SEX AND GENDER IDENTITY

CHECKING THE FACTS OF COMMON ASSERTIONS

A paper prepared by Australian Feminists for Women's Rights

(AF4WR)

P.O. Box 497
MARRICKVILLE NSW 1475
Email: info@af4wr.org

=

Sex and gender identity: checking the facts of common assertions

The process of integrating gender identity in society, policy and law has become a highly fraught and polarised question in Australian politics. Worse, it has become framed in a context of a left-right division, with those on the left presumed to advocate for transgender rights and those on the right presumed to seek to deny them. Yet the issues of gender identity, women's sex-based rights, homosexual rights and the welfare of minors necessarily cross party-political lines, as they are societal matters in need of careful consideration and thoughtful discussion, to ensure that the rights of all may be respected and balanced.

The concept of gender identity is increasingly being introduced into law and policy, but this should not come at the expense of the rights and welfare of women, children and teenagers, and homosexuals. Notably, the Federal Sex Discrimination Act, as amended, places "sex" and "gender identity" on an equal footing, defines neither "sex" nor "gender" and does not provide any guidance concerning procedures to follow in the event of a conflict between gender-based rights claims and sex-based rights claims. It is thus of deep concern that these legislative and policy changes are occurring without consultation with all affected groups, and that expressions of concern are both censored and misrepresented as an attempt to deny rights to transgender people. It is imperative that we ensure the rights of all those interested are fully considered and represented in law and policy.

To that end, this briefing paper unpacks some common assertions about gender identity and sex. These assertions, which are frequently reproduced in political and institutional discourse and even policy, are found, on further investigation, not to have a sound evidence base. On the contrary, there is considerable evidence demonstrating that they are either based on flawed reasoning or are completely untrue.

The silencing of any inquiry into these assertions or their evidence base is disguising a real erosion of women's rights and of the demonstrable physical and mental harms being done to children and young people. Freedoms of thought, conscience and expression, cornerstones of a pluralist and robust democracy, are being curtailed with legal, employment and personal penalties being imposed on individuals and groups seeking to exercise these freedoms.

It is thus a matter of urgency that these assertions be analysed to properly understand the underlying questions of potential conflicts of rights and to establish the responsibilities and limits of the law, medical practice, employment arrangements and education provision in a coherent and respectful way. This must occur with regard for the interests and welfare of all stakeholders.

This paper indicates some key areas requiring consideration and further action. Each discussion is backed up by extensive research (footnotes and underlined sections: in bold in the printed document and as hotlinks in the online version). Although we have endeavoured to provide reliable statistical data wherever possible, one difficulty encountered when attempting to unpack these issues is the lack of accurate data. Areas requiring further research are noted in this document.

In addition, at the end of this document we provide a concise reference list of other resources to enable further research into any aspect of the matters identified.

Ēmeritus Professor Bronwyn Winter

Co-Convenor, AF4WR

=

Table of Contents

=

Assertion 1

"Sex is a spectrum and can be changed. Gender identity is innate and can be known from an early age".

The Facts

a) Human beings are mammals and as such, have ***two chromosomally determined biological sexes*** and reproduce sexually.

b) ***Humans have many sexually dimorphic characteristics*** (e.g. facial and body hair, muscle mass, skeletal structure and bone density, windpipe and lung capacity, layers of fat, degree of joint flexibility), which include different bodily responses to illness and different likelihood of developing some conditions (such as hæmophilia or lupus). See also (9) below.

c) The existence of *a small minority of chromosomally intersex individuals* (estimates range from circa 0.02% to 1.7% of the population[1]) does not change this fact, just as the existence of some people born without a foot does not change the fact that humans are bipeds. Nor is intersex the same phenomenon as transgender: in the latter case, the individuals are biologically male or female and wish to affirm a "gender" they believe corresponds to the opposite sex.

d) ***One cannot change the chromosomes one is born with*****,** including where these are atypical and including where this atypicality carries health problems (e.g. the case of women with Turner syndrome, born with only one X chromosome). One thus cannot "change" sex.

e) ***Gender*****, on the other hand, is a *social construct*.** It has no natural or innate existence outside social norms. The social concept of a "gender" was, in fact, initially identified and critiqued by second-wave feminists as reinforcing sex-role stereotypes to ideological ends. There is no "natural" feminine nor masculine social behaviour. It is not abnormal for boys to like pink glittery things nor for girls to like playing rough games in the mud. See also (4) below.

