made male sexual perversion the law of the land (screams of outraged denial and death threats from the trans lobby notwithstanding). This validating of 'gender identity' *in*validates womanhood because it defines 'woman' as just another male masquerade.

For a psychoanalyst's account of autogynephilia as 'a kind of relief from the stresses of everyday life and, in particular, from the demands of "masculinity" as they conceived of it' (with no mention of castration anxiety), see: Burgo, 2024;

for a trans-friendly reinterpretation of workplace impositions as 'inclusive policy development and coworker support', along the lines of 'the minority stress model' (which is what the 'transgender and gender diverse' employees supposedly suffer if they don't get what they want), see: Cancela et al, 2025;

for an argument that 'men who have a transgender identity are a **bigger danger to women** than any other type of man', together with the evidence in the sex offender statistics, see: Donym, 2024b (original emphasis) (see also chapter 19);

for an argument that transgender originated in pornography, see: Gluck, 2023.

Tide turning?

As I mentioned earlier, there are hopeful signs that the tide might be turning, and not only in the case of the medical treatment of the young. Transgender's influence on society has been repudiated in a number of influential spheres.

Positive signs in the UK

There are indications in the UK that the hive mind might be rethinking the transgender agenda it embraced so willingly. Certainly the battle is far from over (Vigo, 2020a), and those indications are often only slight moves in the right direction. None of them repudiate the concept of 'gender identity' altogether, or recognise the sexual fetishism lurking behind it. But hopefully the realisation is starting to sink in that the trans lobby's influence is not just a defence of a few disadvantaged individuals. It's too much to hope that the malestream will ever realise that it's not at all a defence of a few disadvantaged individuals. But they might come to see that it's having a deleterious effect on children, at least.

One of those indications is the UK Scouts' response to protests by removing most references to Mermaids in 2019, and abolishing the policies they had adopted 18 months previously in line with Mermaids' 'advice'. 'Sex' was reinstated as a category in their equal opportunity policy, and scout leaders can now return to calling children 'boys and girls'. They no longer have to keep secrets from the parents of the children who are claiming to be the opposite sex. They can now share 'gender transition' information with families, and even the authorities if there are welfare concerns (Gilligan, 2019).

Another of those indications occurred in relation to the online presence of trans at the BBC. Early in July 2020, the BBC removed from its website links to four trans groups, the LGBT Foundation, Mermaids, the Gender Trust, and GIRES. They were replaced with a link to the BBC Action Line website, which contains a link to a page for 'LGBT+ issues' and gives links to nine organisations, of which six are explicitly 'LGBT'. The LGBT Foundation is there, as is Stonewall, but Mermaids, the Gender Trust and GIRES aren't.¹⁷

The trans lobby were understandably upset about this and reacted predictably, playing on the heart strings with the 'vulnerability' trope. Its mouthpiece, *Pink News*, reported that those three organisations ('trans-support charities') "are facing an increasingly toxic and hostile public dialogue around trans lives. They work to support their service users through this toxicity and hostility every day ... this vulnerable population ... are currently facing public humiliation and deliberate misinformation more than ever" (Parsons, 2020c). Who could resist such a heart-rending plea? Who would want to be associated with toxicity and hostility? Except it's a lie. The supposedly 'vulnerable population' consists largely of men sexually aroused by the act of posing as 'women'. It also consists of children and young people who are certainly facing 'deliberate misinformation', all of it emanating from the trans lobby. The BBC's removal of links to transgender organisations is the removal of some of that misinformation.

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https://www.bbc.co.uk/programmes/articles/1nYWPTdMtKStFL2ztx1SV11/information-and-support-lgbt-issues

While the BBC is unlikely to have recognised the falsity of this piteous plea, it would seem that its heart was not sufficiently rent by it. By September 2021 its Action Line website still didn't include Mermaids, the Gender Trust or GIRES. But despite the trans mouthpiece's opinion that the BBC produced 'unbalanced, biased coverage on trans issues', and that *BBC News* was 'institutionally transphobic' (Parsons, 2020a), they did retain some links to trans groups, including the notorious Stonewall. So although the BBC has not completely rejected the trans narrative, much less voiced any criticism, there might have been some miniscule movement away from total obedience to trans demands. (See also: Parsons, 2020b).

For the £585,000 fine imposed on the University of Sussex for 'failing to uphold freedom of speech' relating to their treatment of Kathleen Stock (see chapter 17), see: Adams, 2025; Jeffreys, 2025;

for evidence that the BBC is still in thrall to transgender, namely, its Director-General's invitation to trans organisation, INvolve, 'to provide diversity advice', see: Anonymous, 2022;

for the decision by the UK Supreme Court that 'the definition of "woman" in [the relevant legislation] is limited to biological women and does not include trans women [sic] with a GRC' (UK Supreme Court, 2025: para.266), thus upsetting earlier decisions in Scotland's civil court that 'a person with a GRC in the female gender is a "woman"—in a case brought by For Women Scotland challenging the Scottish government's statutory guidance based on those earlier decisions, see: UK Supreme Court, 2025; Winter, 2025f.

The NHS, too, was showing signs of withdrawing from full commitment to the transgender agenda, even before the release of Cass' final report. In July 2020, it was reported (Vigo, 2020a) that the NHS had removed the references to Mermaids from its website, together with much of the language on 'gender dysphoria' and the emotional language about suicide that terrified parents into complying with trans demands on their children. The 'Barbie-GI Joe' stereotypes are also gone (although Hampshire CAMHS still promotes the 'Genderbread Person' which teaches children that everyone has a 'gender identity').¹⁸

The NHS website also no longer said that puberty blockers were reversible or that sex could be changed. It even started using the term 'biological sex', as in 'some people may decide to have surgery to permanently alter body parts associated with their biological sex', thus transgressing one of transgender's strictest rules, i.e. there must be no reference to 'sex' or 'biology'. Moreover, while the website previously had no mention of the fact that many children eventually desist from the transgender process, or that many come to realise they are lesbian or gay, its section on adolescents now said, 'you may ... find out that the feelings you had at a younger age disappear over time and you feel at ease with your biological sex. Or you may find you identify as gay, lesbian or bisexual' (Vigo, 2020a).

