Translating Transphobia:
Portrayals of Transgender Australians in the Press
2016 - 2017

** Warning: Report contains transphobic slurs, vilifying language, prejudicial language, and expressions of violence towards transgender people **

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In Memory of Tyra Hunter and Mayang Prasetyo

“Denigrated in Death as Well as in Life”
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1.0 Key Findings

Quantitative and Qualitative Analysis of Press Reporting on Transgender Issues

DATA COLLECTION
0.3 million words analysed in 6,696 news articles capturing from Australian print and online media between 1 January 2016 and 31 December 2017.

LANGUAGE ANALYSIS
- **Language**: Mass Cloud Computing and Self-Learning software used to analyse tone, sentiment and structure.
- **Findings**: Articles with negative sentiment significantly outweighed articles with positive sentiment by more than 4.1.

TREND ANALYSIS
- **Findings**: Average sentiment of articles referring to transgender Australians is trending lower over time.
- **Details**: Articles which featured transgender people or issues were more neutral and had lower sentiment scores.

QUALITATIVE ANALYSIS
- **Findings**: Prejudicial language, slurs, distortion of facts, inaccuracies, moral panic and planted coverage were all observed.
- **Specifics**: Articles frequently reduced transgender Australians to objects devoid of human qualities.

REGULATORY ANALYSIS
- **Findings**: Both legal and regulatory measures are ineffective at holding the press publicly accountable for fair and balanced coverage of transgender issues and people.

RAINBOWRIGHTSWATCH.ORG.AU
2.0 Executive Summary

Rainbow Rights Watch is a not-for-profit social justice organisation dedicated to ending inequality, discrimination and violence against transgender Australians.

Evidence consistently shows that transgender Australians are poorly understood or tolerated by mainstream society and face unconscionable rates of social exclusion, rejection, poor health, bullying, discrimination, abuse, and violence. Many Australians have never met an openly transgender person, and their only experience of gender diversity comes from the portrayals of transgender people in the media. Media coverage of transgender issues plays a pivotal role in shaping public perceptions of the transgender community.

Our background research provided evidence of a significant issue of negative bias in the press coverage of transgender Australians, which in turn sustains a climate of prejudice. In 2016, Monash Health, Victoria’s largest public health service, issued a statement of concern about media coverage that contains “unbalanced discussion where selected pieces of information, which are outdated and irrelevant, are used in a distorted manner to promote a message of hatred and ignorance.”

Similarly, the Full Court of Appeal of the Family Court of Australia observed in late 2017 that “this case, and other earlier cases involving Gender Dysphoria, have attracted widespread media attention. Insofar as the reporting of the legal issues is concerned, at least some of the reports have, at best, been incomplete and, at worst, inaccurate.”

To better understand the state of reporting, Rainbow Rights Watch undertook to analyse the press coverage of issues involving transgender Australians between 1 January, 2016 and 31 December, 2017. Our analysis covered a total of 8.3 million words in 6,896 articles published in print and online within Australia. Semantics, tone and sentiment were analysed quantitatively using mass cloud computing and self-learning software to evaluate the natural language of articles. Additionally, matters of emphasis, factual accuracy, balance, fairness, and inclusion of material facts were evaluated using background checks and critical qualitative techniques.

Using a multi-variate regression analysis, we found evidence of significant negative bias towards transgender individuals in the Australian press. Of all articles analysed, only 12% contained a positive sentiment, while 51% contained a negative sentiment. 37% had a neutral sentiment. More concerning was a strong correlation \( r^2 = 0.58 \) identified between article sentiment and the frequency of the word “transgender” in the article’s contents. Articles that contained the word “transgender” more frequently had lower sentiment. Articles that contained the word “transgender” on five or more occasions had a 67% lower sentiment than articles that only contained the word “transgender” once. In other words, the more an article centred on transgender issues, the lower the sentiment fell. The sentiment in opinion articles was 50% lower than news articles.

We adopted a qualitative analysis in an effort to better understand some of the sources of such strong negative sentiment. Articles were analysed against journalistic ethics principles, as well as best practice style guides from GLAAD, the Victorian Equal Opportunity and Human Rights Commission and the New York Times. Claims made in articles about medical efficacy were checked against medical studies and contemporary medical reports.

We found that negative bias manifested in the following forms:

1. Frequent use of prejudicial language and tone that subjugates transgender Australians, undermines their dignity, or sets them apart from the rest of society;
2. Excessive emphasis placed on a person’s transgender status that is not proportional to the news story being covered;
3. Repeated and continuing publication of distressing and inflammatory opinions likely to cause serious offence and distress to transgender people without any opportunity for expression of a balancing view, reply, or rebuttal;

4. Opinion pieces relating to transgender Australians that are based on dishonest or distorted representations of fact;

5. Complete failure to give voice to transgender Australians on the issues about which they are the most significantly affected population;

6. Misrepresentation or mischaracterisation of law and medical science relating to Gender Dysphoria;

7. Politically confected claims that transgender people are a threat to the moral fabric of society;

8. Factual errors in reports, accompanied by a lack of proper remedial action; and

9. Failure to properly moderate public comments

The lack of transgender representatives in editorial decision-making positions coupled with a strong resistance amongst some publishers to give any voice to liberal transgender views, means most transgender Australians are effectively silenced in the press, and Australians are exposed to a very narrow range of views on transgender issues. This causes transgender individuals to withdraw from public debate, repress their identities, or hide their transgender status. It also cultivates distrust of the media within the transgender community and shapes cisgender attitudes towards transgender people by fostering ignorance, inflaming derogatory views and sustaining an environment in which transphobia is tolerated or even sanctioned. This in turn endangers the physical, psychological and financial security of transgender Australians.

Because transgender voices, especially progressive transgender voices, are grossly under-represented in the press, transgender individuals tend to rely heavily on regulatory measures to preserve fairness in media reporting of transgender issues. Only some States have laws protecting transgender individuals from press vilification. Even where vilification protections do exist, academic evidence shows that vilification proceedings can be protracted, uncertain and emotionally draining for a transgender person trying to defend their dignity. Accordingly, transgender vilification lawsuits are infrequently pursued.

An alternative to litigation is to lodge a complaint with the Australian Press Council. The Australian Press Council is a self-regulating industry body responsible for “promoting good standards of media practice”. It is the principal organisation responsible for handling complaints about press publications. The Australian Press Council complaints process is promoted as a cheap, prompt alternative to litigation. Unfortunately, our analysis indicates that the Australian Press Council is ineffective, in both its policy function and its adjudication function, in holding the Australian press publicly accountable for fair and honest reporting on matters affecting transgender Australians.

In addition to analysing the state of media coverage, our analysis also critically examined a number of adjudication determinations by the Press Council made in relation to complaints lodged by transgender Australians. In its determinations, the Press Council failed, on several occasions, to properly distinguish between crucial matters of gender identity, gender stereotypes, and gender expression. Other determinations, in our view, failed to distinguish between aspects of a person’s transgender status that were relevant to a news story and those that were gratuitous.

To the extent we have been able to ascertain, no transgender Australians are represented within the functions and decisions of the Press Council and the Press Council resists requests from transgender Australians to consult with the transgender community to improve cultural competence.

In guidelines provided to journalists about reporting on race, the Press Council states that “the press needs to show more sensitivity in reporting issues when minority groups are perceived in the community to be more ‘different’ or when ‘they are the subject of particular public debate’.” A number of transgender Australians wrote to the Australian Press Council in January 2017 urging it to critically examine the state of reporting on transgender issues, and encouraging it to publish equivalent guidelines, as some press oversight organisations in other jurisdictions have done, to assist
journalists to report respectfully and sensitively about transgender Australians. The Press Council has yet to respond after 12 months.

Our analysis now shows a sobering situation in which the spread of articles containing prejudicial language, slurs, factual errors, misleading claims and heavily slanted language sustains a social climate of gross prejudice against transgender Australians. Publishers do not merely stop at adopting partisan positions on issues affecting transgender Australians; they resort to distortion and dishonesty to advance those positions. Transgender Australians are portrayed as objects devoid of human qualities such as kindness, empathy, love, family and community. Instead, their bodies are offered up as public amusements, and their struggles against discrimination, abuse and social dispossession are overlooked entirely. Publishers rarely afford any voice to transgender Australians in debates about their basic rights to medical care and participation in society. Transgender Australians are accused of corrupting the innocence of childhood, of destroying truth and free speech, and blamed for entirely contradicting supposed social wrongs such as simultaneously reinforcing and deconstructing gender stereotypes.

The current standard of reporting contains all the hallmarks of the 1980’s media-driven moral panic about gay Australians which sustained an enduring pattern of public violence and discrimination.

Legal remedies for press vilification are out of reach for many transgender Australians, and the Australian Press Council is passive, slow, culturally unaware, and generally indifferent to an obvious trend of negative bias. An unregulated press industry is, in all likelihood, being used as a blunt instrument to ridicule and demean some of Australia’s most powerless, disenfranchised and dispossessed individuals.

Rainbow Rights Watch makes a number of recommendations below to improve the standards of reporting. Rainbow Rights Watch would urge that, in the continuing absence of affirmative action or change on the part of the press industry or the Australian Press Council, a Parliamentary Inquiry should be convened to examine the state of reporting on transgender issues and the harmful effect it is having on transgender Australians, and in particular, transgender youth.
3.0 Recommendations

Recommendations for Journalists and Writers:

1. Journalists should avoid the use of generalisations that cast transgender Australians as confused, delusional, lacking in intelligence, imprudent or otherwise inferior to other Australians, unless such claims are supported by credible evidence.

2. Journalists should avoid making reference to an individual’s transgender status unless it is essential and pertinent to the story and its pertinence is obvious to the reader.

3. Journalists should avoid disclosing sensitive details about a transgender person’s intimate body parts, medical history, former name or identity, unless the information is essential and pertinent to the story, and its pertinence is obvious to the reader.

4. To avoid unnecessarily exciting irrational hope or fear in the public, journalists should exercise care and caution when making statements about the risk and efficacy of medical treatments for gender dysphoria. Statements about medical efficacy and risk should be guided by the weight of evidence, not the journalists’ personal political orientation or religious beliefs.

5. Given the low levels of understanding of transgender issues and the real risk of inciting public prejudice or unnecessary fear, journalists and publishers should exercise caution and care to report accurately and fairly on matters of human rights, domestic law, and medical science relating to the management and treatment of gender dysphoria. Journalists should be guided by the weight of evidence rather than ideological, religious or commercial agendas.

6. Journalists should avoid the use of slurs, dehumanising language, and vilifying language when referring to transgender individuals. Style Guides, such as that produced by GLAAD, can assist journalists in the use of appropriate language.

7. Journalists should seek out and give voice to transgender views when publishing articles that directly affect the health and welfare of transgender Australians.

Recommendations for Publishers:

8. Publishers should avoid the publication of, and moderate public comments to prevent the publication of, slurs, dehumanising language and vilifying language when referring to transgender individuals.

9. Publishers should report responsibly, fairly, and in the public interest. Publishers should seek to give voice to transgender individuals, especially in the coverage of issues that directly impact the health and wellbeing of transgender Australians.

10. Publishers should respond promptly and fairly to complaints from transgender Australians. Factual inaccuracies, omissions of key facts, and misleading coverage should be promptly corrected, and where they have resulted in harm to the health and wellbeing of transgender Australians, an apology should be issued.

11. Publishers should strive to achieve short term and long balance and fairness in reporting on transgender issues to ensure Australians are exposed to a range of views. Publishers should not focus unnecessarily on the bodies of transgender Australians to the omission of their qualities as humans.
Recommendations for the Australian Press Council:

12. The Australian Press Council should immediately undertake a review of the integrity of reporting on transgender issues and, if appropriate, formulate guidelines to assist journalists and publishers to report accurately and fairly.

13. As well as complaints about the content of individual articles, the Australian Press Council should consider and accept complaints about issues of long term balance that materially contributes to public prejudice and discrimination.

14. Given the lack of representation of transgender Australians in the press oversight process, the Australian Press Council should undertake training or a consultation process to improve cultural competence in adjudicative and policy functions relating to transgender issues.

15. The Australian Press Council should remove the 30 day time limit on the lodgment of complaints. The 30 day limit, which may have been appropriate when the dominant form of publication was print, may be poorly suited to the digital era when damaging publications can remain perpetually online and continue to spread misapprehension and hate long after the publication date.

16. The Australian Press Council should establish performance targets to ensure complaints are resolved promptly and should hold itself publicly accountable for meeting such productivity goals.

17. The Australian Press Council does not currently issue tracking numbers for complaints, or provide periodic updates on the status of complaints. Given that some complaints can go unanswered for many months, the Press Council should provide a tracking number for complaints and provide regular updates to complainants on the progress of complaints towards resolution or disposal.

18. Currently, complainants who are indirectly harmed by distortion and dishonesty contained in press articles are limited to a 400 word submission, whilst publisher respondents are able to make comprehensive written or oral submissions to adjudicators. As a matter of procedural fairness, the Press Council should amend its adjudication process to allow for equal representation by both complainants and respondents, and the ability to refute or reply to flawed defenses raised by publishers.

Recommendations for Legislators:

19. In the continuing absence of positive action or change on the part of the press industry or the Australian Press Council, a Parliamentary Inquiry should be convened to examine the state of reporting on transgender issues and the potential risk of community harm by an unregulated press.

Recommendations for LGBTI Advocacy Groups:

20. Advocacy groups should publish annual or biannual media monitoring reports to measure the impact of the above recommendations on reducing discriminatory reporting, and to help hold the press industry accountable for integrity, fairness and honesty in reporting and opinion writing.
“One of the Greatest Threats to Freedom of the Press and Freedom of Speech is the Abuse of it”

- Julian Disney
4.0 Background Information
Gender is a complex subject matter, and some readers of the press media might not be familiar with all of the terms and language used in discussions around gender. To assist in the interpretation of results, important terms and concepts are set out below.

4.1 Gender Diversity
Gender is a multi-dimensional construct involving inter-related aspects of identity, biology, self-expression, social roles, and social structures of power.

Sex assignment is a determination, made at birth by a physician, about the sex of an infant. The infant’s sex is commonly recorded on the birth certificate. In most, but not all cases, the infant’s physiology is unambiguously male or female. The assignment of a child’s sex documented on the birth certificate goes on to affect the child’s legal rights and the social expectations placed on them over the course of their life.

Society often prescribes particular identity attributes, behaviours, roles, and expectations to particular individuals on the basis of their assigned sex. Particular traits and behaviours are considered appropriate or desirable for particular people based on actual or perceived sex assignment. These expectations set the groundwork for the social construct of ‘gender’ with the prescribed gender roles often falling into dichotomous categories of ‘masculine’ and ‘feminine’.

Gender identity describes a person’s self-perception of having a particular gender. It is an integral and foundational aspect of a person’s identity. There is a clear consensus amongst researchers that a person’s innate sense of gender is solidified (gender formation) by the age of three. Attempts to change or modify a person’s gender identity beyond this age frequently result in gender dysphoria, and are now widely viewed as unethical.

A transgender person is someone who experiences a dissonance between their gender identity and the sex they were assigned at birth. Some, but not all, transgender people experience gender dysphoria, which is distress about their primary and secondary sex characteristics.

A person’s gender identity is distinct from their sexual orientation, and transgender individuals can be romantically or sexually attracted to people of a variety of genders.

The opposite of ‘transgender’ is ‘cisgender’. A person who is cisgender has a gender identity that aligns with the sex they were assigned at birth.

According to the American Psychological Association, “There is no single explanation for why some people are transgender. The diversity of transgender expression and experiences argues against any simple or unitary explanation. Many experts believe that biological factors such as genetic influences and prenatal hormone levels, early experiences, and experiences later in adolescence or adulthood may all contribute to the development of transgender identities.” A study published by Zhong et al in 2006 showed that in laboratory mice, prenatal exposure of the brain in utero to particular hormones correlated with lifelong behaviours typical of a mouse of the opposite biological sex. Irrespective of the biological or sociological basis of gender identity, there seems to be a general consensus that gender identity is immutable and cannot be changed.