=>2

[1] Anne Fausto-Sterling, in her 2000 book *Sexing the Body* (New York: Basic Books), put the figure at 1.7%, which is often cited, including by Intersex Human Rights Australia; her table is reproduced **here.** Others have contested this figure as it includes genetic conditions affecting one or the other sex such as Klinefelter Syndrome (which affects only males) or Turner Syndrome (which affects only females). See for example Sax, Leonard. 2002, "How common is intersex? a response to Anne Fausto-Sterling." *Journal of Sex Research* 39(3):174-8. DOI: **10.1080/00224490209552139** .

f) ***The influence of gender identity in our health system is affecting women's healthcare.*** *Language around pregnancy, childbirth and breastfeeding* that was once meaningful and intelligible to all (such as "pregnant woman", "mother", "breastfeeding"), is being replaced by language such as "cervix haver", "birthing parent" and "chestfeeding". Not only is this language inaccurate (for example, mammary glands located in the breasts of females produce milk, "chests" do not), it has introduced terminology concerning women's health that has ***not been the object of thorough consultation***.

g) This terminology is also misleading and potentially confusing, ***especially for women whose first language is not English and may have specific woman-centred practices around pregnancy and childbirth*****,** and for all those who have difficulty with comprehension of health information.

h) In other areas of healthcare, the different responses of biological females and biological males to illness and life-threatening conditions such as heart attack are still not fully understood, as research in this crucial area remains in relative infancy: clinical studies in the past were routinely based on male experience and biology and did not factor in sex difference. ***It is vital that new research on sex-based differences in responses to both illness and medication be allowed to proceed unhampered by ideological agendas and biases.***

* * * * *

Assertion 2

"It is possible for kids and teenagers to know whether they are transgender and to be capable of making life-changing decisions about their bodies and health".

The Facts

a) Although the legal age of majority is 18, ***human brain development is not complete until circa 25 or even 30 years of age***, with males in general maturing later than females.[1] Immature humans are highly susceptible to influences of their social environment (including schools) and may experiment and go through a range of "identities". Many subsequently change their minds and question or may even regret earlier choices.

b) Research shows that "*gender dysphoric feelings eventually desist for the majority of children with GD*, and that for many, their psychosexual outcome is strongly associated with a lesbian, gay, or bisexual sexuality which does not require any medical intervention" (emphasis added). [2]

c) Research in several countries shows that *Rapid Onset Gender Dysphoria* (ROGD) among children and teenagers has increased dramatically in recent years. Although ROGD, a term coined in 2018 by physician **Lisa Littman**, is not a formal medical diagnosis, it is increasingly observed as **a significant social-contagion phenomenon**. **In the UK**, referrals to the nation's 14 gender identity clinics between 2011 and 2016 increased by up to several hundred percent. In Sweden, there was **1,500% increase in gender dysphoria among teenage girls** between 2008 and 2018.

d) **In Australia,** indicative data provided by five gender clinics in NSW, Qld, SA, Victoria and WA show significant increases in the numbers of minors with gender dysphoria enrolled there between 2014 and 2019. Although the same individuals may remain enrolled over several years, the increases are noteworthy, with a marked spike in 2019, which confirms an acceleration.

=>4

[1] Sandra Aamodt et al. 2011. *Welcome to Your Child's Brain*, Bloomsbury USA. In 2019, Peter Jones, of the Cambridge, UK neuroscience research hub gave a talk on this same topic at the UK's Academy of Medical Sciences..

[2] Ristori, J. & T. D. Steensma. 2016. "Gender dysphoria in childhood," *International Review of Psychiatry* 28(1): 13–20, esp. 18. https://doi.org/10.3109/09540261.2015.1115754. See also Singh, D. et al. 2021. "A Follow-Up Study of Boys With Gender Identity Disorder." *Frontiers in Psychiatry*, 29 March. https://doi.org/10.3389/fpsyt.2021.632784; and Schwartz, D. 2021. "Clinical and Ethical Considerations in the Treatment of Gender Dysphoric Children and Adolescents: When Doing Less Is Helping More." *Journal of Infant, Child, and Adolescent Psychotherapy* 20(4): 439–449. https://doi.org/10.1080/15289168.2021.1997344.

e) **The overwhelming majority of children and teens now presenting with gender dysphoria is female**. Several reasons are suggested but one, associated with growing up female more generally, is poor body image and low self-esteem in a culture that imposes impossible "feminine" beauty and personality standards. The low self-image is exacerbated by **experiences of sexual abuse**. Girls have long acted out their distress against themselves, through behaviours such as eating disorders or cutting. ***For girls who do not gender-conform or who are more likely to be lesbian, becoming trans appears as a valorising solution to what may otherwise be a situation of social stigma***.[1]

f) *A growing number of detransitioners, including in Australia, are testifying to the harmful effects of transition in general and the affirmation approach more specifically*. Many are blaming adults for allowing these things to be done to their immature and often psychologically unwell selves. They report facing not only a lack of services for their detransitioning process but also **hostility from medical and mental health systems and LGBTQIA+ communities, including homophobia**.[2]

* * * * *

[1] For further discussion see Robinson, M. 2021. *Detransition: Beyond Before and After.* Melbourne: Spinifex Press.