It is impossible to check this information, in the first place because, like all public bodies, the NHS has no history (although the internet does). Without history, there is

¹⁸ https://what0-18.nhs.uk/application/files/8916/1046/8869/Parent-fact-sheet-Supporting-a-young-person-with-gender-identity-issues-1.pdf

no need to acknowledge any changes and hence no need to explain why the NHS has withdrawn, or at least modified, their allegiance to Mermaids.

For links to the Wayback Machine's archive of the NHS' previous multitudinous references to Mermaids, see: Vigo, 2020a.

As well, the NHS website has no 'transgender' or 'LGBT' (etc.) section. Entering 'transgender' into 'Search' brings up two sections: 'Having a baby if you are LGBT+' and 'Should trans men [sic] have cervical screening tests'. Entering 'LGBT' brings up three sections: the 'having a baby' one again; 'Help for mental health problems if you're LGBTQ'; and 'Charities and support groups' (but only in relation to the armed forces). In the section on 'mental health problems', Mermaids is absent, but the misnamed 'Gendered Intelligence' is there, as is Stonewall, something called 'Pink Therapy' and something else called 'Mind LGBTQ'. Moreover, the 'TQ' at the end of the acronym indicates a continuing commitment to the transgender agenda. Still, that commitment is no longer as staunch as it once was, and the findings of the Cass report have weakened it even further.

There is also no longer any suggestion that sex can be changed. Instead of the previous statement, "you may decide to have surgery to permanently alter your sex", the reference is to "permanently alter[ing] body parts associated with ... biological sex". The section on dosing teenagers with hormones now acknowledges the dubious nature of the evidence for cross-sex hormones, and says that the NHS is "currently reviewing" its use. The reference to sex reassignment surgery (simply called 'surgery for adults') no longer says, "most trans women and men are happy with their new sex and feel comfortable with their gender identity" (Vigo, 2020a). Instead, we are told that the aim of the 'transition' procedures, whether surgery or just hormones, 'is that you no longer have gender dysphoria and feel at ease with your identity'.²⁰

Another defeat for the trans lobby is a judge's ruling early in 2019, in what was reported as 'Britain's first transgender hate crime prosecution' (Manning and Walsh, 2019). Strictly speaking, there is no such crime. It was said that the police had charged the defendant with 'a hate crime', but there is no standalone offence of inciting hatred on the grounds of 'gender identity' (although there is on the grounds of race, religion and sexual orientation) (Reindorf, 2021: 49, para.190). Something has to be a crime before it can be designated 'hate', and whether or not it is motivated by 'hate' is relevant to the severity of the sentence for the crime (see chapters 11 and 12). It is more likely that the defendant was charged with 'harassment'. 'Gender reassignment' is one of the characteristics protected against harassment, and that is the language the judge used.

The defendant was Miranda Yardley, a transsexual who acknowledges he's a man despite having undergone 'gender reassignment' procedures; his accuser was a woman who worked for Mermaids. The supposed 'harassment' incident involved Yardley providing a picture of the woman on Twitter and a links to her real identity, because she was aggressively attacking trans-critical arguments anonymously. Her complaint was that he had outed her 'transgender' child and that this was harassment, although

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https://www.nhs.uk/mental-health/advice-for-life-situations-and-events/mental-health-support-if-you-are-gay-lesbian-bisexual-lgbtq/

²⁰ https://www.nhs.uk/conditions/gender-dysphoria/treatment/

she herself had already posted voluminously about the child on social media. The judge quickly decided that there was no case and never had been. There was no evidence of harassment, he said. In order to show harassment, "You have to show a course of conduct", he said, and one tweet didn't qualify.

The NHS' (modified) withdrawal from Mermaids might have something to do with the High Court decision in the Bell case (see chapter 6) (UK High Court, 2020). In December 2020, the UK High Court ruled that, because children are not capable of giving consent to life-altering medications, the courts should be involved in any such decisions involving children aged 13 and under, and it would be appropriate in the case of 16- to 17-year-olds too. Mermaids was not a party to the proceedings and the justices didn't mention them, but the defendant, GIDS, was operating on Mermaids advice in dosing children with puberty blockers. So Mermaids, like Stonewall, is no longer having things all its own way (Transgender Trend, 2020).

Sadly, the UK Royal College of Paediatrics and Child Health is oblivious to the growing body of evidence that there is no justification for transgender medical interventions on the young, and some evidence that they are highly detrimental. The College still clings firmly to the transgender narrative. In June 2020, they published a statement 'supporting LGBTQ+ children and young people', thus accepting transgender's piggybacking strategy of paying lip-service to the needs of lesbians, gays and bisexuals while obliterating them altogether. The statement included a link to Stonewall, and involved advice to health professionals such as the importance of 'us[ing] pronouns and gender identifiers', and 'help[ing] parents, schools and other agencies ... to affirm a child's expressed sexuality and gender' (RCPCH, 2020).