Intersex variations are distinct from transgender identities. Intersex, as a category, involves biological variations whereby an individual’s chromosomal sex, genitals, hormonal sex and secondary sex characteristics do not all unambiguously align as male or female. These variations in sex characteristics relate to the diversity of human bodies rather than identities, and people who have these variations will experience their gender identity in ways similar to the broader population. Most Births, Deaths and Marriages Registries of Australia are able to issue a birth certificate that recognises a person as neither male nor female.

Intersex people can experience a range of gender identities. If an intersex person experiences a gender identity that is different from the sex they were assigned at birth, they may also consider themselves transgender.
4.2 Gender Dysphoria

Gender dysphoria is a medical diagnosis descriptive of many people who experience varying degrees of dissonance or distress over their primary or secondary sex characteristics. It is a condition that is recognised in the diagnostic manual of the American Psychiatric Association. It is also recognised under the equivalent diagnoses, Gender Identity Disorder of Childhood and Transsexualism, by the World Health Organisation, of which Australia is a member. It is neither a lifestyle choice nor a personal preference.

Not all transgender people experience gender dysphoria, although gender dysphoria almost exclusively occurs in transgender and intersex populations. Some transgender people undergo a course of medical treatment that relieves or cures dysphoria.

Gender dysphoria is a manageable, treatable, and often curable condition. Various treatment approaches are available and are set out in the Standards of Care (Version 7) provided by the World Professional Association for Transgender Health. Different treatment pathways exist for adults and children, reflecting the fact that children have lesser insight into what they are experiencing and lesser ability to communicate their experiences. Approaches to treatment can involve such things as psycho-counselling, social adjustments, and/or hormonal or surgical interventions. Treatment protocols are determined by the particular symptoms expressed by the patient.

Despite contrary claims repeated in the press, the existing treatment protocols do not “steer” the patient in any particular direction; nor do they encourage, popularise or promote any particular gender identity (or sexual orientation) as more natural, legitimate or favourable than any other. Rather, the gender affirmative model “supports identity exploration and development without an a priori goal of any particular gender identity or expression.” This is an important aspect of the treatment protocols that is frequently misrepresented or overlooked by the press.

4.3 Gillick Competency

The administration of therapeutic care for gender dysphoria to transgender youth of Australia is a matter that has received considerable coverage in the press with many opinion writers claiming that transgender youth should be deprived access to medical care until they reach the age of majority. Such claims seem to be predicated on the belief that gender dysphoria is a matter of personal choice or preference, rather than an innate and immutable matter of human diversity or medical pathology.

Some of the treatment approaches available in the Standards of Care are irreversible and can result in temporary or permanent infertility. Where such serious forms of treatment are being considered, the medico-legal doctrine of Gillick Competency is applied. Determination of “Gillick Competence” involves an of whether an adolescent possesses the maturity to fully comprehend the treatment being proposed and all the relevant consequences. The age at which Gillick competency is attained is the age at which medical autonomy is realised. That age varies with each individual and their rate of maturation.

The Gillick doctrine applies to all areas of medicine. A person who is Gillick competent can do such things as: (a) withhold medical records from their parents; (b) procure contraceptive treatment without parental consent; or (c) procure a pregnancy termination without parental consent (subject to lawfulness which varies by jurisdiction).

Under Australian common law, only a Gillick competent individual can consent to potentially irreversible forms of treatment for gender dysphoria such as cross sex hormone therapy or breast reduction surgery.

Access to hormone therapy during pubertal years is vital to the health and wellbeing of transgender adolescents. Without hormonal interventions, an adolescent will undergo irreversible pubertal changes incongruent with their gender identity. For example a transgender girl’s voice will break, and a transgender boy will begin to develop breasts. Such changes frequently have been shown to exacerbate the long term effects of gender dysphoria.
Prior to undergoing sex reassignment surgery, the treatment protocols require that a patient attain the age of 18, have lived in their acquired gender for a period of more than one year, and be assessed for medical competency and the existence of any potential co-morbid mental health conditions.

4.4 Medical Efficacy

The World Professional Association for Transgender Health ("WPATH") Standards of Care constitute medical best practice for the care of gender dysphoric individuals. The Australian Standards of Care and Treatment Guidelines ("ASOCTG") endorse and expand on the WPATH treatment protocols by including information and recommendations uniquely relevant to Australian clinicians.

The Standards of Care contain no less than 370 references to high quality, peer-reviewed medical studies which underpin the treatment protocols. WPATH periodically examines all new credible research and updates the treatment guidelines in light of new medical evidence. The efficacy of treatment has also been verified by the world’s largest medical associations. Those organisations are peak medical bodies and have no religious or ideological affiliations - their sole interest is the quality of life of the clients and patients served:

The 225,000 member American Medical Association declared in Resolution 122(A-08) that,

"an established body of medical research demonstrates the effectiveness and medical necessity of mental health care, hormone therapy and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with [gender dysphoria].""12

The 36,000 member American Psychiatric Association ("APA") declared in its 2012 position statement that the APA,

"recognizes that appropriately evaluated transgender and gender variant individuals can benefit greatly from medical and surgical gender transition treatments.""13

The 117,000 member American Psychological Association stated in its 2008 policy that it

"recognizes the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments.""14

The 17,000 member International Endocrine Society has issued Clinical Practice Guidelines for the care of transgender children and adolescents. It’s practice guidelines state:

"There is a durable biological underpinning to gender identity that should be considered in policy decisions. Medical intervention for transgender individuals (including both hormone therapy and medically indicated surgery) is effective, relatively safe (when appropriately monitored) and has been established as the standard of care.""15

The 64,000 member American Academy of Pediatrics supports affirming healthcare for transgender children where indicated, stating

"While rates of depression are two- to three-times higher in transgender youth as compared to non-transgender individuals, a recent study published in Pediatrics showed that children who undergo a social transition in order to present in the gender they identify with have rates of depression comparable to non-transgender children. Other studies have shown that most of the psychiatric disorders in transgender adolescents derive from discrimination, peer rejection and lack of social support. The best predictor of positive psychological outcomes, according to research, is parental support.

It is important to point out that not all young transgender children will persist as such into adolescence, and that there might be different paths of gender development and degrees of complexity. Referral to a mental
health professional with experience in this field can help guide families on difficult decisions such as undergoing a social transition.

Medical intervention before adulthood in transgender adolescents is also a matter that requires thoughtful consideration. A long-term study of 55 transgender adolescents who underwent puberty suppression followed by cross-sex hormones to induce developmental changes that match their gender identity had similar psychological outcomes in young adulthood compared to an average sample, and none regretted their decisions. This medical intervention for patients that have an adequate psychological assessment has been supported by the Pediatric Endocrine Society and the Endocrine Society since 2009."

The World Professional Association of Transgender Health declared in 2008 that it considers that

"sex reassignment, properly indicated and performed as provided by the Standards of Care, has proven to be beneficial and effective in the treatment of individuals with transsexualism, gender identity disorder, and/or gender dysphoria. Sex reassignment plays an undisputed role in contributing toward favorable outcomes."

In discussing transgender healthcare for adolescents, the Royal Australian College of General Practitioners has stated that

"hormone therapy has been demonstrated to reduce distress without significant adverse psychological or physical effects."

The Royal Australian and New Zealand College of Psychiatrists states:

"For children and adolescents experiencing gender dysphoria, puberty can be a time of particularly severe emotional distress. Child and adolescent psychiatrists are the primary care managers and decision makers for this group, in collaboration with other specialists, such as paediatric endocrinologists (Australian Paediatric Endocrine Group, 2010). International consensus guidelines recommend that adolescents who fulfil eligibility and readiness criteria undergo treatment to (reversibly) suppress puberty, generally with the use of gonadotrophin releasing hormone (GnRH) analogues (Hembree et al., 2009). Current evidence suggests good outcomes associated with this approach (Wallien and Cohen-Kettenis, 2008)."

The Australian Psychological Society ("APS") is Australia’s largest professional psychological association of more than 22,000 licensed psychologists. The APS states:

"Given that there is no empirical evidence to support therapeutic approaches that direct transgender people to live as the gender normatively expected of the sex they were assigned at birth, attempting to do so would be counter to the guidelines outlined above. Specifically, it would not demonstrate respect for the person, and as such would likely be experienced as coercive. The available evidence supports the APS recommendation that psychologists utilise mental health practices that affirm transgender people’s experiences."

The APS statement goes on to indicate the basis of best practice evidence-based care for transgender individuals:

"Evidence-based strategies for responding to transgender clients include (a) affirming the person’s gender; (2) Challenging negative perceptions of gender diversity amongst family members, especially with regard to children; (3) Discussing appropriate referral options for hormonal or surgical responses if desired; and (4) Advocating for the support needs of transgender and gender diverse people. These strategies are equally applicable to children and adults. Psychologists working with both groups should always be guided by the client’s expressed needs. Such an approach is in line with the APS Code of Ethics..."

The Endocrine Society of Australia expressly supports affirming methods of healthcare, stating:
“Endocrinologists are important members of the multi-disciplinary team providing care to enable these people to express their gender identity and sexuality. Gender dysphoria is a serious condition with a high risk of self harm and suicide. Treatment to suppress unwanted hormones and replace others improves quality of life and overall outcomes. Hormonal management has advanced greatly, with increasing medical awareness of the needs of transgender and intersex people leading to the evolution of recent guidelines from international Endocrine Societies regarding optimal management of transgender individuals.”

A statement from the Royal Children’s Hospital, endorsed by the Australian and New Zealand Professional Association for Transgender Health says that:

“Increasing evidence demonstrates that with supportive, gender affirming care during childhood and adolescence, harms can be ameliorated and mental health and wellbeing outcomes can be significantly improved.”

Monash Health, the largest public health service in Victoria, stated in March 2016 that:

“There is abundant evidence showing that medical interventions aimed at aligning one’s physical appearance with one’s gender identity help improve quality of life and mental health.”

There exists a clear medical consensus that the current treatment protocols are clinically effective in relieving the symptoms of gender dysphoria.

4.5 Consequences of Denying Medical Treatment

The consequences of depriving appropriately evaluated transgender individuals of medical care are serious. They have been expressly articulated by the Family Court and include:

- Increased suffering of gender dysphoria through puberty, leading to increased risk of anxiety, depression, self-harm and suicide attempts;
- Complications and risks of osteoporosis arising from long term use of puberty blockers;
- Irreversible physical changes of the individual's sex during puberty, such as menses, linear growth, and vocal pitch changes; and
- Risk that the individual will illegally obtain hormones through informal channels where there is a greater risk of blood borne viruses and no medical oversight to ensure correct administration and dosage.

The serious consequences of depriving transgender youth of affirming healthcare are also reflected in epidemiological statistics. The 2017 “Trans Pathways Study” of 2016 was Australia’s largest examination to date of the health and wellbeing of transgender youth. The study found that one of the risk factors for transgender youth was difficulty finding healthcare services that were able to provide affirming treatments that relieved their distress. The study also found that 42.1% of participants had reached out to a service provider who did not understand or respect their gender. In terms of health outcomes, the study found that 48% of transgender youth have attempted suicide, 80% have self-harmed, and 72% have been diagnosed with anxiety. The treatment approaches set out in the WPATH Standards of Care demonstrably improve the health metrics of those transgender youth.

4.6 Alternative Forms of Treatment

There exists no known alternative treatment approach to gender dysphoria that produces favourable outcomes.

Forms of treatment that force a transgender person (adult, adolescent or child) to deny their identity and live as the gender normatively expected of their birth sex have been empirically shown to be ineffective in relieving gender dysphoria, and moreover, often increase mental health morbidity factors including suicidality. Put into other words, conversion therapy attempts to shame a transgender person into “complying with gender stereotypes.”
therapy would likely be considered medically unethical by each of Australia’s main medical associations. According to the Standards of Care,

“Treatment aimed at trying to change a person’s gender identity and lived gender expression to become more congruent with sex assigned at birth has been attempted in the past (Gelder & Marks, 1969; Greenson, 1964), yet without success, particularly in the long term (Cohen-Kettenis & Kuiper, 1984; Pauly, 1965). Such treatment is no longer considered ethical.” 28

The desistance myth29 (the flawed proposition that a high proportion of transgender youth will eventually, given time, revert to the gender normatively expected of their sex at birth) also continues to proliferate in conservative anti-transgender media stories. The single study on which the claim is based was undertaken in the 1980’s. Researchers have since identified serious methodological flaws in the study. It has also been repeatedly refuted by better, more recent studies with larger sample sizes. The Royal Children’s Hospital Melbourne (Australia’s largest pediatric hospital) gave testimonial evidence in a recent court case concerning the process of evaluating and treating gender dysphoria in youth. The Royal Children’s Hospital gave evidence that, in the 14 years that the hospital has been collecting records, 96% of children treated for the management of gender dysphoria persisted into adulthood.30 The evidence tendered by the Royal Children’s Hospital covers a substantial patient base of more than 700 adolescents.

4.7 Transgender Australians and Society

It is difficult to accurately estimate the number of transgender Australians, because there are “no population studies that accurately account for the range of gender identities and gender expressions”. Limited data from the The Williams Institute in the United States suggests that between 0.3% and 0.5% of the population is transgender.31 Without adequate population data, it is incredibly difficult to gauge the magnitude of social issues faced by transgender people. However, social intolerance is often the root cause of distress and health crises in the transgender community.

4.7.1 Social Intolerance

Abuse, discrimination and bullying are examples of anti-social behaviours that isolate transgender people from society. Data collected by the Australian Human Rights Commission in 2012 reveals the 47% of transgender men and 37% of transgender women experience verbal abuse.32 Data collected by the TransPathways Survey in Western Australia found that 89% of Australian transgender youth were rejected by their peers.33 74% experienced bullying. 69% of youth had experienced discrimination and 22% had been kicked out of the family home or experienced accommodation issues. GLAAD, which monitors levels of social tolerance towards LGBTI communities, observed a “swift and alarming erosion of acceptance” of LGBTI individuals in 2017. A survey conducted by Harris Poll (n=2100) showed that less than 27% of respondents would be comfortable learning that their doctor or child’s teacher is LGBTI.34 A 2014 research report originating in America concluded that the average life expectancy of a transgender woman is 35 years.35

In NSW, 32% of transgender people experienced humiliating or offensive comments, images or videos posted about them online without their consent.36

Across all of Australia, data collected by Beyond Blue, Curtin University and the Western Australia Centre for Health showed that experiences of discrimination and harassment are common amongst transgender Australians. Nearly two thirds of participants (64.8%) reported at least one instance, with experiences ranging from social exclusion to violence and assault. Many participants reported changing their behaviour for fear of being subject to further instances.

4.7.2 Violence

Only limited data has been collected about violence and hate crimes experienced by transgender Australians. The Private Lives 2 Survey found already high rates of abuse, harassment and violence towards gay and bisexual Australians, however rates of almost all types of abuse were significantly higher for transgender men and transgender women in the survey, and even higher again for respondents who chose “other” as their gender identity.37
A Queensland study undertaken in 2010 found that 38% of transgender women and 9% of transgender men reported being physically attacked with a weapon such as a knife, bottle, or rock. Data collected in the UK shows that 41% of transgender adults have experienced a hate crime in the last 12 months. The number increases to 53% when dealing with transgender youth. The report, prepared by Stonewall and titled “LGBTI in Britain: Trans Report” also found that 79% of transgender individuals did not report hate crimes to the police for fear of further discrimination from police or the justice system.

4.7.3 Poverty and Unemployment
Social intolerance leads to poor socio-economic outcomes for transgender individuals. Studies performed in the USA indicate that transgender individuals are between 400% and 500% more likely to be living below the poverty line than the general population. Unemployment rates are high in the transgender community because intolerance and discrimination act as barriers to transgender individuals obtaining and maintaining meaningful employment. Beyond Blue, Curtin University and the Western Australian Centre for Health surveyed more than 900 transgender individuals and found that, “participants had difficulty securing employment, and some reported losing their job after announcing their intention to transition, or during the transition process. Some participants resigned from work because their peers made life unbearable for them.”