2 The Keira Bell case against London's Tavistock clinic made world headlines. A detransitioned man, Ritchie Herron, announced in 2022 that he is suing the NHS. In Victoria, a detransitioning man who wishes to remain anonymous, testified to the reluctance of medical professionals to support him due to the legal imposition in that state of the "affirmation" model; two psychologists even recommended that he did not disclose his initial diagnosis of gender dysphoria, which ironically makes it impossible to receive appropriate treatment.

Assertion 3

"If puberty blockers and the affirmation model of care are not offered to children and adolescents their mental health problems will persist and worsen, and they may suicide".

The Facts

a) Some oft-cited studies on the risk of suicidal ideation among trans-identified young people have been found to be ***methodologically flawed***. **An analysis of figures** documented by the UK's Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS [National Health Service] Foundation Trust shows that suicides were extremely rare and cormorbid contributing factors were not taken into account by those making the case for gender-affirmation. Another study, also on GIDS patients, found that **puberty blockers did not alleviate negative thoughts in children diagnosed with gender dysphoria**. **Other studies** show first, that suicidal ideation is *more frequent among girls overall* than among boys, irrespective of gender identification. Second, *comorbid conditions* such as anxiety, depression, post-traumatic stress disorder and autism are themselves all associated with higher levels of suicidal ideation and suicide attempts. While suicidal ideation should always be taken seriously, ***media and social media discussion*** can influence particularly suggestible groups.

b) **A study of 8,263 people** referred to the Centre of Expertise on Gender Dysphoria of the Amsterdam University Medical Centers between 1972 and 2017 showed that this group had **a *higher suicide risk*** than the general population ***at every stage of transition***. The study's authors pointed out that they did not have access to any information concerning possible comorbidities and ***recommended that future research consider carefully the role of comorbidities*** in heightening suicide risk. A **2011 study conducted in Sweden** found that ***post-surgery transsexuals had a higher ongoing risk of psychiatric problems and suicide than the general population***, while a **2020 German study** found that psychological difficulties were not resolved by social transition.

c) ***In late July 2022, many Australian medical professionals called for a review of Australian gender clinics*** *following the NHS announcement that the* ***Tavistock's GIDS would be closed down*** *in early 2023 because of its* ***"unsafe" practices***. The closure was prompted by the March, 2022 interim report of the **Independent Review of Gender Identity Services for Children and Young People (*Cass Review*) and project leader Dr Hilary Cass's July, 2022 advice to the NHS**. A **class action against the GIDS** is now underway, potentially involving up to 1,000 litigants.

=>6

d) Key findings of the Cass Review were lack of "conceptual understanding and consensus about the meaning of gender dysphoria", ***an insufficient evidence base for applying the so-called "affirmation model" involving puberty blockers***, and a lack of attention to the complexity of the psychological situations of the young people. The NHS is following many of Dr Cass's recommendations including ***locally based and more holistic care, with particular attention to mental health***. Dr Cass also warns against professional "gatekeeping" of the "affirmation" model and recommends a sounder research infrastructure to inform models of care.

e) In 2021, a team at the ***Gender Service of the Westmead Children's Hospital in NSW*** noted that children and parents arrive at the clinic with "*clear, preformed expectations" that "a diagnosis of gender dysphoria [would] be provided or confirmed*, together with referral to endocrinology services to pure medical treatment" (pp. 91-2). They conclude that

> **clinicians … who work in gender services are coming under increasing pressure** to put aside their own holistic (biopsychosocial) model of care, and ***to compromise their own ethical standards, by engaging in a tick-the-box treatment process*. Such an approach … puts patients at risk of adverse future outcomes and clinicians at risk of future legal action** (p. 92).[1]

* * * * *

[1] See also: D'Angelo, R., et al. 2021. "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria." *Archives of Sexual Behavior* 50: 7–16. DOI: **https://doi.org/10.1007/s10508-020-01844-2**; and the Royal Australian and New Zealand College of Psychiatrists' **Position Statement 103** (updated 2021).

Assertion 4

"Puberty-blockers are reversible and are not harmful".