The statement was updated in November 2024 (RCPCH, 2024), with no more awareness than the earlier statement, of the evidence undermining transgender's claims to 'health care'. The Cass Review was mentioned, but dismissively. The mention occurred within the context of 'some anti-LGBTQ+ narratives in media and politics ... which the young people we spoke to highlighted as having an impact on the lives of young people identifying as LGBTQ+'. The implication is that the Cass Review is one of those 'anti-LGBTQ+ narratives', or at least the inspiration for such narratives 'in media and politics'. There was no discussion of what the Review said, much less of the evidence it cited. It's frightening that the peak body for paediatrics and child health could cling so staunchly to a framework that is so demonstrably false.

So there's still a long way to go before the transgender agenda is finally defeated, if ever. Nonetheless, there are glimmers of hope.

WPATH exposed

Another of those glimmers is the appearance of further evidence of WPATH's malfeasance. (For my earlier discussions, see chapters 5, 6, 7 and 9). In 2024, the think-tank, Environmental Progress ('founded in 2016 with the mission of achieving nature, peace and prosperity for all')²¹ published a report of an investigation into WPATH (Hughes, 2024). Called *The WPATH Files*, the report was an analysis of the previous four years of 'semi-private conversations inside WPATH's internal online forum' (p.4), as well as from an internal WPATH panel titled 'Identity Evolution Workshop' held on 6 May 2022. The names and affiliations of most of the authors of

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²¹ https://environmentalprogress.org/mission

these documents were blacked out, except for the WPATH president (Marci Bowers, a man posing as a 'woman'), most of the surgeons, and other prominent members (p.4).

The report was far more blunt and scathing about WPATH's defects than the Cass Review (Cass, 2024) or any of the other investigations into transgender's operations (e.g. NICE, 2021a, b). It said forthrightly that the documents, all of which were included with the report (Hughes, 2024: 72-241), revealed that WPATH was 'neither scientific nor advocating for ethical medical care, and that their approach to medicine is consumer-driven and pseudoscientific, and its members appear to be engaged in political activism, not science' (p.3). The documents exposed 'negligence of the highest order'. '[T]here can be no doubt', the report said, 'that we are currently witnessing one of the greatest crimes in the history of modern medicine ... the organization is corrupt to its core' (pp.70-1).

The report frequently notes that the members of WPATH knew about the damaging effects of transgender medical interventions—they saw them in their patients—but very few, if any, of them saw that as a reason to refrain from the procedures that caused the damage. For example, they knew that some of the 'treatments' might render the young person infertile and destroy their sexuality (puberty blockers, cross-sex hormones), while the castrating surgery certainly would. They also knew that young people were not sufficiently mature to give truly informed consent to those procedures. As one member of the panel put it, "it's always a good theory that you talk about fertility preservation with a 14-year-old, but I know I'm talking to a blank wall ... they'd be like, ew, kids, babies, gross" (Hughes, 2014: 12).

WPATH's clinicians also knew about the lack of any research that could be relied upon to justify the medical procedures. In January 2022, Bowers admitted, for example, that the effect of puberty blockers on fertility and "the onset of orgasmic response" was 'not yet fully understood' and that the "fertility question has no research" (Hughes, 2014: 19). Over and over again, correspondents in the forum would ask if anyone had any information about a particular problem, only to be told that there is none—"I haven't seen any recent studies"—usually combined with anecdotes about the responder's own experience. But neither the lack of research and the consequent impossibility of informed consent, nor the clear evidence of harm, could convince WPATH members to question what they were doing, much less stop doing it.

The correspondence also showed that WPATH members were aware of the high incidence of mental disorders suffered by people who wanted to 'change' their sex ('co-morbidities'). This is not a new insight (see my discussion in chapter 5, pp.28-39), and neither is the fact that those disorders were not being addressed, and that they were being explained away as the result of 'minority stress':

According to WPATH, the mental health issues experienced by members of the transgender community before, during, and after sex-trait modification interventions are the result of living in a transphobic society, in other words, the stress of being a member of an oppressed minority (Hughes, 2024: 47).

According to one segment of the internal correspondence, WPATH is starting to treat mental illnesses as 'identities' (although the WPATH Files report doesn't

mention this), instead of recommending treatment, either to cure mental disorders or to help patients cope with the 'minority stress' of being different from the norm. This tendency was already there in the notorious 'Eunuch' chapter in Version 8 (Coleman et al, 2022) (see my discussion in chapters 6 and 9). There, men who desired castration were defined as just another 'vulnerable and marginalised' category of persons, the desire having no ethical or therapeutic implications beyond any 'minority stress' they might feel as a result of other people's nasty attitudes. In other words, the concept of 'eunuch' was de-pathologised, just another instance of the 'diversity' so revered by transgender and its acolytes (unless you happened to disagree with them).

From the correspondence in the WPATH forum, it would seem that transgender is adding another morbidity to its endless stream of 'identities', this time, dissociative identity disorder (DID), formerly known as 'multiple personality disorder'. On 3 September 2021, one member asked the forum whether "other people have noticed incidents of OSDD [Other Specified Dissociative Disorder] and DID among their trans clients, and whether there has been any difficulty with the system agreeing to transition medically, especially given that not all the alters [i.e. the different 'persons' contained in the one individual]²² have the same gender identity?" (Hughes, 2024: 76).

In a reply dated 15 September 2021, a self-described "open transmasculine social work professional" (i.e. a woman), said that she had "noted a high incidence of dissociative disorders amongst the community", although that might have been because they were comfortable admitting it to her because she herself belonged to the 'LGBTQIAS2+ community'. She also said that she had had "numerous clientele presenting with OSDD/DID symptoms who admit that they didn't speak on the issue often with other social services members, fearing that this in conjunction with their perceived 'gender deviance' would make them appear 'too crazy'" and that they would "be denied gender affirming medical procedures/interventions" (Hughes, 2024: 77).