4.7.4 Domestic Violence
Transgender individuals are also particularly vulnerable to the effects of domestic violence. The limited data available from ACON indicates that between 60-80% of transgender Australians have experienced domestic or family violence at some stage in their life.

4.7.5 Socio-economic Health
Transgender individuals are grossly over-represented in socio-economic health issues. A 2016 inter-agency report of the United Nations found that, on average, 20% of transgender women in developed economies were living with HIV. International studies also show very high rates of STIs and alcohol and drug dependency amongst transgender populations.

Lack of employment opportunities and “systemic, institutional, and interpersonal discrimination” forces many transgender women into sex work as the only viable means of survival. According to the Centre for Disease Control in the USA, “transgender sex workers with a history of homelessness, unemployment, incarceration, mental health issues, violence, emotional, physical, or sexual abuse, or drug use” are further at risk of being trapped in a cycle of poverty. “Lack of economic opportunities outside of the sex work industry and discrimination may lead to transgender people [entering sex work] in order to generate income for rent, drugs, medicines, hormones, or gender-related surgeries.” Transgender sex workers also earn a lower average income than other sex workers and often work in riskier conditions.

4.7.6 Mental Health
Minority stress and social intolerance takes a toll on the mental health of transgender Australians. The LGBTI Health Alliance of Australia reports that 53% of transgender people above the age of 18 have self-harmed, while the Trans Pathways Survey shows that 80% of Australian transgender youth have self-harmed. Suicide ideation amongst transgender adults and is 18 times higher than the general population. Amongst Australian transgender youth, more than 48% have attempted suicide.

The specific mental health needs and experiences of transgender people were also outlined in “Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand”. This study found that the rate of depression was much higher among transgender people than in the general Australian population. Transgender women and other trans people who were assigned male at birth were twice as likely to experience depression as trans men and other trans people who were assigned female at birth. Two thirds of participants reported modifying their activities due to fear of stigma or discrimination. Of considerable concern was that one in four respondents reported suicidal thoughts in the two weeks before they completed the survey.
The Private Lives 2 report\textsuperscript{52} identified that transgender respondents were considerably more likely than cisgender respondents to experience episodes of intense anxiety over the past 12 months, with transgender men nearly 2.5 times more likely than cisgender men.

The First Australian National Trans Mental Health Study\textsuperscript{53} surveyed more than 900 transgender Australians and found that, “over half of participants (57.2\%) had been diagnosed with depression at some point in their lives.” Almost 40\% had been diagnosed with an anxiety disorder at some time.

Most major mental health organisations attribute poor mental health in the transgender community to social rejection and intolerance.\textsuperscript{54} In societies and cultures where transgender people are well accepted, their mental health, on average, mirrors that of the general population.

5. Research Methodology

Throughout the course of the analysis period, print publications were routinely collected and analysed. Fee-for-service digital print services such as PressReader and ProQuest were used to monitor print publications to identify as many print articles as possible involving transgender Australians.

Google’s web indexing capability was leveraged to identify and locate as many online news articles as possible involving transgender Australians. The search criteria was restricted to Australian websites, and articles published between 1 January 2016 and 31 December 2017. Searches were repeated in both ‘Google Web Verbatim’ mode and ‘Google News’ modes whilst using the search de-personalisation tag. Search terms were selected based on our understanding of terms expected to return results relevant to transgender Australians. Google’s word proximity search tool was also leveraged to identify further articles. A thesaurus was used to help identify suitable terms and search expressions were fully developed and documented.

Results were then narrowed to the 27 most common publishers that are bound by the journalistic code set out by the Australian Press Council:

<table>
<thead>
<tr>
<th>Publisher</th>
<th>Articles</th>
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<tbody>
<tr>
<td>Adelaide Now</td>
<td>490</td>
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<tr>
<td>Brisbane Times</td>
<td>295</td>
</tr>
<tr>
<td>Canberra Times</td>
<td>430</td>
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<tr>
<td>Courier Mail</td>
<td>490</td>
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<tr>
<td>Daily Mail</td>
<td>500</td>
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<tr>
<td>Daily Telegraph</td>
<td>494</td>
</tr>
<tr>
<td>Financial Review</td>
<td>95</td>
</tr>
<tr>
<td>Geelong Advertiser</td>
<td>106</td>
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<tr>
<td>Gold Coast Bulletin</td>
<td>133</td>
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<tr>
<td>Herald Sun</td>
<td>241</td>
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<tr>
<td>Huffington Post</td>
<td>237</td>
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<tr>
<td>Mumbrella</td>
<td>20</td>
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<tr>
<td>New Matilda</td>
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</tr>
<tr>
<td>news.com.au</td>
<td>505</td>
</tr>
<tr>
<td>nine.com.au</td>
<td>142</td>
</tr>
<tr>
<td>NT News</td>
<td>208</td>
</tr>
<tr>
<td>Perth Now</td>
<td>174</td>
</tr>
<tr>
<td>Star Observer</td>
<td>160</td>
</tr>
<tr>
<td>Sydney Morning Herald</td>
<td>464</td>
</tr>
<tr>
<td>The Age</td>
<td>421</td>
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<tr>
<td>The Australian</td>
<td>174</td>
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<tr>
<td>The Guardian</td>
<td>476</td>
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<tr>
<td>The Mercury</td>
<td>133</td>
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<tr>
<td>The New Daily</td>
<td>62</td>
</tr>
<tr>
<td>Townsville Bulletin</td>
<td>52</td>
</tr>
<tr>
<td>WA Today</td>
<td>321</td>
</tr>
<tr>
<td>West Australian</td>
<td>53</td>
</tr>
</tbody>
</table>
Data mining tools were used to data-scrape the search results into tables of actionable URI’s. Articles were electronically sorted by publisher, and (video or photo only) articles that contained no text in the article body were discarded.

CMS markup and syntax analysis was manually performed and parsing templates were developed for each of the major CMS types used by publishers. By routing each of the URI’s through the relevant parsing template, a full database was constructed of the text of all 6,896 articles published within the given date range. The full list of all articles analysed is contained in Appendix A.

At the conclusion of the analysis period, the dataset was inspected for integrity. The entire database of articles was subsequently uploaded into secure cloud storage and injected into Google’s natural language processor for semantic and sentiment analysis. Google’s natural language processor uses mass cloud computing and machine learning networks to derive insights and identify relationships from unstructured text. Among other things, it identifies entities, extracts key phrases, evaluates the positive or negative sentiment of text, and evaluates strength of emotion. Google has one of the largest and most evolved “natural language” artificial intelligence processors in the world.

A number of key phrases were selected for language analysis based on their expected probability of delivering insights into the state of media reporting. Average sentiment and magnitude of emotion were analysed against numerous variables, including publisher, time, article type and frequency of particular terms.

One limitation with this approach is that computerised “natural language” analysis tools are currently limited to measuring tone and positive and negative emotion on the face of the text. Tools are not sufficiently mature to understand more sophisticated nuances of language such as sarcasm, double entendres or nonce words. Similarly, natural language tools do not understand or evaluate context. Accordingly, our research was limited to measuring semantics, tone and sentiment.

Our quantitative analysis also delivered good insights into issues of balance and fairness, as well the incidence of derogatory and prejudicial language. Semantic and entity analysis also revealed that particular anti-transgender medical professionals and medical associations were given dominant coverage in the press.

Deeper analysis was then performed using qualitative techniques to critically examine issues of gratuitous emphasis, factual errors, or articles that were misleading by omission. A number of questionable claims made in articles were tested against the statements of eminent medical associations.
6. Results

6.1 Sentiment Analysis

Google’s natural language processor analysed the sentiment and emotion of each article independently, as well as the sentiment and emotion of each article’s headline.

The sentiment analysis found an overall negative bias towards transgender Australians in the press. A total of 3,527 articles mentioning transgender Australians had a negative sentiment, while only 804 had a positive sentiment. Most publishers published significantly more negative articles than positive ones. The strongest negative sentiment came from The Australian.

The highest (average) sentiment was attributed to articles published in the West Australian, nine.com.au, and the Star Observer. The lowest (average) sentiment was attributed to The Australian, The Mercury and the Townsville Bulletin. The average negative sentiment observed in The Australian was 9.9x stronger than the positive sentiment observed in the Star Observer.
Article sentiment was also analysed against the frequency of individual terms. Of particular concern was a strong inverse correlation ($r^2=0.58$) between the frequency of the term “transgender” in an article and that article’s sentiment. In general, the more frequent the word “transgender” was in an article, the lower the sentiment. In other words, articles that focused most on transgender people and issues had the lowest sentiment.

Public events (such as a celebrity coming out as transgender or the public disclosure of a hate crime) can often precipitate public conversation and press coverage of transgender issues. We analysed the frequency of publication of articles covering transgender people and issues over time to see whether particular events had a significant impact on media reporting in 2016 and 2017. A significant increase in press discourse of transgender issues was observed between March and November 2017. We note that this coincided with the public debate around same-sex marriage. A slightly stronger overall negative sentiment was also observed during this period.

Some newspapers have a much greater circulation and audience reach than others, and accordingly have a much greater ability to influence the public perception of transgender Australians. We obtained readership data from Roy Morgan Research for the year leading up to 30-September 2017. The aggregate Monday to Saturday readership was evaluated against average sentiment for each publisher with a view to determining whether any connection could be inferred between readership and publisher sentiment. We found that publishers with greater readership had, on average, lower sentiment. However, the correlation was very weak.
Public perception and press bias are understood to change over time. We analysed how both frequency of articles and sentiment changed over time. Rainbow Rights Watch was particularly concerned to see the average sentiment of all articles discussing transgender people and issues trending even further negative over time.

To better understand the cause of such strong negative sentiment, we performed a qualitative analysis of some articles and how they affected transgender people. Our qualitative analysis uncovered systemic issues relating to prejudicial language, gratuitous emphasis, issues of balance and fairness, factual errors and misrepresentations, and derogatory language and slurs in the articles analysed.

6.2 Prejudicial Language
Rainbow Rights Watch identified a number of prejudicial terms which may have contributed to an overall negative sentiment. Prejudice refers to a negative evaluation or feelings towards a particular class of people that is not based on actual experience or evidence. Prejudicial language towards transgender people usually takes the form of language that undermines their dignity by casting them as inferior, imprudent with decisions around health and fertility, or less intelligent than people of other genders.

Our analysis identified a number of key prejudicial terms which occurred with high frequency in articles discussing transgender Australians:

6.2.1 The Term “Confused”
The word “confused” suggests a person lacks the intelligence or cognitive capacity to understand their own experiences or the world around them. There exists no credible evidence to support the claim that transgender people are lacking in intelligence or awareness as compared to the general population.

We observed 312 instances in which the word “confused” was employed in articles discussing transgender Australians during the two year period of analysis. In addition to its use in the body of articles, the term also appeared with very high frequency in public comments. The majority of instances occurred in opinion pieces, with transgender Australians frequently being referred to as “gender confused” or “sexually confused”. Overall, articles that contained variations on the word “confused” had a 7% lower sentiment than those that did not.

Many of the articles using the word “confused” were inflammatory. For example, in April 2017, the Daily Telegraph published an opinion piece which referred to the “alphabetical jumble of the gender confused in their pursuit of the destruction...” Another article published by the Daily Telegraph in September 2016 asked, “...is it any wonder that the...”
number of children confused about their sex has exploded?” A 2016 Daily Telegraph opinion piece claimed that the Safe Schools anti-bullying program “was all about LGBTI and supporting students who are gender-confused.” In January 2016, a patronising Daily Telegraph opinion columnist favoured Carlotta Byron over Cate McGregor for Australian of the year because Ms Byron offered “more soothing words to the gender confused” than McGregor. Paraphrasing The Australian newspaper, the piece continued to discussed candidate David Morrison as “...the man who had been of such assistance to the sexually confused.”

In April 2017, an article published by nine.com.au opened with the claim “A growing number of Australian children confused about sexuality are identifying as transgender.”

In July 2017, Daily Mail Australia published an article that claimed “Soaring numbers of children are being sent to specialists because they are confused about their gender.” In September 2017, another Daily Mail news article covering school dress codes stated “...pupils confused about their gender will now no longer have to decide [how to dress].” Another Daily Mail Australia news article claimed in October 2017 that “...teenagers are putting their problems down to confusion over their gender after being brainwashed”. In April 2017, a Daily Telegraph article uncritically quoted a questionable claim that “Most children grow out of gender confusion.” A Daily Mail Australia opinion article published in October 2017 opposed the provision of fertility preservation treatments for transgender individuals, asking readers “...the thorny ethical question of whether the NHS should be freezing the sperm of confused schoolboys...” Another Daily Mail article, published in January 2017 made the misleading claim that “80 per cent of gender-confused people never have sex change treatment.”

Amongst all the articles analysed, we were unable to identify any credible evidence of confusion or lower intelligence amongst transgender Australians as compared to the general population. This is significant because the common law defence of “fair comment” or “honest opinion” to an allegation of defamation or vilification requires an otherwise defamatory opinion to be based on “true or privileged facts stated or referred to with sufficient clarity in the published material.”

Several complaints were lodged with the Australian Press Council during 2017 by transgender Australians concerned about being unreasonably and persistently referred to as “confused”. The Press Council deemed that such language, even when used repeatedly and in conjunction with other demeaning phrases, was not sufficiently prejudicial to warrant intervention.

### 6.2.2 The Term “Child Abuse”

During the period of analysis, we observed a high frequency of articles using the term “child abuse” to refer to the administration of best practice medical care to transgender adolescents of Australia. The term “child abuse” means “physical maltreatment or sexual molestation of a child,” according to the Oxford English Dictionary.

We observed 82 instances of the term “child abuse” in articles discussing transgender Australians. Articles containing the term “child abuse” had an 82% lower sentiment than those that did not. Articles that used the term “child abuse” more than once had a 191% lower sentiment than those articles that did not contain the term.

Notwithstanding the fact that the current treatment protocols are guided by the symptoms of the individual and do not favour any particular gender identity or surgical outcome, in April 2016 the Daily Telegraph opined in a full page piece in both print and online, that “forcing [adolescents] down an irreversible path of gender reassignment surgery looks like child abuse to me.”

The Daily Telegraph and the Courier Mail also uncritically repeated claims connecting transgender healthcare with child abuse frequently throughout 2016 and 2017. In September 2017, the Courier Mail repeated the claim “It’s effectively child abuse” in relation to the current treatment protocols. In November 2016, the Courier Mail and the Daily Telegraph also repeated the claim that providing evidence based healthcare to Australian transgender youth is a “fashion in child surgical abuse.” In April 2017, the Daily Telegraph again repeated the claim that administering hormonal medical care to transgender youth is “effectively ‘child abuse’... [a] massive intrusion into the minds and bodies of children”. In September 2017, the Daily Telegraph yet again repeated the claim that the medical treatment protocols for adolescent
gender dysphoria amounts to a “fashion in child surgical abuse.” Another Daily Telegraph article, published in April 2017, restated the dubious allegation that the medical profession was forcing transgender individuals into surgery, repeating its earlier claim that “forcing [adolescents] down an irreversible path of gender reassignment surgery looks like child abuse.” A Daily Mail Australia article published in November 2017 paraphrased another conservative British newspaper, saying that, in future, “we may wonder if this was progress or child abuse.”

In December 2017, the Daily Telegraph published an online opinion article that contained a sound clip of an extended interview between the article’s author and a transgender woman. The author invited the interview guest to agree with the claim that administering hormonal interventions to transgender adolescents should “turn into human beings” before being granted access to medical care. Whilst both the journalist and the guest are free to hold those views, and Australians are entitled to be exposed to a range of views on such issues, it is unfortunate that there was no article published in a similar location in the publication presenting the alternative viewpoint that (a) transgender individuals, including transgender youth, are human and deserving of equal access to healthcare; (b) that such medical treatment has a demonstrated and proven benefit in relieving suffering, and (c) that denying treatment substantially elevates the risk of poor health outcomes and suicide.