The Facts

a) *The administration of puberty-blockers and subsequent "gender reassignment" hormone treatments is overseen by endocrinologists*, an endocrinologist being **"a medical specialist who treats people with a range of conditions that are caused by problems with hormones." In other words, "the whole point of endocrinology is to treat disease caused by hormone levels being pathologically elevated or depressed [and to] put hormone levels back into the normal range**".

b) ***Yet, some Australian endocrinologists are prescribing gonadotropin-releasing hormone (GnRH) agonists or analogues to suppress puberty in adolescents*** whose hormone levels would otherwise be perfectly normal. GnRH are sex hormone suppressants, already in use to treat some cancers such as prostate or breast cancer. They go by a variety of brand names, one of the most common of which is ***Lupron*****. Numerous studies have associated the use of these drugs with reduction in bone density as well as decrease in white matter integrity in the brain**. These effects are exacerbated when used on pre-pubescent children. **In July 2022, the US Federal Drug Administration added a new warning on GnRH agonists**, which may cause ***pseudotumor cerebri*** (idiopathic intracranial hypertension), resulting in loss of vision.

c) While subsequent doses of cross-sex hormones may assist in checking or lessening these trends, ***they do not reverse them***. Moreover, combining the use of puberty blockers and cross-sex hormones results in a variety of later complications: permanent facial hair, deepening of voice and vaginal atrophy for girls and women, unusual and early stage osteoporosis for boys and men, and permanent sterility for both sexes. A number of detransitioners have testified to these harmful effects, and even some well-known transgender personalities such as **Buck Angel** have attested to them in an attempt to alert to and prevent the harms caused.

d) The same study found that all but one of the minors thus treated went on to take cross-sex hormones, *consistent with **the finding of the UK's High Court in \the Bell vs Tavistock case** that* ***the use of puberty blockers was inaccurately described as a harmless "pause to puberty"***. Other studies have shown that ***early social transition predisposes children to go on puberty blockers and then on to cross-sex hormones*****.** Such findings demonstrate that medical advice currently provided to Australian patients and their families about puberty blocker treatment being reversible is misleading and hinders their capacity to give informed consent.

=>8

e) In recent years, ***the health authorities of several European countries*****, including France, the UK, Sweden and Finland** ***have urged a more thoroughgoing, evidence-based approach to assessing and treating gender dysphoria among minors***, inspired in particular by *Sweden's Karolinska University Hospital's 2021 ban* on the use of puberty blockers.

f) In early 2022 Sweden's National Board of Health and Welfare issued **updated guidelines on the "Care of children and adolescents with gender dysphoria**". They advised that:

> the risks of puberty suppressing treatment with GnRH-analogues and gender-affirming hormonal treatment [for adolescents with gender incongruence] currently outweigh the possible benefits…This judgement is based mainly on three factors: **the continued lack of reliable …evidence concerning the efficacy and safety of both treatments, the new knowledge that detransition occurs among young adults, and the uncertainty that follows from the yet unexplained increase in the number of care seekers**, an increase particularly large among adolescents registered as females at birth (p. 3).

g) *In Australia*—notwithstanding some studies cited elsewhere in this paper—***data collection and follow through, either medically or through longitudinal studies, remains limited.*** Worse, **there appears to be active resistance by gender clinics to providing such information**.

* * * * *

Assertion 5

"Conversion therapy bans are necessary to protect trans people, especially trans kids".

The Facts

a) Gay conversion "therapies", which date back to at least the 19th century in the West, took in various forms of psychiatric treatment including medication and aversion therapy, electroconvulsive therapy and even lobotomy. There also existed numerous social and familial prohibitions such as forced marriages, notably for women. **The psychiatric "therapies" were formerly used widely but are *now discredited scientifically in liberal democracies as medically unnecessary and indeed harmful.*** Homosexuality ceased to be considered a psychiatric illness by the World Health Organisation in 1990.

b) *Considering (a) above, and the existence in Australia of law and public policy that protect human rights and child welfare; outlaw discrimination against homosexuals (Sex Discrimination Act as amended 2013; legalisation of same-sex marriage in 2017); and prohibit violence against women (including forced marriage and marital rape),* ***further laws banning already discredited and obsolete "therapies" are thus redundant.*** Although **social prohibitions** and, occasionally, gay conversion or suppression practices continue, particularly in various conservative and fundamentalist religious communities, ***these practices are not addressed by so-called "gay conversion therapy bans".***

c) Yet, at the time of writing, **Victoria, Queensland and the ACT** have all adopted so-called "anti-conversion therapy" laws, and two others are under discussion in Tasmania and NSW. Although these laws do ban gay conversion therapies, **they have been drafted to include bans on *any approach to gender dysphoria among minors that contests the affirmation model of care*—**even though this model is now being seriously questioned and indeed outlawed in many other Western countries. (See also [3] above concerning the closure of the Tavistock GIDS.)

d) For example, the **Victorian** **Change or Suppression (Conversion) Practices Prohibition Act 2021** explicitly states that a practice that affirms gender identity and supports gender transition is *not* a suppression or conversion practice, and ***deems any sort of psychotherapy practised instead of gender affirmation to be a suppression or conversion practice***.

e) Where children may require careful and supportive therapeutic exploration of their experiences to best understand themselves, particularly if they present with comorbidities as outlined in (3) above, ***their options are thus explicitly narrowed, irrespective of what is in their best long-term interests.*** Individuals infringing the Victorian law can be prosecuted and may face either **imprisonment** of terms up to 5 or 10 years, or **fines** of tens or even hundreds of thousands of dollars, depending on the particular offence.