All the members who wrote on this topic accepted without question that one person feeling that they were many people was just another 'identity', and not at all a pathological response to early childhood trauma.²³ It was, as one member put it, "endogenic vs traumogenic", i.e. it was caused by something in themselves, and not by trauma (27 October 2021) (Hughes, 2024: 80). There was one member who expressed (tentative) doubt about the wisdom of subjecting these people to transgender medical procedures when they couldn't even agree who they were, much less consent to the procedures. This person said that they were "concerned about transition (even when all known parts/alters agree [to the procedures])", although they were also concerned "that some individuals may not disclose for fear of denied access to treatment" (17 October 2021).

But no one raised any objections to subjecting these people to major medical interventions, including surgery, without addressing the fact that these people had suffered life-long trauma. That one person could be many persons was taken for granted, and the bizarre effects of trauma were treated as though they were unremarkable. One member, for example, replied (on 7 October 2021) that "[w]ith

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²² https://did-research.org/did/alters/

²³ https://did-research.org/origin/

one client who had DID we worked on all alters giving consent to HRT²⁴ before it was started. They had alters who were both male and female gender and it was imperative to get all alters who would be effected [sic] by HRT to be aware and consent to the changes" (Hughes, 2024: 78). Another member even believed it was important to 'honour' those effects of trauma. "I too would love to hear from others", they said, "how we as clinicians and as clinical support teams can work with these clients to honor their gender identity and their fractured ego identities" (18 October 2021) (p.79). But then, this member honoured 'gender identity', so I suppose it's not surprising they would find 'fractured ego identities' honourable too.

The clearest indication that dissociative identity disorder is no longer being regarded as a morbidity in the transgender universe, but instead is being interpreted as just another form of 'identity', comes from its new name, 'plural'. One member replying to the original post about DID patients (on 27 October 2021), said that

"We [unspecified] presented on the topic of people who identify as transgender and 'plural' at this summer's American Psychological Association conference. There is a robust community developing of people who identify as 'plural' and there are now 'plural positivity' conferences ... Some individuals have plural make-up without any trauma" (Hughes, 2024: 80).

Transgender didn't invent 'plural positivity',²⁵ but these WPATH members, at least, have embraced it outright, and there's no record of anyone raising any objections.

It is, however, a marked change from Version 7, which said that 'an effort must be made to improve these conditions [including DID] with psychotropic medications and/or psychotherapy before surgery is contemplated' (Coleman et al, 2012). In contrast, plastic surgeon Christine N. McGinn, a man posing as a 'woman', admitted that he had "operated on three DID patients". Two of them were men he had castrated ("vuvlovaginoplasty"), the other was a woman "(more serious case)" whose breasts he had amputated. "All three did ok out to the six month mark" he said. He also said that he had "required an extra letter from a did [sic] specialist in all cases ... [and] did a lot of extra hand holding" (1 January 2022) (Hughes, 2024: 81). So much for Version 7's caution. (Version 8 doesn't mention DID).

This de-pathologisation of mental disorders bears a resemblance to the demoralisation of sexual fetishes (see chapter 9 and above). Both are ideological attempts to protect transgender from any hint of pathology, either as a mental disorder or as one of the more bizarre forms of male sex right. But it is this very rebranding of mental disorders and sexual fetishes as 'identity' that suggests that 'gender identity' too, might be a re-branded mental disorder/sexual fetish. Of course, WPATH denies that transgender identity is a mental illness (Coleman et al, 2022:

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²⁴ Hormone Replacement Therapy, another transgender lie. The hormones given to those who claim to be the opposite sex are not 'replacements' for something the individual was producing endogenously but no longer does, i.e. women after menopause. They are something the individual has never produced in the quantities they are dosed with.

²⁵ https://powertotheplurals.com/pluralpositivityworldconference2024/

²⁶ It would be more accurate to call this '*trans*gender identity', but 'gender identity' is the term that is commonly used to denote the trans identities that have been incorporated into law and other institutions to the detriment of the female sex (although in the UK it's 'gender reassignment').

S171); and one of the correspondents in the internal forum chided another correspondent for using the term 'co-morbidity': "Since gender incongruence is not classified as a morbidity (anymore) [sic], we should refrain from using that term" (Hughes, 2024: 223). But then WPATH disclaimers have no validity, given their disdain for the truth; and by defining mental disorders like eunuchism, DID, and the paraphilias described above (and in chapter 9) as 'identities', transgender finds common cause with them. If these 'identities' are similar to 'transgender identity', then 'transgender identity' is similar to them, namely, a mental illness and a sexual fetish that becomes an 'identity' by fiat.

Not surprisingly, WPATH didn't like this report. The author had asked everyone mentioned in the documents for comments on it. Only one member responded, the author said, 'and that response contained legal threats'. She also said that she received 'an internal email showing WPATH advising against replying and informing the recipients that WPATH was seeking legal counsel' (Hughes, 2024: 9). Thus did WPATH react in their usual shamelessly unrepentant fashion.

For a further discussion of *The WPATH Files*, which concluded that WPATH was 'a fringe activist organization', see: Buttons, 2024;

for James Cantor's 'supplemental expert report' giving detailed evidence of WPATH's failings to the Alabama District Court in the case of *Boe et al and the United States of America v Marshall'* (where they were complaining about Alabama's *Vulnerable Child Compassion and Protection Act*, which made it a crime to give transgender medical 'treatment' to anyone under the age of 19), see: Cantor, 2024a;

for Appendix A to that report, discussing The WPATH Files, see: Cantor, 2024b;

for court cases involving complaints against Alabama's *Vulnerable Child Compassion and Protection Act*, see: Alabama District Court, 2022, 2024; US Court of Appeals, 2023, 2024; US District Court, 2023;

for brief discussions of the Alabama Act and activist attempts to get it repealed, see: Chandler, 2022a, b;

for a triumphant discussion of the Hughes report, because it vindicated everything she had been saying all along, see: Donym, 2024a;

for a discussion of WPATH's conflicts of interest and the acknowledgement of those conflicts by Eli Coleman, its 'Standards of Care' lead author, see: Sapir, 2024.