On various occasions, a number of individuals complained to the Australian Press Council expressing concern about the effect on Australian transgender youth of having their parents and medical practitioners implicated as child abusers. Some complaints were dismissed because they fell outside the 30-day window. On other complaints, the Press Council concluded that the term ‘child abuse’, even when used repeatedly, in concert with other prejudicial language and in conjunction with misleading information about medical treatment, was not so prejudicial as to “likely constitute a breach” of journalistic standards, even when no balancing viewpoint or opportunity of reply had been offered.

### 6.2.3 The Term “Mutilation”

Variations on the word “mutilation” were often used by journalists to express a moral condemnation towards properly evaluated Australians who undergo mastectomy or sex reassignment surgery to relieve the symptoms of dysphoria. The word ‘mutilate’ means to “inflict a violent or disfiguring injury on another person”, according to the Oxford English Dictionary. A number of transgender Australians have questioned why it is acceptable to refer to transgender individuals in such a way when it would be offensive and highly distasteful to use the same language to refer to a person who has undergone a mastectomy, orchiectomy, or hysterectomy to treat any other serious medical condition.

Variations of the word “mutilated” occurred 26 times in the main body of articles. Articles that contained variations of the word “mutilated” had a sentiment that was 72% lower than those articles that did not contain any such word.

The Daily Telegraph published an article in May 2016 which asked readers whether they were “[t]roubled by the growing movement encouraging gender-confused children to undergo mutilation in order to find peace with themselves?” In September 2017, the Daily Telegraph published an opinion piece on transgender adolescents titled “What Madness Can Justify Mutilating Our Children?”

In April 2016, the Daily Telegraph repeated the highly dubious claims made by an American anti-LGBTI lobby group that providing care for transgender adolescents commits them to a “lifetime of carcinogenic and otherwise toxic cross-sex hormones, and likely [to] consider unnecessary surgical mutilation of their healthy body parts.”

Paraphrasing another organisation in February 2016, a Daily Mail Australia piece claimed that “male-to-female transgender people, such as former Olympian Bruce Jenner, are not real women but mutilated males.”

A book review published in July 2017 claimed that the book that was the subject of review examined “what would bring a person to the point of wishing physical mutilation upon himself – or, sometimes, herself.”

Variations on the term mutilated were also observed with high frequency in public comment sections of opinion articles:
Perry  
Aug 9, 2016  
So the court thinks mutilation is an appropriate treatment for a mental disorder. Medicare will pick up the bill no doubt. Strange times indeed.

Father John George  
Sep 3, 2016  
1. A leading psychologist asserts there is confusion over meaning of transgender.  
2. meanwhile a four year old seeks gender change!  
3. All victims of Nazi Dr Mengel's experiments at Auschvitz  
4. Next immoral decadency will be micro-embryonic gender change  
5. Transgender operations are mutilations of a normal body motivated by confused psychological gender. The solution is unconfuse the mind and emotions, not mutilate the body.

Wayne  
Sep 13, 2017  
Society has got to the stage where certain minority groups believe that they, and only they, know how to solve the so called problems of the world and anyone who has an opposing view is out of step - how can anyone in their right mind believe that they can adequately diagnose a 4 or 5 year old as transgender? - in the whole scheme of things is it not better to suffer a few possible suicides than to mutilate our kids in the name of trying to solve some alleged problem not yet clearly defined and analysed - when a person turns 18 let them make up their own mind

Stephen  
Nov 25, 2015  
Amazing how the average Aussie seems to be deluded into thinking there is some substance to this Leftie nonsense. Even The Australian is happy to call Catherine McGregor "she" in spite of the fact that this is a male person. 
Biological sex cannot be changed by medical and surgical "treatment" i.e. mutilation. Facts should be respected and what we write and say should reflect this.

Rod  
Aug 9, 2016  
This is a bizarre story and raises many questions about the parents, the psychological assessment and treatment of the child and the right of the Family Court to approve what is effectively mutilation of a minor.

Christina*  
Oct 13, 2017  
To all the serving or retired men and women from the ADF who have written comments below, expressing disgust + dismay at this disgraceful social engineering in an otherwise magnificent Institution, may I say....

..... THANK YOU FOR YOUR SERVICE!!!

My Australian Grandad was the Captain of a Lancaster Bomber in WW2, awarded the Distinguished Flying Cross.

British Grandma was a plane engineer in the British Airforce, who met Grandad when assigned to maintain his plane.

I have enormous respect for the sacrifices made by our military, and the strength of character, mind + physicality required for it.

Transgender people don't cut it.

When you have gender dysphoria, unable to accept the most basic of scientific fact that you are innately a female or male from birth - and no surgical mutilation or hormone injections can change that - you're not suitable for the military, a unified ferocious fighting team, focussed on destroying the enemy.

Ann  
Oct 30, 2017  
This is criminal. Confused children and teenagers now being used as guinea pigs to fulfill some very questionable idea of gender diversity. So what happens to these poor souls once irreversible mutilation has taken place but in their maturity they realise they made a terrible mistake?
6.2.4 The Term “Chopped”
The word “chopped” is sometimes used in the media as slang to refer to the process of sex reassignment surgery. The word is generally offensive amongst transgender people as it oversimplifies the complex process of reconstructing a person’s sex organs. The word “chopped” also has a violent and impulsive connotation which is contradictory to the therapeutic nature of genital reconstructive surgery.

In January 2017, the Daily Telegraph published an opinion piece that referred to a transgender woman accused of a violent crime. The opening sentence read, “Having been chopped herself, Sydney tranny Evie Amati allegedly sought to share the experience.” An opinion piece published by the Herald Sun in January 2016 paraphrased the “...longstanding view [of Germaine Greer] that chopping off your member and taking hormones doesn’t make you a woman.”

6.2.5 The Term “Delusional”
The word “delusional” is descriptive of an individual who possesses faulty judgement or “idiosyncratic beliefs or impressions that are contradicted by reality.” It is both a medical term of art and a term of general vernacular. There is no credible evidence that transgender Australians have faulty judgement as compared to the general population. Transgender Australians are painfully aware of reality as it pertains to their primary and secondary sex characteristics. Their impressions of their own bodies, whilst distressing to them, do not deviate from reality.

We observed 30 instances of variations of the word “delusional” in the body of articles. The word delusional occurred frequently in opinion pieces, where it was sometimes used as a negative qualifier targeting transgender Australians, as it has been in the past to target gay and lesbian Australians. The word was also observed with high frequency in the public comments sections. Articles that contained variations on the word “delusional” had a 155% lower sentiment than those articles that did not.

For example, a column published by the Daily Telegraph in May 2016 which compared a transgender individual with a notorious Australian who defrauded the medical system and the media by falsely claiming to have cancer, stated that “Gibson may represent the line at which acceptance of delusion is drawn.”

Another article published in July 2017 claimed that doctors were “fortifying gender delusion...” by providing medical care to transgender individuals.

Numerous instances of the word “delusional” were also used to reference transgender people in public comments published by The Australian:
Rainbow Rights Watch is of the view that the word “delusional” is hazardously close to the threshold for vilification. In some States of Australia, language which incites “serious contempt” towards transgender individuals can trigger vilification proceedings. Rainbow Rights Watch is of the view that public comments that unjustifiably refer to transgender Australians as “delusional” are potentially vilifying and should be moderated by the publisher.

6.2.6 Whole Articles Dedicated to Prejudice

In our observations, prejudice was not limited to particular phrases or passages. We observed whole articles dedicated to ridiculing the appearance of transgender Australians or implicitly challenging their right to participate in society.

In June 2016, the Daily Telegraph published a mean spirited but rambling article originally titled “I saw a man in a dress and he looked ridiculous.” The article, published in an opinion section, recollected the author’s encounter of a transgender or gender non-conforming individual, saying “I tried not to appear shocked — after all, nobody around me was. But honestly, he looked ridiculous.” The article continued “And a great big hairy mountain of a man in a tea dress is just, well, too much for me.” The article, which may have been amended since its original publication, specified with some precision where the transgender individual was seen. In all likelihood, the article contributed to social iniquity by legitimising, and even sanctioning, the peer rejection and ridicule of transgender individuals. Unfortunately, no balancing article or rebuttal was published in the same section of the newspaper offering a viewpoint on the dignity of transgender and gender non-conforming individuals, or the importance of all Australians being able to freely express themselves through their choices in clothing without fear of ridicule or reprisal.

Another article, published by the Daily Telegraph in October 2016, contained the opinion of a writer who had encountered a transgender woman whilst accompanying her child to the supermarket checkout. The article, on its most obvious construction, implied that transgender women should not participate in society (or perhaps employment) because the writer had difficulty finding the language to explain the concept to her child. In claiming that the topic was too complex, the author opined, “There aren’t enough words out there and if there are, they’re too constructed, too academic, too hard… I’ve had enough. Let’s not deconstruct childhood.” The article followed a very clear “us and them” segregationist narrative that set transgender people apart from the rest of society. The passage “Let’s not deconstruct childhood”, which was also repeated in the article’s headline, subtly implied that the participation of transgender Australians in society somehow corrupts the innocence and sensitivity of children. The article was, in all likelihood, unnecessarily hurtful to the transgender individual who was its subject. Unfortunately, no balancing article or rebuttal was published in the same section of the newspaper setting out the equal opportunity rationale of allowing transgender Australians to participate fully in society, or offering ideas about how to explain the existence of transgender individuals to children in simple language.

6.2.7 Language Inciting Moral Panic

Our analysis identified sustained and repeated use of language with the effect, if not the intention, of inciting public anxiety or alarm by portraying transgender Australians as a threat to the moral fabric of society. The tone and rhetoric of many articles was strikingly reminiscent of the “gay moral panic” articles published in the 1980’s that sustained and incited violence and hatred towards gay Australians.

Numerous articles were observed in which transgender Australians were accused of “destroying free speech” merely by expressing a preference for the pronoun by which they would like to be addressed. Anti-discrimination policies intended to curb the gross rates of abuse, social dispossession and discrimination faced by transgender Australians were portrayed as intimidatory, obsessive, totalitarian, distracting from “real” issues, or somehow muzzling free speech. The term “political correctness”, frequently used by conservative writers as an epithet to express disdain for non-discrimination measures, was detected in nearly 5% of all articles discussing transgender people and issues. The phrase “political correctness gone mad” was seen in 24 articles and lowered the sentiment of those articles by 82%. An incredible 137 articles that mentioned transgender people or issues (nearly 2% in total) contained references to “Marxism”.

Expressions of authors’ distrust were also unusually high in articles discussing transgender Australians. The term “so-called”, often used as a qualifier to express disagreement or distrust over a following phrase or concept, was detected in 329 articles. Articles containing the term “so-called” had a sentiment 47% lower than articles that did not. Common
usage of the qualifier “so-called” was to precede terms such as “male body”, “transition”, “transgender”, “anti-bullying program”, and “Safe Schools”.

Most academics and scientists would consider it a matter of incontrovertible fact that people exist who experience dissonance between their gender identity and biological sex characteristics. Similarly, most medical professionals would consider it a matter of accepted medical fact that social and medical transition eases or eliminates the symptoms of gender dysphoria. Yet in media discourse, these concepts were often subjugated to a mere “theory”. The term “radical gender theory” occurred in 15 articles discussing transgender issues. Those articles had a 24% lower sentiment than articles that did not contain the term.

Many articles even portrayed transgender people as blameworthy. An article published in the Daily Mail in November 2017 contained the headline “Transgender Zealots are Destroying Truth Itself” before also blaming transgender individuals for the moral collapse of society, dramatically claiming that our “whole moral and social system is being destroyed.” In April 2017, the Daily Telegraph claimed that the administration of evidence-based medical treatment to individuals experiencing gender dysphoria amounted to a “permissiveness which threatens to destroy social norms and the boundaries of commonsense.” The article continued, referring to a “pernicious social fad for transgenderism [sic].” The -word “pernicious” means “causing insidious harm or ruin” or alternatively “evil, or wicked”. Another article published in the Daily Telegraph in April 2017, claimed that “incalculable damage” had been done by teaching adolescents about the existence of gender diverse people. The article also made equivalent claims about “untold damage”.

As sensationalist, offensive, fear-mongering and objectionable as the above claims are, we believe the writers are entitled to hold such views. However, Rainbow Rights Watch is of the view that Australians are entitled to be exposed to a range of opinions and a fair contest of ideas. Journalistic balance and providing a counter-opinion is critical when publishing offensive, insensitive and objectionable content that has consequences for the wellbeing of Australians. We note that no counter-opinion was offered to readers of the above articles with similar prominence and location that (a) transgender Australians are a natural and healthy part of the diverse human fabric; (b) that the existence of transgender Australians enriches society rather than erodes it; and (c) that transgender individuals have existed, albeit in secrecy, repression and shame, for many generations.

Another article, published by The Australian in October 2017, sensationalized claimed that women were becoming so distressed by the presence of transwomen who did not, in their subjective judgement, sufficiently conform to a stereotypically female appearance in female bathrooms and accommodations, that these women “end up getting changed in a broom cupboard.” Contradictorily, the article (and several others printed by the same publication) went on to criticise transgender women for seeking out medical interventions to feminise their appearance. Regrettably, no article was published presenting the wide body of evidence showing that transgender women are much more likely to be the victims of violence in bathrooms than the perpetrator of it.

We observed very few articles discussing transgender people in human terms, recognising character qualities such as kindness, care, empathy, charity, integrity, intelligence, or family. Rather, most articles defined transgender Australians by their gender, as if this was the most important aspect of their existence. Bodily objectification was extreme in many publications. An article published in the Daily Mail in May 2017 was headlined “Transgender man finally loses his virginity four years after having a GBP60k bionic penis fitted”. Another article published in the Daily Mail in January 2016 was headlined “Transgender surgery addict spends GBP52000 on four boob jobs two rounds of lipo and 150 face fillers to have ‘the perfect female body’”. The same individual was the subject of articles in Adelaide Now, Courier Mail, Daily Telegraph, and the Geelong Advertiser in January 2016. The article was headlined “Transgender woman spent $108,000 on surgery to look perfect”.

We detected significantly more articles pandering to the public curiosity over the process of medical transition than discussing the serious social issues facing transgender Australians. An article titled “Transgender woman to sell ‘virginity’ to pay for sex change”, which was published in the Courier Mail and the Herald Sun in September 2016, discussed a woman who was engaged in sex work to pay for sex reassignment surgery. The article focused on the
salacious details of sex and surgery rather than the social structures of oppression that force many transwomen into choosing dangerous sex work as the only available means of obtaining vital medical care - and often, as a means of mere survival in a hostile society.

6.3 Gratuitous Emphasis

Qualitative analysis showed numerous examples of concerning articles that placed a high degree of emphasis on the transgender status of a person. Salacious coverage of a person’s transgender status was most frequent when the individual was accused of a crime or other morally reprehensible conduct.

In a social climate where transgender Australians are often perceived as “different” and apart from the rest of society, articles that place unnecessary emphasis on a person’s transgender status can conflate issues of conduct and gender identity in the mind of the reader, which ultimately sustains stigma and prejudice against the whole of the transgender community. It can also unnecessarily violate an individual’s reasonable expectation of medical privacy.

Nevertheless, there are times when reporting on a person’s transgender status is in the public interest and unavoidably necessary to give meaning to the story. The Style Manual of the New York Times\textsuperscript{60} states that a journalist should:

> “Cite a person’s transgender status only when it is pertinent to the story and its pertinence is obvious to the reader. Unless a former name is newsworthy or pertinent, use the name and pronoun preferred by the transgender person.”

Similarly, the eminent news agency Associated Press, which has news bureaus in more than 100 countries and articles syndicated off-wire in more than 1,700 newspapers, advises its writers:

> “Identify people as transgender only if pertinent and use the name by which they live publicly.”\textsuperscript{61}

Unfortunately, our analysis suggests a trend of salacious reporting where the details included about a transgender person’s body, or medical treatment, are entirely impertinent and disproportionate to any conceivable public interest.

For example, the Daily Telegraph published a news article in October 2016 profiling a Sydney athlete attending a high school sports reunion. The individual happened to be transgender. The opening sentence made a lurid, needless and prurient reference to the woman’s genitals, saying “They may be floating in a jar at home, but sex-change athlete Caroline Layt says she still has the balls to take on all-comers at her school reunion sports day.” Rainbow Rights Watch spoke to the individual who was the subject of the article. She found the reference insulting and unnecessary.

