

██████████, the man appointed to be Victoria's LGBTQ+ Commissioner has, apparently without embarrassment or guilt, argued *against* the proposition that trans-rights shouldn't *automatically* trump the rights of other groups. Groups like gays and women. He justifies this trans-veto with two provably false claims about transgender ideology.

Firstly, he denies the very existence of a conflict between trans rights and the rights of others. transgender identity takes *automatic* legal precedence over biological sex, every single other community that holds biological sex to be a core part of their world view is suddenly committing transphobic offences just by existing.

For example, gay people (having just won the right to marry) are no longer allowed to fully and freely 'be who they are', because they have to change their identity from *same-sex attracted*, to *same 'gender-identity' attracted*. **Three cases- dating apps, lesbian festival, one more?**

Women too, are forced to change our identity to from 'adult, human females' to 'adults who identify as female'. ██████████ know this perfectly well, as I laid out this exact case for him last year in my capacity as a local government Councillor. He severely overestimated my internalised sense of patriarchy and attempted to **mansplain** to me that just because women have lost their rights to single sex toilets, changerooms, services and identity in law, doesn't mean we have lost any of our rights. Generously, he added that it "was a 'common misconception'. Actually it is a cold, hard reality. **Three cases, prisons, crazy counsellor and rape/ discomfort in toilets stats.**

The conflict between patient rights and transgender ideology in the medical realm is just as stark, especially when considering gender dysphoric minors. This brings us to Commissioner Fernando's second claim, that the 'affirmation only' model of treatment for gender dysphoric minors is an unmitigated success.

Commissioner Fernando offers readers a comparison between two types of 'treatment', the 'affirmation only' model of care and 'gay conversion therapy' (which of course doesn't even apply here, but I digress). The glaring omission here, is the highly successful 'watch and wait' model of care that is no illegal in Victoria. Let's compare all three and you can decide for yourself which one seems most reasonable to you.

The 'watch and wait' model of care for gender dysphoric youth focused on providing wholistic long-term social, emotional and psychological support to help children learn to accept and embrace their bodies. It involved the deconstruction of gender stereotypes and the exploration of all possible causes for the feelings of dysphoria. The method resulted in 100% of children emerging from childhood with sexual organs and hormonal profiles intact, and 80% of children experiencing

natural cessation of gender dysphoria after puberty. Also, as ██████████ noted, the majority of these children were in fact, just gender non-conforming or gay.

The 'affirmation only' model of care for gender dysphoric youth involves automatic confirmation of a child's stated transgender identity, continuous validation of the child's psychological rejection of their own body and the offer of harmful hormonal treatments and surgeries as viable methods to alleviate the child's emotional pain. The first step is social transition (changing name, pronouns, clothes, hair etc), followed by puberty blockers (which stunt growth, both of height and size, as well as secondary sex characteristics like breasts and shoulder widening), followed by cross sex hormones and surgical destruction of sex organs. All before the child is legally allowed to vote or get a tattoo. The Royal Children hospital is proud of the fact that almost 100% of children put on puberty blockers go on to take cross sex hormones.

Evidence evidence evidence.

Medical gay conversion 'treatments' for homosexuality have been illegal for decades, but involved "chemically, physically and psychologically altering the body part/system that was hypothesized to be the cause of homosexuality. Common treatments prescribed were injection of chemicals and drugs, hormone replacements, castrations, sex organ transplants, bodily cauterization, and lobotomies." (Haggerty. *Gay Histories and Cultures*. pp. 710-715.)