Stats update

Another positive development is a further update by Sue Donym on the statistics question (Donym, 2024b). She has pointed out that 'the problem with almost all data on the "LGBTQIA+ community" is that it refers (or purports to refer) to 'seven distinct demographics of people', most of whom have nothing in common. While the L, G and B categories have same-sex attraction in common, the other categories (to the extent that they *are* demographic categories) have nothing in common with the LGB and are dominated by the T. The T itself contains at least two categories, if not three—fetishistic men and confused young people, female and male. As Donym asks, 'When you can't get any data that splits seven distinct demographics apart, how useful is it?'

She also points out that transgender 'research' never disaggregates data by sex, with the consequence that heterosexual men are counted as 'lesbians' (because they say they are), and heterosexual women are counted as 'men', even when they're pregnant. This, Domyn says, 'ruin[s] any attempt at collecting statistics about same-sex attracted individuals' (Donym, 2024b). She makes the general comment about transgender data that:

none of the things the trans movement claims are backed by hard data. It's convenience samples and unpublished research all the way down. When there is hard data, it contradicts statements like 'puberty blockers are safe'. You can massage a convenience sample survey to say whatever you want, but you can't really argue with prison statistics, the census, British governmental inquiries, or a random sample (Donym, 2024b).

Unfortunately, the powers-that-be are so smitten with transgender that they are incapable of seeing anything so obvious.

Other positive developments

For other positive developments, see:

- the falling number of referrals to the children's clinic at the Melbourne Royal Children's Hospital, and to Monash Health's gender clinic (although the state government is funding an expansion in the number of GPs permitted to prescribe hormones to young people from the age of 16, and it's possible that people are going to private practitioners because of the long waiting lists in the public system) (Bachelard, 2023);
- the fall in referrals to 'gender' clinics in Sweden, possibly in response to media exposés (Canadian Gender Report, 2020; Lane, 2020; Orange, 2020);
- some positive institutional reactions to Cass' final report: Stonewalls' reported decision to discontinue its 'training programme' for schools; the Scottish Health Minister's statement that the Government would implement Cass' recommendations; the Good Law Project's announcement that it would no longer take trans-related legal cases in the wake of a number of highly publicised losses; and the UK Labour government's ban on privately-provided puberty blockers for under-18-year-olds (Chesterton, 2024);
- the UK Labour Women's Declaration asserting a number of women's rights (although without mentioning the role transgender/LGBT(etc.) played in the erosion of women's rights), which had nearly 8,500 signatures on 8 April 2025 (Cowen, 2020;²⁷ https://www.ipetitions.com/petition/labour-womens-declaration);
- the refusal of the British Pregnancy Advice Service to give in to the trans lobby's demands to stop using the word 'women' and other gendered language (although still with a nod towards the transgender agenda by saying that it was 'predominantly' women who were affected by restrictions on reproductive rights, when it's only women) (Dixon, 2021);

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²⁷ The 'Women Are Human' website is back! (8.4.'25)

Denise Thompson

- the move towards greater caution in any transgender medical interventions on the young in Finland, Sweden and France (Galloway, 2022. See also chapter 7);
- a decision by the Royal Australian and New Zealand College of Psychiatrists to begin annual reviews of its policy on 'gender dysphoria', in a statement that doesn't endorse the guidelines from the Melbourne Royal Children's Hospital nor those from the Endocrine Society or WPATH (Lane, 2022a);
- a report from Florida's Agency for Health Care Administration arguing that transgender medical interventions for youth are not 'a standard of care' because the evidence for them is so weak they are experimental and cannot be regarded as safe and effective (Lane, 2022b);
- the decision by an Australian medical indemnity insurer, MDA National, to no longer cover doctor members for claims arising from transgender medical interventions, even if the interventions were approved by a hospital medical team or a court (Lane, 2023);
- the amicus curiae brief by the Alabama Attorney General, submitted in the case of United States of America v. Jonathan Skrmetti, Attorney General and Reporter for Tennessee, et al. which (like The WPATH Files—Hughes, 2024) demonstrated that, 'not only does the WPATH emperor have no clothes, but ... senior HHS [Health and Human Services] officials and "social justice lawyers" acted as the organization's tailor' (Marshall et al, 2024: 4);
- the rejection by the US Court of Appeals for the Sixth Circuit of the claim that Tennessee's Senate Bill 1 (which prohibited transgender medical interventions on the young) violated the US Constitution, brought by three transgender minors, their parents, a doctor and the US federal government (*United States of America v. Skrmetti*) (Justia U.S. Law, 2024; Skrmetti et al, 2024; State of Tennessee, 2023; Sutton et al, 2023);
- a decision in the Australian Federal Circuit and Family Court that a 12-yearold boy was too young to be dosed with puberty blockers, because '[a]t this stage in the child's life, all options should be left open, without any unacceptable risk of harm to the child' (AFCFC, 2025: para.382; Smith, 2025b).