Court requests for medical care are one way in which journalists sometimes justify reporting salacious and prurient details about an accused transgender person’s body or gender transition. Hormonal medications are a medically necessary form of healthcare, particularly amongst transgender individuals whose endocrine systems do not naturally secrete endogenous sex hormones. Accordingly, transgender individuals in custody sometimes have little option but to disclose their transgender status in open court to obtain access to medically necessary hormonal treatments. The public interest purpose of administering healthcare to detainees may then be exploited by a journalist to justify reporting salacious details about the person’s body, genital tissue, breast tissue, medical history, former name, and former appearance, even though such details bear little relevance to the request for treatment. These very personal details often seem grossly out of proportion to the public interest purpose.

Prison housing arrangements are another way in which journalists can sometimes justify reporting salacious and prurient details about a transgender person’s body or gender transition. There is a legitimate public interest purpose in reporting on where transgender detainees are housed in gender segregated prison accommodations. A journalist will often use this public interest purpose as a wedge to justify reporting otherwise gratuitous details about the person’s appearance, medical history, gender transition, genitals, breasts, and former name, even when none of this information is relevant to the process by which the prison authority makes housing decisions.

6.4 Press Council Adjudications #1707 and #1709
The Daily Telegraph published a news article in January 2017 profiling a transgender woman alleged to have committed a violent attack in a Sydney suburb. The article, titled "Woman Accused Of Terrifying 7-Eleven Axe Attack Is Transgender Unionist Once Known As Karl" gave significant coverage to the individual's transgender status throughout the entire article including the headline. It comprised 33 sentences, of which 17 sentences profiled the woman's background. Of those 17 sentences, 15 made reference to her transgender status, former name, and medical treatment for gender transition. The headline of the article omitted the woman's current and legal name and instead referred to her former male name. Within the body of the article, the woman's former name was referenced on five separate occasions. The article included six photos of the woman prior to her gender transition, and only two historical photos after transition.

The Daily Mail also covered the incident with the headline "Transgender woman, 24, accused of bludgeoning two innocent people with an axe at 7-Eleven was born as a boy named Karl - but had a sex change two years ago in Thailand to become Evie." The article included details about the woman's genitals, history of sex reassignment surgery - including where the surgery had been performed - as well as information about the feminising effects of her hormonal treatments. The article included a photo of her in hospital recovering from genital reconstruction surgery, employed inappropriate pronouns, and used the problematic terms "pre" and post-sex change operation", contrary to the advice provided in many Style Guides.

A number of transgender Australians questioned the degree of emphasis placed on the woman's transgender status in the news articles and the relevance of her transgender status to the alleged crime. Some transgender Australians also questioned whether the individual's former name would have been given such prominent coverage if it had arisen from other circumstances, such as marriage. There seemed to exist little connection between the violent crime which made the individual newsworthy and the extreme emphasis placed on her transgender status in the articles. Some transgender Australians complained that the articles seemingly placed the individual "on trial for being transgender" rather than for the alleged violence.

A high volume of hateful and violent public comments were detected in social media in direct response to the publication of the articles. We noted that many of the comments incited violence based on the individual's gender identity rather than any alleged misconduct:
The comments were substantially more violent and aggressive than those we observed in six equivalent articles that were analysed covering similar crimes committed by cisgender Australians. Such violent comments were also not observed in response to news articles by other publishers that placed substantially less emphasis on the individual’s transgender status.

Several transgender Australians filed complaints with the Australian Press Council however the Press Council concluded that the intimate details about the individual’s transgender status were not gratuitous and the publishers took reasonable precautions to avoid materially contributing to the distress and prejudice experienced by transgender Australians.

In reaching this conclusion, the Press Council found that the individual’s transgender status was relevant to the news story because the woman had requested access to hormonal medications in open court and there was a public interest in ensuring the provision of healthcare to detainees.

However, the Press Council did not comment on the relevance of information included about the woman’s former name (including in the headlines), explicit details about her genitals and surgical history, or pre-transition photos. The Press Council did not explain why it considered that such information was newsworthy and necessary to discuss the administration of healthcare to detainees.

Significantly, the article did not discuss how the Court makes determinations about the provision of healthcare to detainees, which is particularly curious given the public interest justification cited by the publisher. The publisher did not verify whether the individual had received the requested healthcare.

The Press Council also referred to Ms Amani’s request for healthcare using the term ‘drugs’ rather than ‘medication’.

Whilst there is an overlap in the meaning of the words, the term ‘drugs’ is commonly used by the Press Council to refer to
illicit and narcotic substances\textsuperscript{62}, whilst the term ‘medication’ appears to be ordinarily used in adjudications to refer to a prescribed substance used for therapeutic purposes.\textsuperscript{63} The distinction is particularly important given that many ordinary Australians are not clear on whether gender dysphoria is a matter of medical pathology or mere personal ‘preference’.

The Press Council also concluded that “the Australian community is in the early stages of understanding the appropriate approach to respectfully and intelligently reporting on transgender issues.”\textsuperscript{64} Despite this, transgender vilification provisions have been in force in State legislation for more than 22 years. GLAAD, the New York Times, and Reuters have had publicly available style guides to assist journalists to report accurately and responsibly on transgender issues for many years. The GLAAD media style guide, which is popular with many publishers and contains comprehensive information for journalists writing on LGBTI issues, was in its tenth edition when the Press Council made its statements about the press being in the “early stages of understanding”. Rainbow Rights Watch spoke with a number of transgender advocacy groups that have filed complaints over the period of many years with the Press Council concerning insensitive and inappropriate reporting.

The Press Council also accepted that it was reasonable for the Daily Telegraph article to “contrast the woman’s positive transition in 2012 with the crime for which she now stands accused.” This statement appears to be underpinned by a fundamental misunderstanding of what it means to be transgender, or why people transition. Nothing in the article established baseline data about the individual’s mental health and welfare before or after transition. Accordingly, nothing in the article established that the individual’s transition was in any way ‘positive’ or ‘negative’ or ‘successful’ or ‘unsuccessful’. Rainbow Rights Watch remains puzzled about how the Press Council has somehow arrived at the conclusion that it is possible to “contrast” a person’s gender or medical treatment to a crime.

At least one transgender Australian wrote to the Press Council in detail questioning the outcome of the adjudication and urging the Press Council to collaborate with transgender Australians to improve cultural competence in adjudicating transgender issues - particularly given that transgender Australians are not well represented in decisions made by the Press Council. No response was received.

6.5 Press Council Adjudication #1655

In 2016, a number of transgender Australians wrote to the Australian Press Council urging it to reconsider the outcome of Adjudication #1655 which concerned an article by the Gold Coast Bulletin about a transgender woman tasered by police during a violent arrest. The article included references to the woman’s transgender status “in the headline, the first paragraph and four other places in the article.”\textsuperscript{65} The article also referred to the individual as “pre-surgery”, an unnecessary reference to her genitals and a problematic term that is discouraged in many journalistic style guides.

The police disclosure of private information about the woman’s transgender status and medical history to the press was ethically questionable, and upon request by Rainbow Rights Watch, the Queensland Police Ethical Standards Command Division initiated a six-month investigation into the matter.

Irrespective of how the information was obtained, a person’s sexual orientation, transgender status, or religion, is not of itself, newsworthy. Complainants questioned whether the inclusion of such information was gratuitous.

The Press Council concluded that the article did not breach its standards by repeatedly referencing the woman’s transgender status because her transgender status was “central to the police explanation of the reason for use of the taser.”\textsuperscript{66} The Press Council failed to acknowledge, in accepting this claim, that it was necessarily also accepting by extension, that the publisher believed that Queensland Police were specifically targeting transgender people for the use of additional force beyond that used with the general public. Such a claim would result in an egregious violation of human rights in the form of State-sanctioned violence against transgender individuals. No such claim was made out in the article.

Transgender complainants argued that any ordinary reader or reasonable observer would have understood that the individual had been tasered by police because she could not be subdued using ordinary physical force, not because she was transgender \textit{per se}. 

\textsuperscript{62}"I illicit and narcotic substances" following text fragment.

\textsuperscript{63}"... which differs from medication which is ordinarily used in adjudications to refer to a prescribed substance used for therapeutic purposes."

\textsuperscript{64}"The Press Council also concluded that “the Australian community is in the early stages of understanding the appropriate approach to respectfully and intelligently reporting on transgender issues.”" following text fragment.

\textsuperscript{65}"In 2016, a number of transgender Australians wrote to the Australian Press Council urging it to reconsider the outcome of Adjudication #1655 which concerned an article by the Gold Coast Bulletin about a transgender woman tasered by police during a violent arrest. The article included references to the woman’s transgender status “in the headline, the first paragraph and four other places in the article.” Following text fragment.

\textsuperscript{66}"The Press Council concluded that the article did not breach its standards by repeatedly referencing the woman’s transgender status because her transgender status was “central to the police explanation of the reason for use of the taser.” Following text fragment."
The Press Council did not comment on why it considered that the publisher was justified in disclosing intimate details about the woman’s medical history, her genital shape and surgical status, or how those details were central to the police decision to use a taser to subdue her.

The inability to distinguish between matters of physical strength and a person’s transgender status point to a fundamental lack of cultural competence and awareness of what it means to be transgender within the Press Council.

At least one transgender Australian wrote to the Press Council in detail urging it to reconsider the outcomes of the adjudication and to collaborate with transgender individuals to improve cultural competence and awareness in the Press Council, particularly around how to better distinguish between gender stereotypes and gender identity. No response was received.

The prevailing view, apparently endorsed by the Press Council, appears to be that any public interest purpose, no matter how insignificant, justifies press coverage of any and all aspects of a person’s transgender status, gender transition, medical history, former names, genital tissue, breast tissue, and surgical preferences. Neither publishers nor the Press Council appear capable (or willing) to distinguish between those aspects of a person’s gender history, if any, that are relevant to the news story and those that are not.

6.6 Transgender Woman in Custody in UK

In November 2017, the Daily Mail published an article concerning a transgender woman who pleaded guilty to carrying out an unlawful act on a public railway. The article reported that the individual “...is one surgery away from fully transitioning to a woman”, (whatever that may mean) and that she “...recently had breast implants and cosmetic surgery worth £10,000”. The article also reported that the individual had been detained in gender segregated prison accommodation for men.

Although the information about the woman’s transgender status and her gender transition were disclosed in open court and there is a public interest in reporting on decisions regarding where transgender prisoners should be housed, some transgender Australians questioned whether the amount of information disclosed in the article about the woman’s transition was entirely relevant and proportional.

The article did not disclose whether or not the individual had sought transfer to a female prison or female accommodations. It did not disclose whether a Transgender Case Board had been convened to make a determination around housing for the individual, nor did it canvass the prison authority’s 60-page process for the management of transgender individuals in custody. Neither sex reassignment surgery nor breast augmentation surgery are prerequisites for eligibility to transfer to female accommodations and the article did not appear to establish any relevance in these details. It was also unclear what the relevance was of the fees paid by the individual for surgery.

A number of transgender Australians complained to the Australian Press Council that the coverage of the woman’s transition, in particular about her breast surgery and the fees paid for surgery, was gratuitous and intended to appeal to lurid curiosity around transgender bodies more than inform the public about the justice process. The Australian Press Council has yet to address the complaint.

6.7 Balance and Fairness

In addition to a strong negative overall sentiment of reporting in the industry as a whole, Rainbow Rights Watch also identified systemic issues of balance and fairness.

Rainbow Rights Watch believes the press should strive for balance in the sense of following the weight of credible evidence and attempting to present all sides of a story. According to the Australian Press Council, “Fairness means that a journalist should strive for accuracy and truth in reporting, and not slant a story so a reader draws the reporter’s desired conclusion.”

6.7.1 Opinions of Medical Experts
We identified and analysed a large number of opinion articles discussing medical treatment for transgender Australians. Across all articles during the two year period of analysis, the most frequently cited expert in gender dysphoria was Dr John Whitehall, who was cited nearly three times more frequently than any other medical professional in opinion pieces.

Dr Whitehall holds himself out as an expert on approaches to treatment for gender dysphoric adolescents on the basis of his tenure in pediatric medicine. In 2017, Dr Whitehall denied the existence of gender dysphoria as a diagnosable illness despite the existence of clear diagnostic criteria articulated in the medical manuals of the World Health Organisation. He has appeared numerous times in religious forums hosted by the Australian Christian Lobby as well as the New Zealand Family First Forum, where he has advocated for depriving Australian adolescents of medical treatment for gender dysphoria. In a seminar delivered to a religious audience in 2017, Dr Whitehall referred to gender dysphoric adolescents as a “doctrine of sin”, and to transgender individuals as a phenomenon to be “constrained and contained”, possibly caused as “a spin-off of pornography”. Dr Whitehall’s experience is as a pediatric neonatologist and pediatric generalist. He has never specialised in pediatric psychiatry and has never treated a single case of gender dysphoria. He has performed no original research into gender dysphoria. Dr Whitehall proposes no alternative approach to medical treatment for adolescents suffering from gender dysphoria. His experience in the specialty field of gender dysphoria appears to be exclusively limited to lobbying to deprive transgender adolescents of access to medical care. His views appear to be at odds with the world’s largest medical associations.

Whilst Dr Whitehall is free to hold the views he does, and Australians are entitled to be exposed to a range of views on such issues, it is concerning to see Dr Whitehall’s views given such dominant coverage to the exclusion of those Australian medical experts who actually specialise in this field and consequently have firsthand experience as well as a deeper awareness of the state of research into gender dysphoria. For example, Professor Sam Winter has extensively researched gender dysphoria and gender diversity for more than 17 years. He was a member of the World Health Organization’s Working Group on “Sexual Disorders and Sexual Health” which revised the WHO’s diagnostic criteria for gender dysphoria. Professor Winter is also a board member of the World Professional Association for Transgender Health, and has extensive experience in diagnosing and treating gender dysphoria. He co-authored the current Standards of Care. We observed that Professor Winter’s views were given virtually no coverage in the press during 2016 or 2017.

Whilst journalistic balance and fairness is never something that can be fully measured by column inches or number of articles, our semantic analysis suggests there exists a serious issue of balance and fairness in the Australian media’s coverage of medical opinion regarding treatment protocols for gender dysphoria. Australians are not being exposed to a range of views, and transgender individuals and the medical experts who actually care for them are systematically denied an opportunity to correct the record or provide a balancing view.

6.7.2 Opinions of Medical Associations

In addition to analysing how individual medical opinions were covered in the media, we also examined how the statements of medical associations were treated in the press.

We identified and analysed numerous opinion articles containing statements from medical associations about gender dysphoria. Across all articles during the two year period of analysis, the most frequently cited medical association was the American College of Pediatricians.

According to its founder, the American College of Pediatricians is a “Judeo-Christian” organisation open to both pediatricians and non-pediatricians provided they “hold true to the group’s core beliefs: that life begins at conception; and that the traditional family unit, headed by an opposite-sex couple, poses far fewer risk factors in the adoption and raising of children.”70

The American College of Pediatricians periodically publishes position statements on its website. It has previously expressed positions opposing mandatory vaccination, supporting corporal punishment, opposing abortion and euthanasia, opposing legislation permitting child adoption by gay couples, and promoting abstinence-only sex education.

As at 2016, The American College of Pediatricians had less than 200 members. It was listed by the Southern Poverty Law Centre and the American Civil Liberties Union as an LGBTI hate group following statements it made that homosexuality
and transsexuality were illnesses to be prevented. A number of commentators have criticised the organisation for (a) misrepresenting itself as a medical association when it was more properly characterised as a political and religious lobby group, and (b) putting its religious views ahead of evidence-based healthcare.

We observed the American College of Pediatricians cited in the Herald Sun, the Daily Telegraph, The Mercury, The Australian and the Courier Mail for its views on transgender healthcare. In each of the opinion articles we identified that cited the position of the American College of Pediatricians, background information about the religious and political nature of the organisation was omitted. The American College of Pediatricians was given greatest coverage by national opinion writers Andrew Bolt, Miranda Devine, and Kevin Donnelly.