=>10

f) As shown in (2)–(4) above, a number of concerns with the affirmation model have been raised by health practitioners and legislators alike**,** **as well as by desisters and detransitioners themselves**. ***Legislation that seeks to impose such a model and deem any other approach unlawful should at the very least be reviewed, in recognition that a new national medico-legal framework for dealing with childhood and adolescent gender dysphoria is warranted***.

* * * * *

Assertion 6

"Transgender people are the most marginalised and vulnerable group in society and are at far higher risk of suffering from violent hate crimes than anyone else".

The Facts

a) It is expected that this assertion be taken at face value, and is given rhetorical weight by the annual Transgender Day of Remembrance (on 20 November, established in 1999) to commemorate the transgender people murdered internationally over the previous year. The initiative is, on the face of it, laudable, as is any initiative to draw attention to discrimination and violence suffered by minorities. ***Yet the actual numbers of murders****, even expressed as a proportion of the total transgender population,* ***are quite small*** *in comparison with other vulnerable groups* (see below).

b) One difficulty in assessing the veracity of this assertion is ***the paucity of reliable disaggregated data.*** The numbers of transgender people in society are currently in flux, with the heightened profile of transgender as a sociocultural value and the sharp increases in Rapid Onset Gender Dysphoria (ROGD) at the same time that the rate of detransition also appears to be growing. Most available statistical data comes from other countries; there is little to draw on in Australia. ***Such data that does exist, however, does not support the "most marginalised and vulnerable" thesis****.*

c) **In January, 2022, Tish Still, the British mother of a transgender child, looked into the data that was available for the UK**. It had been claimed that 2021 was the "deadliest" year for transgender people. Still investigated data provided both by governmental sources in the UK and by the NGO Transgender Europe (TGEU) and found **that the number of transgender people documented to have been killed in the UK *between 2008 and 2021* was 11**.

d) Although higher as a proportion of the estimated transgender population than the rate for the population as a whole and than the rate of women murdered by men, *the murders of women are nonetheless numerically much higher:* around *two to three per week* or between 110 and 158 per year in the UK over the last three years, according to the independent data gathering organisation **Femicide Census.**[1] In Australia, **roughly one woman is murdered per week** by a current or former partner and one in three has experienced physical or sexual violence since the age of 15.

=>12

[1] The Femicide Census grew out of the work of Karen Ingala Smith who began her blog ***Counting Dead Women*** because the UK government was not recording this information.

e) Tish Still found that two of the 11 deaths recorded by TGEU were actually suicide **and *only one* was a murder by a stranger**. That case was murder of a cross-dressing gay man (so likely homophobic more than transphobic). Of the other eight, one was murdered by an intimate partner and the remaining murders were related to high risk activities: either drug dealing or prostitution**. "Involvement in illegal drug sales [is] consistently associated with interpersonal violence"** and **"those working in the commercial sex industry likely remain the most at risk of violent crime".**

f) **According to TGEU's own figures, the overwhelming majority of transgender murder victims are "transwomen or transfeminine"** ***and 58% work in prostitution***. This is not a reason to dismiss the killings as unimportant, but it highlights that there are other societal factors involved in what is otherwise claimed to be solely evidence of "transphobia". Still concludes: *"**the large majority of these trans victims were not killed simply for being trans, contrary to most murders of women, who are killed simply because they are women by men known to them**".*

g) *In Australia**, the population most at risk of violent crime and persecution is in fact Indigenous Australians.*** **In 2015 they were 3% of the population yet 13% of homicide victims**, and **in 2018 they made up 27% of the prison population. Their death rate in custody is also disproportionate**.

* * * * *

Assertion 7

"Transgender people face the same issues as lesbian, gay and bisexual people".