For trans lobby arguments (by Marci Bowers, president of WPATH, and Erica Anderson, president of USPATH, both men claiming to be 'women') attributing the problems with trans medical interventions on the young to 'trans activists' and "just 'sloppy' health care work", see: Ault, 2021;

for newspaper articles discussing the decision by Justice Strum in relation to the 12-year-old boy, see: Dudley, 2025b, c;

for insightful commentaries on that decision, see: Lane, 2025b; Winter, 2025e;

for an excellent running update about what is happening in the transgender medicalising of the young, see: Bernard Lane's *Gender Clinic News* – https://www.genderclinicnews.com;

for an argument that 'informed consent for transgender-identified youth is urgently needed', because the process has been marked by 'erroneous professional assumptions; poor quality of the initial evaluations; and inaccurate and incomplete information shared with patients and their parents', see: Levine et al, 2022;

for the reactions of the Health Secretary in the Tory government to the release of Cass' interim report (Cass, 2022), saying that he believed that the system was "failing children" and that he was planning to overhaul it (a proposal that was pre-empted by the election of a Labour government on 4 July 2024), see: Smyth, 2022;

for WoLF's *amicus curiae* brief to the US Court of Appeals for the Sixth Circuit in the case of *United States of America v. Skrmetti*, in support of the laws banning transgender medical interventions for minors, see: Wolf, 2024.

Resistance

Resistance to the transgender phenomenon is not a new development. Janice Raymond's *The Transsexual Empire* was first published in 1979 (Raymond, 1980), and Sheila Jeffreys' critique, 'Transgender activism', was published in 1997 in the first issue of the *Journal of Lesbian Studies* (Jeffreys, 1997).

(I cannot allow this mention of the journal to pass without noting that it is now complicit with transgender. It is highly unlikely to publish a critique of transgenderism now, not to mention such a clearly-argued one. It has long been taken over by postmodernism's 'queer theory' with its plethora of gobbledegook designed to deny, not only any political implications of anything, especially lesbianism, but also any claims to comprehensibility. To give just one example:

I think there are more widespread and deeper articulations [than that of contemporary writers] of what I term the *autobiocritical*, which is to say an approach to the concept of the literary text as pseudo-fictional critical encounter[,] with the work and practice of doing literature and/or literary thinking, including both writing and reading (Llewellyn, 2025).

The author has a masculine name, and although that is no guarantee that it's a man (given that women under the influence of transgender are claiming they are 'men'), the photo on his webpage at Cardiff University would suggest that he *is* a man, particularly because he is clean-shaven and women claiming to be 'men' tend to grow facial hair.²⁸ One thing is certain though, he's not a lesbian.

It would seem that Ali Smith, whose work he is discussing, is a lesbian, and the word 'lesbian' appears a number of times throughout the article. But it's simply a word, with nothing to suggest what the word might mean, and no acknowledgement that lesbians are women. At one point, it did seem as though at least one of the sources he cited might have some inkling of what 'lesbian' might mean. This source referred to lesbianism being "at once libidinal and political", but this insight was undermined by the way it was framed:

a definition of lesbian aesthetics ... that is "a practice of reading and writing saturated with fantasies at once libidinal and political" and which has "ceased exclusively to signify an ontology" and instead "names a

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²⁸ https://profiles.cardiff.ac.uk/staff/llewellynm4

methodology, an erotically inflected practice of aesthetic judgement, selection and assessment" (Llewellyn, 2025, quoting Tongson, 2005).

In other words, lesbianism is an 'aesthetics, a practice of reading and writing' that has little or nothing to do with lived reality—it has 'ceased exclusively to signify an ontology'. The author cited, Tongson, has a feminine name (Karen), but some of the photos on the internet are ambiguous and whether this is a man or a woman is unclear. However, given the reference to herself as 'a tomboy',²⁹ she most likely *is* a woman and a lesbian ('married to media scholar and TV critic, Sarah Rebecca Kessler').³⁰

But her lesbianism has not protected her from seduction by queer theory, which enables her to interpret lesbian existence as 'aesthetics' rather than a lived reality. Her commitment to postmodernism and its transgender offshoot means that she has to write as though there is no reality outside personal opinion and there's no way of telling whether any opinion is any better than any other. The *Journal of Lesbian Studies*, like so many hitherto lesbian resources, has been successfully depoliticised. 'Lesbian' no longer signifies a woman who claims an autonomous human status outside male control and refuses men sexual access. It's just a word to play ever-so-clever, logically convoluted games with. So there's a long way to go before the intellectual ravages of postmodernism and the real-life damage of transgender can be healed.)

Still, there has always been resistance, examples of which are scattered throughout this present work, from the links listed on the home page of the transgender section of this website to the many references cited. One example is Julian Vigo's itemisation of dozens of actions publicising transgender's deleterious effects, most of them by anonymous women whom Vigo referred to as 'unsung heroines' (Vigo, 2020b). This was specifically in relation to the UK Tory government's decision in September 2020 not to amend the 2004 *Gender Recognition Act* to make legal recognition of claims to be the opposite sex simply a matter of self-identification (Parker, 2020). But the actions continue. There are still women (and some men too) doing their best to resist the transgender mandate, against the enormous odds of malestream intransigence. Among them Vigo lists:

a great many women who introduced the subject of gender ideology into conversations when the opportunity arose either in person or on social media; the women who partook in and organised the event at Hyde Park Corner in September 2017; those who sent out dozens and hundreds of Facebook messages to friends telling them about the dangers posed to women from a potential GRA reform [etc.] (Vigo, 2020b).

Another more recent and local example is the Australian Restore Women's Rights campaign leading up to the 2025 federal election on 3 May. Its website³¹ urges people to write to their members of parliament asking them to restore the *Sex Discrimination Act* to its original, pre-2013 form by reinserting the definitions of 'woman' and 'man'. The campaign focuses on the consequences for women's rights of the transgender-inspired changes to the Act, especially the inclusion of 'gender identity' as a ground of

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²⁹ https://longreads.com/2019/10/03/why-karen-carpenter-matters/

³⁰ https://www.karentongson.org/about

³¹ https://www.restorewomensrights.org.au/

discrimination. They don't explicitly call for the deletion of 'gender identity', but they do mention in their letter to all federal parliamentarians 'cases in which males have used the Sex Discrimination Act provisions to take legal action against women who are trying to create and maintain female single-sex spaces and services'.