Whilst the American College of Pediatricians is free to publish policy positions on issues relating to gender dysphoria, and Australians are entitled to be exposed to a range of views on such issues, it is concerning to see the American College of Pediatricians given such dominant coverage to the exclusion of other, much more eminent organisations.

For example, the American Academy of Pediatrics, the peak pediatrics body in the USA, has published several articles confirming the importance of gender-affirming healthcare for transgender adolescents. At last count, the American Academy of Pediatrics had more than 66,000 members working in primary care and subspecialties. Its mission statement is connected with the "optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults." The American Academy of Pediatrics has no religious or ideological alignment, and its sole concern is the health and wellbeing of children. Our analysis did not identify any articles during the period of analysis that cited the position of the American Academy of Pediatrics on the treatment of gender dysphoria.

Similarly, the Royal Australian College of General Practitioners, an eminent medical association of Australia whose position has yet to be cited in the press, has stated that "hormone therapy has been demonstrated to reduce distress without significant adverse psychological or physical effects." Other peak medical bodies that expressly support affirming healthcare treatments for gender dysphoria which were not given any coverage in the press in 2016 or 2017 include the American Medical Association, the American Psychiatric Association, the American Psychological Association, the International Endocrine Society, the World Professional Association for Transgender Health, the Royal Australia and New Zealand College of Psychiatrists, the Australian Psychological Association and the Australian Endocrine Society.

Whilst healthy and productive debate necessitates that the public be exposed to a range of views, it is concerning to see the views of the American College of Pediatricians given such dominant coverage to the exclusion of more mainstream, eminent medical bodies. Rainbow Rights Watch believes that journalistic balance should follow the weight of the evidence, rather than the religious, political or ideological agenda of the journalist or publisher. Overwhelming evidence should not be overlooked to drive a publisher's agenda.

6.8 Misinformation and Misrepresentation
Our analysis identified numerous examples of misinformation, inaccuracies and omissions of key fact in articles which directly impact on the public perception of transgender people. We believe that the proliferation of social media facilitates the rapid spread of misinformation between readers and the public without any opportunity to verify facts. Given that public awareness of transgender issues is poor, and consequently the risk for harm is high, Rainbow Rights Watch believes publishers need to be careful to verify facts, fairly present data and use accurate language. Errors, omissions or inaccuracies should be promptly and clearly corrected. Where it has taken an extended period of time to correct the misinformation or inaccuracy, and resulting harm has occurred to the transgender community, publishers should publish a prompt and prominent apology.

6.8.1 Coverage of Proposed Reforms to Human Rights Treaty
In October 2017, nine.com.au published a news article covering recommended reforms to the International Covenant on Civil and Political Rights ("ICCPR"), a UN treaty that has been ratified by Australia. Certain Articles in the treaty convey specific human rights protections for pregnant women, including protection from the death penalty. Because the scope of treaty’s provisions only confers protections to females, legal analysts have advised that transgender and intersex people are not protected in pregnancy if they are legally recognised as “male” or “indeterminate” sex.
Transgender men can, and frequently do, obtain legal recognition of their sex in Australia, the USA, the UK, and other sovereign states. Transgender Australians have been able to obtain legal recognition of their sex since 1995 in NSW, and since 2004 in Victoria. Under the current regime, pregnant men and other gender diverse Australians are not protected from State-sanctioned violence under the ICCPR in the same way that pregnant women are.

In 2017, the ICCPR fell due for review. In October, the UK Foreign and Commonwealth Office made several recommendations for amendments. Among them was the recommendation that the treaty’s articles conveying protections for pregnant women be expanded to provide equal protections to ALL pregnant people, irrespective of their legal sex. Their recommended solution involved replacing the term “pregnant women” with “pregnant people”.

The issue was one of expanding the existing franchise of human rights to ensure equality under the law for all pregnant citizens, irrespective of whether their birth certificate states ‘male’, ‘female’ or otherwise. However, the issue was dramatically mischaracterised in nine.com.au’s article as an attempt to “ban the phrase ‘pregnant women’…”

The word “ban” implies a form of censorship. The Oxford Dictionary states that the word “ban” means to “forbid” or “prohibit”. Nothing in the submission of the Foreign Office sought to prohibit or forbid the phrase ‘pregnant woman’ in medicine, in society, or by individuals. The resulting misapprehension sparked significant outrage amongst the general public with repeated attacks on transgender people for purportedly attempting to prevent women from calling themselves women (even though the reform sought to do no such thing).

In addition to the improper characterisation, some transgender Australians were concerned about questions of balance. The article contained views from a prominent feminist opposing the extension of the ICCPR’s human rights to transgender individuals. No balancing view was offered to audiences and no voice was given to transgender feminists about (a) the importance of transgender people being treated equally under the law, and (b) how the reform did not adversely impact on cisgender women as human rights are not a zero sum equation.

At least one transgender Australian complained directly to the publisher that the article was misleading. No response was received. No correction or apology was issued.

At least one transgender Australian filed a complaint of factual inaccuracy with the Australian Press Council, which is promoted as an alternative to litigation. As at the time of writing, more than three months had elapsed and the Press Council had not acted on any complaint.

The Australian also covered the story in a news piece, choosing the headline “Uproar as women are written out of the right to be pregnant”. It remains unclear how the publisher concluded that expanding the existing franchise of human rights protections to all citizens could result in women losing the “right” to fall pregnant. Women would have remained able to fall pregnant (at least, to the same extent as beforehand), and would remain protected in pregnancy by the ICCPR’s provisions, irrespective of whether or not the proposed amendments passed. The term ‘pregnant people’ is expansive and inclusive of people of all genders, including women. Some transgender Australians felt that the article’s headline was deliberately misleading and was calculated to arouse unnecessary public outcry.

At least one transgender Australian complained in writing to The Australian that the headline was misleading. No response was received.

6.8.2 Claims that Hormone Therapy Causes Cancer

Throughout the period of analysis, a number of uncritical and unchallenged claims were published in the media alleging that hormone therapy that is used in the management of gender dysphoria is carcinogenic. The NT News and the Daily Telegraph both published an opinion piece in April 2017 claiming that cross-sex hormone therapy has “risks ranging from sterility to cancer.” Another article, published in the Daily Telegraph in April 2016 claimed that the current treatment protocols for gender dysphoria commit the patient to “a lifetime of carcinogenic and otherwise toxic cross-sex hormones.” The Daily Telegraph also elevated public concerns again in April 2017 about administering hormonal treatment to adolescents “which will stunt their growth and can cause cancer”.
Another dubious statement, made by an individual whose only medical qualifications are in the fields of psychotherapy and hypnosis, was repeated by the Daily Mail Australia in October 2017 claiming that “the hormone testosterone can increase red blood cells so there’s a higher risk of heart attack and strokes.” The article omitted the important detail that all males generally have higher red blood cell counts than females; and a correspondingly higher risk.

A number of transgender Australians conveyed their frustration that the above claims had the effect, if not the intent, of exciting irrational fear in readers about potentially harmful effects of the current treatment protocols. The claims connecting bioidentical cross-sex hormones with cancer, heart attack and stroke are highly questionable, if not specious. They are not borne out by credible medical evidence.

All of the hormonal medications prescribed for the management of gender dysphoria in Australia are approved by the Therapeutic Goods Association.

On the question of safety, the Pediatric Endocrine Society stated in its 2016 position statement that:

"Long-term data from transgender patients treated as adults show that this therapy is overall safe and there are no data to suggest that use of estrogen or testosterone, when used at physiologic doses, leads to a cancer risk higher than expected for the average adult male, in the case of transmales, or the adult female, in the case of transfemales."75

The 18,000 member International Endocrine Society states that hormonal interventions are:

“...relatively safe (when appropriately monitored...)”76

The Royal Australian College of General Practitioners has stated that

“hormone therapy has been demonstrated to reduce distress without significant adverse psychological or physical effects.”77

The articles did not provide any credible medical evidence to support these claims of carcinogenicity. The journalists did not offer any alternative viewpoint, and the publisher did not publish any material in a similar online location, providing detailed medical evidence that could have refuted such a serious claim.

Given the risk of unnecessarily exciting a public health scare, at least one transgender Australian complained in writing to the Australian Press Council. The Press Council provides advisory guidelines for journalists to reduce the risk of public panic caused by “inadequately researched reports on health and medical matters appearing in the press and in the media as whole.” According to the Press Council, the “dangers of exciting unreasonable fears or hopes are far too great for anything but the most careful treatment” by the press.

The Press Council declined to investigate one complaint on the grounds that the complaint was lodged outside of the 30 day window. A second complaint has yet to be acted on by the Press Council. More than three months have elapsed since the complaint was lodged and the Press Council does not have any public performance targets for timely response to complaints.

6.8.3 Coverage of Sexual Assault by Transgender Woman

In October 2017, the Daily Mail Australia published a news article titled “Transgender Woman is Convicted of Sexually Assaulting a 10-year old in a Women’s Bathroom”. The claim that the assault took place in a women’s bathroom was repeated throughout the article.

The piece was significant given the public controversy around policies allowing transgender Australians to access toilets and public accommodations congruent with their gender identity. Despite empirical evidence to the contrary, anti-LGBTI groups continue to advance the view that such policies undermine the safety of women and children.
Within 48 hours of publication, tens of thousands of public comments were observed, particularly on social media, demanding that such policies be reversed and transgender people be denied access to public accommodations matching their gender identity on the basis that the incident was evidence that the existence of transgender individuals, especially transgender women, in public accommodations was a threat to the safety of cisgender (non-transgender) women and children.

Subsequent investigation revealed the assault had, in fact, occurred in a privately-owned residential home, in an ordinary bathroom that was not reserved for people of any particular gender. Accordingly, public policies depriving transgender people of access to public accommodations matching their gender identity would not have prevented the incident.

Numerous transgender individuals complained to the publisher about the factual error and its effect on the debate. The publisher did not issue a retraction or apology. When the article was finally updated more than 70 hours later to reflect the facts, the moral panic had well and truly spread and some transgender Australians may have experienced abuse or assault in bathrooms. A number of transgender Australians felt that an apology was warranted, given the harmful consequences of the inaccuracy and the delay in correcting the error. None was forthcoming.

### 6.8.4 Claims Denying Pervasiveness of Discrimination against Transgender Australians

Another opinion piece published by the Daily Telegraph, the Townsville Bulletin and the Herald Sun in August 2017 claimed that Australia is similar to the USA in that, “transgendered [sic] people are a favoured political class. Far from being discriminated against or disfavoured in society, if you are gay or transgendered [sic], you get bonus points. You are applauded, celebrated, encouraged.”

The claim that transgender Australians are far from discriminated against or disfavoured is open to objective rebuttal and may have been both dishonest and inflammatory. According to the Trans Pathways Survey\(^7\), Australia’s largest study of the welfare of 859 transgender youth, 78.9% of transgender youth have experienced issues with school, university or TAFE. 22% have experienced homelessness or accommodation crises. 89% have experienced abuse, assault or bullying. 69% have experienced discrimination in education or the provision of goods and services, and 48% have attempted suicide.
In the United States, a transgender individual is 4 to 5 times more likely to be living below the poverty line than the general population. A 2009 meta-study also examined the frequency of transphobic violence in police reports, social service records, and needs assessments. It found:

“All three sources indicate[d] that violence against transgender people starts early in life, that transgender people are at risk for multiple types and incidences of violence, and that this threat lasts throughout their lives. In addition, transgender people seem to have particularly high risk for sexual violence.”

The overwhelming balance of evidence contradicts the claim that transgender individuals are a “favoured class” of people in either the USA or Australia. Unfortunately, no balancing article or rebuttal was published in the same section of the newspaper presenting evidence of the unconscionably high rates of abuse, social rejection, discrimination, homelessness, unemployment and violence experienced by transgender Australians. At least one transgender Australian wrote to the publisher but was not given an opportunity of reply. The article was an example of extreme press partisanship supported by distortion and dishonesty.

Rainbow Rights Watch believes that opinion pieces published in the media should not be based on wildly inaccurate factual material, distortions of truth, or the omission of key facts. The blanket denial and dismissal of severe forms of discrimination that are manifestly and empirically evident serves only to obstruct meaningful social change. It also undermines the credibility of the journalism profession as a whole.

At least one transgender Australian complained to the Australian Press Council about ‘fairness’ in the article. The Press Council declined to investigate the complaint as it fell outside the 30-day lodgment window. The article remains online and continues to influence public perceptions of transgender Australians.

### 6.8.5 Articles Conflating Gender Dysphoria with Gender Expression

A number of articles were identified which conflated matters of gender dysphoria with gender non-conforming behaviours.

For example, an article published by The Australian in November 2017 claimed that “there is much confusion between gender identity and gender roles. There have always been children who don’t fit gender roles and who don’t want to conform to them,” going on to imply such individuals were at risk of being incorrectly diagnosed as gender dysphoric. An article published in the Daily Telegraph in April 2017 stated that “until very recently, society serenely accepted that some girls were tomboys who liked to climb trees and some boys were dreamy souls who liked dressing up. It didn’t mean they needed puberty blockers or cross-sex hormone therapy, or to have their genitals ‘reassigned’. But these days, tomboys... might be -diagnosed as suffering from “gender dysphoria”, and encouraged to “transition” to the opposite sex.”

The above allegation, which was likely to have the effect, if not the intent, of exciting an irrational public fear of adolescents being misdiagnosed as transgender, flagrantly misrepresents the diagnostic procedures and criteria for gender dysphoria. The medical profession clearly distinguishes between behaviour that does not conform to gender stereotypes and the real and persistent distress that a gender dysphoric person feels about their own body. Childhood behaviour that does not comply with gender stereotypes would not, of itself, lead to a diagnosis of gender dysphoria.

On this issue, the American Psychiatric Association states:

“Gender dysphoria is not the same as gender nonconformity, which refers to behaviors not matching the gender norms or stereotypes of the gender assigned at birth. Examples of gender nonconformity (also referred to as gender expansiveness or gender creativity) include girls behaving and dressing in ways more socially expected of boys or occasional cross-dressing in adult men. Gender nonconformity is not a mental disorder.”

Similarly, the WPATH Standards of Care state:
“Gender Nonconformity is not the same as Gender Dysphoria. Gender nonconformity refers to the extent to which a person’s gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (Institute of Medicine, 2011). Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010b). Only some gender nonconforming people experience gender dysphoria at some point in their lives.”

Nothing in the WPATH Standards of Care “encourage” medical transition and the use of such language has the potential to unnecessarily excite an unreasonable fear of misdiagnosis in the general public. Rather, the gender affirmative model “supports identity exploration and development without an a priori goal of any particular gender identity or expression.” The appropriate course of treatment is largely guided by the patient’s expressed symptoms and experiences, with no person receiving irreversible forms of treatment unless they have attained Gillick competency.

The use of scare quotes around the terms “transition” and “gender dysphoria” to convey the author’s subjective skepticism or contempt for the diagnosis and treatment process was also noted. In their ordinary usage, quotation marks are indicators of a faithful reproduction of the exact words of another person. They give the reader a degree of confidence in the accuracy of the attributed statements. However, quotation marks often imply, particularly when placed around single words or very short phrases not attributable to anyone, that a word or phrase “should not be taken at face value,” 83 Scare quotes can suggest “disbelief or actual disagreement” with the word used. 84

Some transgender Australians believed that the article had, in all likelihood, been calculated to incite public outcry about a perceived risk of adolescents being incorrectly diagnosed as gender dysphoric. The article seemed contrary to the advice of the Australian Press Council that “the dangers of exciting unreasonable fears... are far too great for anything but the most careful treatment” when discussing risks and efficacy of medical treatment. 85

Subsequently, one or more transgender individuals filed a complaint with the Australian Press Council about the second article. However, the Press Council declined to investigate the issue as lodgment of the complaint fell outside the 30-day limitation period. The article remains online and continues to influence the public perception of transgender Australians.