The Facts

a) Sexual orientation has to do with desire for intimate sexual and affective relations with persons of the same and/or or the opposite sex: thus heterosexual, homosexual, or bisexual. ***Gender identity is not a sexual orientation***. Transgender people *may* be attracted to people with the same *and/or* opposite sex to them. However, ***gender identity ideology now impacts on how sexual orientation is viewed and understood in some social and institutional settings*.**

b) Transgender rights activists have pushed for a change in the assumed definition of "gay" and "lesbian" (and by extension, "bisexual"). Influential and well-funded LGBTQIA+ organisations such as **Stonewall in the UK** and **ACON in Australia** have redefined maleness and femaleness to include individuals who identify as transgender (and who thus identify as the opposite sex to their biological sex), and in doing so have **conflated the terms "gender" and "sex**". By extension, the terms "lesbian" and "gay" have been redefined to mean "attraction to a person of the same *gender*", so that anyone who identifies as a woman, for example, can claim to identify as a lesbian. ***The term homosexuality is thus rendered meaningless, and it becomes difficult if not impossible to address homophobia***.[1] This terminology is increasingly picked up by Australian government institutions such as the **Australian Institute of Family Studies and various state health authorities.**

c) ***Lesbians in particular are subjected to pressure*** to accept male-bodied people identifying as women as "lesbians", to the point of considering them as sexual partners. In 2015, porn star and transgender activist Drew DeVeaux reputedly coined the term "*cotton ceiling*" (cotton referring to the material from which underpants are made), which has since become generalised to brand lesbians who refuse to contemplate the possibility of males who identify as women as sexual partners "transphobes". Anecdotal evidence suggests that this attitude translates in some cases into **abusive behaviour towards lesbians**. This behaviour has even been denounced by some transgender people such as *Miranda Yardley* who, writing on the AfterEllen website, described it as "**today's most fashionable form of homophobia".** (Yardley in fact identifies as trans*sexual*.)

=>14

[1] One example of the pervasiveness of this shift: in 2022 ACON featured on a poster for Lesbian Visibility Day (26 April) a **male-bodied individual who "identifies" as a lesbian.**

d) Research has shown that ***the majority of gender-non-conforming children and adolescents will, if left alone, end up as lesbian or gay***.[1] Many who were given so-called "gender-affirming" treatment have subsequently detransitioned and come to terms with their homosexuality.[2]

e) ***The normalising of gender identity among young people reinforces heteronormativity*** **in that it influences gender non-conforming young people to align with stereotypes of masculinity and femininity, often in order to escape homophobic bullying**. From this point of view, the marked increase of gender dysphoria among young people and the offered solution of transgender affirmation can be seen as having *regressive consequences*: rather than changing social attitudes to include a range of physical presentations, personalities and individual tastes among boys and girls, *boys and girls are being persuaded to change their bodies and social identities to fit heteronormative gender prescriptions*.

* * * * *

[1] See 2(b) above, as well as: Holt, V. et al. 2014. "Young people with features of gender dysphoria: Demographics and associated difficulties." *Clinical Child Psychology and Psychiatry* 21(1). **https://doi.org/10.1177/1359104514558431**;

[2] Littman, L. 2021. "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners." *Archives of Sexual Behavior* 50: 3353–3369. **https://doi.org/10.1007/s10508-021-02163-w**; Vandenbussche, Elie. 2022. "Detransition-Related Needs and Support: A Cross-Sectional Online Survey." *Journal of Homosexuality* 69(9): 1602–1620. DOI: **10.1080/00918369.2021.1919479**.

Assertion 8

"Transwomen who are given access to women-only spaces are far less likely to be a danger to women and girls than are men."

The Facts

a) It is well understood that **women and children are vulnerable in intimate spaces and other spaces that they cannot leave for personal or legal reasons**, such as hospitals, refuges, crisis support services, disability support services, prisons, group accommodation, and public facilities. ***The claim that male violence against women is minimised when the males identify as women is not borne out by the evidence***. Even if most male-bodied people, whatever their gender identity, do not assault women, **data gathered worldwide** demonstrate systematically that ***the overwhelming majority of perpetrators of violent crimes are males and the overwhelming majority of victims of sexual assault are females***.

b) **Statistics** on male violence against women **are now being skewed** by perpetrators being reported as "women", **or the violence itself is deemed "impossible"** because the assailant was transgender.

c) Example of the former case: in 2017, a male-bodied individual then identifying as a woman, Evie Amati, randomly assaulted two people with an axe in a 7-Eleven store in a Sydney inner suburb. Amati claimed to be hurt and enraged on discovering that lesbians Amati met on a dating site had no interest in sexual relations with male-bodied people. **All reports of this case referred to Amati as a "woman", *even after Amati began detransitioning*.**

d) Example of the latter case: in the UK in 2021, **hospital authorities persistently dismissed an allegation of rape in a women's ward that admitted males identifying as women, telling police that "there was no male in the hospital, the rape therefore could not have happened"**.

e) The presence of male-bodied people in women's refuges is **retraumatising** for vulnerable women who have experienced male violence. **Some are now *self-excluding*** from refuges where male-bodied transgender individuals are allowed. For example, a West Australian Indigenous woman who had travelled far, while seriously injured, to find a refuge, found a male-bodied transgender person there. Feeling unsafe and unable to address her concerns, she left to return to a violent situation. Dr Karen Williams, founder of Doctors Against Violence Towards Women and the female-only **Women's Trauma Recovery Centre in Wollongong**—an Australian first—**has stated that women "cannot truly recover if they [are] terrified in the very environment where they are supposed to heal**".