Whether this superbly organised intervention, all of it by women volunteers, will have any effect on the political class remains to be seen. To date, little if any of the kind of resistance necessary to defy the transgender agenda has had any influence on them. That might change with the decision by the UK Supreme Court that the meaning of 'woman' in the law is confined to biological women. Although decisions in UK courts have no implications for Australian courts, the sheer common sense displayed by that decision might seep through to the relevant ears in Australia.

What is to be done?

There are many recommendations about what is needed to rectify the damage done by the transgender agenda, insofar as that is possible (and for many of those medically mutilated in their youth it is not possible at all). The earliest suggestion for what is to be done is Janice Raymond's unequivocal statement, 'the problem of transsexualism would best be served by morally mandating it out of existence' (Raymond, 1994: 178).

She didn't believe that the law was the best way to deal with the problem. '[T]he integrity of the individual and of the society', she said, 'does not seem best served by making transsexual surgery illegal'. Rather, the law should be focused more widely, 'to the social forces and medical institutions that produce the transsexual empire ... the network of sex-role stereotyping that produces the schizoid state of a "female mind in a male body" (p.179). She also recommended 'nonsexist consciousness-raising counselling' that would help 'transsexuals to deal with their problem in an autonomous, genuinely personal, and responsibly social way'. This would involve 'one-to-one counseling situation[s] ... to explore the social origins of the transsexual problem and the consequences of the medical-technical solution' (pp.181-2). She concluded by saying that

[t]he issues that transsexualism can highlight should by no means be confined to the transsexual context. Rather they should be confronted in the "normal" society that spawned the problem of transsexualism to begin with (Raymond, 1994: 185).

Hence the implications of transgender for the wider society have been recognised from the beginning. There is really no excuse for those institutions that have embraced transgender so avidly. But then, recognising the deleterious implications of transgender would also mean recognising that certain aspects of 'normal' society are male supremacist, and there's a long, long way to go before that information becomes general knowledge.

Trump's Executive Orders

And finally, there are the Trump Executive Orders relating to women and biological truth: protecting children from damaging medical interventions; ending ideological indoctrination in schools; and banning men from women's sports (Trump, 2025c, e, f

and g).³² On the face of it, these seem to be a positive development in the fight against the transgender hegemony. His EO relating to freedom of speech (Trump, 2025a), and his two EOs relating to 'diversity, equity and inclusion' (DEI) initiatives (Trump, 2025b, d)³³ also seem to be working in women's favour, given the function DEI served in no-platforming criticism of transgender and in embedding transgender in organisations everywhere.

However, that is no reason to congratulate the US electorate for voting for Trump (as Kellie-Jay Keen did). If I had to choose between Trump getting rid of the transgender rubbish on the one hand, and keeping transgender if it meant keeping Trump out of power on the other, I would choose the latter. Trump and his cronies and their policies are such an immediate and ongoing disaster that I would be prepared to tolerate transgender's continued existence if that were the price of preventing Trump being elected US president. Of course, no one's asking me, and I am in no position to make any such choice anyway.

Moreover, as Bronwyn Winter (Winter, 2025a, b, c, d) cogently argues, Trump's 'sexand-gender' EOs are not the victory for the critics of transgender and the defenders of the rights of women that they superficially appear to be. Leaving aside the overall disaster for women (indeed, for the whole world) that is a Trump presidency, there are a number of indications that the EOs themselves are no friend either to women or to anyone of goodwill and common sense.

The term 'gender ideology', for example, that appears throughout the first EO (Trump, 2025a) is commonly used in right-wing circles as a pejorative epithet to dismiss feminism, while Trump accusing others of 'extremism' is a laughable piece of projection, given his own actions. Then there's the assertion in his televised inauguration speech, that preceded the seemingly trans-critical statement that "it will henceforth be the official policy of the United States government that there are only two genders [sic]: male and female". The prior assertion was that he was going to "end the government policy of trying to socially engineer race and gender into every aspect of public and private life. We will forge a society that is colour blind and merit based". As Winter commented:

Merit-based? Really? From the man who appointed the likes of Robert F. Kennedy Jnr, Peter Hegseth and Tulsi Gabbard to run Health, Defence and Intelligence respectively? (Winter, 2025a).

Winter also noted that the definitions of 'female' and 'male' in the 'women and biological truth' EO (Trump, 2025c) comes straight from the extremist right-wing anti-abortion playbook. Both definitions use the terminology 'a person ... at conception'. As Winter comments: 'these definitions confer *personhood* upon a *zygote*, that is, the single cell formed when a spermatozoon [fuses] with an ovum. Not yet a fœtus, not even yet an embryo' (Winter, 2025b—original emphases).

³² 'Defending women from gender ideology extremism and restoring biological truth to the federal government' (EO14168, 20 January), 'Protecting children from chemical and surgical mutilation' (EO14187, 28 January), 'Ending radical indoctrination in K–12 schooling' (EO14190, 29 January) and 'Keeping men out of women's sports' (EO14201, 5 February).

³³ 'Restoring freedom of speech and ending federal censorship' (EO14149, 20 January), 'Ending radical and wasteful government DEI programs and preferencing' (EO14151, 20 January), 'Ending illegal discrimination and restoring merit-based opportunity' (EO14173, 21 January).