6.8.5 Allegations that Doctors or Educators are Promoting “Transgender Lifestyles”

Another common pattern we observed was frequent claims made by opinion writers that gender transition is being promoted to adolescents by educators and the medical profession.

The claim that the medical profession “encourages” gender transition was repeated so frequently in 2016 and 2017 that many transgender individuals became desensitised to it. According to the Oxford Dictionary, the word “encourage”, when used with an infinitive and an object (as it was in most articles) means to “persuade (someone) to do or continue to do something by giving support and advice.” 86 The element of “persuasion” is entirely lacking from the Standards of Care.

For example, an article published by The Australian in November 2017 sensationally argued that “the most innocent victims include children who are encouraged to go down a path of gender reassignment with puberty blockers, chemicals and, when they are older, gender--reassignment surgery.” A Daily Mail Australia article published in October 2017 sensationally claimed “the most innocent victims include children who are encouraged to go down a path of gender reassignment with puberty blockers, chemicals and, when they are older, gender--reassignment surgery.” A Daily Telegraph editorial, published in September 2016 speculated that would be “repeating one of history’s great mistakes if any children were being unnecessarily encouraged or coerced into transition” Another sensationalist claim, made by the Daily Mail Australia in November 2017 alleged that “perhaps most grievous of all, teenagers are placed on a medical conveyor belt which leads to powerful body-changing drugs and possibly to surgical alteration.” Another Daily Telegraph article published in April 2017 alleged that “tomboys... might be -diagnosed as suffering from "gender dysphoria", and encouraged to "transition"

These claims set the groundwork for further dubious assertions that society was interfering with the autonomy of transgender youth, rather than allowing them freedom to express themselves. For example, the Daily Telegraph called for change in September 2016, saying “Generally speaking, surely the best rule of thumb is to just let kids be kids.” The
same claim was codified into the headline of another Daily Telegraph article in November 2016 which demanded that “Let Kids be Kids: Stop Playing God with Young Lives”.

Each of the above politically confected claims can only be premised on a fundamental misunderstanding of the treatment protocols for gender dysphoria coupled with a basic distrust in the medical diagnosis itself. The statements mischaracterise the Standards of Care in a way that is likely to incite irrational public fear and distress about children being coerced or steered into needless and potentially harmful medical treatments.

The medical Standards of Care do not, and have never, encouraged, promoted, or steered patients towards any particular gender identity. The element of “persuasion” cannot be found anywhere in the medical process. The medical Standards view all gender identities as equally legitimate and natural, with none more favourable or preferable than any other. The standards of care “support identity exploration and development without an a priori goal of any particular gender identity or expression.” Rather than persuading the patient about their identity, the standards of care accept and affirm the identity expressed by the individual without judgement or criticism, even if that identity changes over time.

The gender-affirming approach, which does not seek to influence an individual’s identity in any way, is based on the guidelines of the Australian Psychological Association:

*Given that there is no empirical evidence to support therapeutic approaches that direct transgender people to live as the gender normatively expected of the sex they were assigned at birth, attempting to do so would be counter to the guidelines outlined above. Specifically, it would not demonstrate respect for the person, and as such would likely be experienced as coercive. The available evidence supports the APS recommendation that psychologists utilise mental health practices that affirm transgender people’s experiences.*

Dr Keo-Meier, the lead author of the American Psychological Association’s guidance document for treatment of gender dysphoria has stated:

*“Practitioners of the gender affirmative model do not push children in any direction, rather, they listen to children and, with the help of parents, translate what the child is communicating about their gender identity and expression. They work toward improving gender health, where a child is able to live in the gender that feels most authentic to the child and can express gender without fear of rejection.”*

Continued claims that the medical profession “encourages” or “promotes” transgender lifestyles are demonstrably wrong. The medical standards of care are transparently neutral. By continuously mischaracterising the Standards of Care, the Australian press needlessly incites irrational public fears about children being coerced into an identity that is not appropriate of them. Such mischaracterisations undermine public confidence in the medical profession, sustain prejudice against transgender people, and discredit the integrity of the press.

### 6.8.6 Claims that Transgender Australians are a Mere “Fad”

Other articles sought to invalidate or trivialise the serious nature of gender dysphoria by implying that transgender identities are a mere fashionable lifestyle choice. For example, one article published in the Daily Telegraph in September 2017 referred to transgender Australians as a “social fad”. Another article, published by the Daily Telegraph in November 2016 referred to “a trend in which parents are procuring questionable hormone therapy…” Another Daily Telegraph article, published in July 2017 repeated the description of gender dysphoria as a “dangerous behavioural fashion trend” as well as a “dangerous fad.” A claim made by one individual that the current medical treatment protocols amount to a “fashion in child surgical abuse” was repeated in the Daily Telegraph in November 2016, April 2017, and again in September 2017. An article published by the Herald Sun in March 2017 employed the headline “Pushing the Transgender Fashion”. A Daily Mail article published in November 2017 claims: “Most of these politically correct fads are just designed to wind us up and provoke us”.

Some transgender Australians took offence to the claim that transgender identities were a matter of “fashion”, particularly given the social rejection, isolation, discrimination, abuse and violence experienced by transgender individuals. The term “fad” or “fashion” tends to imply some sort of popularity, endorsement, public favour or public
embrace. By contrast, Australia’s largest study of transgender youth found that 89% had experienced peer rejection and social isolation. 69% had experienced discrimination, 66% had a lack of family support, and 22% had experienced homelessness. These statistics do not support the claim that being transgender is fashionable in any way.

Rainbow Rights Watch believes that journalists and publishers must hold themselves accountable for the language used and not make wildly inaccurate statements that are not supported by credible evidence.

6.8.7 News Stories Covering De-Transition

In September 2017, Nine Network Australia published on its website the story of an Australian adolescent who de-transitioned after undergoing semi-irreversible pubertal gender transition. Whilst aspects of the individual’s detransition were covered sensitively, many transgender individuals were concerned about misrepresentation and the omission of material facts in the coverage.

The video segment was aggressively promoted as a breaking scandal about “how experts can get it wrong” and instantiate forms of “self-discovery marred by misdiagnosis” in youth experiencing gender dysphoria. The video also portrayed diagnosticians as potentially negligent or reckless, claiming they made “fast judgments” and failed to allow transgender adolescents the “time to figure it out.”

A full screen headline in the video made the claim that medical professionals had caused physical, semi-irreversible harm to the individual, sensationalizing that “THEY CHANGED HIS BODY”. The all capitals graphic was accompanied by dramatic music.

The piece appeared to place the burden of responsibility for the individual’s circumstance at the feet of the medical profession, when in fact the individual had never been prescribed any irreversible forms of treatment. The individual’s mother had been administering hormones to the individual contrary to medical advice. The publisher played down the fact that medical Standards of Care were not followed by the parents. The piece did not clearly acknowledge that the Standards of Care, if properly followed, would have in fact prevented the outcome. Moreover, the Standards of Care, if properly followed by the parents, would have allowed the “time needed to figure it out” which was precisely the criticism levelled against the medical profession.

The piece gave substantial coverage to the views of Dr John Whitehall, who holds himself out as an expert on gender dysphoria. Referring to the current medical protocols, Dr Whitehall claimed that “there is no proof that this is going to work. You think their emotional problems are going to get better by giving them oestrogen. Fine. ‘That’s called optimism. It’s not called scientific method.’”

Whilst Dr Whitehall is free to hold those views, they are clearly open to objective rebuttal. For example, data collected by Beyond Blue, Curtin University, and the Western Australia Centre for Health found significantly lower rates of depression and anxiety in transgender people who wanted and were provided transition-related healthcare, saying “this supports previous research that access to hormones and surgery improves quality of life.”

Audiences were not offered a balancing view about the extensive medical research underpinning the existing treatment protocols. No evidence was advanced substantiating the efficacy and evidence-based nature of the treatment protocols. The views of no other medical professional were put to audiences of the video content. The only opposing view was published separately in a less prominent online location and was sourced from a psychologist rather than a physician specialist.

The news story also received widespread coverage in the Daily Mail Australia, news.com.au, msn.com and The Australian. Numerous articles and opinion pieces were published in the Daily Telegraph. Several of the articles attributed responsibility for the outcome to “the experts ... getting it wrong”, rather than parents deviating from the evidence-based Standards of Care and administering hormones contrary to medical advice. One opinion piece claimed that “there is no medical evidence to justify the epidemic of transgender kids. No evidence that changing sex will reduce the incidence of self-harm or suicide.” No alternative viewpoint was put to readers in the article or any other article published in a similar online location - despite the fact that the claim is clearly open to objective rebuttal. The Standards
of Care contain no less than 370 references to academically robust, peer-reviewed medical studies substantiating the basis and the efficacy of the treatment protocols.

Rainbow Rights Watch observed tens of thousands of comments from the public, many of whom were outraged by what they perceived as reckless medical care. None of the articles we analysed ameliorated public fears by clearly stating that the existing Standards of Care, and medical advice, if properly followed by the individual’s parents, would have prevented the outcome.

Some transgender Australians considered that the community response also provided strong evidence of the public bias against transgender individuals. The extraordinary public concern about, and compassion for, a cisgender (non-transgender) person whose physical embodiment was incongruent with their gender identity provides a stark contrast to the negative views and perception of a transgender person in the exact same situation.

A number of other de-transition stories were noted. News.com.au published an article in May 2017 which covered one individual’s personal story of “transgender regret”. An article published in The Guardian in February 2017 was titled “Experience: I regret transitioning”. The Daily Mail Australia published an article in April 2017 dramatically titled “It was the worst decision I ever made…”. Another Daily Mail Australia published an October 2017 article led with the headline “The rise of transgender reversals: Surgeon in sex-change hub of Serbia reports a surge in the rate of patients changing their mind” which discussed the "surge in patients wanting to reverse their transgender surgery”.

Another article, published by the Australian in November 2017, had the effect, if not the intent, of inciting irrational public fear about Australians undergoing unnecessary surgeries they would go on to regret. The article claimed “these are high stakes for the most vulnerable people, especially those wrongly drawn into gender-reassignment surgery.” The article pointed to the growing number of individuals seeking reversal as evidence of misdiagnosis and recklessness by the medical profession, claiming the “First cut is the deepest but reversal also traumatic for trans community” and expressing concern about “more and more people seeking surgery to reverse their gender-reassignment surgery.”

A number of transgender Australians complained that the articles were exploiting transgender Australians and the poor rates of public understanding to incite unjustified fears amongst readers of false positive diagnoses, contrary to the advice provided in the Press Council guidelines on medical statements.

Most of the articles omitted the significant fact that the rate of “reversal” surgeries is declining in proportion to the overall number of gender confirmation surgeries being performed. Similarly, it did not make clear that the 14 “reversal” surgeries being performed each year were statistically insignificant in the context of the 25,000 gender reassignment surgeries estimated to be performed each year around the globe. According to the World Professional Association for Transgender Health, numerous medical follow-up studies have shown an “undeniable beneficial effect of sex reassignment surgery on postoperative outcomes such as subjective wellbeing, cosmesis, and sexual function”. The medical association also concluded that regret rates were extraordinarily low and “even patients who develop severe surgical complications seldom regret having undergone surgery.”

The degree of coverage given to de-transition or desistance stories appears to be out grossly disproportionate to the actual frequency of detransition and regret in society. Statistics from the Royal Children’s Hospital show that less than 4% of transgender Australians desist, but a very high proportion of opinion articles made reference to transgender “desistence” or “regret”. Accordingly, Rainbow Rights Watch is concerned that such slanted coverage may have the effect of inciting unreasonable fear in the public that the medical standards are doing more harm than good. Very few of the articles we analysed made clear that de-transition is very rare, that most transgender people who transition go on to lead happier, functional lives in their new gender role (subject to public tolerance), or the importance of allowing individuals to make their own properly informed choices about therapeutic medical treatments.

An editorial published by the Daily Telegraph in August 2016 also misrepresented the medical process and implicitly accused parents of gender non-conforming youth of pursuing ideological agendas by “vicariously” making irreversible decisions about their child’s gender. The editorial sensationally claimed that “no child, let alone a four-year-old, is in a
position to make potentially irreversible life-changing decisions, even vicariously via their parents or the state. And if it is not the child’s decision but that of the parents and/or the state, then it is reasonable to ask to what extent are the values or ideologies of the adults involved being projected onto the child.” The article wrongly implied that four year olds are receiving irreversible forms of treatment; this is not, and never has been, the case. No transgender individual in Australia has ever received any form of “irreversible” treatment until they have attained Gillick competency, usually around the age of 16. Under the Standards of Care, children aged four who are distressed about their gender are not offered any irreversible forms of treatment. Parents are recommended to give their child the freedom to explore their identity and to dress, express and define themselves in whatever way they are comfortable. Some children are also provided with psycho-counselling to help deal with the social stigma that may be directed at them if they do not conform to normatively expected gender stereotypes. Contrary to the article’s claims, there are no irreversible life decisions made at the age of four.

The editorial misrepresented the medical care process and most likely had the effect of inciting irrational and avoidable public outcry about four year olds making “irreversible life-changing decisions.”

6.8.8 Misrepresentation of Law

A number of articles were detected which misrepresented the state of the law on matters of transgender medicine.

In November 2016, an opinion writer at the Daily Telegraph sensationally claimed that “Now laws are changing to discourage doctors from offering children any alternative to gender transition.” The article capitalised on existing public fears, set up by other articles, that children might be ‘steered’ or ‘corralled’ into unnecessary gender transitions. Another article, published in the Australian in October 2017 repeated the claim that “You must not question it, and that’s being written into law and policy. If you can’t question this, if you can only affirm, then you don’t explore.”

The new legislation to which the articles referred was the Health Complaints Act 2016 (Vic) which was enacted to ensure that Victorians receive safe and ethical care from medical providers. This legislation prohibits forms of treatment that are fraudulent and negligent insofar as they are not based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical bodies.

Conversion therapy (which attempts to “rid” a person of their homosexual and transsexual “tendencies”) and other equivalent unethical forms of practice would likely already be in violation of relevant medical ethics standards, and may already be captured under tort law when practiced by a licensed physician. The new legislation was aimed at preventing unethical treatments performed by individuals who are not medical or psychological professionals. Conversion therapy is not medically ethical because it is shown by evidence to be ineffective and to exacerbate the distress and suicidality of the patient. According to WPATH:

“Treatment aimed at trying to change a person’s gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success (Gelder & Marks, 1969; Greenson, 1964), particularly in the long term (Cohen-Kettenis & Kuiper, 1984; Pauly, 1965). Such treatment is no longer considered ethical.”

Importantly, the new legislation leaves open all current and future forms of medical treatment that are shown by credible evidence to be clinically effective. Current standards of care already provide for legitimate and safe forms of treatment that don’t involve any medical transition, such as psychocounselling support or minor social changes. Treatment options are not, and have never been, limited to either full medical transition or complete denial of a child’s gender identity.

Courts also appear to be concerned about the accuracy of reporting in the Australian press of medico-legal issues surrounding gender dysphoria. Speaking per curially in Re:Kelvin, the Full Court of Appeal of the Family Court of Australia observed that “this case, and other earlier cases involving Gender Dysphoria, have attracted widespread media attention. Insofar as the reporting of the legal issues is concerned, at least some of the reports have, at best, been incomplete and, at worst, inaccurate.”

6.8.9 Misrepresentation of Medical Studies
In September 2016, The Age and the Sydney Morning Herald published a lengthy opinion piece expressing concern about a four year old who identified as transgender or gender non-conforming. Notwithstanding a wide consensus in the academic psychology field that gender formation is complete before the age of four, the author expressed concerns about a child so young deviating from the stereotypical behaviours and identities expected of their birth sex.

The article made many anecdotal claims about transgender “regret” and statistical claims that transgender youth are likely to “desist”. The article quoted two medical professionals from the American College of Pediatricians. Even though many of the claims made are not borne out by credible medical evidence, no alternative views were put to readers, either within the article, or in a separate article with equal prominence in a similar location of the publication.