=>16

f) ***Some male-bodied people, often sexual offenders**, who are either initially housed in women's prisons or subsequently transferred there, **have sexually assaulted female prisoners**.* **The 2017 case of Stephen Wood a.k.a. Karen White in the UK** became internationally notorious. In California, a 2021 law allows males to be housed in women's prisons simply on the basis of self-ID. In Australia, *predatory incarcerated men claim transgender status as a route to access vulnerable women, and in at least one state, no record is kept of this transgender status. It is left to the discretion of authorities to assess transgender claims, with often inconsistent outcomes*.[1]

g) **A 2021 report from Monash University** notes that ***the majority of the female prison population is socioeconomically marginalised (one third are Indigenous) and an estimated 85% have experienced violence at some point in their lives.*** By contrast, the overwhelming majority of those imprisoned for sexual offences are male, and **roughly half of male prisoners have been sentenced for murder and assault, including sexual assault**. One third of sexual offenders are re-offenders.

h) ***Gender self-ID laws already exist in Victoria and the ACT and are under consideration in Queensland, Tasmania and NSW**.* If these laws allow acceptance of gender self-ID for males in all circumstances, ***women, especially vulnerable women, will be placed at increased material risk.***

* * * * *

[1] While Evie Amati was originally housed in a women's prison in NSW, serial killer of women **Paul Denyer** has seen his consistent attempts to be transferred into a Victorian women's prison on the basis that he is transgender refused. More recently in Victoria, however, a convicted sexual offender claiming to be transgender has been housed in Dame Phyllis Frost Correctional Centre, the largest women's prison in Australia. **Female prisoners, many of whom are themselves sexual abuse survivors, started a petition in mid-August 2022 to demand this person's removal.**

Assertion 9

Advocates of female-only sports "want to stop transgender people from playing sport, and transgender people have no physical advantage over women or girls in sporting competitions".

The Facts

a) Safety, fairness and inclusion are the three terms generally associated with participation in sports in democratic egalitarian societies. *Advocates of participation in women's sports by biological males who identify as women prioritise "inclusion"— but in doing so, they exclude many women and girls.* **To protect women and girls, and women's sports, safety and fairness must come first.**

b) As pointed out in 1(a) above, ***humans are sexually dimorphic***. **Males' greater average physical size, greater muscle mass and greater bone length and density gives them *significant advantages*** over women in all sports requiring strength and speed, which is most of them (athletics, tennis, most team sports). Research conducted by **Duke University's Centre for Sports Law and Policy** compared the performances of elite female and male athletes, as well as the performance of boys and adult females, and found that large numbers of boys and men outperformed the best women's score in a range of Olympic athletics events (the study focused on the year 2017).[1]

c) The claim that hormonal treatments for male-bodied people identifying as women removes any previous physical advantage has been demonstrated to be false. **A 2021 study**, for example, found that although hormonal treatments reduced the level of male performance, male-bodied people still maintained a significant advantage over female-bodied athletes.

d) **Men's and boys' greater body mass, speed and force also present *risks to women and girls in team sports*, where risk of injury, even in single sex competitions, is already high.** Moreover, a January, 2022 **study by Edith Cowan University** showed that females playing team sports such as AFLW are far more injury prone than males for reasons precisely due to women's physical makeup. That risk can only be exacerbated by being forced to compete against biological males.

=>18

[1] See also, published by the same centre: "International Experts Statement on the Role of Testosterone in Athletic Performance." **https://law.duke.edu/sports/sex-sport/.**

e) In the debate over women's sports in Australia, it is frequently suggested that the problem is a minor one with minimal impact on women. Yet, in competition sports**,** **women who were previously at the top of their field are increasingly missing out** on wins or placements due to the presence of males in their sporting competitions. As recently as May 2022, **former Western Australian male surfing champion Ryan Egan competed in the women's longboard titles under the name Sasha Jane Lowerson and won.** In response to protests, Surfing WA issued a statement on 4 July, reaffirming Surfing Australia's policy allowing trans people to compete in any event without restriction. In March 2022, **male-bodied transgender skateboard rider Ahria Everett won the women's title at the Yarra Ranges Downhill Festival, thus preventing a woman from competing in the international championship in Argentina**.

f) There is already anecdotal evidence in Australia that ***girls are starting to self-select out of sports*** where boys are allowed to play against them. This is not only for reasons of physical welfare and fairness but also for cultural/religious reasons in some cases. In fact, ***ethno-religious minority women and groups are being largely excluded from consultation about the presence of males identifying as women in women's spaces and women's sports*** and their unique perspective and issues thus remain predominantly unknown.[1]

g) Internationally, the unfair advantage of male-bodied people is now being acknowledged, with **swimming federation FINA taking the lead in prioritising safety and fairness for women.**

* * * * *

[1] There is some limited documentation of these exclusions by media elsewhere such as **this July. 2022 article in the UK.**

Assertion 10

Advocates of sex-based rights are "bigots who try to deny rights to transgender people".