Winter also pointed out that Trump's attacks on DEI initiatives are not confined to the transgender aspects, but include lesbians and gay men (because of the piggybacking strategy) and people of colour as well. DEI, says Trump, involves 'dangerous, demeaning, and immoral race- and sex-based preferences ... that can violate the civil-rights laws of this Nation' (Trump, 2025d: Sec.1). Although Winter doesn't mention it, Trump's detestation of DEI also includes people with disabilities. This EO adds 'accessibility' to 'diversity, equity and inclusion' (DEIA) as something else 'that can violate the civil-rights laws of this Nation'. He partially exempts blind people, who are 'authorized to operate vending facilities on any Federal property'³⁴ (whatever that means) in accordance with the *Randolph-Sheppard Act* (Trump, 2025d: Sec. 7(a)).

DEI, according to Trump, undermines 'merit-based opportunity' because, he thinks (to use the word loosely) people are employed on the basis of what they are rather than what they know or are trained to do. So in a section called 'Terminating Illegal Discrimination in the Federal Government', this EO prohibits the federal Department of Labor from '[a]llowing or encouraging Federal contractors and subcontractors to engage in workforce balancing based on race, color, sex, sexual preference, religion, or national origin' (Trump, 2025d: Sec.3(b)(ii)(C)). The idea that Trump knows anything about merit is yet another laughable aspect of his EOs, or it would be if they were not so pernicious. Not only has he appointed people clearly lacking in merit to head government departments, he himself has demonstrated an utter lack of any claim to any merit whatsoever. His election to the Presidency of the United States was not a result of merit on his part, but the consequence of decades of neo-liberal economic and cultural policies that impoverished large swathes of the population who turned to a 'strong man' to save them (mistaking thuggery for strength). He won't, of course. Those who believe that he is 'the guy that is going to Save Our Sex' are mistaken: 'actually no, he isn't. He really isn't' (Winter, 2025a).

Conclusion

At least for a woman, wanting to become a man proves that she escapes her initial programming. But even if she would like to, with all her strength, she cannot become a man. For becoming a man would demand from a woman not only the external appearance of a man but his consciousness as well, that is, the consciousness of one who disposes by right of at least two "natural" slaves during his life span [namely, mother and wife] (Wittig, 1981: 442).

This transgender segment of my website is neither a systematic review nor an exhaustive overview, lengthy though it is. It is intended to give the reader a sense of what transgender is like by providing numerous detailed examples of its operations and their consequences, both for women and for the wider society. I haven't cherry-picked the worst examples of transgender behaviour and influence. The choice of what to discuss has been random, simply what has come to my attention at the time of writing.

It is unlikely, however, that this method has somehow missed transgender's good points because its central claim—that men can be 'women'—is fraudulent and its operations wreak havoc. Everything I have described here is standard operating

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³⁴ https://www.law.cornell.edu/uscode/text/20/107

procedure for those smitten with the transgender agenda (and I haven't described everything). What it shows is that transgender has no redeeming features at all. There is nothing done under the name of 'transgender' (or 'LGBT(etc.)' or 'gender identity') that contributes to anyone's well-being, and much that is hurtful; and any attempt to discuss the issue is met with insults—'transphobia', 'bigot'—while disagreement is repudiated altogether, often violently.

As Kaeley Triller Harms said,

The abuse I've experienced at the hands of trans activists can only be described as downright demonic. I don't know of other words that even come close to being strong enough to describe the kind of darkness I've seen in this fight. This is not normal, healthy, loving behavior. It does not reveal an ideology worth preserving or defending in any capacity (Harms, 2020).

And as Miranda Yardley, an old-style transsexual appalled at what is being done in his name, put it:

Transgenderism is a violent, sexist and sex-fuelled culture. It is antithetical to not just the women's movement, but to everyone who values freedom of thought, their own sexual agency and not having the personal identity of [deluded] males thrust down your throats. Transgenderism attacks all of us; this is a human rights issue that concerns us all: men, women, boys, girls, lesbians, gay men and anyone who values the integrity of their own mind (Yardley, 2018).

Paul McHugh summed it up succinctly,

Hell hath no fury like a vested interest masquerading as a moral principle (McHugh, 2015)

The harm is not confined to vicious attacks on individuals. There's the collusion of so many institutions with the transgender agenda, and the lies that are necessary to maintain that collusion. There's the development of juvenile transgender 'health care', which is no such thing and the very opposite of health or care. There's the violence against women, online and in the streets and especially in prison. There's the corruption of human rights, whereby a non-existent category of persons, or to state it more explicitly, whereby a male sexual fetish, takes precedence over the rights of gays and of lesbians and other women. There's the silencing of dissent and dissenters, the no-platforming of anyone who has dared to speak out publicly against transgender. There's the legislation and the court cases that follow from that, that attempt to argue away one of the basic facts of the human condition. And there's the social acceptance of male sexual fetishism that has become obligatory in law and custom everywhere.

The ease with which the acceptance of male sexual fetishism has spread throughout society indicates that society must already have been corrupted, not specifically by transgender but by what it is that transgender represents, namely, misogyny, male sex right and a shaky or non-existent commitment to truth. That should not be surprising, given that certain segments of society are male supremacist, i.e. operating on the basic principle that only men count as 'human'. According to this principle, women are not human in our own right, and hence it is quite possible for men to declare themselves 'women' and be socially accepted as such. Under male supremacist conditions, 'woman' is *terra nullius*. Of course men can occupy that space. There's nothing else

there—except femininity, that tawdry simulacrum of womanhood that men can don too because it has no more substance than a Halloween costume. The male supremacist aspects of society provide fertile ground for nourishing transgender's ideological demolition of sex in the interests of erasing women.

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