Significantly, the article claimed that “In Sweden, which is renowned for its tolerance of diversity, suicide rates are up to 20 times higher among adults who have undergone hormone and sex [re]assignment surgery.”

Rainbow Rights Watch assumes the study referred to is that of Dr Cecilia Dhejne, who tracked the welfare of 324 sex-reassigned people in Sweden between 1973 and 2003. The study was cited in 2015 by the American College of Pediatricians, and echoed by an Australian Christian Lobby spokesperson on a national current affairs program as well as numerous online and print publications opposing social integration and medical care for transgender Australians.

Dr Dhejne has repeatedly refuted the conclusions drawn by the American College of Pediatricians, the Australian Christian Lobby and the article’s author, saying “People who misuse my study always omit the fact that the study clearly states that it is not an evaluation of gender dysphoria treatment. If we look at the literature, we find that several recent studies conclude that WPATH Standards of Care compliant treatment decrease gender dysphoria and improves mental health.” The study does not show that surgical reassignment results in increased risk of suicide or suicidal ideation because it uses the general population as a control group, rather than transgender individuals who did not undergo surgery. This distinction is especially significant because the study took place in a period of human history when transsexuality was extremely stigmatised. The study explicitly states that the data is not open to the conclusions implied by the article’s author about the efficacy of sex reassignment.

6.9 Derogatory Language

We observed repeated and sustained use of derogatory language directed at transgender Australians during the period of analysis. Derogatory language commonly takes the form of slurs or dehumanising language. A slur is a denigrating or insulting term intended to offend a particular class of people. Common slurs targeting transgender people are “tranny”, “shemale”, “ladyboy”, and “shim”, a contraction of the words “she” and “him”.

Dehumanising language is language that reduces a person by depriving them of human qualities. Dehumanising terms frequently used to refer to transgender people include “it” and “thing”. Such terms are usually reserved for inanimate objects rather than humans.

Many style guides recommend that slurs targeting transgender Australians should be treated by the media similarly to equivalent slurs directed towards people of minority sexual orientations or religions. Ethical journalistic practice is to avoid using derogatory language in publications unless it is essential to the story and only when used in a direct quotation intended to convey the bias of the speaker. Slurs such as ‘tranny’ are censored in the Style Guides of the Victorian Human Rights and Equal Opportunity Commission, Associated Press, Reuters, New York Times, GLAAD, and TGEU.

During the period of analysis, numerous examples of derogatory language targeted at transgender Australians were observed in the Australian press. Derogatory language was observed in the body of articles as well as in public comments. Derogatory language was observed in both news and opinion pieces.

For example, in January 2017, the Daily Telegraph published a commentary about an Australian transgender woman accused of a violent crime. The opening sentence of the article read “Having been chopped herself, Sydney tranny Evie Amati allegedly sought to share the experience.” The Chronicle published a Lifestyle story in November 2017 with the headline “A Night at a Ladyboy Bar in Manila.” In August 2017, the Newcastle Herald published a “Local News” piece by
a sports commentator at the 2016 Olympics which contained the phrase "Luckily for us, we didn’t run into the same group of trannies that accosted the Channel Nine News crew last week."

Both the Daily Telegraph and The Australian also repeatedly published transphobic slurs in the public comments section of various articles:

Rainer the cabbie
Be careful Male. there might be a tranny under your bed.

Rainer the cabbie
"Too little tolerance becomes oppression. Too much tolerance becomes permissiveness, which destroys social norms and values and even the accepted meaning of words themselves."
And so goes the rest of the article, as confused as a tranny before she realises what she’s all about and comes out. But in conservative world, definitely not to your schoolmates, especially not at Kings! Never mind some of the teachers who have taught there, if you’re not a real man in that institution the rest of them will turn on you and show you social isolation and bruses. That’ll teach these pools to be sensitive and not learn how to go off to war and die a hero.

Michael
The Trannies in Rio are quite sophisticated; all they wanted was to steal Christine Almers magnificent frock.

Rohan B
@Matthew @Connor @Bill "Yea cause spending 0.001% of the military budget to keep valuable people retained within the service whose training cost far more is such a bad cost benefit analysis"
Youre dreaming if you think the trannies in the ADF arent replaceable.

kevin
I thought Marie Claire was a vehicle for advertising women’s cosmetics and homeopathic products that reverse the ageing process.

Obviously a male should have no input into this organ unless certified by Dan Andrews Minister for Tranny Man in Girls Toilet.

Journalists who use multiple identities should, at least, have a LBTNFSPSAW byline.

Mike
"As long as tranny children are "safe" it’s OK. She can be a bully and commit acts of assault anywhere she likes. She is morally superior."
I would really REALLY love to see someone respond to her unprovoked violence by slapping her so hard her feet leave the ground, but that’s just me. Self-defence issues. Bad me. Clearly a misogynist, racist, capitalist, deplorable. Not awesome and beyond reproach like her/ze/self/whatever.
At this point I am actually SO over all this nasty fascist totalitarian behaviour of SJWs I would actually rather spend time with a real racist or sexist than an SJW. At least they do not have a god complex."
The Mercury also published a public comment in February 2016 that referred to prominent transgender military officer Cate McGregor as a "tranny".

Unfortunately, computerised quantitative analysis was not effective in identifying examples of dehumanising language in the bodies of articles. The natural language search algorithms could not distinguish between instances of terms like 'it' and "thing" being used in their ordinary sense, as compared to when they were being used as a pejorative epithet. A number of attempts were made to configure the language analysis software to distinguish between different usages based on word proximity heuristics, however these proved ultimately unsuccessful. Rainbow Rights watch is examining more advanced computational methods of analysis for future reports.
References


2 Re: Kelvin [2017] FamCAFC 258 [115].

3 See, eg, Anti-Discrimination Act 1977 (NSW), s 38S; Anti-Discrimination Act 1991 (QLD), s 124A; Anti-Discrimination Act 1998 (TAS), s 17(1); Discrimination Act 1991 (ACT) s 67A.


10 Ibid.


25 Re: Kelvin [2017] FamCAFC 258 [17-23].


27 Lester, C. N. (2017)”Trans Like Me – A Journey for All of Us”, Virago.


30 [2017] FamCAFC268 [56].


See, eg, Anti-Discrimination Act 1977 (NSW) s 38S.

See, eg, Australian Press Council Adjudications #1628, 1659, 1700, 1727.

See, eg, Australian Press Council Adjudications #1522, 1616.


Ibid.

Ibid.


Ibid.


http://ejc.net/magazine/article/how-to-use-quotes-in-news-and-features

Ibid.

documenthealth?LocatorGroupID=662&LocatorFormID=677&FromSearch=1.


Re: Kelvin [2017] FamCAFC 258 [115].

Appendix A

Articles under Analysis
These Irish sisters used to be brothers and came out as transgender at the same time

I've been living a lie for so long': Morbidly obese man finds the confidence to come out as a transgender woman after un

Will you still 'like' me? LGBTI teens come out of digital closet

How an American boy went to Denmark to become a blonde beauty Christine Jorgensen

These Irish sisters used to be brothers and came out as transgender at the same time

Miranda Devine: Marxist agenda a red flag for not so safe schools

Transgender unit in planned detention facility draws criticism from advocates

Woman mistaken for transgender screamed at in Walmart toilet

Karl Stefanovic slams Dutton as 'un-Australian'

Transgender woman wins landmark discrimination case forcing ferry firm to remove the words 'ladies' and gents' from toilets

Jess Walton's book Introducing Teddy teaches kids about transgender issues

Australia's top 20 LGBTI-friendly employers have been announced

Stepfather who abused transgender stepdaughter caught on iPad

International scorecard on LGBTI rights shows Australia lagging behind its peers

Next UK census may ask about sexuality and gender identity

Single-sex schools in transition as transgender students gain acceptance

Raven-Symone explains why she hid her sexuality during Disney Channel stardom

Canberra Times

Adelaide Now

Monday, 30 May 2016

Stepfather who abused transgender stepdaughter caught on iPad

Karalee Katsambanis: Do we really have to cater for 58 different genders?

Karl Stefanovic slams Dutton as 'un-Australian'

Australian Christian Lobby likens gay marriage and Safe Schools to 'unthinkable' Nazi atrocities

Sam Neill reveals the one role he should never have turned down

Monday, 30 May 2016

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Eleven states sue US government over transgender bathroom policy

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The Mercury Saturday, 7 January 2017 Nick Diaz takes light career with Snoop Dogg

news.com.au Monday, 9 January 2017 Robbed and raped stabbed and shot: the life of a sex worker in Durban

Courier Mail Monday, 9 January 2017 Robbed and raped stabbed and shot: the life of a sex worker in Durban

Daily Telegraph Monday, 9 January 2017 Robbed and raped stabbed and shot: the life of a sex worker in Durban

NT News Monday, 9 January 2017 Robbed and raped stabbed and shot: the life of a sex worker in Durban

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Daily Mail Monday, 9 January 2017 Transgender teen who knew she was a girl at seven years old is finally happy in her own skin

Sydney Morning Herald Tuesday, 10 January 2017 A slice of the Jaipur Literary Festival pops up in Melbourne

Peel Today Tuesday, 10 January 2017 Hollywood hypocrisy: Why aren't we talking about Casey Affleck's abuse scandal?

The Guardian Tuesday, 10 January 2017 Watchdog calls for action over transgender prison deaths

The Mercury Tuesday, 10 January 2017 Hollywood hypocrisy: Why aren't we talking about Casey Affleck's abuse scandal?

Tuesday, 10 January 2017 Transgender woman 24 accused of bludgeoning two innocent people with an axe at a 7-Eleven was born as a boy named Karl -

news.com.au Wednesday, 11 January 2017 Woman accused of torturing 7-Eleven axe attack is attack is transgender unison once known as Karl

Sydney Morning Herald Wednesday, 11 January 2017 It all ends in tears as Obama takes his bow from centre stage

Financial Review Wednesday, 11 January 2017 Trump's AG Jeff Sessions a lifelong outsider finds the inside track

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West Australian Wednesday, 11 January 2017 Doctor inappropriately touched trans teen

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Daily Telegraph Wednesday, 11 January 2017 Woman accused of torturing 7-Eleven axe attack is transgender unison once known as Karl

Gold Coast Bulletin Wednesday, 11 January 2017 Woman accused of torturing 7-Eleven axe attack is transgender unison once known as Karl

The Guardian Wednesday, 11 January 2017 BBC 5fm on child transgender issues worries activists

Canberra Times Thursday, 12 January 2017 Missing in translation: new media guide for reporting trans issues

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WA Today Thursday, 12 January 2017 Missing in translation: new media guide for reporting trans issues

Merry Christmas Thursday, 12 January 2017 Dennis Kelly's controversial play Obama the hero examines our climate of fear

Financial Review Thursday, 12 January 2017 President Barack Obama and the apathy of hope

Daily Mail Thursday, 12 January 2017 Children who think they are transgender 'could have autism' and are 'fixating' on their sex says expert

huffington Post Thursday, 12 January 2017 Doctors Want To Learn More About Treating Transgender Patients Survey Shows

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Daily Telegraph Thursday, 12 January 2017 Evie Amati accused of torturing 7-Eleven axe attack caught on video faces court

Daily Mail Thursday, 12 January 2017 Transgender woman charged with attacking three 7-Eleven customers with an axe 'heard voices telling her to kill after ta

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Courier Mail Sunday, 15 January 2017 What will Donald Trump do in his first 100 days as President?

Brisbane Times Sunday, 15 January 2017 Katy Perry's chilling PSA against creating a database of Muslims in the US

Adelaide Now Monday, 16 January 2017 NT Government has no policy for transgender students

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nine.com.au Tuesday, 17 January 2017 News Headlines

news.com.au Wednesday, 18 January 2017 Barack Obama shortens WikiLeak's whistleblower Chelsea Manning sentence

Adelaide Now Wednesday, 18 January 2017 Chelsea Manning: hero or traitor?

The Guardian Wednesday, 18 January 2017 Chelsea Manning's prison sentence commuted by Barack Obama

The Guardian Wednesday, 18 January 2017 The Girl Scout in me would never stand for Donald Trump

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The Guardian Wednesday, 18 January 2017 I fought for Chelsea Manning because she stood up for all trans people

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Financial Review Thursday, 19 January 2017 Transgender cisgender Ms sound brave new world but it has a long History

Financial Review Thursday, 19 January 2017 Competing Chelsea Manning's sentence is just says Obama in last press conference

Daily Mail Thursday, 19 January 2017 Meet the world's first trans dad AND daughter: Mother of transgender girl reveals she is now also transitioning into a M

Adelaide Now Thursday, 19 January 2017 US President Barack Obama holds his final press conference

Net Worth Thursday, 19 January 2017 Meet the 'world's first transgender dad and daughter'
Caitlyn Jenner on transitioning: 'It was hard giving old Bruce up. He still lives inside me'
Fate of transgender already in military unclear under order

Anti same-sex marriage campaigner slammed on social media after new ad appears in local paper

Caitlyn Jenner ambushed by transgender woman for voting for Donald Trump

ACLU sues President Trump over his transgender military ban

The controversial past of mother-of-four who appeared in advertisement against same-sex marriage

US mum shares incredible photo of baby born in amniotic sac in car

Trinity Catholic College's uniform addresses issue of gender

Fate of transgender already in military unclear under order

Transgender axe attack accused claims bail necessary for hormone treatment

Transgender service members attend VMAs red carpet days after Donald Trump's military ban

Transgender troops can stay in US military for now James Mattis says

Internet freaks after photo of young George R.R. Martin bears resemblance to Kit Harrington

This man is a disgrace': Interior Secretary Ryan Zinke's daughter in profanity-filled tirade at Trump over transgender b

First no to same sex marriage TV ad says 'Parents have lost their right to choose'

Not everything is about same-sex marriage': Father's Day ad deemed too 'political' for TV

Transgender couple who met in hospital while awaiting surgery get DEATH threats after news of their wedding plans went v

LA rapper Snoop Dogg 'freed' from prison after getting a tattoo of his face

Transgender service members attend VMAs red carpet days after Donald Trump's military ban

Typo: 'death' misspelled in first word of headline

Australian 10bl star Cosima De Vito 40 announces pregnancy

Mark Latham: Same-Sex yes vote will open a can of worms

Kim Matts tells US troops America has 'problems' urges them to 'hold the line'

Police investigate online abuse against charity for transgender children

ACLU sues President Trump over his transgender military ban

US mum shares incredible photo of baby born in amniotic sac in car

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Caitlyn Jenner ambushed by transgender woman for voting for Donald Trump

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Canberra Times

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What's on TV: Sunday September 3

The Guardian

First no to same sex marriage TV ad says 'Parents have lost their right to choose'

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Trinity Catholic College's uniform addresses issue of gender
The Age
Thursday, 19 October 2017

Hannah Mouncey's coach says most critics of the transgender AFL player haven't seen her play

The Age
Thursday, 19 October 2017

Head of Victoria's Office for Women's Sport and Recreation Bridie O'Donnell criticises AFL transgender Hannah Mouncey ca...

Lunch with Eddie Ayres
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Harley Balic to get kicks at Melbourne as Fremantle get pick 66

RUSH HOUR: If you get this you're smart
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AFL trade period day 10: Follow all the big trade news and whispers October 18 2017

Australia grilled on human rights by UN
AFLW: Transgender ruck Hannah Mouncey set to continue playing in AFL Canberra

Wednesday, 18 October 2017

Australian Sports Commission developing transgender athlete guidelines
Tim Storrier wins Doug Moran Portrait Prize with painting of friend McLean Edwards

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Wednesday, 18 October 2017

AFL slammed after blocking trans player from women's competition

Pathogenic walls and a rotting corpse: Inside the squalid job of a trauma cleaner

Georgia Love speaks out against gender neutral birth certificates: 'This is going way too far'

Transgender footballer Caroline Layt says LGBTI equality in sport hasn't progressed in a decade

Bone's Beef: The AFL's decision to refuse Hannah Mouncey's request to enter the AFLW draft is an injustice

The Guardian
Wednesday, 18 October 2017

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Pathogenic walls and a rotting corpse: Inside the squalid job of a trauma cleaner

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