The Facts

a) Advocates for protection of sex-based rights do not seek for transgender people to be denied rights. ***Human rights are universal*:** all humans need and should have food, shelter, education, health, financial security, freedom from persecution and violence, and so on. In addition, ***specific groups may need special protections*** by reason of their particular needs or vulnerability (e.g. the right to freedom from persecution on religious grounds).

b) However, **where the rights claims of one individual or social group *come into conflict* with the rights or welfare of another, then *a resolution needs to be found such that the rights of all are respected and the different needs of all are met.*** This is all that advocates of women's sex-based rights are saying. In fact, Australia has international treaty obligations to uphold women's sex-based rights under the UN Convention on the Elimination of all Forms of Discrimination Against Women (**CEDAW, 1979**). Article 1 of that Treaty states:

> For the purposes of the present Convention, the term "discrimination against women" shall mean any distinction, exclusion or restriction made ***on the basis of sex*** which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. (Italics added)

c) Australia's obligation to respect sex-based rights ***does not close off the possibility of the creation of new rights norms that also protect transgender people. That protection, however, must not come at the expense of women*.**

=>20

d) Far from being "bigots" who are persecuting transgender people, ***advocates of sex-based rights have been publicly vilified and/or threatened with assault (including rape and murder***), in particular via **social media**;[1] ***denied employment or censured/censored in the workplace***, such as in the cases of **Maya Forstater** and **Allison Bailey** in the UK or **Holly Lawford-Smith at the University of Melbourne** ;[2] ***denied freedom of speech in various fora*** (e.g. "deplatformed" or "cancelled" from speaking at events); [3] ***expelled from organisations, or pushed out from elected positions therein***;[4] and ***even sued***.[5] Although some of the verbal abuse and namecalling, while repugnant, *may* be defensible as legitimate freedom of speech, *some of it is potentially actionable under defamation and other laws that protect individuals from harm*.

e) Most recently in Australia, ***male-bodied transgender person Roxanne Tickle began Federal Court proceedings against Sall Grover, creator of the female-only online chat app Giggle, for discrimination***, but then desisted for reasons unknown. Shortly after, ***Grover gave birth to her daughter*** and again made the news by ***lodging a complaint against Medicare*** for the right to have herself named in records "mother" and not "birthing parent". **Government Services Minister Bill Shorten intervened, stating that one view should not be imposed "at the expense of the other".**

* * * * *

[1] J.K. Rowling has famously stated that she could wallpaper her house with the death threats she has received, simply for stating the biological facts about sex and defending women's sex-based rights.

[2] We have considerable documented and anecdotal evidence concerning Australian women either being censured in the workplace or fearing loss of employment if they question dominant views on sex and gender. Many of these women even fear using their real names in social media discussions of these issues for fear of workplace repercussions.

[3] British author Julie Bindel was "cancelled" at short notice from doing a planned reading at a well-known inner city bookshop in Sydney in 2019, due to her views on sex and gender (even though the book was on a different topic).

[4] Following protests across social media over the transgender issue, proceedings were initiated to remove Linda Gale from an elected position within the Greens in June 2022.

[5] In 2020, for example, Canberra journalist Beth Rep was ordered to pay $10,000 damages to transgender person Bridget Clinch for "liking" posts that had been critical of Clinch on social media. The amount was reduced to $5,000 on appeal.

Resources for further reading

Web-based resources

Centre for Sports Law and Policy, Duke University (US)

Fair Play for Women (UK)

Gender Health Query (international)

She Won (international)

Society for Evidence-Based Gender Medicine (international)

Transgender Trend (UK)

Women are Human (international)

Books

There are an increasing number of books being published that analyse the impacts for women and minors of the institutionalisation of gender identity and that argue for women's sex-based rights to be maintained. The following two titles are among the more accessible for non-specialists.

Joyce, Helen. 2021. *Trans: When Ideology Meets Reality.* London: Oneworld Publications.

Robinson, Max. 2021. *Detransition: Beyond Before and After.* Melbourne: Spinifex Press.